



LOS ANGELES COUNTY
COMMISSION ON HIV



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EXECUTIVE COMMITTEE

Virtual Meeting

Thursday, January 26, 2023

1:00PM - 3:00PM (PST)

*Meeting Agenda + Packet will be available on our website at:
<http://hiv.lacounty.gov/Executive-Committee>

REGISTER + JOIN VIA WEBEX ON YOUR SMART DEVICE:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m473a2528ea12dc32a880e893449b2101>

JOIN VIA WEBEX ON YOUR PHONE:

1-213-306-3065

Webinar Number: 2596 613 9823 Password: EXECUTIVE*

**for non-Committee/members of the public*

For a brief tutorial on how to use WebEx, please check out this video:

http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9360

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 to 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



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AGENDA FOR THE **VIRTUAL** MEETING OF THE **EXECUTIVE COMMITTEE**

Thursday, January 26, 2023 @ 1:00 P.M.– 3:00 P.M

To Join by Computer, please Register at:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m473a2528ea12dc32a880e893449b2101>

To Join by Phone: 1-213-306-3065

Webinar Number: 2596 613 9823 Password: EXECUTIVE*

**for non-Committee/members of the public*

Executive Committee Members:			
<i>Luckie Fuller, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Al Ballesteros, MBA	Everardo Alvizo, LCSW
Erika Davies	Kevin Donnelly	Lee Kochems, MA	Katja Nelson, MPP
Mario J. Pérez, MPH	Kevin Stalter	Justin Valero, MPA	
QUORUM:	6		

AGENDA POSTED: January 20, 2023

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. For a schedule of Commission meetings, please click [here](#).

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.

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 is available at 523 Shatto Place, Los Angeles CA 90020.

	Call to Order, Roll Call, and Conflict of Interest Statements		1:00 P.M. – 1:10 P.M.
	<u>I. ADMINISTRATIVE MATTERS</u>		
1.	Approval of Agenda	MOTION #1	1:10 P.M. – 1:13 P.M.
2.	Approval of Meeting Minutes	MOTION #2	1:13 P.M. – 1:15 P.M.
	<u>II. PUBLIC COMMENT</u>		
3.	Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission.		1:15 P.M. – 1:20 P.M.
	<u>III. COMMITTEE NEW BUSINESS ITEMS</u>		
4.	Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to take action arose subsequent to the posting of the agenda.		1:20 P.M. – 1:25 P.M.
	<u>IV. REPORTS</u>		
5.	Executive Director's/Staff Report		1:25 P.M. – 1:35 P.M.
	A. Commission (COH)/County Operational Updates		
	(1) February 16, 2023 Health Resources & Services Administration (HRSA) Site Visit		
	(2) Reimagining COH Meetings		
	B. Final Draft 2022 Annual Report		
6.	Co-Chair's Report		1:35 P.M. – 2:00 P.M.
	A. January 12, 2023 COH Meeting FOLLOW UP + FEEDBACK		
	B. February 9, 2023 COH Meeting Agenda Development		
	(1) National Black/African American HIV/AIDS Awareness Day (NBHAAD) Presentation by Black/AA Caucus		
	(2) Executive At-Large Member Open Nominations		
	(3) DHSP Updates Re: Mpox Control & Emergency Financial Assistance (EFA) Program		
	(4) Member Applications for Approval		
	(5) (Revised) Policy #09.4205: Commission Membership Evaluation, Nomination & Approval Process for Approval		
	C. 2023 Co-Chair Priorities		
	D. Conferences, Meetings & Trainings OPEN FEEDBACK		
	(1) Revisit Agenda Placement & Frequency		
	E. Committee, Caucus, & Workgroup Elected 2023 Co-Chairs		
	F. Member Vacancies & Recruitment		
	(1) Executive At-Large Member Vacancies		

- 7. Division of HIV and STD Programs (DHSP) Report** 2:00 P.M. – 2:10 P.M.
- A. Fiscal, Programmatic and Procurement Updates
- (1) Ryan White Program (RWP) Part A & MAI
 - (2) HRSA Ryan White Part A and EHE Site Visit
 - (3) Fiscal
 - (4) Mpox | UPDATES
- 8. Standing Committee Reports** 2:10 P.M. – 2:40 P.M.
- A. Operations Committee
- (1) Membership Management
 - a. New Member Appointments
 - Jonathan Weedman | Representative, Board Office 5 **MOTION #3**
 - Leon Maultsby, MHA | Part C Representative **MOTION #4**
 - b. Pending New Member Applications
 - c. Quarterly Attendance & Parity, Inclusion & Reflectiveness (PIR) Report
 - (2) Policies & Procedures
 - a. Policy # 09.4205: Commission Membership Evaluation, Nomination & Approval Process **MOTION #5**
 - Provider Support Documentation
 - b. Bylaws Review Planning
 - c. Code of Conduct | PROPOSED UPDATES
- B. Planning, Priorities and Allocations (PP&A) Committee
- (1) [2022-2026 Comprehensive HIV Plan \(CHP\) & Summary](#)
 - (2) Multi-Year Contingency Planning & Maximizing Part A Funds
 - (3) Ryan White Program Expenditures and Programmatic | UPDATES
 - (4) Ryan White Program Updated Unmet Need | REFRESHER
- C. Standards and Best Practices (SBP) Committee
- (1) Oral Healthcare Service Standards | [Public Comment Jan 4-Feb 3, 2023](#)
- D. Public Policy Committee (PPC)
- (1) County, State and Federal Policy, Legislation, and Budget
 - a. 2023 Legislative Docket | UPDATES
 - b. 2022-2023 Policy Priorities | UPDATES
 - c. Coordinated STD Response
 - d. Act Now Against Meth (ANAM) | UPDATES
- 9. Caucus, Task Force, and Work Group Reports:** 2:40 P.M. – 2:50 P.M.
- A. Aging Caucus
- (1) Addendum Recommendations: Addressing the Needs of Individuals **MOTION #6** who Acquired HIV Perinatally and Long-term Survivors under 50
- B. Black/AA Caucus
- C. Consumer Caucus
- D. Transgender Caucus
- E. Women’s Caucus
- F. Policy #08.1104: Co-Chair Terms & Elections Workgroup
- G. Prevention Planning Workgroup

V. NEXT STEPS

- 10. A. Task/Assignments Recap 2:50 P.M. – 2:23 P.M.
- B. Agenda development for the next meeting 2:23 P.M. – 2:25 P.M.

VI. ANNOUNCEMENTS

- 11. A. Opportunity for members of the public and the committee to make announcements 2:25 P.M. – 3:00 P.M.

VII. ADJOURNMENT

- 12. A. Adjournment of the January 26, 2023 Executive Committee 3:00 P.M.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve New Member Applicant Jonathan Weedman to Occupy Representative, Board Office 5 seat, as presented or revised, and elevate to the full body.
MOTION #4:	Approve New Member Applicant Leon Maultsby, MHA, to Occupy Part C Representative seat, as presented or revised, and elevate to the full body.
MOTION #5:	Approve Revisions to Policy # 09.4205: Commission Membership Evaluation, Nomination & Approval Process, as presented or revised, and elevate to full body.
MOTION #6:	Approve Addendum to the Aging Caucus Recommendations, Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50, as presented or revised, and elevate to the full body.



LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



2023 MEMBERSHIP ROSTER | UPDATED 1.12.23

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

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: 39



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 1/12/23

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	Part C Provider
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	Pearl	No Affiliation	No Ryan White or prevention contracts
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
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
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			

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

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

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

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



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

EXECUTIVE COMMITTEE MEETING MINUTES

December 7, 2022

COMMITTEE MEMBERS			
P = Present A = Absent			
Bridget Gordon, Co-Chair	P	Katja Nelson, MPP	EA
Danielle M. Campbell, MPH, Co-Chair	P	Mario J. Pérez, MPH	P
Erika Davies	P	Kevin Stalter	P
Kevin Donnelly	P	Justin Valero, MA	EA
Lee Kochems, MA	P		
Luckie Alexander Fuller	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn McClendon; Jose Rangel-Garibay, MPH			
DHSP STAFF			
<i>No DHSP staff in attendance</i>			

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

*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-b43e949b70a2/3ab214df-be76-4be0-beae-f01ee50d634f/Pkt_EXECComm_120722_Final.pdf

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Danielle Campbell, Co-Chair, called the meeting to order and welcomed attendees. Cheryl Barrit conducted roll call.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order, as presented or revised ✓ **Passed by Consensus**

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2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the October 27, 2022 Executive Committee minutes, as presented or revised ✓ **Passed by Consensus**

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.** *No public comments.*

III. COMMITTEE NEW BUSINESS ITEMS

4. **OPPORTUNITY FOR COMMITTEE MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.** *No committee new business items.*

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. COH/County Operational Updates

(1) 2022 Brown Act Amendments

C. Barrit informed the Executive Committee that a County Counsel representative will attend a future Commission on HIV (COH) meeting in early 2023 to provide a Brown Act refresher. C. Barrit explained that Senate Bill (SB) 1100 was approved by the Governor and will take effect in January 2023. The bill will provide the opportunity for governing bodies to ensure that quorum is achieved at public meetings. Assembly Bill (AB) 2449 will take into effect on January 1, 2023 through January 1, 2026. The bill will allow for remote participation of public meetings with just cause, without requiring the commissioner's location at the time of the meeting.

(2) AB 361 30-Day Extension of Virtual Meetings

At their last meeting, the COH voted to extend the continuation of virtual meetings for 30 days.

(3) November 10, 2022 Annual Meeting Evaluation

C. Barrit provided an overview of feedback from the 2022 Annual meeting; see meeting packet for PowerPoint (PPT) presentation.

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6. CO-CHAIR'S REPORT

A. November 10, 2022 Annual Meeting | FOLLOW UP + FEEDBACK

Kevin Donnelly expressed gratitude for the Division of HIV and STD Programs (DHSP)'s data presentation.

B. December 8, 2022 COH Meeting

- **Presentation: "Building the Resistance: The Impact of Systemic Racism and Mass Incarceration on HIV in Los Angeles County" by Felipe Findley, PA-C**
Commissioner Felipe Findley will provide a presentation on the impact of systemic racism and mass incarceration on HIV in Los Angeles County (LAC) at the December 8, 2022 COH meeting.

C. 2023 Workplan Development

- **Coordinated STD Response Planning**
C. Barrit requested the Executive Committee to participate in a coordinated effort to address STDs in LAC. The group accepted and will be included on the COH's 2023 workplan.

D. Conference, Meetings & Trainings | OPEN FEEDBACK

- D. Campbell reported that she attended the American Public Health Association (APHA) in Boston, MA in November 2022. There were several HIV-related discussions held at the conference including HIV policy, PrEP, and the inclusion of women in HIV research.
- K. Donnelly reported that he attended the Ending the Epidemic (EHE) Strategic Planning meeting on November 2, 2022 which was centered on policy and budget. Racial justice, sexually transmitted infections (STIs), PrEP, viral hepatitis, harm reduction, transgender health, women, sexual health education, mental health, the syndemic approach, and gender equity were policy priorities discussed during the meeting. K. Donnelly also attended the LAC Women's HIV Task Force Annual Treatment Summit on November 30, 2022. The event was well attended.
- C. Barrit informed the Executive Committee that Catherine Lapointe, COH staff, attended APHA and presented her work on the Food and Drug Administration (FDA)'s blood donation policy for men who have sex with men (MSM). C. Lapointe will present her work at the January Public Policy Committee meeting.

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E. Member Vacancies & Recruitment

D. Campbell noted that there are several vacancies on the COH. The COH is looking to fill unaffiliated consumer seats and HIV stakeholder seats. Applications are accepted on an ongoing basis.

Mario Perez, MPH, DHSP Director, recommended the COH reassess its meeting frequency to address fatigue and center the COH's planning on core activities that move the work forward. The Committee held a discussion on potential meeting frequency for 2023 and will continue its deliberation at its January 2023 meeting.

F. Holiday Meeting Schedules – *No report provided.*

G. Committee & Working Unit Co-Chair Nominations & Elections

C. Barrit notified the Executive Committee that several committee, caucuses, and workgroups within the COH have elected co-chairs for 2023.

7. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT

A. Fiscal, Programmatic and Procurement Updates

(1) Ryan White Program (RWP) Parts A & MAI

Mario Perez informed the Committee that DHSP has requested to expand their delegated authority to invest any remaining Ryan White resources into providers that have resources that have not been captured.

(2) Fiscal

DHSP has made an appeal to the Board of Supervisors (BOS) to use investments for additional resources, i.e., food distribution services; the BOS' response is pending.

(3) Mpox | Updates

Mpox has plateaued in LAC. People living with HIV (PLWH) are greatly affected; 45% of people diagnosed with Mpox are PLWH. African American and Latino men are the racial groups most affected by Mpox.

8. STANDING COMMITTEE REPORTS

A. Operations Committee

(1) Membership Management

a. New Member Appointments

Luckie Fuller reported that there are 10 seats that need to be filled within the COH.

b. Pending Applications

There are pending applications for the Board seat that will be filled soon.

c. Quarterly Attendance Report – *No report provided.*

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(2) Policies & Procedures

a. Policy #09.4205

- **2 Person/Per Agency Addendum**

The Operations Committee has decided to leave the 2 person/per agency rule as is.

- **Provider Support Documentation**

The Operations Committee will discuss the provider support documentation at their January meeting.

b. Policy #08.1104 (Co-Chair Elections & Terms) Workgroup

The Co-Chair Elections & Terms Workgroup will begin their work at the beginning of 2023.

B. Planning, Priorities and Allocations (PP&A) Committee

(1) 2022-2026 Comprehensive HIV Plan (CHP)

K. Donnelly thanked the Executive Committee for their participation in developing the Comprehensive HIV Plan (CHP). The CHP has been forwarded to DHSP for review and will be submitted to the Centers for Disease Control and Prevention (CDC) and the Health and Human Services Administration (HRSA) on December 8, 2022.

(2) Multi-Year Contingency Planning & Maximizing Part A Funds

The PP&A Committee is looking at approximately \$2.3 million dollars to reallocate by the end of the program year.

(3) DHSP Responses to the COH Program Directives | UPDATES

K. Donnelly requested that the Executive Committee review the DHSP Responses to the COH Program Directives document; see meeting packet.

