



*Putting Ourselves to the Test:  
Achieving Equity to End HIV*

**ANNUAL REPORT JANUARY-DECEMBER  
2022**





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## VISION AND MISSION STATEMENTS

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### VISION

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

### MISSION

The Los Angeles County (LAC) Commission on HIV (Commission) focuses on the local HIV/AIDS epidemic and responds to the changing needs of people living with HIV/AIDS (PLWHA) within the communities of Los Angeles County. The Commission provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).

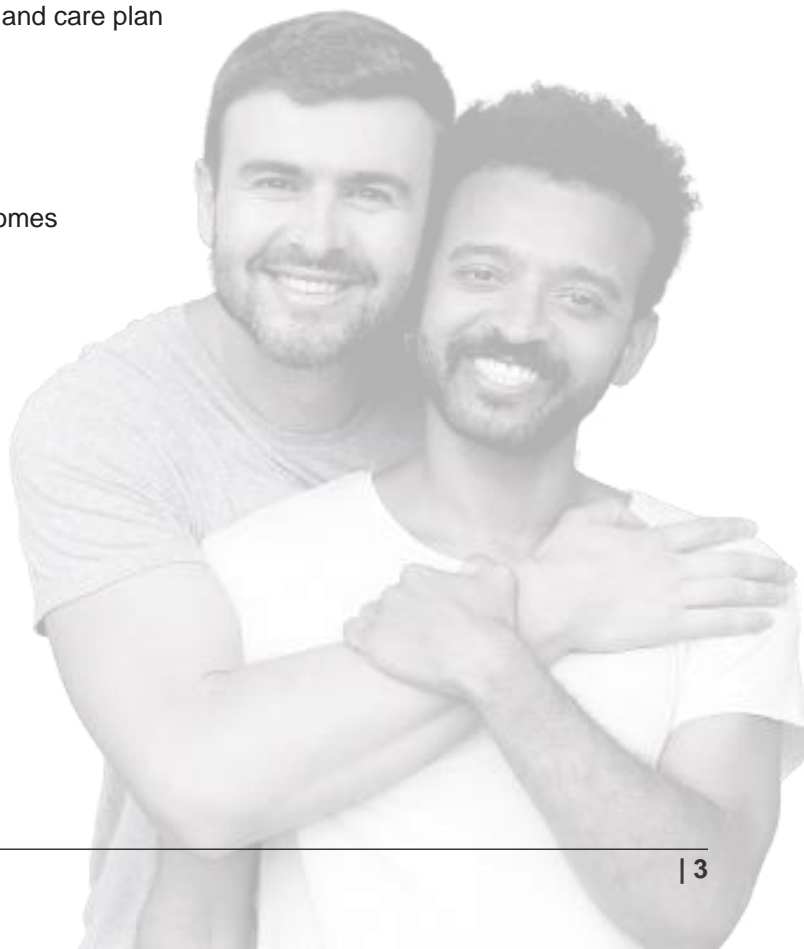
### ROLES AND RESPONSIBILITIES

The Commission serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Diseases (STD) services.

The Commission is composed of 51 members appointed by the Board of Supervisors (BOS) and represents a broad and diverse group of providers, consumers, and stakeholders. Thirty-three percent of the members are people living with HIV who are consumers of the federally funded Ryan White Program.

As an integrated planning body for HIV/STD prevention and care services in Los Angeles County, through its five standing committees (Executive, Operations, Planning, Priorities and Allocations (PP&A), Public Policy, and Standards & Best Practices (SBP), the Commission is responsible for:

- Setting care/treatment priorities/allocations
- Developing a comprehensive prevention and care plan
- Assessing the administrative mechanism of service delivery
- Evaluating service system effectiveness
- Service coordination
- Conducting needs assessments
- Setting minimum service standards/outcomes
- Defining ways to best meet the needs
- Resolving service system grievances
- Promoting the availability of services
- Evaluating other streams of funding
- Advising the BOS on all County HIV and STD funding
- Policy development and advocacy work
- Advising the Board on other HIV and STD-related matters



## YEAR IN REVIEW | KEY ACCOMPLISHMENTS

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The 2002 World AIDS Day theme, *“Putting Ourselves to the Test: Achieving Equity to End HIV”* captures the ultimate goal of the Commission on HIV and the HIV movement’s enduring vision of a world free of HIV, discrimination, stigma, and racism. The year 2022 was marked by the ongoing COVID-19 pandemic and sexually transmitted infections (STI) crisis, mpox outbreak, and the fervent resolve of the HIV movement to rise above the challenge with compassion and activism. The parallels between the mpox experience and HIV demonstrate the importance of community leadership and using non-stigmatizing language in effective disease control efforts. The leadership exemplified by Commissioners is the energy that fuels the exemplary work of this body.

