LOS ANGELES COUNTY
COMMISSION ON HIV

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COMMISSION ON HIV

Virtual Meeting
Thursday, April 14, 2022
9:00AM -12:30PM (PST)
*Meeting Agenda + Packet will be available at: http://hiv.lacounty.gov/Meetings

Special Presentation on "Ending the HIV Epidemic and Youth Engagement and Leadership", Arming Minorities Against Addiction and Disease Institute
(presentation is part of the meeting agenda)

REGISTER + JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:
https://tinyurl.com/yck28yr6

**link is for members of the public only*
JOIN VIA WEBEX ON YOUR PHONE:
1-415-655-0001 US Toll Access Code: 2596 683 7200
For a brief tutorial on how to use WebEx, please check out this video: https://www.youtube.com/watch?v=iQSSJYcrgIk
**For those using iOS devices - iPhone and iPad - a new version of the WebEx app is now available and is optimized for mobile devices. Visit your Apple App store to download.*

PUBLIC COMMENTS

Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission.

To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS.

All Public Comments will be made part of the official record.

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LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: https://hiv.lacounty.gov

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

Thursday, April 14, 2022 | 9:00 AM – 12:30 PM
To Register + Join by Computer:
https://tinyurl.com/yck28yr6
**link is for members of the public only*
To Join by Telephone: 1-415-655-0001 Access code: 2596 683 7200

AGENDA POSTED: April 8, 2022

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

1. ADMINISTRATIVE MATTERS

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

2. REPORTS - I

A. Executive Director/Staff Report 9:20 AM – 9:30 AM
   a. Operational and Staffing Updates
   b. Accommodations for People with Disabilities
   c. Board of Supervisors Motion to Continue Virtual Meetings
   d. 2022-2026 Comprehensive HIV Plan Overview | AJ King, Next Level Consulting

B. Co-Chairs' Report 9:30 AM – 9:45 AM
   a. National Youth HIV/AIDS Awareness Day
   b. April 28 Executive Committee Meeting | Joint Meeting the Aging Task Force
   c. Executive At-Large Member | OPEN NOMINATIONS & ELECTIONS

C. **Presentation |** Ending the HIV Epidemic and Youth Engagement and Leadership, *Jamar Moore, AMAAD Institute* 9:45 AM-10:25 AM

D. California Office of AIDS (OA) Report 10:25 AM – 10:35 AM

E. LA County Department of Public Health Report 10:35 AM – 10:50 AM
   a. Division of HIV/STD Programs (DHSP) Updates
      - Programmatic and Fiscal Updates
      - Ryan White Program (RWP) Parts A & B
      - Efforts to Reduce Administrative Barriers for PLWH with Disabilities

3. BREAK 10:50 AM – 11:00 PM

F. Housing Opportunities for People Living with AIDS (HOPWA) Report 11:00 PM – 11:05 PM

G. Ryan White Program Parts C, D, and F Report 11:05 PM – 11:10 PM

H. Cities, Health Districts, Service Planning Area (SPA) Reports 11:10 PM – 11:15 PM

4. REPORTS - II 11:15 PM – 12:00 PM

A. Standing Committee Reports
   (1) Operations Committee
      a. New Member Applications
         i. Jose Magana **MOTION #3**
         ii. Jayshawnda Arrington **MOTION #4**

b. 2022 Mandatory Training Registration
c. Membership Application Process/Interview Questions Workgroup
d. PLANNING CHATT Learning Collaborative Participation
e. Social Media Initiatives

(2) Planning, Priorities and Allocations (PP&A) Committee
a. DHSP Program Directives | UPDATES
b. 2022-2026 Comprehensive HIV Plan (CHP) Development

(3) Standards and Best Practices (SBP) Committee
a. Oral Health Service Standard: Dental Implants Inclusion | UPDATES
b. Transitional Case Management-Incarcerated/Post-Release | UPDATES

(4) Public Policy Committee
a. County, State and Federal Policy, Legislation, and Budget
b. 2022 Legislative Docket | UPDATES
c. COH Response to the STD Crisis | UPDATES

B. Caucus, Task Force and Work Group Report 12:00 PM – 12:10 PM
(1) Aging Task Force | May 3 @ 1pm
(2) Black Caucus | April 21 @ 4pm
(3) Consumer Caucus | April 14 @ 3pm
(4) Prevention Planning Workgroup | April 27 @ 5:30pm
(5) Transgender Caucus | April 26 @ 10am
(6) Women's Caucus | April 18 @ 2pm

5. MISCELLANEOUS

A. Public Comment 12:10 PM – 12:20 PM
Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment, you may do so in-person, virtually by registering via WebEx, or submit in writing at hivcomm@lachiv.org.

B. Commission New Business Items 12:20 PM – 12:25 PM
Opportunity for Commission members to recommend new business items for the full body or a Committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to act arose after the posting of the agenda.

C. Announcements 12:25 PM – 12:30 PM
Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.

D. Adjournment and Roll Call 12:30 PM
Adjournment for the meeting of April 14, 2022.

LOS ANGELES COUNTY
COMMISSION ON HIV

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the meeting minutes, as presented or revised.
MOTION #3:	Approve motion to accept membership for Jose Magana, as presented or revised.
MOTION #4:	Approve motion to accept membership for Jayshawnda Arrington, as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION ON HIV MEMBERS:			
Danielle Campbell, MPH, Co-Chair	*Bridget Gordon, Co-Chair*	Miguel Alvarez	Everardo Alvizo, LCSW
Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Mikhaela Cielo, MD	Michele Daniels (*Alternate)
Erika Davies	Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS	Alexander Luckie Fuller
Gerald Garth, MS	Jerry D. Gates, PhD	Joseph Green	Thomas Green
Felipe Gonzalez	Karl Halfman, MA	William King, MD, JD, AAHIVS	Lee Kochems, MA
Eduardo Martinez, (*Alternate)	Anthony Mills, MD	Carlos Moreno	Derek Murray
Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Jesus “Chuy” Orozco	Frankie Darling Palacios (LoA)
Mario J. Pérez, MPH	Juan Preciado	Mallery Robinson (*Alternate)	Isabella Rodriguez, MA (*Alternate)
Ricky Rosales	Harold Glenn San Agustin, MD	Martin Sattah, MD	LaShonda Spencer, MD
Kevin Stalter	Reba Stevens, (*Alternate)	Damone Thomas (*Alternate)	Justin Valero, MPA
René Vega, MSW, MPH, (*Alternate)	Ernest Walker, MPH		
MEMBERS:	**42**		
QUORUM:	**21**		

LOS ANGELES COUNTY
COMMISSION ON HIV

LEGEND:

LoA = Leave of Absence; not counted towards quorum
Alternate*= Occupies Alternate seat adjacent a vacancy; counted toward quorum
Alternate**= Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member

LOS ANGELES COUNTY
COMMISSION ON HIV

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DRAFT

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

COMMISSION ON HIV (COH) VIRTUAL MEETING MINUTES

March 10, 2022

COMMISSION MEMBERS P=Present | A=Absent | EA=Excused Absence									
Miguel Alvarez	P	Felipe Findley, PA-C, MPAS, AAHIVS	P	Lee Kochems	P	Joshua Ray, RN (LoA)	EA	Justin Valero, MPA	P
Everardo Alvizo, MSW	P	Alexander Luckie Fuller	A	Eduardo Martinez (*Alt*)	P	Mallery Robinson	A	Guadalupe Velasquez (LoA)	EA
Al Ballesteros, MBA	P	Gerald Garth	P	Anthony Mills, MD	P	Isabella Rodriguez (*Alt*)	P	Rene Vega (Alt)	A
Alasdair Burton (*Alt*)	P	Jerry Gates, PhD	P	Carlos Moreno	P	Ricky Rosales	P	Ernest Walker	A
Danielle Campbell, MPH	P	Felipe Gonzalez	A	Derek Murray	P	H. Glenn San Agustin, MD	P		
Mikhaela Cielo, MD	P	Bridget Gordon	P	Dr. Paul Nash, CPsychol, AFBPsS, FHEA	A	Martin Sattah, MD	P		
Michele Daniels	A	Joseph Green	P	Katja Nelson	P	LaShonda Spencer, MD	P		
Frankie Darling-Palacios	P	Thomas Green	P	Jesus "Chuy" Orozco	P	Kevin Stalter	P		
Erika Davies	P	Karl Halfman, MA	p	Mario J. Perez, MPH	P	Reba Stevens (*Alt*)	P		
Kevin Donnelly	P	William King, MD, JD, AAHIVS	P	Juan Preciado	P	Damone Thomas (*Alt*)	P		

COMMISSION STAFF & CONSULTANTS
Carolyn Echols-Watson, Jose Rangel-Garibay, Sonja Wright, AJ. King
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF
P. Zamudio, S. Rumanes, J. Tolentino, T. Beck, P. Ogata, M. Haymer,I. Perez, C. Armstrong, J. Bowers, A. Reynolds, A. Doolittle, S. Nakelsky, R. Zuniga, R. Salazar

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

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

Meeting agenda and materials can be found on the Commission's website at:
https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/8dfb3c5f-6c5f-4da1-a0c7-a04db06a7cf6/Pkt-COH_031022-Final.pdf

CALL TO ORDER AND ROLL CALL: Bridget Gordon, Chair, opened the meeting at 9:05am. James Stewart, Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, , M. Cielo, E. Davies, K. Donnelly, F. Findley, A. Fuller, J. Gates, J. Green, T. Green, K. Halfman, W. King, L. Kochems, E. Martinez, C. Moreno, D. Murray, K. Nelson, J.

Orozco, M. Perez, J. Preciado, I. Rodriguez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, K. Stalter, R. Stevens, D. Thomas, J. Valero, B. Gordon, and D. Campbell

1. ADMINISTRATIVE MATTERS

A. APPROVAL OF AGENDA

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

B. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the February 10, 2022 Commission on HIV Meeting Minutes, as presented ore revised *(✓Passed by Consensus)*.

C. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- D. Campbell welcomed all attendees and acknowledged March 10 as National Women and Girls HIV/AIDS Awareness Day and thanked the speakers and panelists who will be presenting and speaking on the experiences of women living with HIV. She reminded Commissioners and members of the public about the Code of Conduct and to adhere to engaging and respectful dialogue. D. Campbell asked participants to read messages in the Chat from staff regarding virtual meeting etiquette. Participants were reminded to mute themselves if not speaking. Public comments are limited to 2 minutes per person. Any person may speak for one two-minute period in non-agenda Public Comment and one two-minute period on any agenda topic at the time the topic comes to the floor. Participants were encouraged to type a message in the Chat to comment on an agenda item.
- Commissioners are limited to 3 minutes per Commissioner and one comment per agenda item. After all Commissioners who wish to speak have done so, Commissioners who wish to speak a second time on the same topic may do so.

2. REPORTS - I

A. EXECUTIVE DIRECTOR/STAFF REPORT

a. **Operational and Staffing Updates:**

- Cheryl Barrit was not in attendance and B. Gordon provided the report on C. Barrit's behalf. B. Gordon imparted a message from C. Barrit thanking the Commission staff for their hard work and keeping the Commission machinery running smoothly. The Commission website has been updated with the same URL. C. Barrit continues to work with the Executive Office's information technology team to keep refining the website, however, the site is fully functional.

b. 2022-2026 Comprehensive HIV Plan Overview | AJ King, Next Level Consulting

- B. Gordon introduced AJ King, Comprehensive HIV Plan (CHP) consultant, who provided an update on progress made in developing the plan. Since his last update to the COH in February, AJ King has been attending COH committees, task forces and workgroups to gather information, perspectives and data to help shape the plan. He has attended meetings with the Division of HIV and STD Programs (DHSP), City of West Hollywood, and Service Planning Area 2 stakeholder group. The project is still in the data gathering, creation, and analysis phase. The next part of the project will focus on developing goals and objectives which will occur in a couple of months. He mentioned HIV workforce capacity issues as a recurring theme in his consultations with community members and stakeholders. It was recognized that workforce capacity issues may be tackled at a variety of levels such as, systems, agency, provider and consumer levels. To better understand the breadth of HIV workforce capacity issues, he has convened a group of 10 individuals to develop a workforce capacity survey. He recognized that a comprehensive workforce capacity assessment needs ample time and a full assessment is not realistic given the short time-frame for developing the plan. However, integrating specific goals and objectives in the plan about a comprehensive workforce capacity assessment is a more realistic action step. The small workgroup will develop two surveys aimed at getting workforce capacity perspectives from consumers and frontline providers which should inform the development of further next steps for the

plan.

- M. Perez suggested pulling in community leaders such as executive directors, human resources directors, program directors to get their ideas on recruitment and retention challenges particularly in areas where there is high turn-over.

B. Co-Chairs' Report

a. National Women and Girls HIV/AIDS Awareness Day

- D. Campbell acknowledged that March 10 is National Women and Girls HIV/AIDS Awareness Day and highlighted the presentation from UCLA on TelePrEP for cisgender Black and Latina women and a "*Reality Check"* testimonials from women living with HIV and providers who support them. These conversations aim to bring heightened attention and focus on the needs of women. She expressed hope that the women-centered conversations will lead to concrete steps and full pledge commitments that value the lives of women living with HIV.

b. Executive At-Large Member | OPEN NOMINATIONS & ELECTIONS

- Gerald Garth and Damone Thomas were elected as Executive At-Large members by general consensus. There remains one vacant Executive At-Large representative seat and nominations will continue to be accepted until the seat is filled.

C. Colloquia Presentation: **Piloting TelePrEP Information Sessions to Increase PrEP Awareness and Uptake among Black and Latina Cisgender Women** by Dilara Uskup, PhD and Omar Nieto, Center for HIV Intervention, Prevention and Treatment Services (CHIPTS), University of California Los Angeles (UCLA)

- O. Nieto kicked off the presentation and thanked the COH for allowing the research team to share findings from their research project. Refer to the meeting packet link for slides, pages 37-69.
- CHIPTS received funding from the National Institutes of Health Ending the HIV Epidemic (EHE) Supplemental funding to host a community consultation in early 2020 to assess the perceived acceptability and appropriateness of five digital technology products to optimize preexposure prophylaxis (PrEP) outcomes in Los Angeles County. UCLA also provided funding to offset the co-pays that participants may have had to pay to get connected to PrEP services.
- Based on highlights from the community consultation breakout sessions, participants believed that stand-alone telemedicine services could benefit Black and Latina Cisgender Women (BLCW). Telemedicine services offer an alternative way for community members to access services in light of challenges such as childcare, transportation, and busy schedules. CHIPTS received additional EHE funding to pilot an implementation strategy to increase PrEP awareness and uptake among BLCW through use of PlushCare.
- PlushCare is a stand-alone telemedicine "app" that exclusively provides virtual/remote delivery of clinical services, including PrEP.
- The community partners in the study included Black Women for Wellness (BWW) and East Los Angeles Women's Center (ELAWC). The study team trained staff at BWW and ELAWC to conduct TelePrEP information sessions with their BLCW clients to raise awareness and knowledge of PrEP and motivate BLCW to consider using PlushCare as an option to access PrEP.
- Examples of key findings from the study include:
    - TelePrEP information sessions were very successful in raising awareness and knowledge of PrEP and PlushCare among Latina Cisgender Women (LCW) clients.
    - LCW generally viewed the TelePrEP information sessions as acceptable and appropriate, and expressed positive attitudes about PrEP and PlushCare.
    - The majority of LCW who participated in the information sessions did not believe they were at sufficient risk to warrant using PrEP and/or PlushCare to access PrEP.
    - Connecting BLCW to PrEP services will require extensive time and support, particularly because PrEP is so novel among these populations.

- PrEP implementation efforts must be tailored so they are mindful of the time required to connect BLCW to services.
- The presenters provided a preview of their new research project on Immigrant Latino MSM PrEP project. The goal of this EHE planning project is to develop implementation strategies to enhance PrEP delivery to immigrant Latino gay, bisexual, and other men who have sex with men (GB/MSM) in Los Angeles County. The research team is recruiting in-depth interview participants. Interested individuals were encouraged to call (310) 794-0229.
- Dr. D. Uskup noted that the while the research team was not able to develop a customized app due to the time limitations of the study, the research team will be sharing the study findings with PlushCare to improve the functionality of the app to be more responsive to the needs of BLCW. Community input during the initial study phase was used to determine which app would be assessed in the study, one of those apps rated favorably from the community listening session attendees was PlushCare. In addition, PlushCare had an existing contract with the State of CA and an established infrastructure at the time of community consultations, which made this particular app a good candidate for the study. The study team mentioned other similar or comparable apps such Healthvana as additional technology-based resources for the community.
- For those study participants who were uninsured or underinsured, they were able to get connected to care through the State Office of AIDS PrEP-AP program.
- Between 2006 to 2019, HIV diagnoses rates declined by 55% among Black females and by 70% among Latinx females. Still rates were highest among Black females (Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2020. Published July 30, 2021. http://publichealth.lacounty.gov/dhsp/Reports.htm. Accessed 3.10.22).
- Broad and multiple community options for apps and clinics were endorsed by a few Commissioners to increase access to PrEP. Many women of color are unaware of PrEP and the study supported the need to more widespread educational efforts specifically designed for cisgender women of color.
- Examples of barriers to PrEP uptake mentioned by participants include insurance coverage and payment to providers; getting labs drawn; inconvenience of having to setup appointments for lab work; and getting medications paid for. PrEP 2-1-1 is an option for some people and may not work for all populations. 2-1-1 is for anal sex, not vaginal sex . 2-1-1 has not been studied for vaginal sex. Multiple options should be made available to give clients choices on what option will work best for them.
- M. Perez reminded the audience that DHSP is in the process of rebids for the PrEP contracts which should expand services for various priority populations, including women. Contracted agencies are expected to provide high quality women-centered services. Women with other co-morbidities and risks are key populations to prioritize with PrEP services. He thanked O. Nieto and Dr. D. Uskup for their research contributions and for setting a foundation for additional researched focused on women. Ideas shared for future research studies include addressing medical mistrust among women of color and addressing seasons of risk, how to use apps like PlushCare more broadly, and long-term injectables. He is disheartened that Gilead no longer has direct to consumer marketing for the generic form of Truvada. Descovy for PrEP is not approved for women. He implored the group to have a strong awareness and understanding of the impact of the absence of direct consumer marketing on PrEP on women. These types of issues need to be addressed in order to promote equity and access.

D. Reality Check | Women and HIV Community Testimonials

- Dr. M. Cielo and B. Gordon introduced the purpose of the testimonials. Providers with a combined experience of over 50 years discussed the unaddressed realities women living with HIV face on a daily basis, including stigma, trauma, and extreme isolation with the lack of women-centered services and support.
- Dr. Cielo shared the struggles and successes of some of her patients who are thriving despite living with HIV. Some acquired HIV perinatally. Some of her patients continue to struggle with disclosure to family and friends due to fear and stigma. She felt privileged to work with individuals and women with HIV who are dedicated to the HIV movement and fight. She acknowledged the comments from the Women's Caucus that living with HIV is a daily experience.
- Shary Alonzo, Co-Chair of Women's Caucus, stated the importance of increasing awareness and information specific to the experience of women living with HIV. She felt torn when participating in meetings like the COH because while she recognizes that there is a bigger outcome behind the movement, the voices of women of are still lacking. Many are afraid to share their stories because of violence, stigma, and rejection. She is single mother with two boys and managing life and parenthood is very difficult. Her HIV diagnosis is another layer in her daily living and impacts her mental health and wellbeing. However, she feels like she is moving forward when she speaks out about her experiences. She feels empowered and encouraged by other women who speak out about their stories. It angers her that many doctors still do not talk about HIV with their patients, especially women.
- Alejandra Aguilar from ELAWC shared stories of women whom she works with at her agency. A woman in her 60s diagnosed almost 3 years ago had to ask for an HIV test three times because her doctor did not believe that she could be at risk for HIV. Her main challenge at the moment is not being able to qualify for housing services. She applied for Section 8 housing but could not secure the supporting document that she needed from her landlord. Another client, a former sex worker, is affected by long-term trauma associated with domestic violence, negative experience with law enforcement, childhood abuse, rape, workplace abuse, and sex trafficking. She is proud of having control over her sexual life and hopes to be reunited with her children whom she has not seen in many years. Another woman was diagnosed in a clinic where her symptoms for HIV where missed. She was diagnosed almost 8 years ago and one of her biggest challenges was being kicked out of HIV housing six years ago. She also experienced domestic violence and lived her in car for a while when she was pregnant. She delivered a healthy baby but has not been able to qualify for HIV housing. She was able to find a job and place to live but was raped and was fearful of disclosing due to fear of facing more violence. Her biggest pride is that she is undetectable and is about to deliver her second baby in few weeks. She acknowledged another woman whose treatment has been deeply impacted because of meth use. A. Aguilar spoke of another woman who is undetectable but has to spend her evenings in a park because of family violence. She is ready to leave her home and go to a shelter. A. Aguilar noted that all these women would like providers to fully see who they are; to be accepted for who they are; know that they have faced violence, discrimination, and exploitation; they have been assaulted and unaware of their sexual and reproductive rights. They ask that providers advocate for them, be their voice until they get their voice. It takes time to get their voices back. Their trauma restrains them. When they say they missed their appointment or forget, it means they were reminded of their trauma and pain. She noted that there is strength in numbers and she encouraged the audience to reach out to ELAWC and local crisis centers for help. Despite these challenges, these women still hold their heads high.
- Sandra Rogers from the Los Angeles County Department of Public Health (DPH) spoke. She has been with the County for 32 years. HIV is not a job for her, it's a passion. She stated that she was speaking not as a County employee but as a Black woman who is passionate advocate for women. She has been in HIV service since 1994 and at that time, the focus was about supporting women who expected that they would die from HIV—they did not want to die alone. She started support groups for women in South LA and they met in homes. She stated that she is not infected but very much affected by HIV. She observed that the stories that she heard from S. Alonzo and A. Aguilar are still similar from the stories and lives she supported in the early 1990s. She heard the same stories in 1994 but the only difference now is that there are medications and instead of taking 30 pills a day, PLWH take 1 or 2. The community is talking about injectibles now, however,

women are still testing positive; the positive women are still suffering; they are aging with HIV; they are going through menopause with HIV; they are worried about not seeing their grandchildren. They would like to see a life of decency. She has a woman who has been in her support group since 1994 who recently called her with lipodystrophy. She appreciates that HIV is now manageable but she wants to see a cure for HIV. People are still suffering from HIV. She thanked M. Perez and APLA for securing funds for services for women but she noted that this action is long time overdue. Women have been suffering to have support groups formed; to have their voices heard; and trying to understand why there is lack of funding for women-centered services. She appealed to the funders to listen to the women living with HIV and talk to the women working in the field. Women are not treated with respect in healthcare. She cited if Serena Williams is ignored by her doctors, one can only imagine the lack of respect that women in HIV experience in seeking care. She shared a story of a woman whose doctor dismissed her pain and was told to stop complaining. She just recently informed a pregnant woman her HIV diagnosis and reassured that she will be supported and linked her to medical care and get appropriate medicines/treatment. Receiving an HIV diagnosis is still very much a traumatic experience. She noted that the community needs to stop brushing off HIV with the availability of medicine and PrEP. An HIV diagnosis impact mental wellness. She advocated for a cure and listening to the voices of Black and Brown women. More support groups are needed. She currently facilitates a support for long-term survivors of HIV (15 years +).

- Paulina Zamudio from DHSP spoke from her experience. She joined the HIV fight in the 1990s, working in a community-based organization and developing programs for women with HIV. She called attention to women living with HIV and drawing upon her past experience, she noted that the women she served were all infected by their partners, husbands or boyfriends. The majority of them survived their partners, had children and became head of households. She started support groups with another peer and she heard similar stories shared today. The stigma, anger, and shame are still prevalent. She cited clinics that provided care for women also provided childcare. By 2000, these clinics for women with HIV were no longer operational. She referenced a survey developed by DHSP about a year ago to assess provider needs and interests around childcare services. Surprisingly, DHSP did not get a good response rate from providers. A subset of women living with HIV have co-occurring disorders and the DHSP team spends countless hours to ensure that the women are connected to care and supportive services. She noted that housing is the biggest challenge faced by women. She also called attention to women at risk for HIV, a larger group of women and harder to reach. Many of these women do not perceive they are at risk. It is important to remember that women get infected by their partners, hence, men must be included in conversations and take responsibility for taking care of the health of women in their lives. Other partners are needed as well. The DPH Office of Women's Health do not have specific HIV programming but they focus on trauma and domestic violence. Given that women who experience domestic violence are at risk for HIV, it is imperative for such programs include HIV in their programs. Schools at all levels must also be involved to ensure that students gain knowledge and skills on how to negotiate sex, how to recognize intimate partner violence, and how to navigate comprehensive reproductive health. She noted that we need to ensure that women have access to PrEP and tools to prevent HIV acquisition. Routine testing must be increased across all public and private clinics. She stated that women can do lot on their own such as taking care of their families, serving as heads of households, but need everyone's help in protecting women's health.
    - Dr. Condessa Curley spoke and shared her disappointment in hearing the barriers women face in accessing PrEP. She noted that DPH clinics are working hard to expand PrEP access and she encouraged the speakers and meeting participants to send her an email so she can provide support and information.
    - Dr. L. Spencer expressed support for all the women who spoke and offered services from Charles Drew University. They have created educational videos for consumers and providers to promote PrEP and extended an offer to partner with other entities to increase PrEP awareness and access for women. They also formed a Women's PrEP Collaborative that meets regularly to address access and barriers to PrEP and identify strategies to increase awareness and PrEP uptake among women. The Collaborative helps identify agencies that provide PrEP to women and keep pulse on service gaps. She encouraged

community-wide collaborations and unity in serving women and expanding access to PrEP and other services

- B. Gordon wrapped up the testimonials by thanking the speakers for sharing their stories and their courage. She stated that HIV conversations need to be brought back at the basic level not just for the women, but for our daughters and our sons. She herself was not aware that she was at risk for HIV. Most women do not think they are at risk for HIV, with Black and Brown women in particular. She acknowledged there is much to do and hope that the Commission can expand its reach as much as possible. She commended Dr. Cielo for recommending that these women-centered testimonies be brought to the full Commission convening.

E. CALIFORNIA OFFICE OF AIDS (OA) REPORT

Karl Halfman, MA, Chief, HIV Care Branch, and Chris Unzueta, ADAP Eligibility and Operations Section Chief referenced the March Office of AIDS (OA) Newsletter for his report.

