



COMMISSION ON HIV

Virtual Meeting

Thursday, March 10, 2022

9:00AM -1:30PM (PST)

*Meeting Agenda + Packet will be available at: <http://hiv.lacounty.gov/Meetings>

Special Colloquia Presentation on "Piloting TelePrEP Information Sessions to Increase PrEP Awareness and Uptake among Black and Latina Cisgender Women" from the Center for HIV Identification, Prevention and Treatment Services (CHIPTS), University of California Los Angeles (part of the meeting agenda)

AND

Reality Check | Women and HIV Community Testimonials

Providers with a combined experience of over 50 years will discuss the unaddressed realities women living with HIV face on a daily basis, including stigma, trauma, and extreme isolation with the lack of women-centered services and support. Members of the public are invited to provide public comments (limited to 2 minutes each and within the time allocated on the agenda) to share personal stories of strength, resilience, and the challenges of navigating healthcare while fulfilling caretaking responsibilities for their families and the community.

REGISTER + JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/2p8wcab6>

**link is for members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll Access Code: 2598 552 5868

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

video: <https://www.youtube.com/watch?v=iQSSJYcrgIk>

**For those using iOS devices - iPhone and iPad - a new version of the WebEx app is now available and is optimized for mobile devices. Visit your Apple App store to download.*

PUBLIC COMMENTS

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

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

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

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LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

Thursday, March 10, 2022 | 9:00 AM – 1:30 PM

To Register + Join by Computer:

<https://tinyurl.com/2p8wcab6>

**link is for members of the public only*

To Join by Telephone: 1-415-655-0001 Access code: 2598 552 5868

AGENDA POSTED: March 7, 2022

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

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

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

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

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

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



1. ADMINISTRATIVE MATTERS

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

2. REPORTS - I

- | | |
|--|---------------------|
| A. Executive Director/Staff Report | 9:20 AM – 9:30 AM |
| a. Operational and Staffing Updates | |
| b. 2022-2026 Comprehensive HIV Plan Overview AJ King, Next Level Consulting | |
| B. Co-Chairs' Report | 9:30 AM – 9:45 AM |
| a. National Women and Girls HIV/AIDS Awareness Day | |
| b. Executive At-Large Member OPEN NOMINATIONS & ELECTIONS | |
| C. Colloquia Presentation: Piloting TelePrEP Information Sessions to Increase PrEP Awareness and Uptake among Black and Latina Cisgenderwomen
Dilara Uskup, PhD and Omar Nieto, Center for HIV Intervention, Prevention and Treatment Services (CHIPTS), University of California Los Angeles (UCLA) | 9:45 AM – 10:30 AM |
| D. Reality Check Women and HIV Community Testimonials
<i>Providers with a combined experience of over 50 years will discuss the unaddressed realities women living with HIV face on a daily basis, including stigma, trauma, and extreme isolation with the lack of women-centered services and support. Members of the public are invited to provide public comments (limited to 2 minutes each and within the time allocated on the agenda) to share personal stories of strength, resilience, and the challenges of navigating healthcare while fulfilling caretaking responsibilities for their families and the community.</i> | 10:30 AM – 11:10 AM |

3. **BREAK**

11:10 AM – 11:20 AM

- | | |
|---|---------------------|
| E. California Office of AIDS (OA) Report | 11:20 AM – 11:25 AM |
| F. LA County Department of Public Health Report | 11:25 AM – 11:40 AM |
| a. Division of HIV/STD Programs (DHSP) Updates | |
| • Programmatic and Fiscal Updates | |
| • Ryan White Program (RWP) Parts A & B | |
| G. Housing Opportunities for People Living with AIDS (HOPWA) Report | 11:40 AM – 11:45 AM |
| H. Ryan White Program Parts C, D, and F Report | 11:45 AM – 11:50 AM |
| I. Cities, Health Districts, Service Planning Area (SPA) Reports | 11:50 AM – 11:55 AM |



4. **REPORTS - II**

11:55 AM – 12:30 PM

A. Standing Committee Reports

(1) Operations Committee

- a. Attendance Review
- b. Seat Vacate – Joshua Ray **MOTION #3**
- c. Seat Vacate – Guadalupe Velazquez **MOTION #4**
- d. 2022 Training Registration
- e. Membership Application Process/Interview Questions Workgroup
- f. PLANNING CHATT Learning Collaborative Participation
- g. Social Media Initiatives

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

- a. DHSP Program Directives | UPDATES
- b. 2022-2026 Comprehensive HIV Plan (CHP)

(3) Standards and Best Practices (SBP) Committee

- a. Benefit Specialty Service Standards | UPDATES
- b. Special Populations Best Practices Project
- c. Oral Health Service Standard: Dental Implants Inclusion | UPDATES

(4) Public Policy Committee

- a. County, State and Federal Policy, Legislation, and Budget
- b. First Annual PP Priorities Stakeholder Community Consultation | March 7
- c. 2022 Legislative Docket | UPDATES
- d. COH Response to the STD Crisis | UPDATES

B. Caucus, Task Force and Work Group Report

12:30 PM – 12:45 PM

- (1) Aging Task Force | April 5 @ 1pm
- (2) Black/African American Workgroup | March 17 @ 4pm
 - a. Form the Black Caucus **MOTION #5**
- (3) Consumer Caucus | March 10 @ 3pm
- (4) Prevention Planning Workgroup | March 23 @ 5:30pm
- (5) Transgender Caucus | March 22 @ 10am
- (6) Women's Caucus | March 21 @ 2pm

5. **MISCELLANEOUS**

A. Public Comment

12:45 PM – 1:00 PM

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

B. Commission New Business Items

1:00 PM – 1:10 PM

Opportunity for Commission members to recommend new business items for the full body or a Committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the



need to act arose after the posting of the agenda.

C. Announcements

1:10 PM – 1:20 PM

Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.

D. Adjournment and Roll Call

1:30 PM

Adjournment for the meeting of March 10, 2022.

PROPOSED MOTION(s)/ACTION(s):

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the meeting minutes, as presented or revised.
MOTION #3:	Approve motion to vacate seat for Joshua Ray due to absences incurred for the 2021 calendar year, as presented or revised.
MOTION #4:	Approve motion to vacate seat for Guadalupe Velazquez due to absences incurred for the 2021 calendar year, as presented or revised.
MOTION #5:	Approve the formation of the Black Caucus to sustain the momentum of the Black/African American Workgroup.



COMMISSION ON HIV MEMBERS:

<i>Danielle Campbell, MPH, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Miguel Alvarez	Everardo Alvizo, LCSW
Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Mikhaela Cielo, MD	Reba Stevens, (*Alternate)
Michele Daniels (*Alternate)	Erika Davies	Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS
Alexander Luckie Fuller	Gerald Garth, MS	Jerry D. Gates, PhD	Joseph Green
Thomas Green	Felipe Gonzalez	Karl Halfman, MA	William King, MD, JD, AAHIVS
Lee Kochems, MA	Anthony Mills, MD	Carlos Moreno	Derek Murray
Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Jesus "Chuy" Orozco	Frankie Darling Palacios (LoA)
Mario J. Pérez, MPH	Juan Preciado	Joshua Ray, RN (LoA) (Eduardo Martinez, **Alternate)	Mallery Robinson (*Alternate)
Isabella Rodriguez, MA (*Alternate)	Ricky Rosales	Harold Glenn San Agustin, MD	Martin Sattah, MD
LaShonda Spencer, MD	Kevin Stalter	Damone Thomas (*Alternate)	Guadalupe Velazquez, (LoA)
Justin Valero, MPA	René Vega, MSW, MPH, (*Alternate)	Ernest Walker, MPH	
MEMBERS:	43		
QUORUM:	21		



LOS ANGELES COUNTY
COMMISSION ON HIV



LEGEND:

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



LOS ANGELES COUNTY COMMISSION ON HIV



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

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

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



2022 MEMBERSHIP ROSTER | UPDATED 3.1.22

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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/1/22

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ALVIZO	Everardo	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
BALLESTEROS	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
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services

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

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

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

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

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



LOS ANGELES COUNTY
COMMISSION ON HIV



510 S. Vermont Ave, 14th Floor, Los Angeles, CA 90020
TEL. (213) 738-2816 · FAX (213) 637-4748
WEBSITE: <http://hiv.lacounty.gov> | EMAIL: hivcomm@lachiv.org

ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: March 1, 2022
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 10 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
Danielle Campbell	Co-Chair, Comm./Exec.*	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Alexander Fuller	Co-Chair, Operations	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero	Co-Chair, Operations	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 10:00 AM-12:00 PM		
Number of Voting Members= 8 Number of Quorum= 5		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Alexander Luckie Fuller	Committee Co-Chair*	Commissioner
Justin Valero	Committee Co-Chair*	Commissioner
Miguel Alvarez	*	Commissioner
Everardo Alvizo, LCSW	*	Commissioner
Michele Daniels	*	Alternate
Joseph Green	*	Commissioner
Carlos Moreno	*	Commissioner
Juan Preciado	*	Commissioner

Committee Assignment List

Updated: March 1, 2022

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 14 Number of Quorum= 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
<i>Vacant</i>		
Kevin Donnelly	Committee Co-Chair*	Commissioner
Al Ballesteros	*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus “Chuy” Orozco	*	Commissioner
Frankie-Darling Palacios	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Damone Thomas	*	Alternate
Guadalupe Velazquez (LOA)	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1 st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 10 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Alasdair Burton	*	Alternate
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Gerald Garth, MS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Eduardo Martinez	**	Alternate
Isabella Rodriguez	*	Commissioner
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner

Committee Assignment List

Updated: March 1, 2022

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1 st Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 12 Number of Quorum = 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Thomas Green	**	Alternate
Mark Mintline, DDS	*	Committee Member
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Joshua Ray – (LOA) (Eduardo Martinez, Alternate)	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Reba Stevens	*	Alternate
Rene Vega	*	Alternate
Ernest Walker	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

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

AGING TASKFORCE (ATF)
Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm Co-Chairs: Al Ballesteros, MBA & Joe Green <i>*Open membership*</i>

TRANSGENDER CAUCUS
Regular meeting day/time: 4 th Tuesday of Every Other Month @ 10am-12pm Co-Chairs: Isabella Rodriguez & Xelesial Moreno <i>*Open membership*</i>

WOMEN'S CAUCUS
Regular meeting day/time: 3 rd Monday of Each Month @ 9:30am-11:30am Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo <i>*Open membership*</i>

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



LOS ANGELES COUNTY
COMMISSION ON HIV



DRAFT

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

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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 to vote. Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

COMMISSION ON HIV VIRTUAL MEETING MINUTES

February 10, 2022

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

COMMISSION STAFF & CONSULTANTS	
Cheryl Barrit, MPIA, Executive Director; Carolyn Echols-Watson, MPA; Jose Rangel-Garibay, MPH; Sonja Wright, BA, MSOM, LAc, Dipl.OM, PES; AJ. King	
Robert Sowell (LAC Human Relations Commission)	
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF	
S. Rumanes, J. Tolentino, T. Beck, I. Perez, M. Haymer, I. Perez, C. Armstrong	

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

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

Meeting agenda and materials can be found on the Commission's website at:
http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2022/Packet/Pkt_COH_021022-updated022822.pdf?ver=lxhbt33t7o7tkweyIN0ykQ%3d%3d

CALL TO ORDER AND ROLL CALL: Bridget Gordon, Chair, opened the meeting at 9:05am. Cheryl Barrit, Executive Director, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, , M. Cielo, R. Stevens, E. Davies, K. Donnelly, F. Findley, A. Fuller, J. Gates, G. Granados, J. Green, T. Green, K. Halfman, W. King, L. Kochems, D. Lee, E. Martinez, C. Moreno, D. Murray, P. Nash, K. Nelson, J. Orozco, M. Perez, J. Preciado, I. Rodriguez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, K. Stalter, D. Thomas, J. Valero, R. Vega, E. Walker, B. Gordon, and D. Campbell

1. ADMINISTRATIVE MATTERS

A. APPROVAL OF AGENDA

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

B. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the January 13, 2022 Commission on HIV Meeting Minutes, as presented ore revised (*✓Passed by Consensus*).

C. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- B. Gordon welcomed all attendees, self-introductions were made, and provided the standard reminders and meeting guidelines.
- During introductions, G. Granados announced her resignation from Children's Hospital Los Angeles and the Commission. She has accepted a new position with the Well Project, a national organization focused on women and HIV. She expressed her gratitude for the opportunity to participate in the planning body for several years. She noted that she started in community planning through the Prevention Planning Committee (PPC) right out of graduate school. She acknowledged R. Rosales, T. Smith, AJ King, and M. Martinez who also served on the PPC for believing in her and encouraging her to seek leadership positions. She also thanked Traci Bivens-Davis and Dr. L. Spencer for supporting her when the COH became an integrated body. She indicated that despite efforts to publicly and violently silent her on the planning body, she had individuals on the body who had her back. Commissioners and attendees thanked G. Granados for her service and wished her luck in her position. G. Granados hopes to re-engage with the COH once she is settled in her new position.

2. REPORTS - I

A. EXECUTIVE DIRECTOR/STAFF REPORT

a. Motion #3: Approve 2021 Annual Report, as presented or revised. (*✓Passed by Majority, Roll Call Vote*)

Cheryl Barrit summarized the key sections of the COH 2021 Annual Report and thanked Commissioners for their hard work. Once approved, the Annual Report will be submitted to the Executive Office and Board of Supervisors (BOS). C. Barrit noted that the key changes in the version for approval include additional language around syringe exchange/safe consumption sites and addressing methamphetamine under year 2022 priorities.

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

AJ King, CHP consultant, provided an update of activities related to the development of the plan. He reported that he has been meeting with various groups within the COH and community at-large to get input on the plan development. He will continue to meet with the COH subgroups throughout the year. He encouraged members to send him information on community groups he should meet with, especially non-traditional organizations. He shared a few highlights from these community consultations: more specificity around what we mean by syndemics is beginning to emerge such as recognizing Hepatitis C, STDs (syphilis in particular), substance abuse disorder; addressing meth as one of the primary drivers of the HIV epidemic; mental health; housing issues; including aging population people living with HIV age 50+ and their care and prevention needs; geographic lens/looking at the hot spots with respect to the 4 pillars. As part of the data section of the report, he is currently reviewing several documents, to develop the sections on epidemiology snapshot and resource inventory. There has been discussion on developing a survey on workforce capacity, systems issues, and systematic barriers to accessing services. He will be working with the Planning, Priorities and Allocations (PP&A) Committee to develop the survey and invited others who are interested in shaping the survey to contact him.

B. Co-Chairs' Report

a. Vision and Mission Statements Review

An email was sent to all Commissioners on January 28 on behalf of the Co-chairs seeking feedback on the Commission's vision and mission statements. The bylaws were also sent to the group. B. Gordon reiterated the request for Commissioners to provide comments on changes to the vision and mission statements. She reminded members to send comments to Cheryl Barrit by 2/11. She thanked Commissioners who have already sent their feedback.

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

- At the COH's January 13 meeting, vacant Executive At Large seats were announced. B. Gordon noted these seats are opportunities for Commissioners to assume leadership positions in the body. 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. Executive At-Large members are assigned to the Operations and Executive Committee and as standing members of the Executive Committee, fill a critical leadership role for the Commission. The seats will remain open for nominations until filled.
- R. Stevens was nominated by K. Stalter and D. Campbell. R. Stevens noted that she would like some time to think about the position first before accepting the nomination.
- D. Murray was nominated by Dr. W. King but declined.
- D. Thomas was nominated by B. Gordon and D. Campbell. D. Thomas would like to get more information first before accepting the nomination.
- M. Alvarez was nominated by B. Gordon but declined.
- C. Barrit will send additional information about the seats to all nominees.