Commissioners embody leadership in every facet of their personal and professional lives – on the streets demonstrating for racial justice; in Board rooms and public meetings calling attention to the STD and methamphetamine crises; in conferences challenging the status quo; in medical offices unapologetically demanding the best care they deserve; in elected officials’ offices appealing for HIV/STD funding and policies that eliminate racism, stigma, and discrimination; in the urgent steps of HIV medical providers commanding immediate care and attention for their patients; in family and community conversations educating others about compassion and destigmatizing HIV, and in their hearts remembering those who have passed and honoring their own struggles and triumphs to achieve everyone’s full potential for health and well-being across the lifespan.

The Commission expresses our deepest gratitude to the 2022 Commission Co-Chairs Bridget Gordon and Danielle Campbell for navigating a challenge and opportunity-filled year and congratulates Luckie Alexander Fuller as incoming Co-Chair for 2023, marking his election as the first transgender Co-Chair a milestone in the Commission’s history. Luckie Alexander Fuller’s election as Co-Chair builds upon the historic election of Bridget Gordon and Danielle Campbell as Black women leaders, moving the Commission closer towards building membership and leadership representation that mirrors the populations disproportionately affected by HIV. While the Commission conducted its meetings virtually in 2023 to prevent COVID-19 transmission, the planning council engaged the community in a meaningful way and maintained strong attendance throughout the year. As the Commission prepares to return to in-person meetings, the Commissioners look forward to leveraging lessons learned from videoconferencing technology to maximize community engagement and public participation.

**The key accomplishments of the Commission for 2022 include:**

### **Comprehensive HIV Plan (CHP) 2022-2026 | A Local Roadmap for Reimagining HIV/STD Prevention and Care Services**

The Los Angeles County Comprehensive HIV Plan, 2022-2026 is Los Angeles County’s third integrated HIV services plan. Led by the Commission’s Priorities, Planning and Allocations (PP&A) Committee, this plan was developed in partnership with the Department of Public Health (DPH), Division of HIV and STD Programs (DHSP) and a vast array of community and organizational partners. The plan presents a blueprint for HIV services along the entire spectrum of HIV prevention and care. The CHP was also developed to align with the California statewide integrated plan, and The National HIV/AIDS Strategy (2022–2025), and Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025 (EHE Plan). The CHP enumerates the populations most impacted by HIV, describes co-occurring conditions and social determinants that drive the HIV epidemic and articulates local objectives and activities that align with the overarching goals of the National HIV/AIDS Strategy and the Ending the HIV Epidemic federal initiative.

**The CHP’s seven priority populations are:**

1. Latinx men who have sex with men (MSM)
2. Black/African American MSM
3. Transgender persons
4. Cisgender women of color

5. People who inject drugs (PWID)
6. People under the age of 30, and
7. People living with HIV who are 50 years of age or older