- OA released the CDPH 2022-2026 Integrated Statewide HIV, HCV, and STI Strategic Plan, entitled Ending the Epidemics: Addressing Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California. This plan was developed throughout 2021 with input from a workgroup composed of diverse voices from CDPH staff, key stakeholders, and people with lived experience. This plan shares what OA hopes to accomplish together with people at the state and local levels throughout California in the next five years. In this next year and phase of the Plan, OA will develop a blueprint to support the successful implementation of the outlined strategies. OA will be hosting multiple opportunities for community input with as many diverse groups and stakeholders as possible, including a statewide townhall, electronic surveys, and regional virtual and in-person listening sessions throughout California. The first event will be a virtual Statewide Townhall held on March 18, 2022 from noon to 2pm PST and will serve as an introductory session that allows California constituents the opportunity to hear about the proposed strategies and learn about initiatives that are already being implemented at the state level. More information about the virtual Statewide Townhall will be forthcoming.
- OA released information to help clarify state law related to drug using supplies and to further protect harm reduction programs, participants, staff and volunteers. Key takeaways: 1) anyone may possess an unlimited number of syringes for personal use in California and 2) no one should be arrested, prosecuted, or denied services based on syringe possession for personal use.
- OA has released an RFP for Project Cornerstone to support four 2-year demonstration projects to provide innovative evidence-based approaches to improve the health of PLWH who are 50 years and older. Additional information is available on the OA website.
- As of February 28, 2022, there are 199 PrEP-AP enrollment sites covering 174 clinics that currently make up the PrEP-AP provider network. See OA newsletter for PrEP-AP data tables.
- As a follow-up on a question raised by the Commission at the February meeting on what OA plans to do with the roll out of Medi-Cal expansion for undocumented individuals, C. Unzueta reported that OA is working on a memo and communication and training plan for enrollment workers.

F. LOS ANGELES COUNTY (LAC) DEPARTMENT OF PUBLIC HEALTH (DPH) REPORT

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

(a) Programmatic and Fiscal Updates

- Mario Perez, DHSP Director, in commemoration of National Women and Girls HIV/AIDS Awareness Day, honored the more than 5,600 women living with HIV in Los Angeles County; offered support to the 2,710 Latinas, 1,903 Black, 824 White, and 181 Asian women living with HIV.
- He reported that DHSP is looking forward to enacting master agreements with providers who responded to the Biomedical Prevention Services work order solicitations which will close on March 15, 2022. He noted that with direct funding from federal partners, there are now 30 FQHCs to expand PrEP access and routine

HIV testing services. The network has grown and must ensure that these agencies are well-equipped to provide the services in a manner that was described and highlighted by the presenters and speakers today.

- R. Copeland is serving as a consultant to DHSP to manage the focus groups aimed at shaping the development of PrEP social marketing messages/campaigns for Black women, persons with trans experience. The focus groups for men have been completed and DHSP is awaiting the rest of the reports from her work. M. Perez thanked individuals who participated in the focus groups.
- DHSP continues to support the work of the Prevention Planning Workgroup (PPW) and will implement structural changes so that agencies who are contracted by DHSP to deliver prevention services are actively engaged in PPW conversations and meetings. The County's estimated 1,200 new HIV infections are still unacceptable and far from the EHE goals and the complexity of factors behind new HIV diagnoses is growing. This calls for a stronger community wide response, engagement, and best thinking at PPW.

G. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORT:

- J. Orozco, HOPWA representative, provided the report. He thanked the speakers for their powerful and inspiring testimonies and underscored that HOPWA's work is aimed at addressing the housing challenges faced by women and people living with HIV.
- He highlighted HOPWA client demographics data for women from 2021:
  - 509 received supportive services
  - 142 received housing assistance
  - 40% of women served where Latinas
  - 40% of women served were Black/African Americans
- He noted that HOPWA providers have a directive to promote equity support women as well as transgender women.
- He is in the process of creating a directive to the Inner-City Law Center to allow walk-ins and ensure legal support for PLWH and HOPWA clients.
- His office is prioritizing Short-term Rental, Mortgage and Utility (STRMU) assistance applications to supplement or bridge rental assistance applications once the State support terminates.
- HOPWA will see an increase in funding for 2023 and his office is currently in discussion with housing providers to carve out housing units for HOPWA clients.
- In response to a question from the audience, J. Orozco noted that life skills training such as budgeting and personal finance, is embedded in existing HOPWA/housing contracts. Clients must meet with their housing specialist once a month where resume building, employment, financial budgeting and planning are discussed. J. Orozco offered a presentation from CHIRP LA to describe the housing services supported by HOPWA.
- In response from a question from the audience, J. Orozco described the Permanent Housing Placement (PHP) as a program that helps individuals find an apartment, security deposit, and some moving costs. Once eligible clients find an apartment, they can also receive STRMU assistance. Under the Tenant-based Rental Assistance (TBRA) program, clients must be placed in Section 8 housing. He noted that there are specific federal guidelines and restrictions for various types of housing. The federal Housing and Urban Development Department (HUD) prevents agencies from providing housing to mixed households such as those with family members who are undocumented. Some clients may not get the full benefits of Section 8 housing. TBRA program receives the highest amount of funding, representing about 47% of housing assistance provided, contributing to overall efforts to house eligible individuals. The scattered master lease program is an option for eligible individuals who may not have legal status.
- There are 1,309 homeless PLWH in Los Angeles County, based on most recent data available (about 3 years old). J. Orozco noted in 2021 his program provided housing to 283 individuals who are chronically homeless. Housing provision is based on resources and their ability to reach out to eligible individuals.

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

- Part C : *No report provided*.
- Part D: Dr. M. Cielo reported that Part D providers recently submitted grant applications to HRSA and are awaiting funding award decisions. Part D agencies along with other local agencies have also applied for the biomedical grant announcement which resonates with issues raised by women on access to PrEP and other services. The hope is to use the much-needed funding to network with street medicine, violence prevention programs, emergency rooms and urgent care centers. Part D providers are supporting and attending various events during the month of March in commemoration of National Women and Girls HIV/AIDS Awareness Day.
- Part F/AETC *No report provided.*

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

- City of Pasadena. *No report provided.*
- City of West Hollywood (CWH). D. Murray reported that CWH is updating their transgender and LGBT asylum seeker resource guide and will share with the Commission. Last week, he put together a resources list for Ukrainian refugees; the list offers opportunities for donations. He is currently researching international resources for individuals with HIV who are fleeing Ukraine and might need medication and support.
- City of Long Beach (CLB). E. Alvizo reported that the CLB is working to coordinate messaging on STD with their Family PACT program and Sexual Health Clinic. They are also seeking ways to improve their services to youth and address their sexual health needs. CLB is partnering with Long Beach Unified School District and YMCA to provide training and services aimed on youth and adolescent sexual health. The Trans Wellness Group will host a resource fair to commemorate National Trans Visibility Day in March and offer resources to support the health needs of transgender individuals. The event will be held at Bixby Park in Long Beach in partnership with a host of community agencies and partners. He is making connections for CLB to explore partnership with the USC street medicine program to enhance services in Long Beach.
- The Long Beach Comprehensive HIV Planning Group will host a listening session with AJ King to provide input in the development of the CHP in April.
- City of Los Angeles (CLA): *No report provided.*
- Service Planning Area (SPA) 2 Stakeholder Meeting: K. Donnelly reported that AJ King elicited feedback on the CHP. The group received a presentation on HIV and women as well. Attendees of the stakeholder meeting expressed appreciation for the existence of the group and the collaborative nature of their relationships. The group noted that they do not experience competition for clients among their peer network in SPA 2. The group could be a model for restarting stakeholder groups in other SPAs.

4. REPORTS – II

A. STANDING COMMITTEE REPORTS

(1) Operations Committee

a. Attendance Review

- J. Valero reported that Operations reviewed the 2021 attendance and presented two motions for vacating seats due to excessive absences. The decision to vacate the seats were reviewed/discussed/approved by vote, by both the Operations and Executive Committees, and presented to the Commission for final approval. The seats to be vacated at Joshua Ray and Guadalupe Velasquez.

b. **MOTION #3: Approve motion to vacate seat for Joshua Ray due to absences incurred for the 2021 calendar year, as presented or revised. Passed by Majority Roll Call Vote** (***Ayes:*** M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, T. Green, L. Kochems, C. Moreno, M. Murray, K. Nelson, J. Orozco, M. Perez, J. Preciado, E. Martinez, I. Rodriguez, R. Rosales, H.G. San Agustin, M. Sattah, L. Spencer, K. Stalter, D. Thomas, J. Valero, B. Gordon, D. Campbell; ***No***: 0;

Abstain: W. King)

c. **MOTION #4: Approve motion to vacate seat for Guadalupe Velazquez due to absences incurred for the 2021 calendar year, as presented or revised. Passed by Majority Roll Call Vote** (***Ayes:*** M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, T. Green, L. Kochems, C. Moreno, M. Murray, K. Nelson, J. Orozco, M. Perez, J. Preciado, E. Martinez, I. Rodriguez, R. Rosales, H.G. San Agustin, M. Sattah, L. Spencer, K. Stalter, D. Thomas, J. Valero, B. Gordon, D. Campbell; ***No***: 0; ***Abstain:*** W. King, K. Halfman)

- Operations conducted three new membership application interviews (Jose Magana, Lamisha Crawford, and Jayda Arrington) and will review and discuss those applications for approval at its upcoming meeting.

d.2022 Training Registration

- J. Valero reminded Commissioners to register for the 2022 trainings. The first training will be held on Tuesday, March 29th at 3pm on general orientation spotlighting an overview of the Commission on HIV. As a reminder, the 2022 trainings will feature (1) core mandatory trainings such as a Commission on HIV Overview and a Ryan White Care Act Legislative Overview, (2) supplemental trainings, (3) virtual study hours, and (4) quizzes for prizes.

e. Membership Application Process/Interview Questions Workgroup

- The Application Interview Questions Work Group's last meeting was held March 3rd . The workgroup completed restructuring the New/Unaligned Consumers questions and has started working on the Returning Commissioners section of the questions. The next workgroup meeting is March 29th, from 9am-11am.

f. PLANNING CHATT Learning Collaborative Participation

- The Commission on HIV was selected as one of the planning councils in the country to participate in this year's Planning CHATT cohort. Planning CHATT stands for Community HIV /AIDS Technical Assistance and Training and is a program funded by the Health Resources and Services Administration (HRSA) and is aimed at working with planning councils around the around the country to strengthen the core functions of Ryan White planning councils. Last year Planning CHATT started with their learning collaborative and this year the focus is on recruitment and retention of members with an emphasis on consumers. Staff members Sonja Wright, Cheryl Barrit and Operations Co-chairs Luckie Fuller and Justin Valero, in addition to Commissioners Everardo Alvizo and Kevin Stalter attend and participate in the learning collaborative. The last meeting was February 24th and the training focused on recruitment strategies such as messaging and promotion. In April, the focus will be on new member engagement, orientation, and training; in May leadership development and mentorship; and in the last session in June, each Planning Council will present their plan for recruitment and retention.

g.Social Media Initiatives

- Operations continues its recruitment and engagement efforts and has embarked on a social media campaign. One of our Commissioners, Mallery Robinson, has already been featured on Instagram and we will continue putting up additional profiles of those Commissioners who are interested in participating. If any Commissioner is interested in being featured on social media, please contact staff member Catherine Lapointe at CLapointe@lachiv.org .

h. Other items:

- Operations continues with strategizing and finalizing the implementation of the Assessment of the Administrative Mechanism (AAM). At its last meeting held on February 24th, 2022, the Operations Committee reviewed and provided feedback on both the Commissioner and provider questions in

the survey. The consensus of the Committee was the questions are adequate and suitable for implementation via Survey Monkey.

- A demographic/reflectiveness survey was emailed to Commissioners on January 26th. The due date was Friday, February 11th; J. Valero encouraged Commissioners to complete the survey. Also, a Committee Assignment survey was emailed to all Commissioners on March 3rd, the due date is Thursday, March 17th. The purpose of this survey is to assess each members' feedback on their assigned Committees and to determine if you would like to try out another Committee in the spirit of cross training, creating PIR (Parity, Inclusion, and Reflectiveness), filling in membership deficiencies, and leadership development/capacity building, by experiencing different Committees in order to have a full Commission perspective.
- Commissioner Everardo Alvizo conducted a presentation to a support group for people living with HIV at The Wall Las Memorias; the presentation was well received. The Commission will continue to look for opportunities to collaborate with other agencies as a way to enhance recruitment efforts and to get the word out about the COH.
- J. Preciado suggested Operations review R. Stevens' seat to assess if she can be moved to a full voting seat.
- Items for discussion at 3/24/22 meeting: Code of Conduct; New applications review/discussion/approval; Standing items such as CHP, AAM, outreach efforts and strategies

(2) Planning, Priorities and Allocations (PP&A) Committee

- K. Donnelly reported that the last PP&A meeting was held on February 15, 2022 . The Committee continues to seek a Co-Chair. DHSP provided a fiscal report on Program Year (PY) 31 expenditures. The program year ends February 28, 2022. The DHSP fiscal report is included in the meeting packet. DHSP stated that the Minority AIDS Initiative (MAI) grant will carryover approximately $300,000; Part B funds will be fully spent. Part B received from the State help fund housing services. DHSP will provide an update on solicitations to assist in the planning processes.

a. **DHSP Program Directives | UPDATES**

- The Committee reviewed the most recent Commission-approved Program Directives for PY 30, 31, 32 using DHSP's status report as a guide. The Directives assist DHSP in program planning and delivery as well as contract solicitations. The next step in the process is to revise and develop new directives for PY 32, 33, and 34.
- The Black/African American Community and women's needs were discussed. Services such as childcare, emergency financial assistance (EFA), mental health, housing, HIV prevention and care education efforts as well as delivery of services were discussed. (i.e., who and how are services delivered to underserved communities.)
- The Committee will continue the discussion on the directives at the March 15, 2022, from 1-3PM.

(3) Standards and Best Practices (SBP) Committee

- K. Stalter reported that the SBP Committee met on 3/1/22 and recognized Lisa Klein, DHSP Quality Improvement Manager, for her service and contributions to the Commission and wishes her well on her retirement.

a. Benefit Specialty Service Standards | UPDATES

- COH staff shared resources from the "Benefits in 2022 for Aging Adults Living with HIV" presentation and recommended the Committee include the website www.benefitscheckup.org to the Benefits Specialty Services standard.

b. **Special Populations Best Practices Project**

- COH staff continues to work with various Commission subgroups to develop a best practices

document for priority populations.

c. **Oral Health Service Standard: Dental Implants Inclusion | UPDATES**
   - The Committee convened an oral healthcare subject matter expert panel to draft a dental implant addendum to the current Ryan White Part A oral healthcare service standard. The addendum will provide clarification and guidance to the Commission's current oral healthcare service standard regarding dental implants. The panel consisted of dental providers and dental program administrators. The group discussed:
     - Clinical situations that would make a client a candidate for dental implants and stressed the importance of having standardized criteria
     - Costs associated with placing, maintaining, and restoring dental implants
     - Revisiting the consumer bill of rights and consider expanding the client responsibilities section to reconcile client expectations and service provider capacity
     - Commission staff will work with the panel facilitator to compile a meeting summary and begin drafting the addendum.

d. **Other items:**
   - The Committee began review of the Transitional Case Management-Incarcerated/Post-Release service standards. Committee members recommended adding language regarding Hepatitis C training and engaging subject matter experts and agencies currently contracted to provide this service for feedback.
   - The next SBP meeting will be held on April 5, 2022.

(4) Public Policy Committee (PPC)

a. **First Annual PP Priorities Stakeholder Community Consultation**
   - K. Nelson reported that PPC held its first Public Policy Priorities Stakeholder Community Consultation on Monday, March 7th. Toni Newman from the Black AIDS Institute and Ambrose Brooks from the Justice LA Coalition presented their recommendations for key policy issues around racial and social justice. Some common areas of interest identified were substance use and mental health services; cisgender and transgender women health services; coordination and enhanced of wrap-around services for prevention and care; incarceration and the impact of racism on health equity; and budget advocacy to shift County funding priorities to support underserved communities. Brett Feldman from the University of Southern California (USC) spoke on the Street Medicine model and how it could be enhanced. (i.e., adding a housing navigator to their teams; keeping clients engaged while they wait for housing; changing the Service Prioritization Decision Assistance Tool (VI-SPDAT) to measure the severity of medical need and thus a greater need for housing.) PPC will continue to request input from Black Lives Matter LA and THE BREATHE ACT who were unable to present at the meeting.
   - The Committee's next meeting is Monday, April 4th 1-3PM. The agenda will include further discussion on policy priorities and implementation strategies. Additionally, the Committee will initiate a review of local, state, and federal bills for inclusion in the 2022 legislative docket.

b. **2022 Legislative Docket | UPDATES**
   - PPC will continue discussion on the legislative docket in April and K. Nelson encouraged Commissioners to email her or staff pieces of legislation for PPC's review and deliberation. PPC will use community input to prioritize policies and advocacy efforts.

c. **County, State and Federal Policy, Legislation, and Budget**
   - The federal appropriations bill was passed by the House which now goes to the Senate this week for approval. Under House version (which may change), there is a $20 million increase in funding for the CDC's Ending the HIV Epidemic (EHE) Initiative ($195 million); HRSA funding is at $75 million for the Ryan White program, $20 million increase for HRSA's EHE initiative programming ($125 million),

and a $1.5 million increase for HRSA's Minority AIDS Initiative funding ($56.9 million).

d. **COH Response to the STD Crisis | UPDATES**

- PPC is waiting to hear from the Board on the response from DPH. Once the report is received by the Board, PPC will strategize on the next steps to maintain political and community attention to the STD crisis.

B. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

(1) Aging Task Force (ATF)

- The Aging Task Force (ATF) met on March 1 and heard a presentation from Brett Feldman, Director and Co-Founder, Division of Street Medicine Assistant Professor of Family Medicine Keck School of Medicine of USC. The ATF had a conversation about how their program identifies PLWH and how they connect them to medical care. The program treats individuals on the street and provide medications when needed. He shared how their program provides care to the aging homeless population (age 50+) which represent over 50% of the clients they see.
- The group discussed returning to the Executive Committee at their March meeting to have a joint conversation on the charge and population focus of the group. The Executive Committee had some input about the charge of the ATF. However, the ATF would like to have further conversation, hopefully in March and come back to the Commission with a formal request to become an ongoing Caucus with a specific charge.

(2) Black/African American Workgroup | UPDATE

- D. Campbell reported that the group met to discuss the future of the group and was excited to cast their vote to recommend moving forward as a Caucus. The first meeting of the group as a Caucus will be on March 17 at 4pm. D. Campbell and G. Garth will continue to lead the Black Caucus.

MOTION #5: **Approve the formation of the Black Caucus to sustain the momentum of the Black/African American Workgroup**. **Passed by Majority Roll Call Vote** (***Ayes:*** M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, T. Green, K. Halfman, W. King, L. Kochems, C. Moreno, K. Nelson, J. Orozco, M. Perez, J. Preciado, E. Martinez, I. Rodriguez, R. Rosales, H.G. San Agustin, M. Sattah, L. Spencer, K. Stalter, D. Thomas, J. Valero, B. Gordon, D. Campbell; ***No***: 0; ***Abstain:*** 0)

(3) Consumer Caucus

- Ish Herrera provided the report. The Caucus met on February 10th, 2022, and discussed the following:
- The Caucus heard from Mario Perez, Director at DHSP, regarding the changes to the grievance program. These changes were implemented with the goal of creating a more efficient mechanism that addresses input, feedback, and concerns with respect to service delivery previously shared by the Consumer Caucus. Some of the changes include:
  - Development of a more consumer friendly web page that is easily findable on the DHSP website
  - Rebrand the program as "Customer Support Line"
  - Redesign the program to have 3 main units: Resources and Referrals, Consumer Liaison, Complaint Resolution
  - Updated marketing materials with contact information to access the Customer Support Line
  - All agencies contracted by DHSP to provide services will receive a guidance document informing them of the redesigned grievance program
- The Caucus also emphasized the need to develop more opportunities for consumers to learn about data and the documents/reports shared in the meeting packets. The goal is to improve consumer comprehension of the issues and increase participation in discussions. This conversation was followed with a brief recap of the 2022 Commission training plan.

- The Caucus is meeting today from 3pm to 5pm; the meeting agenda and packet are available on the Commission's website. Today's meeting agenda will focus on Co-chair nominations and elections, 2022 workplan development, and progress updates on Special Populations Best Practices Project.
- I. Herrera invited all those who are living with or impacted by HIV to attend the Consumer Caucus meeting.

(4) Prevention Planning Workgroup (PPW)

- Dr. W. King provided the report for PPW. The Workgroup met on 2/23 and elected Miguel Martinez, Dr. William King, and Greg Wilson as Co-Chairs.
- The group met with AJ King regarding the 2022-2026 Comprehensive HIV Plan. The workgroup acknowledged that the syndemics of HIV, STD, HCV should be included in the plan but also recognizing the impact of racism, poverty, and housing instability upon prevention methods and biomedical prevention.
- PPW reviewed the program directives from PP&A and the group would like the directives to be more expansive and address mental health and housing.
- The workgroup would like to see more community members attend PPW meetings. The next meeting will be held on April 27 at 5:30pm.

(5) Transgender Caucus (TG)

- I. Rodriguez provide the report. The Transgender Caucus met on February 22 at 10am and discussed the following:
- Co-Chair nominations were held. Isabella Rodriguez and Xelestiál Moreno were voted as the new Transgender Caucus Co-Chairs.
- The Caucus brainstormed and developed ideas for their upcoming March virtual educational session. The title for the March presentation is The Power of Our Lives: Trans-Intersectional Visibility and will be held in honor of Trans Day of Visibility.
- The next meeting/presentation is Tuesday, March 22, 2022, from 10AM-12PM.

(6) Women's Caucus

- Dr. M. Cielo reported that the Women's Caucus met on Feb 28 and the following were key topics discussed by the group:

Presentation from APLA on their new program, "Women Together"

- Brian Risley, APLA Health, discussed APLA's *Women Together* program. Key points are as follows:
- The program was developed in response to data indicating that older women living with HIV are more affected by isolation, depression, and anxiety in comparison to men living with HIV.
- The objectives of the program are to form a collaborative with agencies that provide services to women, host social events, promote health and wellness, and provide life skill workshops for women living with HIV.
- The *Women Together* program will provide funding for agencies to host events that will serve women living with HIV.

Discussion on the Comprehensive HIV Plan (CHP 2022-2026) with AJ King

- The Caucus provided the following feedback on the CHP:
  - women should have equal access to HIV testing.
  - emphasize the need for parity regarding HIV testing for men and women; women are usually not considered at-risk of HIV, which hinders HIV testing promotion.
  - HIV testing should be included in routine doctor visits. The effect of HIV on women's daily lives should also be considered.
  - health care providers should be trained in HIV education, prevention, and awareness for women.
  - more research on how antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP) affects women's bodies is needed. Efforts to address the trauma caused by an HIV diagnosis are also needed.
  - Establish support groups for HIV-positive women with an emphasis on mental health.

Ideas for Directives

- Kevin Donnelly advised the WC to review the current directives in preparation for a future discussion.

Preparing for March Virtual Event

- Dr. M. Cielo will present on perinatal HIV and syphilis transmission in commemoration of National Women and Girls HIV/AIDS Awareness Day (NWGHAAD) at the March 21 meeting.

5. MISCELLANEOUS

A. PUBLIC COMMENT: OPORTUNITY TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION

- J. Arrington appealed to M. Perez and other funders to allocate funding for women services and use flyers and other collateral materials to promote services.
- D. McClendon submitted written public comments to express her gratitude for Carolyn Echols Watson service to the Commission and the County. She congratulated C. Echols-Watson on her retirement and contributions to the community. Public comment on file.
- A. Ballesteros thanked C. Echols-Watson for her amazing work for PP&A. She attributed the stability of the PP&A to her presence and hard work.
- C. Echols-Watson thanked the Commissioners and noted that it has been a privilege to work for the Commission to change people's lives and make people's lives better. She encouraged the Commission to keep their commitment and listen to the testimonies from the community.
- K. Stalter requested that C. Echols-Watson return for a visit at an in-person Commission meeting to properly thank her for her service.
- D. Thomas commented that C. Echols-Watson will be missed. He also expressed appreciation for the Ryan White program. However, more efforts need to be done to promote other HIV services and healthcare because Ryan White is only limited to PLWH.
- B. Gordon read a written public comment submitted by Marc Haupert, Chief Operating Officer, RaiseAChild. The RaiseAChild Recruitment, Retention, and Support Program for Prospective Resource Parents has been funded to develop a wide-scale marketing campaign to support its efforts to identify prospective resource parents. RaiseAChild has developed an automated interactive communication system designed to efficiently and effectively support prospective resource parents during their journey through the approval process. RaiseAChild is engaged in a recruitment effort for prospective resource parents, with specific outreach to the African American communities and other families of color. RaiseAChild is also specifically reaching out to LGTBQ+ families and families that are LGTBQ+ accepting and affirming. Outreach efforts will focus on identifying resource parents for disproportionate/overrepresented populations of youth in care. He urged the members of the Commission on HIV to distribute information about this important initiative to their colleagues, networks and organizations. For more information, feel free to contact *marc@raiseachild.org.* Visit the website at https://raiseachild.org. Public comment on file.
- J. Orozco provided public comment written in the Chat: "Although I'm not surprised, I am upset at the undercount of Black, Latinx and Native American people during the 2020 Census count. The Black population in the 2020 census had a net undercount of 3.3%, while it was almost 5% for Latinx and 5.6% for American Indians and Native Alaskans living on reservations. The non-Latinx white population had a net overcount of 1.6%, and Asians had a net overcount of 2.6%."

B. COMMISSION NEW BUSINESS ITEMS: OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR FULL BODY OR COMMITTEE DISCUSSION ON FUTURE AGENDAS, OR MATTERS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR WHERE NEED TO TAKE ACTION AROSE SUBSEQUENT TO POSTING THE AGENDA.

- D. Murray made a second request to agendize a report back from DHSP staff about efforts that are being undertaken to reduce administrative/paperwork burden for PLWH with disability. He referred to the community public comments made at the February Commission meeting where PLWH with disability expressed the challenges they face with often redundant application processes that require copious amount

of document. He noted that it is important to hear that there are accommodations made for people with disability. M. Perez noted that DHSP could provide a presentation on the actions his team are doing to improve the local service delivery system. He noted as an example, DHSP's work to establish a centralized applicant process to reduce redundancies.

C. ANNOUNCEMENTS: REGARDING COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES

- Alejandra Aguilar from ELAWC announced her agency is having their 4th annual health and resource fair on March 12 from 9am to 1pm at the East Los Angeles Civic Center. They will launch a poster campaign to end violence against women and promote HIV awareness. ELAWC is also doing a study on people who have been involved in the sex trade. For information contact alejandra@elawc.org.

D. ADJOURNMENT AND ROLL CALL:

The meeting was adjourned in honor and celebration of Carolyn Echols Watson retirement and over 37 years of public service.