C. Standards and Best Practices (SBP) Committee

(1) Oral Healthcare Service Standards Development

The Standards and Best Practices (SBP) will incorporate an addendum to include dental implants into their Oral Healthcare Service Standards.

(2) Traditional Case Management: Incarcerated/Post-Release Service Standards Development

MOTION #3: Approve the Transitional Case Management: Incarcerated/Post Release Service Standards as presented or revised and elevate to the full body ✓ **Passed by Roll Call Vote (Yes: M. Perez, L. Kochems, K. Donnelly, E. Davies, B. Gordon, and D. Campbell; No: 0; Abstain: 0)**

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D. Public Policy Committee (PPC)

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

a. 2022 Legislative Docket | UPDATES

Lee Kochems reported that the 2022 Legislative Docket is complete. The Public Policy Committee (PPC) will begin working on their 2023 Legislative Docket in January 2023.

b. 2022-2023 Policy Priorities

MOTION #4: Approve the 2022-2023 Policy Priorities document developed by the Public Policy Committee as presented or revised and evaluate to the full body ✓ **Passed by Roll Call Vote (Yes: M. Perez, L. Kochems, K. Donnelly, E. Davies, B. Gordon, and D. Campbell; No: 0; Abstain: 0)**

c. Act Now Against Meth (ANAM) | UPDATES

The PPC is awaiting the results from the report on how several County departments will address the meth epidemic in LAC. The report is expected to be completed at the end of December 2022.

9. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

A. Aging Caucus

K. Donnelly reported that the Aging Caucus met on December 6th and updated their recommendations for all persons considered long-term HIV survivors as well as persons who were perinatally diagnosed with HIV. The Aging Caucus also approved a set of recommendations for PP&A and discussed potential changes to meeting frequency for 2023.

B. Black Caucus

D. Campbell reported that the Black Caucus met on November 17th and reviewed the draft Organizational Capacity Needs Assessment by DHSP. The next Black Caucus meeting will be on December 15th from 4:00 – 5:00 PM, where the group will finalize their draft needs assessment, work on their 2023 workplan, elect new co-chairs, and begin discussing their plan for National Black HIV/AIDS Awareness Day.

C. Consumer Caucus

A. Burton reported that the last Consumer Caucus meeting was cancelled due to the Annual Meeting. At their December meeting, the Caucus will hold 2023 co-chair elections.

D. Prevention Planning Workgroup

K. Donnelly reported that the Prevention Planning Workgroup (PPW) met on November 16th and had presentations on the CHP, DHSP's "Don'tThinkKnow" program, and the results of their Knowledge, Attitudes, and Beliefs (KAB) survey. The PPW cancelled their December meeting. Their next meeting will be on January 25, 2022.

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E. Transgender Caucus

Jose Rangel-Garibay reported that the Transgender Caucus met on November 22nd. Co-Chair Xelestial Moreno-Luz began the meeting by acknowledging the recent shooting at Club Q, an LGBTQ nightclub in Colorado Springs, Colorado. C. Barrit provided an overview of the purpose of caucuses within the COH. The Caucus will hold their co-chair elections at their January meeting.

F. Women's Caucus

Dawn McClendon reported that the Women's Caucus met on November 21st and held co-chair nominations, debriefed on their virtual lunch and learn sessions, and held a discussion regarding potential funding opportunities for psychosocial support services through DHSP. Their next meeting will be on January 23, 2023.

V. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP

- The Executive Committee will work on their 2023 workplan to include coordinated STD response planning.
- The Committee will discuss meeting frequency for various committees and subgroups.
- All motions that were approved will move forward to the full-body COH.

11. AGENDA DEVELOPMENT FOR NEXT MEETING – *No items for agenda development for next meeting.*

VI. ANNOUNCEMENTS

12. OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS

- Kevin Stalter thanked the Committee for their supportive messages and stated that he was happy to be back from his leave.
- D. Campbell announced that the LinkPositively study is recruiting Black women living with HIV for her dissertation research study.

VII. ADJOURNMENT

13. ADJOURNMENT OF THE DECEMBER 7, 2022 EXECUTIVE COMMITTEE MEETING

The meeting was adjourned by D. Campbell. C. Barrit conducted roll call.

Roll Call (Present): M. Perez, L. Kochems, K. Donnelly, B. Gordon, and D. Campbell.

**Los Angeles County Commission on HIV
Proposed 2023 Meeting Schedule -DRAFT**

Proposed Meeting Schedule and Focus Areas - Commission Meetings		
Month	Community Discussion Focus	Notes
February	<p>National Black HIV/AIDS Awareness Day Black Caucus Co-Chairs to lead a conversation expanding on the 2022 NBHAAD format and call to action activities.</p>	
March	<p>Addressing the STD Crisis in Los Angeles County Part 1</p> <p><i>Possible discussion questions:</i></p> <ul style="list-style-type: none"> • What are agencies and service providers doing to address STDs? • What are the gaps? • What are community recommendations to the get STD crisis under control? • How do we tailor programs and approaches for priority populations? Elicit examples from the community. 	<ul style="list-style-type: none"> • Frame conversation with surveillance data • Focus on CHP priority populations <ul style="list-style-type: none"> ➤ People under 30 ➤ Transgender persons ➤ Cisgender women of color ➤ Prioritize hearing from populations of focus • Use the discussion as an opportunity to have a more active role from Commissioners from these priority populations (e.g., co-facilitators, hear their experiences)
April	<p>Addressing the STD Crisis in Los Angeles County Part 2 (different priority populations)</p> <p><i>Possible discussion questions: See March</i></p>	<ul style="list-style-type: none"> • Frame conversation with surveillance data • Focus on CHP priority populations <ul style="list-style-type: none"> ➤ Black/African American MSM ➤ Latinx MSM ➤ People living with HIV who are 50 years or older ➤ Prioritize hearing from populations of focus • Use the discussion as an opportunity to have a more active role from Commissioners from these priority populations (e.g., co-facilitators, hear their experiences)

May	<p>Addressing the STD Crisis in Los Angeles County Part 2 (different priority population)</p> <p><i>Possible discussion questions: See March; will need to customize for PWID. Consider integrating harm reduction in the context of reducing STDs in PWIDs as a discussion approach.</i></p>	<ul style="list-style-type: none"> • Frame conversation with surveillance data • Focus on CHP priority populations <ul style="list-style-type: none"> ➤ People who inject drugs (PWID) • Use the discussion as an opportunity to have a more active role from Commissioners from these priority populations (e.g., co-facilitators, hear their experiences)
June	<p>Housing and HIV</p> <p><i>Possible discussion questions:</i></p> <ul style="list-style-type: none"> • What are agencies and service providers doing to address housing for PLWH? • What are the gaps? • What are community recommendations to prevent PLWH from becoming homeless? To get unhoused PLWH back into safe housing? • What are the barriers to accessing housing services? How can we reduce barriers to housing? • What are best practices in the community? 	<ul style="list-style-type: none"> • Frame conversation with data • Invite speakers from key housing agencies and focus their talk on what they are doing to address homelessness and affordable housing for PLWH and CHIP Priority Populations. <ul style="list-style-type: none"> ➤ Los Angeles County Homeless Initiative ➤ Los Angeles Homeless Services Authority ➤ Los Angeles County Development Authority ➤ City of Los Angeles Housing Department and HOPWA Program
July	Cancel	
August	Cancel	
September	<p>Methamphetamine and HIV/Substance Use</p> <p><i>Possible discussion questions:</i></p> <ul style="list-style-type: none"> • What are agencies and service providers doing to address meth/substance use among PLWH? • What are the gaps? • What are community recommendations for prevention and treatment for PLWH and those at risk from substance misuse? 	<ul style="list-style-type: none"> • Frame conversation with data • Invite speakers from key substance user agencies/stakeholders and focus their talk on how (or what they are doing) to address methamphetamine and substance use in PLWH and CHIP Priority Populations. <ul style="list-style-type: none"> ➤ Los Angeles County Substance Abuse Prevention and Control (SAPC) ➤ Act Now Against Meth Coalition ➤ Steven Shoptaw, PhD