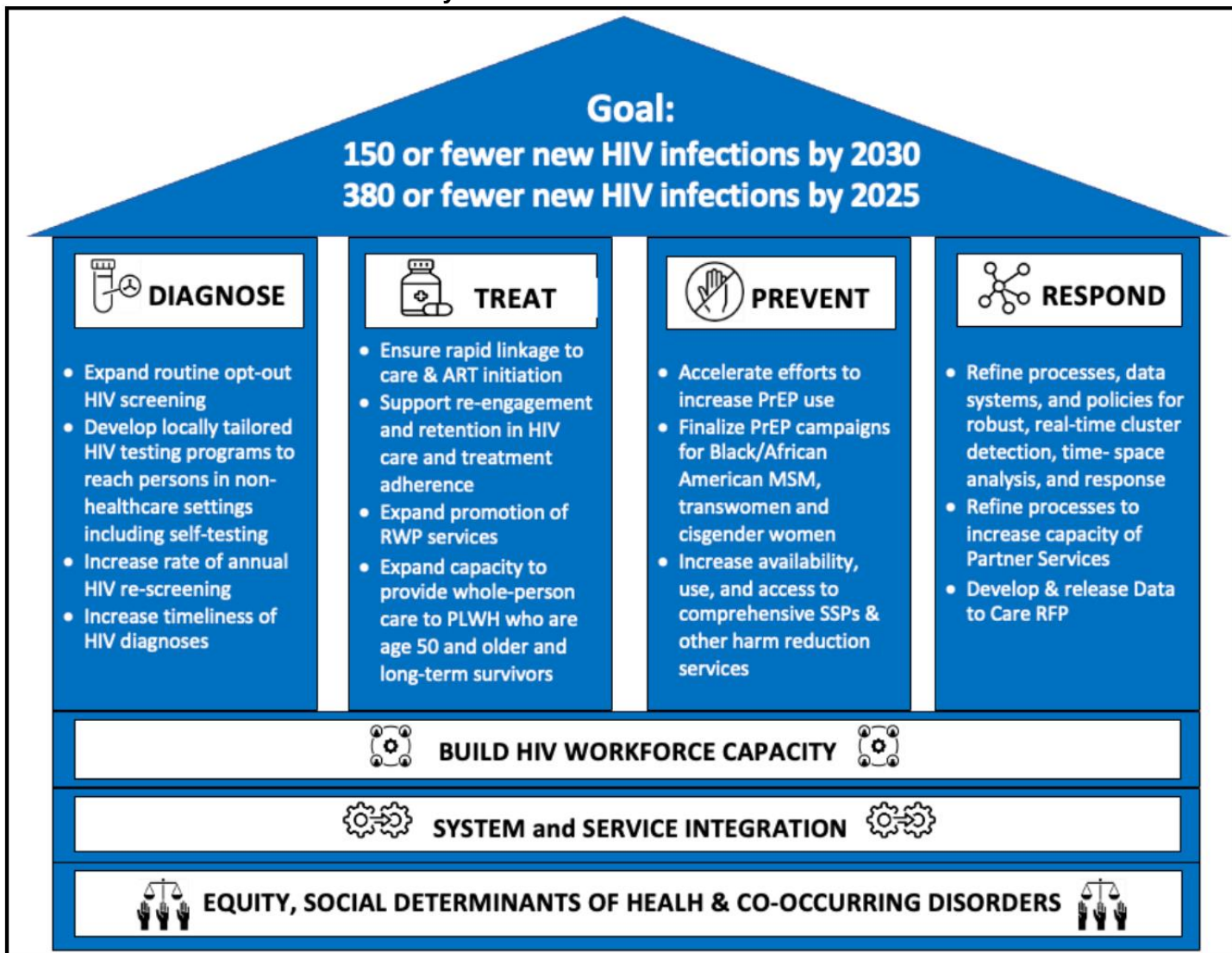
To develop the plan, planning steps were integrated into the overall work of the Commission. Integrated planning began in July of 2021 with a presentation at the Commission on HIV monthly meeting. Between July 2021 and November 2022, diverse community stakeholders were engaged in plan development through individual consultations, online surveys, focus groups, and various meetings with Commission subgroups and community coalitions such as the Service Provider Network meetings and the Long Beach HIV Planning Group, to name a few.

**Priorities:** Key priorities that arose out of the planning and community engagement process included the need to:

- Embrace a status-neutral approach to planning and implementation – equally respecting PLWH and people at risk for HIV, their strengths, and their needs
- Address social determinants of health, especially housing
- Address co-occurring disorders including other STDs, mental health issues and meth use disorder
- Expand harm reduction services
- Address HIV-related disparities, particularly the disparities experienced by Black/African Americans
- Increase health literacy among PLWH and people at risk for HIV
- Increase workforce capacity
- Meet the needs of PLWH age 50 years old and older and/or long-term survivors
- Create more holistic services, especially for cisgender and transgender women
- Align funding streams and resources to ensure that PLWH and people at risk for HIV are able to seamlessly access high-quality services

Moving forward, the tracking and monitoring of the plan will be led by the PP&A Committee, with an annual report developed to highlight successes and challenges.

The CHP 2022-2026 Pictorial Summary:



**Advocating for Rapid Mpox Response from the County and Community**

On June 2, 2022, the Department of Public Health (DPH) confirmed the first presumptive case of mpox infection in Los Angeles County, signaling a series of proceeding events that would become eerily familiar with the early days of the AIDS pandemic. Furthermore, the mpox outbreak on top of the ongoing COVID pandemic further strained an already thinly stretched public health infrastructure to quickly mobilize and respond to yet another disease outbreak. Community members, in particular the battle-tested leaders of the HIV movement, called for careful and non-stigmatizing messages around mpox prevention and rapid treatment for those infected and exposed to the virus. Commissioners and other HIV stakeholders, participated in mpox briefings with DPH and advocated for vaccination clinics and widespread educational messaging to overcome fears, harness partnerships with community health clinics, and promote vaccination to priority populations.

Input and pressure from HIV providers and patients influenced the expansion and loosening of eligibility criteria for vaccination. By December 22, 2022, DPH has removed all eligibility requirements for the mpox vaccine, making it available to anyone needing protection against the disease without having to disclose any information on personal risk.

The continuing decline of mpox cases nationally and locally are glimmers of success in a deeply challenging and pandemic-driven environment. However, echoes of disparities ring loud with the mpox response and experience. Similar to HIV in the early days, mpox mainly impacted sexually active gay and bisexual men, particularly Black and Latinx gay men. Thankfully, a vaccine for mpox is available which allowed for a more effective disease control strategy. Using an innovative solution that allowed one dose of Mpox vaccine to help up to five people, the number of new cases dropped, particularly for White and Latinx gay men. Unfortunately, that was not the same for Black gay and bisexual men. Like HIV, this is another inequity that must be addressed in vaccine equity and the quest for an HIV cure.