Roll Call (**Present)**: M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, W. King, L. Kochems, E. Martinez, C. Moreno, D. Murray, K. Nelson, M. Peréz, J. Preciado, I. Rodriguez, R. Rosales, M. Sattah, R. Stevens, K. Stalter, D. Thomas, and B. Gordon

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve the February 10, 2022 Commission on HIV Meeting Minutes, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 3: Approve motion to vacate seat for Joshua Ray due to absences incurred for the 2021 calendar year, as presented or revised.	***Passed by Majority Roll Call Vote*** ***Ayes:*** M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, T. Green, L. Kochems, C. Moreno, M. Murray, K. Nelson, J. Orozco, M. Perez, J. Preciado, E. Martinez, I. Rodriguez, R. Rosales, H.G. San Agustin, M. Sattah, L. Spencer, K. Stalter, D. Thomas, J. Valero, B. Gordon, D. Campbell ***No***: 0 ***Abstentions:*** *K.* Halfman, W. King	**MOTION PASSED** **AYES: 28** **OPPOSED: 0** **ABSTENTIONS: 2**
MOTION 4: Approve motion to vacate seat for Guadalupe Velazquez due to absences incurred for the 2021 calendar year, as presented or revised.	***Passed by Majority Roll Call Vote*** ***Ayes:*** M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, T. Green, L. Kochems, C. Moreno, M. Murray, K. Nelson, J. Orozco, M. Perez, J. Preciado, E. Martinez, I. Rodriguez, R. Rosales, H.G. San Agustin, M. Sattah, L. Spencer, K. Stalter, D. Thomas, J. Valero, B. Gordon, D. Campbell ***No***: 0 ***Abstentions:*** W. King, K. Halfman	**MOTION PASSED** **AYES: 28** **OPPOSED: 0** **ABSTENTIONS: 2**
MOTION 5: Approve the formation of the Black Caucus to sustain the momentum of the Black/African American Workgroup.	***Passed by Majority Roll Call Vote*** ***Ayes:*** M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, J. Gates,	**MOTION PASSED** **AYES: 29** **OPPOSED: 0**

MOTION AND VOTING SUMMARY		
	J. Green, T. Green, K. Halfman, W. King, L. Kochems, C. Moreno, K. Nelson, J. Orozco, M. Perez, J. Preciado, E. Martinez, I. Rodriguez, R. Rosales, H.G. San Agustin, M. Sattah, L. Spencer, K. Stalter, D. Thomas, J. Valero, B. Gordon, D. Campbell ***No***: 0 ***Abstain:*** 0	**ABSTENTIONS: 0**

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/15/22

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DANIELS	**Michele**	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	**Frankie**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	**Luckie**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
GARTH	**Gerald**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GATES	**Jerry**	AETC	Part F Grantee
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Thomas**	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	**Eduardo**	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	**Anthony**	Southern CA Men’s Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts
MORENO	**Carlos**	Children’s Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
		L.A. County Department of Health Services	Medical Care Coordination (MCC)
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	**Reba**	No Affiliation	No Ryan White or prevention contracts
THOMAS	**Damone**	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	**Justin**	Unaffiliated consumer	No Ryan White or prevention contracts
VEGA	**Rene**	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	**Ernest**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services

LOS ANGELES COUNTY COMMISSION ON HIV

2022 MEMBERSHIP ROSTER| UPDATED 3.10.22

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2021	June 30, 2023	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
3	City of Long Beach representative	1	OPS	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2021	June 30, 2023	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2020	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2021	June 30, 2023	
6	Director, DHSP	1	EXC|PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	EXC|PP&A	Frankie Darling Palacios ***(LOA)***	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2021	June 30, 2023	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2021	June 30, 2023	
12	Provider representative #2			***Vacant***		July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2021	June 30, 2023	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2020	June 30, 2022	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2021	June 30, 2023	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	EXC|OPS	Alexander Luckie Fuller	Antioch University	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1			***Vacant***		July 1, 2021	June 30, 2023	Damone Thomas (EXC|OPS)
20	Unaffiliated consumer, SPA 2			***Vacant***		July 1, 2020	June 30, 2022	
21	Unaffiliated consumer, SPA 3			***Vacant***		July 1, 2021	June 30, 2023	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4			***Vacant***		July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5	1	EXC|SBP	Kevin Stalter	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6			***Vacant***		July 1, 2020	June 30, 2022	Reba Stevens (SBP)
25	Unaffiliated consumer, SPA 7			***Vacant***		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			***Vacant***		July 1, 2021	June 30, 2023	Michele Daniels (OPS)
28	Unaffiliated consumer, Supervisorial District 2			***Vacant***		July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3			***Vacant***		July 1, 2021	June 30, 2023	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			***Vacant***		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			***Vacant***		July 1, 2021	June 30, 2023	
32	Unaffiliated consumer, at-large #1			***Vacant***		July 1, 2020	June 30, 2022	
33	Unaffiliated consumer, at-large #2	1	OPS|PP&A	Joseph Green	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2021	June 30, 2023	
38	Representative, Board Office 3	1	EXC|PP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	EXC|OPS|SBP	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
40	Representative, Board Office 5			***Vacant***		July 1, 2020	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2021	June 30, 2023	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1			***Vacant***		July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	EXC|OPS	Gerald Garth, MS	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2021	June 30, 2023	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2020	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS/SBP	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
	TOTAL:	34						

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

LOA: Leave of Absence

Overall total: 42

LOS ANGELES COUNTY
COMMISSION ON HIV

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ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: March 30, 2022
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4th Thursday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 12 | Number of Quorum= 7		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Bridget Gordon	**Co-Chair, Comm./Exec.***	**Commissioner**
Danielle Campbell	**Co-Chair, Comm./Exec.***	**Commissioner**
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Alexander Fuller	Co-Chair, Operations	Commissioner
Gerald Garth	At-Large Member*	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Damone Thomas	At-Large Member*	Commissioner
Justin Valero	Co-Chair, Operations	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4th Thursday of the Month Regular meeting time: 10:00 AM-12:00 PM Number of Voting Members= 10 | Number of Quorum= 6		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Alexander Luckie Fuller	**Committee Co-Chair***	**Commissioner**
Justin Valero	**Committee Co-Chair***	**Commissioner**
Miguel Alvarez	*	Commissioner
Everardo Alvizo, LCSW	*	Commissioner
Michele Daniels	*	Alternate
Gerald Garth	At-Large Member*	Commissioner
Joseph Green	*	Commissioner
Carlos Moreno	*	Commissioner
Juan Preciado	*	Commissioner
Damone Thomas	At-Large Member*	Commissioner

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 1 2| Number of Quorum= 7		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Vacant		
Kevin Donnelly	**Committee Co-Chair***	Commissioner
Al Ballesteros	*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus "Chuy" Orozco	*	Commissioner
Frankie-Darling Palacios	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 9 | Number of Quorum= 5		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Lee Kochems, MA	**Committee Co-Chair***	Commissioner
Katja Nelson, MPP	**Committee Co-Chair***	Commissioner
Alasdair Burton	*	Alternate
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Eduardo Martinez	**	Alternate
Isabella Rodriguez	*	Commissioner
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

Regular meeting day: 1st Tuesday of the Month
Regular meeting time: 10:00AM-12:00 PM
Number of Voting Members = 11 | Number of Quorum = 6

COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	**Committee Co-Chair***	**Commissioner**
Erika Davies	**Committee Co-Chair***	**Commissioner**
Mikhaela Cielo, MD	*	Commissioner
Thomas Green	**	Alternate
Mark Mintline, DDS	*	Committee Member
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Reba Stevens	*	Alternate
Rene Vega	*	Alternate
Ernest Walker	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS

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

AGING TASK FORCE (ATF)

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

TRANSGENDER CAUCUS

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

WOMEN'S CAUCUS

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

PREVENTION PLANNING WORKGROUP

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

PREPARATIONS FOR IN-PERSON MEETINGS

APRIL 14, 2022

LOS ANGELES COUNTY
COMMISSION ON HIV

EXECUTIVE OFFICE
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

BOARD MOTION | MARCH 29

- Continuation of virtual meetings for 30 days (through April 28) for BOS and commission meetings
- Met in-person on April 5
  - Board members in the chambers only
  - Masked and socially distanced
  - Limited staff presence

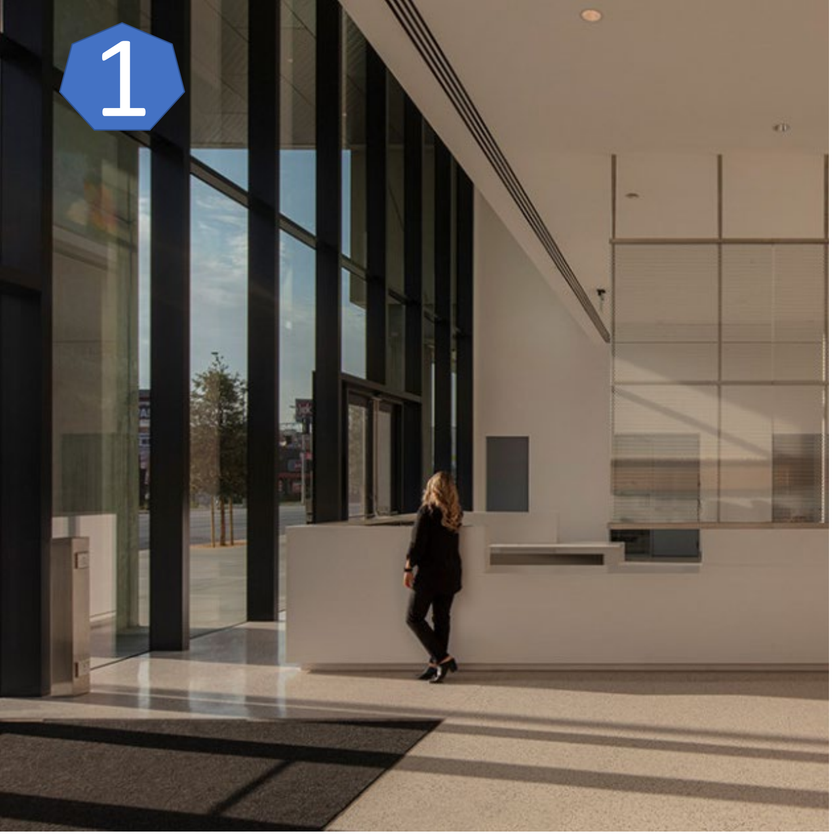
SAFETY PROTOCOLS FOR IN-PERSON MEETINGS

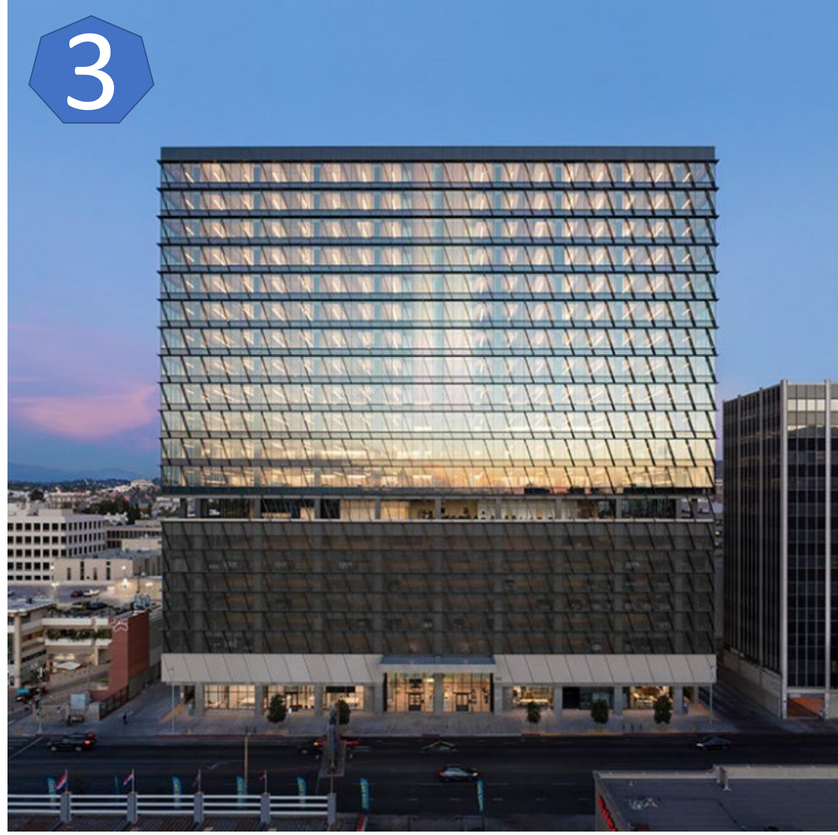
1. Ongoing guidance from County Counsel, Executive Office, and Board of Supervisors
2. Fluid and constantly changing environment; subject to change
3. In-person meetings will apply to full Commission and standing committees (Operations; Executive; Planning, Priorities and Allocations: Standards and Best Practices and Public Policy) until further notice
4. Caucuses, workgroups, and task forces to remain virtual until further notice
5. Must ensure Brown Act compliance
6. In-person conference room occupancy will be prioritized Commissioners (with additional and pending guidance from County Counsel)
7. Meeting rooms will be setup for social distancing
8. Members of the public strongly encouraged to join by phone or WebEx
9. Public comments may continue to be submitted in writing before, during, and after the meeting, and entered into public record
10. Masking required; masks and hand sanitizers will be available at meetings
11. COVID-19 vaccination is **required** by the Board of Supervisors for ALL Commissioners, including Alternates- verification must be provided to staff
12. If you are sick, stay home.

VERMONT CORRIDOR: 510 S. VERMONT AVE.

County-owned administration building

- Public-private partnership
- 21-story glass building that serves as headquarters for the Department of Mental Health (DMH) and Workforce Development, Aging and Community Services (WDACS).
- Other Departments currently occupying leased offices are slated to move in
- Supervisorial District 2 field office on street level
- Free parking and close to Metro Red Line Vermont /Wilshire Station
- Terrace level – area open to the public with conference rooms and outdoor spaces
- Access employee offices restricted to County employees only.





1. Street level reception and security desk

2. Terrace level reception area
3. Street level view
4. Employee workstations and floors
RESTRICTED TO COUNTY EMPLOYEES ONLY
• Some meetings may be at St. Anne’s Conference Center

VERMONT CORRIDOR PARKING AND PUBLIC TRANSIT

523 Shatto Place

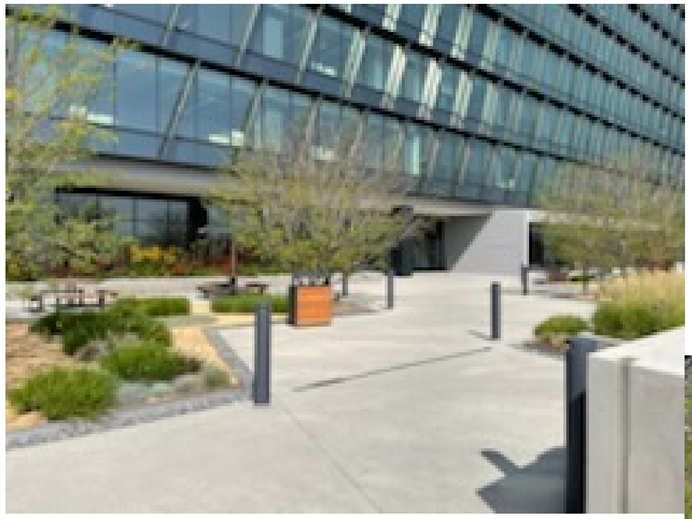
Wilshire and
Vermont Red Line
Metro Station

Street level address
510 S. Vermont Ave

VERMONT CORRIDOR PARKING AND STREET & LEVEL ACCESS | WHAT TO EXPECT

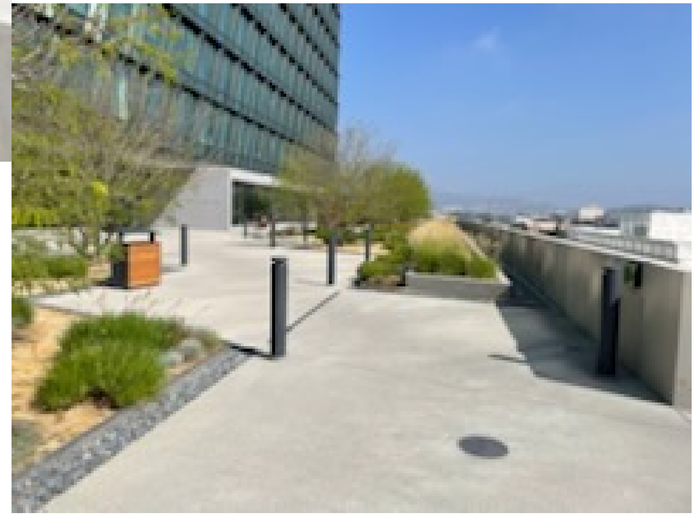
Street Level Entry: 510 S. Vermont Ave

- Check-in with Security Desk and inform them you are attending the Commission on HIV Meeting
- Take elevator to **“T”** level (Terrace)
- Terrace level reception desk will direct you the appropriate conference room



Parking Structure Access: 523 Shatto Place

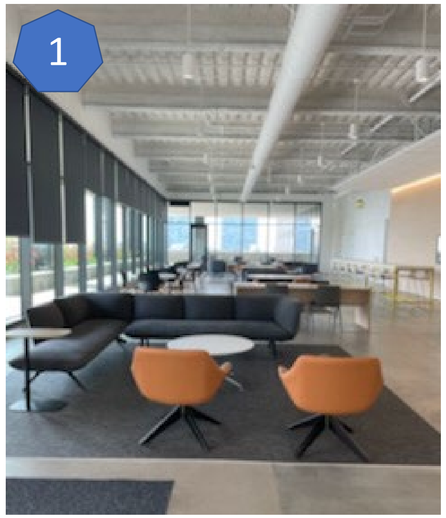
- Park on appropriate parking areas
- Take elevator to 9th Floor
- Exit elevator and access to the Terrace level is to your right
- Check-in with Security Desk and you will be directed to the appropriate conference room

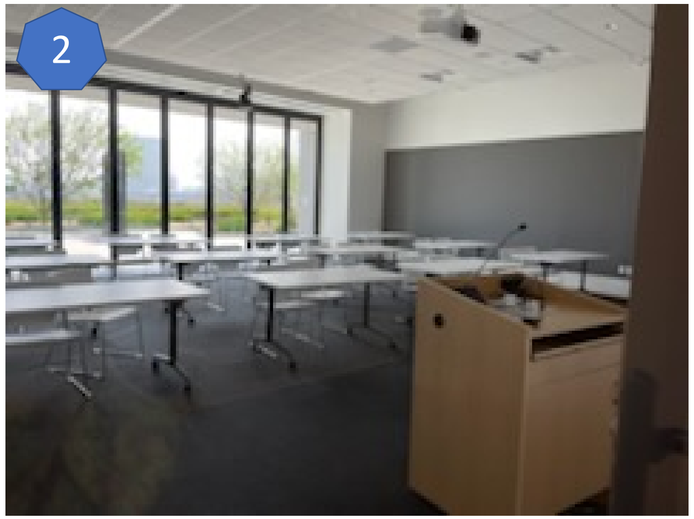


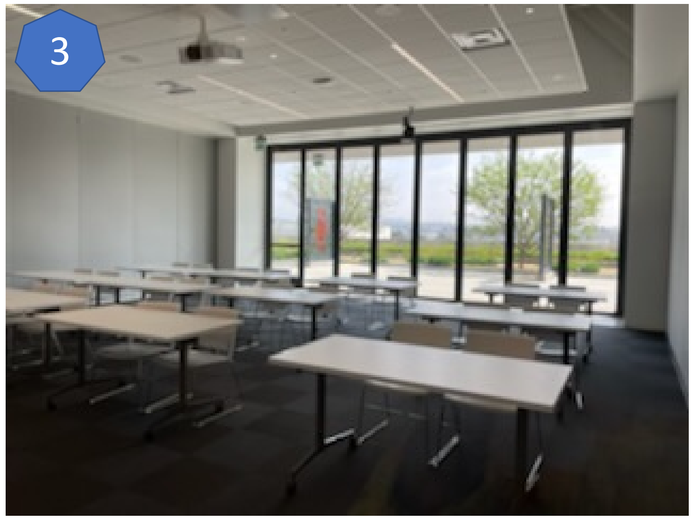
TERRACE LEVEL COURTYARD

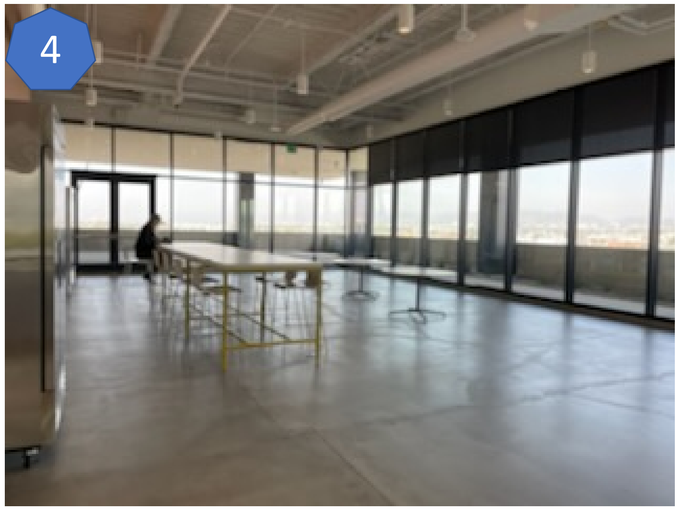
- Outside view of the conference rooms
- Sliding doors open to the courtyard area

TERRACE LEVEL RECEPTION AREA, CONFERENCE ROOMS, & REFRESHMENT AREA









1. Reception area allows for informal gatherings and collaborations
2. Meeting rooms can be expanded and combined with other rooms to accommodate up to 300 people
3. Modular tables and chairs
4. No food or drinks allowed in the meeting rooms
5. Food and drinks permitted only in the designated refreshment area

TERRACE LEVEL WALK-THROUGHS

- April 20 and 27 @ 3pm to 4pm
- Walk-throughs of
  - Courtyard area
  - Reception/Security area
  - Conference rooms
  - Refreshment area
  - Optional

ACCOMODATIONS FOR PEOPLE WITH DISABILITY

- Arrangements can be made, free of charge, provided that staff receive notice at least 72 hours before the meeting date by contacting Commission office at hivcomm@lachiv.org or leave a voicemail at 213.738.2816 (this information is on the agendas)
- All County-sponsored events, including those held at non-County owned facilities, must be accessible to persons without regard to disability
- Designated American Disabilities Act(ADA) Departmental Coordinator assists in access services and guidance
- https://lacounty.gov/residents/people-with-disabilities/
- https://lacounty.gov/accessibility/
- California Relay Service (CRS)
- Provision of documents in alternative formats upon request
- Webex is 508 compliant, with the Commission staff securing a third-party vendor for visual-or-hearing-impaired services.

AGENDA FOR THE SPECIAL MEETING OF THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, CALIFORNIA

TUESDAY, MARCH 29, 2022, 9:30 A.M.

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CALIFORNIA 90012

Holly J. Mitchell
Chair
Second District

Hilda L. Solis
Supervisor
First District

Sheila Kuehl
Chair Pro Tem
Third District

Janice Hahn
Supervisor
Fourth District

Kathryn Barger
Supervisor
Fifth District

Executive Officer
Celia Zavala

AGENDA POSTED: March 25, 2022

To listen by telephone please call (877) 873-8017 and enter the access code when prompted: Access Code for English: **111111** Access Code for Spanish: **222222**

To address the Board on the following matters please call **(877) 692-8955** and enter participant code **1336503** during the live virtual meeting **(Press 1 then 0 to address the Board)**:

I. BOARD OF SUPERVISORS 1

1. Findings to Continue Teleconference Meetings Under Assembly Bill 361 and Related Actions

Recommendation: Acting on behalf of the Board of Supervisors, and on behalf of entities for which the Board members serve as governing members (Governing Members), and for commissions, task forces, etc., which were, or are, created either by the Board or Governing Members or at their direction, and are subject to the Brown Act: (1) find in accordance with Assembly Bill (AB) 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that the Board has reconsidered the circumstances of the State of Emergency due to the COVID-19 pandemic and that the State of Emergency remains active and (2) find, in accordance with AB 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that local officials continue to recommend measures to promote social distancing. (As requested at the Board meeting of November 2, 2021.) (21-4261)

Attachments: Public Comment/Correspondence

LOS ANGELES COUNTY COMMISSION ON HIV
3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
http://hiv.lacounty.gov

DUTY STATEMENT

AT-LARGE MEMBER, EXECUTIVE COMMITTEE

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, there are three At-Large members of the Executive Committee, elected annually by the body, to provide the following representation, leadership and contributions:

COMMITTEE PARTICIPATION:

① Serve as a member of the Commission's Executive and Operations Committees, and participates, as necessary, in Committee meetings, work groups and other activities.

② As a standing member of the Executive Committee, fill a critical leadership role for the Commission; participation on the Executive Committee requires involvement in key Commission decision-making:

- Setting the agenda for Commission regular and special meetings;
- Advocating Commission's interests at public events and activities;
- Voting and determining urgent action between Commission meetings;
- Forwarding and referring matters of substance to and from other Committees and to and from the Commission;
- Arbitrating final decisions on Commission-level grievances and complaints;
- Discussing and dialoguing on a wide range of issues of concern to the HIV/AIDS community, related to Commission and County procedure, and involving federal, state and municipal laws, regulations and practices.

REPRESENTATION:

① Understand and voices issues of concern and interest to a wide array of HIV/AIDS and STI-impacted populations and communities

② Dialogue with diverse range perspectives from all Commission members, regardless of their role, including consumers, providers, government representatives and the public

③ Contribute to complex analysis of the issues from multiple perspectives, many of which the incumbent with which may not personally agree or concur

④ Continue to be responsible and accountable to the constituency, parties and stakeholders represented by the seat the member is holding

⑤ As a more experienced member, with a wider array of exposure to issues, voluntarily mentor newer and less experience Commission members

⑥ Actively assist the Commission and Committee co-chairs in facilitating and leading Commission discussions and dialogue

⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

KNOWLEDGE/BACKGROUND:

① CDC HIV Prevention Program, Ryan White Program (RWP), and other general HIV/AIDS and STI policy and information
② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
③ LA County's HIV/AIDS and other service delivery systems
④ County policies, practices and stakeholders
⑤ RWP legislation, State Brown Act, applicable conflict of interest laws
⑥ County Ordinance and practices, and Commission Bylaws
⑦ **Minimum of one year's active Commission membership prior to At-Large role**

SKILLS/ATTITUDES:

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

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

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

the OA Voice

Issue: April 2022

This newsletter is organized to align the updates with Strategies from the ***Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*** (Integrated Plan). The Integrated Plan is available on the Office of AIDS' (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf.

In This Issue:

- Strategy A
- Strategy B
- Strategy J
- Strategy K
- Strategy M

Staff Highlight:

Please welcome, **LeRoy Ricardo Blea** to the Division Office. LeRoy is joining OA as the Ending the Epidemics Manager. He will work alongside Kevin Sitter until Kevin retires in the Summer.

LeRoy has over 20 years of experience working to help communities and organizations improve HIV prevention, healthcare, and health policy. After fourteen years in senior public health leadership as an AIDS Director/STD Controller, he moved into private consulting practice. Most recently he served as a Senior Public Health Consultant at Facente Consulting on a project assisting the California Department of Public Health, (CDPH), OA helping key counties plan and implement activities to accelerate progress towards ending the HIV epidemic in California.

Leroy received his BA ('93) and MPH ('98) from UC Berkeley (Go Bears). His master's thesis examined case studies of people living with HIV exiting from prison and the broader social and environmental reasons linked to health outcomes after release. His current professional interests include program and community capacity building to improve HIV/STI/HCV health outcomes at the intersection of drug user health, mental health, and housing security.