	<ul style="list-style-type: none"> • What are the barriers to accessing housing services? How can we reduce barriers to services? • What are best practices in the community? 	➤ Cathy Reback, PhD
October	<p>Mental Health and HIV</p> <p><i>Possible discussion questions:</i></p> <ul style="list-style-type: none"> • What are agencies and service providers doing to address mental health among PLWH? • What are the gaps? • What are community recommendations for promoting mental health and reducing stigma? • What are the barriers to accessing housing services? How can we reduce barriers to services? • What are best practices in the community? 	<ul style="list-style-type: none"> • Frame conversation with data • Revisit mental health assessment findings from DHSP's study • Invite speakers from key substance user agencies/stakeholders and focus their talk on how (or what they are doing) to address methamphetamine and substance use in PLWH and CHIP Priority Populations. <ul style="list-style-type: none"> ➤ Los Angeles County Department of Mental Health ➤ National Alliance on Mental Illness Greater Los Angeles County Affiliate ➤ Mental Health America of Los Angeles
November	ANNUAL CONFERENCE	Theme and topics TBD
December	TBD or Cancel	
ANOTHER SUGGESTION: Design meeting agendas for the full Commission, committees, and subgroups and discuss how to improve HIV health outcomes for the 7 CHP priority populations across the HIV care continuum.		

Proposed Committee Meeting Schedule – subject to Committee discussion and approval	
Standards and Best Practices	Every other month
Public Policy	Every other month or quarterly once the Legislative Docket is finalized and approved by the Commission
Executive	Monthly or move to every other month
Operations	Every other month
Planning, Priorities and Allocations	Every other month

Proposed Caucuses and Workgroups Meeting Schedule – subject to Committee discussion and approval

Aging Caucus	Quarterly. The Aging Caucus has decided to meet in Feb and March and will revisit their meeting schedule in March.
Consumer Caucus	Every other month or quarterly
Women’s Caucus	Every other month or quarterly
Transgender Caucus	Every other month or quarterly
Blac/African American Caucus	Every other month or quarterly
Prevention Planning Workgroup	Sunset PPW and merge work with PP&A



*Putting Ourselves to the Test:
Achieving Equity to End HIV*
**ANNUAL REPORT JANUARY-DECEMBER
2022**

**FINAL DRAFT
1.22.23**



LOS ANGELES COUNTY
COMMISSION ON HIV



EXECUTIVE OFFICE



BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES



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VISION AND MISSION STATEMENTS

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).