### **Courageous Conversations**

To help advance equity, the Commission partnered with the Los Angeles County Human Relations Commission (HRC) to facilitate training experiences on engaging in difficult conversations around prejudicial bias, addressing the “isms”, improving interpersonal relationships among peers and assisting in the Commission’s planning for an equitable and inclusive HIV system of care. The training series’ objective sought to provide principles and techniques for engaging in “Constructively Candid Conversations” with peers and instructive application through 30-minute sessions in monthly Commission meetings: 10-minute presentation of principle or technique and 20-minute practice/application using content from “So, You Want to Talk about Race” plus one special 90-minute training on what Implicit Bias is and how it operates. The training series kicked off at the COH’s March 19, 2021 full meeting and concluded at its meeting on May 12, 2022. The knowledge and skills gained from the training support respectful and courageous conversations that are tantamount to centering HIV planning and resource allocation decisions around equity and social and racial justice lenses.

### **Calling Attention to Black Women and HIV**

In commemoration of National Black HIV/AIDS Awareness Day (NBHAAD), the Commission hosted a community dialogue led by Black Caucus Co-Chairs, titled “*Black Women and HIV and the Black Men who Support Them*” to underscore the impact of HIV among Black women. African American women have the highest rates of new diagnoses among women and all U. S. regions (CDC, 2018). Black women face a 1 in 54-lifetime risk for HIV, an astronomical number compared to other populations. The dialogue challenged the community to think about what is going on for Black women from a social and racial justice lens. The conversation highlighted data that showed inequitable PrEP coverage by race/ethnicity, with the lowest coverage for Black/African Americans. The dialogue sought to unpack the social, racial, and systemic reasons for these disparities.

### **Commitment to Consumer Leadership and Engagement**

In 2022, the Commission was selected as one of 10 HIV planning councils in the country to participate in the prestigious federally-funded Recruitment and Retention Learning Collaborative (LC) to develop a recruitment and retention strategy that prioritizes consumers and people of color. Recruitment and retention of consumer members is an ongoing challenge. The Ryan White HIV/AIDS Treatment Modernization Act requires that “not less than 33 percent of Ryan White HIV/AIDS Program (RWHAP) planning council shall be individuals who are receiving HIV-related services [under RWHAP Part A], are not officers, employees, or consultants” of funded RWHAP Part A providers, and “reflect the demographics of the population of individuals with HIV/AIDS” in the service area. Members of the Commission’s Operations Committee completed six monthly 90-minute virtual learning sessions and post-session assignments. The Commission’s participation in the LC fostered increased confidence amongst consumers to be more vocal in the Commission’s deliberations and better visibility in community meetings.

## Maintaining a Strong HIV Care System

As part of its ongoing commitment to ensure that HIV care services are responsive to the needs of clients, the Commission engaged consumers, providers, and public health partners in revising the following service standards: [substance use outpatient care and residential treatment](#), [benefits specialty](#), [home-based case management](#), [transitional case management for justice-involved individuals](#), and [dental implants](#). To ensure standardized oral health specialty care for people living with HIV, the dental implants addendum states that there is no justification to deny or modify dental treatment based on the fact that a patient has tested positive for HIV. Further, the magnitude of the viral load is not an indicator to withhold dental treatment for a patient.

## Raising Awareness and Building Alliances through Education

The Women's and Transgender Caucuses hosted community educational sessions that sought to bring attention to the unique needs and strengths of women and the transgender community. The educational sessions provided a judgment-free space for speakers and participants to share their lived experiences, ask questions of experts, and share messages of resilience and support for other individuals who may be struggling and striving in their journey through life with HIV.

The Women's Caucus sponsored a two-part Women Living with HIV and Sexuality Educational Sessions held on September 21 and October 17 which focused on empowerment, dating and disclosure, sexual negotiation, and dating after trauma (Part 1) and sexual empowerment and pleasure (Part 2). These sessions taught practical skills for gaining confidence and control over one's sexual choices and overall health. More importantly, the women-centered approach allowed women of all ages to ask questions or disclose personal struggles that they may not typically discuss with their providers or family members. The nurturing and supportive tone of the sessions helped to prepare women to have agency over what they choose to discuss with others about their status and gain control over the direction of their lives and thrive while living with HIV.