Leroy serves as a volunteer cook on Saturdays for the non-profit Berkeley organization Dorothy Day House serving people experiencing homelessness, teaches public health and sexual medicine with the consulting firm Project Prepare, and is a registered substance use disorder counselor with experience working with those most affected by the methamphetamine and opioid epidemics in California.

Finally, Leroy is also a dog dad (Callie and Tipper), lives in Berkeley with his partner David of 28 years, loves cooking (and food in general) and is very honored to join the incredible team at OA!

HIV Awareness:

April 10th is National Youth HIV/AIDS Awareness Day (NYHAAD). HIV stigma continues to discourage young people from getting tested, accessing prevention methods, disclosing their HIV status, seeking and staying in care. NYHAAD is meant to raise awareness and promote discussion about the impact of HIV on young people. Testing, education and providing a platform for young people to recognize they have the power to change the course of the HIV epidemic. As young people enter adulthood, their rates of HIV infection increase significantly. The three-year average rate for young men 15 – 19 years of age between 2017 and 2019 was 16.2 and increased to 157.1 for the 20 – 24 years of age cohort. For young women, the rate increased from 7.5 to 24.2 in that same time span. Rates among young people of color are notably higher, and rates are highest among young gay men. The table below highlights the disparities and calls us to provide HIV prevention services more effectively in high school and the 20 – 24-year-old cohort.

April 18th is the National Transgender HIV Testing (NTHTD). NTHTD is observed to recognize the importance of routine HIV testing among transgender and non-binary people. Transgender women of color, especially Black/ African American and Latinx women experience disproportionately high rates of HIV. According to CDPH HIV Surveillance data, HIV prevalence among transgender individuals in California is about 0.3%, about 31 times higher than other

Adolescents/Young Adults Living with Diagnosed HIV Infection by Birth Sex, Race/Ethnicity and Age Group, 2017-2019 - California

Age Group by Race/Ethnicity	Female		Male	
	Cases	Rate	Cases	Rate
Black/African American				
10-14	51	25.6	56	26.7
15-19	95	39.7	175	68.4
20-24	391	140.0	1,798	567.5
Latinx				
10-14	51	2.6	23	1.1
15-19	131	6.5	337	16.2
20-24	443	21.9	3,777	175.8
White				
10-14	24	2.4	21	2.0
15-19	50	4.3	95	7.8
20-24	167	12.3	1,276	85.9
Other/Unknown*				
10-14	33	5.2	35	5.3
15-19	31	4.5	85	11.8
20-24	77	9.4	669	79.9
Totals				
10-14	**159**	**4.2**	**135**	**3.4**
15-19	**307**	**7.5**	**692**	**16.2**
20-24	**1,078**	**24.2**	**7,520**	**157.1**

**Race 'Other' includes Asian, 'American Indian/Alaska Native', 'Native Hawaiian/Pacific Islanders', Multiple Races, and 'Unknown' races. Data Source: CDPH, OA, Surveillance Section*

populations. In 2019, 92% of transgender individuals who received and HIV diagnosis in California were transgender women. An HIV and Transgender People factsheet depicting demographics and health outcomes is located at on OA's webpage. Encouraging transgender individuals to know their status, and continued focus on HIV prevention, care and treatment efforts among this community is vital.

General Office Updates:

COVID-19

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed.

Please refer to our OA website at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Racial Justice and Health Equity

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout the CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

The OA RHE Committee recognizes the following during April:

- Autism Awareness Month
- Parkinson's' Awareness Month
- Alcohol Awareness Month
- Testicular Cancer Awareness Month
- Sexual Assault Awareness Month
- National Public Health Week (April 2nd – 9th)
- LGBT Day Of Silence (April 22nd)

HIV/STD/HCV Integration

As the lead state department in the COVID-19 response, CDPH has re-directed hundreds of staff to this effort. Because of this, the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention are postponed indefinitely. Please refer to our OA website at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

CDPH Ending the Epidemics Strategic Plan

OA and STD Control Branch are pleased to report that the roll-out of the California Strategic Plan to address the syndemic of HIV, HCV and STIs has begun. We have worked hard to ensure that this plan reflects the diverse voices from CDPH, other state agencies, community-based organizations and people with lived experience. In this plan, we have a picture of what we hope the HIV, HCV and STI landscape will look like in five years and some ideas for how to create it. We have made this plan shorter than previous ones to make it accessible and actionable. Through this plan we commit to working towards a future where all of our state's HIV, HCV and STI service providers are equipped with awareness, tools, and resources they need to address the systemic problems that prevent Californians from receiving the care and support that they deserve. This plan suggests 30 innovative and overlapping strategies organized over six social determinants of health: racial equity, housing, access to health care, mental health and substance use, economic justice, and stigma. This plan centers people affected by the HIV HCV and STIs syndemic and builds upon their leadership and the dedication of public health, healthcare providers and other partners across the state.

We introduced the plan at a Statewide Townhall to over 300 community partners via Zoom to very positive feedback on March 18th. We were all introduced to an overview of the plan at our

OA All Staff Meeting on March 28th where in small groups we got to provide some of our initial thoughts about what we need to see our work in the plan. Our thoughtful comments and engagement at the All Staff Meeting were a great start. Over this year, in partnership with Facente Consulting, we will continue our community engagement to develop a blueprint to help us implement this plan. We need your ongoing input as we continue to engage communities across California through twenty-two regional focus groups and a provider survey. We can help this process by working internally on some simple goals: learning about the plan; talking to partners about the plan and seeing our work in the plan. Division will be building out a Sharepoint space with tools and other resources to help. Leroy Blea, Ending the Epidemics Project Manager, will be a resource for internal CDPH team members and workgroups to help develop ad hoc strategic planning meetings, materials and other resources. However, in this process we will all be resources to each other.

CDPH will partner with Facente Consulting to lead the regional listening sessions. We need your input! External partners can find links to the plan, the Statewide Town Hall recording, the provider survey and the schedule of regional meetings at http://facenteconsulting.com/CDPH_HIV.HCV.STI_strategicplan.php.

Ending the HIV Epidemic

Site visits with each of the six LHJs in the consortium were recently completed. COVID continues to pull resources from throughout health departments and has delayed implementation of all interventions in the county plans. More contracts have been completed with community-based organizations that will provide focused testing in locations frequented by various priority populations, there are two workforce development programs for transgender individuals, and five of the counties are developing mobile medical programs to reach those unstably housed and bring medical care closer to those who live in areas far from HIV care services. The OA ETE Team is working with the Facente Consulting Team to host a virtual symposium for the consortium for four half-days in early June. The symposium will include panels of individuals from various priority populations to speak with us about what is working and what is not. We are confirming a keynote speaker who has presented a powerful first-person story at national conferences.

Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization

National Clinician Consultation Center

April is Sexually Transmitted Infection (STI) Awareness Month—it's an important reminder that STI screening and treatment during pregnancy is crucial to prevent health complications for pregnant people and their infants. Recent California surveillance data has suggested increases in cases of congenital syphilis and syphilis among females of childbearing age in several areas of the state. The Centers for Disease Control and Prevention recommend all pregnant people get screened for HIV, hepatitis B, hepatitis C, and syphilis during each pregnancy. The National Clinician Consultation Center's Perinatal HIV Hotline remains available 24/7 to answer health care providers' questions on HIV prevention, screening and testing, and treatment for people who are pregnant and/or considering pregnancy. The Hotline's multi-professional team of clinical subject matter experts also welcomes questions regarding HIV and breastfeeding/chest-feeding as well as PrEP in pregnancy and breastfeeding. Any California provider can reach the National Perinatal HIV Hotline by calling 888-448-8765 (toll-free). Information on HIV and pregnancy is available for

non-health care providers at https://www.cdc.gov/hiv/group/gender/pregnantwomen/index.html.

PrEP-Assistance Program (AP)

As of April 5, 2022, there are 199 PrEP-AP enrollment sites covering 173 clinics that currently make up the PrEP-AP Provider network.

A comprehensive list of the PrEP-AP Provider Network can be found at https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2.

Data on active PrEP-AP clients can be found in the three tables displayed on page 6 of this newsletter.

Strategy B: Increase and Improve HIV Testing

OA's HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. The program, TakeMeHome®, (https://takemehome.org/) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In the first 18 months, between September 1, 2020, and February 28, 2022, 2678 tests were distributed. TakeMeHome® has continued to expand the offering of mail-in dried blood spot HIV, STI, and Hepatitis C lab tests in addition to oral swab tests. In February, Sacramento County became the fourth EtHE county offering mail-in lab-based tests. This month, lab tests accounted for 69 (44.8%) of the 154 total tests distributed.

Of individuals ordering a test in February, 38.3% reported never before receiving an HIV test, and 50.7% were 18 to 29 years of age. Among individuals reporting ethnicity, 41.9% were Hispanic/Latinx, and of those reporting sexual history, 56.1% indicated 3 or more partners in the past 12 months. To date, 341 recipients have filled out an anonymous follow up survey, with 94.4% indicating they would recommend TakeMeHome HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (73.6%) or having had more than one sex partner in the past 12 months (63.3%).

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

As of April 5, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from February
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	427	-9.73%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	4,752	-11.50%
Medicare Part D Premium Payment (MDPP) Program	1,476	-11.14%
Total	**6,655**	**-8.64%**

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	316	7%	---	---	---	---	49	1%	365	8%
25 - 34	1,224	28%	1	0%	---	---	368	8%	1,593	36%
35 - 44	1,003	23%	---	---	2	0%	251	6%	1,256	29%
45 - 64	777	18%	1	0%	20	0%	158	4%	956	22%
65+	42	1%	---	---	151	3%	9	0%	202	5%
TOTAL	**3,362**	**77%**	**2**	**0%**	**173**	**4%**	**835**	**19%**	**4,372**	**100%**

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	170	4%	---	---	34	1%	30	1%	---	---	110	3%	5	0%	16	0%	365	8%
25 - 34	884	20%	1	0%	153	3%	93	2%	2	0%	369	8%	13	0%	78	2%	1,593	36%
35 - 44	794	18%	4	0%	102	2%	63	1%	2	0%	247	6%	8	0%	36	1%	1,256	29%
45 - 64	690	16%	3	0%	42	1%	26	1%	2	0%	179	4%	---	---	14	0%	956	22%
65+	36	1%	1	0%	3	0%	4	0%	---	---	156	4%	---	---	2	0%	202	5%
TOTAL	**2,574**	**59%**	**9**	**0%**	**334**	**8%**	**216**	**5%**	**6**	**0%**	**1,061**	**24%**	**26**	**1%**	**146**	**3%**	**4,372**	**100%**

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	506	12%	1	0%	6	0%	13	0%	---	---	14	0%	1	0%	1	0%	542	12%
Male	1,927	44%	8	0%	311	7%	198	5%	6	0%	1,018	23%	23	1%	136	3%	3,627	83%
Trans	132	3%	---	---	12	0%	4	0%	---	---	16	0%	2	0%	2	0%	168	4%
Unknown	9	0%	---	---	5	0%	1	0%	---	---	13	0%	---	---	7	0%	35	1%
TOTAL	**2,574**	**59%**	**9**	**0%**	**334**	**8%**	**216**	**5%**	**6**	**0%**	**1,061**	**24%**	**26**	**1%**	**146**	**3%**	**4,372**	**100%**

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 03/31/2022 at 12:01:42 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

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

Overdose Deaths in the U.S. Continue to Surge

Annual drug overdose deaths have reached another record high in the United States as deaths from fentanyl and other synthetic opioids spike to unprecedented levels. CDC's recent report estimated 105,752 people died of drug overdoses in the 12-month period ending October 2021. CDC and CDPH continue to recommend that health departments, medical and public health providers continue to offer naloxone to all people who use drugs to protect themselves and their loved ones. The Department of Health Care Services provides free naloxone through the Naloxone Distribution Project.

View the full report at https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm.

CDC RFA: Strengthening Syringe Services Programs

CDC announced a new funding opportunity for strengthening syringe services programs (SSPs). The RFA has two components: 1) to expand a national network of SSPs and 2) increase support and resources to SSPs. Closing date for applications is May 2, 2022.

View the announcement at https://www.cdc.gov/hepatitis/policy/FO-CDC-RFA-PS22-2208.htm.

National Harm Reduction Conference

The National Harm Reduction Coalition (NHRC) will hold its 13th national conference this October in San Juan, Puerto Rico and is seeking abstract submissions representing all aspects of harm reduction work, from grassroots organizing and programming to policy and research. Abstract submissions and scholarship applications are due April 15, 2022.

Registration Information can be found at https://conference.harmreduction.org/?emci=eaf708a6-eba3-ec11-a22a-281878b85110&emdi=d1b5f313-bca4-ec11-a22a-281878b85110&ceid=10832852.

Abstracts Submission Overview can be found at https://conference.harmreduction.org/abstracts/.

Strategy M: Improve Usability of Collected Data

Two new fact sheets using data from the Medical Monitoring Project 2015 through 2019 cycles are now published on the OA website. *Recognizing HIV-Related Stigma to Improve Care* examines the prevalence of stigma among people living with HIV (PLWH) and describes negative health outcomes associated with stigma as well as offering resources for health care providers to minimize stigma. *Sustaining Viral Suppression – ART Adherence and Consistent Clinical Care* describes characteristics associated with ART adherence along with barriers to receiving consistent clinical care. Both fact sheets are primarily targeted to providers, with resources for both providers and patients. They are available on OA's HIV Surveillance page at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAsre.aspx.

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov ORG • *VIRTUAL WEBEX MEETING*

Jose Magaña

Application on file at Commission office

Interview panel: Luckie Alexander and Justin Valero

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Jayda Arrington

Application on file at Commission office

Interview panel: Luckie Alexander, Justin Valero, and Carlos Moreno

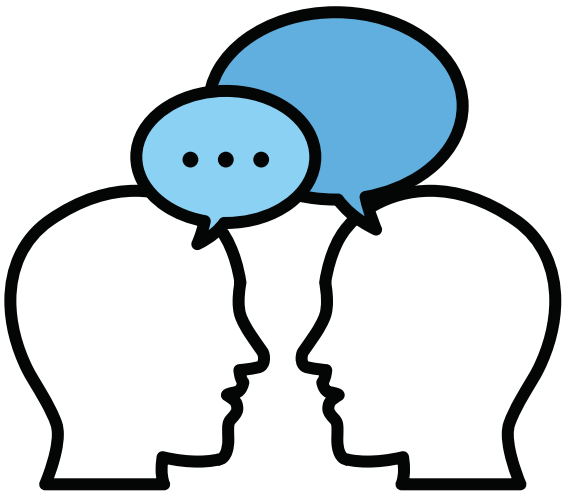
LOS ANGELES COUNTY
COMMISSION ON HIV

Los Angeles County Commission on HIV Training Schedule 2022

Come learn with us!

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

Trainings are mandatory for all Commissioners.



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

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

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

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

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

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

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

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

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

LOS ANGELES COUNTY COMMISSION ON HIV
APPROVED ALLOCATIONS FOR
PROGRAM YEARS (PYs) 33 AND 34 (Approved by COH 01-13-2022; PY 32 Approved by COH Sept 2021)

	FY 2022 RW Allocations (PY 32)[1]					FY 2023 RW Allocations (PY 33)[2]			FY 2024 RW Allocation (PY 34)[2]		
PY 32 Priority #	Core/ Support Services	Service Category	Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI %[3]	Part A %	MAI %	Total Part A/ MAI %[3]
1	S	Housing Services RCFCI/TRCF/Rental Subsidies with CM	0.96%	87.39%	8.33%	0.96%	87.39%		0.96%	87.39%	
2	S	Non-MedicalCase Management - BSS/TCM/CM for new positives/RW clients	2.44%	12.61%	3.30%	2.44%	12.61%		2.44%	12.61%	
3	C	Ambulatory Outpatient Medical Services	25.51%	0.00%	23.33%	25.51%	0.00%		25.51%	0.00%	
4	S	Emergency Financial Assistance	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
5	S	Psychosocial Support Services	0.00%	0.00%	0.00%	0.00%	0.00%		1.00%	0.00%	
6	C	Medical Care Coordination (MCC)	28.88%	0.00%	26.41%	28.88%	0.00%		28.00%	0.00%	
7	C	Mental Health Services	4.07%	0.00%	3.72%	4.07%	0.00%		4.07%	0.00%	
8	S	Outreach Services (LRP)	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
9	C	Substance Abuse Outpatient	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
10	C	Early Intervention Services	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
11	S	Medical Transportation	2.17%	0.00%	1.99%	2.17%	0.00%		2.17%	0.00%	
12	S	Nutrition Support Food Bank/Home-delivered Meals	8.95%	0.00%	8.19%	8.95%	0.00%		8.95%	0.00%	
13	C	Oral Health Services	17.60%	0.00%	16.13%	17.60%	0.00%		17.48%	0.00%	
14	S	Child Care Services	0.95%	0.00%	0.87%	0.95%	0.00%		0.95%	0.00%	
15	S	Other Professional Services - Legal Services	1.00%	0.00%	0.92%	1.00%	0.00%		1.00%	0.00%	
16	S	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
17	S	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
18	C	Home Based Case Management	6.78%	0.00%	6.21%	6.78%	0.00%		6.78%	0.00%	
19	C	Home Health Care	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
20	S	Referral	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
21	C	Health Insurance Premium/Cost Sharing	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
22	S	Language	0.65%	0.00%	0.60%	0.65%	0.00%		0.65%	0.00%	
23	C	Medical Nutrition Therapy	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
24	S	Rehabilitation	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
25	S	Respite Care	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
26	C	Local Pharmacy Assistance	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
27	C	Hospice	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
		Overall Total	**100.0%**	**100.00%**	**100%**	**100.0%**	**100.0%**	**0.00%**	**100.0%**	**100.00%**	**0.00%**

Footnotes:

1 - Service Category Rankings and Allocation Percentages Approved by the Commission on 09/09/2021

2 - PY 33 and 34 Allocation percentages approved by PP&A on 11/16/2021 and the Executive Committee on 12/09/2021

3 - To determine total percentages, funding award amounts for Part A and MAI must be known.

Document is a working draft. Updates being deliberated by the PP&A Committee.

Program Directives for Maximizing Ryan White Part A and MAI Funds for Program Years 30, 31, 32
Status Updates from the Division of HIV and STD Programs (DHSP)

DIRECTIVE	DHSP RESPONSE/STATUS UPDATE
1. Across all funding sources, prioritize investments in populations most disproportionately affected and in health districts with the highest disease burden and prevalence, where service gaps and needs are most severe.	Solicitations are composed using the latest data, which reflect the geography and other demographics of target populations
2. Implement the recommendations developed by the Black/African Community (BAAC) Task Force (TF) which set a progressive and inclusive agenda to eliminate the disproportionate impact of HIV/AIDS/STDs in all subsets of the African American/Black diaspora. PP&A is calling special attention to the following recommendations from the BAAC TF as key priorities for RFP development, funding, and service implementation starting in 2020:	
• Require contracted agencies to complete training for staff on cultural competency and sensitivity, implicit bias, medical mistrust and cultural humility. DHSP should work with the Black/African American community as subject matter experts in developing training materials and curriculum.	In progress. Some training resources still need to be identified and tested.
• In collaboration with the Black/African American community, conduct a comprehensive needs assessment specific to all subsets of the Black/AfricanAmerican population with a larger sample size. Subgroups include MSM, transgender masculine and feminine communities, and women.	This should be included in the needs assessments conducted as part of the formative work for the development of the comprehensive plan.
• Assess available resources by health districts by order of high prevalence areas.	
• Conduct a study to identify out of care individuals, and populations who do not access local services and why they do not.	
• Fund mental health services for Black/African American women that are responsive to their needs and strengths.	Is there a different standard of care for these services for this population?

• Earmark funds for peer support and psychosocial services for Black gay and bisexual men. • It is recommended that DHSP collaborate with SBP to convene subject matter experts from the African American community to ensure that mental health and psychosocial support services are culturally tailored to the needs of the community.	Must be allocated by PP&A. DHSP relies on SBP for guidance.
3. Provide Non-Medical Case Management services in non-traditional and traditional locations to support improved service referrals and access points to Ryan White services for identified priority populations, such as young men who have sex with men (YMSM), African American men and women, Latinx communities, transgender individuals, and older adults (over 50 yrs).	Commission must allocate funds for these programs.
4. Continue to enhance Foodbank and Home Delivered Meals services to include dietary guidance, better quality foods (specifically more high quality nutrient rich fruits, vegetables and lean proteins), and increase the amount of food available for clients based on their individual needs or by gaps observed or reported by agencies and clients; cover essential non-food items such as personal hygiene products (to include feminine hygiene items), household cleaning supplies, and personal protective equipment (PPE). Permit contracted agencies to provide grocery, gas, and transportation support (e.g., Metro Tap cards, ride share services) to clients to facilitate expanded access to food.	DHSP has used EHE and HRSA CARES funds to improve capacity to store perishable, nutritious foods, and increase variety and quality of food available consistently.
5. Support intensive case management services for people living with HIV served in Ryan White HIV housing programs and increase target number of clients served during the reallocation process. Funds should also be used to support additional training for housing specialists to serve the housing needs of families.	The entire housing portfolio needs to be examined in order to determine where DHSP's limited housing resources can have the most impact.
6. Continue to support the expansion of medical transportation services.	In progress
7. Continue efforts to develop Ryan White client eligibility cards and welcome packets, with information on Ryan White-funded services in Los Angeles County; train providers on the use of eligibility cards to	In progress

reduce paperwork burden on clients. Develop and implement eligibility cards without the need to issue a Request for Proposals (RFP) to hasten distributionof eligibility cards as stated by DHSP representatives.	
8. Augment contracts to permit agencies to have an operational line item budget for childcare and transportation to facilitate consistent engagement in care and support services. This strategy would avoid releasing a stand-alone RFP for childcare and transportation and give service providers the flexibility to provide these services to all clients with children. Expand flexibility to provide emergency financial support for PLWH. Augment Medical Case Management/Medical Care Coordination services to include Emergency Financial Assistance (EFA) and Childcare services. Priority populations such as women and their families, YMSM andtransgender women, may have unique needs for emergency financial assistance due to domestic and intimate partner, or community violence.	Childcare solicitation is nearly complete. EFA program is in place.
9. Fund mobile care teams or clinics that provide holistic care for women. Mobile teams should be available for all agencies and link women to services where they reside, congregate, or prefer to be engaged.	Need more information on what this would look like.
10. Fund psychosocial services and support groups for women. Psychosocial support services must include peer support in order to build a stronger sense of community, empowerment and resilience among women living with HIV.	Commission should allocate funds accordingly.

LOS ANGELES COUNTY COMMISSION ON HIV

STANDARDS AND BEST PRACTICES COMMITTEE
ORAL HEALTH STANDARDS ADDENDUM WORK PLAN (UPDATES IN RED)

PARTICIPANT ROSTER

Commission on HIV (COH) SBP committee members: Erika Davies (PDH), Kevin Stalter (consumer), Dr. Mark Mintline (WU)
DHSP representatives: Mario Perez, Paulina Zamudio, Dr. Michael Green, Pamela Ogata
Community Stakeholders: AIDS Healthcare Foundation; JWCH Institute; UCLA; USC; Watts healthcare Corporation
COH Staff: Cheryl Barrit, Jose Rangel-Garibay

Approval Date:	**Revision Dates:** 11/4/21, 11/8/21, 12/1/21,12/14/21, 12/20/21, 1/11/22, 3/30/22, 4/11/22

GOAL: Conduct a targeted review of the oral health service standards and developing guidance for specialty dental providers related to dental implants.

#	OBJECTIVE	TASKS/ACTIVITIES	OUTCOMES/DELIVERABLES	STATUS	TARGET DATE
1	Describe issue(s) and determine course of action	• Host initial meeting to help the Standards and Best Practices (SBP) committee gather information and determine the need to review the Oral Health service standards in response to an appeal form the Director of the Division on HIV and STD Programs (DHSP)	• Determined to conduct a targeted review of the 2016 Oral Health service standards informed by a panel of specialty dental providers and other subject matter experts • Meeting summary for participants • Monthly progress reports to SBP Committee	**COMPLETE**	Oct 2021
2	Pre-planning for SME panel	• Develop work plan and project timeline • Gather contact information for specialty dental providers and other subject matter experts (SMEs) • Conduct literature review • Share updates with work plan with participants	• Work plan and project timeline • List of contacts received • Summary from literature review	**COMPLETE**	Dec 2021
3	Plan SME panel	• Draft SME panel agenda • Set expectations and deliverables for SME panel • Share contacts identified and send availability requests/invite potential panelists • Share literature review summary document • Set date and time for the SME panel	• Agenda for SME panel • SME panel objectives and expectations • SME panel meeting packet items • Invite potential panelists	**COMPLETE**	~~Dec 2021~~ (Early) Jan 2022
4	Convene expert panel	• Facilitate discussion regarding guidance for dental implants to be included to the Oral Health service standards • Collect feedback for addendum to Oral Health service standards	• Summary of feedback COH staff are working with meeting facilitator to compile summary	IN-PROGRESS	~~Jan 2022~~ ~~Feb 2022~~ April 2022

LOS ANGELES COUNTY COMMISSION ON HIV

STANDARDS AND BEST PRACTICES COMMITTEE
ORAL HEALTH STANDARDS ADDENDUM WORK PLAN (UPDATES IN RED)

5	Draft addendum to Oral Health Standards	• COH staff to review feedback summary and draft addendum	• Draft addendum COH staff will work with meeting facilitator to draft addendum	In-Progress	Feb 2022 (Mid) April 2022
6	Send addendum to SBP committee for review and approval	• SBP committee co-chairs to share addendum and request committee feedback • SBP committee co-chairs to post addendum for a 30-day public comment period • SBP committee to review public comments and make edits as necessary • SBP committee to vote on approving addendum	• SBP Committee review, editing, and approval of addendum	Pending	May 2022
7	Send addendum to Executive Committee for approval	• SBP committee co-chairs to present addendum to Executive Committee and request approval vote	• Executive Committee approval of addendum	Pending	May 2022
8	Send addendum to full COH for approval	• SBP committee co-chairs to present addendum to full COH and request approval vote	• COH approval of addendum	Pending	Jun 2022
9	Submit addendum to DHSP for distribution	• COH co-chairs to send addendum to DHSP leadership and recommend distribution	• DHSP receipt and distribution of addendum	Pending	Jun 2022
10	Full review of Oral Health service standards	• SBP committee to conduct a full review of the Oral Health service standards	• Updated Oral Health service standards	TBD	Fall 2022

COUNTY OF LOS ANGELES
Public Health

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

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

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April 1, 2022

TO: Each Supervisor

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

SUBJECT: **ADDRESSING THE STD CRISIS IN LOS ANGELES COUNTY (ITEM 14, BOARD AGENDA OF SEPTEMBER 28, 2021)**

This is in response to your September 28, 2021 motion directing the Department of Public Health (Public Health), in collaboration with the Department of Health Services (DHS), Department of Mental Health (DMH), the Alliance for Health Integration (AHI), and the Chief Executive Office's (CEO) Anti-Racism, Diversity and Inclusion Initiative (ARDI), to report back within 120 days with an updated plan of action to address this crisis, incorporating progress and ongoing challenges outlined in the quarterly STD reports and progress to date on goals included in the Center for Health Equity's (CHE) STD focus area.