Other Items Reported:

- B. Gordon acknowledged and thanked Commissioners who recently resigned from the Commission. She recognized G. Granados for her service and immense contributions to the COH. She also recognized David Lee and Pamela Coffey. Service on the Commission is a heavy lift and she appreciates those who have served. While they are not able to serve as full voting members at this time, both Pamela Coffey and David Lee have expressed willingness to remain engaged with the Commission through committees and subgroup meeting participation. B. Gordon noted she is looking forward to G. Granados reconnecting with the COH once she is settled in her new job. She thanked them for their service and continued commitment to ending HIV.

C. National Black HIV/AIDS Awareness Day (NBHAAD) Presentation

Black Women and HIV and the Black Men who Support Them

Danielle M. Campbell, MPH, Faculty, Charles R. Drew University of Medicine and Science, Clinical Research Manager, David Geffen School of Medicine at UCLA.

Gerald Garth, Director of Diversity, Equity, and Inclusion, LA LGBT Center

- B. Gordon introduced D. Campbell and G. Garth for their special presentation and dialogue on *Black Women and HIV and the Black Men who Support Them*.
- Campbell presented brief data to underscore the impact of HIV among Black women. Black or African American women have the highest rates of new diagnoses among women and all U. S. regions (CDC, 2018). There is something to be said about this data in social structural context in an era when HIV cases are declining in other populations but rising among Black women. Black women face a 1 in 54 lifetime risk for HIV, an astronomical number compared to other populations. D. Campbell challenged the group to think about what is going on for Black women from a social and racial justice lenses. She highlighted data that showed inequitable PrEP coverage by race/ethnicity, with the lowest coverage for Black/African Americans. These disparities should actively be a part of ongoing discussions at the Commission table if we are to end

HIV. The dialogue between D. Campbell and G. Garth sought to unpack the social, racial, and systemic reasons for these disparities.

- A few Commissioners offered their perspectives on why Black women face higher burden of HIV compared to other racial/ethnic groups prior to D. Campbell and G. Garth starting their dialogue—the stated format for the presentation. Perspectives included gay men who also engage in sexual activities with women and not informing women of their status; structural deficiencies in the HIV response compared to COVID, which demanded a scaled-up response to large scale testing and rapid vaccine development and distribution; the need for a large-scale educational platform; and addressing mental health.
- F. Darling Palacios implored Commissioners to listen to D. Campbell, honor her expertise, and refrain from “mansplaining” the issues to her.

The dialogue between D. Campbell and G. Garth captured the following messages:

- Be mindful of erasure and cloaking of issues when speaking of historical, systemic, and health issues affecting the Black community, in particular, Black women.
- The community must first show up for each other and refrain from competing for resources. HIV is the common enemy.
- There is a need for self-reflection and checking intentions in order for individuals to respond accordingly.
- Do not look at Black women as inferior. HIV is killing Black women and men. Stop blaming individuals.
- Black women are still fighting to be at the table—why must Black women beg to be included?
- Why is it that when Black bodies show up, they are treated differently or asked to behave.
- There is great power when communities come together to face HIV as the common enemy. For instance, the Black/African American Task Force has moved their key recommendations to the Division of HIV and STD Programs through a highly bureaucratic process.
- We are a village and we must all identify what we bring to the village.
- The harm caused by mistreatment of Black women is deep and damaging, underscoring the importance of mental health and calling to question where culturally appropriate mental health services are in the County. The issues around Black women’s health is bigger than just numbers and data.
- Authentic community building involves telling the whole story, not just one side. Center community and relationship building to support Black women.
- Give Black women the space and funding to address HIV. Black women know what they need; trust that they know what is best for their bodies and their families.
- Challenge the community to address prejudice against Black women. For example, statements like “they are not at risk”, should be challenged. Trust Black women for their choices and empower them. There are community-based organizations providing community level and individual interventions to help Black women, but they are often unrecognized or not supported.
- The community response should be solutions-focused and move away from the blame game.
- For many, education serves as a way out of poverty. Resources are needed to support the Black community across the lifespan.
- HIV has affected the Black community for far too long and HIV should be approached from a place of advocacy.
- There needs to be an ongoing responsibility to address anti-Blackness in the community, the healthcare system, and other institutions.

B. Gordon thanked D. Campbell and G. Garth for their excellent dialogue to bring attention and focus on Black women and HIV. She encouraged the community to listen and pay attention to what we say as words matter. What we say or do can make a big positive or negative difference.

C. CALIFORNIA OFFICE OF AIDS (OA) REPORT

Karl Halfman, MA, Chief, HIV Care Branch, and Chris Unzueta, ADAP Eligibility and Operations Section Chief, referred Commissioners to the [OA Voice February 2022](#) issue in the packet and highlighted the following items from the newsletter:

- The HIV Care Branch is presenting in a session entitled “Housing as the Foundation of Public Health: Working with those who are Unstably Housed.” This one-hour session is sponsored by the California Prevention Training Center and will predominantly be attended by disease investigation specialists throughout California. This session will explore the broad background of why people are homeless/unstably housed and the wide variety of challenges they face. The presenters will examine the impact housing has on health outcomes and look at ways providers might support their clients. Date: February 15, 2022 Time: 10:00 – 11:00 a.m. To register, please visit Class Information - CA PTC | (stdhivtraining.org).
- Contingency Management for Stimulant Use Disorder Pilot in California the California Department of Health Care Services (DHCS) is inviting Organized Delivery System (DMC-ODS) counties to participate in a pilot program to provide contingency management (CM) services for people experiencing stimulant use disorder. CM provides motivational incentives for non-use of stimulants as evidenced by negative drug tests. Research repeatedly demonstrates positive outcomes that include reduction of drug use and longer retention in treatment. The request for applications (RFA) is available on the DHCS website at <https://www.dhcs.ca.gov/Documents/Contingency-ManagementCounty-RFA.pdf>. County applications are due February 15th.
- C. Unzueta reported PrEP-Assistance Program (AP) As of January 31, 2022, there are 199 PrEP-AP enrollment sites covering 174 clinics that currently make up the PrEP-AP Provider network.
- ADAP’s Insurance Assistance Programs as of January 31, 2022, the total number of 8,249 clients enrolled in all program types.
- OA is presently recruiting for people interested in taking part in the Acquired Immunodeficiency Syndrome (AIDS) Drug Assistance Program (ADAP) Medical Advisory Committee (MAC) as a voting member. If you are interested in applying for membership in the ADAP MAC, please email your request for an application to CDPHADAPMedicalAdvisoryCommittee@cdph.ca.gov.
- Dr. W. King inquired if OA will utilize a buy and bill product approach to implement Apretude within the PrEP sites in the State. C. Unzueta stated that the OA is working with providers to determine additions to the ADAP formulary and OA is currently performing a cost analysis and survey to determine with providers would be interested in administering the program. More information will be reported by OA as they make progress with their assessment.
- F. Darling Palacios inquired if the State is doing any activities to transition eligible individuals age 50+ to Medi-Cal beginning in May 2022. Will there be information sessions for enrollment workers? C. Unzueta responded that OA is currently working on updating their training and developing a policy memo and Frequently Asked Questions (FAQs) document for providers which will show who should be screened if they are eligible for Medi-Cal (not everyone will be eligible).
- K. Stalter inquired if there is anything the State could do to help lift the FDA restriction on blood donation from gay men. He referenced a motion by Supervisor Kuehl. He feels that the motion does not appear to address individuals who have undetectable viral loads. B. Gordon inquired why women with HIV are not included in blood donation language. K. Stalter feels that the justification used by the FDA in restrictions for gay men for blood donation is outdated and further adds to HIV-related stigma.
- K. Halfman noted that he is not aware of any related activities at the state level, however, he will inquire with his colleagues.

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

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

(a) Programmatic and Fiscal Updates

- Mario Perez, DHSP Director, thanked G. Granados for her service on the COH and recognized her professional and personal growth over the years. He believes that despite being tested on the COH, she has risen as a much stronger and competent leader in the HIV movement.
- G. Granados thanked M. Perez for giving her leadership opportunities such as being selected as Co-Chair of the Los Angeles County HIV/AIDS Strategy (LACHAS) with Terry Smith. She thanked him for his mentorship while serving on the Presidential Advisory Council on HIV/AIDS (PACHA).
- M. Perez thanked D. Campbell and G. Garth for their candid dialogue on building community and support for Black women. He also acknowledged F. Darling Palacios' appeal to the COH members to listen and step back to respect and honor spaces for Black leadership and voices. He acknowledged Black women who have guided him growing up and Black women leaders who have helped shape the County's HIV response.
- M. Perez expressed gratitude for the increase in DHSP's Part B award to expand Los Angeles County's HIV care services portfolio. His team will work with the COH/PP&A on maximizing funding sources and appropriate reallocations as needed.
- As part of DHSP's commitment to responding to the recommendations from the Black/African American Community Task Force, DHSP is hosting focus groups to help shape a PrEP social marketing campaign to increase PrEP awareness and enrollment. The focus groups will be facilitated by Raniyah Copeland.
- M. Perez thanked the workgroup of DHSP, Standards and Best Practices (SBP) Co-Chairs and members for their work in preparing a subject matter expert panel to address dental implant services for Ryan White clients.
- In light of the evolving structure of Medi-Cal via CalAIM and other payor systems, DHSP will work with HOPWA, SBP Committee, and other partners to review the Home-based Case Management and housing services. There are other services that are impacted by the ever-changing payor systems in California that the County and COH must be ready to respond to accordingly.
- He reported that the Biomedical Prevention Services solicitations is currently open, citing this service as another example of services focused on ciswomen and transgender women of color.
- M. Perez announced the hiring of Courtney Armstrong as the DHSP Senior Policy Officer. C. Armstrong will lead policy and advocacy initiatives and collaborate with Public Policy Committee. C. Armstrong was previously with the San Francisco AIDS Foundation.
- J. Tolentino provided updates related to the Ending the HIV Epidemic (EHE) initiative. The most recent issue of the EHE Newsletter was released to the community. She introduced Dr. Michael Haymer as a new member of the DHSP EHE initiative. She referred members to the EHE newsletter for staff vacancy announcements.
- DHSP has formed an Ambulatory Outpatient Medical (AOM) provider rapid learning collaborative to swiftly link individuals to care upon diagnosis.
- M. Perez provided an update on the impact of COVID on DHSP staffing levels. 20% to 30% of the DHSP workforce are assigned to part-time or full-time COVID emergency response assignments—this is a significantly smaller percentage of staff deployed to COVID duties compared to November 2021. It is expected that more DHSP staff will be released from their emergency duties starting February 15.
- G. Granados inquired about the status of the EHE HIV Education and Engagement (HIV.E) project with AMAAD Institute. The organization has recruited their cohorts of participants and have started trainings and meetings in mid-January.
- K. Stalter expressed concerns about the long-standing high staff vacancy rate within DHSP and requested that M. Perez address the matter at one of the Executive Committee meetings. K. Stalter would like to hear how the COH can support DHSP fill vacant positions. K. Stalter inquired what is the number/percentage of staff openings. M. Perez responded that DHSP has a little over 30% vacancy rate which is slightly higher than the usual 27%-29% vacancy rate they have experienced in the past. They have been able to bring in a

few staff and talent through the contract worker arrangement which has been much more expeditious than the traditional County hiring process. The County's lifting of the hiring freeze should assist in filling vacancies.

- K. Stalter would like the staff vacancy item placed on the Executive Committee agenda for discussion.
- Nelson inquired about the biomedical prevention solicitations. M. Perez responded that this is the same mechanism used to establish the current Centers PrEP Excellence, meaning all current providers would be able to re-compete along with new agencies who would like to join the network of PrEP providers. One key difference is that they are inviting CBOs to propose strategies to increase access to PrEP for women in particular and transgender individuals. They are also coordinating better with the State PrEP Assistance Program. PrEP navigation services will still be supported by DHSP until the State could cover the navigation component through the PrEP-AP program.
- F. Darling Palacios inquired about the length of time that Emergency Financial Assistance (EFA) clients receive assistance once the application is submitted. M. Perez indicated that his team is reviewing data on turn-around times not just for EFA but also other programs such as HOPWA and PrEP-AP.
- F. Darling Palacios inquired how much money is still available and been used under EFA. M. Perez responded that Ryan White Program has a discreet amount of funds for EFA and there has not been a cap, hence, they are processing applications as they come. EFA expenditures are now a little over \$1M and in the next few months, DHSP will need to come with up a budget for the EFA program. M. Perez thinks that it is in the clients' best interest to first apply to the HOPWA's Short-Term Rental, Mortgage and Utilization (STRMU) Program because they have more funds that set to expire in 2023. It is important to maximize those resources. The HOPWA STRMU offers a higher amount of assistance over a 24-month period compared to EFA. Clients should also apply for the California Rental Assistance program which also has a higher level of assistance over a longer period of time. Clients should tap into those resources first before tapping into EFA. The utilization of these resources would impact how much funding should be allocated to EFA. A discussion on EFA is appropriate with PP&A Committee.
- B. Gordon inquired about contact persons for financial and housing/rental assistance programs. M. Perez noted that DHSP trained Medical Care Coordination teams and benefits specialists on EFA and other assistance programs. Separately, HOPWA housing specialists should be able to help clients.

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

- J. Orozco thanked D. Campbell and G. Garth for their NBHAAD dialogue.
- There are changes in the upcoming HOPWA allocations due to legislative changes passed in 2016 through the Housing Opportunity through Modernization Act (HOTMA). The \$8M increase in Congressional allocations to HOPWA translates to about \$1M increase for Los Angeles. The HOPWA program is looking into increasing allocations to transitional housing earmarked specifically for HOPWA clients. Their goal is to maximize funds that support affordable housing to increase the housing stock.
- HOPWA is currently speaking with housing providers to work on a data dashboard with real time data to allow for a more efficient placement of individuals into housing and re-directing program funding as appropriate.
- J. Orozco recognized that completing applications take time and it is confusing for clients to understand which housing programs to use. He noted that they are coordinating with various agencies to handle applications and his agencies continues to look for opportunities to build affordable housing.
- K. Nelson suggested that it would be helpful to give agencies ongoing guidance and clarify the various programs and application process and eligibility requirements. For instance, what is the difference between the one-time COVID-related STRMU funds and the regular HOPWA STRMU program. K. Nelson stated that the State's Housing is Key program is helpful even if funds are not secured; the application could provide protection from eviction.