The Transgender Caucus hosted two educational sessions that sought to raise awareness about transgender health and wellness from the perspectives of trans youth. In commemoration of Transgender Day of Visibility (March 22, 2022), the Transgender Caucus, held a panel discussion titled, "The Power of Our Lives: Trans-Intersectional Visibility" and engaged panelists and participants in identifying and unpacking identities of race, class and gender and how transgender identity and oppression, intersect in powerful ways. Furthermore, the discussion explored how these intersectionalities affect the way transgender individuals navigate intimate relationships and HIV status in a status-neutral paradigm. On May 24, the Transgender Caucus hosted a panel of transgender and non-binary youth titled, "The Power in Pleasure: Inclusive Sexual Education through a Youth Lens." The interactive workshop explored the complexities of consensual sex, healing, and sexuality, and the nuances of sex work within the landscape of HIV prevention. The session provided practical tips for designing sexual education that uplifts transgender communities, particularly trans youth, and fostered a collective vision of sexual health that centered on pleasure and healing.

## HIV and Aging | Addressing the Complexity of Long-Term Survivorship

The Ryan White Program Year 31 Care Utilization Data Summary Report provided by the Division of HIV and STD Programs (DHSP) to the Planning, Priorities and Allocations (PP&A) Committee on September 27, 2022, showed that from 2017 to 2021, the proportion of Ryan White Program (RWP) clients aged 60 years and older increased from 13.2% in 2017 to 17.6% in 2021. Furthermore, DHSP estimates that by 2027 more than 50% of the RWP will be aged 50 years and older. By 2030, the Los Angeles County Ryan White HIV care system will have more than 53% of people aged 50 and older.



In keeping with the Aging Caucus' commitment to understanding and addressing the evolving experiences of long-term survivors, the group has developed an additional set of recommendations that recognize that the spectrum of disease and onset of health issues can occur at different ages. The Aging Caucus' additional recommendations aim to be inclusive of long-term survivors (LTS) under 50 years old and those who acquired HIV perinatally (also referred to as vertical transmission). These recommendations were derived from speaker presentations, scientific articles, and feedback from Commissioners and the community at large.

Furthermore, the Aging Caucus recognizes that the themes of the original set of recommendations (ongoing research and assessment, workforce and community education and awareness, and expansion of HIV/STD prevention and care services) also apply to achieving optimal health for PLWH under 50 who are experiencing accelerated aging. Examples of the Aging Caucus' recommendations for long-term survivors under 50 include:

- Conduct targeted studies and data collection on how accelerated aging affects long-term survivors under 50 years of age
- Expand benefits counseling (from all program types, not just Ryan White funded) to include long-term planning and how to transition into Medicare
- Expand counseling services to include self-advocacy for care and treatment options
- Assessments for older PLWH may need to be discussed with the medical provider earlier in age/lifespan
- Consider using biomarker testing for long-term survivors under 50 to determine the rate and impact of accelerated aging.
- Work with providers to look for opportunities to address health inequities early in the lifespan.

### **Service Prioritization and Funding Allocations**

The Planning, Priorities and Allocations (PP&A) Committee leads the multi-year priority and allocation setting process for the Commission. The PP&A Committee moved to a multi-year (3 years) service rankings and funds allocations by percentages in 2019 which facilitated a smooth virtual process in preparation for HRSA's multi-year Part A application and non-competing continuing progress report process. Despite the residual impact of COVID-19 on the community and deployment of some DHSP staff to COVID, and more recently, mpox, response activities, the Commission engaged in a robust and thoughtful deliberation to rank Ryan White service categories and allocate funding.

In collaboration with community partners and stakeholders, the Commission completed its service prioritization exercise in September 2022 and coordinated with DHSP to submit the non-competing Ryan White grant application to fund HIV services for the Fiscal Year (FY) 2023. For FY 2023, the Commission ranked the following as the top ten Ryan White Part A service categories: 1) housing; 2) non-medical case management; 3) ambulatory outpatient medical services; 4) emergency financial assistance; 5) psychosocial support; 6) medical care coordination; 7) mental health; 8) outreach; 9) substance abuse outpatient; and 10) early intervention. The FY 2023 service rankings were determined under the following key realities: 1) lack of affordable housing and increased risk for homelessness will remain a significant crisis for PLWH; 2) financial instability will persist due to inflation and unlivable wages; and 3) ongoing demand for culturally competent medical and mental health services. Furthermore, the ongoing methamphetamine crisis in Los Angeles will likely compound substance use conditions. As women with children have assumed the unequal burden of homeschooling and childcare, the PP&A Committee allocated funds to childcare services to enable patients to remain in care. These recommendations were approved by the full body on January 13, 2022, with the understanding the Commission will need to work with DHSP to continually track and monitor service needs and respond accordingly. Regular and timely sharing of expenditure information is a critical piece of the resource allocation process.