Background

Los Angeles (LA) County is experiencing the highest ever annual reported cases of syphilis, congenital syphilis, gonorrhea, and chlamydia. This trend is consistent with the rise in STD rates that have been reported over the last decade across the United States, many parts of California and LA County. Among the most troubling trends in LA County are the increases in syphilis and congenital syphilis. As noted in your Board's September 28, 2021, motion, there has been a 450% increase in syphilis rates among females and a 235% increase in males in the last decade. Congenital syphilis rates have increased by more than 1100% in less than a decade, with 122 congenital syphilis cases reported county-wide in 2020 (9 cases reported by the Long Beach Department of Health and Human Services and 113 cases reported in the rest of the County) compared to 88 in 2019, and just 10 in 2010.

Appendix A reports the STD morbidity in LA County over the last 10 years in more detail, with a focus on geographic areas and historically disproportionately impacted subpopulations, including African American persons, Latinx women and newborns.

It is important to note that social inequities (beyond those impacting health care access and quality), including but not limited to economic stability, education access and quality, neighborhood safety and built environment, and social and community factors, have influenced the rise in STDs over the last decade. These factors have contributed to sharper increases in morbidity more recently, including among women of color, pregnant women, newborns, persons who inject drugs and persons experiencing methamphetamine use disorder.

A comprehensive STD prevention and control response must acknowledge and address these determinants in greater depth alongside the broad set of sectors that influence and shape them.

Since 2018, Public Health has consistently provided STD updates to your Board through the Quarterly STD Reporting process. Reports over the last two years have noted: 1) the significant impact COVID-19 and associated safety concerns among individuals and service providers have had on local STD control efforts including service disruptions and suspensions, 2) staff redirection to COVID-19 response efforts, 3) troubling increases in morbidity among specific sub-populations, and 4) changes in federal or State support for STD control efforts.

However, the year-to-year increases in STD morbidity that we have consistently reported to your Board long pre-date the arrival of COVID-19. In fact, many of the upward trends we experience today began a decade or more ago. Unlike the historic domestic response to HIV/AIDS or the recent national response to COVID-19, the STD crisis has <u>not</u> had the benefit of 1) year-to-year increases in federal or state appropriations commensurate with the increase in morbidity, 2) large new investments of federal funds made available as part of the launch of new national strategies or initiatives (e.g., National HIV/AID Strategy (NHAS) in 2010, Updated NHAS in 2015, and the Ending the HIV Epidemic Initiative in 2019), 3) disease elimination efforts with longevity (the Centers for Disease Control and Prevention [CDC]'s 2008 Syphilis Elimination Program only lasted two years before funding was suspended in the midst of the recession), and 4) infusion of resources to undergird more than one part of the STD control efforts (the 2020 CDC Disease Intervention Specialist (DIS) Infrastructure funds made available through federal STD grants with States and Counties/Cities are intended to enhance only disease investigation areas while resources to support other core STD control infrastructure areas (e.g., surveillance, testing technology, social marketing, provider detailing) remain elusive).

As part of the national COVID-19 response, we witnessed an unprecedented marshalling of public and human resources to combat the pandemic. Key areas of COVID-19 response infrastructure building have been tied to surveillance and epidemiology (including, but not limited to enhanced tools, enhanced geo-mapping and publicly reported daily updates tied to hospitalizations, positivity rates, R_0 calculations, deaths, vaccination patterns, outbreak events), the rapid development and use of new COVID-19 testing technology (PCR, antigen, laboratory, rapid, home testing), the significant expansion of contact tracing, public information campaigns and different testing modalities and policies (e.g., PODS, clinic-based testing, school-based testing, testing mandates, public service announcements, and media advertisements.)

As we explore the critical elements of an enhanced STD control effort for our vast, diverse, and populous County, a newly adopted STD 2.0 model must clearly align with the sustained national HIV response and the COVID-19 1.0 model we have witnessed over the last two years if we are to make deliberate and sustained progress against this sexual health crisis that has deeply

rooted patterns of inequity and stigma, contributes to infertility, and is increasingly leading to infant mortality.

I. Analysis of all existing funding streams, including federal, state, and local resources currently utilized or available for STD response

The largest payors of sexual health and STD related services are public (e.g., Medi-Cal, L.A Care) and commercial health plans (e.g., Kaiser Permanente, HealthNet) that cover millions of residents in LA County as part of largely employer-based HMO and PPO arrangements. This line of services may include treatment of genital herpes (a viral infection and the most common STD) and screening, diagnosis, treatment services for the most common bacterial STDs (syphilis, gonorrhea, and chlamydia), human papilloma virus vaccination services, and treatment of other less common infections. The frequency and comprehensiveness of these screening, treatment, and vaccination services varies considerably across health plans and across sub-populations.

As a complement to STD services delivered by a person's health plan-based primary medical home, there is a vast and diverse set of additional partners who, like public and commercial health plans, deliver services with significant levels of variability. These include:

- Federally Qualified Health Centers (FQHCs) and Community Health Centers that provide services to low-income residents throughout LA County;
- Health care providers that provide sexual health services to persons seeking family planning services financed by California's Family PACT program;
- Public Health's Public Health Clinics;
- DHS-operated ambulatory care, comprehensive health center and hospital-based clinics;
- Ryan White Program-supported providers that deliver services to persons living with HIV;
- Community-based specialty STD providers that provide low-barrier walk-in STD screening, diagnosis, and treatment services;
- Jail-based STD services delivered by DHS and Public Health;
- Street medicine and mobile testing unit-based STD services to persons experiencing homelessness;
- School-based Wellness Centers that provide access to screening, diagnosis, and treatment services for gonorrhea and chlamydia.

Services delivered across these partners vary by volume, by the proportion of clients who need and actually receive the services, by comprehensiveness (e.g., screening for genital gonorrhea only when genital, rectal and pharyngeal screening is the expected practice), by capacity and level of completeness to diagnose and treat (e.g., some providers are able to diagnose chlamydia and gonorrhea but not syphilis or some are able to diagnose syphilis but not treat syphilis due to Bicillin not being on hand).

In most of these instances, Public Health is not involved in the financing of these services nor is Public Health able to easily influence their responsiveness, completeness, or accessibility. In areas where we do have a financial role, we are more easily able to influence these factors (e.g., ensuring that all Ryan White Program eligible clients are screened for syphilis annually). As part of our shared STD control priorities outlined in this report, Public Health will seek to align

the efforts of the networks of providers mentioned above, create and support efforts to monitor performance, and ultimately improve the adoption of evidence-based and best practices to control STDs until they become routine.

Public Health understands that not all persons diagnosed with or at risk for STDs access sexual health services through a health plan, in their medical home, or through a County-operated health care provider. In these instances, it is crucial for Public Health to support models of care and interventions targeted to sub-populations at elevated risk for STDs or poor STD-related health outcomes in alternate service delivery sites that best meet community needs.

These efforts rely on categorical STD program funding to enhance the reach and improve the effectiveness of these highly targeted interventions. The table below offers a summary of the categorical funding streams managed by Public Health that are designed to complement STD control efforts supported by Health Plans, public programs like California's FPACT program, or federally supported health centers. Increasingly, these funds are used to support syphilis and congenital syphilis control efforts (versus gonorrhea and chlamydia focused services) and the funding levels are outpaced by the scope of the problem.

Table 1: Summary of Current STD Control Resources Managed by Public Health

Source	Grant Name/ Funding Source	Term	Annual Amount	Target or Focus Areas
Federal (CDC)	Strengthening STD Prevention and Control for Health Departments (PCHD)	January 1, 2022 – December 31, 2022	$3,371,049	Support health department-based STD services
Federal (CDC)	Gonococcal Isolate Surveillance Project (GISP)	January 1, 2022 – December 31, 2022	$15,000	Lab support to detect levels of gonococcal resistance to antibiotics
State (CDPH)	California STD Control Branch – Core STD Program Management	July 1, 2021 – June 30, 2022	$547,050	Personnel, Training, Patient Delivered Partner Therapy, Education, Essential Access Health (EAH)
State (CDPH)	California STD Control Branch – STD Management and Collaboration	July 1, 2021 – June 30, 2022	$497,400	Rapid Tests Kits, STD SDTS Contracts, STD Casewatch, Condoms
County DPH (DHSP)	STD Net County Cost	July 1, 2021 – June 30, 2022	$9,800,000	Personnel, service contracts
County DPH (SAPC)	Federal Substance Abuse Block Grant	July 1, 2021 – June 30, 2022	$9,150,000	School-based Wellness Centers
Resources with Partial STD Focus				
Federal (CDC)	CDC Disease Investigation Specialist (DIS) Infrastructure for COVID, HIV, STD, TB, and Hepatitis (via PCHD Grant)	January 1, 2021 – December 31, 2022	TBD (STD-related investment out of $6,598,516 total)	DIS, Training, Mapping, Evaluation
County DPH (Clinic Services)	Net County Cost	July 1, 2021 – June 30, 2022	$25,300,000 (STD-related investment out of $63,250,000)	Public Health STD Clinic Services

II. Establishing a planning process to ensure coordination of efforts

Consistent with the spirit and instructions in your Board's motion, Public Health convened several workgroups and facilitated several topic-specific meetings with a wide range of County leaders, service providers, subject matter experts, policy partners, academic partners, community planners and other stakeholders to guide, inform and develop this report. The groups convened and meetings held are described below:

Internal LA County STD Workgroup
This group included representatives from DHS, Public Health, DMH, AHI, ARDI and CEO Legislative Affairs and Intergovernmental Relations (CEO-LAIR). The workgroup Executive Sponsors were Dr. Barbara Ferrer (Director of Public Health) and Dr. Muntu Davis (County Health Officer) and the workgroup Champions were Dr. Rita Singhal (Director of Public Health's Disease Control Bureau), Dr. Deborah Allen (Director of Public Health's Health Promotion Bureau), Dr. Paul Giboney (Associate Chief Medical Officer of DHS), and Jaclyn Baucum (Executive Director of AHI.) Please see Appendix B1 for full roster of this workgroup and please see below for key recommendations from this workgroup.

Key Recommendations:
The workgroup recommended a range of focus areas and goals that should be considered as LA County evolves its response to the STD crisis:

- Differentiate between STD progress and STD elimination; initial goal should be to flatten the curves
- Focus on congenital syphilis and perinatal HIV transmission
- Identify interim and long-term goals and benchmarks and convene a Metrics and Milestone sub-workgroup
- Identify clinical practices as an area of focus (e.g., syphilis screening during pregnancy)
- Describe intersecting program areas and strategies to ensure that we are maximizing opportunities
- Ensure broader access to Bicillin for syphilis treatment and Expedited Partner Therapy (EPT) to expand gonorrhea and chlamydia treatment
- Review and address the intersection between STDs and racism
- Review how we are collecting data and measuring progress

Internal/External STD Policy Workgroup
This workgroup was made up of representatives from within and outside of the County and informed the recommendations related to STD budget and policy proposals tied to this report. Please see Appendix B2 for full roster of this workgroup and please see below for key recommendations from this workgroup.

Key Recommendations:
In lieu of creating and promoting new policies, the workgroup agreed to focus policy-related efforts on ensuring compliance with existing program guidelines, policies, and performance expectations. The workgroup members recommended potential areas for measuring compliance levels and exploring consequence cycles for low performance.

Examples included:

- 1st and 3rd Trimester Syphilis Screening of Pregnant Persons: California has signaled that 1st and 3rd trimester syphilis screening is needed to reduce the incidence of congenital syphilis but there is not a statewide systematic mechanism to measure compliance, nor is there a clear consequence if screening rates remain low. We need policy solutions to address these gaps.
- Physician/Pharmacist Engagement: Physicians and pharmacists are key to advancing STD control efforts. We need strategies to compel their full and consistent participation in STD control efforts.
- EPT Uptake: Uptake of EPT has been slow and, despite liability protections, providers are still reluctant to prescribe EPT. There is a need to more broadly communicate the liability protections for clinicians who facilitate access to EPT, and incentives are needed to enlist more EPT clinical and pharmacy partners.

STD Metrics and Milestones Workgroup
This workgroup was made up of representative from within the County and helped inform the selection of shared performance metrics that are recommended in this report. Please see Appendix B3 for full roster of this workgroup and please see below for key recommendations from this workgroup.

Key Recommendations:
The workgroup recommended that we focus on a small number of discreet measures that are both easily quantifiable and universally shared and adopted by all STD control partners. The workgroup reviewed the fourteen metrics identified in the Federal STI Strategic Plan and agreed that we should first focus on the four following areas:

- Reduce the rate of primary and second syphilis
- Reduce the rate of congenital syphilis
- Reduce primary and secondary syphilis among men who have sex with men (MSM)
- Reduce the rate of Gonorrhea among African-Americans

Developing a New Publicly Facing STD Dashboard
Public Health also convened experts to inform the refinement of the publicly facing STD Dashboard developed by Public Health's Division of HIV and STD Programs (DHSP). As part of this exercise, leaders from Public Health, its Bureau of Disease Control, the Office of Health Assessment and Epidemiology, the Quality Improvement & Accreditation Program, and ARDI informed the refinement of this new tool.

Key Recommendations:

- Discuss and identify the best way to frame the relationship between substance use disorder (SUD) issues and STD rates when mapping and presenting data.
- Explore opportunities to incorporate additional tools in future iterations of the dashboard to optimize the functionality including Equity Explorer, features of the Clear Impact Scorecard and Story Mapping Technology.
- Enlist County Department leaders to arrange for postings of links to the dashboard from their Departmental websites when it is released.

Exploring the Role of Pharmacists in Expanded STD Control Efforts
Public Health hosted a meeting to elicit input from academic- and community-based pharmacists with expertise, experience and a commitment to STD and HIV control efforts. The discussion reviewed the level of knowledge, practice patterns, and perceptions among pharmacists on new policy changes that allow them to prescribe EPT for partners of persons diagnosed with gonorrhea and chlamydia. The workgroup agreed that more targeted education was needed to increase antibiotic prescribing practices and to inform pharmacists of new liability protection rules.

Key Recommendations:
Support a Pharmacy Detailing Program to improve awareness of EPT for gonorrhea and chlamydia and Pre-Exposure Prophylaxis (PrEP) for HIV.

- Identify community-based pharmacies in areas of highest STD morbidity and target them for the first phase of the Pharmacy Detailing Program.
- Identify opportunities and leverage existing resources to enhance pharmacy-focused education and training.

Collaboration with the Center for Health Equity (CHE) and Anti-Racism, Diversity, and Inclusion Initiative (ARDI)
To ensure that our county-wide STD prevention and control activities are informed and guided by an equity lens and to fully consider the role that multiple social determinants of health play in the disproportionate rate of sexually transmitted infection among women of color, men who have sex with men, African-American men, transgender individuals and young persons, consulting with CHE and ARDI will remain a cornerstone of our multi-sector approach. While CHE's efforts began in early 2018, the more recent inclusion of ARDI to address disparity and inequity in the STD crisis will accelerate efforts to align program priorities, direction, and capacity throughout multiple sectors of the County. In partnership with ARDI, Public Health has identified key areas for support to reduce racial disparities and target populations most in need. In the future, Public Health and its DHSP will continue to provide ongoing leadership and strategic oversight on STD programming as subject matter experts. CHE will prioritize building supportive infrastructure across Public Health, and ARDI will assist with infusing equity considerations into the policies and practices utilized to inform cross-departmental programmatic efforts.

III. Analysis of community capacity and infrastructure needs to respond to the STD crisis, including identifying key populations that are disproportionately impacted and least resourced, and an outline of key steps to build capacity for communities to respond, as well as strategies for working with ARDI to address the intersection of racism, stigma, and sexual health

Community Capacity and Infrastructure Needs
LA County's STD prevention and control response exists in a highly diverse, dynamic, social service and health service landscape. Programs and services designed to respond to the STD crisis also confront health disparities fueled by structural racism, social inequity, and economic inequality. With these social determinants of health in mind, coupled with limited human and financial resources, Public Health strives to support interventions based on core public health principles and functions that can have the greatest impact. This list of STD-focused interventions offered in this document has evolved over time based on data and science, evidence of effectiveness, new technologies, our understanding for the need of a robust and

comprehensive sexual health education, and available resources. Although these prevention and control strategies follow primary, secondary, and tertiary prevention efforts, they stem from an understanding that individual health behaviors are influenced by societal, structural, community, interpersonal and individual constructs.

The table below highlights current STD programming within LA County and describes the level of intensity or support for each. The darker shaded interventions designate activities that are more widely implemented; conversely the lighter shaded activities are implemented on a more limited scale. For each of the four morbidity areas we have identified the three areas in intervention that are the highest priority for expansion, which are outlined in red.

Table 2: Summary of Interventions: Current Outreach, Education and Other Program Efforts

Implementation Level

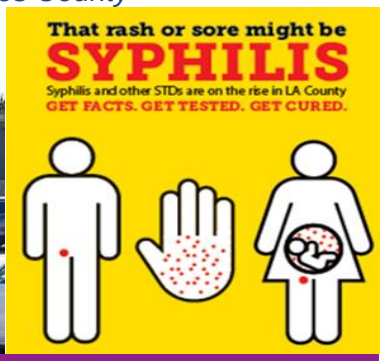
No implementation due to limited funding
Low level implementation
Medium level of implementation
High level of implementation
Service Not Applicable
Highly Recommended Intervention

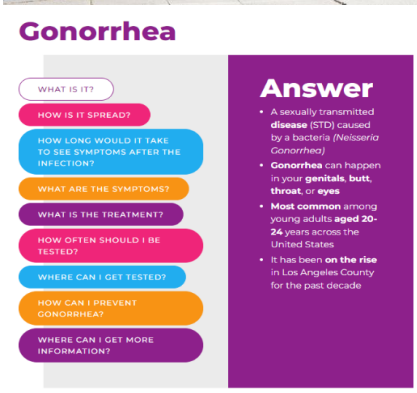
Congenital Syphilis Focused Interventions	Syphilis Focused Interventions	Gonorrhea Focused Interventions	Chlamydia Focused Interventions
Social Marketing	Social Marketing	Social Marketing	Social Marketing
Community Engagement	Community Engagement	Community Engagement	Community Engagement
Provider Outreach/ Public Health Detailing	**Provider Outreach/ Public Health Detailing**	Provider Outreach/Public Health Detailing	Provider Outreach/Public Health Detailing
Clinical Provider Education and Training	Clinical Provider Education and Training	Clinical Provider Education and Training	Clinical Provider Education and Training
	Condom Distribution	Condom Distribution	Condom Distribution
	Sexual Health Education	**Sexual Health Education**	**Sexual Health Education**
		School-Based Well-being Centers	School-Based Well-being Centers
Syphilis Screening During Pregnancy and Delivery	**Screening, Diagnosis, and Treatment Services**	**Screening, Diagnosis and Treatment Services**	**Screening, Diagnosis and Treatment Services**
Pre-natal Care for Pregnant Persons			
Bicillin Delivery Program	Bicillin Delivery Program		
		Expedited Partner Therapy	**Expedited Partner Therapy**
Treatment Verification	Treatment Verification	Treatment Verification	Treatment Verification
Partner Elicitation and Notification Services	**Partner Elicitation and Notification Services**	Partner Elicitation and Notification Services	Partner Elicitation and Notification Services
Intensive client case management	Intensive client case management	Intensive client case management	

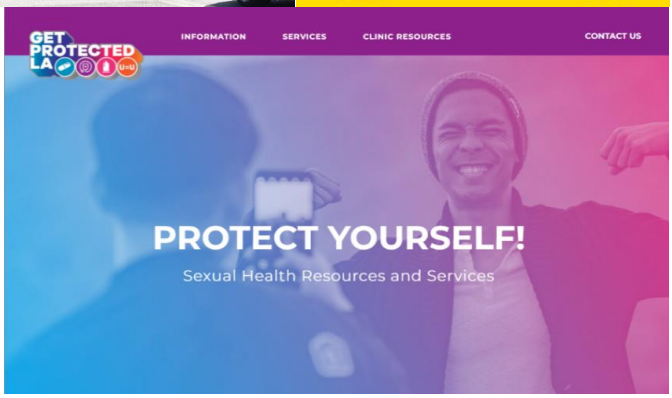
Intervention Descriptions

Social Marketing: Social Marketing is the use of marketing theory, skills, and practice to achieve social change, promote health, raise awareness, and lead to changes in behavior. In recent years, STD-focused social marketing campaigns in LA County have included the "Think Syphilis" campaign, Syphilis Provider Detailing and an update to GetProtectedLA.com (a public facing HIV and STD resource website).

Recent STD Social Marketing Campaigns in Los Angeles County







Community Engagement: Community engagement efforts are achieved when community members work together in equal partnership with health and social service professionals to determine program goals and objectives, implementation methods, and the evaluation of outcomes. These activities are focused on achieving health equity and involve community-level initiatives such as community forums, faith-based programs, and community mobilization campaigns.

Currently, Public Health contracts with Coachman Moore and Associates (CMA) to lead South Los Angeles-focused community engagement efforts which resulted in a variety of initiatives including but not limited to: community forum/panels regarding STD prevention in South Los Angeles, faith-based community forums, youth-led conferences (e.g., Spring into Love), and partnering with Public Health to develop and disseminate a youth-focused sexual health services resource guide listing vetted, youth-friendly clinics that follow CDC recommendations (i.e. www.PocketGuideLA.org). CMA is completing a retrospective review of past community engagement activities; a tool that will help inform future community engagement efforts.

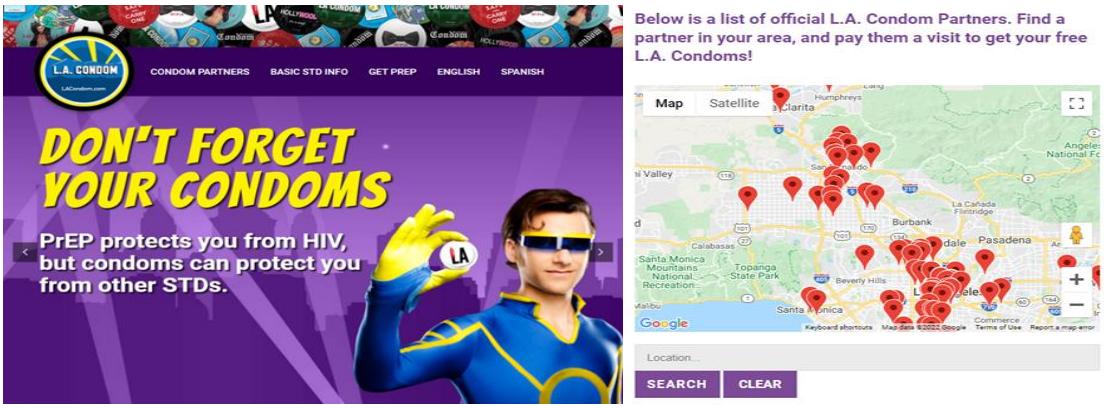
Provider Outreach/Public Health Detailing: Public Health Detailing (PHD) is an intervention used by local health departments to effectively communicate with health care providers about new or best practices. Like academic detailing, public health detailing builds on some of the techniques used by medical industry representatives to gain access to health care providers for a brief encounter and tutorial, advance key public health insights and recommendations and change provider behavior.

In response to a rise in congenital syphilis cases, Public Health issued more rigorous syphilis screening guidelines that included universal third trimester screening and screening at delivery. We launched a Public Health Detailing Campaign to raise provider awareness about the trends in syphilis in women and disseminate key recommendations. The campaign began in May 2018 and ran for 8 weeks. Public Health Detailers delivered 4 key recommendations issued by Public Health: 1) screen all women of reproductive age for syphilis at least once, 2) screen all pregnant women for syphilis during the first trimester or at their initial prenatal visit, 3) Re-screen pregnant women for syphilis early in the third trimester (28-32 weeks) and again at delivery, and 4) stage syphilis correctly to treat syphilis correctly. A total of 798 provider visits were conducted (432 initial visits and 366 follow-up visits). There were notable increases in provider knowledge in syphilis trends and treatment guidelines. Most significantly, on a follow-up assessment, the pre-natal care providers self-reported that their use of third trimester screening increased from 40% of eligible patients at baseline to 74% of eligible patients. Public Health will continue to support this intervention as resources becomes available.

Clinical Provider Education and Training: Provider education and training courses (live or on-demand) are designed to enhance the knowledge base of health professionals serving persons with STDs. Public Health clinical experts present STD-related clinical treatment updates to health care professionals and clinicians who diagnose, treat, and manage patients with STDs. These sessions are offered by local, state, or national training/capacity building organizations and are either in person or online continuing medical education (CME) courses or informational sessions for providers and healthcare professionals.

Condom Distribution: Condom distribution programs are a core HIV and STD prevention strategy and widely increase the availability, accessibility, and acceptability of condoms to prevent the spread of HIV and STDs. Public Health provides condoms to STD prevention partner agencies via the LA Condom Program where bulk orders are fulfilled and distributed.

Condom Distribution in LA County



Sexual Health Education: Sexual Health Education (SHE) Programs are school based programs that provide students with the essential knowledge and critical skills needed to help them to promote their sexual health and decrease sexual risk behaviors to help prevent HIV, STDs, and unintended pregnancy. A SHE curriculum includes medically accurate, developmentally appropriate, and culturally relevant content and skills that target key behavioral outcomes and promote healthy sexual development.

The California Healthy Youth Act, which took effect in January 2016, requires school districts throughout the State to provide students with comprehensive sexual health education, along with information about HIV prevention, at least once in middle school and once in high school. The State's statute allows school districts to offer age-appropriate sexual health education in earlier grades if they choose to do so. In California, parents can opt out of comprehensive sexual health education, and local districts choose which curriculum and instructional resources (including textbooks and worksheets) they will use to teach comprehensive sexual health education to their students.

School-Based Well-Being Centers (WBC): In partnership with your Board, Public Health and DMH, local school districts and Planned Parenthood Los Angeles (PPLA), launched 40 Student Wellbeing Centers (WBC) beginning in December 2019. Every site offers confidential STD screening and treatment as well as activities aimed at equipping teens with information about substance use prevention, behavioral health, and sexual health; skills students need to have healthy relationships, protect their health, and plan for the future.

Update: Due to the COVID-19 pandemic, schools and school sites have been largely closed thus precluding the delivery of services at these Student WBCs. While schools were closed to many external programs throughout the 2020-2021 school year and through the 2021 summer, Public Health was able to maintain access to sexual health information and services for high school students through a Wellbeing Center call-line operated in partnership with PPLA. The call-line resulted in students booking appointments at PPLA. In 2022, Public Health will resume delivering in-person services at 10 Wellbeing Center high school campuses, including STD prevention education, testing and treatment services.