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

- Part C *No report provided.*
- Part D Dr. M. Cielo reported that LAC USC MCA and UCLA LAFAN submitted their Part D funding applications for the next four years; the deadline for applications was January 28. She noted that there is no increase in funding for Part D services while the level of need for clients remains the same. The MCA mobile clinic is finally operational and offered long-acting injectible Cabenuva for women. It was an exciting experience and they are looking to expand community-based services through the mobile van. She continues to work with DPH Perinatal HIV Prevention Task Force on perinatal transmissions which looks at systems break down issues and creating standards for birth hospitals who want to be recognized as centers of excellence for HIV and perinatal care. The MCA clinic will conduct a special service outreach and event to commemorate National Women and Girls HIV/AIDS Awareness Day on March 10. Finally, she is conducting quality improvement activities such as ongoing PrEP navigation and more training on patient-centered care with a special focus on motivational interviewing. The quality improvement team is also working on appropriate management of care for perinatally exposed infants. She is happy to provide training on motivational interviewing to interested parties.
- Part F/AETC *No report provided.*

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

- City of Pasadena. *No report provided.*
- City of West Hollywood (CWH). D. Murray reported that CWH is sunsetting its Zero HIV initiative and they are finalizing a report that will be submitted to the Council in March. More information will be shared once finalized. Their agency partner, Being Alive, is now providing weekly syringe exchange services every Saturday from 4pm to 7pm. They offer needle disposal, HIV testing, receive safer smoking supplies, and syringe access for other health conditions as well such as, diabetes and hormone injections. Last year, the agency handed out 300 doses of Narcan and 36 people reported that Narcan saved them from having an overdose. He noted the importance of ongoing education about the benefits of harm reduction and their life saving impact to counter the negative perceptions and statements about harm reduction services. It is an important tool to help people recover from addiction.
- City of Long Beach (CLB). E. Alvizo reported that the CLB held their PrEP Workgroup meeting to increase awareness, access, uptake and coordination among service providers. They connected with Gilead to troubleshoot access issues experienced by clients and providers. The Trans Wellness Group is planning an employment fair to commemorate National Trans Visibility Day in March and addressing the overall health needs of transgender individuals. He noted a partnership with California State University Long Beach School of Social Work and AltaMed for students to provide sexual health education for staff, parents, and youth in YMCA programs. They hope to replicate this program widely in the CLB if successful. He thanked C. Moreno for co-presenting with him at The Wall Las Memorias support groups to get more consumers to participate and apply to the Commission.
- City of Los Angeles (CLA): Ricky Rosales, AIDS Coordinator, added that syringe supplies depend on demands the agency receives from clients. He recommended calling the agency to see what types of supplies are available. CWH syringe sites tend to be better with hormone needle supplies. R. Rosales reported that he had his first budget hearing with the Mayor and Chief Administrative Officer. His program budget is expected to be at the same level of funding.

4. REPORTS – II

A. STANDING COMMITTEE REPORTS

(1) Operations Committee

• **MEMBERSHIP MANAGEMENT:**

- J. Valero reported that the Operations created an Application Interview Questions Work Group to update and revise the interview questions and to strategize ways to streamline the application interview process. The

work group's last meeting was held February 8th and the group will continue meeting until the interview questions have been updated in their entirety.

- At its last meeting held on January 27, 2022, the Operations Committee continued discussion on conducting the Assessment of the Administrative Mechanism (AAM) as an internal process administered anonymously via Survey Monkey. Operations will move forward with strategizing and finalizing the implementation of the survey.
- Operations reviewed and discussed their 2022 work plan. The work plan will focus on: (1) developing and providing planning priorities for inclusion in the Comprehensive HIV Plan (CHP), (2) Assessment of the Administrative Mechanism (AAM) survey, (3) implementation of the HealthHIV Planning Council effectiveness assessment recommendations, (4) implementation of the 2022 work plan, (5) ensuring the development of engagement and retention strategies align with CHP efforts (ex: COH social media campaign), (6) updating the application interview questions, (7) reviewing membership to ensure Parity, Inclusion, and Reflectiveness (PIR)- i.e., ensuring the COH body is reflective of the disease burden in Los Angeles County, and (8) quarterly attendance reviews. J. Valero reminded the Commissioners that the deadline for responding to the PIR survey is Friday, February 11th.
- The COH was selected as one of the planning councils in the country to participate in a learning collaborative to improve recruitment and retention strategies. The program is led by the HRSA-funded Planning Community HIV/AIDS Technical Assistance and Training (CHATT). A few members of the Operations Committee will be attending monthly training sessions from January through June.
- The Committee is working with staff to implement Commissioner testimonials to increase social media presence and encourage planning council membership applications.
- Operations reviewed and discussed the proposed 2022 training plan which will feature (1) core mandatory trainings such as a Commission on HIV Overview and a Ryan White Care Act Legislative Overview, (2) supplemental trainings, (3) virtual study hours, and (4) quizzes for prizes.
- Operations reviewed the 2021 attendance and will agendaize two seat vacates on its February Operations agenda.
- Items for discussion at 2/24/22 meeting: approve 2022 Operations work plan; approve 2022 Training plan; seats that may need to be vacated due to excessive absences; and continue discussion on outreach efforts and strategies.

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

K. Donnelly reported that the last PP&A meeting was held January 18, 2022 where the Committee reviewed and approved the Workplan for 2022.

a. DHSP Program Directives | UPDATES

- The Committee started the review of the current Program Directives which are specific instructions to DHSP on how to best meet the priorities and funding allocations determined by the COH. This work will likely take several months as K. Donnelly wants to ensure that the Caucuses, Task Forces and workgroups are involved in the process. The Committee identified preliminary items for inclusion in the program directives for DHSP such as increasing provider training to line staff to improve program referrals for people of color and reducing documentation barriers.

b. Minority AIDS Initiative (MAI) & Emergency Financial Assistance (EFA) Expenditure & Demographics

DHSP provided reports on Emergency Financial Services (EFA) and Minority AIDS Initiative Utilization. Both reports are included in the meeting packet.

c. **2022-2026 Comprehensive HIV Plan (CHP) Development**

- The California Department of Public Health, Office of AIDS Strategic Plan Planning Process was presented to the Committee by Lazara Paz-Gonzalez from Facente Consulting, the State's consultant for developing their Integrated Plan. The presentation provided insight into strategies used to prepare the State's plan for addressing HIV, HCV, and STI syndemics. The presentation included general information on: how the plan is informed by stakeholders, surveys, providers, etc.; plan contents (vision, values, population priorities); next steps (goals, objectives, community engagement, synthesizing data, etc.); proposed plan (scope of work, advisory committee, community engagement, etc.); and the State's commitment to collaborate, share data, and align efforts with Los Angeles County.
- The next PP&A meeting is Tuesday February 15, 2022 from 1-3 PM. The Committee looking for a Co-Chair. DHSP will present FY 2021 (PY31) fiscal data and continue their discussion on Comprehensive Program Directives to DHSP for Ryan White Part A, MAI and Prevention Programs.

(3) Standards and Best Practices (SBP) Committee

- Erika Davies reported that the SBP Committee met on 2/1/22 and discussed the following:
- AJ King discussed the different components of the Comprehensive HIV Plan (CHP) and prompted the SBP Committee to share their thoughts on ways to determine if the existing standards incorporate a status neutral approach; shared that other COH groups/sub-groups have identified workforce issues HIV clinicians face when providing care; and noted he is in the process of preparing a survey to collect information on workforce and healthcare delivery systems to assess the needs and identify additional issues. SBP Committee members (*Dr. Paul Nash and Wendy Garland volunteered*) will assist with the development of the assessment tool.

a. Benefit Specialty Service Standards | UPDATES

- The Committee reviewed the public comments received for the Benefits Specialty Services (BSS) standards and discussed the changes to the standards. COH staff will attend a webinar on 2/16 focused on aging adults living with HIV and benefits to learn if there are any information that can be integrated into the BSS standards.

b. Special Populations Best Practices Project

- COH staff presented a list of best practice resources to the Aging Task Force (ATF) and requested their feedback. COH staff also met with the Transgender Caucus and will focus on identifying best practice resources for the caucus.

c. Oral Health Service Standard: Dental Implants Inclusion | UPDATES

- The oral health service standards workgroup met on 1/11/22 and decided to utilize an external facilitator to lead the discussion during the subject matter expert (SME) panel. COH staff will work with the SBP co-chairs and DHSP to synthesize the feedback and draft guidelines for specialty dental providers regarding criteria for dental implants. The SME panel will be held on Thursday February 22nd, 2022, from 9am-11am.

Other items:

- The Co-chairs provided an overview of the 2022 SBP Committee workplan and voted to approve the 2022 workplan. Upon recommendation from the Division on HIV and STD Programs (DHSP), the SBP committee will put a hold on the review of the Home-based Case Management (HBCM) service standards, however, the Committee will not remove the item from their workplan. The Committee and DHSP need more time to review service utilization data and upcoming changes to service components at the State level. The Committee conducted a preliminary review of the HBCM standards document and recommended edits to the phrasing of service components and will revisit the document later this year.

(4) Public Policy Committee (PPC)

- K. Nelson reported on behalf of the PPC. AJ King, Next Level Consulting, Inc. attended the meeting to obtain feedback for the CHP. Some issues identified by the Committee included: hepatitis C treatment and outreach; impact of mass incarceration on health, housing and mental health disparities; highlighting local, state and federal policy changes in each section of the plan to support the goals identified; and identify and recommend shelter policies that reduce barriers to usage.
- Jesus “Chuy” Orozco provided a presentation on HOPWA programs followed by a discussion on housing policies. It was noted policies should close gaps in housing services. HOPWA is working with other housing agencies/organizations in Los Angeles County to reduce/eliminate siloing of services. The 3% administrative cap on HOPWA funds is a significant policy barrier for the City of Los Angeles.
- On March 7, 2022 the Committee will hold its First Annual Public Policy Priorities Stakeholder Community Consultation. The purpose of the consultation is to obtain community input on concrete policies/actions the Committee can take to improve HIV/AIDS prevention and care services. Attendees will be asked to review the Commission’s approved Policy Priorities as a starting point for the consultation.
- The Committee is working on presentations from several Community organizations such as the Black AIDS institute, Black Lives Matter, Justice Los Angeles Coalition and the authors of the BREATHE ACT. All are encouraged to attend. Look for the announcement in the near future.

B. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

(1) Aging Task Force (ATF)

J. Green reported that the Aging Task Force (ATF) met on Feb. 1 and discussed the following:

- Met with AJ King and provided feedback on making aging an area of focus for the Comprehensive HIV Plan.
- Reviewed and finalized the 2022 workplan focusing on working with the Standards and Best Practices Committee to ensure that service standards are responsive to the needs of older adults living with HIV.
- Prepared for a presentation to the Executive Committee on their accomplishments and recommendation to change the structure of the Task Force to a Caucus to facilitate ongoing community engagement and attention to the aging population. The presentation will occur at the Feb. 24 Executive Committee meeting.
- The next ATF meeting will be on March 1 at 1pm.
- D. Campbell strongly suggested that the ATF include individuals who acquired HIV perinatally not just those over 50 years of age.

(2) Black/African American Workgroup | UPDATE

- Danielle Campbell reported that they are working to determine their structure to engage the larger community and a standing meeting date.

(3) Consumer Caucus

- A. Burton reported that the Caucus hosted an “all Caucus” special meeting on December 8th, welcoming Mario Perez, Director, DHSP, to discuss and identify improvement strategies around DHSP’s Grievance Program. The meeting was successful, resulting in constructive feedback on how the Grievance Program can be improved which DHSP has committed to incorporating. The Caucus looks forward to ongoing collaborative opportunities with DHSP and progress updates on the Grievance Program to help improve the system of care for people living with and impacted by HIV.
- The Caucus met on January 13th and spent most of the meeting time discussing the Comprehensive HIV Plan (CHP). Consultant AJ King provided an overview of the CHP where he explained the purpose and different components of the CHP, his roles in the development of the CHP, and the different mechanisms for collecting community feedback he will employ. He emphasized the importance of consumer engagement and encouraged attendees to participate and help shape the CHP to address the needs of consumers.

- The Caucus is meeting on February 10 at 3-4:30PM; the meeting agenda and packet are available on the Commission's website. The meeting agenda will focus on 2022 workplan development, and progress updates the Division on HIV and STD Programs' (DHSP) Grievance Program, which will soon be renamed to the "Customer Support Line". All those who are living with or impacted by HIV are strongly encouraged to attend today's meeting.

(4) Prevention Planning Workgroup (PPW)

- The Prevention Planning Workgroup, led by Kevin Donnelly, met on January 26.
- PPW discussed the Comprehensive HIV Plan with AJ King by focusing on the prevent pillar of the Ending the HIV Epidemic initiative. Examples of feedback for prevention activities for the CHP include:
 - include prevention activities for other sexually transmitted infections (STIs), specifically, syphilis and gonorrhea for their connection to HIV. The workgroup would like to see the importance of STI screenings emphasized in the plan.
 - increase HIV testing programs in non-healthcare setting including home settings
 - increase awareness of PrEP, specifically among cisgender women of color.
 - address improvements needed in mental health services.
 - Identify data gaps in understanding PrEP utilization
 - increase prevention efforts among older adults, as this population accounts for 20% of new HIV infections.
 - consider geography-based targeted services.
 - improve data with more information on racial/ethnic breakdown by gender, transmission category, and age group to better address health disparities.
 - integrate long-acting injectables as a prevention strategy
- The next meeting will be held on February 23 from 5:30pm to 7:00pm. K. Donnelly stated that the PPW is looking for Co-Chairs and encouraged individuals to assume the leadership position.

(5) Transgender Caucus (TG)

- F. Darling Palacios reported that the Transgender Caucus met on January 25 at 10am and discussed the following:
 - Developed their 2022 workplan.
 - Provided feedback to AJ King on ideas to engage the trans community in shaping the Comprehensive HIV Plan.
 - Co-chair nominations were held and elections will occur at their meeting on 2/22. Isabella Rodriguez, Luckie Alexander, Mallery Robinson and Xelestial Moreno were nominated.
 - The Transgender Caucus will meet on 2/22 to plan virtual education activity for March 22 to commemorate Day of Trans Visibility (3/31)
 - The Caucus will meet monthly for 2022
 - F. Darling Palacios will not be running for Co-Chair; they feel proud to see the Transgender Caucus thrive with more individuals stepping up to the plate to serve as leaders.

(6) Women's Caucus

The Women's Caucus met on January 24 and the following are key topics discussed by the group:

- Received update from DHSP on the development of childcare RFP for women living with HIV. The RFP is expected to be completed around March or April 2022. DHSP also sent out a Request for Statement of Qualifications (RFSQ) to several agencies for women-centric programming on new biomedical HIV prevention, such as injectable pre-exposure prophylaxis (PrEP).
- The Women's Caucus will keep advocating for childcare for women living with HIV. The goal is to ensure that informal forms of childcare are also supported by the County.
- Danielle Campbell provided a presentation on a randomized controlled trial for an intervention for Black women living with HIV. The intervention is a culturally tailored, trauma-informed mobile health application titled

“LinkPositively.” The aims of LinkPositively are to improve self-efficacy for coping, provide social support networks, and improve utilization of ancillary support services.

- The Women’s Caucus discussed potential Lunch and Learn topics including Perinatal Syphilis & HIV Prevention, Biomedical Prevention Awareness for Women, and Sexual Health for Aging Women.
- The Women’s Caucus also discussed collaborating with the Transgender Caucus to possibly co-host activities and educational events that highlight the needs of women in the County.
- The next meeting will be held on Feb. 28 @ 2pm to 4pm and will discuss: feedback on the Comprehensive HIV Plan with AJ King; review and update program directives specific to the HIV service needs of women; finalize planning for March 2022 National Women & Girls HIV/AIDS Awareness Day. Dr. M. Cielo will present on Perinatal Syphilis and HIV Prevention for the March 21 Women’s Caucus meeting.