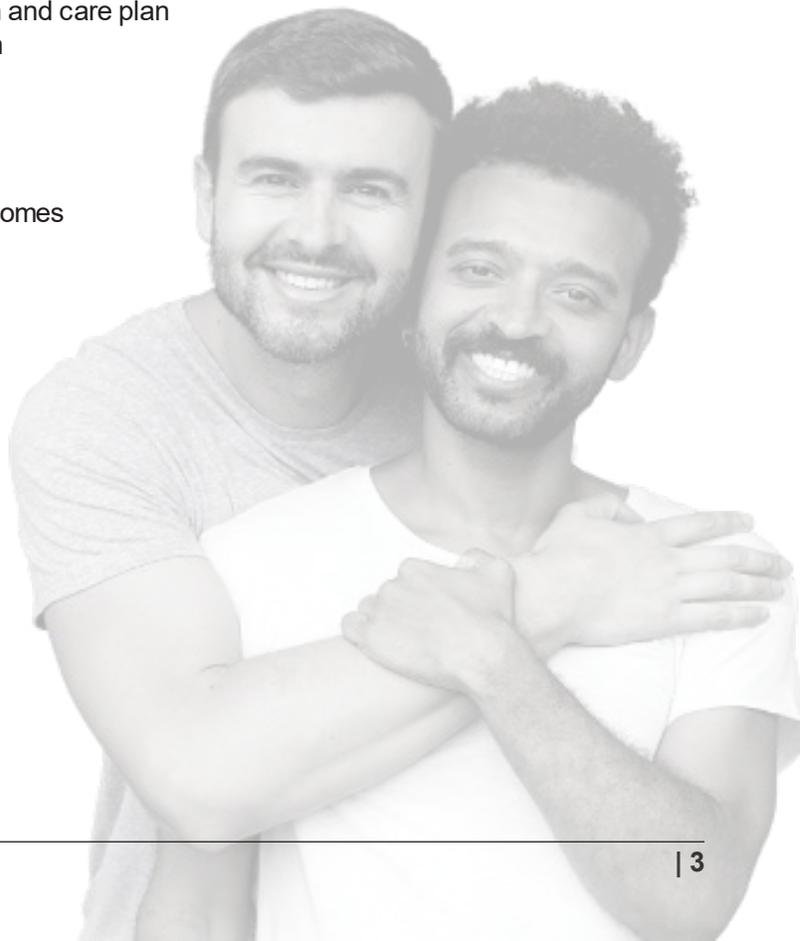
ROLES AND RESPONSIBILITIES

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

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

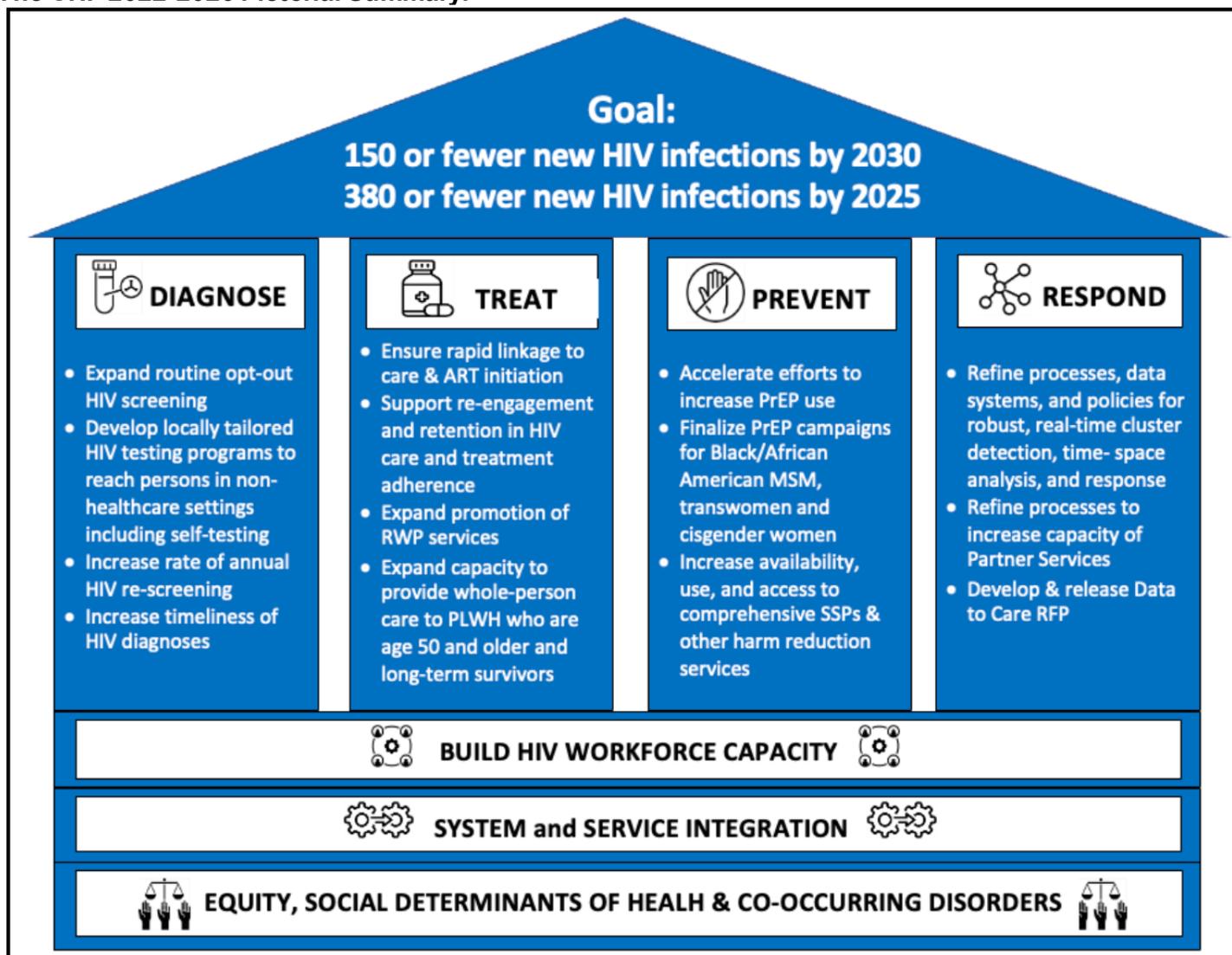
To develop the plan, planning steps were integrated into the overall work of the Commission. Integrated planning began in July of 2021 with a presentation at the Commission on HIV monthly meeting. Between July 2021 and November 2022, diverse community stakeholders were engaged in plan development through 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 \(add link\)](#), [benefits specialty](#), [home-based case management](#), [transitional case management for justice-involved individuals](#), and [dental implants](#). To ensure standardized oral 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 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 its first annual 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 meeting](#) 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 ¹	1,400 (2020)	380
Number of new HIV diagnoses ²	1,401 (2020)	450
Knowledge of HIV-status among PLWH ¹	89% (2020)	95%
Linkage to HIV care among PLWDH ²	76% (2020)	95%
Viral Suppression among PLWDH ²	61% (2021)	95%
Percentage of persons in priority populations prescribed PrEP ³	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 CD4-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

COMMISSIONERS (JANUARY – DECEMBER 2022)

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)
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

Cheryl A. Barrit, Executive Director

Dawn P. McClendon, Assistant Director

Carolyn Echols-Watson, Senior Staff Analyst*

Jose Rangel-Garibay, Health Program Analyst

Sonja Wright, Senior Board Specialist

Lizette Martinez, Health Program Analyst

Yeghishe Nazinyan, Epidemiologist/DHSP-Commission Liaison

Catherine Lapointe, Administrative Assistant

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**

2023 COMMISSION ON HIV CO-CHAIRS' PRIORITIES AND STRATEGIES FOR ACTION

These priorities seek to move the Commission on HIV towards a more action-oriented community planning body, serve as a better advocate for people living with HIV, and leverage its influence to maintain a stronger relationship and presence with elected officials and decision-makers.

CONFRONT THE DEAFENING SILENCE ON THE STD CRISIS

Los Angeles County is in the midst of an ongoing STD crisis that has seen rates of syphilis and congenital syphilis skyrocketing since 2018. The Commission calls for sustained investments in STD-related public health infrastructure and comprehensive sexual and reproductive health services.

INCREASE THE PACE OF LOCAL EFFORTS TO END THE HIV EPIDEMIC (EHE)

The Commission calls for all County Departments to support the local Ending the HIV Epidemic goals. With the end of HIV within reach, we must increase our pace and run to meet our 2025 EHE targets. The Commission advocates for more HIV prevention efforts focused on youth, Latinx men who have sex with men (MSM), Black/African American MSM, transgender persons, cisgender women of color, persons who inject drugs (PWID), people under the age of 30, and people living with HIV who are 50 years age or older.

ELIMINATE POVERTY AND SYSTEMIC AND STRUCTURAL RACISM TO END HIV

Establish a Board-supported health equity strategy across all County departments to address social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; as well as criminalization.

CONTINUE THE MOVEMENT TOWARDS A MORE INCLUSIVE DATA COLLECTION AND REPORTING

Despite numerous national, state, and local efforts to improve STD/HIV/AIDS surveillance and epidemiology, there continues to be significant gaps in the collection, reporting, and dissemination of data related to transgender and non-binary individuals and youth born with HIV. For instance, there is a dearth of specific data for transmasculine men and youth born with HIV which presents an imperfect picture of their health needs and missed opportunity to design tailored programs. The Commission supports the County's effort to expand and standardize gender identify data collection across departments and programs.

STRATEGIES FOR ACTION

- Designate Commissioners to provide public comments at Board meetings to draw attention to the Commission's priorities.
- Hold Board Office Representatives more accountable for communicating the Commission's priorities to their respective Health Deputies and Board Supervisors.
- Hold quarterly meetings with Commission Co-Chairs and Board Representatives to ensure accountability, share information, and strategize for success and sustained political attention.



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 voice 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 experienced 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

Duty Statement: Executive Committee At-Large Member

Page 2 of 2

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



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Jonathan Weedman

Application on file at Commission office

Interview panel: Everardo Alvizo and Luckie Fuller



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Leon Maultsby

Application on file at Commission office

Interview panel: Miguel Alvarez, Everardo Alvizo, and Luckie Fuller



POLICY/PROCEDURE #09.4205	Commission Membership Evaluation and Nomination and Approval Process	Page 1 of 8
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SUBJECT: The submission, evaluation, scoring, selection, and nomination of applications/ candidates for seats on the Los Angeles County Commission on HIV.

PURPOSE: To outline consistent method for evaluating, scoring and selecting candidates to fill Commission seats, and for appropriate communication with those applicants before and after evaluation of the application.

PROCEDURE(S):

1. **Membership Applications:** There are two Commission membership application forms:
 - a) **New/Renewal Member Applications:** for first-time applicants for Commission membership and renewing members, see refer to electronic Membership Application found at: <https://www.surveymonkey.com/r/2022CommissiononHIVMemberApplication>
 - b) **Community-Non-Commission Committee Member Application(s):** for applicants who are applying for membership on one of the Commission’s standing committees, but not for the Commission, see Policy/Procedure #09.1007 (Community-Non-Commission Committee Membership) for details regarding the process for evaluating and nominating community-non-Commission Committee member candidates.

2. **Application Submission:** All candidates for Commission or Committee membership must complete and submit one of the two forms of a Commission or Committee-only membership application. Once the application is submitted and received by staff: Upon receipt of a completed application:
 - a) Staff will initially review the application for member eligibility, completeness and accuracy, and will notify the will verify with the candidate, via telephone and email, to ensure all eligibility requirements are met and/or to seek clarification on if there are incomplete sections or confirm if information is not understandable/ accurate accurate. Additionally, staff will review with the applicant the Commission’s requirements, commitment expectations, and onboarding process for membership.
 - b) Once the application has been completed and verified by staff, Staff-staff will coordinate interview and/or next steps with the Operations Co Chairs.

3. **Application Evaluation Timeline:** Provided all conditions for a Commission membership application are met, the Operations Committee, via a designated interview panel, will evaluate and score the application at the next available Operations Committee meeting or within 60 days of its receipt. Necessary conditions include, but are not limited to:

Commented [MD1]: *Updates to align with current practices and for consistency/accuracy

Commented [MD2]: *Updated to reflect staff’s review & verification process.

- a) Candidate meets or will meet by time of appointment, the Board of Supervisor's COVID-19 vaccination requirement.
- b) All sections of the application are complete,
- ~~b~~c) Original or electronic signatures have been provided,
- ~~d~~e) The applicant is willing and available to sit for an interview when appropriate.
- ~~e~~d) Current Commissioners or Alternates who are seeking to continue their membership on the Commission are required to complete an application prior to the expiration of their membership terms. The renewal application focuses on the member's past performance, strengths and weaknesses, and methods for improving any gaps in service and/or participation.
- ~~f~~e) Candidates for institutional seats ~~will be not be~~ will not be required to sit for an interview but will may be assessed for strengths and skill sets for training opportunities and placement in the appropriate committee, task force, ~~caucus~~caucus, or workgroup.
- g) Candidates who are employed by organizations who receive Ryan White Program Part A funding through the Division of HIV and STD Programs (DHSP) must provide a written letter of support from their employer and provide to staff prior to interview. This requirement ensures that the employer is not only aware of their staff's participation on the Commission but confirms their support given the nature of the Commission's work and member expectation.]

- 4. Candidate Interviews:** All new member candidates must sit for an interview with a panel composed of at least two Commission members or alternates in good standing with at least one member assigned to the Operations Committee. To maintain transparency and integrity of the nomination process, should an interview panelist be assigned to an interview of an applicant with which the panelist has a personal relationship, working relationship while employed by same employer, used as reference by the applicant, and/or other conflict of interest as identified by the Operations Co-Chairs and Executive Director, the panelist will be removed from the interview panel and a qualified Commission member will be selected in their stead.

The Operations Committee, in consultation with the Commission Co-Chairs, may request an interview with a member seeking to renew his/her Commission membership. Likewise, a renewal membership candidate may request an interview with the Operations Committee. ~~For renewing members occupying institutional seats, i.e., City/Health Districts, Medi-Cal, etc., the interview is waived in lieu of a completed self-assessment, unless Operations co-chairs or renewing member requests interview.~~

- ~~a) Special meetings for interviews can be scheduled at the discretion of the Committee, in accordance with Brown Act requirements.]~~

- 5. Interview/Scoring Sequence:** Applications are always evaluated and scored following the interview. At its discretion, the interview panel may request an second interview after it has scored an application, and re-score the application following the interview to incorporate any new information learned at subsequently and/or at the interview. Point scores may or may not change when an application is re-scored following an interview.

Commented [MD3]: The Operations Committee adopted this new requirement at their December meeting. This new requirement ensures that the provider is aware that their staff is applying for membership so that they can fully support staff's attendance and participation on the COH and be aware of membership for agency/funding COI and transparency purposes.

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Commented [MD4]: We are not performing interviews for renewal candidates unless requested.

Commented [MD5]: *Correction for accuracy

6. **Score(ing):** The interview panel evaluates the applicant according to the appropriate “Los Angeles County Commission on HIV New Member Application Evaluation & Scoring ~~Sheet~~ (Final 4-24-17).”
- Each member of the interview panel participating in the evaluation assigns a point value to each factor of criteria.
 - All interview panel members’ scores are totaled and averaged. The final point value is the applicant’s final score.
7. **Scoring Forms:** The Commission’s Operations Committee is responsible for the development and revision of the Membership Candidate Evaluation/Scoring Forms. The Committee develops separate scoring forms for new member candidates and renewal candidates:
- Scoring criteria is based on essential skills and abilities, qualities and characteristics, experience, and past performance (for renewal candidates) that the Committee determines is necessary for effective Commission member participation.
 - The Operations Committee determines those factors and their relative importance through annual membership assessments.
 - The Operations Committee is authorized to revise the scoring form as needed. To the degree that revisions are ~~substantial~~substantial, or criteria are altered, the revised scoring form must be approved by the Commission.
8. **Qualification Status:** By virtue of their application scores, candidates’ application will be determined to be “Qualified” or “Not Qualified” for nomination to a Commission membership seat. A minimum of 60 points qualifies the candidate for nomination consideration (“Qualified”); a score of less than 60 indicates that a candidate is “Not Qualified”.
- If the applicant earns a “Not Qualified” score, the Operations Co-Chairs will inform the applicant accordingly and suggest opportunities of other HIV/AIDS planning or volunteer involvement as further preparation for future Commission service.
9. **New Member Candidate Eligibility:** New member candidates must also be “eligible” for Commission membership nomination. New member candidates are considered eligible if they meet the following conditions:
- The application score qualifies (“Qualified”) the candidate for Commission membership.
 - There is no purposefully misleading, untruthful or inaccurate information on the application.
 - The applicant has fully participated in the evaluation/scoring process, as appropriate.
 - The applicant does not violate the Commission’s “two persons per agency” rule.
To avoid potential influence and to preserve the integrity of the Commission’s decision-making and planning process, the Commission’s membership cannot consist of more than two agency representatives from the same agency.

10. Renewal Candidate Eligibility: Current Commissioners seeking re-appointment to the Commission must be “eligible” for continued Commission membership. Renewal candidates are considered eligible if they meet the following conditions:

- a) ~~The application score qualifies (“Qualified”) the candidate for Commission membership.~~
- b) There is no purposefully misleading, untruthful or inaccurate information on the application.
- c) ~~The applicant has fully participated in the evaluation/scoring process, including an interview if requested, as appropriate.~~
- d) The applicant does not violate the Commission’s “two persons per agency” rule.
- e) The candidate has fulfilled Commission member requirements in his/her prior term of service, including, but not limited to:
 - **Commission Meeting Attendance:** unless the reason for the absence falls within Policy #08.3204 Excused Absences, members cannot miss three sequential, regularly scheduled Commission or primary assignment committee meetings in a year, or six of either type of meeting in a single year. Policy 08.3204 dictate that excused absences can be claimed for the following reasons:
 - personal sickness, personal emergency and/or family emergency;
 - vacation; and/or
 - out-of-town travel
 - **Primary Committee Assignment:** members have actively participated in the committee to which they have been assigned, including compliance with meeting attendance requirements.
 - **Training Requirements:** members are required to participate in designated trainings as a condition of their memberships.
 - **Plan of Corrective Action (PCA):** the member must fulfill the terms of any PCA required of him/her by the Operations and/or Executive Committee(s).

Commented [MD6]: We are no longer conducting required interviews for renewing members unless requested.

Commented [MD7]: We are no longer conducting required interviews for renewing members unless requested.

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11. Nominations Matrix: ~~If the applicant is eligible for Commission membership, the Operations Committee will place the ~~candidate~~ candidate among those that can be nominated for available and appropriate seats on the Commission ~~on its upcoming agenda for Committee approval~~. The candidate’s name is entered on the “Nominations Matrix” which lists candidates in order of scores, alongside available Commission seats and vacancies.~~

Commented [MD8]: *Updated for clarification

12. Seat Determination: ~~At the recommendation of the interview panel, The-the~~ Committee will then determine the individual seats, if any, that are most appropriate for the available qualified candidates—based on the seats the candidates indicated in their applications, and any other seat(s) identified by Committee members that the candidate(s) are qualified to fill.

- a) Duty Statements for each seat dictate requirements for each membership seat on the Commission.

Commented [MD9]: *Alignment w/ current practices

13. Multiple Application Requirement: In accordance with HRSA guidance, there should be multiple candidates for membership seats when possible. All consumer and provider representative seats, along with other seats designated by the Operations Committee, require two or more applications. The Operations Committee may exempt a seat previously designated to require multiple applications from that requirement under the following circumstances:

- a) There has been a vacancy in the seat for six or more months,
- b) The pool of available, possible candidates is limited, and
- c) The Committee is convinced that every effort has been made and exhausted by the appropriate stakeholders to identify additional membership candidates.

14. "Representation" Requirement: Ryan White legislation and HRSA guidance require the Part A planning council membership to include specific categories of representation. The Commission's membership seats have been structured to fulfill that requirement. As specified in the COH Bylaws (Policy/Procedure #06.1000), Commission membership shall include individuals from areas with high HIV and STD incidence and prevalence. The Commission endeavors to ensure those categories are always represented by planning council membership.

15. "Unaffiliated Consumer" Requirement: Ryan White legislation and HRSA guidance require one-third or 33% of the voting membership of the Ryan White Part A planning council to be "unaffiliated" or "non-aligned" consumers. "Unaffiliated" consumers are patients/clients who use Ryan White Part A-funded services **and** who are not employees or contractors of a Ryan White Part A-funded agency **and** do not have a decision-making role at any Ryan White Part A-funded agency. (Policy/Procedure #08.3107 contains information on Consumer Definitions and Related Rules and Requirements). In addition, the Commission defines "~~Unaffiliated consumer~~ **Consumer**" as someone using Ryan White Part A-funded services within the last year and who is "unaffiliated" or "non-aligned," consistent with Ryan White legislative and HRSA definitions.

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Commented [MD10]: *Updated for clarification and consistency

Following the updated ordinance of the Commission as an integrated HIV prevention and care planning body, a "Consumer" is defined as an HIV-positive and/or AIDS-diagnosed individual who uses Ryan White-funded services or is the caretaker of a minor with HIV/AIDS who receives those services, or an HIV-negative prevention services client.

16. "Reflectiveness" Requirement: Ryan White legislation and HRSA guidance require both the entire Commission membership and the subset of unaffiliated consumer members to "reflect" the gender and ethnic/racial distribution of the local HIV epidemic. The Commission endeavors to reflect the gender and ethnic/racial demographic distribution of Los Angeles County's HIV epidemic among its membership and consumer members at all times. Furthermore, the CDC HIV Planning Guidance notes that planning bodies place special emphasis on identifying representatives of at-risk, affected, HIV-positive, and socioeconomically marginalized populations.

17. Committee Nominations: All factors being equal among two or more applications that meet the requirements of a particular open seat, the Committee will forward the candidate with the highest application score to the Commission for nomination to the Board of Supervisors for appointment to the Commission.

18. Special Considerations: There are ~~a number of several~~ “special considerations” that may preclude the Committee from nominating the candidate with the highest score, resulting in the nomination of a candidate with a lower score to a seat. Those factors may include, but are not limited to:

- a) the necessity of maintaining “reflectiveness”,
- b) an adequate proportion of consumer members,
- c) the need to fill certain “representative” categories,
- d) Board of Supervisors interest or feedback,
- e) over-representation of a particular stakeholder/constituency, otherwise known as the “two persons per agency” rule.
- f) potential appointment challenges.

g) candidate would violate the COH’s two person/per agency rule)

Commented [MD11]: Committee determined to keep as-is

19. Conditional Nomination(s): The Operations Committee may nominate candidates “conditionally.” Conditional nominations require candidates to fulfill certain obligations from the Executive and/or Operations Committee prior to or following the nomination. Conditions are detailed in a “Plan of Corrective Action (PCA)” imposed to correct past Commission performance issues or to enhance certain skills and abilities of the candidate/member.

- a) The PCA is written with expected timelines and objectives, and must be agreed to and signed by the candidate, the Executive Director and an Executive or Operations Committee co-chair, as appropriate.
- b) The candidate must agree to the PCA by the subsequent regularly scheduled committee meeting following the development of the PCA. A candidate’s refusal to accept a PCA may render his/her application ineligible.
- c) If the PCA obligates the candidate to certain conditions prior to nomination, the nomination will not proceed until the candidate has fulfilled those obligations.
- d) If the candidate/member has not fulfilled the conditions of the PCA, he/she will not be eligible for future re-nomination to the Commission.
- e) Terms of the PCA may be modified at any time upon agreement from all three parties (candidate/member, Executive Director, committee).
- f) The Operations Committee is responsible for monitoring a candidate’s progress and fulfillment of any PCA obligations and requirements.

- 20. Candidate Communication:** At the conclusion of a candidate's evaluation (interview, scoring, qualification and eligibility designation, seat determination, nomination), the Committee shall notify the candidate in written communication of the results of the evaluation and scoring process. The notification will detail one of the three possible results:
- The Committee has nominated the candidate for a particular Commission seat;
 - The Committee has judged that there are no specific seats available concurrent with the candidate's qualifications, but the Committee will keep the candidate's application and evaluation scores for ongoing consideration for up to a year from the date of application submission; or
 - The candidate's application and/or evaluation has been placed on hold temporarily.
- 21. Temporary Hold:** A candidate's application may be held temporarily for up to a year under certain conditions that preclude an otherwise eligible nomination to proceed, including but not limited to:
- Multiple candidates have not applied for a seat that requires multiple applications,
 - Appointment of the candidate to a seat would interfere with the Commission's capacity to meet representation, consumer and/or reflectiveness requirements, and/or
 - The Committee intends to nominate the candidate to a seat that is expected to be vacated in the near future.

The Operations Committee will provide the reason(s) for a temporary hold when it notifies the candidate of his/her application status. Once a candidate's application has been released from the hold, the candidate must agree to the nomination before it proceeds. If the hold is not released within the year, the candidate must submit a new application for Commission membership.

- 22. Withdrawal/Declination:** At any time after a candidate has submitted an application up until the appointment is approved by the Board of Supervisors, a candidate is entitled to withdraw his/her application and/or decline a proposed nomination.
- 23. Training Requirements:** Commissioners and Alternates are required to fulfill all training requirements, as indicated in the Commission's approved comprehensive training plan, including, but not limited to, the New Member Orientation(s), and Los Angeles County Ethics and Sexual Harassment trainings.
- A candidate's nomination will not be forwarded to the Commission until he/she has completed requisite training activities prior to his/her nomination/appointment.
 - Failure to fulfill training requirements as a Commission member may render the member's subsequent renewal applications ineligible.
- 24. Nomination and Approval:** Once the Operations Committee has nominated a candidate for Commission membership, the Committee forwards the nomination(s) to the Commission for approval at its next scheduled meeting. If and when a candidate's nomination has been approved by the Commission, the candidate's Statement of Qualifications shall be forwarded within two weeks to the Executive Office of the Board of Supervisors.

Commented [MD12]: This is not necessarily applicable as there are no pre-requisite training currently required.

- a) Candidates are advised to attend the Commission meeting at which their nomination will be considered.
- b) Upon Commission approval, the candidate is encouraged to attend all committees to learn how they operate and assess the best fit for a committee assignment.
- c) Upon Commission approval, the candidate is asked to complete a "Committee Preference Form" select its preferred primary Committee assignment. In most instances, the candidate will be asked to review the Committee Description and select their preferred committee in advance of approval to allow staff to review committee membership assignments to ensure parity, inclusion and reflectiveness.

25. Appointment: The Executive Office of the Board of Supervisors places the nomination on a subsequent Board of Supervisors agenda for appointment. Upon Board of Supervisors approval, the candidate is appointed to the Commission.

- a) Candidates are not required to appear before the Board of Supervisors, although they may attend the designated meeting if so desired.
- b) Candidates will be notified in writing when their nomination will appear before the Board of Supervisors, and following appointment.
- c) A newly appointed Commission member is expected to begin his/her service on the Commission at the next scheduled Commission meeting following Board appointment.
- d) Each Commission seat has a pre-designated term of office in which the Commission member will serve until the term expires or he/she resigns from the seat. Should a member's seat change during their membership which prompts a change in their term of office, an updated signed SOQ must be resubmitted to the Executive Office to place the member on the BOS agenda for reappointment to formalize the change in term of office.)

Commented [MD13]: *Update to practice per EO.

**NOTED AND
APPROVED:**

Cheryl Barrett

**EFFECTIVE
DATE:**

5/10/18

Original Approval: 9/6/2004

Revision(s): 5/12/2011; 2013; 4/27/16; 4/12/16; 5/12/16; 5/2/17; 5/22/17; 9/14/17; 05/10/18; Proposed Revisions
06/23/22; 1/26/23



LOS ANGELES COUNTY
COMMISSION ON HIV



**ADDENDUM TO AGING CAUCUS (Formerly Aging Task Force)
RECOMMENDATIONS**

Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50

Final Approved by Aging Caucus 12/6/22

Background and Purpose: The Aging Task Force was formed in 2019 to address HIV and aging and completed a set of recommendations to enhance data collection, research, improve service delivery for HIV/STD prevention and care for older adults living with HIV, and increase community awareness and support for the unique and complex needs of PLWH over 50 years of age. In addition, the Aging Task Force developed the HIV and care framework to articulate key health screenings that would aid in providing comprehensive care for PLWH over 50.

In keeping with the Aging Caucus' commitment to treating the recommendations as a *living document*, the group has developed this addendum to recognize that the spectrum of disease and onset of health issues can occur at different ages, and to be inclusive of long-term survivors (LTS) under 50 years old and those who acquired HIV perinatally (may also be 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.

Cross-cutting recommendations

- 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.

Research and treatment for youth and individuals under 50 who identify as LTS

- Utilize multimodal and combination strategies and approaches to whole-person care and treatment
- Assess individual response to anti-retroviral treatment (ART) and monitor appropriate adjustment and modification in dosing and frequency.
- Assess and monitor ART resistance and make customized adjustments that address the individual needs of the patient.
- Use different delivery modes and strategies such as telehealth, dedicated teen clinics, women's clinics, technology, age-specific and intergenerational support groups, music, art, and multi-media communications.
- Support research on monoclonal antibody drug treatment for long-term survivors under 50
- Administer/offer vaccines for vaccine-preventable diseases as a part of comprehensive care across the lifespan
- Support research on the impact of latency-reversing agents for LTS and PLWH who acquired HIV perinatally. One of the main obstacles to curing HIV infection is that the virus can remain hidden and inactive (latent) inside certain cells of the immune system (such as CD4 cells) for months or even years. While HIV is in this latent state, the immune system cannot recognize the virus, and antiretroviral therapy (ART) has no effect on it. Latency-reversing agents reactivate latent HIV within CD4 cells, allowing ART and the body's immune system to attack the virus. Currently, latency-reversing agents are still under investigation and have not been approved by the Food and Drug Administration (FDA).
- Collaborate with LTS in identifying strategies for improved engagement and retention in care.
- Integrate behavioral and community interventions with clinical care
- Optimize care models by offering a diverse menu of wellness and preventive care services
- Support alternative venues for care delivery
- Expand the use of technology to deliver personalized care
- Research and clinical practice should examine the dynamic nature of epigenetic age, through examinations of differences in viral load over time, or how interventions leading to improved adherence impact epigenetic age¹.

Screening, Education and Counseling

- It is important to screen for and address comorbidities with prevention and early treatment.
- Take good health and wellness history and assess risk factors for:
 - Hypertension and cardiovascular disease
 - Diabetes
 - Mental health

¹ Epigenetic age is a biomarker of aging previously reported to be associated with age-related disease and all-cause mortality. Horvath S. DNA methylation age of human tissues and cell types. *Genome Biol.* 2013;14(10):R115-R115. doi:[10.1186/gb-2013-14-10-r115](https://doi.org/10.1186/gb-2013-14-10-r115)

- Sexually Transmitted Infections (STIs)
- Physical activity
- Obesity
- Tobacco
- Substance use
- Sexual health
- Daily and general life activities
- Diet
- Helmets
- Firearms and exposure to violence and injury
- Include a detailed family history and family and social support systems in patient assessments and treatment plans
- Include physical examination in clinical visits
- Provide education for patients and staff in understanding the needs of LTS under 50. Providers must be aware of their unique milieu and potential comorbidities to optimize care and outcomes
- Offer counseling and health education on:
 - Nutrition
 - Exercise
 - Smoking (cigarettes, vaping, cigarillos, e-cigarettes)
 - Substance and alcohol use
 - Sex
 - Weight loss
 - Lifestyle modification
 - STI counseling, screening and treatment
 - Family planning
 - Immunizations
- Link LTS to services and support groups to reduce isolation and link LTS with other PLWH to build community and a sense of belonging and empowerment.