Screening, Diagnosis, and Treatment Services: STD screening, diagnosis and treatment services delivered in health care settings is a cornerstone to treating and preventing STDs. Screening and diagnostic testing are important to detect asymptomatic or confirm suspected infections. Screening for asymptomatic STDs is important for early detection and prevention of STDs. Because many STDs are asymptomatic, testing is the only method to diagnose these infections. Results from these screening tests can be used to identify persons at risk for STDs. The CDC's *Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020* provides screening recommendations for women, pregnant women, men, MSM, and persons with HIV (https://www.cdc.gov/std/treatment-guidelines/). Public Health is working to improve screening rates and build screening capacity across several health delivery systems. Public Health is also collaborating with health care delivery partners, health systems, and health plans to establish baseline screening rates for sub-populations at elevated rates for STDs since baseline screening rates are not yet available across all systems and for the most disproportionately impacted groups.

Prenatal Care for Pregnant Persons: Prenatal care involves the delivery of care to a pregnant person to optimize their health and the health of the newborn. Babies of pregnant persons who

do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to pregnant persons who do receive care. In LA County, over one third of congenital syphilis cases involve a pregnant person who has not had a history of prenatal care.

Syphilis Screening During Pregnancy and Delivery: In response to the alarming rise of congenital syphilis, the California Department of Public Health (CDPH) recognized an urgent need to expand syphilis detection among people who are or could become pregnant to ensure detection, timely treatment, and subsequent congenital syphilis prevention. California STD screening recommendations to date have aligned with national guidelines, which recommend that all pregnant patients receive syphilis screening at the first prenatal visit, with additional screening in the third trimester and at delivery for those with identified risk, including in communities and populations with high syphilis prevalence.

Public Health supports the CDPH Sexually Transmitted Disease Control Branch-issued Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis (CS) guidance. To promote understanding of and adherence to this guidance, Public Health has met with all prenatal care providers and birthing hospitals that have reported a CS case to offer and provide technical assistance, review the expanded screening recommendations and review missed opportunities to prevent CS. Additional program outreach efforts will be implemented once Public Health resources become available. Consistent with the importance of this intervention, please see the recent message from CDPH regarding screening for syphilis (Appendix C).

Bicillin Delivery Program: The Bicillin Delivery Program is a Public Health Department-led medication delivery program for providers with patients who tested positive for syphilis and are unable to obtain Bicillin (penicillin G benzathine) for their patients due to cost and/or limited availability at their medical practice or pharmacy. Bicillin is the recommended treatment for syphilis and the only recommended treatment for pregnant women infected with or exposed to syphilis.

Public Health continues to prioritize interventions targeted to persons of childbearing age diagnosed with syphilis. Consistent with this priority, Public Health delivers approximately 240 does of medication per year to providers who do not have Bicillin in stock at their clinical practices as part of the Bicillin Delivery Program as a strategy to ensure prompt treatment of syphilis. In addition to serving persons of childbearing age, this program also supports clinicians who serve men and persons outside of childbearing age.

Expedited Partner Therapy (EPT) (also known as Patient-Delivered Partner Therapy): This intervention involves the delivery of medication to treat STDs by the sexual partners of patients diagnosed with chlamydia or gonorrhea. The medication is prescribed to the patient diagnosed with an STD and without the health care provider examining the sexual partners.

Public Health funds and partners with Essential Access Health (EAH) to promote the availability and use of EPT services, particularly for young persons diagnosed with gonorrhea and chlamydia. This online chlamydia (CT)/gonorrhea (GC) EPT Distribution Program supplies LA County clinic sites with free medication to dispense, when appropriate, to their patients diagnosed with CT and/or GC. Patients deliver the medication to their sexual partners without the partners needing to be examined or evaluated by a clinician prior to treatment.

The goal of EAH's PDPT Program is to ensure that exposed sex partners of patients diagnosed with CT and/or GC infection receive timely treatment to prevent repeat infection. Although EPT is not intended as a first-line disease management strategy, it is an evidence-based alternative for treatment of sexual partners who are unable to and/or unlikely to visit a sexual health provider. In 2021, over 6,000 doses of EPT to treat gonorrhea and chlamydia were distributed via EAH's EPT program portal. The adoption and use of this disease control intervention remains low, but Public Health continues to explore new approaches and opportunities to increase EPT awareness and use, particularly among County-based and community-based clinicians and pharmacists.

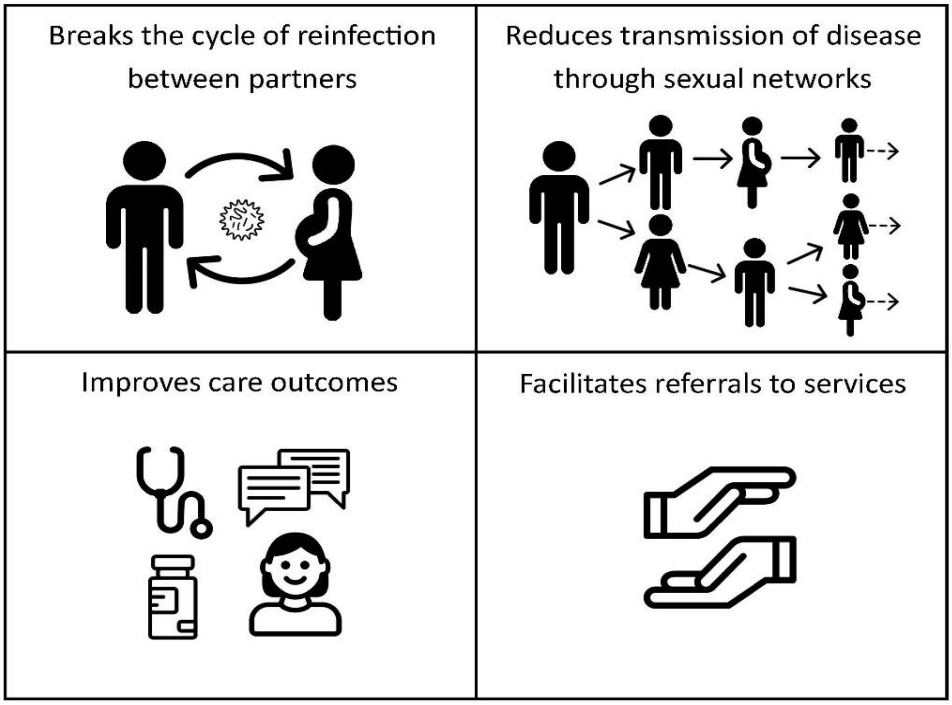
Treatment Verification: While many bacterial STDs can be treated and cured with antibiotics, the long-term effects of untreated STDs can lead to infertility, pregnancy complications, cervical cancer, pelvic inflammatory disease, birth defects and a three- to five-fold increased risk of HIV transmission. Verifying that an individual diagnosed with an STD was properly treated will avoid negative consequences associated with untreated STDs and decrease transmission of STDs. Public Health staff verify treatment by receiving provider reports or actively contacting providers. All providers are required to report treatment for syphilis, gonorrhea, and HIV. As stated earlier, provider reporting of CT diagnosis and treatment events is no longer required in California.

Partner Elicitation and Partner Notification (Partner Services or Contact Tracing): These services are offered to people diagnosed with an STD, to their partners, and to other people who are at increased risk for infection to prevent transmission of these infections and to reduce suffering from their complications. Eliciting partner names from those who have been diagnosed with a disease is intended to stop transmission by early intervention and treatment of infected partners. Partner Notification services are offered by Public Health Investigators (PHIs) when patients need assistance with notifying their partners anonymously.

As shared in this report, there has been a steady increase in the total number of syphilis, GC and CT cases reported in LA County over the last decade. In response to this steady increase, coupled by the increasingly scarce resources available to aggressively investigate all cases and interrupt the transmission of new infections, Public Health employs a priority-setting process for local disease investigation efforts. The rising volume of syphilis, GC, and CT cases has significantly outpaced Public Health's ability to investigate cases in a timely manner, particularly as other infectious diseases, like the COVID-19 pandemic, demand our attention. It is broadly understood in the public health and clinical sectors that both HIV and syphilis lead to serious negative health outcomes among untreated persons and the consequence of untreated syphilis among pregnant females can lead to cases of congenital syphilis and even stillbirth. In contrast to the relatively short incubation periods for GC and CT, an individual with syphilis does not become infectious until approximately three weeks after exposure. As such, timely and effective partner elicitation and notification services to interrupt disease transmission may be more effective for syphilis (compared to both GC and CT) as partners can be identified and treated within its longer incubation period. Locally, statewide, and nationally, partner elicitation and notification efforts have increasingly focused on syphilis and HIV.

Partner Services Impact on STD Transmission

How does Partner Services reduce STD transmission?



Intensive Client Case Management: More intensive than partner elicitation and partner notification services, intensive client case management services are delivered to clients who are facing a complex set of issues (e.g., substance use, mental health, homelessness) that preclude them from adopting health promotion behaviors and/or successfully linking to critical prevention and treatment services.

Public Health staff employ intensive case management services in addition to partner elicitation and partner notification services for individuals with multiple needs. These services demand collaboration and coordination across various sectors and among persons with different areas of expertise including social workers, medical care providers, community health workers, Public Health Investigators and Public Health Nurses.

Addressing the Intersection of Racism, Stigma, and Sexual Health

As mentioned earlier in this report, social inequities, social ills, racism, and other forms of discrimination that negatively impact health care access and quality, income, housing, education, and stigma, among others, contribute to persistent and increasing rates of STD morbidity and STD-related mortality among a range of sub-populations in LA County.

Public Health Center for Health Equity (CHE)
On January 12, 2018, CHE and DHSP co-hosted a community forum focused on STDs designed to inform community-based partners of the STD-related efforts of CHE and to elicit their recommendations on the strategic approach of this work. Separately, CHE and Public Health leaders engaged the Community Clinic Association of Los Angeles County (CCALAC) and its members to identify opportunities for enhanced partnership tied to STDs. On October 30, 2018, DHSP, CCALAC and EAH co-sponsored an event designed to increase awareness of local STD rates and offer tools and information to a broad cross-section of community-based partners. These STD-focused community partner outreach and engagement efforts helped CHE refine its focus areas, particularly with non-geographically concentrated populations, including gay, bisexual, and transgender communities, American Indian and Alaska Native individuals, and people with disabilities. CHE finalized its Action Plan (with STDs as a key area of focus) in February of 2019 following a vetting process with external stakeholders, Health Agency Department Heads, and Public Health leadership.

CEO Anti-Racism, Diversity, and Inclusion Initiative (ARDI)
ARDI and Public Health have identified several opportunities for collaboration to address the intersections of racism, stigma, and sexual health. ARDI has joined the Internal LA County Workgroup to Address the STD Crisis and has served in a consultative role in this process. Separately, ARDI has recently conducted key stakeholder interviews with members of the ARDI Community Input Advisory Board who have specific expertise in sexual and reproductive health and has elicited feedback to inform the STD recommendation setting process. Among the key STD programmatic recommendations advanced by ARDI thus far are:

- Increase contracting incentives and target outreach programs to black and other women of color;
- Increase the inclusion of people with lived experience and more diverse service providers as participants in STD peer networking and program planning meetings;
- Expand workforce training to ensure staff can identify and address sexual health needs of highly impacted populations, including youth and women of color;
- Increase access to and utilization of STD services by integrating sexual health and STD prevention programming through community partners and schools in communal spaces;
- Provide training that addresses racism, transphobia, homophobia, and other biases among providers that perpetuate stigma and shame among clients.

ARDI will continue to partner with Public Health to leverage current county-wide activities that effect system change and build infrastructure to increase internal and external stakeholder capacity to reduce the disproportionate rates of STDs among highly impacted communities, including efforts that:

- Support the utilization of equitable contracting practices to increase the eligibility and capacity of diverse organizations that are led by and serve disproportionately impacted communities to contract with LA County;
- Provide guidance and reporting support to disaggregate data by race and ethnicity and normalize data collection and reporting of sexual orientation and gender identities;
- Facilitate collaboration among multiple County partners to reduce siloed efforts; and
- Incorporate data with the Equity Explorer to display geographic concentrations of STD infections, increase awareness of geographic need amongst partners and drive investment and collaboration.

IV. Training opportunities to develop skills to provide culturally humble and linguistically appropriate outreach, education, and marketing

There remains a significant need for training across a wide range of public and private sectors related to STDs and their impact on personal and public health, screening and treatment guidelines, the importance and strategies for conducting complete sexual histories, STD-related inequities tied to race, gender, gender identity, geography, and sexual orientation, changes in State laws related to STD and sexual health [e.g. California Healthy Youth Act (2016), Senate Bill 306 (Expanded STD Services, 2021)], opportunities for STD control through Expedited Partner Therapy, updates to STD screening and treatment guidelines, medical mistrust, STD testing technology and home testing options as well as STD-related clinic performance measures and expected practices, among other topics. These trainings are needed to improve sexual health service access patterns, screening rates, treatment rates and the use of partner service and EPT to reduce the number of new infections. The training modalities that are needed include, but are not limited to, intensive provider detailing (targeted to clinicians and pharmacists), provider and consumer training seminars, specialized outreach events, social marketing, and messaging. As resources become available, Public Health will directly address or support the most pressing STD related training needs. In the interim, Public Health will continue to partner with regional, State, and national capacity building training centers to help meet these training needs. Separately, we will support and monitor compliance of school districts to comply with CHYA training requirements. Finally, Public Health is expanding its partnership with trade groups and pharmacist leaders to support and launch a pharmacist-targeted training program on EPT and biomedical HIV prevention opportunities.

V. Framework and timeline, including key metrics and milestone goals, for ending the STD crisis in LA County

Metrics and Milestones

In December 2020, the White House released the first ever Federal STI National Strategic Plan 2021-2025 for the United States (Strategic Plan) and outlined five main goals: 1) Prevent New STIs, 2) Improve the Health of People by Reducing Adverse Outcomes of STIs, 3) Accelerate Progress in STI Research and Innovation, 4) Reduce STI-Related Health Disparities and Health Inequities, and 5) Achieve Integrated, Coordinated Efforts that Address the STI Epidemic. These 5 goals are supported by 15 objectives.

As part of the Strategic Plan, the White House also identified fourteen performance metrics with targets in 2025 and 2030 (please see Appendix C). The Strategic Plan and approach are similar to the federal efforts tied to address the domestic HIV epidemic (e.g., 2010 National HIV/AIDS Strategy (NHAS), 2015 NHAS, 2019 Ending the HIV Epidemic Initiative), absent a significant marshalling of new resources to carry out the plan and bring the domestic STD response to scale.

Over the last three decades, a key ingredient in national initiatives to advance HIV progress has been a significant increase in revenue to finance expanded efforts with the intent of reaching newly established milestones. Since the inception of the Ryan White Program in 1990, investment levels in the domestic HIV response have kept pace with increases in the incidence and prevalence of HIV cases. The most recent national-level HIV initiative: Ending the HIV Epidemic, A Plan for America, was coupled with bold new investment of resources for forty-eight counties (including LA County), seven states, Washington, DC, and Puerto Rico). The initial increased investment has been coupled with additional resources for federally qualified health centers (in LA County a total of 11 FQHCs were funded in 2020 and an additional 19 were funded in 2021) and other EHE partner organizations. In the end, the flow of federal funds has kept pace with the increase in HIV incidence year to year for more than three decades.

In response to your Board's motion, Public Health has reviewed the Federal STI National Strategic Plan to inform the identification of key STD related metrics and milestones for adoption locally. Based on input from the Metrics and Milestones Workgroup and influenced by resource shortages, Public Health is recommending that we adopt a county-wide focus on the following four core indicators in the near term, with initial targets focused on stopping the decade long increase in STD rates:

1) Reduce rates of primary and secondary syphilis
2) Reduce rates of congenital syphilis
3) Reduce primary and secondary syphilis rate among men who have sex with men
4) Reduce gonorrhea rate among African-Americans/Blacks

Table 3: STD Performance Indicators and Targets1 for Adoption in LA County (LAC)

Core Indicator	2020 National Baseline	2025 National Target	2030 National Target	2019 LAC Baseline	2020 LAC Baseline
2. Reduce rates of Primary & Secondary (P&S) syphilis	13.6 per 100,000	13.2 per 100,000	12.2 per 100,000	25 per 100,000	TBD
3. Reduce rates of congenital syphilis[2]	67.7 per 100,000	57.6 per 100,000	33.9 per 100,000	86 per 100,000	114 per 100,000
8. Reduce P&S syphilis rate among MSM[3]	461.2 per 100,000	440.4 per 100,000	392.0 per 100,000	385 per 100,000	TBD
12. Reduce gonorrhea rate among African Americans/Blacks	632.9 per 100,000	604.5 per 100,000	538.0 per 100,000	644 per 100,000	TBD

[1] Rates (per 100,000 population) are provisional due to reporting delay and subject to change.
[2] Cases include probable congenital syphilis cases and syphilitic stillbirths. Case counts for 2020 congenital syphilis cases were made available after consultation with the cities of Long Beach and Pasadena. Data source: Long Beach Health and Human Services STD Surveillance (as of 10/29/2021), Pasadena Health Department STD Surveillance (as of 11/3/2021). Rate calculated per 100,000 live births. 2020 live births not yet available. 2020 rates calculated using 2019 live births as a proxy.
[3] MSM defined as men who have sex with men or both men and women. Data for the cities of Long Beach and Pasadena do not differentiate between sexual partners who identify as men and sexual partners who identify as transgender women (male-to-female transgender individuals), and therefore, both are included in the case counts. Rates for MSM were calculated with the assumption that 8% of men in LA County are estimated to be MSM. This was estimated utilizing data from the 2017 National HIV Behavioral Surveillance Survey conducted in LA County

Over the near term, Public Health will continue to convene its STD Workgroups, including the Metrics and Milestones sub-workgroup. As part of the next series of meetings Public Health will consider several factors to develop 2025 and 2030 LA County targets across the four indicators described in Table 3. We will share these targets with your Board as they are finalized. Reaching these performance metrics by 2025 and 2030 will be a remarkable public health

achievement—predicated on highly effective, coordinated multi-sector efforts that also consider the social, economic, racial, and structural factors that influence STD rates.

VI. Public-facing STD dashboard to track the County's progress towards reducing STD rates.

Public Health has developed the first iteration of a publicly facing dashboard to provide surveillance information related to syphilis, congenital syphilis, and gonorrhea. The dashboard, created in Power BI, will be embedded on the Public Health website and it will be updated each month to display the latest morbidity data in LA County. Because of reporting and data processing delays, cases reflected in the dashboard will be limited to those diagnosed three months prior to the reporting month.

In its initial iteration, the dashboard will compare cases diagnosed in 2021 with 2019 and 2020. As an overview, there are gauges displaying the percent change in case numbers from 2019 to 2021 for syphilis, congenital syphilis, and gonorrhea. The dashboard will include line charts which show cases by month of diagnosis for each calendar year. This will allow viewers to see changes over time as well as seasonal trends. For congenital syphilis, the number of stillbirths by month is shown as bars on the same chart. For gonorrhea, the number of disseminated gonococcal infections by month is also shown. All figures are interactive and have options to expand, sort, copy, and display underlying data.

In the second section of the dashboard, we will break out cases by demographic characteristics for 2019, 2020 and 2021 cases. The bar charts show distribution of syphilis and gonorrhea cases by age group, gender, and race/ethnicity for each year. Please note that Pacific Islanders and American Indians/Alaska Natives are grouped into the "Other Race" category given the number of cases for these sub-populations is too small to report out separately. The dashboard will also allow for data to be sorted by ascending or descending by value.

In the last section of the dashboard, we will present cases by geographic area. In the default view, the first table will show cases by service planning area (SPA) for congenital syphilis, syphilis among women, syphilis among men, and total syphilis cases in 2019 and 2021. It will also include percent change from 2019 to 2021 for each subpopulation. The percent change columns display visual data bars, with yellow highlighting an increase and green highlighting a decrease. All columns can be sorted through simple clicking of the header. To drill down to the health district (HD) level, viewers can click on the plus sign next to each SPA. Alternatively, there is an option to display all HDs. The table format allows dashboard users to easily compare metrics across and within SPAs and HDs. Alternatively, the bar chart allows viewers to focus on geographic patterns by gender. The buttons can be used to toggle between males and females. The chart can be sorted by case number or percent change to identify areas with high disease burden. Like the table, the chart can also drill down from SPAs to HDs. A second set of tables and charts provide data on gonorrhea cases by SPA/HD, gender, and year with the same features described above.

This is the first iteration of a dynamic, public-facing tool to visualize the STD epidemic in LA County. In the second and third phases of the evolution of this publicly facing STD dashboard, Public Health will explore introducing additional features and links to further consider, understand and personalize the toll of STDs in LA County. These additional attributes will

include links to Equity Explorer, a geographic information systems tool that will connect the social drivers and conditions that contribute to STD related disparities in our County, including redlining, poverty, health care access patterns and substance use. In the future, with additional resources, Public Health hopes to connect the dashboard Story Mapping Technology to reveal the personal and human toll that STDs play on our residents, including stigma, shame, infertility, fetal deformation, and stillbirths. Finally, Public Health will also add features to the dashboard that will review our progress toward shared metrics and milestones as well as a description of interventions and service delivery partners that are present in different areas of our County targeted to curbing the local STD crisis.

To view this dashboard, please use the following link:
http://publichealth.lacounty.gov/dhsp/dashboard.htm.

VII. Coordinate Federal and State Resources to Combat the STD Crisis

CEO's Legislative Affairs and Intergovernmental Relations Branch (CEO-LAIR) continues to advocate for STD funding and policy enhancements at the State and Federal levels, consistent with your existing Board-approved policy. Your Board's policy allows CEO-LAIR to support proposals and funding to increase access to STD prevention, screening, treatment, and surveillance activities for individuals who are at highest risk for these infections.

Over the last several years, in response to the year-to-year increases and now record levels of STDs across the United States, California and locally, there has been a significant increase in the number and diversity of budget and legislative proposals made to help support and expand STD control efforts to achieve a level of reach and impact that is commensurate with the scope and trajectory of the crisis. These appeals have not had the level of success as compared to advocacy tied to the HIV epidemic, the opiate epidemic, or the COVID pandemic.

Over the last three decades, a key ingredient in national initiatives to advance HIV progress has been a significant increase in revenue to finance expanded efforts with the intent of reaching newly established milestones. As stated earlier, since the inception of the Ryan White Program in 1990, investment levels in the domestic HIV response have kept pace with increases in the incidence and prevalence of HIV cases. The most recently announced national-level HIV initiative: Ending the HIV Epidemic, A Plan for America, was coupled with bold new investment of resources for forty-eight counties (including LA County), seven states in the Southern U.S., Washington, DC, and Puerto Rico. The initial increased investment has been coupled with additional resources for federally qualified health centers (in LA County a total of 11 FQHCs were funded in 2020 and an additional 19 were funded in 2021). Separately, private pharmaceutical industry partners have also made significant commitments in pharmaceuticals to enhance biomedical HIV prevention efforts.

Regrettably, the noteworthy investments made to tackle HIV over the last 30 years have not been applied to domestic STD control efforts. These resource challenges have persisted despite year-to-year increases in STD morbidity over the last 10 years and extremely sharp increases in syphilis and congenital syphilis over the last 5 years.

As a complement to focusing on four core indicators mentioned in Metrics section (Table 3), Public Health recommends that we also focus on improving the monitoring and compliance

related to other key STD program areas. Public Health maintains that a more robust reporting, compliance, and monitoring of performance items described below can further accelerate STD control efforts.

Table 4: Current Monitoring Mechanism and Consequences for Non-Compliance

Performance Item	Implementation Partner	Service Description	Oversight Body	Systematic Tracking Mechanism	Impact/ Consequence for Non-Compliance
California Healthy Youth Act	School Districts in California	2016 California law requiring school districts to provide comprehensive sexual education once each in middle school and high school	California Department of Education	None; please see Appendix F for more information	None
HEDIS Measure for Chlamydia intended to drive high quality patient centered care	Health Plans (Commercial HMO, Commercial PPO, Medicaid HMO)	Performance metric tied to annual CT screening of young women 16 to 24	National Committee for Quality Assurance		Influences Health Plan Ratings
National Health Center Program Uniform Data System (UDS)	Federally Qualified Health Centers		Health Resources and Services Administration	UDS System; Reporting compliance is high due to rate influence	Reimbursement Rates
1st and 3rd Trimester Screening for Syphilis Among Pregnant Persons	Ob/Gyns, Emergency Room Physicians,	Require syphilis screening during 1st and 3rd trimester of pregnancy	N/A	None	Unclear
Expedited Partner Therapy Utilization	Physicians/Health care providers diagnosing an STD	EPT allows diagnosing clinicians to prescribe or pharmacists to provide treatment for GC or CT for the partners of index patients with a medical visit or a partner name	N/A	None	N/A

Federal Advocacy

At the federal level, categorical STD resources are distributed through the Centers for Disease Control and Prevention (CDC) National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP) Division of STD Prevention and the domestic appropriation was $161.8 million annually in federal fiscal year 2021. As part of our annual PCHD grant, LA County receives $3,371,049 to enhance local STD control efforts, 90% of which is invested in personnel responsible for surveillance and epidemiology functions, case identification, contact tracing, education, compliance with disease reporting and applicable statutes, outbreak investigation,

condom distribution, training, program evaluation. In recent years, LA County has advocated unsuccessfully for additional resources from the CDC DSTDP to expand our STD control efforts.

LA County has concurred with increased funding requests advanced or endorsed by the National Coalition of STD Directors, Association of State and Territorial Health Officers, National Association of City and County Health Officials, National Association of State and Territorial AIDS Directors, National Minority AIDS Council, (SEICUS, APHA, Planned Parenthood of America). Despite these efforts, budget levels have remained largely stagnant and furthermore the domestic STD control investment has lost nearly half of its purchasing power of the last decade and a half.

While LA County applauds the release of the Federal STI Strategic Plan, the absence of a large infusion of resources to enlist multi-sectorial partners to bring to scale the interventions needed to meet the goals and objectives outlined in the plan will be a limiting factor.

In response to STD-related advocacy by NCSD, the Biden Administration approved a $1.13 billion investment to support Disease Intervention Specialist (DIS) infrastructure building across the United States through 2025. These resources will be used to support COVID-19, HIV, STD and TB DIS efforts in LA County and will help strengthen DIS training, coordination and evaluation efforts as well as expand the current DIS workforce.

Table 5: Federal Advocacy Recommendations

Recommendation 1	Appeal to Secretary of Health and Human Services Xavier Becerra to support an STD Control Pilot Program for LA County that helps accelerate progress towards meeting four of the fourteen indicators and targets identified in the Federal STI Strategic Plan.
Recommendation 2	Appeal to Secretary of Health and Human Services Xavier Becerra to launch the Ending the STD Epidemic Initiative: A Plan for America, modeled after the recently launched EHE Initiative and that enlists a renewed commitment from federal agencies, States, Counties and Cities, public and commercial health plans, the biotech sector and the vast network of Federally Qualified Health Centers and Community Health Centers to combat the STD crisis.
Recommendation 3	Appeal to the National Clinical Quality Association (NCQA) to adopt new incentives to improve compliance with the health plan HEDIS measure tied to annual chlamydia screening for young sexually women ages 16 to 24. Furthermore, given the growing rates of chlamydia among young men and gonorrhea among both men and women, appeal for NCQA's adoption of new HEDIS measures to enhance screening in these areas and among these disproportionately impacted sub-populations.