5. DISCUSSION

A. Los Angeles County Human Relations Commission Guided Discussion & Training: Disclosing, Part 2: Presenting Different Facts or Perspectives Robert Sowell, Assistant Executive Director, Los Angeles County Human Relations Commission (HRC), presented on the second part of disclosing training series. Refer to PPT presentation in meeting packet.

6. MISCELLANEOUS

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

- David Nash, a consumer, asked the County to work on simplifying the application and qualification process for wide range of social services provided to the community. He is a legally blind person and it is very challenging to meet the application requirements for services. He cited that the Section 8 housing application packet is cumbersome. The Alliance for Housing and Healing application has forms that require redundant information. He does not understand why he needs to submit new/redundant forms at different agencies. He applied for APLA’s dental program and the application forms ran the length of his apartment. He has a neighbor with no internet access and is on dialysis and he asked the audience to imagine the hardship of sending paper copies to get their services. He asked to simplify the process for applying for services for PLWHA.
- Received via email: My name is Lucy Massuh, I live in Los Angeles. I am an IHSS provider for person living with HIV/AIDS in WEHO. Even though the State does not monetarily recognized the need to send an endless stream of applications and supporting documents to access benefits and social services, can you imagine how hard this could be for a senior citizen without computer skills, office equipment or internet access. I would greatly appreciate anything you can do to simplify the applications processes.
- Received via email: My name is Mindy Perron. I currently live on the Big Island of Hawaii. I have a good friend of more than forty years, who lives in West Hollywood. He is legally blind and also has HIV/AIDS. I know that he struggles with the challenges of filling out multiple applications for a range of benefits. Anything you can do to simplify and streamline this redundant process would be greatly appreciated.
- B. Gordon fully supports simplifying the application process because HIV is not going away. Reduce all redundancies. People with HIV get the run around when seeking and applying for services.
- Jayda Arrington thanked G. Garth and D. Campbell and recognized Black History Month. She found the dialogue empowering as a Black woman.
- K. Donnelly spoke to the issue of public comments at the Executive Committee and encouraged the public to share their lived experience to help the COH with its planning duties. He is delighted to hear public comments today.

B. COMMISSION NEW BUSINESS ITEMS: OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR FULL BODY OR COMMITTEE DISCUSSION ON FUTURE AGENDAS, OR MATTERS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR WHERE NEED TO TAKE ACTION AROSE SUBSEQUENT TO POSTING THE AGENDA. NO NEW BUSINESS

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

- B. Gordon would like to add misogyny in the list of isms in the COH Code of Conduct.
- L. Kochems recognized French researcher Luc Montagnier, who has died at 89. He shared the Nobel medicine prize for his vital early discoveries on AIDS. He encouraged individuals to read the NY Times for history and learn about his contributions and how the world responded to HIV in its early days.
- K. Donnelly announced that the LA Women's Task Force has sponsored a yearly summit that has been very successful. They need individuals to assume leadership positions. Their next meeting will be on February 15 at 9:30am. He encouraged people to check out their Facebook page and get involved in their great work.

D. ADJOURNMENT AND ROLL CALL:

Roll Call (Present): A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, J. Gates, G. Garth, G. Granados, J. Green, T. Green, F. Gonzalez, K. Halfman, L. Kochems, D. Murray, K. Nelson, J. Orozco, M. Pérez, I. Rodriguez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, R. Stevens, D. Campbell, and B. Gordon

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve the January 13, 2022 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 3: Approve the 2021 Annual Report, as presented or revised.	<p>Passed by Majority Roll Call Vote</p> <p>Ayes: Alvarez, Alvizo, Ballesteros, Burton, Cielo, Stevens, Darling Palacios, Davies, Donnelly, Findley, Fuller, Gates, Garth, Granados, J. Green, T. Green, Gonzalez, King, Kochems, Moreno, Murray, Nelson, Orozco, Perez, Preciado, Martinez, Rodriguez, Rosales, San Agustin, Sattah, Spencer, Stalter, Thomas, Valero, Campbell, Gordon</p> <p>Opposition: None</p> <p>Abstentions: Halfman</p>	<p>MOTION PASSED</p> <p>AYES: 36</p> <p>OPPOSED: 0</p> <p>ABSTENTIONS: 1</p>

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
RYAN WHITE PART A, MAI YR 31 AND PART B YR 31 EXPENDITURES BY RWP SERVICE CATEGORIES
Expenditures reported by January 11, 2022

1	2	3	4	5	6	7	8	9	10	11
SERVICE CATEGORY	YEAR TO DATE EXPENDITURES PART A	YEAR TO DATE EXPENDITURE S MAI	TOTAL YEAR TO DATE EXPENDITURES PART A AND MAI (Total Columns 2+3)	FULL YEAR ESTIMATED EXPENDITURES PART A	FULL YEAR ESTIMATED EXPENDITURE S MAI	FULL YEAR ESTIMATED EXPENDITURE S PART A + MAI (Total Columns 5+6)	YEAR TO DATE EXPENDITURES PART B	FULL YEAR ESTIMATED EXPENDITURE S PART B	TOTAL YEAR TO DATE EXPENDITURES FOR RWP SERVICES (Total Columns 4+8)	COH YR 31 ALLOCATIONS FOR HRSA PART A AND MAI
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	\$ 5,326,778	\$ -	\$ 5,326,778	\$ 7,413,108	\$ -	\$ 7,413,108	\$ -	\$ -	\$ 5,326,778	\$ 9,258,477
MEDICAL CASE MGMT (Medical Care Coordination)	\$ 8,346,408	\$ -	\$ 8,346,408	\$ 11,198,981	\$ -	\$ 11,198,981	\$ -	\$ -	\$ 8,346,408	\$ 12,174,533
ORAL HEALTH CARE	\$ 3,858,564	\$ -	\$ 3,858,564	\$ 6,980,687	\$ -	\$ 6,980,687	\$ -	\$ -	\$ 3,858,564	\$ 5,298,780
MENTAL HEALTH	\$ 300,955	\$ -	\$ 300,955	\$ 361,145	\$ -	\$ 361,145	\$ -	\$ -	\$ 300,955	\$ 264,747
HOME AND COMMUNITY BASED HEALTH SERVICES	\$ 1,785,389	\$ -	\$ 1,785,389	\$ 2,396,367	\$ -	\$ 2,396,367	\$ -	\$ -	\$ 1,785,389	\$ 2,693,515
NON-MEDICAL CASE MANAGEMENT-Benefits Specialty Services	\$ 1,187,415	\$ -	\$ 1,187,415	\$ 1,447,945	\$ -	\$ 1,447,945	\$ -	\$ -	\$ 1,187,415	\$ 1,339,084
NON-MEDICAL CASE MANAGEMENT-Transitional Case Management	\$ 310,594	\$ 239,270	\$ 549,864	\$ 519,369	\$ 239,270	\$ 758,639	\$ -	\$ -	\$ 549,864	\$ 302,422
HOUSING-RCFCI, TRCF	\$ 98,607	\$ -	\$ 98,607	\$ 194,971	\$ -	\$ 194,971	\$ 2,979,308	\$ 3,811,300	\$ 3,077,915	\$ 403,647
HOUSING-Temporary and Permanent Supportive with Case Management	\$ -	\$ 2,065,425	\$ 2,065,425	\$ -	\$ 2,733,251	\$ 2,733,251	\$ -	\$ -	\$ 2,065,425	\$ 2,967,007
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 620,400	\$ 827,200	\$ 620,400	Part B
MEDICAL TRANSPORTATION	\$ 337,565	\$ -	\$ 337,565	\$ 414,122	\$ -	\$ 414,122	\$ -	\$ -	\$ 337,565	\$ 790,405
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	\$ 1,745,959	\$ -	\$ 1,745,959	\$ 2,622,221	\$ -	\$ 2,622,221	\$ -	\$ -	\$ 1,745,959	\$ 2,789,438
EMERGENCY FINANCIAL ASSISTANCE	\$ 484,147	\$ -	\$ 484,147	\$ 601,678	\$ -	\$ 601,678	\$ -	\$ -	\$ 484,147	\$ -
REFERRAL/OUTREACH (LINKAGE AND REENGAGEMENT PROGRAM)	\$ 225,593	\$ -	\$ 225,593	\$ 601,582	\$ -	\$ 601,582	\$ -	\$ -	\$ 225,593	\$ -
LEGAL	\$ 328,642	\$ -	\$ 328,642	\$ 369,664	\$ -	\$ 369,664	\$ -	\$ -	\$ 328,642	\$ 88,249
SUB-TOTAL DIRECT SERVICES	\$ 24,336,616	\$ 2,304,695	\$ 26,641,311	\$ 35,121,840	\$ 2,972,521	\$ 38,094,361	\$ 3,599,708	\$ 4,638,500	\$ 30,241,019	\$ 38,369,155
YR 31 ADMINISTRATION (INCLUDING PLANNING COUNCIL)	\$ 4,637,537	\$ 264,891	\$ 4,299,341	\$ 4,034,450	\$ 363,270	\$ 4,397,720	\$ 212,421	\$ 361,500	\$ 4,511,762	
YR 31 CLINICAL QUALITY MANAGEMENT (HRSA Part A Legislative Requirement)	\$ 522,433	\$ -	\$ 522,433	\$ 1,178,277	\$ -	\$ 1,178,277	\$ -	\$ -	\$ 522,433	
TOTAL EXPENDITURES	\$ 29,496,586	\$ 2,569,586	\$ 31,463,085	\$ 40,334,567	\$ 3,335,791	\$ 43,670,358	\$ 3,812,129	\$ 5,000,000	\$ 35,275,214	
TOTAL GRANT AWARD				\$ 40,344,502	\$ 3,632,709	\$ 43,977,211		\$ 5,000,000		
VARIANCE				(9,935)	(296,918)			0		
Estimated MAI Carryover from YR 21 to YR 22	\$	306,853								

Note: Amount in () means that the amount of estimated expenditures is less than the grant award

Emergency Financial Assistance Program Totals
MARCH 1, 2021 - NOVEMBER 30, 2021

Total Applications	Received	Pending	Approved	Referred Out	Withdrawn	Returned Unprocessed	Denied	2nd Requests
Housing for Health	126	11	102	4	15	9	0	17
Alliance for Housing and Healing	374	130	244	0	11	15	2	
TOTAL	500	141	346	4	26	24	2	

Primary Type of Assistance (indicate number of	Rent	Utilities	Food	Transportation	Medication	Total
HFH	102	22	2	0	0	126
AHH	187	52	5	0	0	244
TOTAL	289	74	7	0	0	370
%	78.11%	20.00%	1.89%			

Report having experienced additional financial instability that prevent them from covering monthly living expenses (indicate number of clients answering Y/N)	HFH	AHH
YES	126	187
NO		

DEMOGRAPHIC INFORMATION (Unduplicated)	TOTAL HFH	TOTAL AHH	TOTAL	%
Gender				
Male	70	320	390	81.76%
Female	27	49	76	15.93%
Transgender	6	4	10	2.10%
Missing		1	1	0.21%
TOTAL	103	374	477	
Age				
18-29	8	14	22	4.62%
30-39	22	67	89	18.70%
40-49	26	86	112	23.53%
50+	46	207	253	53.15%
TOTAL	102	374	476	
Race				
American Indian or Alaskan Native	0	0	0	0.00%
Asian	5	14	19	3.99%
Black or African American	34	99	133	27.94%
Native Hawaiian or Other Pacific Islander	1	1	2	0.42%
White	62	213	275	57.77%
Missing	0	47	47	9.87%
TOTAL	102	374	476	
Ethnicity				
Hispanic/Latinx	36	167	203	42.47%
Non Hispanic/Latinx	62	197	259	54.18%
Don't know	5	0	5	1.05%
Refused	1	10	11	2.30%
TOTAL	104	374	478	

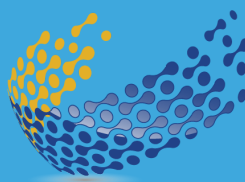
The Los Angeles County Commission on HIV, in Partnership with the Center for HIV Identification, Prevention, and Treatment Services (CHIPTS), presents

Piloting TelePrEP Information Sessions to Increase PrEP Awareness and Uptake among Black and Latina Cisgender Women.

A Colloquia Presentation by Dr. Dilara Uskup and Omar Nieto.

THURSDAY, MARCH 10, 2022 • 9:30 AM *

*AS PART OF THE COMMISSION ON HIV MEETING AGENDA



CHIPTS
Center for HIV Identification, Prevention
and Treatment Services



LOS ANGELES COUNTY
COMMISSION ON HIV



Piloting TelePrEP Information Sessions to Increase PrEP Awareness and Uptake among Black and Latina Cisgender Women

Staff Bios

Dilara Üsküp Ph.D., Ph.D. is an Investigator in the Department of Family Medicine at the University of California, Los Angeles, and an Assistant Professor in Internal Medicine at Charles R. Drew University of Medicine and Sciences. Her burgeoning research portfolio includes the areas of politics and theology, HIV prevention, cannabis, and social equity, and health policy. Dr. Üsküp also serves as the Co-Principal Investigator of the TelePrEP Project.

Omar Nieto worked as the Project Director for the Ending the HIV Epidemic supplemental projects to increase PrEP awareness and uptake among Black and Latina Cisgender Women. In this role, Omar helped develop training materials and resources, conduct in-depth interviews and qualitative data analysis, and acted as the main point of contact for the two agencies who participated in the project.

Piloting TelePrEP Information Sessions to Increase PrEP Awareness and Uptake among Black and Latina Cisgender Women

Los Angeles County Commission on HIV
March 10, 2022

Study Team:

Dilara Üsküp, PhD, PhD (presenter)

Omar Nieto, BA (presenter)

Elena Rosenberg-Carlson, MPH

Ronald Brooks, PhD

Sung-Jae Lee, PhD

Norweeta Milburn, PhD

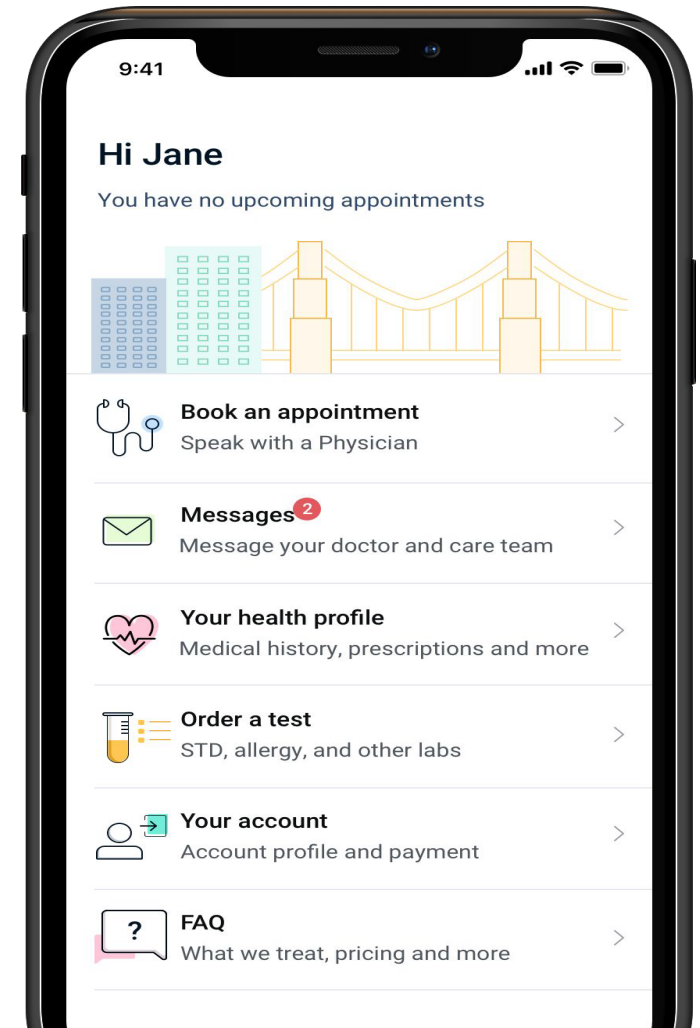
Background

- CHIPTS hosted a community consultation to assess the perceived acceptability and appropriateness of five digital technology products to optimize PrEP outcomes in LA County.
- Participants believed that the stand-alone telemedicine services could benefit Black and Latina Cisgender Women (BLCW).



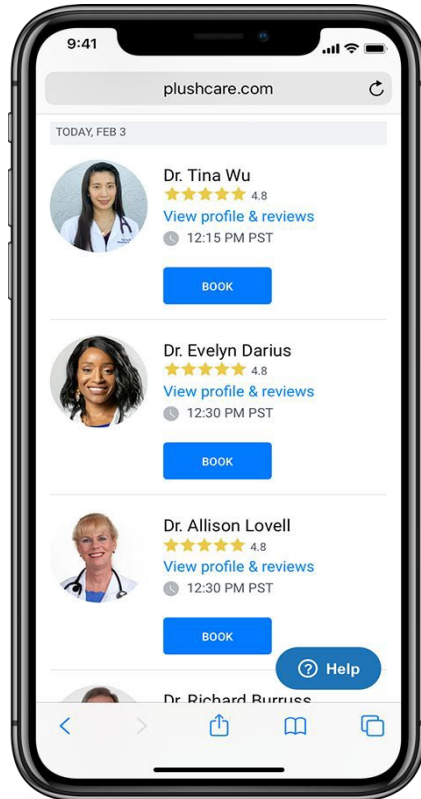
Background (Cont'd)

- CHIPTS received additional EHE funding to pilot an implementation strategy to increase PrEP awareness and uptake among BLCW through use of PlushCare.
- PlushCare is a stand-alone telemedicine “app” that exclusively provides virtual/remote delivery of clinical services, including PrEP.

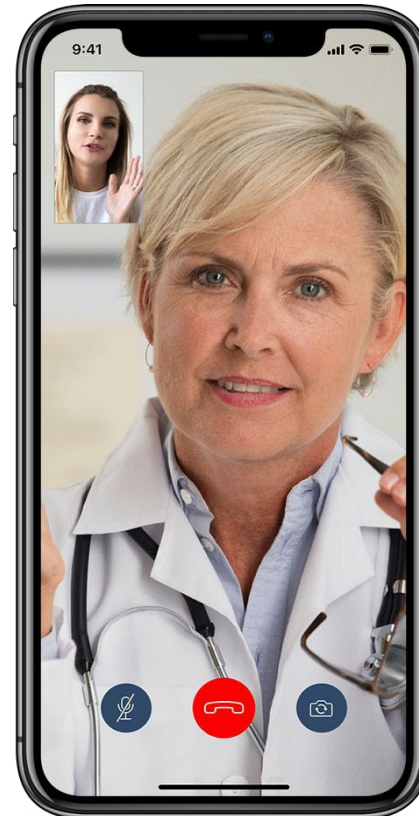


PlushCare

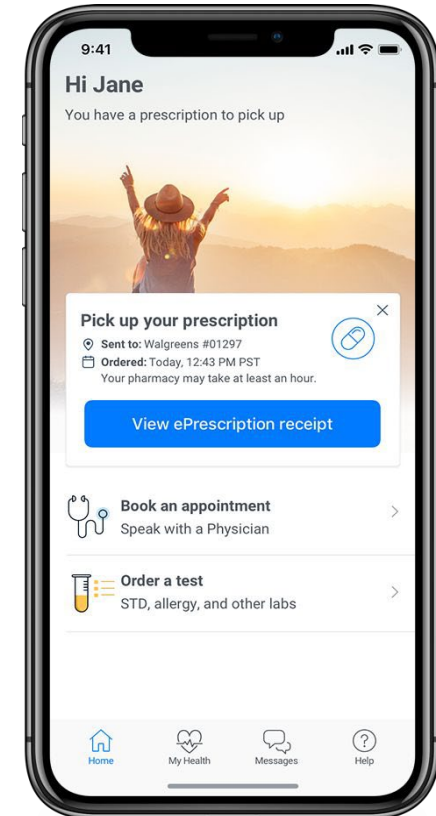
- PlushCare allows clients to:



Choose their primary provider
from a pool of available
physicians



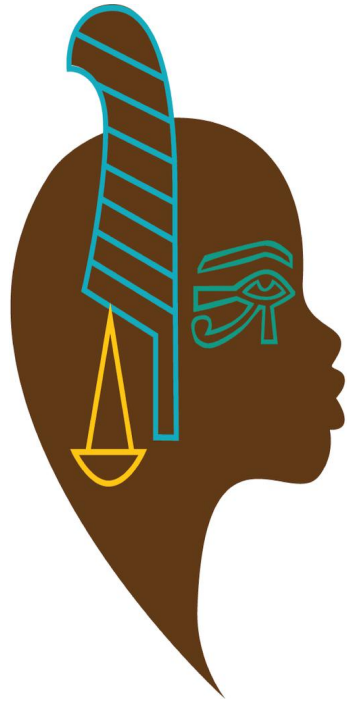
Schedule virtual consultation
visits and send private messages
with a licensed physician



Have medications delivered
or available for pick-up at a
nearby pharmacy

Study Sites

- This study employed a community-partnered implementation approach to increase PrEP awareness and use of PlushCare for PrEP among BLCW at two community-based organizations that do not provide clinical services:



BLACK WOMEN
FOR WELLNESS



Study Site Characteristics

Black Women for Wellness	East Los Angeles Women's Center
Primarily services Black women and youth.	Primarily services Latinx youth, women, and families – mostly immigrants/mono-lingual Spanish speakers.
Offers services that create, improve, and establish holistic wellness for Black women and girls through health education, empowerment, and advocacy.	Offers culturally responsive services to ensure that women, girls, and their families live in a place of safety, health, and personal well-being.
Provides sexual and reproductive health education, particularly on issues that disproportionately impact Black women.	Has an established HIV prevention and treatment education program.
Mobilizes community members through policy work, campaigns, and educational trainings.	Provides trauma-informed services and linkage to support for women who are HIV+ as a result of sexual or domestic violence.
For more information, visit: https://www.bwwla.org/	For more information, visit: https://www.elawc.org/

Implementation Strategy: TelePrEP Information Sessions

The study team trained staff at Black Women for Wellness (BWW) and East Los Angeles Women's Center (ELAWC) to conduct TelePrEP Information Sessions with their BLCW clients to:



Educate

- Raise awareness and knowledge of PrEP among BLCW.



Motivate

- Motivate BLCW to consider using PlushCare as an option to access PrEP.

Methods

1

Agency staff completed monthly client engagement logs and submitted them to the study team.

- Descriptive statistics were calculated.

2

The study team conducted qualitative interviews to assess the acceptability and appropriateness of the TelePrEP Information Sessions, PrEP, and PlushCare.

- Data were analyzed using standard thematic analysis methods.

Findings from Client Engagement Logs

Client Engagement Logs

- As part of the client engagement logs, health educators were asked to document the following information about each Information Session:

[illegible]

BWW: Overall Agency Findings



83

Participants

22

Interested in PrEP

15

Interested in PlushCare

11

Sessions

265
total
minutes

15 - 45
minutes
each

24
minutes
average

Type

■ Individual ■ Group

3

8

BWW: Notes from Client Engagement Logs

Some of the groups were open-minded and engaged.

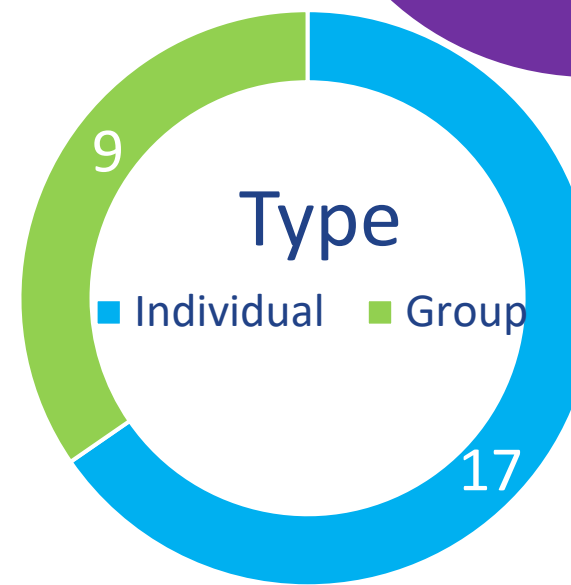
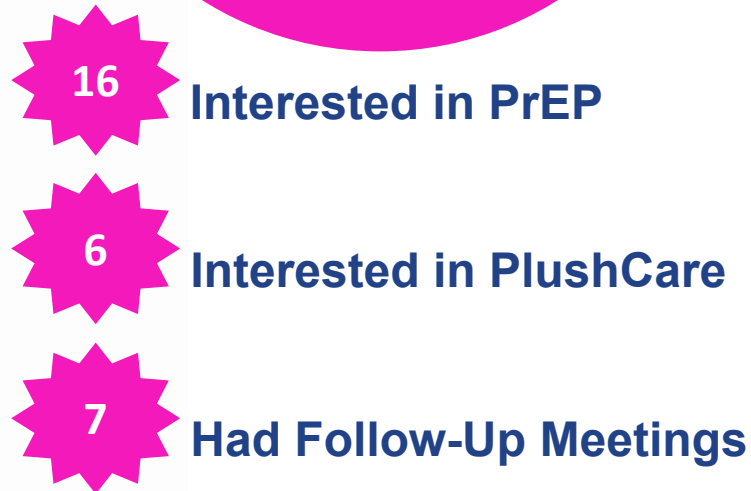
Participants raised important concerns about the safety of PrEP.

Participants did not understand why Black women were specifically being targeted for PrEP, and they did not believe HIV stigma was real.

There was a lot of misinformation and mistrust about medicine.

Participants feared partners would “lie” about their HIV status if they were undetectable.

ELAWC: Overall Agency Findings



ELAWC: Notes from Client Engagement Logs

Most women were unaware of PrEP.

Some clients requested an additional one-on-one session to learn more about PrEP & PlushCare.

It was difficult for some to have privacy through Zoom.

One client wanted PrEP, but was embarrassed to talk to her doctor about why she needs the medication.

One other client was interested in using PlushCare, but was concerned because her partner had control of her phone.

Key Highlights from Qualitative Interviews

Goals of the Qualitative Interviews

We explored the following topics in the interviews with LCW clients:

1

- Perceived HIV risk

2

- Acceptability and appropriateness of the TelePrEP Information Sessions

3

- Awareness and knowledge of PrEP

4

- Motivation or interest in using PrEP

5

- Knowledge and awareness of PlushCare for PrEP

6

- Motivation or interest in using PlushCare for PrEP

7

- Acceptability and appropriateness of PlushCare

Definitions of Acceptability and Appropriateness

Acceptability

- The perception among implementation stakeholders that a given intervention is agreeable or satisfactory. Acceptability can be measured from the perspective of various stakeholders, such as senior leadership, health educators, and consumers.

Appropriateness

- The perceived fit, relevance, or compatibility of an intervention for a given practice setting, provider, or consumer; and/or perceived fit of an intervention to address a particular issue or problem.

LCW Participant Demographic Information

N=20

Characteristics	n	(%)
Age (years): mean (range)	41 (26-62)	
Straight/heterosexual	17/19	89.5%
Completed some high school or received high school diploma/GED	13/20	65.0%
Employed (full-time, part-time, or other)	13/19	68.4%
Annual income of \$20,000 or less	12/17	70.6%
Have health insurance	16/20	80.0%

The majority of LCW did not know about PrEP and PlushCare

Characteristics	n	(%)
Knew nothing at all about PrEP	12/20	60.0%
Knew nothing at all about PlushCare	18/18	100.0%

“If I’m being honest, I knew nothing about PrEP before. I was totally unaware. When I attended the talk, I thought it was very interesting because they talked about things I’d never heard of...” (Spanish speaker, age 46)

The Information Sessions increased knowledge and awareness of PrEP and PlushCare

“One of the things I learned is that you can take that pill daily, just like contraceptive pills...Women need to take it for more than a week to stay protected. It prevents HIV from entering the body in case you are with someone who’s HIV-positive. I like that information because it’s another way you can protect yourself as a woman, as a man.” (Spanish speaker, age 54)

LCW viewed the Information Sessions as acceptable

“I liked learning about this medication because I didn’t know it existed. I hadn’t heard of it. It was very informative. There wasn’t anything I didn’t like. I found everything interesting.” (Spanish speaker, age 42)

LCW viewed the Information Sessions as appropriate

“We’re women. We’re experimenting with sexual relationships, and we’re in a process where such basic information is needed. To me, that information is very useful.” (Spanish speaker, age 40)

LCW generally expressed positive attitudes about PrEP

“For me, it is very important to know more about [PrEP] and be able to get the medication because the moment I have a sexual relationship, I know I will be protected in many ways.” (Spanish speaker, age 50)

LCW generally expressed positive attitudes about PlushCare

“I feel like it's faster to just message a doctor and ask a question. I feel like you get responded to quickly with the apps. It's a lot easier just to schedule your appointment with an app, and you can see your test results and everything. So, it's good. I really love it.” (English speaker, age 34)

The majority of LCW did not feel they were at sufficient risk to warrant PrEP use

Characteristics	n	(%)
Not at all or only slightly concerned about HIV	15/20	75.0 %

“Although I don't have a relationship right now, I am interested, and I am concerned about what they explained to us because...For me, it is very important to know more about this and be able to get the medication because the moment I have a sexual relationship, I know I will be protected in many ways.” (Spanish speaker, age 50)

Conclusions



- The TelePrEP Information Sessions were very successful in raising awareness and knowledge of PrEP and PlushCare among LCW clients.
- LCW generally viewed the TelePrEP Information Sessions as acceptable and appropriate, and expressed positive attitudes about PrEP and PlushCare.
- The majority of LCW who participated in the Information Sessions did not believe they were at sufficient risk to warrant using PrEP and/or PlushCare to access PrEP.

Conclusions (Cont'd)



- Connecting BLCW to PrEP services will require extensive time and support (particularly because PrEP is so novel among these populations).
- We must tailor our PrEP implementation efforts so they are mindful of the time required to connect BLCW to services.

Acknowledgements

- National Institute of Mental Health (Sponsor Award Number 3P30MH058107-24S1)
- East Los Angeles Women's Center: Thelma Garcia, Alejandra Aguilar Avelino, Karla Morales, Lizette Villanueva, and Monica Lerma
- Black Women for Wellness: Jan Robinson Flint, Akil Bell, Stephanie Haynes, Aareka Davis, Milan Eatmon, Isabella Faith, and Adrienne Spires
- PlushCare: Dr. James Wantuck, Jonathan Bandy, Seth Ragonese, Michael Contreras, and Dr. Cristina Garcia
- Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP): Dr. Sonali Kulkarni



Thank You

The text 'Thank You' is written in a large, elegant, cursive script. The word 'Thank' is in a light blue color, and 'You' is in a darker blue. The text is surrounded by five small, five-pointed stars in a light blue color. The stars are positioned at the top left, top right, middle left, middle right, and bottom center of the text.

Immigrant Latino MSM PrEP Project

Overview

- The goal of this EHE planning project is to develop implementation strategies to enhance PrEP delivery to immigrant Latino gay, bisexual, and other men who have sex with men (GB/MSM) in Los Angeles County
- For this project, we are partnering with two community-based organizations that provide services to immigrant Latino GB/MSM:



Research Activities

- 1) We will conduct **in-depth interviews** in Spanish and English with immigrant Latino GB/MSM (n=20) to explore their experiences accessing sexual health and HIV prevention services.
- 2) We will conduct **in-depth interviews** with key informants servicing immigrant Latino GB/MSM (n=6) to identify prospective barriers to PrEP delivery to this population.
- 3) We will engage community stakeholders (n=30) in a **Concept Mapping** process to conceptualize, deliberate, rate, and sort implementation strategies to improve PrEP delivery to immigrant Latino GB/MSM.

Now Recruiting!

In-Depth Interviews with Immigrant Latino GB/MSM

**A UCLA RESEARCH STUDY:
ENHANCING PREP DELIVERY
TO IMMIGRANT LATINO MSM
IN LOS ANGELES COUNTY**

**WHO IS ELIGIBLE FOR
THE STUDY?**

- Latino men who have sex with men
- Age 18 or older
- Foreign-born
- Living in Los Angeles County
- HIV-negative or unknown status

Last updated:
Feb. 23, 2022

For more information, please
call: (310) 794-0229

**UN ESTUDIO DE
INVESTIGACIÓN DE UCLA:
MEJORAR LA ENTREGA DE PREP A
LATINOS INMIGRANTES MSM EN EL
CONDADO DE LOS ÁNGELES**

**¿QUIÉNES CALIFICAN
PARA ESTE ESTUDIO?**

- Hombres Latinos que tienen sexo con otros hombres
- Edad de 18 o mayores
- Nacidos fuera de los Estados Unidos
- Viven en el Condado de Los Ángeles
- Estatus de VIH negativo o desconocido

Fecha de actualización:
March 1, 2022

For more information, please
call: (562) 377-6640

Q&A

Dilara Üsküp, PhD, PhD: duskup@g.ucla.edu

Omar Nieto, BA: onieto@mednet.ucla.edu

Ronald A. Brooks, PhD: rabrooks@mednet.ucla.edu

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

In This Issue:

- Strategy A
- Strategy B
- Strategy G
- Strategy H
- Strategy J
- Strategy K

Staff Highlight:

The Harm Reduction Unit's **Matt Curtis** has received the UCSF SPOT Award for significant achievements in 2021. Matt built a new relationship between the California Department of Public Health (CDPH), OA and the Department of Health Care Services (DHCS), resulting in DHCS issuing a \$7 million funding opportunity to bring low-barrier medication for opiate use disorder to syringe services programs (SSPs). This project represents the first time that DHCS has funded SSPs, which have provided services to people who use drugs for more than 30 years in California.

Matt also collaborated with colleagues around the U.S. to address the national shortage of affordable injectable naloxone, the drug that reverses overdose. His effort to shift SSPs to a more affordable product reduced cost-pressure on the DHCS Naloxone Distribution Project, and eliminated bottlenecks and backorders that had left programs scrambling to find the product. His collaborative work led to a new agreement by a pharmaceutical company to offer affordably priced naloxone to all SSPs in the U.S., an initiative that will save lives not just in California, but nationally. Please join us in congratulating Matt on this well-deserved award.

HIV Awareness:

March 10th is National Women and Girls HIV/AIDS Awareness Day (NWGHAAD).

NWGHAAD is recognized annually to raise awareness about the impact of HIV on women and girls and show support to those living with HIV. This day is observed to encourage women and girls to protect themselves from HIV through prevention, testing and treatment.

According to CDPH HIV Surveillance data, in 2019 there were 4,396 new HIV diagnoses in California. Of those, 15% were among women – 12% cisgender women and 3% trans women. A factsheet depicting demographics pertaining to HIV in women is located in both English, [HIV and Women in California - Infographic - 9/2021](#) and Spanish, [VIH y Mujeres en California - Infographic - 09/2021](#).



March 20th is National Native HIV/AIDS Awareness Day (NNHAAD). NNHAAD is observed to raise awareness, overcome stigma and encourage testing for American Indians, Alaska Natives and Native Hawaiian communities. NNHAAD is purposely celebrated on the first day of Spring as a symbol of new beginnings, in many Native communities.

March 31st is International Transgender Day of Visibility (TDOV). TDOV is observed to celebrate and acknowledge the many accomplishments and contributions transgender people have made to society. This day is meant to educate and bring attention to the continued struggle faced by those in the transgender community and raising awareness of discrimination faced by transgender people worldwide. Over a dozen states are currently introducing anti-trans laws while the Governor of Texas has directed officials to investigate parents of trans children for child abuse after declaring gender-affirming care as a crime.

General Office Updates:

COVID-19

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

Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Racial Justice and Health Equity

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

increasing OA knowledge and attitude on RHE among leadership and staff.

The workgroup met in February and reported back on various diversity, equity and inclusion surveys completed by OA and Division wide. We are revisiting “the why” of the OA RHE workgroup by watching brief video of personal reflections and stories from people discussing race, inequities, inclusiveness and white privilege.

HIV/STD/HCV Integration

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

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

National Clinician Consultation Center



Aging with HIV is an increasingly complex topic involving multi-morbidity and diverse psychosocial concerns. These underscore the importance of developing and sustaining programs and practices which embrace a “whole person” approach to promote health and ensure care coordination and case management needs are met. To be most effective, care plans should be person-centered—each individual’s specific health conditions (physical and mental),

medications, quality of life, and goals should be carefully considered. The [National Clinician Consultation Center's HIV Warmline](#) team of experienced, multi-professional clinicians (including clinical pharmacist specialists) provides tailored clinical consultation support. Consultants are available to review and address use of "high-risk" medications in older adults with HIV, share [information on age-appropriate screening and management of aging-related conditions](#), and offer guidance on ART simplification to reduce risk of [ARV-associated toxicity, drug interactions, and polypharmacy](#). Any health care provider can reach the NCCC's HIV Warmline by calling 800-933-3413 (toll-free) or [submitting a case/question online](#). [Information for non-health care providers](#) can be found at www.cdc.gov/hiv/group/age/olderamericans/index.html.

PrEP-Assistance Program (AP)

As of February 28, 2022, there are 199 PrEP-AP enrollment sites covering 174 clinics that currently make up the PrEP-AP Provider network.

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

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 4 of this newsletter.

Strategy B: Increase and Improve HIV Testing

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

In the first 17 months, between September 1, 2020, and January 31, 2022, 2524 tests were distributed. TakeMeHome has continued to expand the offering of mail-in dried blood spot HIV, STI, and Hepatitis C lab tests in addition to oral swab tests. In January, Orange County became the third EtHE county offering mail-in lab-based tests. This month, lab tests accounted for 46 (31.7%) of the 145 total tests distributed.

Of individuals ordering a test in January, 33.8% reported never before receiving an HIV test, and 44.1% were 18 to 29 years of age. Among individuals reporting ethnicity, 31.5% were Hispanic/Latinx, and of those reporting sexual history, 41.4% indicated 3 or more partners in the past 12 months. To date, 346 recipients have filled out an anonymous follow up survey, with 94.5% indicating they would recommend TakeMeHome HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (73.4%) or having had more than one sex partner in the past 12 months (62.4%).

Strategy G: Improve Availability of HIV Care

OA's HIV Care Branch is looking for new Housing Opportunities for Persons with AIDS (HOPWA) Program and the HIV Care Program (HCP) providers for the Northern Sacramento Valley. We will be releasing Requests for Applications (RFA) later in March. The [RFAs](#) will be posted on our website at www.cdph.ca.gov/programs/cid/doa/pages/oa_rfa.aspx.

RFA 22-10226: HOPWA provides housing assistance and supportive services to prevent or reduce homelessness for persons living with HIV (PLWH). Local government entities (e.g., health departments or community development agencies) and non-profit community-based organizations may apply. The service area includes Butte, Colusa, Glenn, Shasta, Sutter, Tehama, Trinity, and Yuba Counties, but

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	308	7%	---	---	---	---	51	1%	359	8%
25 - 34	1,239	27%	1	0%	---	---	391	9%	1,631	36%
35 - 44	1,052	23%	---	---	1	0%	265	6%	1,318	29%
45 - 64	835	18%	1	0%	19	0%	169	4%	1,024	23%
65+	50	1%	---	---	152	3%	11	0%	213	5%
TOTAL	3,484	77%	2	0%	172	4%	887	20%	4,545	100%

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	175	4%	---	---	34	1%	24	1%	---	---	105	2%	5	0%	16	0%	359	8%
25 - 34	894	20%	1	0%	155	3%	94	2%	4	0%	390	9%	14	0%	79	2%	1,631	36%
35 - 44	832	18%	4	0%	101	2%	66	1%	2	0%	265	6%	7	0%	41	1%	1,318	29%
45 - 64	754	17%	3	0%	41	1%	26	1%	2	0%	183	4%	---	---	15	0%	1,024	23%
65+	48	1%	1	0%	3	0%	3	0%	---	---	157	3%	---	---	1	0%	213	5%
TOTAL	2,703	59%	9	0%	334	7%	213	5%	8	0%	1,100	24%	26	1%	152	3%	4,545	100%

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

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	560	12%	1	0%	8	0%	16	0%	---	---	17	0%	---	---	1	0%	603	13%
Male	2,005	44%	8	0%	308	7%	192	4%	7	0%	1,055	23%	24	1%	142	3%	3,741	82%
Trans	127	3%	---	---	13	0%	4	0%	1	0%	14	0%	2	0%	2	0%	163	4%
Unknown	11	0%	---	---	5	0%	1	0%	---	---	14	0%	---	---	7	0%	38	1%
TOTAL	2,703	59%	9	0%	334	7%	213	5%	8	0%	1,100	24%	26	1%	152	3%	4,545	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 02/28/2022 at 12:01:00 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

applicants will have the option to serve smaller service areas within this eight-county region. The award amount for all eight counties is approximately \$325,000 but may vary if multiple service areas are funded.

RFA 21-10947: HCP, which is funded by the Ryan White HIV/AIDS Program (RWHAP), provides HIV care and support services for low income and uninsured PLWH. Local health departments, non-profit community-based organizations, existing RWHAP-funded recipients or subrecipients, and Federally Qualified Health Centers or other community clinics may apply. The service area for this grant includes Shasta, Tehama, and Trinity Counties. The award amount is approximately \$234,000.

For more information, please check our [“Request for Applications” webpage](#) frequently. The RFAs will include key dates, including information on a technical assistance webinar.

Strategy H: Improve Integration of HIV Services with Sexually Transmitted Disease (STD), Tuberculosis, Dental, and Other Services

We have released the [CDPH 2022-2026 Integrated Statewide HIV, HCV, and STI Strategic Plan](#), entitled *Ending the Epidemics: Addressing Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California*. This plan was developed throughout 2021 with input from a workgroup composed of diverse voices from CDPH staff, key stakeholders, and people with lived experience. This plan shares what we hope to accomplish together with people at the state and local levels throughout California in the next five years.

In this next year and phase of the Plan, we will develop a blueprint to support the successful implementation of the outlined strategies. We will be hosting multiple opportunities for community input with as many diverse groups and stakeholders as possible, including a

statewide townhall, electronic surveys, and regional virtual and in-person listening sessions throughout California. **The first event will be a virtual Statewide Townhall held on March 18, 2022 from noon to 2pm PST**, and will serve as an introductory session that allows California constituents the opportunity to hear about the proposed strategies and learn about initiatives that are already being implemented at the state level. More information about the virtual Statewide Townhall will be forthcoming.

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

ADAP’s Insurance Assistance Programs

As of February 28, 2022, the [number of ADAP clients enrolled in each respective ADAP Insurance Program](#) are shown in the chart at the top of page 6.

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

Harm Reduction Saves Lives Campaign

[Vital Strategies](#) launched the largest ever harm reduction campaign that included a featured ad in the New York Times. The campaign highlights the true impact of harm reduction on everyday people by showing their faces and telling the stories of individuals directly impacted by harm reduction.

[View ad](#) at https://www.supportharmreduction.org/pdf_viewer/nyt-ad-full.pdf.

[Support Harm Reduction Campaign](#) at <https://www.supportharmreduction.org/campaign/page/>.

Changes to Drug Paraphernalia Laws

OA released information to help clarify state law related to drug using supplies and to further protect harm reduction programs, participants,

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from January
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	473	-8.51%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,369	-9.00%
Medicare Part D Premium Payment (MDPP) Program	1,661	-9.33%
Total	7,503	-9.04%

staff and volunteers. Key takeaways: 1) anyone may possess an unlimited number of syringes for personal use in California and 2) no one should be arrested, prosecuted, or denied services based on syringe possession for personal use. Share with your networks to inform stakeholders about state law related to the provision of harm reduction supplies.

[Changes to California Drug Paraphernalia Laws and Effects on Public Health](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/DearColleague-Changes_to_Drug_Paraphernalia_Laws%20_2022_FINAL.pdf) can be found at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/DearColleague-Changes_to_Drug_Paraphernalia_Laws%20_2022_FINAL.pdf.

[Office of AIDS Syringe Exchange Programs Webpage](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx#) can be found at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx#.

Advancing Equity and Reducing Harm to Communities of Color from Drug Use

The consequences from drug use are not experienced equally and people of color,

particularly Black/African American people, face worse consequences than white people. The [California Emergency Department Bridge Project](#) created a tool for health care providers to understand this inequity and action items that aim to provide more equitable services for patients of color who use drugs.

The [tool](https://cabridge.org/resource/advancing-equity-and-reducing-harm-to-communities-of-color-from-drug-use/) can be found at <https://cabridge.org/resource/advancing-equity-and-reducing-harm-to-communities-of-color-from-drug-use/>.

For [more resources](https://cabridge.org/tools/resources/) visit <https://cabridge.org/tools/resources/>.

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

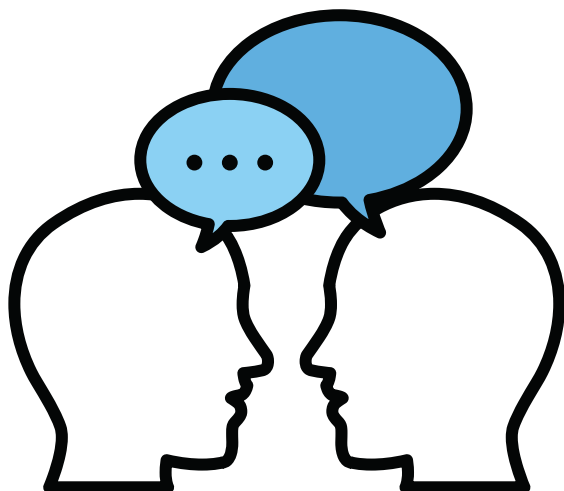


Los Angeles County Commission on HIV Training Schedule 2022

Come learn with us!

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

Trainings are mandatory for all Commissioners.



March 29

General Orientation

Commission on HIV Overview

3:00 - 4:30 PM - Register [here](#).

April 12

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).

July 21

Ryan White Care Act Legislative Overview

Membership Structure and Responsibilities

3:00 - 4:30 PM - Register [here](#).

August 17

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).

September 15

Priority Setting and Resource Allocation Process Service Standards Development

3:00 - 4:30 PM - Register [here](#).

October 20

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).

November 16

Policy Priorities and Legislative Docket Development Process

4:00 - 5:00 PM - Register [here](#).

November 17

Co-Chair Roles and Responsibilities (Virtual live)

4:00 - 5:00 PM - Register [here](#).

December 13

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).



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

October 9, 2020

To: Mario J. Perez, Director of HIV and STD Programs (DHSP), Department
of Public Health

From: Alvaro Ballesteros and Bridget Gordon, Co-Chairs, Commission on
HIV

Re: Program Directives for Maximizing Ryan White Part A and MAI Funds for Program Years
30, 31, 32

In keeping with the Commission on HIV's commitment to engage in multi-year priority setting and resource allocation planning for the next three years, the PP&A Committee has developed a set of program directives for program years (PY) 30, 31, and 32. The multi-year service rankings and allocations aim to assist DHSP in your programmatic planning and initiating the solicitations process so that services are in place by the start of the upcoming Ryan White program years.

Part A Planning Councils are required to "establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a Recipient should consider in allocating funds under a grant based on numerous factors including: "size and demographics of the population of individuals with HIV disease;" "priorities of the communities with HIV disease;" and "capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities."

Along with service priorities, the Planning Council (i.e., Commission on HIV) gives the Recipient (i.e., Division of HIV and STD Programs) directives for how to best meet the priorities. Directives are instructions that the Recipient must follow in developing requirements for providers for use in procurement and contracting. While the Planning Council has no involvement in the procurement process, it is responsible for providing guidance on service models or strategies, population priorities, and methods for overcoming barriers to care. (Mosaica for the HRSA/HAB TAC – 2007 – TARGET Center – <http://careacttarget.org>)

This document is a comprehensive list of program directives for the Division of HIV and STD Programs (DHSP) aimed at informing the design and implementation of HIV/STD program and service delivery in Los Angeles County (LAC). The Commission on HIV will review the document at least annually to ensure

alignment with funding, priorities, service needs and opportunities to advance the goals of ending the HIV epidemic in Los Angeles County.

Based on epidemiological data, the disproportionately impacted populations in Los Angeles County are **young MSM (YMSM), African American MSM, Latino MSM, and transgender persons**. Given the physiologic role that sexually transmitted diseases (STDs) play in HIV transmission, it is recognized that maximizing HIV prevention will require significant reduction in syphilis and gonorrhea cases, among these aforementioned groups and **women of color** (LACHAS, pg. 14).

The 2019 HIV Surveillance Report notes following areas of disparities:

- Largest gaps in awareness of HIV-positive status existed for persons aged <35 years, where over 50% of HIV-infected persons aged 13-24 years and one third of HIV-infected persons aged 25-34 years were unaware of their infection. Disparities also existed for persons who inject drugs (PWID), with over one-third of HIV-infected PWID unaware of their HIV-positive status and only 55% having been tested for HIV in the past 12 months.
- There are continued disparities in HIV diagnosis by population and geographic location. Rates of new HIV diagnosis are higher among men than women. Across age groups, young men aged 20-29 years and women aged 30-39 years had highest HIV diagnosis rates. Black men and women had higher rates of HIV diagnosis compared with other race/ethnicity groups. Among men the highest rates of diagnoses were seen in the Central, South, and Hollywood-Wilshire Health Districts, and the highest rates for women were seen in the Central, South, and Southeast Health Districts.
- Populations with lowest achievements in linkage to care were females, Blacks, adolescents, persons aged ≥ 60 years, and persons with injection drug use (IDU) or heterosexual transmission risk. Health Districts with greatest need for interventions to improve linkage to HIV care services were Antelope Valley, El Monte, and South Health Districts where linkage rates were ≤ 70%.
- Approximately 9 in 10 people living with diagnosed HIV were on HIV treatment. Of those, 8 in 10 had adhered to their drugs in the past 3 days. Treatment coverage was lowest for Black populations and persons aged < 40 years, while adherence was lowest for younger persons aged <30 years and the Latinx population.
- Greatest disparities in viral suppression were among Black populations, females, persons aged 30-49 years, and persons whose transmission risk included injection drug use. Geographically, unsuppressed viral load was highest in the Central Health District, followed by South, Southeast, Hollywood-Wilshire, and West Health Districts.

With the unprecedented opportunity and infusion of additional resources to end the HIV epidemic in the next 10 years, we recommend that Ryan White funded services be expanded to address the unacceptable disparities in HIV health outcomes (both prevention and care) that continue to persist for African Americans, Latinos, transgender individuals and youth. Furthermore, funds released under the HRSA NOFO 20-078, should be used to overcome income

and service standards restrictions set forth under the Ryan White Part A requirements. Given the more flexible nature of the HRSA Ending the HIV Epidemic dollars, every effort should be made to fund previously prohibited items that would help achieve optimal health for PLWH. These items include but are not limited to, refrigerators for food, ability for providers to procure dental chairs, computers, and other equipment necessary to expand access to services.

It is important to note that during the Committee's service ranking deliberations, the consumers, ranked housing as their number one service need for PY 31 and 32. This speaks to the need for keeping PLWH stably housed to support their retention to care, viral suppression and overall health. Medical/outpatient care also remains a top priority for consumers.

The program directives below expand on the directives sent to DHSP on April 23, 2019:

1. Across all funding sources, prioritize investments in populations most disproportionately affected and in health districts with the highest disease burden and prevalence, where service gaps and needs are most severe.
2. Implement the recommendations developed by the Black/African Community (BAAC) Task Force (TF) which set a progressive and inclusive agenda to eliminate the disproportionate impact of HIV/AIDS/STDs in all subsets of the African American/Black diaspora. PP&A is calling special attention to the following recommendations from the BAAC TF as key priorities for RFP development, funding, and service implementation starting in 2020:
 - Require contracted agencies to complete training for staff on cultural competency and sensitivity, implicit bias, medical mistrust and cultural humility. DHSP should work with the Black/African American community as subject matter experts in developing training materials and curriculum.
 - In collaboration with the Black/African American community, conduct a comprehensive needs assessment specific to all subsets of the Black/African American population with a larger sample size. Subgroups include MSM, transgender masculine and feminine communities, and women.
 - Assess available resources by health districts by order of high prevalence areas.
 - Conduct a study to identify out of care individuals, and populations who do not access local services and why they do not.
 - Fund mental health services for Black/African American women that are responsive to their needs and strengths.
 - Ear mark funds for peer support and psychosocial services for Black gay and bisexual men.
 - It is recommended that DHSP collaborate with SBP to convene subject matter experts from the African American community to ensure that mental health and psychosocial support services are culturally tailored to the needs of the community.
3. Provide Non-Medical Case Management services in non-traditional and traditional

locations to support improved service referrals and access points to Ryan White services for identified priority populations, such as young men who have sex with men (YMSM), African American men and women, Latinx communities, transgender individuals, and older adults.¹

4. Continue to enhance Foodbank and Home Delivered Meals services to include dietary guidance, better quality foods (specifically more high quality nutrient rich fruits, vegetables and lean proteins), and increase the amount of food available for clients based on their individual needs or by gaps observed or reported by agencies and clients; cover essential non-food items such as personal hygiene products (to include feminine hygiene items), household cleaning supplies, and personal protective equipment (PPE). Permit contracted agencies to provide grocery, gas, and transportation support (e.g., Metro Tap cards, ride share services) to clients to facilitate expanded access to food.
5. Support intensive case management services for people living with HIV served in Ryan White HIV housing programs and increase target number of clients served during the reallocation process. Funds should also be used to support additional training for housing specialists to serve the housing needs of families.
6. Continue to support the expansion of medical transportation services.
7. Continue efforts to develop Ryan White client eligibility cards and welcome packets, with information on Ryan White-funded services in Los Angeles County; train providers on the use of eligibility cards to reduce paperwork burden on clients. Develop and implement eligibility cards without the need to issue a Request for Proposals (RFP) to hasten distribution of eligibility cards as stated by DHSP representatives.
8. Augment contracts to permit agencies to have an operational line item budget for childcare and transportation to facilitate consistent engagement in care and support services. This strategy would avoid releasing a stand-alone RFP for childcare and transportation and give service providers the flexibility to provide these services to all clients with children.

Expand flexibility to provide emergency financial support for PLWH. Augment Medical Case Management/Medical Care Coordination services to include Emergency Financial Assistance (EFA) and Childcare services. Priority populations such as women and their families, YMSM and transgender women, may have unique needs for emergency financial assistance due to domestic and intimate partner, or community violence.

9. Fund mobile care teams or clinics that provide holistic care for women. Mobile teams should be available for all agencies and link women to services where they reside, congregate, or prefer to be engaged.
10. Fund psychosocial services and support groups for women. Psychosocial support services must

¹ The Aging Task Force will provide further guidance on the age parameters for “older adults.”

include peer support in order to build a stronger sense of community, empowerment and resilience among women living with HIV.

In order to inform the Commission's planning efforts around HIV/STD prevention and care services, we direct DHSP to provide written fiscal reports and status updates on these directives to the PP&A Committee and full Commission on a regular basis.

In support of the recommendations from the PP&A Committee, Standards and Best Practices (SBP) will continue updating and/or developing service standards for the following service categories. These service categories were prioritized by the PP&A Committee as recommended by DHSP and because of the feasibility of releasing solicitations in 2020-2022. Status updates on the development of service standards are noted below.

1. **Universal Service Standards** -Completed; updated and approved on 9/12/19
2. **Non-Medical Case Management** – Completed; updated and approved on December 12, 2019
3. **Psychosocial Support** -in progress and on the 9/10/20 Commission agenda for approval
4. **Emergency Financial Assistance** – Completed; approved by the Commission on 6/11/20
5. **Childcare** - in progress; public comment period 9/11-9/23; target month for Commission approval is October/November

The Commission is committed to ongoing collaborations with DHSP and we seek your feedback on how we can work together to implement these directives. We thank DHSP for ongoing regular progress reports on implementing directives and efforts to maximize Ryan White funds and activities to end the HIV epidemic. Furthermore, we appreciate feedback from DHSP in updating service standards. Thank you, we appreciate the ongoing partnership and support from you and your staff.

cc: Raquel Cataldo, PP&A Co-Chair
Kevin Stalter and Erika Davies, SBP Committee Co-Chairs
Miguel Martinez and Jason Brown, 2019 PP&A Committee Co-Chairs

ATTACHMENT: Black/African American Task Force Recommendations



**(REVISED) Black/African American Community (BAAC) Task Force
Recommendations**

October 10, 2019

Introduction

The BAAC Task Force was formed in response to the Commission on HIV's (COH) February 14, 2019 National Black HIV/AIDS Awareness Day (NBHAAD) Panel discussion in an effort to address the disproportionate impact of HIV/AIDS in the Black/African American (AA) communities of Los Angeles County.

The BAAC Task Force convened on April 30, 2019 to develop a progressive and inclusive agenda to address and provide recommendations to the COH on how to reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIs in all subsets of the Black/AA community utilizing a community-wide mobilization effort.

Healthcare Disparities in the Black/AA Community

The United States Census Bureau estimates Black/AA living in Los Angeles County (LAC) at 9% or approximately 909,500 as of 2018.⁽¹⁾ In 2017, there were 51,438 persons living with diagnosed HIV (PLWH) in LAC. **Twenty percent (20%) were Black/AA.**⁽²⁾

In 2016, **the highest overall rate of HIV diagnoses was among African Americans (56 per 100,000)**, followed by Latinos (19 per 100,000), whites (12 per 100,000), and Asians (6 per 100,000). These differences in rates were also observed by sex, most notably among **African American females (17 per 100,000) where the rate of HIV diagnoses** was 8 times higher than that of white females (2 per 100,000) and 5 times higher than the rate for Latinas (3 per 100,000). Among **males**, the rate of HIV diagnoses among **African Americans (101 per 100,000)** was 5 times higher than among whites (22 per 100,000) and 3 times higher than the rate for Latinos (34 per 100,000).⁽²⁾

The highest rate of stage 3 diagnoses (Acquired Immunodeficiency Syndrome) (AIDS) **was among African Americans (18 per 100,000)**. The rate of stage 3 diagnoses for **African American females (6 per 100,000)** was 9 times higher than the rate for white females (<1 per 100,000) and 3 times higher than the rate for Latinas (2 per 100,000). Among **males**, the rate of stage 3 diagnoses for **African Americans (32 per 100,000)** was 4 times higher than the rate for whites (9 per 100,000) and 3 times higher than the rate for Latinos (13 per 100,000).⁽²⁾



Black/AA Care Continuum as of 2016⁽³⁾

Demographic Characteristics	Diagnosed/Living with HIV	Linked to Care ≤30 days	Engaged in Care	Retained in Care	New Unmet Need (Not Retained)	Virally Suppressed
Race/Ethnicity						
African American	9,962	54.2%	65.9%	49.7%	50.3%	53.0%
Latino	21,095	65.4%	68.3%	55.7%	44.3%	59.7%
Asian/Pacific Islander	1,710	80.5%	74.6%	60.5%	39.5%	68.5%
American Indian/Alaskan Native	294	75.0%	70.1%	54.10%	45.9%	52.4%
White	14,778	75.2%	71.6%	54.5%	45.5%	64.9%

The Ryan White (RW) program in LAC served 15,747 individuals between March 1, 2018 and February 28, 2019. Three-thousand three-hundred sixty (3,360) were Black/AA during the same period. ⁽⁴⁾

Objectives:

- **Identify** strategies on how the COH can support Black/AA leaders and community stakeholders in an effort to end HIV in the Black/AA community
- **Identify** HIV prevention, care and treatment best practices in the Black/AA community
- **Identify** specific strategies to reduce HIV stigma in the Black/AA community

General/Overall Recommendations:

1. Provide on-site cultural sensitivity and education training – to include addressing implicit bias and medical mistrust within the Black/AA community – for all County-contracted providers and adopt cultural humility into the local HIV provider framework. *Decision makers must realize their own power, privilege and prejudices and be willing to accept that acquired education and credentials alone are insufficient to address the HIV epidemic in the Black/AA community.*
2. Revise messaging County-wide around HIV to be more inclusive, i.e., “If you engage in sexual activity . . . you’re at risk of HIV” in an effort to reduce stigma.
3. Incorporate universal marketing strategies for HIV prevention that appeal to all subsets of the Black/AA community in an effort to reduce stigma and increase awareness.
4. Provide resources to Community-Based Organizations (CBOs) to develop, implement and evaluate primary prevention interventions which are culturally appropriate and relevant.



5. Support young people's right to the provision of confidential sexual health care services.
6. Increase Pre-exposure Prophylaxis (PrEP) advertising within the Black/AA community to increase awareness. Marketing materials must depict the very community it is attempting to reach - specifically, Black/AA youth, women, transgender individuals, and gender nonconforming populations.
7. Initiate or partner in culturally informed research that aims to address the needs of the Black/AA communities. Researchers, whenever possible, must mirror the affected community it purports to study. Community reflectiveness in academic and CBO partnerships should include training in instrument development, data interpretation, presentations and publications.
8. Increase use of local statistics regarding new infections and disparities to educate and plan for the community; request Department of Public Health data be organized by Health Districts and zip codes to better target and identify communities in need.
9. Provide technical assistance to aid Black/AA agencies in obtaining funds for culturally sensitive services.
10. Proactively reach out to engage CBOs that are connected to the local Black/AA community.
11. End the practice of releasing Request for Proposals (RFPs) that have narrowly defined "Proposer's Minimum Mandatory Requirements." *This discriminatory practice purposely disqualifies existing relevant CBOs and other agencies that provide intersection health and human services.* When issuing RFAs, RFPs, or RFSQs, establish a demonstration/data pilot by creating a 15% funding carve-out for CBO's/ASO's, whose qualifications are below the "Minimum Mandatory Requirements", but at an agreed upon standard, to identify the proven and effective grassroots/community empowerment efforts that reach specified Black/AA audiences. This will allow DHSP in collaboration with the Commission to determine the efficacy of methodologies for outreach, linkages to care, retention in care, and other sensitive treatment and prevention interventions that are effective in reducing new HIV cases.
12. Continue to evaluate for effectiveness and increase the investment in Vulnerable Populations Grants that target subset populations of the Black/AA community (i.e. Trans men/women, women & girls, MSM) to address barriers and social determinates of health.
13. Engage agencies already funded as well as those not currently funded to focus on a Countywide PrEP Education and Outreach mini-grant process that will target all various subset populations of the Black/AA community, i.e. Trans community, women & girls, MSM.



14. Increase mobilization of community efforts to include:

- a. Increase community awareness fairs and social media campaigns intended to promote health and wellness in the Black/AA community, with concentration in high incidence areas;
- b. Condom distribution in spaces where adults congregate;
- c. HIV education and access to prevention tools in schools, spiritual communities, social clubs, neighborhood associations, etc.;
- d. Fund one social marketing campaign that addresses stigma and internalized homophobia as it relates to health and wellness around HIV;
- e. Support efforts that will ensure additional research and evaluation support be made available to agencies that provide services to the Black/AA community and to increase their capacity to link and collaborate with research institutions; and
- f. Provide training and incentives for CBOs within high incidence areas to prescribe PrEP and nPep.

Population-Specific Recommendations:

Black/African American Trans Men:

The Ryan White (RW) program in LAC served 96 Black/AA Transgender persons during the period of March 1, 2018 to February 28, 2019. This was approximately .6% of the total PLWH/A in LAC.⁽⁴⁾

1. Conduct a Countywide needs assessment of the Trans masculine community that focuses on sexual risk behaviors.
2. Use Williams Institutes' research/data using Sexual Orientation Gender identity (SOGI) (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans male-specific programming.
3. Include Trans men in program decision making.
4. Develop a Trans masculine-specific PrEP campaign which will resonate with and reach Trans men in such a way that the message is not convoluted and therefore lost within the overall PrEP messaging. Messaging should include language around safety and gender affirmation - a campaign that says "Trans masculine individuals . . . this is for YOU." Perhaps include a myth buster around the notion that all Trans men are straight and only date and are sexually involved with cis men; a message that says we know sexual appetites are fluid for Trans men and that is why PrEP is important.
5. Educate/train medical and mental health providers to be more inclusive of Trans masculine bodies and its many different nuances.



6. Create a pilot/demonstration project using the information obtained from the various data sources listed above.

Black/African American Trans Women:

The Ryan White (RW) program in LAC served 96 Black/AA Transgender persons during the period of March 1, 2018 to February 28, 2019. This was approximately .6% of the total PLWH/A in LAC.⁽⁴⁾

1. Conduct a Countywide needs assessment of the Trans women community to address barriers and social determinants of health to better provide more targeted programming.
2. Increase efforts in collecting epidemiological data through surveillance on Trans women for purposes of planning more targeted programming.
3. Use William's Institutes' research/data using SOGI (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans women-specific programming.
4. Include and prioritize Trans women in program decision making.
5. Address stigma and the increasing violence against Trans women.

Black/African American Women and Girls: *(DHSP defined Black/AA women and girls as either childbearing women between the ages of 15-44 and those 50 Years and Older)*

The Ryan White (RW) program in LAC served 501 Black/AA women during the period of March 1, 2018 to February 28, 2019. This is approximately 31.82% of those receiving RW services.⁽⁴⁾

1. Evaluate existing PrEP and prevention access and messaging for impact on intervention groups and community health; assess dissemination methodologies and refine outreach and engagement strategies.
2. Allocate resources to create a PrEP Center for Excellence targeting women and their families, sexual and social networks.
3. Conduct an inventory of County-wide HIV/STD interventions and initiatives that target African American women at risk of and living with HIV that focus on education, employment services, empowerment, co-infections, treatment as prevention (TAsP), sexual reproductive health, intimate partner violence, and mental health.
4. Obtain data for all populations of women, especially those who are pregnant or such age groups affected by the high rates of STIs; include women-specific data in summits, reports, and community forums.



5. Reorganize and adopt educational approaches to care and prevention that incorporate information and knowledge on how preventative methods can benefit the woman within the context of her life. Such approaches include but should not be limited to:
 - a. Integrate train-the-trainer models for community health outreach workers and testing staff that use motivational and empowerment strategies as a tool for risk reduction. Generating collective approaches and solutions that promote honesty and integrity within self and relationships with others is paramount. Hold agencies accountable to host honest adult conversations and have the courage to meet people where they are and build on what they know.
 - b. Generate collective approaches and solutions that promote honesty and integrity of self and relationships with others is paramount; and
 - c. Train community health outreach workers in all HIV Testing Sites to have conversations that validate the experience and power dynamics women confront within their relationships. Most often partners are missing from engagement, enrollment, and retention strategies. Include sexual and social networks in education, outreach, testing and other interventions that support family sustainability as a method of retention.
6. Allocate money to partner with institutions to support three demonstration projects at \$250,000 each led and facilitated by and for Black women:
 - a. Ensure agencies have tools available to demonstrate accountability and cultural competence. Staff should be linguistically and culturally representatives of the community and any intervention include a navigation component to address barriers to recruitment, uptake and retention of prevention and care based programming.
 - b. All protocols should explicitly embrace the experience of women who have sex with men of known or unknown status as well as those diagnosed with HIV/AIDS. Further, qualitative interviews or Audio Computer-Assisted Self-Interview (ACASI) instruments should include an assessment of historical care and prevention participation as well as barriers to continuous engagement and participation.
7. Strategically reflect the needs of women in the jurisdictional stigma reduction efforts by funding projects that reduce stigma and increase access to female controlled HIV preventive tools such as Pre-Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP), and the Female Condom 2 (FC2). Support agencies to integrate comprehensive opportunities for education, research and a complement to other strategies that give women the power to take control of their lives and situations in which have historically had little to no influence.



8. Expand the availability of community-based mental health services as a part of a continuous effort to treat women holistically: HIV and mental health education and awareness should accompany a range of holistic services that recognize that a woman may have multiple traumas that inform her choices. Increased collaborations between community and the private sector which is necessary to build awareness and reduce cultural and social based stigmas associated with mental health care. Increased education and training of non-HIV/AIDS service providers in hopes of offering a full circle of multidisciplinary services to those in need.
9. Develop a standard requiring all contracted organizations offer living wages as an incentive to hiring persons with lived experience. Initiating programming for Black women enables organizations to invest in their peers. Further, increased access to professional development opportunities and resources (ex. Income) enables them to self-sustain and decrease the impact that social correlates of health such as poverty have on informed sexual decision making.

Black/African American Men Who Have Sex with Men (MSM):

The Ryan White (RW) program in LAC served 2,093 Black/AA MSM during the period of March 1, 2018 to February 28, 2019. This was approximately 13.3% of those receiving RW services. ⁽⁴⁾

1. Continue to increase the investment in innovative layered interventions that target young MSM and address barriers and social determinates of health like the Vulnerable Populations Grant.
2. Develop and release of Request for Application/Request for Proposal (RFA/RFP) that focuses on HIV positive MSM of all ages who are sexually active and at risk of co-infections.
3. Increase funding and resources in treatment as prevention, social support efforts, housing and mental health services.
4. Address Chemsex within the Black/AA MSM community through CBO led group sessions, evidence-based medicine directed intervention and medication assisted treatment.



Conclusion

Only by genuinely addressing the recommendations as provided above can the Los Angeles County HIV/AIDS Strategy (LACHAS) goals be met. Many of the recommendations provided are in alignment with the LACHAS and the County's Comprehensive HIV Plan (CHP), however, there must be very intentional and targeted efforts made to address social determinants, primarily stigma and racism, in the Black/AA communities. It is not enough to implore the same strategies of old; we must modernize methodologies in our marketing strategies to reach subpopulations within the Black/AA communities who do not identify according to current messaging. Messaging must be *truly* inclusive – “if you are sexually active, you are at risk”.

The adage is true – “to reach them, you have to meet them where they are” - HIV and sexual health education along with HIV prevention interventions must be accessible in schools, jails, churches, barber/beauty shops, and social venues where Black/AA communities gather; while providers must be trained and educated to understand the various cultural nuances that can either stigmatize and subsequently discourage or create a culturally welcoming environment for Black/AA communities to access HIV prevention, care and treatment services.

On behalf of the BAAC Task Force, we thank the Executive Committee for its consideration of the above recommendations and look forward to its plan of action in response.

Special thanks to the following BAAC Task Force members and community stakeholders who volunteered their time and contributed to the development of recommendations: Greg Wilson (COH), Traci Bivens-Davis (COH), Bridget Gordon (COH), Dr. LaShonda Spencer (COH), Danielle Campbell (COH), Yolanda Sumpter (COH), Dr. William King (COH), Cynthia Davis (AHF), Luckie Fuller (COH), Jeffrey King (ITMT), Louis Smith III, Stevie Cole, Ivan Daniel III, Carl Highshaw (AMAAD Institute), Charles McWells (LACADA), Dr. Derrick Butler (THE Clinic), David Lee (CDU), Rev Russell Thornhill (MAPP), Terry Smith (APLA), Doris Reed (COH), Carolyn Echols-Watson (COH) and Dawn Mc Clendon (COH).



LOS ANGELES COUNTY COMMISSION ON HIV



Endnotes

1. [Census.gov/quickfacts/fact/table/losangelescountycalifornia; RH1225218](https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia;RH1225218)
 2. 2017 Annual HIV Surveillance Report; Ryan White program Clients Living with HIV YR 28 (03/01/2018 – 02/28/19)ⁱ
 3. Los Angeles County HIV/AIDS Strategy (LACHAS) – P26; Table 5
 4. Ryan White Program Clients YR 28 (3/1/18-2/28/19) Los Angeles County; Utilization by Service Category among Ryan White Priority Populations in Year 28
-

JUSTICELA

About JusticeLA

Launched in 2017, the Justice LA Coalition is a partnership of grassroots organizations, organizers, advocates, and impacted communities

1. stop jail expansion
2. reduce the footprint of incarceration, and
3. reinvest dollars away from the carceral system into community-led alternatives to incarceration.



JusticeLA works to end incarceration through:

- Pretrial Reform
- Alternatives to Incarceration
- Construction of Systems of Care
- DA and Law Enforcement Accountability
- Judicial Accountability
- Divestment from the PIC

**YOU CAN'T GET WELL
IN A CELL**

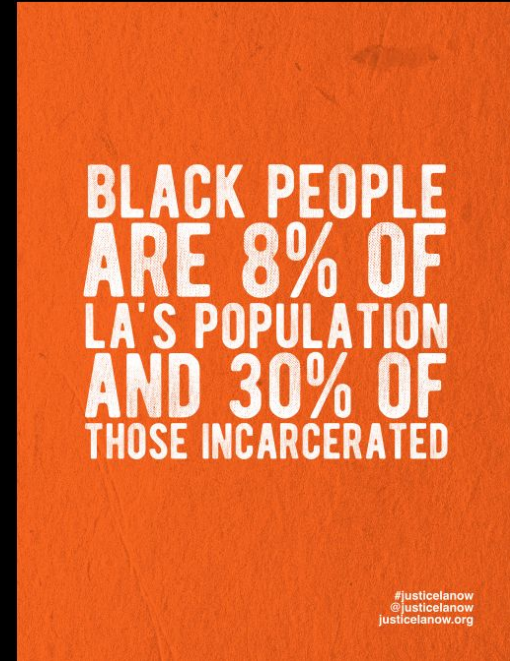
**JAIL TIME TRIGGERS OR WORSENS
MENTAL ILLNESS**

**DIVEST FROM CRIMINALIZATION
INVEST IN MENTAL HEALTH TREATMENT**

JUSTICE**LA**

How We Organize

- Intersectional Movement Building
- Direct Action
- Jail & Community Outreach
- Fight on Environmental Grounds
- Organize Health Workers
- Develop Alternatives
- Build Impacted Leaders
- Art and Culture Work
- Political Education
- Narrative Shift Through Media
- Budget and Legislative Advocacy



JusticeLA x Public Policy Committee

- Pretrial
 - Decarceration
 - Harm reduction
 - Diversion
- Budget Advocacy
 - Measure J
 - Shifting county-budget priorities
- CA Legislation
 - Survivor Support
 - ATI

PPC

- Racism and health equity
- Mental Health
- Substance Use
- General Health Care
- Criminalization
- Gender Justice

Los Angeles County
Alternatives to Incarceration Work Group
Final Report



Health and Racial Justice Strategies
for Safer Communities

<https://lcalternatives.org/reports/>

Pretrial

- 13,544 people currently incarcerated in LAC jails
- 44% pretrial
- 43% mental health needs
- Office of Diversion and Reentry
 - Harm reduction
 - Naloxone distribution
 - Law Enforcement Assisted Diversion (LEAD)
 - SouthLA/North Long Beach
 - Hollywood
 - East LA

Budget Advocacy

- Measure J = Care First Community Investment
 - Ballot initiative- 10% of LAC unrestricted revenue should be set aside for community-based organizations and alternatives to incarceration.
 - Specific focus on underserved communities- communities of color, those impacted by the criminal legal system, LGBTQI+ communities.
- Shifting Budget Priorities
 - 2022- \$6.4 billion on law and justice- \$3.4B going to LASD
 - \$1.4B- Public Health
 -



Care First California Coalition

- **AB1670**

- Establishes a statewide commission on Alternatives to Incarceration (ATI) within the California Health and Human Services Agency.
- Report findings and recommendations by Feb 2024.
- Research and recommendations on:
 - Alternatives to incarceration
 - Alternative crisis response models
 - ReEntry models
 - Effects of family separation on families and communities

- **AB2534**

- Trauma-Informed Services for Survivors of Crime
- Establishes an Office of Survivor Support and Harm Reduction in five counties.
- Non-law enforcement led initiatives to support survivors-trauma-informed, non-carceral, non-punitive.

Synthesis

- DECARCERATION
 - Pretrial population
 - Mental health needs
 - LGBTQI+, transgender and cis women
- LEGISLATIVE ADVOCACY
 - ATI Bills
 - Survivor Support
 - Bills supporting decarceration policies

- BUDGET ADVOCACY
 - Fully fund Measure J
 - CEO's Office, BOS, CFCI Advisory Body
 - Shift in Budget Priorities
 - Accountability for departments who receive the bulk of County funding
 -

JUSTICE LA

Ambrose Brooks S.
JusticeLA Coalition Coordinator
Campaigns Coordinator, Dignity & Power NOW

ambrose@dignityandpowernow.org