The Commission also continues to monitor the impact of California Advancing and Innovating Medi-Cal (CalAIM) on the Ryan White HIV care system and people living with and those at risk for HIV. CalAIM — is a far-reaching, multiyear plan to transform California’s Medi-Cal program and to make it integrate more seamlessly with other social services. Led by California’s Department of Health Care Services, the goal of CalAIM is to improve outcomes for the millions of Californians covered by Medi-Cal, especially those with the most complex needs. As Medi-Cal continues to expand its coverage and scope of service, the Ryan White HIV care system is challenged with maximizing its grant funds, the movement of some clients to Medi-Cal, and the growing complexity of care for newly diagnosed and long-term survivors of HIV. These factors present opportunities and challenges in modernizing comprehensive and integrated HIV care for PLWH which underscore the need for multiple payor sources and healthcare systems to improve coordination, communication, and service delivery.

### **Improving HIV and STD Prevention Planning**

Under the leadership of the Prevention Planning Workgroup (PPW), the Commission completed an assessment of the knowledge, attitudes, and beliefs (KABs) to increase the capacity of members to engage in prevention-focused planning activities. The assessment findings will help shape training and learning opportunities focused on PrEP, long-acting injectables, and STD prevention and control efforts.

### **Black-Centered Services and Increasing Organizational Capacity of Black-Led Organizations**

The Black/African American Caucus continued to address the disproportionate impact of HIV/STDs on the Black community by collaborating with DHSP to develop a pre-exposure prophylaxis (PrEP) marketing campaign specially tailored for the Black community. The Black Caucus advocated for marketing strategies for HIV prevention that appeal to all subsets of the Black community to reduce stigma, increase awareness, and use of empowering messages that focus on the wholeness of Black life and community cohesion. The Caucus also drew attention to community concerns that current and mainstream PrEP messaging fall short of catering to cis-women. Cis-women, especially Black cis-women often do not see themselves in marketing materials and approaches, thereby creating missed opportunities to prevent HIV among Black women. Black women in the United States remain at a higher risk of HIV infection compared to white or Latinx women. Despite this, pre-exposure prophylaxis (PrEP), an effective therapy for decreasing HIV transmission, is underutilized in Black women.

In addition, the Black Caucus continued to work with DHSP to develop an organizational needs assessment survey of Black-led organizations to identify strategies aimed at increasing the capacity of Black-led organizations to successfully compete for County contracts. The findings from the assessment will identify opportunities to provide tailored capacity building to strengthen Black-led agencies in the County and identify ways DHSP can revamp its procurement process to advance equity among its grantees. The survey will be implemented in January-February 2023.

### **Planning for Action | 2023 and Beyond**

The Commission held another successful [annual conference](#) on November 10, 2022, attracting close to 200 attendees. The annual meeting focused on the following topics: the Comprehensive HIV Plan 2022-2026; HIV and STD Updates from DHSP; Transgender Empathy training; HIV and Trauma; Undetectable Equals Untransmittable: Moving from Awareness to Full Integration in HIV Care, and Modernizing the Ryan Care System. Eighty-seven percent of participants who completed the post-event survey indicated a high level of satisfaction with the event and appreciated the quality of the speakers and the interactive nature of the discussion.

## **Community Service**

To commemorate World AIDS Day (December 1), Commissioners participated in events held throughout the County. Commission staff and a few commissioners participated in a research summit at the University of Southern California (USC) to provide community input and inspiration to research ideas and practices that focus on improving the lives of PLWH. Commission Co-Chair, Bridget Gordon, provided the community keynote speech and challenged the research community to address racial injustice and health and social inequities to end HIV and improve the health of PLWH, communities of color, and populations that shoulder the disproportionate burden of HIV.

## **Teamwork and Stewardship**

The Commission staff provided programmatic, administrative, and technical support to the Commission's monthly meetings for (5) standing committees, (5) caucuses, (1) workgroup, and the full council, totaling over 144 meetings per year. In addition, staff hosted 8 virtual pieces of training and study sessions for Commissioners and members of the public to nurture the knowledge and skills necessary to be a successful HIV planning council member. Training topics offered in 2022 included Commission Overview; Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities; Priority Setting and Resource Allocation Process; Service Standards Development; Policy Priorities and Legislative Docket Development, and Co-Chair Roles and Responsibilities.

## KEY PRIORITIES FOR 2023

The Commission on HIV enters the year 2023 with a renewed sense of optimism that an end to HIV is within our reach and remains steadfast in advancing health equity and social justice. The following highlights the key issues the Commission will tackle in 2023.

### Implementation of the Comprehensive HIV Plan (CHP) 2022-2026

The Commission will embark on an educational campaign for the first and second quarter of 2023 to inform the community at large about the CHP and ways in which stakeholders can take an active role in supporting its goals and objectives. The implementation of the CHP will be a priority for the Commission through 2026 and monitoring Countywide efforts, especially Medi-Cal expansion initiatives, will influence modifications to the plan in order to adjust to shifting Board priorities and environmental realities.