State Advocacy

In recent years, health advocates throughout California have recognized the interconnected nature of the HIV, Hepatitis C Virus (HCV), and STD epidemics. Often these are referred to as *syndemics* since these infections may be intertwined and one issue (e.g., syphilis) can fuel or lead to increased risk for another (e.g., HIV). As part of this platform, a statewide Ending the Epidemic Coalition was formed several years ago to develop, refine, and introduce several budget and legislative proposals that would have the greatest impact on the trajectory of these epidemics in our State.

In 2019, the ETE Coalition appealed to Governor Newsom to establish a statewide strategy to end the HIV, HCV, and STD epidemics. In response to concurrent appeals by STD advocates and from his administration, Governor Newsom approved a one-time allocation of $7 million ($2 million for CDPH and $5 million for counties) for STD treatment and prevention services for FY 19-20.

In 2020 and during the COVID-19 pandemic, the ETE Coalition continued to appeal to State leaders for the continuation of this investment in FY 20-21. Separately, there were three legislative proposals tied to STDs that were advanced during this time. The first was a proposal to expand the California Family Planning, Access, Care and Treatment (FPACT) authored by Assembly member Aguiar-Curry (AB 1965) that would have expanded access to human papilloma virus vaccination services. The second proposal introduced in 2020 was championed by Senator Weiner (SB 859) and proposed the creation of a California Master Plan for HIV, HCV, and STDs (the ETE Act of 2020) that would increase access to prevention services and address social determinants of health influencing the risk for these infections. The third proposal, authored by Senator Pan (SB 885) proposed an expansion of access to STD testing and treatment through Med-Cal, expansion of FPACT services to persons not necessarily seeking contraception services, and expanding access to EPT services. While the three legislative proposals failed to advance out of the legislature, the Governor's budget did include the continuation of $7 million for STD treatment and prevention services for FY 20-21 allowing this increased investment to continue for a total of two years through June 30, 2021.

Table 6: A Summary of New California STD Program Investments, including LA County's Allocation

	FY19/20	FY20/21	FY21/22	FY22/23	FY23/24
ETE Advocacy	$5M	$5M	$5M	$5M	TBD
CDPH Admin. Request	$2M	$2M	$2M	$2M	TBD
New Funds FY21/22			$4M	$4M	TBD
New Funds FY22/23				$5.5M	TBD
Total	$7M	$7M	$11M	$16.5M	TBD
Amount for Distribution to Counties	$4.5M	$4.5M	$4.5M + $3.6M	$4.5M + $3.6M + $5.5M	TBD
Total	**$4.5M**	**$4.5M**	**$8.1M**	**$13.6M**	**TBD**
LA County Allocation	**$497,400**	**$497,400**	**$497,400 + TBD**	**TBD**	**TBD**

In 2021, an appeal from community advocacy partners to expand FPACT with an additional investment of $7 million was denied. Conversely, the Governor approved the investment of an additional $4 million for STD treatment and prevention services effective FY 21-22 and an additional $5.5 million effective FY22-23. In 2021, the Governor also continued to approve the allocation of $7 million that was originally approved in FY19-20. The combined resources for the three STD funding streams have not yet been allocated to counties as CDPH is working to finalize the allocation strategy for these and future STD program funds. As part of this deliberation, on February 7, 2022, Public Health shared recommendations on the allocation of these funds with CDPH.

On October 4, 2021, Governor Newsom signed into law SB 306 (the STD Coverage and Care Act), a legislative proposal also championed by Senator Dr. Richard Pan. SB 306 allows for a more comprehensive approach to addressing California's rising STD crisis. The new law expands access to STI testing and treatment and is intended to create a more equitable sexual health system. The key provisions of the new law are:

- Requires health plans to cover at-home STI test kits ordered by in network primary care providers or via appropriate standing orders for HIV and STIs;
- Increases the number of providers who can provide HIV and STI testing in the community;
- Supports the delivery of EPT allowing more patients to obtain STI treatment for their partners;
- Require syphilis screening during both the first and third trimesters of pregnancy as stated in the CDPH Expanded Syphilis Screening Recommendations for the Prevention of Syphilis in Pregnancy.

As part of your Board's motion, you requested that we advance budget and legislative proposals to further advance STD control efforts, including those directed to Governor Newsom, California Secretary of Health and Human Services, and multiple California Departments. In that spirit, we offer the following recommendations for your review and consideration.

Table 7: State Advocacy Recommendations

Recommendation 1	Appeal to the Superintendent of Public Instruction to develop and implement a systematic tracking system to monitor compliance with the 2016 California Healthy Youth Act (CHYA) and implement strategies to address non-compliance with a focus on areas with the highest numbers and rates of chlamydia and gonorrhea.
Recommendation 2	Appeal to the Secretary of Health and Human Services to develop and implement a tracking system to monitor compliance with the recommendations outlined in the November 16, 2021 Dear Colleague letter related to the expansion of HIV and syphilis testing for pregnant patients and the newly enacted SB 306.
Recommendation 3	Appeal to Governor Newsom to appropriate funds to support the enhancement of California's STD Control Infrastructure to fully operationalize an STD Master Plan that includes congenital syphilis elimination, a reduction of syphilis morbidity to at least 2010 levels, enhanced STD surveillance, geo-mapping and cluster detection capacity, novel STD screening, diagnosis and treatment models and expansion of home testing modeled after the COVID response.

On March 15, 2022, your Board approved a motion calling for a five-signature letter from the Board in support of Governor Gavin Newsom's budget proposal for $300 million in ongoing State funding, including $200 million annually for local health jurisdictions to improve the local public health infrastructure. Moreover, the County will continue to advocate for ongoing State funding for health equity initiatives across California. CEO-LAIR Sacramento advocates will monitor the State budget and legislation for proposals moving forward that would increase funding for STD prevention in LA County. CEO-LAIR will work with affected departments to determine positions and advocacy strategies on such proposals. In collaboration with national public health organizations, CEO-LAIR Washington D.C. advocates will continue to request increased appropriations for STD prevention programs within the CDC. The CEO-LAIR Washington, D.C. advocates will also continue to support new Federal investments in Public

Health Infrastructure that would undergird STD prevention and control within the County. In the recently enacted H.R. 2471, the Consolidated Appropriations Act of 2022, which sets appropriations levels and allocations for the remainder of the 2022 federal fiscal year, there was a small increase of $2.5 million for CDC STD prevention efforts above the prior FY level. There was also a new line item of $200 million for a new, flexible funding stream for public health infrastructure and capacity nationwide.

Conclusion

Public Health looks forward to working with your Board, CEO, DHS, DMH, AHI, the Commission on HIV, health plans, health care providers, community-based organizations, policy advocates, residents affected by STDs, and other stakeholders to further advance and improve the impact of local STD control efforts. Our charge will require a multi-sector effort that brings a renewed and more focused effort on syphilis and congenital syphilis in the immediate term. The level and reach of the interventions must be at a scale that is much more in line with both the current level of disease and the anticipated year-to-year spread of these preventable, treatable, and curable bacterial infections that have outpaced available resources.

We look forward to working with your Board to engage and partner with leaders in Sacramento and Washington, DC to endorse and support bold and long-term budget and legislative proposals that offer us the opportunity to tackle this crisis much more upstream through efforts advanced by the ARDI and CHE or through comprehensive sexual health education (CHYA), and downstream (intensive interventions with pregnant persons diagnosed with syphilis, experiencing homelessness and using methamphetamine) and along the continuum of intervention opportunities.

We will continue to convene the newly formed Internal County STD Workgroup (and sub-workgroups) to inform, prioritize, implement and refine our STD control efforts; and we will continue to convene the Internal/External County STD Policy Workgroup to shape and advance our advocacy strategy, ensure that funding formulas are closely aligned with the levels of morbidity across jurisdictions in California and the United States, and have the longevity needed to meet disease reduction goals over the next decade.

As we continue to confront the ravages and impact of the COVID-19 pandemic, we recognize that other disease control efforts have been adversely impacted, including those tied to syphilis, congenital syphilis, gonorrhea, and chlamydia. We look forward to expanding the reach and impact of more sexual health and STD control partners that reverses the impact of these difficult decisions.

Our trends in STD rates should remind us of the importance of core public health functions and disease control infrastructure at levels that match the scope and urgency of the problem. The use of surveillance, epidemiology, laboratory, disease reporting, testing technology, social marketing, community engagement and mobilization and other tools have been instrumental to our COVID-19 response and historically with our HIV response. These experiences offer a blueprint for expanded STD control efforts in LA County and as we consider the metrics and milestones we commit to reaching by 2025 and 2030.

As always, Public Health will continue to keep your Board updated on developments related to our local STD control efforts. If you have any questions or need additional information, please let me know.

BF:RS:MJP

c: Chief Executive Officer
Executive Officer, Board of Supervisors
County Counsel
Alliance for Health Integration
Health Services
Mental Health

APPENDIX A: A SUMMARY OF STD MORBIDITY OVER THE LAST DECADE

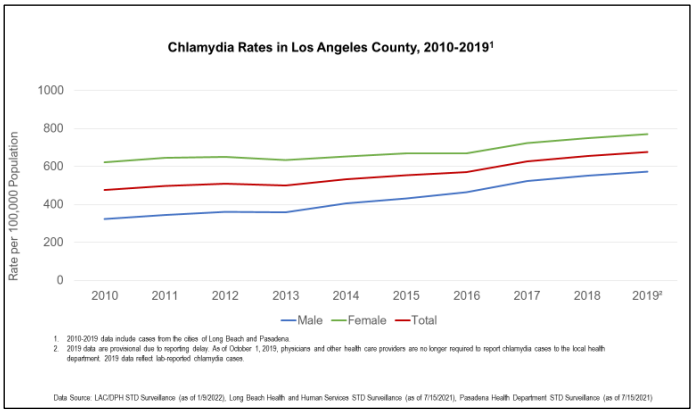
Since 2010, Los Angeles County (LAC) has observed a steady increase in both the number and rate of STDs among both males and females, across multiple age groups and among a sub-set of racial/ethnic groups. These increases mirrored patterns observed across the United States and across California over the same time frame. The sharpest increases were observed with the syphilis and congenital syphilis epidemics – two scourges that were near elimination just a decade and a half ago.

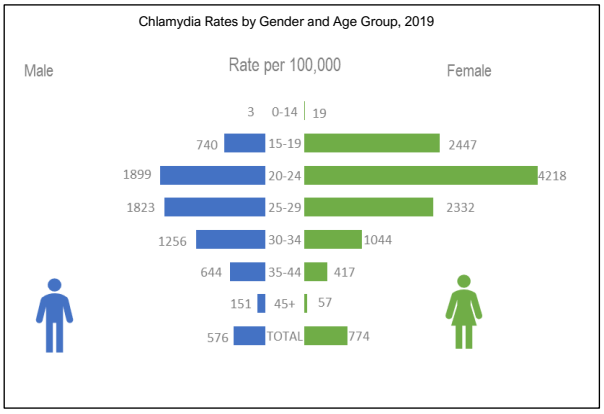
Chlamydia

We continue to observe a steady increase in chlamydia, the most commonly reported, but curable bacterial STD. Chlamydia cases increased from 46,762 (476 per 100,000 residents) in 2010 to 69,353 (676/100,000) in 2019. While the largest proportion of these cases were diagnosed among women (particularly women under 25 years of age), 66% of all cases in 2010 and 58% of all cases in 2019, the rate of chlamydia among males increased considerably (323 per 100,000 to 573 per 100,000, respectively) compared to females (621 per 100,000 to 771 per 100,000, respectively) over that same time span. In 2019, transgender women represented 0.2% of reported chlamydia cases. Beginning October 1, 2019, physicians and other health care providers were no longer required to report chlamydia cases to the local health department. The data for 2019 are therefore based on laboratory-based reporting.

Chlamydia continues to disproportionately impact young women (25 years and younger) and young men (29 years and younger). Provisional data for 2019 suggests that 59% of all female cases were between 15 and 24 years, while 57% of all male cases were between 15 and 29 years. Among the Health Districts in LAC with the highest rates of reported chlamydia cases were South, Southwest, Hollywood-Wilshire, Central, Southeast, Compton, Inglewood, and Long Beach. The changes in chlamydia reporting in the State of California mentioned above has impacted data completeness. As such, race/ethnicity data are more incomplete, and case rates and percentages cannot be reported for race/ethnicity with reliability. In 2019, 43% of all reported chlamydia cases were missing race/ethnicity data.

Table 8: Chlamydia Rates in Los Angeles County



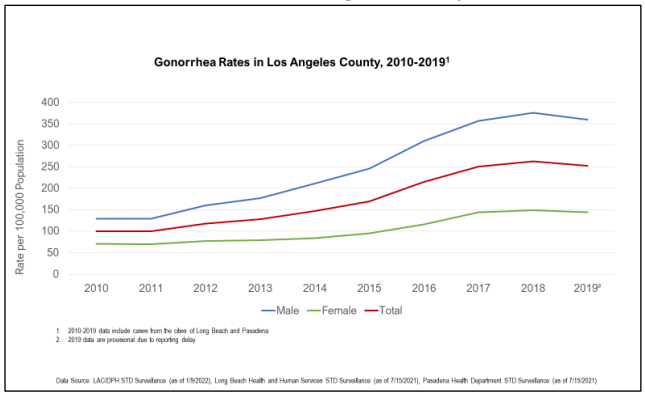


Gonorrhea

From 2010 to 2019, the number of reported gonorrhea cases increased from 9,834 to 25,904, a 163% increase. Gonorrhea most commonly impacts males (70% of all cases diagnosed in 2019), and most disproportionately African-American males. African-American males have a case rate of 928 per 100,000 based on provisional 2019 data and accounted for 21% of reported cases among males despite making up 8% of the male population in LAC. From 2010 to 2019, the rate of gonorrhea among males increased by 179% (129/100,00 in 2010 to 360/100,000 in 2019) while the rate of gonorrhea among females increased by 103% (71/100,00 in 2010 to 144/100,000 in 2019). Gonorrhea-related disease control efforts benefit from screening the genital area, rectum, and pharynx (3-site testing) for this treatable and curable bacterial infection. Across racial/ethnic groups over the same ten-year span, African-Americans had the highest rate of gonorrhea (666 per 100,000), followed by Pacific Islanders (417/100,00), American Indians/Alaska Natives (323/100,000), Whites (171/100,000), Latinx (168/100,00) and Asians (62/100,00). Among the geographic areas with the highest rates of reported gonorrhea cases are the Hollywood-Wilshire, Central, Southwest, South, Southeast, Compton, Inglewood, and Long Beach health districts. Over the last decade, there has been increased focus on ensuring that STD service delivery partners increase the frequency of 3-site gonorrhea testing, particularly among men who have sex with men. Improved screening practices among men may contribute to increases in reported cases. Transgender individuals represented 0.7% of the reported gonorrhea cases in 2019, with transgender women representing 0.6% of all cases.

A review of preliminary data from January through October 2021 reveals that the highest number of new gonorrhea cases were reported in the Hollywood-Wilshire Health District. By comparison, between January and October 2019, the largest percent increase in cases was observed in the Harbor Health District. Among women, between January and October 2019, an increase of over 30% in cases was observed in the Harbor, Central, Bellflower, East Los Angeles, and Inglewood Health Districts. Among men, during the same time frame, an increase of over 30% in cases was observed in the Harbor, Whittier, Antelope Valley, and Bellflower Health Districts.

Table 9: Gonorrhea Rates in Los Angeles County



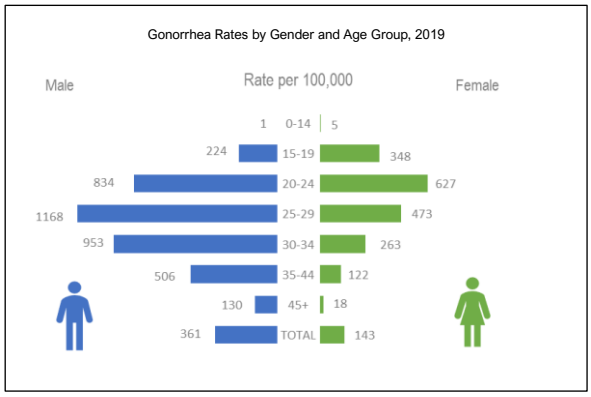
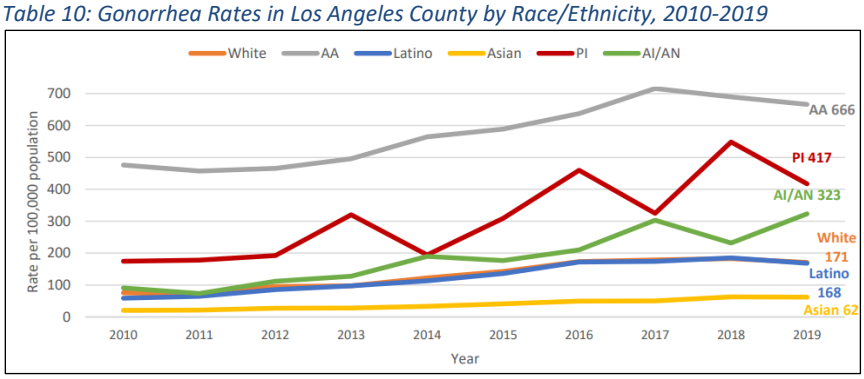


Table 10: Gonorrhea Rates in Los Angeles County by Race/Ethnicity, 2010-2019



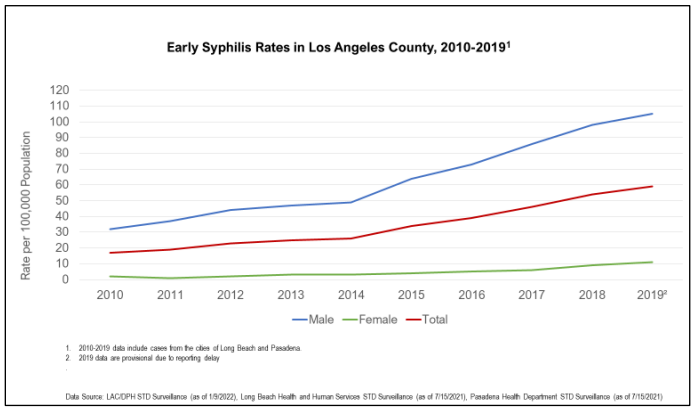
Syphilis (Early Syphilis)
Syphilis is a complex bacterial STD that can lead to very serious complications if left untreated and can lead to significant deformity or death when passed from a pregnant person to their newborn (these cases are referred to as congenital syphilis.) When left untreated, syphilis can progressively worsen over several stages (primary, secondary, early latent, and late latent). Persons with syphilis are most infectious during the primary and secondary stages of the infection. For disease reporting purposes, the first three stages of the infection (primary, secondary and early latent) are referred to as Early Syphilis.

Over the last decade, there has been a 1,000% increase in the rate of early syphilis among females (1 per 100,000 in 2010 to 11 per 100,000 in 2019) and a 184% increase in the rate among males (37 per 100,000 in 2010 to 105 per 100,000 in 2019.) Among men, syphilis has disproportionately impacted MSM. In 2019, MSM accounted for 66% of cases among males while men who have sex with men and women (MSMW) accounted for 20% of cases among males. Transgender individuals represented 2.5% of early syphilis cases in 2019 with 2.3% reported among transgender women. Among both males and females, a significant fraction (72%) of early syphilis cases were reported among persons 20 to 44 years. Among both males and females, rates were highest among persons aged 25-29 years (157 per 100,000).

Between 2010 and 2019, across racial/ethnic groups, Pacific Islanders had the highest early syphilis rate (141 per 100,000) followed by African-Americans (135/100,000), American Indian/Alaskan Natives (82/100,000), Latinx (54/100,000), Whites (51/100,000) and Asians (21/100,000). Among the geographic areas with the highest rates of reported early syphilis cases are the Hollywood-Wilshire, Central, Southwest, South, Southeast, Long Beach, Northeast and Inglewood health districts.

A review of preliminary data from January through October 2021 revealed that the highest number of new syphilis cases was observed in the Hollywood-Wilshire Health District. By comparison, between January and October 2019, the largest percent increase in cases was observed in the San Fernando Health District, while the Torrance Health District experienced the largest percent decrease. Among women, between January and October 2019, an increase of over 50% in cases was observed in the Central, East Los Angeles, Foothill, and Whittier Health Districts. Among men during the same time frame, an increase of over 30% was observed in the San Fernando, Harbor, and Antelope Valley Health Districts.

Table 11: Early Syphilis Rates in Los Angeles County



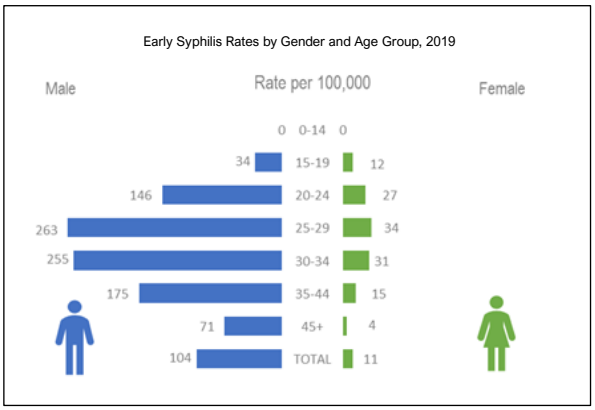
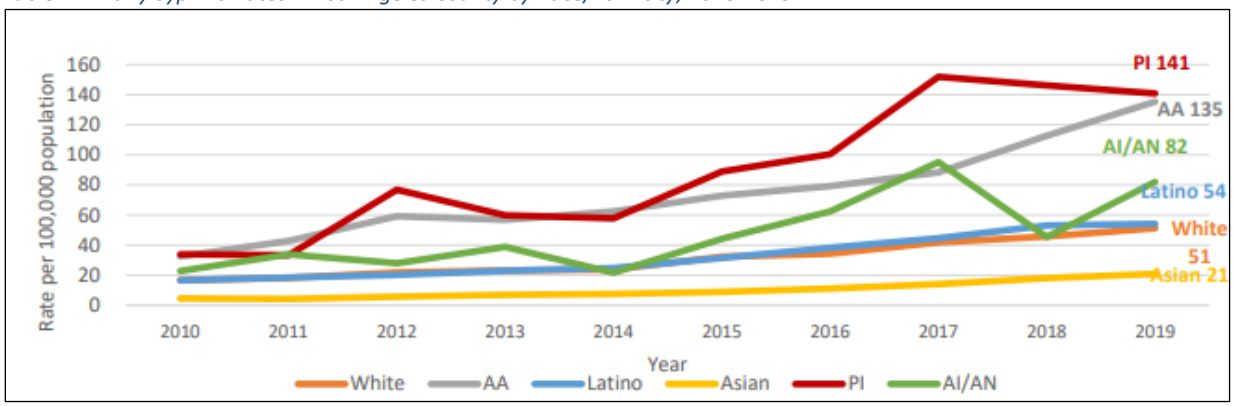


Table 12: Early Syphilis Rates in Los Angeles County by Race/Ethnicity, 2010-2019

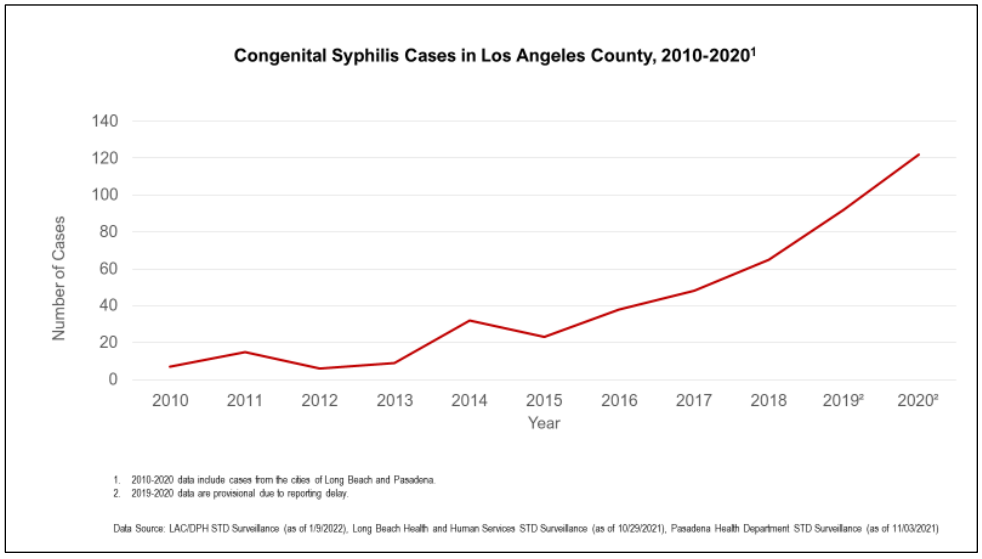


Congenital Syphilis

Among the most troubling STD-related increases over the last decade has been those tied to congenital syphilis. From 2010 through 2020, the number of congenital syphilis cases increased from 7 to 122 cases, largely among newborns born to Latinx (48%) and African-American (32%) pregnant persons. The rise in congenital syphilis continues to be tied to an overall increase in cases among males and associated increases among females of childbearing age. Among both males and females diagnosed with syphilis, the use of methamphetamines plays a prominent factor. More specifically, a review of the maternal characteristics tied to 88 congenital syphilis cases reported in 2019, revealed that 36% of mothers had a history of incarceration, 40% were unstably housed, 49% were using methamphetamine or some drug combination with methamphetamine and 68% had a substance use disorder. A review of prenatal care patterns among the same group of pregnant persons revealed that 18% entered prenatal care in the first trimester, 18% in the second trimester, 22% in the third trimester, and 35% received no prenatal care (prenatal care access could not be confirmed for 7% of the 88 cases.) These data highlight the importance of syphilis awareness and client engagement across all sectors of providers serving pregnant persons, and syphilis screening compliance across multiple trimesters of pregnancy. Furthermore, continued expansion of interventions designed to link pregnant persons to pre-natal care (including persons with substance use disorder, mental illness, experiencing homelessness) remain critical.

Preliminary data show that from January through October 2021, the highest increase in the number of new congenital syphilis cases was observed in the Antelope Valley Health District. In addition, between January and October 2019, a two-fold or more increase in cases was observed in the Antelope Valley, East Los Angeles, Southwest, and West Health Districts. When reviewing by Health District for January through October 2021, Antelope Valley (11) yielded the highest total number of congenital syphilis cases, followed by West Valley (10), Southwest (8) and South (7). When analyzed by SPA in the same time period, SPA 6 (South) accounted for 23% of congenital syphilis cases (21 of 91 cases). Additionally, Glendale and San Fernando Health Districts did not have any reported congenital syphilis cases between January and October 2019 but reported between 1 and 3 cases between January and October 2021.

Table 13: Congenital Syphilis Cases in Los Angeles County, 2011-2020[1]



APPENDIX B: WORKGROUPS AND KEY CONVERSATIONS

Appendix B1: Internal Los Angeles County Workgroup

Purpose: This workgroup of internal Los Angeles County partners was formed to inform the response to the September 2021 Board motion aimed at addressing the local STD crisis. Meeting activities included eliciting input on the proposed response, eliciting input on strategies to enhance cross-departmental collaboration, providing updates on key conversations and workgroups, and reviewing the draft STD Dashboard.

Meeting Dates: December 9, 2021; January 20, 2022

Attendees:
D'Artagnan Scorza, ARDI
Heather Jue Northover, ARDI
Sarkis Semerdjyan, CEO Leg Affairs
Paul Beddoe, CEO Leg Affairs
Faith Conley, CEO Leg Affairs
Jaclyn Baucum, AHI
Gayle Haberman, AHI
Erin Saleeby, DHS
Paul Giboney, DHS
Sulma Herrera, DHS
Theion Perkins, DMH
Muntu Davis, DPH
Rita Singhal, DPH
Deborah Allen, DPH
Joshua Bobrowsky, DPH
Gema Morales-Meyer, DPH
Jan King, DPH
Leo Moore, DPH
Linda Aragon, DPH MCAH
Gary Tsai, DPH SAPC
Susie Baldwin, DPH OWH
Sonya Vasquez, DPH CHE
Scott Chan, DHP CHE
Jacqueline Valenzuela, DPH
Rebecca Cohen, DPH DHSP
Shobita Rajagopalan, DPH DHSP
Andrea Kim, DPH DHSP
Sherry Yin, DPH DHSP
Juli Carlos Henderson, DPH DHSP

Facilitator: Mario J. Pérez, DPH
Notetakers: Julia Heinzerling, DPH; Marisa Cohen, DPH

Appendix B2: Internal/External Los Angeles County Policy Workgroup

Purpose: This workgroup was formed to focus on the third directive of the Board of Supervisors STD motion tied to STD-related policy and budget proposals for consideration at the state and federal level. Workgroup meetings focused on gathering feedback and recommendations on STD related legislative and budget proposals.

Meeting Dates: December 16, 2021; December 23, 2021; January 6, 2022

Attendees:

Candace Gragnani, Academy of Pediatrics (AAP)
Katja Nelson APLA Health/COH Public Policy
Craig Pulsipher, California End the Epidemics
Lisa Fisher, CCALAC
Everardo Alvizo, City of Long Beach
Cheryl Barrit, Commission on HIV
Nomsa Khalfani, Comm Prev & Pop Health TF
Sylvia Castillo, Essential Access Health
Paul Young, HASC
Ward Carpenter, LA LGBT Center
Maryjane Puffer, LA Trust for Children's Health
Gabrielle Tilley, LA Trust for Children's Health
Rebecca Trotzky-Sirr, LACUSC Urgent Care/ED
Maricela Ramirez, LACOE
Susan Chaides, LACOE
Tonya Ross, LACOE
Ayako Miyashita, UCLA Luskin School of Public Policy
Hannah Kwak, UCLA Preventive Medicine Fellow
Caitlin Newhouse, UCLA Preventive Medicine Fellow
Valerie Coachman-Moore, WeCanStopSTDsLA
Jaclyn Baucum, Alliance for Health Integration
Lauren Nakano, Alliance for Health Integration
Faith Conley, CEO Leg Affairs
Paul Beddoe, CEO Leg Affairs
Sarkis Semerdjyan, CEO Leg Affairs
Prabhu Gounder, DPH ACDC
Joshua Bobrowsky, DPH
Sonya Vasquez, DPH CHE

Facilitator: Mario J. Pérez, DPH
Notetakers: Julia Heinzerling, DPH; Marisa Cohen, DPH

Appendix B3: Metrics and Milestone Sub-Workgroup

Workgroup Purpose: This sub-workgroup of internal Los Angeles County partners was formed to focus on outlining metrics and milestones for STD related progress. Meeting activities included identifying shared metrics that can be used to measure progress effectively, and discussing milestones, metrics, and goals that are specific and tailored to highly impacted populations.

Meeting Date: January 6, 2022

Attendees:

Heather Jue Northover, CEO-ARDI
Jaclyn Baucum, AHI
Lauren Nakano, AHI
Paul Giboney, DHS
Theion Perkins, DMH
Deborah Allen, DPH
Leo Moore, DPH
Rashmi Shetgiri, DPH
Karen Swanson, DPH
Scott Chan, DPH CHE
Sonya Vasquez, DPH CHE
Angel Perdomo, DPH MCAH
Maria Mejia, DPH MCAH
Marian Eldahaby, DPH MCAH
Noribel Taguba, DPH MCAH
Tina Kim, DPH SAPC

Facilitator: Mario J. Pérez, DPH
Notetakers: Julia Heinzerling, DPH; Marisa Cohen, DPH

Appendix B4: Additional Conversations

STDs through an Equity Lens
Purpose: This meeting was held to discuss STD related efforts through the Center for Health Equity.

Meeting Date: January 4, 2022

Attendees:
Heather Jue Northover
Sonya Vasquez
Scott Chan

Facilitator: Mario J. Pérez, DPH
Notetaker: Marisa Cohen, DPH

The Role of Pharmacists in Expanded STD Control Efforts
Purpose: This meeting was held to discuss the role of pharmacists in STD control in Los Angeles County. The meeting focused on pharmacist's role in PrEP and EPT.

Meeting Date: January 19, 2022

Attendees:
Jerika Lam, Chapman
Carla Blieden, USC
Tam Phan, USC
Shobita Rajagopalan, DPH DHSP

Facilitator: Mario J. Pérez, DPH
Notetakers: Julia Heinzerling, DPH; Marisa Cohen, DPH

APPENDIX C: CDPH DEAR COLLEAGUE LETTER

State of California—Health and Human Services Agency
California Department of Public Health

Tomás J. Aragón, M.D., Dr.P.H.
Director and State Public Health Officer*Acting Director*

GAVIN NEWSOM
Governor

November 16, 2021

Subject: Call to expand HIV and syphilis testing for pregnant women

Dear Colleague,

The California Department of Public Health (CDPH) requests your assistance in responding to alarming increases in congenital syphilis and perinatal HIV transmissions in California. In 2019, 446 congenital syphilis cases were reported in California, the highest number of cases since 1993. In 2020 there were also six perinatal HIV transmissions in California, compared to four in 2019 and three in 2018. Most of the birthing parents of children with perinatal HIV were co-infected with or had a recent history of syphilis, one of the indicators for offering HIV prevention medication (i.e., Pre-Exposure Prophylaxis or PrEP), highlighting the need for an integrated approach to these devastating and preventable infections. In addition, significant racial disparities have been observed, as rates of congenital syphilis are significantly higher among Black/African American and American Indian/Alaska Native infants than the statewide rate.

Perinatal HIV transmission and congenital syphilis can be prevented with timely testing and treatment. A common risk factor, however, is receiving late or no prenatal care. HIV and syphilis testing and treatment must expand beyond prenatal care clinics to other settings serving women at elevated risk for HIV and syphilis. CDPH requests your assistance to implement the following policies and best practices to Screen, Treat and Prevent, and Prepare for perinatal transmissions including, but are not limited to, the following:

Screen

- **Confirm HIV and syphilis status of all pregnant patients receiving care or services at emergency departments; urgent care clinics; jails; mental health, drug treatment, and syringe services programs; and street medicine or homeless outreach programs** with documented lab results or by providing opt-out HIV and syphilis testing.

- Screen all pregnant patients for HIV at least once[1] and for syphilis three times during pregnancy: the first test should be as early as possible (during the first trimester), the second test should be during the third trimester (ideally between 28–32 weeks' gestation), and the third test should be at delivery[2,3]. Pregnant women who initially test negative for HIV but are at higher risk should have repeat HIV testing during third trimester or at delivery if not tested during 3rd trimester.

Treat and Prevent Syphilis and HIV

- **Pregnant women with syphilis should be treated with the recommended penicillin regimen for their stage of infection as soon as possible.**
- **Infants born to mothers with syphilis during pregnancy should be evaluated and treated for congenital syphilis** per recommendations in CDC's Sexually Transmitted Infection Treatment Guidelines (link here).
- **Pregnant women newly diagnosed with HIV or previously diagnosed with HIV but not on antiretroviral therapy should start treatment as soon as possible.** Pregnant women with HIV should receive antiretroviral therapy throughout pregnancy (including the intrapartum period). Pregnant women on antiretroviral therapy but not virally suppressed should have their therapy urgently optimized to achieve viral suppression.
- **Infants born to mothers with HIV should immediately receive appropriate antiretroviral medications to prevent perinatal HIV transmission[4].** Local health departments, Ryan White clinics, and CDPH can help facilitate rapid consultations for HIV care. The National Perinatal HIV Hotline (1-888-448-8765) provides free clinical consultation on all aspects of perinatal HIV care.

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[1] Repeat HIV testing in the third trimester is recommended for pregnant women who are at increased risk of acquiring HIV, including those receiving care in facilities that have an HIV incidence of ≥1 case per 1,000 pregnant women per year. Repeat HIV testing is also recommended for pregnant women with a sexually transmitted infection (STI) or with signs and symptoms of acute HIV infection.

[2] All infants and mothers should be tested for syphilis at delivery unless there is low risk for infection and third trimester testing is negative.

[3] Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis: Guidelines for California Medical Providers 2020. Available at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Expanded-Syphilis-Screening-Recommendations.pdf

[4] Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission. Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States. Available at https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/Perinatal_GL.pdf.

Prepare

- **Refer and navigate all women diagnosed with bacterial STIs (syphilis or gonorrhea) for HIV Pre-Exposure Prophylaxis (PrEP) which can safely be provided during pregnancy.**
- **Birthing hospitals should have expedited HIV and syphilis testing available 24 hours a day with results available within 1 hour** during labor or delivery for women with undocumented HIV or syphilis status, including women who were not retested in the third trimester.
- If HIV or syphilis results are positive, a protocol should be in place to provide immediate intrapartum antiretroviral prophylaxis (HIV) or penicillin G treatment (syphilis) to the mother.
- Pregnant patients with HIV or syphilis may require intensive case management to ensure that they have access to treatment and care. Contact your local health department (and Ryan White clinic if HIV) to assist with navigation and support services. Preventing perinatal HIV and congenital syphilis are critical priorities for public health in California.

Early diagnosis and treatment can prevent perinatal HIV transmission and congenital syphilis but can only be achieved if testing and treatment are expanded beyond traditional settings. Thank you for your work to improve the sexual health of all Californians. Together, we can end these epidemics and eliminate perinatal HIV transmission and congenital syphilis. Additional information and resources are appended below.

Sincerely,

Philip Peters, MD
Office of AIDS Medical Officer
Center for Infectious Diseases
California Department of Public Health

Kathleen Jacobson, MD
Chief, STD Control Branch
Center for Infectious Diseases
California Department of Public Health

APPENDIX D: STD INDICATORS

Appendix D1: STI National Strategic Plan: Key STD Indicators

For each indicator, the STI Plan records baseline measurements and establishes 5- and 10-year targets, as well as annual targets to monitor efforts to meet targets. Data sources are based on nationally representative samples. Data sources provide regular and consistent estimated data to enable cross-year comparisons and stratification by age, geographic region, race/ethnicity, and sex, and, when available, sex of sex partners. The data sources are described following the tables of core indicators and disparities indicators and their targets.

CORE INDICATORS

Table B.1 presents the baseline measurements, annual targets, and data sources for each core indicator. Five- and 10-year targets are bolded and underlined.

Table B.1. STI Plan Core Indicators

Core Indicator	Baseline[a]	2021	2022	2023	2024	**2025**	2026	2027	2028	2029	**2030**	Data Source[b]
1. Increase the percentage of adolescents aged 13–17 years who receive the routinely recommended doses of HPV vaccine												
Percent	51	57	63	69	75	**80**	81	82	83	84	**85**	NIS-Teen
2. Reduce rates of P&S syphilis[c]												
Rate per 100,000	13.6	13.5	13.4	13.3	13.3	**13.2**	13.0	12.8	12.6	12.4	**12.2**	NNDSS
3. Reduce rates of congenital syphilis[c]												
Rate per 100,000	67.7	66.0	64.3	62.3	60.3	**57.6**	54.2	50.1	45.4	40.0	**33.9**	NNDSS
4. Reduce gonorrhea rates[c]												
Rate per 100,000	221.9	220.8	219.7	218.4	217.1	**215.3**	213.1	210.4	207.3	203.7	**199.7**	NNDSS
5. Increase chlamydia screening in sexually active females aged 16–24 years												
Percent	58.8	59.7	60.6	62.2	64.1	**66.4**	68.0	71.1	73.3	75.0	**76.5**	HEDIS
6. Reduce PID in females aged 15–24 years[c]												
Rate per 100,000	171.6	169.9	168.2	166.1	164.0	**161.3**	157.9	153.8	149.0	143.5	**137.3**	HCUP NEDS
7. Increase condom use at last sex among sexually active high school students[c]												
Percent	51.3	51.6	51.8	52.3	52.9	**53.5**	54.2	54.9	55.5	56.0	**56.5**	YRBSS

[a] Baseline is 2020, except for Indicator 1, which uses a 2018 baseline. 2020 data points are projected based on trajectory in recent years.
[b] HCUP NEDS = Healthcare Cost and Utilization Project Nationwide Emergency Department Sample; HEDIS = Healthcare Effectiveness Data and Information Set; NIS-Teen = National Immunization Survey-Teen; NNDSS = National Notifiable Diseases Surveillance System; YRBSS = Youth Risk Behavior Surveillance System. See Data Sources section below for a description of each data source.
[c] This core indicator has a corresponding disparities indicator(s).

Appendix D1: STI National Strategic Plan: Key STD Indicators (continued)

DISPARITIES INDICATORS

Disparities indicators were identified by evaluating current STI data trends and selecting priority populations and subgroups most vulnerable. Table B.2 presents the baseline measurements and annual targets for each disparities indicator. Five- and 10-year targets are bolded. Each disparities indicator uses the same data source as its corresponding core indicator.

Table B.2. STI Plan Disparities Indicators

Disparities Indicator	Baseline[a]	2021	2022	2023	2024	**2025**	2026	2027	2028	2029	**2030**
8. Reduce P&S syphilis rate among MSM											
Cases/100,000	461.2	457.7	454.3	450.1	446.0	**440.4**	433.5	425.2	415.5	404.5	**392.0**
9. Reduce congenital syphilis rate among African Americans/Blacks											
Rate/100,000	167.5	162.9	158.3	152.8	147.3	**139.9**	130.7	199.6	106.7	92.0	**75.4**
10. Reduce congenital syphilis rate among AI/ANs											
Rate/100,000	207.6	201.9	196.2	189.3	182.5	**173.3**	161.9	148.2	132.2	113.9	**93.4**
11. Reduce congenital syphilis rate in the West											
Rate/100,000	89.7	87.2	84.7	81.8	78.8	**74.9**	69.9	64.0	57.1	49.2	**40.3**
12. Reduce gonorrhea rate among African Americans/Blacks											
Rate/100,000	632.9	628.2	623.5	617.8	612.1	**604.5**	595.0	583.6	570.3	555.1	**538.0**
13. Reduce gonorrhea rate in the South											
Rate/100,000	211.3	209.6	207.9	205.8	203.7	**201.0**	197.5	193.4	188.5	183.0	**179.6**
14. Increase condom use at last sexual intercourse among sexually active MSM high school students											
Percentage	53.8	53.8	54.2	54.9	55.8	**56.9**	58.0	59.1	60.0	60.8	**61.9**

[a] Baseline is 2020 for all of the disparities indicators. 2020 data points are projected based on trajectory in recent years.

DATA SOURCES

The Healthcare Cost and Utilization Project Nationwide Emergency Department Sample (HCUP NEDS) is the nation's most comprehensive source of hospital care data, including information on in-patient stays, ambulatory surgery and services visits, and emergency department (ED) encounters. HCUP is a family of databases, software tools, and related products developed through a federal-state-industry partnership and sponsored by the HHS Agency for Health Research and Quality. The database consists of administrative claims data from roughly 30 million ED visits at 950 hospitals that approximate a 20% stratified sample of U.S. hospital-based EDs with records at the ED visit level. HCUP NEDS data are collected annually, but usually with a 3-year delay in reporting.

Appendix D2: STI National Strategic Plan, Indicators and Targets

Core Indicator	Jurisdiction	Measure	2020 National Baseline	2019 LAC Baseline	2020 LAC Baseline[2,3]	2025 LAC Target	2030 LAC Target
2. Reduce rates of Primary & Secondary (P&S) syphilis	LA County, Long Beach and Pasadena	Rate	13.6	25	TBD	TBD	TBD
		N		2,538	TBD		
	LA County Only[4]	Rate		24	21		
		N		2,356	2,029		
3. Reduce rates of congenital syphilis[5]	LA County, Long Beach and Pasadena	Rate[6]	67.7	86	114	TBD	TBD
		N[7]		92	122		
	LA County Only[4]	Rate[6]		-	TBD		
		N		88	113		
8. Reduce P&S syphilis rate among MSM[8]	LA County, Long Beach and Pasadena	Rate	461.2	385	TBD	TBD	TBD
		N		1,558	TBD		
	LA County Only[4]	Rate		378	325		
		N		1,438	1,228		
12. Reduce gonorrhea rate among African Americans/Blacks	LA County, Long Beach and Pasadena	Rate	632.9	644	TBD	TBD	TBD
		N		5,607	TBD		
	LA County Only[4]	Rate		670	734		
		N		5,288	5,640		

[1] Cases and rates (per 100,000 population) are preliminary due to reporting delays and pending data review from the California STD Control Branch and the Centers for Disease Control and Prevention. In addition, 2020 data from the cities of Long Beach and Pasadena are not yet available from CDPH for use by LAC/DPH; thus, case counts and rates have been provided with and without the cities of Long Beach and Pasadena. Case counts and rates are subject to change. Rates for groups with fewer than 5 cases are not shown; rates based on <12 observations are considered to be unstable.
[2] Note that due to Los Angeles County safer-at-home orders, decreased screening services and increased use of telemedicine contributed to noticeable decreases in reported STDs during the months of March-May 2020. This has impacted LAC's ability to fully understand the STD epidemic for 2020. Caution is advised when interpreting 2020 case counts and rates for long term planning.
[3] Rates are calculated using provisional 2020 population estimates prepared by Henderson Demographic Services for the Los Angeles County Internal Services Department. Revised 2020 population estimates will not be available until at least May 2022. Rates are subject to change.
[4] Data from the cities of Long Beach and Pasadena are not included.
[5] Cases include probable congenital syphilis cases and syphilitic stillbirths.
[6] Rate calculated per 100,000 live births. 2020 live births not yet available. 2020 rates calculated using 2019 live births as a proxy. Rates could not be calculated for LAC only as the live birth denominator data includes all jurisdictions.
[7] Case counts for 2020 congenital syphilis cases were made available after consultation with the cities of Long Beach and Pasadena. Data source: Long Beach Health and Human Services STD Surveillance (as of 10/29/2021), Pasadena Health Department STD Surveillance (as of 11/3/2021).
[8] MSM defined as men who have sex with men or both men and women. Data for the cities of Long Beach and Pasadena do not differentiate between sexual partners who identify as men and sexual partners who identify as transgender women (male-to-female transgender individuals), and therefore, both are included in the case counts. Rates for MSM were calculated with the assumption that 8% of men in Los Angeles County are estimated to be MSM. This was estimated utilizing data from the 2017 National HIV Behavioral Surveillance Survey conducted in Los Angeles County.
Data Source: LAC/DPH STD Surveillance (as of 1/9/2022), Long Beach Health and Human Services STD Surveillance (as of 7/15/2021), Pasadena Health Department STD Surveillance (as of 7/15/2021)

BLACK/AFRICAN AMERICAN WORKGROUP TASK TRACKER

Updated 12.2.21 (Revised)

	TASKS	CORRESPONDING BAAC TF RECOMMENDATION(S)	STATUS	UPDATES+NEXT STEPS
1	**PREP MARKETING CAMPAIGN FOR THE BLACK COMMUNITY AND ITS SUBPOPULATIONS** *Develop list of 20-30 participants for DHSP to coordinate a focus group via vendor, Audacy (fka Intercom) to solicit feedback on a PrEP campaign*	General Recs #3, 6, 13, 14 Black Trans Men Rec #4 Women & Girls Recs #1, 7	**10.12.21:** Workgroup submitted list of 47 potential participants to DHSP on 10.21.21. DHSP to provide progress updates.	**12.2.21:** DHSP is reviewing resources to identify funding to support PrEP marketing for Black community; participant list submitted to Intercom/Audacy to coordinate focus group; will solicit Raniyah Copeland's assistance to help shepherd the focus group. DHSP also working on a much broader marketing solicitation. **Workgroup to follow up in early 2022**
2	**REVISE RFP MINIMUM MANDATORY REQUIREMENT (MMR) LANGUAGE TO BE MORE INCLUSIVE TO YIELD MORE SUCCESSFUL SOLICITATION AWARDS TO BLACK/AA LED ORGANIZATIONS** *Develop 3-5 specific recommendations on how to adjust Minimum Mandatory Requirements (MMR)s to allow more Black/AA led orgs to compete; i.e. allow DHSP latitude to override application scoring, waive/reduce specific requirements, etc. *Refer to example of MMRs* *DHSP to provide MMR "non-negotiables" especially around clinical licensure and billing*	General Rec #11	**10.21.21:** Workgroup agreed to amend Task #2 to a "4-bucket" strength-based approach which is to be coordinated w/ Task #3: 1. <u>Support + Mentorship Initiative</u>. Create an "incubation" period to allow smaller & larger organizations to "pair" with each other to support and mentor each other by filling capacity gaps and leverage funding and other resources. 2. <u>Administration</u>. Provide organizations technical assistance, i.e., grant writing and strengthening internal financial systems. 3. <u>Customer Service</u>. Ensure customer service is centered around cultural humility. I.e., mandatory workforce Implicit Bias training, etc. 4. <u>Minimum Mandatory Requirements (MMRs)</u>. Create a solicitation infrastructure that does not "box" out Black/AA orgs from successfully competing for RFPs while ensuring optimum service delivery without compromising quality or service integrity	**12.2.21:** DHSP developed and is currently conducting Implicit Bias training; 300 provider staff signed up for training. DHSP is developing a proposed staffing plan to aggressively train providers without compromising its training portfolio. DHSP reported current proposal pending w/ Gilead to provide TA grant to providers to assist with EHE efforts. *DHSP will provide updates*. DHSP is coordinating with the Center for Health Equity in support of its program launch to provide equitable contract opportunities for CBOs. Will continue to discuss opportunities that will help advance Black led/servicing orgs to successfully apply for County contracts. *DHSP will provide updates*. DHSP continues to communicate and relay to its DPH leadership in conjunction with the County's Anti-Racism Initiative, the workgroup's efforts to create an equitable contracting and procurement system. **Workgroup to follow up in early 2022**
3	**TECHNICAL ASSISTANCE FOR BLACK/AA LED PROVIDERS TO PROVIDE A MORE EQUITABLE PLAYING FIELD TO SUCCESSFULLY COMPETE FOR SOLICITATIONS** *Identify 5-10 agencies (preferably agencies who have not been previously awarded DHSP contracts) who would benefit from DHSP/County Technical Assistance (TA) support in competing for solicitations.* *Develop 3-5 TA recommendations Black/AA led orgs need to compete for solicitations, i.e.:* *- create an incubation period for orgs in which DHSP could provide special TA until they are able to function fully* *- provide grant writing services*	General Rec #9	**11.10.21:** Leads met to discuss the preliminary work needing to be performed before a TA/mentorship pairing program can be developed by DHSP. DHSP agreed to develop a needs assessment for potential Black led/servicing orgs to assess their needs, gaps, and barriers in applying for and successfully performing under DHSP/County contracts. Leads/Workgroup to provide list of orgs, to include: Dr. William King, Umma Community Clinic, Black Women for Wellness, Invisible Men, & Unique Women's Coalition	**12.2.21:** *Create a cohort model for the Needs Assessment & TA program.* *Workgroup to finalize list of Black led/servicing orgs that would benefit from a needs assessment. Final list to be submitted to DHSP.* *Workgroup to review DHSP 2020 Surveillance Report to identify specific examples/suggestions for increased HIV disparity data which would allow agencies to successfully compete for RFPs by having surveillance data accurately reflected for certain populations, i.e. transgender community, Asian, Native Hawaiian and Pacific Islander American communities, etc. I.e. Add additional Race/Ethnicity breakdowns by Gender, transmission categories, and age groups (D. Lee).* *Coordinate mtg w/ DHSP incl. Dr. Andrea Kim to determine ways to reformat surveillance data according to race/ethnicity breakdowns by gender, etc., prioritizing the transgender community.*

	TASKS	CORRESPONDING BAAC TF RECOMMENDATION(S)	STATUS	UPDATES+NEXT STEPS
4	**ESTABLISHMENT OF PREP CENTERS OF EXCELLENCE FOR WOMENOF COLOR** *Develop 3-4 attributes agencies should possess that should be included in RFP language re: women-centered services and/or PrEP Centers of Excellence (for Women).*	Women & Girls Rec #2	**11.22.21** D. Campbell submitted recommendations to P. Zamudio; see 11/22/21 email for details.	**12.2.21**: Paulina Zamudio (DHSP) working with contracted agencies to make updates to RFP scope of work. RFP to be released soon; services will be funded effective July 1, 2022.

LOS ANGELES COUNTY COMMISSION ON HIV

Consumer Caucus Workplan 2022

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

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/ DUE DATE	STATUS/COMMENTS
1	**Create a safe environment for consumers** *(people in need of HIV care and prevention services)*	Motivate members to challenge their environment Increase awareness of the caucus in the community	Ongoing	
2	**Advocacy:** *Work with the Public Policy Committee to identify opportunities for consumer involvement to support HIV-related legislation*	Advocate for items the Caucus prioritizes	Ongoing	
3	**Comprehensive HIV Plan (CHP):** *Participate in the development of the CHP to ensure the consumer voice is prioritized in all aspects of the CHP.*	Continued participation in CHP development	October 2022	Ongoing activity
4	**Leadership and Capacity Building Training**: *Identify training opportunities that foster and nurture consumer (both PLWH and HIV-negative) leadership and empowerment in COH and community.*	Continue soliciting ideas from consumers for training topics	Ongoing	Refer to training list developed by the Operation Committee
5	**HealthHIV Planning Council Effectiveness Assessment Findings**: *Address areas of improvement.*	Commission staff to set up a WebEx meeting where new Caucus members can join and learn how to navigate WebEx	Ongoing	Operations Committee is updating applicant interview questions to be more consumer friendly; have implemented the WebEx language interpretation function for meetings; revamped 2022 mandatory training for Commissioners currently being implemented with virtual study hours to offer additional support, especially for consumers.

6	**Consumer Recruitment & Participation in COH***: Identify activities to increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities*.	-Identify an easier mechanism for consumers to join virtual meetings -Identify mechanism for retaining Caucus members -Recruit members that are not part of Ryan White contracted agencies -Recruit members that are not consumers of Ryan White services -Recruit members that need HIV care and prevention services -Develop an award ceremony to recognize individuals that volunteer their time to serve/participate in the Caucus -Have the Caucus become a hybrid meeting format to allow newcomers join virtually; provide lunch during meetings and gift cards for those attending virtually	Ongoing	**Question:** -Why would anyone come to Caucus meetings? -Why won't providers recruit? -How can we get providers to encourage their clients/patients to attend? -What is the incentive for unaffiliated consumers to attend meetings?