### Continuing Local Efforts to End the HIV Epidemic (EHE)

The Commission will continue to work with DHSP and other stakeholders to meet the County's EHE Performance Indicators. While progress is being made toward meeting the County's EHE 2025 targets, the pace of progress has been hampered by multiple pandemics and HIV workforce burnout. The table below summarizes the County's progress to date in meeting local indicators:

## Ending the HIV Epidemic Performance Indicators



**59,400**

people living with HIV  
in LA County

**6,800**

are unaware of their  
HIV positive status

**76,000**

people would benefit  
from PrEP

**54,500**

of the 76,000 are Black &  
Latinx people who would  
benefit from PrEP

Indicator	LAC current	EHE Targets for 2025
Number of new transmissions <sup>1</sup>	1,400 (2020)	380
Number of new HIV diagnoses <sup>2</sup>	1,401 (2020)	450
Knowledge of HIV-status among PLWH <sup>1</sup>	89% (2020)	95%
Linkage to HIV care among PLWDH <sup>2</sup>	76% (2020)	95%
Viral Suppression among PLWDH <sup>2</sup>	61% (2021)	95%
Percentage of persons in priority populations prescribed PrEP <sup>3</sup>	39% (2020)	50%

PLWH= People living with HIV (includes those unaware of HIV infection); PLWDH= People living with diagnosed HIV

1. Using Los Angeles County HIV surveillance data in the CDC Enhanced HIV/AIDS Reporting system (eHARS).

2. Using the CD-4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County.

3. Using Los Angeles County data from the National HIV Behavioral Surveillance system, STD clinic data, online Apps survey, COE program data, and AHEAD dashboard.

## Expanding Harm Reduction, Overdose Prevention and Syringe Exchange Services

While the Commission is disappointed with Governor Newsom's veto of Senate Bill 57, the HIV stakeholder community remains undeterred in their commitment to expand harm reduction services, including safe consumption sites in Los Angeles County. Senate Bill 57 would have authorized establishing supervised drug injection sites and overdose prevention pilot programs in Los Angeles, San Francisco, and Oakland. Preventing HIV transmission and Hepatitis infection among people who use drugs remains an urgent public health issue. Despite the strong scientific evidence supporting the life-saving impact of harm reduction, syringe access services, and supervised drug injection sites, funding and political will to embrace such programs remain inadequate. The Commission will continue to partner with State and local stakeholders and decision-makers to sustain well-funded harm reduction services including safe consumption sites that span the entire County.

## Confronting the Methamphetamine Surge | The Crisis Continues

Methamphetamine use disproportionately accelerates HIV transmission and compromises the ability of users to manage HIV and their overall health. Heightened awareness of these negative outcomes, and increased adoption of effective interventions, can help advance the goals of the Ending the HIV Epidemic initiative. The Commission applauds the Board of Supervisors for supporting the [Act Now Against Meth Coalition's](#) Platform for Prevention, Treatment and Policy. The Commission will continue to collaborate with DPH, Center for HIV Identification, Prevention and Treatment Services (CHIPTS), and The Wall Las Memoria's Act Now Against Meth coalition, to end meth use and its debilitating impact in our communities.

## Confronting the STD Crisis

Undoubtedly, the multiple pandemics, escalating housing crisis, and demand for more social services, have put a strain on the public health infrastructure and the HIV network of services – all of these factors have made it more challenging to shore up meaningful and sustained funding for an effective STD response at the federal, state and local levels. The Commission will continue to engage the community in harnessing broad support and investments in STD-related public health infrastructure and comprehensive sexual and reproductive health services. The Commission remains hopeful and positively impatient to witness a robust long-term solution to curb the STD crisis in Los Angeles County.

The issues confronting the Commission on HIV for 2023 and beyond, remain larger than any of us and are far too urgent and important for one individual or agency to solve alone. Indeed, ending the HIV epidemic is the test of our lifetime. We conclude the Commission's 2022 Annual Report with the Commission's World AIDS Day 2022 message and calls on all communities and people from all facets of life to see the HIV movement's vision become a reality:

## WORLD AIDS DAY 2022 MESSAGE

*THE COMMISSION ON HIV RE-AFFIRMS ITS COMMITMENT TO ENDING HIV AND HONORS THE CONTRIBUTIONS OF PEOPLE LIVING WITH HIV. HOWEVER, TO END HIV, WE MUST END RACISM. THIS YEAR'S WORLD AIDS DAY EVENT CALLS UPON US TO PUT OURSELVES TO THE TEST BY CONFRONTING RACISM WHILE PURSUING EQUITY AND JUSTICE FOR BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC) AND LGBTQ COMMUNITIES. DISPARITIES IN HIV HEALTH OUTCOMES AND QUALITY OF LIFE PERSIST IN OUR COMMUNITIES, AND WE MUST CHALLENGE OURSELVES TO ACKNOWLEDGE TO USE OUR PERSONAL AND INSTITUTIONAL PRIVILEGES TO DISMANTLE THE SYSTEMS OF OPPRESSION THAT SUPPORT THE EXISTENCE OF DISPARITIES AND INEQUITIES THAT CREATE BARRIERS TO HIV TESTING, PREVENTION, AND ACCESS TO HIV CARE. SYSTEMIC CHANGE MUST BEGIN WITH ALL OF US BEING ACCOUNTABLE AND COMMITTED TO IMPACTFUL, SUSTAINED, ANTI-RACIST POLICIES, PRACTICES, AND ATTITUDES. TODAY AND EVERY DAY, WE CALL ON EACH OTHER TO EXPAND THE CAPACITIES OF OUR HEARTS TO LEAD WITH LOVE, KINDNESS, AND COMPASSION. WE CALL ON EACH OTHER TO TEST OURSELVES TO PASS THE TEST OF OUR LIFETIME – PUTTING AN END TO HIV.*

## COMMISSIONERS (JANUARY – DECEMBER 2022)

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**Bridget Gordon, Co-Chair, Unaffiliated Consumer, At-Large**

**Danielle Campbell, MPH, Co-Chair, Supervisorial Board Office 2 Representative**

Miguel Alvarez, Alternate

Everardo Alvizo, MSW, City of Long Beach Representative

Jayda Arrington, Unaffiliated Consumer, Service Planning Area 6

Alvaro Ballesteros, MBA, Supervisorial Board Office 1 Representative

Alasdair Burton, Alternate

Michael Cao, MD Supervisorial Board Office 5 Representative (Resigned November 2022)

Mikhaela Cielo, MD, Ryan White Part D Representative

Pamela Coffey, Unaffiliated Consumer, Service Planning Area 6 (Resigned February 2022)

Mary Cummings, HIV Stakeholder Representative

Michele Daniels, Unaffiliated Consumer, Service Planning Area 1 (Resigned September 2022)

Frankie Darling Palacios, Ryan White Part C Representative (Resigned June 2022)

Erika Davies, City of Pasadena Representative

Pearl Doan, HIV Stakeholder

Kevin Donnelly, Unaffiliated Consumer, Service Planning Area 8

Felipe Findley, PA-C, MPAS, AAHIVS, HIV Stakeholder Representative

Arlene Frames, Unaffiliated Consumer, Supervisorial District 3

**Alexander Luckie Fuller, Provider Representative, (2023 Co-Chair with Bridget Gordon)**

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

Felipe Gonzalez, Unaffiliated Consumer, At-Large

Grissel Granados, MSW, HIV Stakeholder Representative (Resigned February 2022)

Joseph Green, Unaffiliated Consumer, At-Large

Thomas Green, Alternate

Karl Halfman, MA, Ryan White Part B Representative

William King, MD, JD, AAHIVS, HIV Stakeholder Representative

Lee Kochems, MA, Behavioral/Social Scientist Representative

Jose Magana, Alternate

Eduardo Martinez, Alternate

Andre Molette, Provider Representative

Anthony Mills, MD, Provider Representative

Carlos Moreno, Provider Representative

Derek Murray, City of West Hollywood Representative

Paul Nash, PhD, HIV Stakeholder Representative

Katja Nelson, MPP, Supervisorial Board Office 3 Representative

Jesus "Chuy" Orozco, Housing Opportunities for People with AIDS (HOPWA) Representative

Mario Pérez, MPH, Ryan White Part A Representative

Mallery Robinson, Alternate

Redeem Robinson, HIV Stakeholder (Resigned June 2022)

Isabella Rodriguez, Alternate

Ricky Rosales, City of Los Angeles Representative

Harold Glenn San Agustin, MD, Provider Representative

Martin Sattah, MD, Provider Representative

LaShonda Spencer, MD, Provider Representative

Kevin Stalter, Unaffiliated Consumer, Service Planning Area 4

Reba Stevens, Alternate (Resigned June 2022)

Damone Thomas, Alternate (Resigned June 2022)

Justin Valero, Supervisorial Board Office 4 Representative

Guadalupe Velasquez, Unaffiliated Consumer, At-Large (Resigned April 2022)

Rene Vega, Alternate (Resigned April 2022)

## STAFF

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Cheryl A. Barrit, Executive Director

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*The Commission extends its deepest gratitude to AJ King of Next Level Consulting for his leadership, patience, and exemplary work in developing the Comprehensive HIV Plan 2022-2026.*

*\*Retired March 2022*

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**EXECUTIVE OFFICE**



**BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES**