



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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# COMMISSION ON HIV Virtual Meeting

Thursday, October 14, 2021

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

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

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

<https://tinyurl.com/78xzvbw>

*\*link is for members of the public only*

**JOIN VIA WEBEX ON YOUR PHONE:**

1-415-655-0001 US Toll    Access Code: 2591 559 0237

For a brief tutorial on how to use WebEx, please check out this  
video: <https://www.youtube.com/watch?v=iQSSJYcrgIk>

## 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](mailto:hivcomm@lachiv.org) -or- submit your Public Comment electronically via [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](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**



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

**Thursday, October 14, 2021 | 9:00 AM – 1:30 PM**

**To Register + Join by Computer:**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/onstage/g.php?MTID=e30e3632e6637b3a97a28071225049f58>

**To Join by Telephone:** 1-415-655-0001 **Access code:** 2591 559 0237

AGENDA POSTED: October 4, 2021

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

**PUBLIC COMMENT:** Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) -or- submit your Public Comment electronically via [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](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](mailto: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](mailto: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., 14<sup>th</sup> Floor, Los Angeles CA 90020. Complimentary parking available at 523 Shatto Place, Los Angeles CA 90020.



NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting. If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.

Call to Order and Roll Call		9:00 AM – 9:05 AM
<b>1. <u>ADMINISTRATIVE MATTERS</u></b>		
A. Approval of Agenda	<b>MOTION #1</b>	9:05 AM – 9:07 AM
B. Approval of Meeting Minutes	<b>MOTION #2</b>	9:07 AM – 9:10 AM
<b>2. <u>WELCOME, INTRODUCTIONS AND MEETING GUIDELINES</u></b>		9:10 AM – 9:20 AM
<b>3. <u>NATIONAL LATINX AIDS AWARENESS DAY (NLAAD) COMMEMORATION</u></b>		9:20 AM – 9:45 AM
<b>4. <u>REPORTS - I</u></b>		
A. Executive Director/Staff Report		9:45 AM – 10:00 AM
(1) County & Commission Operational Updates		
• AB 361: Amendment of the Ralph D. Brown Act		
(2) November 18, 2021 Annual Meeting		
B. Co-Chairs' Report		10:00 AM – 10:20 AM
(1) COH Co-Chair Open Nomination & Elections		
• Current Co-Chair Term 2021-2023	<b>MOTION #3</b>	
• Co-Chair Term 2022-2024	<b>MOTION #4</b>	
(2) Ending the HIV Epidemic COH Leads Report		
(3) Holiday Schedule (November-December 2021)		
C. California Office of AIDS (OA) Report		10:20 AM – 10:30 AM
D. LA County Department of Public Health Report		10:30 AM – 10:45 AM
(1) Division of HIV/STD Programs (DHSP) Updates		



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- (a) Programmatic and Fiscal Updates
- Ryan White Program (RWP) Parts A & B
- E. Housing Opportunities for People Living with AIDS (HOPWA) Report 10:45 AM – 10:50 AM
- F. Ryan White Program Parts C, D, and F Report 10:50 AM – 10:55 AM
- G. Cities, Health Districts, Service Planning Area (SPA) Reports 10:55 AM – 11:00 AM
5. **BREAK** 11:00 AM – 11:10 AM
6. **REPORTS - II** 11:10 AM – 12:15 PM
- H. Standing Committee Reports
- (1) Operations Committee
- 2021 Renewing Member Application | Ernest Walker Seat #47 **MOTION #5**
  - Seat Vacate – Tony Spears **MOTION #6**
- (2) Planning, Priorities and Allocations (PP&A) Committee
- Proposed RWP PY 33-34 Service Category Rankings
  - Proposed RWP PY 33-34 Service Category Funding Allocations
- (3) Standards and Best Practices (SBP) Committee
- Substance Use and Residential Treatment Standards | UPDATES
  - Benefit Specialty Service Standards | REVIEW
- (4) Public Policy Committee
- A. County, State and Federal Policy and Legislation
- 2021 Legislative Docket | UPDATES
  - COH Response to the STD Crisis | UPDATES
- B. County, State and Federal Budget
- I. Caucus, Task Force and Work Group Report 12:15 PM – 12:30 PM
- (1) Aging Task Force | November 2, 2021 @ 1-3PM
- (2) Black/ African American Workgroup
- (3) Consumer Caucus | October 14, 2021 @ 3:00-4:30PM *\*immediately following COH meeting*
- (4) Prevention Planning Workgroup | October 27, 2021 @ 5:30-7PM
- (5) Transgender Caucus | October 27, 2021 @ 10am-12PM
- (6) Women’s Caucus | October 18, 2021 @ 2-4PM
7. **DISCUSSION**
- A. “So You Want to Talk About Race” by Ijeoma Oluo Reading Activity 12:30 PM – 1:15 PM
- (1) two-minute excerpt of Chapters 14-15
  - 5-minute debrief discussion
- B. Los Angeles County Human Relations Commission Guided Discussion & Training
- “Inquiry: A Learning Orientation; Productive Questions”



**8. MISCELLANEOUS**

**A. Public Comment**

1:15 PM – 1:20 PM

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

**B. Commission New Business Items**

1:20 PM – 1:25 PM

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

**C. Announcements**

1:25 PM – 1:30 PM

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

**Adjournment and Roll Call**

1:30 PM

*Adjournment for the meeting of October 14, 2021.*

<b>PROPOSED MOTION(s)/ACTION(s):</b>	
<b>MOTION #1:</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2:</b>	Approve the September 9, 2021 COH meeting minutes, as presented or revised.
<b>MOTION #3:</b>	Approve the COH Co-Chair for the current term of 2021-2023, as elected.
<b>MOTION #4:</b>	Approve the COH Co-Chair for the term of 2022-2024, as elected.
<b>MOTION #5:</b>	Approve Renewal Membership Application for Ernest Walker (Seat #47), as presented or revised
<b>MOTION #6:</b>	Approve to vacate seat for Tony Spears, as presented or revised



LOS ANGELES COUNTY  
COMMISSION ON HIV



<b>COMMISSION ON HIV MEMBERS:</b>			
Bridget Gordon, Co-Chair	Miguel Alvarez	Everardo Alvizo, LCSW	Al Ballesteros, MBA
Alasdair Burton (*Alternate)	Danielle Campbell, MPH	Mikhaela Cielo, MD	Pamela Coffey (Reba Stevens, **Alternate)
Michele Daniels (*Alternate) (LoA)	Erika Davies	Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS
Alexander Luckie Fuller	Gerald Garth, MS	Jerry D. Gates, PhD	Grissel Granados, MSW
Joseph Green	Thomas Green	Felipe Gonzalez	Karl Halfman, MA
William King, MD, JD, AAHIVS	Lee Kochems, MA	David Lee, MSW, MPH	Anthony Mills, MD
Carlos Moreno	Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP
Frankie Darling-Palacios	Mario J. Pérez, MPH	Juan Preciado	Joshua Ray, RN (LoA) (Eduardo Martinez, **Alternate)
Mallery Robinson (*Alternate)	Isabella Rodriguez, MA (*Alternate)	Ricky Rosales	Harold San Agustin, MD
Martin Sattah, MD	Tony Spears (*Alternate)	LaShonda Spencer, MD	Kevin Stalter (René Vega, MSW, MPH, **Alternate)
Damone Thomas (*Alternate)	Guadalupe Velazquez (LoA)	Justin Valero, MPA	Ernest Walker, MPH
Amiya Wilson (LoA) (*Alternate)			
<b>MEMBERS:</b>	<b>43</b>		
<b>QUORUM:</b>	<b>22</b>		



LOS ANGELES COUNTY  
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**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



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

### **VISION**

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

### **MISSION**

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

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





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### 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 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)**



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**TO END HIV, WE MUST END RACISM**  
**[#STOPAAPIHATE](#)**

The Los Angeles County Commission on HIV condemns all forms of hate and violence. We stand in solidarity with Asian American and Pacific Islander (AAPI) communities and condemn the attacks on our AAPI brothers and sisters across the Country. Acts of hate against AAPI communities have risen during the COVID-19 pandemic. An attack on one community, is an attack on all of US.

The harmful rhetoric of the previous administration and the repeated use of the term “China virus” to refer to COVID-19 have fueled the senseless increase in violence we are seeing across the country. These hurtful words and demonization of a particular community followed the long American history of using diseases to justify anti-Asian xenophobia, one that dates to the 19th and 20th centuries, and has helped to shape perception of AAPIs as “perpetual foreigners.”

Many scholars, historians, and activists have pointed out that racial violence against AAPIs often goes overlooked because of persistent stereotypes about the community. The pervasiveness of the model minority myth is a large contributing factor to the current climate. That false idea, constructed during the Civil Rights era to stymie racial justice movements, suggests that Asian Americans are more successful than other ethnic minorities because of hard work, education, and inherently law-abiding natures. Because the model minority myth suggests upward mobility, it creates a fallacy that Asian Americans don’t experience struggle or racial discrimination and misogyny.

We applaud the Los Angeles County Board of Supervisors in their decision to immediately identify funding to expand the County’s Anti-Hate program to combat hate against AAPIs. We call on all Angelenos to speak out against hateful and violent attacks on AAPI communities. Encourage those who experience or witness acts of hate toward the AAPIs communities to report an incident to 211 LA. Incidents can also be reported using the [www.stopaapihate.org](http://www.stopaapihate.org) website. The STOP AAPI Hate reporting form is available in 11 languages.

The HIV movement knows too well that hateful language has real stigmatizing consequences. The hatred and violence we are witnessing perpetuated against AAPIs are rooted in the same form of racism, discrimination, and misogyny that continue to hinder our progress in ending HIV. Join us in stopping hate and support the AAPI communities.

In Solidarity,

Los Angeles County Commission on HIV

<https://www.lavshate.org/>  
<https://stopaapihate.org/>

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.



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## **TO END HIV, WE MUST END RACISM**

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On the behalf of the Los Angeles County Commission on HIV, the Black/African American Community (BAAC) Task Force recognizes that these are extremely difficult, disturbing and painful times for us and our communities. We remain steadfast in solidarity with our Black/African American communities and vehemently condemn the pervasive, systemic racism that continues to plague our communities. “Without reckoning with our history of racial injustice and violence we will continue to be haunted by its ugly and painful legacy.” (Equal Justice Initiative [EJI].)

Racism IS a public health emergency and impacts us all. Racism impacts access to and the quality of health care and it dictates when, how and by whom health care is given or withheld. Medical mistrust by our Black/African American communities and implicit biases of the health care system are rooted in historical, institutional and socialized racism. It is without question we cannot end the HIV epidemic without dismantling these systems that continue to perpetuate the injustices that result in disproportionately poorer outcomes in our Black/African American communities. Our HIV community must remain diligent and committed to actively engaging in policy and action that promote health equity, eliminate barriers and address social determinants of health such as: implicit bias; access to care; education; social stigma, i.e. homophobia, transphobia and misogyny; housing; mental health; substance abuse; and income/wealth gaps.

As HIV advocates, we cannot sit idly by and allow these inequities to continue. We must act now by centering ALL of our work and conversations around the intersection of racism and the unequal burden of HIV on our Black/African American communities. The Commission is committed to taking action.

We stand in memoriam of Breonna Taylor, George Floyd, Tony Mc Dade, Ahmaud Arbery, and all those who have lost their lives to senseless acts of violence, police brutality and HIV/AIDS. We stand with you, we hurt with you, and we will take action to address these inequities and heal with you.

In Solidarity,

Los Angeles County Commission on HIV  
Black/African American Community (BAAC) Task Force

**#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE**

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.



# 2021 MEMBERSHIP ROSTER | UPDATED 10.04.21

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			<b>Vacant</b>		July 1, 2019	June 30, 2021	
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	PP&A	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2019	June 30, 2021	
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, 2019	June 30, 2021	
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	PP&A EXC	Frankie Darling Palacios	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, 2019	June 30, 2021	
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	EXC OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	EXC	David Lee, MPH, LCSW	Charles Drew University	July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
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, 2019	June 30, 2021	
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	OPS	Alexander Luckie Fuller	Antioch University	July 1, 2019	June 30, 2021	
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			<b>Vacant</b>		July 1, 2019	June 30, 2021	Damone Thomas (PP&A)
20	Unaffiliated consumer, SPA 2			<b>Vacant</b>		July 1, 2020	June 30, 2022	Amiya Wilson (SBP)(LOA)
21	Unaffiliated consumer, SPA 3			<b>Vacant</b>		July 1, 2019	June 30, 2021	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5			<b>Vacant</b>		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Reba Stevens (SBP)
25	Unaffiliated consumer, SPA 7			<b>Vacant</b>		July 1, 2019	June 30, 2021	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			<b>Vacant</b>		July 1, 2019	June 30, 2021	Michele Daniels (OPS)-LOA
28	Unaffiliated consumer, Supervisorial District 2			<b>Vacant</b>		July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			<b>Vacant</b>		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			<b>Vacant</b>		July 1, 2019	June 30, 2021	
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez (LOA)	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
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	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	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, 2019	June 30, 2021	
40	Representative, Board Office 5			<b>Vacant</b>		July 1, 2020	June 30, 2022	
41	Representative, HOPWA			<b>Vacant</b>		July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			<b>Vacant</b>		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC 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, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	PP	Gerald Garth, MS	AMAAD Institute	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2019	June 30, 2021	
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	
<b>TOTAL:</b>		<b>38</b>						



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TEL. (213) 738-2816 · FAX (213) 637-4748  
WEBSITE: <http://hiv.lacounty.gov> | EMAIL: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

**ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE**

## COMMITTEE ASSIGNMENTS

Updated: October 07, 2021  
\*Assignment(s) Subject to Change\*

EXECUTIVE COMMITTEE		
Regular meeting day: 4 <sup>th</sup> Thursday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 11   Number of Quorum= 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
VACANT		
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Carlos Moreno	Co-Chair, Operations	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Frankie-Darling Palacios	Co-Chair, PP&A	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Juan Preciado	Co-Chair, Operations	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero	At-Large Member*	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 <sup>th</sup> Thursday of the Month		
Regular meeting time: 10:00 AM-12:00 PM		
Number of Voting Members= 7   Number of Quorum= 4		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Carlos Moreno	Committee Co-Chair*	Commissioner
Juan Preciado	Committee Co-Chair*	Commissioner
Miguel Alvarez	*	Commissioner
Danielle Campbell, MPH	*	Commissioner
Michele Daniels (LOA)	*	Alternate
Alexander Luckie Fuller	*	Commissioner
Joseph Green	*	Commissioner
Justin Valero	*	Commissioner

**Committee Assignment List**

Updated: October 07, 2021

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<b>PLANNING, PRIORITIES &amp; ALLOCATIONS (PP&amp;A) COMMITTEE</b>		
Regular meeting day: 3 <sup>rd</sup> Tuesday of the Month		
Regular meeting time: 1:00-4:00 PM		
Number of Voting Members= 13   Number of Quorum= 7		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Frankie-Darling Palacios	Committee Co-Chair*	Commissioner
Kevin Donnelly	Committee Co-Chair*	Commissioner
Everardo Alvizo, LCSW	*	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
LaShonda Spencer, MD	*	Commissioner
Damone Thomas	*	Alternate
Guadalupe Velazquez (LOA)	*	Commissioner
TBD	DHSP staff	DHSP

<b>PUBLIC POLICY (PP) COMMITTEE</b>		
Regular meeting day: 1 <sup>st</sup> Monday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 10   Number of Quorum= 6		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
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: October 07, 2021

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<b>STANDARDS AND BEST PRACTICES (SBP) COMMITTEE</b>		
Regular meeting day: 1 <sup>st</sup> Tuesday of the Month		
Regular meeting time: 10:00AM-12:00 PM		
Number of Voting Members = 14   Number of Quorum = 8		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Kevin Stalter (Rene Vega, Alternate)	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Pamela Coffey (Reba Stevens, Alternate)	*	Commissioner
Grissel Granados	*	Commissioner
Thomas Green	**	Alternate
Mark Mintline, DDS	*	Committee Member
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Katja Nelson, MPP	**	Commissioner
Joshua Ray (Eduardo Martinez, Alternate)	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Justin Valero, MA	*	Commissioner
Ernest Walker	*	Commissioner
Amiya Wilson (LOA)	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

**CONSUMER CAUCUS**Regular meeting day/time: 2<sup>nd</sup> Thursday of Each Month; Immediately Following Commission Meeting

Co-Chairs: Alasdair Burton, Jayda Arrington, &amp; Ishh Herrera

*\*Open membership to consumers of HIV prevention and care services\****AGING TASKFORCE (ATF)**

Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm

Chair: Al Ballesteros, MBA

*\*Open membership\****TRANSGENDER CAUCUS**Regular meeting day/time: 4<sup>th</sup> Tuesday of Every Other Month @ 10am-12pm

Co-Chairs: Frankie Darling-Palacios &amp; Luckie Fuller

*\*Open membership\****WOMEN'S CAUCUS**Regular meeting day/time: 3<sup>rd</sup> Monday of Each Month @ 9:30am-11:30am

Co-Chairs: Shary Alonzo &amp; Dr. LaShonda Spencer

*\*Open membership\**

**Committee Assignment List**

Updated: October 07, 2021

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**PREVENTION PLANNING WORKGROUP**

Regular meeting day/time: 4<sup>th</sup> Wednesday of Each Month @ 5:30pm-7:00pm

Chair: Miguel Martinez

*\*Open membership\**





## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 10/04/21

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
<b>ALVAREZ</b>	<b>Miguel</b>	No Affiliation	No Ryan White or prevention contracts
<b>ALVIZO</b>	<b>Everardo</b>	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
<b>BALLESTEROS</b>	<b>AI</b>	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
<b>BURTON</b>	<b>Alasdair</b>	No Affiliation	No Ryan White or prevention contracts
<b>CAMPBELL</b>	<b>Danielle</b>	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)
COFFEY	Pamela	Unaffiliated consumer	No Ryan White or prevention contracts
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			
FULLER	Luckie	No Affiliation	No Ryan White or prevention contracts
GARTH	Gerald	AMAAD Institute	No Ryan White or Prevention Contracts
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GRANADOS	Grissel	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
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
LEE	David	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
<b>MARTINEZ (PP&amp;A Member)</b>	<b>Miguel</b>	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
<b>MILLS</b>	<b>Anthony</b>	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			
<b>MINTLINE (SBP Member)</b>	<b>Mark</b>	Western University of Health Sciences	No Ryan White or prevention contracts
<b>MORENO</b>	<b>Carlos</b>	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
<b>MURRAY</b>	<b>Derek</b>	City of West Hollywood	No Ryan White or prevention contracts
<b>NASH</b>	<b>Paul</b>	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
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	No Affiliation	No Ryan White or prevention contracts
RODRIGUEZ	Isabella	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			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	No Affiliation	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts
VEGA	Rene	Via Care Community Clinic	Biomedical HIV Prevention
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
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts



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

## COMMISSION ON HIV VIRTUAL MEETING MINUTES September 9, 2021

### COMMISSION MEMBERS

P=Present | A=Absent

Miguel Alvarez	P	Kevin Donnelly	P	Karl Halfman, MA	P	Mario J. Pérez, MPH	P	Reba Stevens (Alt)	P
Everardo Alvizo, MSW	P	Felipe Findley, PA-C, MPAS, AAHIVS	P	Kayla Heltzel-Walker (Alt)	A	Juan Preciado	A	Damone Thomas (Alt)	P
Al Ballesteros, MBA	A	Alexander Luckie Fuller	A	William King, MD, JD, AAHIVS	P	Joshua Ray, RN	A	Guadalupe Velasquez	A
Alasdair Burton (Alt)	P	Gerald Garth	P	Lee Kochems	P	Ricky Rosales	P	Justin Valero, MPA	P
Danielle Campbell, MPH	P	Jerry Gates, PhD	P	David Lee, MPH, LCSW	A	Mallery Robinson	P	Rene Vega (Alt)	A
Mikhaela Cielo, MD	P	Felipe Gonzalez	P	Eduardo Martinez (Alt)	A	Isabella Rodriguez (Alt)	P	Ernest Walker	P
Pamela Coffey	P	Grissel Granados, MSW	P	Anthony Mills, MD	P	H. Glenn San Agustin, MD	P	Amiya Wilson (Alt) (LoA)	A
Michele Daniels (Alt) (LoA)	A	Joseph Green	A	Carlos Moreno	P	Tony Spears (Alt)	A	Bridget Gordon	P
Frankie Darling-Palacios	P	Thomas Green	P	Derek Murray	P	LaShonda Spencer, MD	P		
Erika Davies	P	Damontae Hack (Alt)	A	Dr. Paul Nash, CPsychol, AFBPsS, FHEA	P	Kevin Stalter	P		

### COMMISSION STAFF & CONSULTANTS

Cheryl Barrit, MPIA, Executive Director; Carolyn Echols-Watson, MPA; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; and Sonja Wright, BA, MSOM, LAC, Dipl.OM, PES

Robert Sowell and April Johnson, MA (LAC Human Relations Commission)

### DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF

True Beck, Jane Rohde-Bowers, MPH, Sonali Kulkarni, MD and Julie Tolentino, MPH

\*Commission members and Members of the public may confirm their attendance by contacting Commission staff at [hivcomm@lachiv.org](mailto: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/2021/Package/Pkt\\_COMMISSION090921\\_final\\_updated.pdf?ver=w2lm\\_QJ-Nghzus6Rs3MvIA%3d%3d](http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Package/Pkt_COMMISSION090921_final_updated.pdf?ver=w2lm_QJ-Nghzus6Rs3MvIA%3d%3d)

**CALL TO ORDER AND ROLL CALL:** Bridget Gordon, Chair, opened the meeting at 9:05am and led the group in an ice breaker. Cheryl Barrit, Executive Director, conducted roll call.

**ROLL CALL (PRESENT):** E. Alvizo, D. Campbell, M. Cielo, P. Coffey, R. Stevens, F. Darling-Palacios, E. Davies, K. Donnelly, G. Garth, J. Gates, G. Granados, T. Green, F. Gonzalez, K. Halfman, W. King, L. Kochems, C. Moreno, D. Murray, P. Nash, K. Nelson, M. Pérez, I. Rodriguez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, K. Stalter, D. Thomas, J. Valero, and B. Gordon

#### **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 August 12, 2021 Commission on HIV Meeting Minutes, as presented (✓*Passed by Consensus*).

## **2. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES**

- B. Gordon welcomed all attendees, provided the following reminders and meeting guidelines, and recited the Commission's Code of Conduct and Vision statement.
- B. Gordon acknowledged National HIV/AIDS and Aging Awareness Day (September 18) and welcomed guest speakers and panelists who will present via panel presentation on how we can improve our understanding of aging people living with HIV.

## **3. PANEL PRESENTATION AND DISCUSSION**

- A. Golden Compass Program and a Proposed HIV Care Framework for Older Adults Living with HIV
- Kevin Donnelly presented the HIV Care Framework for Older Adults Living with HIV on behalf of the Aging Task Force (ATF); see PowerPoint slides in meeting packet.
  - Dr. Meredith Greene, AAHIVS, University of San Francisco, presented on its Golden Compass Program; see PowerPoint presentation entitled, "Implementation of a HIV and Aging Program" in meeting packet.
  - Maria Scott and Isabella Rodriguez shared their lived experiences and personal testimonies.
  - Concerns were expressed that women's issues were not a part of the screening assessment and suggested that menopause be included.
  - Feedback captured from the presentation will be submitted to the ATF for incorporation.

## **4. REPORTS - I**

### **A. EXECUTIVE DIRECTOR/STAFF REPORT**

#### **(1) Commission and County Operational Updates**

- Cheryl Barrit, MPIA, Executive Director, reviewed the August 31<sup>st</sup> memorandum to Commissioners regarding the resumption of Commission meetings subject to the Brown Act and the COVID vaccine mandate passed by the Board of Supervisors; refer to memorandum in meeting packet.
  - Although members who join virtually will not be counted toward quorum per the Brown Act, virtual attendance by unaffiliated consumer members will count toward stipend eligibility.
- Justin Valero recommended that the Operations Committee discuss suspending the rules on attendance once in-person meetings resume to allow leniency for those members who are not comfortable attending in-person. This matter will be agendaized for the next Operations Committee.

#### **(2) HealthHIV Assessment of Commission Effectiveness | Final Report & Analysis**

- C. Barrit reviewed the final report analysis summarizing the recommendations from the assessment and provided updates on what has been done or what is currently in place, as well as suggestions for actions.
- Operations Committee has started reviewing this document at their meeting in August and will continue the discussion to select priority action steps at their upcoming meetings
- C. Barrit encouraged all members to review and familiarize themselves with the recommendations for improving the overall effectiveness of the Commission as a planning council and to keep in mind when developing work plans for 2022.

#### **(3) November 18, 2021 Annual Meeting Planning**

- C. Barrit reminded the group that this year's Annual Meeting will be held on Nov. 18 due to the Veteran's Holiday on Nov. 11.
- C. Barrit shared that the Executive Committee reviewed a list of potential topics at their meeting on August 26 and staff drafted an outline of the agenda based on the Committee's discussion and additional feedback; refer to draft meeting agenda/outline in packet
- C. Barrit noted that the meeting is tentatively scheduled for 9am-3pm, however, open to suggestions on shortening the meeting, agenda topics, and other logistics.
  - Suggestions were made to consider having the Annual Meeting outdoors and to move the Human Relations Commission presentation to earlier on the agenda.

### **B. CO-CHAIRS' REPORT**

#### **(1) Commission Co-Chair Opening Nomination | Election October 14, 2021**

- B. Gordon announced that David Lee has resigned from his position as Co-Chair but will remain on the Commission and thanked D. Lee for his service.
- Nominations will open today for two Commission Co-Chairs seats – one to replace D. Lee for the current 2021 term, and the other for the 2022 term currently occupied by B. Gordon. Elections will be held at the October 14<sup>th</sup> meeting.



## Commission on HIV Meeting Minutes

September 9, 2021

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- As a reminder, one of the Co-Chairs must be HIV-positive. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County. Co-Chairs' terms of office are two years. Once elected, both Co-Chairs will lead the Commission and Executive Committee meetings. *Refer to Duty Statement in meeting packet.*
- Lee Kochems, Danielle Campbell, and Bridget Gordon were nominated

### (2) Ending the HIV Epidemic (EHE) Commission Leads Report

- Commission EHE leads, Bridget Gordon, Katja Nelson, Felipe Findley, and Kevin Stalter presented a draft set of slides at the August Commission meeting. The presentation outlined ideas on how we would leverage the purpose and role of the Commission to contribute to ending the HIV epidemic.
- Feedback was received from DHSP. The EHE leads will meet with DHSP next week to collaborate on specific ways the Commission as a planning body can help with ending the HIV epidemic.

## C. CALIFORNIA OFFICE OF AIDS (OA) REPORT

- Karl Halfman, MA, Chief, HIV Care Branch, reported that OA is seeing a dramatic increase statewide in congenital syphilis. A webinar will be held on Tuesday, September 28 to address Congenital Syphilis Prevention for Family Planning and Primary Care Provider. More information can be found in the [September OA Voice](#).
- OA is in the formative phase of developing a Request for Applications (RFA) in response to the legislative funding for up to five HIV and Aging demonstration projects. Community input is being sought through a survey that is still open for input at [https://cdphooa.co1.qualtrics.com/jfe/form/SV\\_eP5iy3gCAzvjeRg](https://cdphooa.co1.qualtrics.com/jfe/form/SV_eP5iy3gCAzvjeRg), and through two listening sessions. If you missed the listening sessions and want to share your recommendations, you can send them [HIVandAgingRFA@cdph.ca.gov](mailto:HIVandAgingRFA@cdph.ca.gov). The RFA is open to all counties and community based organizations throughout the state. A two-tiered funding system will be utilized with larger funding amounts for more complex, comprehensive programs, and smaller funding amounts will support organizations that cannot provide full clinical services but can offer programming that supports the health and wellbeing of people living with HIV fifty years of age and older.
- Chris Unzueta, ADAP Operations and Eligibility Section Chief, reported that as of August 30<sup>th</sup>, 577 clients were enrolled in the ADAP Assistance Program, 6,526 clients enrolled in the OA Health Insurance Premium Payment (OA-HIPP) Program, and 2,040 in the Medicare Part D Premium Payment (MDPP) Program. Regarding the PrEP Assistance Program, as of August 30<sup>th</sup>, 192 sites and 156 clinics. Refer to the [September OA Voice](#) for more information.

## 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 J. Pérez, MPH, Director (DHSP), reported that DHSP is currently conducting study projections for the current Ryan White Program (RWP) year across all RWP funding areas and will report back once completed.
- M. Pérez noted that he is aware of the Women's Caucus' request to review PrEP access for cis-women and for updates on the Take Me Home (TMH) test kits and the Emergency Financial Assistance (EFA) program.
- M. Pérez announced that NASTAD is increasing access of the TMH to gay and bisexual men (GBM) and making a sizeable investment targeting all subpopulations.
- M. Pérez reported minor revisions were made to the 2020 HIV Surveillance Annual Report and the final version is now available on DHSP's website [here](#).
- M. Pérez noted in commemoration of National HIV and Aging Awareness Day that over 7,000 people living with HIV (PLWH) are 50+; at the end of 2020, there were 11,000 PLWH 40-49 years old. He indicated that we can expect PLWH over 50+ to increase annually.
- Lastly, M. Pérez announced that APLA and the Alliance for Housing and Healing (AHH) conducted a webinar focusing on housing and PLWH and highlighting the state's COVID-19 Rent Relief Program – Housing is Key. Over 170 people attended the webinar to include Medical Care Coordination (MCC) teams, housing specialists, benefit specialty teams, health educators and ADAP enrollers. The webinar recording can be found [here](#). M. Pérez strongly encouraged all to spread the word and participate in the Housing is Key program before the state's eviction moratorium expires September 30<sup>th</sup>.

## Commission on HIV Meeting Minutes

September 9, 2021

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### E. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORT *No report provided.*

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

- Part C *No report provided.*
- Part D Dr. Mikhaela Cielo announced on behalf of Natalie Sanchez, Executive Director of the Los Angeles Family AIDS Network (LAFAN), that an alter will be displayed for Día de los Muertos at Grand Central Park, from October 23 through November, in memory of women and children who have died from HIV/AIDS or related complications. 170 red roses will also be displayed representing the 170 women and children who have been newly diagnosed with HIV/AIDS. This demonstration is meant to create a dialogue with the community around HIV and prevention. Additionally, on behalf of N. Sanchez, the California Planning Group (CBP) Women's Committee is finalizing its Women & HIV infographic at its meeting on Friday, September 10 @ 10-11AM; if interested in joining, please contact N. Sanchez [NNSanchez@mednet.ucla.edu](mailto:NNSanchez@mednet.ucla.edu). Dr. Cielo also reported that the LAC+USC Maternal Child and Adolescent Clinic is creating a young woman support group and will keep the Commission updated on its progress. Lastly, Dr. Cielo announced she was invited by the Department of Public Health to help reboot the Department's HIV perinatal prevention stakeholder group given the increasing cases of congenital syphilis.
- 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). *No report provided.*
- City of Long Beach (CLB).
  - Everardo Alvizo, LSCW, announced that the next Long Beach HIV Planning Group meeting will be October 13<sup>th</sup> at 12-2PM.
- City of Los Angeles (CLA): *No report provided.*

### H. STANDING COMMITTEE REPORTS

#### (1) Operations Committee (Next Meeting September 23 @ 10:00AM-12PM)

- A. 2021 Renewing Member Applications
  - Thomas Green Seat #15 **MOTION #3** (*✓Passed by Majority, Roll Call Vote*)
  - Eduardo Martinez Seat #29 **MOTION #4** (*✓Passed by Majority, Roll Call Vote*)
  - Alexander Fuller Seat#17 **MOTION #5** (*✓Passed by Majority, Roll Call Vote*)
- B. Commissioner Resignations
  - Committee thanked Kayla Walker-Heltzel and Damontae Hack for their service and extend an invitation to continue participating in Commission and committee meetings
- C. Quarterly Attendance Report | Review + Discussion
  - Committee reviewed the quarterly attendance reports and decided the following: (1) Guadalupe Velazquez will be placed on an involuntary leave of absence and an attendance letter will sent to Joshua Ray

#### (2) Planning, Priorities & Allocations (PP&A) Committee (Next Meeting September 21, 2021, 2021 @ 1-5PM)

- A. Proposed RWP PY 32 Service Category Rankings **MOTION #6** (*✓Passed by Majority, Roll Call Vote*)
  - K. Donnelly, Co-Chair, led the Commission through the process the Committee used in determining service category rankings:
    - Participants offered changes to the ranking with a supporting argument.
    - The Committee discussed the suggestion, and a consensus was obtained.
    - The Committee considered Consumer Caucus input.
    - The Committee considered services with the most impact over the life of those living with HIV
    - The Committee was not concerned with funding allocations or sources during the process.
    - The Committee rankings had an emphasis on services that retain people in housing and engage them in care.
  - K. Donnelly detailed the following adjustments the Committee made in the service category rankings:
    - Housing remained ranked as #1 because housing instability and a lack of housing remain major determinates of health. The Committee also considered the moratorium on evictions due to the pandemic will end September 30, 2021 and that may lead to additional PLWH becoming homeless thus increasing the need for housing

- Non-Medical Case Management (ranked 2 from 3) and Ambulatory Outpatient Medical Services (ranked 3 from 2) changed places because Non MCM services are anticipated to increase in need due to the pandemic. Non MCM addresses psychosocial issues for PLWH that are in care to maintain them in care.
- Substance Abuse Outpatient ranking changed from 16 to 9 because meth use was identified as a significant factor for those currently living with HIV and have substance abuse issues and the pandemic has intensified substance abuse and mental health issues. This action moved Early Intervention Services to #10 ranking.
- Outreach Services – Linkage and Re-engagement Program (LRP) changed 10 to 8 data presented at the July PPA meeting reflected 10% of RW clients as homeless, having the lowest viral suppression rates and a decrease in suppression retention in PY 30. The crisis of housing insecurity, the needs of the marginalized or those in danger of losing their housing warrants moving the service to a higher ranking.
- Psychosocial services maintained a ranking of #5 because those newly diagnosed with HIV needed peer-based counseling to reduce the feeling of isolation and loneliness. Consumers indicated this as a high priority.
- Medical Transportation was moved from 8 to 11 in ranking due to the above changes shifting the service down in ranking.
- Nutrition Support shifted from 11 to 12 in ranking due to the above changes shifting the service down in ranking.
- Oral Health Services shifted from 12 to 13 in ranking due to the above changes shifting the service down in ranking.
- Child Care Services shifted from 13 to 14 in ranking due to the above changes shifting the service down in ranking.
- Other Professional Services – Legal Services shifted from 14 to 15 in ranking due to the above changes shifting the service down in ranking.
- Substance Abuse Residential shifted from 15 to 16 in ranking due to the above changes shifting the service down in ranking.
- All other services maintained the same ranking as previously approved.

B. Proposed RWP PY 32 Service Category Funding Allocations **MOTION #7** (*✓Passed by Majority, Roll Call Vote*)

- K. Donnelly, Co-Chair, led the Commission through the framework the Committee used in determining allocation percentages for PY 32:
  - Percentages are used in determining funding allocation process because the actual award amount is unknown
  - Once the allocation is awarded, percentages will be applied to the funding by DHSP
  - Allocations are reviewed at the time of the funding award and again at the end of the program year
  - PY 30 final expenditures and percentages, PY 31 overview of the first 6 months of expenditures (3/2021 – 8/2021) and refinements or improvements DHSP is attempting to make to the RW delivery system in Los Angeles County (LAC) were provided to the Committee to assist in determining PY 32 allocation percentages
  - DHSP provided PY 32 funding allocation percentage recommendations based on the data listed in # 4 above
  - Other funding sources were considered when determining funding allocation percentages for PY 32
- Funding allocations specifics included:
  - DHSP recommendations were based on PY 30 expenditures and refinements/improvements to programs for PY 32
  - Outpatient expenditures increased
  - Oral Specialty services increased
  - Mental Health services include a contract between DHSP and Department of Mental Health (DMH) as well as new mental health provider anticipated to provide services in PY 32.
  - Increase need for food Nutrition Services due to expanding food insecurities
  - Increase legal services and medical transportation services anticipated
  - (Legal Services will begin delivering services no longer a study for need)
  - (Transportation to medical appointments anticipated to increase as vaccination rates increase and people return to in person visits.)
  - Psychosocial Services received no allocation because RFP development is pending due to decrease contract staff
  - EFA funding (\$1.5 million) is through EHE. No percentage of RW Part A or MAI funding was allocated for the Service

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- The Committee is preparing to implement tasks needed in the development of Comprehensive HIV Plan (CHP). The target date to have a written plan is October 2022. PP&A's next meeting is scheduled for September 21, 2021 from 1-3PM. The meeting will be virtual. The Committee will rank services and determine funding allocations for PY 33 (March 1, 2023 – February 29, 2024) and 34 (March 1, 2024 – February 29, 2025) to continue the multi-year planning process implemented during the previous planning process.

### (2) Standards and Best Practices (SBP) Committee (Next Meeting October 5 @ 10AM-12PM)

#### A. Substance Use and Residential Treatment Standards Review

- The Substance Use Disorder and Residential Treatment service standards are posted for a 30-day public comment period ending on September 22<sup>nd</sup>.
- The Committee Initiated the Benefits Specialty service standard review process and will continue during the October SBP committee meeting.

#### B. Service Standards Development Trainer Recommendations for Improvements

- The Committee will develop a template and guiding principles for creating best practice recommendations for special populations. The SBP Committee will share this template and example best practices with the Commission, caucuses, task forces, and workgroups.

### (3) Public Policy Committee (PPC) (Next Meeting September 13, 2021 @ 1-3PM)

#### A. County, State, and Federal Legislation & Policy

##### ▪ 2021 Legislative Docket | UPDATE

- AB 453 (aka "stealth bill") was passed. No further updates to the docket.
- Friday, September 10<sup>th</sup> is the last day for Governor Gavin Newsom to sign legislation
- K. Nelson corrected a previous comment noting that Governor Newsom will still be able to sign bills if recalled

##### ▪ COMMISSION Letter Re: STD Response and Appeal to the Board of Supervisors

- K. Nelson reported that the COMMISSION's letter was submitted to the Board of Supervisors, its health deputies and various community stakeholders. To date, no responses have been received.
- K. Nelson will walk the Consumer Caucus at its meeting today through the STD letter and provide guidance on how to provide Public Comment at upcoming Health Deputy and BOS meetings.
- A suggestion was made to send the STD letter to state legislators.

- APLA and the Alliance for Housing and Healing (AHH) have issued a Housing is Key fact sheet which can be found [here](#).

#### (b) County, State, and Federal Budget

- K. Nelson reported that the federal government is still negotiating spending bills for Fiscal Year 2022 and will more than likely approve a continuing resolution to avoid a government shutdown.

## I. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

### (1) Aging Task Force (ATF): (Next Meeting October 5 @ 1-3PM)

- *Refer to the HIV and Aging presentation*

### (2) Black/African American Community (BAAC) Task Force | UPDATE

- At its August 26<sup>th</sup> meeting, the Executive Committee approved a motion to extend the initial 90 day pause on the BAAC Task Force to the end of December 2021, allowing a workgroup to be formed comprised of Commission members reflective of the Black/AA community to address the following BAAC Task Force recommendations:  
(1) PrEP marketing campaign for the Black community and its subpopulations; (2) revise RFP language to be more inclusive to yield more successful solicitation awards to Black/AA led organizations; (3) technical assistance for Black/AA led organizations to provide a more equitable playing field to successfully compete for solicitations; (4) and establishment of PrEP Centers of Excellence for women.

### (3) Consumer Caucus: (Next Meeting September 9 @ 3:00-4:30PM)

- The Consumer Caucus met on August 12 and discussed the following:
  - Priority Setting and Resource Allocation (PSRA) Process/Refresher in preparation for the August 17 Planning, Priorities & Allocations (PP&A) Committee to decide on service priorities and allocations.
  - Registration for the NMAC Building Leaders of Color (BLOC) virtual training opened and free to all people of color living with HIV and allies – 30 spots available. Training scheduled for September 13-17, with mandatory orientation on September 10. Commission members given priority.

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- Reviewed the Commission's letter in response to the STD crisis in Los Angeles County. Caucus members encouraged to champion the letter by providing public comments before the Board of Supervisors and asking providers to advocate for their clients in this effort as well.
- Continued discussion on outreach strategies
- At its meeting today, the Caucus will discuss:
  - NMAC BLOC virtual training scheduled for September 13-17, with an orientation held on September 10. Spots are still available. The training is open to people of color living with HIV and allies. Eligible persons are strongly encouraged to apply.
  - Katja Nelson, Public Policy Co-Chair will lead the Caucus in review of the Commission's letter in response to the STD crisis and provide talking points and pointers on how the Caucus and others impacted by HIV/STDs can strengthen their voice around issues impacting their health and wellness.

### **(4) Prevention Planning Workgroup (PPW): (Next Meeting September 22, 2021 @ 5:30-7PM)**

- The PPW met on August 25 and focused on "Engaging Women of Color in Prevention Data and Planning." The group heard from Dr. Nina Harawa and Dr. LaShonda Spencer from Charles Drew University on prevention data and missed opportunities based on current PrEP screening criteria which led to a productive conversation on reviewing the HIV counseling and testing form and improving how female clients are referred to PrEP services. Women are often not referred to PrEP because they do not meet the "risks" criteria—this a missed opportunity for linking women to much needed prevention services.
- PPW will meet with Paulina Zamudio to discuss opportunities for improvement on 9/30.
- We are looking for Co-Chairs for the PPW. Please check out our meetings and consider serving in a leadership capacity.

### **(5) Transgender Caucus (TG): (Next Meeting September 28, 2021 @ 10AM-12PM) *No updates.***

### **(6) Women's Caucus: (Special Panel Presentation In lieu of Meeting September 20 @ 2-4PM)**

- The Women's Caucus met on August 30th and opened nominations for Co-Chair to replace Dr. LaShonda Spencer who is graciously passing the baton. Dr. Mikhaela Cielo was nominated. Elections will take place at the October 18th meeting.
- The Caucus inquired about the status of the EFA, specifically around demographics/geographics of applicants to determine equitable distribution of funding, and accessibility and ease of application process. Additionally, the Caucus discussed the Take Me Home (TMH) HIV test kits program and whether its marketing and promotion is reflective of women. DHSP to provide an update on these programs to include PrEP & women, at the October 18th meeting.
- Caucus briefly discussed the Prevention Planning Workgroup August 23 meeting which focused on women and prevention data and planning.
- Lastly, the Caucus is excited to announce its next virtual lunch & learn panel presentation on September 20 @ 2-4pm in commemoration of the 40th anniversary of the epidemic. Dr. Andrea Kovacs will present on the brief history of the HIV epidemic - focusing on women & children; mother-to-child transmission; and the similarities between the HIV and COVID pandemics. Special client expert panelists will include Lynnea Lawson (Garbutt) and other invited guests. Event flyer to be disseminated.

## **5. DISCUSSION**

### **A. "So You Want to Talk About Race" by Ijeoma Oluo Reading Activity**

- Danielle Campbell, Gerald Garth, and Bridget Gordon shared reading excerpts of Chapters 12-13. A brief discussion followed.

### **B. Los Angeles County Human Relations Commission Guided Discussion & Training: "Self-Management"**

- Robert Sowell and April Johnson, Los Angeles County Human Relations Commission (HRC) staff presented on "Empathy – What it is and what it isn't; how to strengthen it"; refer to PPT presentation in meeting packet.

## **6. MISCELLANEOUS**

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

**JURISDICTION (To provide live public comment, register and join WebEx via computer or smartphone. Those joining via telephone cannot provide live public comment but may submit written comments or materials via email to**

**[hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).)**

- Jayda Arrington extended an invitation to the Consumer Caucus meeting @ 3PM.
- Frankie Darling-Palacios expressed condolences and appreciation for the advocacy work of Bishop Carl Bean in the LGBTQ+ faith community.

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- 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**
- J. Valero recommended that a moratorium be placed on the Attendance Policy to provide grace to those who do not feel comfortable attending in-person meetings once they resume in October. Operations Committee to discuss at its next meeting.
  - A recommendation was made to carve out time at an upcoming Commission meeting to have a comprehensive presentation and discussion around housing options for PLWH. Executive Committee will discuss at an upcoming meeting to schedule.
- C. ANNOUNCEMENTS: REGARDING COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES (Provision of announcements will follow the same protocol as that listed for public comments above.):**
- D. ADJOURNMENT AND ROLL CALL:** The meeting adjourned in the memory of Bishop Carl Bean at or around 1:55PM.

**Roll Call (Present):** M. Alvarez, E. Alvizo, A. Burton, D. Campbell, P. Coffey, F. Darling Palacios, E. Davies, K. Donnelly, F. Findley, G. Garth, J. Gates, G. Granados, T. Green, F. Gonzalez, L. Kochems, C. Moreno, D. Murray, K. Nelson, R. Rosales, M. Sattah, D. Thomas, J. Valero, and B. Gordon

**MOTION AND VOTING SUMMARY**

<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION 1:</b> Approve the Agenda Order, as presented.	<b>Passed by Consensus</b>	<b>MOTION PASSED</b>
<b>MOTION 2:</b> Approve the July 8, 2021 Commission on HIV Meeting Minutes, as presented.	<b>Passed by Consensus</b>	<b>MOTION PASSED</b>
<b>MOTION 3:</b> Approve Membership Application for Thomas Green (Seat #15), as presented or revised, and forward to the Executive Committee for approval	<b>Ayes:</b> Alvarez, Alvizo, Burton, Campbell, Cielo, Coffey, Davies, Donnelly, Findley Garth, Gates, Granados, T. Green, Gonzalez, King, Kochems, Mills, Moreno, Murray, Nash, Nelson, Darling-Palacios, Pérez, Rodriguez, Rosales, San Agustin, Sattah, Spencer, Thomas, Valero, Walker, Gordon <b>Opposition:</b> None <b>Abstentions:</b> Halfman	<b>MOTION PASSED</b> <b>AYES: 32</b> <b>OPPOSED: 0</b> <b>ABSTENTIONS: 1</b>
<b>MOTION 4:</b> Approve Membership Application for Eduardo Martinez (Seat #29) , as presented or revised, and forward to the Executive Committee for approval.	<b>Ayes:</b> Alvarez, Alvizo, Burton, Campbell, Cielo, Coffey, Davies, Donnelly, Findley Garth, Gates, Granados, T. Green, Gonzalez, King, Kochems, Mills, Moreno, Murray, Nash, Nelson, Darling-Palacios, Pérez, Rodriguez, Rosales, San Agustin, Sattah, Spencer, Thomas, Valero, Walker, Gordon <b>Opposition:</b> None <b>Abstentions:</b> Halfman	<b>MOTION PASSED</b> <b>AYES: 32</b> <b>OPPOSED: 0</b> <b>ABSTENTIONS: 1</b>
<b>MOTION 5:</b> Approve Membership Application for Alexander Fuller (Seat #17) , as presented or revised, and forward to the Executive Committee for approval.	<b>Ayes:</b> Alvarez, Alvizo, Burton, Campbell, Cielo, Coffey, Davies, Donnelly, Findley Garth, Gates, Granados, T. Green, Gonzalez, King, Mills, Moreno, Murray, Nash, Nelson, Darling-Palacios, Pérez, Rodriguez, Rosales, San Agustin, Sattah, Spencer, Thomas Valero, Walker, Gordon <b>Opposition:</b> None <b>Abstentions:</b> Halfman	<b>MOTION PASSED</b> <b>AYES: 31</b> <b>OPPOSED: 0</b> <b>ABSTENTIONS: 1</b>

**Commission on HIV Meeting Minutes**

September 9, 2021

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<p><b>MOTION 6:</b> Approved proposed RWP PY 32 Service Category Rankings, as presented or revised.</p>	<p><b>Ayes:</b> Alvarez, Alvizo, Burton, Cielo, Coffey, Davies, Donnelly, Findley, Garth, Gates, Granados, T. Green, Gonzalez, King, Kochems, Moreno, Murray, Nash, Nelson, Darling-Palacios, Peréz, Rodriguez, Rosales, San Agustin, Sattah, Spencer, Thomas Valero, Gordon <b>Opposition:</b> None <b>Abstentions:</b> Halfman</p>	<p><b>MOTION PASSED</b> <b>AYES: 29</b> <b>OPPOSED: 0</b> <b>ABSTENTIONS: 1</b></p>
<p><b>MOTION 7:</b> Approve proposed RWP PY 32 Service Category Funding Allocations, as presented or revised, and provide DHSP authority to adjust 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.</p>	<p><b>Ayes:</b> Alvarez, Alvizo, Burton, Campbell, Cielo, Coffey, Davies, Donnelly, Findley, Garth, Gates, T. Green, Gonzalez, King, Kochems, Moreno, Murray, Nash, Nelson, Darling-Palacios, Peréz, Rodriguez, Rosales, San Agustin, Spencer, Thomas, Valero, Gordon <b>Opposition:</b> None <b>Abstentions:</b> Halfman</p>	<p><b>MOTION PASSED</b> <b>AYES: 28</b> <b>OPPOSED: 0</b> <b>ABSTENTIONS: 1</b></p>

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KATHRYN BARGER

September 30, 2021

TO: County Commissions

FROM: Celia Zavala  
Executive Officer

SUBJECT: **CONTINUED TELECONFERENCED COMMISSION MEETINGS AND  
COUNTY VACCINATION MANDATE**

As you may know, on June 11, 2021, Governor Gavin Newsom issued [Executive Order N-08-21](#), which extends through September 30, 2021, the suspension of the Brown Act provisions related to meetings via teleconferencing. On September 10, 2021, the Legislature passed Assembly Bill 361 ("AB 361") to enhance public access to local legislative body meetings during the COVID-19 pandemic and future applicable emergencies. In essence, AB 361 allows meetings via teleconferencing after September 30, 2021,<sup>1</sup> under certain conditions and pursuant to certain requirements.

AB 361 allows local legislative bodies to hold teleconferenced meetings without complying with the usual Brown Act teleconferencing requirements if:

- (A) the legislative body holds a meeting during a declared state of emergency; and
- (B) either one of the following occurs:
  - (i) State or local health officials have imposed or recommended measures to promote social distancing; or
  - (ii) the legislative body determines, by majority vote, that as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

AB 361 also set forth requirements for instructions on the agenda for a teleconferenced meeting, disruption during broadcasting of a teleconferenced meeting, opportunity for public comment in "real time," timed public comment, and continued use of teleconferenced meetings.

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<sup>1</sup> AB 361 took effect immediately after the Governor signed it into law on September 16, 2021. However, to provide clarity around the applicable procedures governing local legislative body meetings and to ensure that critical governmental functions are not affected, on September 20, 2021, the Governor issued [Executive Order N-15-21](#), which suspends the relevant amended provisions of the Brown Act under AB 361 until Executive Order N-08-21 expires on September 30, 2021.



The State of Emergency is still in effect. In addition, the County's [Best Practices to Prevent COVID-19, Guidance for Businesses and Employers](#), recommends "*[w]henver possible, [to] take steps to reduce crowding indoors and enable employees and customers to physically distance from each other. Generally, at least 6 feet of distance (2 arm lengths) is recommended, although this is not a guarantee of safety, especially in enclosed or poorly ventilated spaces.*" In alignment with these recommendations and to ensure the safety of members of the public and employees while guaranteeing the public's right to attend and participate in meetings of local legislative bodies, effective October 1, 2021, the Board of Supervisors ("Board") and commissions, task forces, committees, etc., which were either created by the Board or at the Board's direction and are subject to the Brown Act, will continue to meet via teleconferencing, in compliance with AB 361. As required by AB 361, the Board will reconsider the circumstances of the State of Emergency to determine whether teleconferencing should continue. Commissions that are statutorily and independently created are urged to do the same.

In addition, please note, on August 10, 2021, the Board of Supervisors mandated that all County employees must provide **proof of full vaccination by October 1, 2021**. This mandate applies to all County workers, Commissioners, Board members, interns, and volunteers.

The County has partnered with **Fulgent**, a leader in laboratory testing services, to maintain employee COVID-19 vaccination records. Commissioners without an Employee (E) or Contractor (C) number are not currently included in the Fulgent database and cannot yet submit their vaccination status information. The HR team is partnering with the Department of Human Resources (DHR) and Fulgent to ensure that all Commissioners, Board members, volunteers, and other County workers without an E or C number are added to the vaccination verification system. We anticipate that this information will be uploaded soon, and additional notification will be provided once the remaining Commissioners are added to the system. **At this time, all Commissioners with an E number can submit their vaccination records by uploading their vaccination documentation to the Fulgent database. The instructions on how to submit your records are attached.**

Should you have questions regarding this letter, you may contact Twila P. Kerr of my staff at [tkerr@bos.lacounty.gov](mailto:tkerr@bos.lacounty.gov) or (213) 974-1431.

CZ:TPK:mr

Attachment

# County of Los Angeles Workforce COVID-19 Testing Protocol

## Register for testing

Prior to testing please register online at [lac.fulgentgenetics.com](http://lac.fulgentgenetics.com). Though this can be done on-site at the time of testing, **registering online ahead of time will help to speed up the testing process**. This only has to be done one time and once complete, you will receive a Fulgent QR code which can be used to verify your information for all future tests.

## Select an LA County testing site

Please contact your Departmental Human Resources office for your required testing frequency. You can review a list of active test sites [here](#).

## WHAT TO EXPECT ON THE FIRST DAY OF TESTING

### 1. On test day, bring the following to your test site

- A) **A form of identification** (your LA County employee badge or other government issued ID)
- B) Your **Fulgent QR code** and/or your **E/C County ID number**
- C) Your **insurance card** (you will only need this on the first day of testing; the information will be saved for all future tests through LA County)

### 2. Collect your sample



Fulgent uses a self-collect shallow nasal swab collection process as demonstrated in the following video:

[https://www.youtube.com/watch?v=L\\_1UgXM9tqw](https://www.youtube.com/watch?v=L_1UgXM9tqw)

### 3. View your results

Within 1-2 days of submitting your sample, you should receive either an email or text message with a screening ID (in the format **FSS-SCR123456**) along with the link to view your test result.

Link: [results.fulgentgenetics.com](http://results.fulgentgenetics.com)

**Negative test result:** Your supervisor will see you as cleared for work.

**Positive test result:** Your supervisor will see you as not cleared. Do not report for work and contact your Departmental Human Resources office immediately.

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**Please contact us if you have any questions!**

**Fulgent's Client Services Team**

**Phone:** 1 (626) 350-0537 | **Email:** [lacsupport@fulgentgenetics.com](mailto:lacsupport@fulgentgenetics.com)

## Frequently Asked Questions

### How do I know if I need to test?

If you have been fully vaccinated (2 shots of Moderna or Pfizer or 1 shot of Johnson & Johnson) and your vaccine record has been verified through Fulgent then you do not need to test on a weekly basis.

If you are unvaccinated or semi-vaccinated you may need to test either once or twice per week depending on your department's requirements. Please speak with your supervisor or Human Resources department for more information on your testing policy.

### I recently received my vaccination, how can I change my vaccination status?

Please visit [lac.fulgentgenetics.com](http://lac.fulgentgenetics.com) to edit/upload your vaccination status. You will be asked to either upload your CDPH smart QR code or a physical picture of your card so that we can verify your status. Once complete and your vaccination status has been verified, you will no longer be required to test on a weekly basis.

### Who is my result shared with?

Your result is secure in our system and is only shared with your employer and any relevant State or local reporting agencies. Within LA County, your supervisor and department administrators will have access to your testing data to ensure you are in compliance with LA County's testing/vaccination policies.

### Why do I need my insurance card?

Tests administered at LA County facilities are free to you. The County of Los Angeles is working to cover the cost of testing, either through your insurance carriers or other County funding. Your insurance information may be used to verify your coverage if carriers are billed. Regardless, testing will remain at no cost to you.

### What happens if I miss my testing day?

To help ensure LA County is compliant with California's mandate for testing and vaccination of County employees, a notification will be sent to both the employee and the employee's supervisor when an employee is out of testing compliance. Please visit your nearest testing site to collect a new sample as soon as possible and contact your Department HR office.



# Workforce COVID-19 Vaccination Verification

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## For proof of vaccination, you will need:

- A CDPH digital vaccine card QR code  
Please go to page 5 for instructions on how to get your CDPH digital vaccine QR code

## OR

- A digital photo of your hard copy vaccine card

## Please have the following ready before starting registration

- Employee or contractor ID number
- LA County department name
- Preferred email address
- Proof of vaccination

## Notice for Department of Health Services (DHS) employees

### As a reminder, the process for the DHS workforce is as follows:

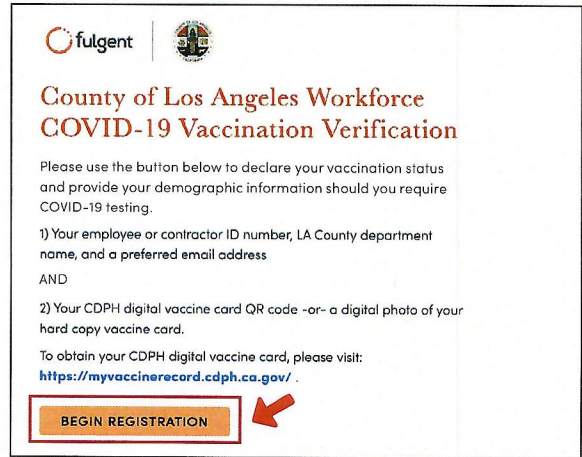
If you were vaccinated by DHS, your vaccination verification is complete. If you received your vaccination outside of DHS, you must submit a copy of your vaccination record to your local Employee Health Services.

DHS employees do not need to submit their vaccination records into the Fulgent database.

# How to Register Online

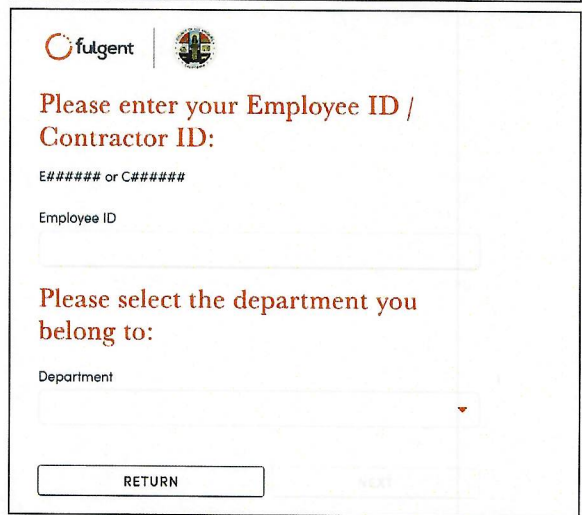
## Verifying LAC employee status

**1** Visit [lac.fulgentgenetics.com](http://lac.fulgentgenetics.com) and click the button "Begin Registration".



**2** Verify your information by entering the following:

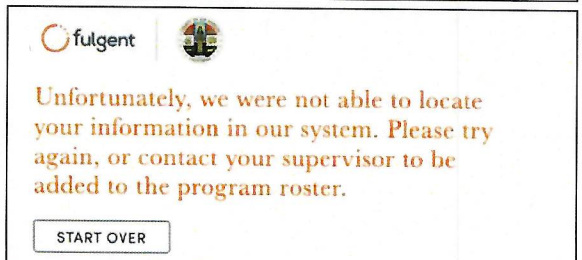
- Employee ID / Contractor ID  
E/C #: [format - E/C#####]
- Department you belong to  
i.e., DHS, Fire Dept, DHR, etc.
- First Name
- Last Name
- Date of Birth
- Preferred Email Address



**3** If your information matches in our system  
You will be sent a unique URL link to your preferred email address to complete the rest of your registration.



**If your information does not match in our system**  
Please double-check your information and try again, or contact your supervisor to be added to the program roster.



## Completing the rest of your registration

**4 Login to your email account** and find an email from Fulgent Genetics with the subject line "Complete Your Registration".

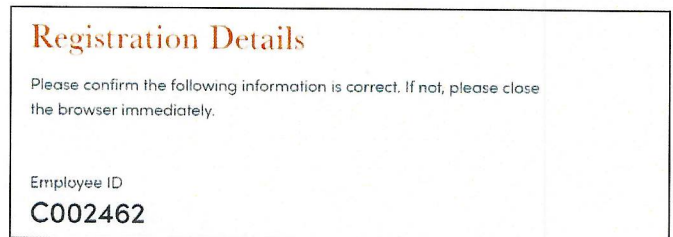
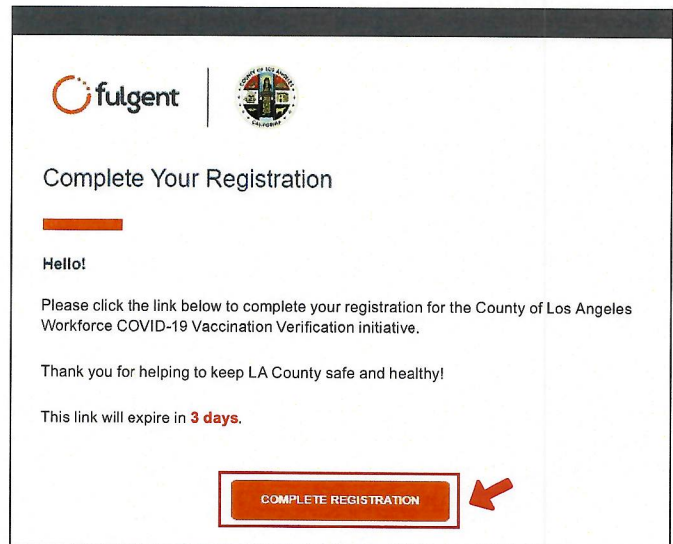
In the email, click on "Complete Registration"

Confirm your identity and that all information is correct.

**If you don't get an email or see a discrepancy with your information, please contact Fulgent's Client Services team at:**

**Phone:** 1 (626) 350-0537

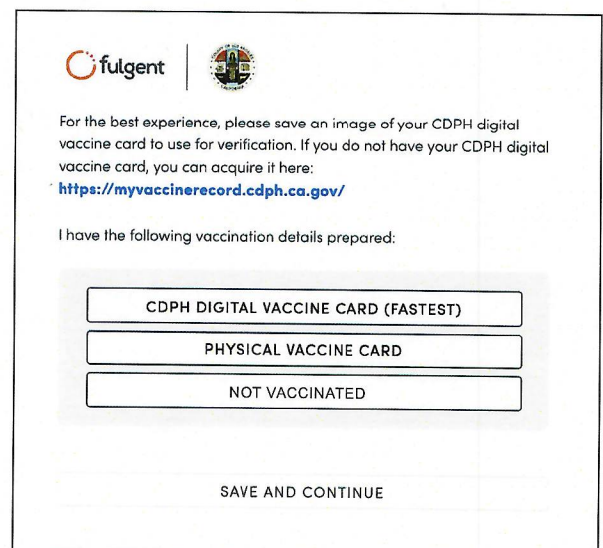
**Email:** lacsupport@fulgentgenetics.com



**5 Select one of the following, regarding your vaccination details:**

- **CDPH Digital Vaccine Card (Fastest method)**  
Please go to page 5 for instructions on how to get your CDPH digital vaccine QR code
- **Physical Vaccine Card (Manual entry)**  
Upload image or take a photo of your vaccine card  
Enter dose manufacturer, dose date, dose lot number
- **Not Vaccinated**

**Please Note:** By providing your vaccination records, you are affirming that the information you have provided herein is true and complete, and that you understand that the County of Los Angeles will use this information to document your vaccination status and will verify this information against vaccination records maintained by Healthvana for the California Department of Public Health.



## Completing the rest of your registration continued

- 6** If you've submitted your vaccine card showing full vaccination, we have sent an email notification as a record of your submission-in-review. When the review is completed, you will receive an additional notification email to confirm that your submission has been verified.

**You do not need to perform regular COVID-19 testing per LA County policy.**

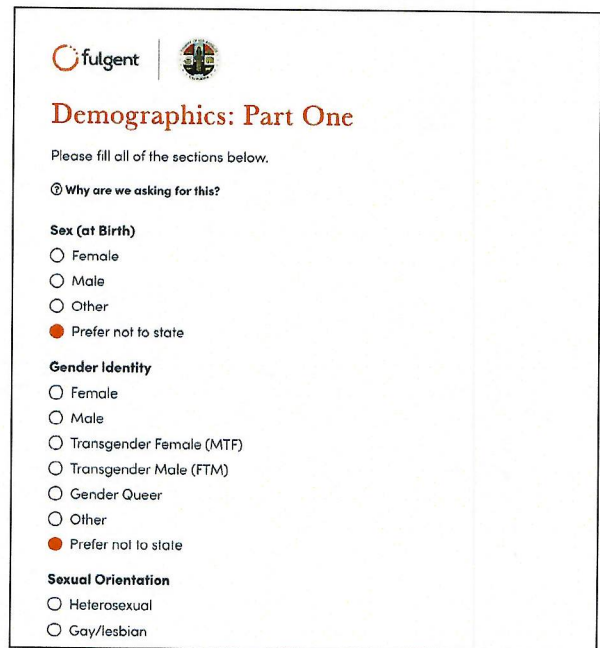
**Until you are fully vaccinated, you may need to participate in regular COVID-19 testing**

Please contact your Departmental Human Resources office for your required testing frequency and to review the list of test sites available to you. Upon completion of your tests, you will receive an email confirming your compliance state.

**7** Fill out your demographics, you will be asked the following:

- Address
- SMS Capable Phone Number (Optional)
- Sex (at birth)\*
- Gender\*
- Sexual Orientation\*
- Race\*
- Ethnicity\*

\* This information is required for result reporting to the State of California and the County Department of Public Health to help track and trend the impact of COVID-19 on different communities.



**Demographics: Part One**

Please fill all of the sections below.

Why are we asking for this?

**Sex (at Birth)**

- Female
- Male
- Other
- Prefer not to state

**Gender Identity**

- Female
- Male
- Transgender Female (MTF)
- Transgender Male (FTM)
- Gender Queer
- Other
- Prefer not to state

**Sexual Orientation**

- Heterosexual
- Gay/lesbian

**8** Once registration is complete, please check your email to receive your unique QR code for COVID-19 testing. Please contact us if you have any questions!

For the most streamlined testing experience, please save, print, or keep a screenshot of this QR code on your mobile device and present it to testing staff for scanning at each visit.

Please contact your Departmental Human Resources office for your required testing frequency and to review the list of test sites available to you. Upon completion of your tests, you will receive an email confirming your compliance state.

**Fulgent's Client Services Team**  
**Phone:** 1 (626) 350-0537  
**Email:** lacsupport@fulgentgenetics.com

# How to Access Your CDPH Digital COVID-19 Vaccination Record

## Registration

- 1 Visit the following website:  
[myvaccinerecord.cdph.ca.gov](https://myvaccinerecord.cdph.ca.gov)
- 2 Once loaded, proceed to enter the following information:
  - Legal First Name
  - Legal Last Name
  - Date of Birth
  - Receiving Preferences
  - Personal 4-digit Pin Number

**Please remember your 4-digit pin number**

### On Mobile

Please fill out the required fields to receive a link to a QR code and digital copy of your COVID-19 vaccination record:

Required fields marked with \*

First name\*

Last name\*

Date of birth\*

Provide a cell phone or email that may be associated with your vaccine record. If you fail to get a match using your cell phone, try again using your email address.

Cell Phone  Email

Cell Phone\*

Create a 4-digit PIN. You'll receive a link to enter the PIN and access your digital vaccine record \*

### On Desktop

Digital COVID-19 Vaccine Record

**Digital COVID-19 Vaccine Record**

Welcome to the Digital COVID-19 Vaccine Record portal. Just enter a few details below to get a link to a QR code and digital copy of your COVID-19 vaccination record. If you want to share your proof of vaccination, you can use either the electronic vials you get from the portal or the card you were given as a form of vaccination.

If you are a parent or guardian and have multiple vaccine records associated with a single cell phone number or email address, enter each record to access the record(s) you want to register.

The portal provides only a digital copy of your vaccine record. If you need your vaccine records from a federal agency (e.g., Department of Defense, Indian Health Services, or Veterans Affairs), you will need to reach out to their agencies for assistance with your vaccine record.

If you have questions about your Digital COVID-19 Vaccine Record, visit our FAQ.

Please fill out the required fields to receive a link to a QR code and digital copy of your COVID-19 vaccination record:

Required fields marked with \*

First name\*

Last name\*

Date of birth\*

Provide a cell phone or email that may be associated with your vaccine record. If you fail to get a match using your cell phone, try again using your email address.

Cell Phone  Email

Cell Phone\*

Create a 4-digit PIN. You'll receive a link to enter the PIN and access your digital vaccine record \*

## Next Steps

After submission, you'll receive either an email or a text message based your on preferences.

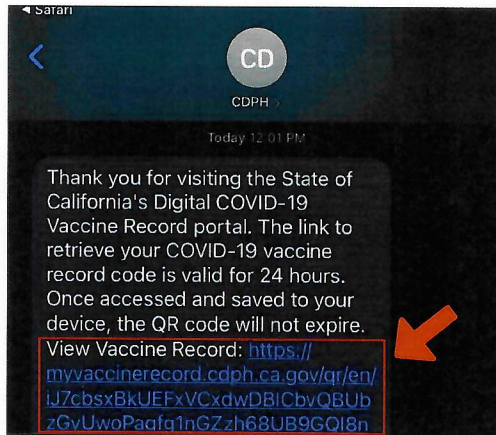
**Text Message** - Go to page 6

**Email** - Go to page 7

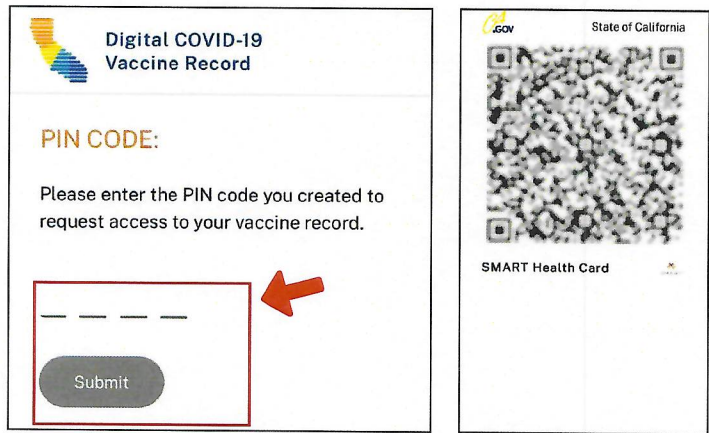


## Retrieving your QR code by Text Message

- 1 Upon receiving a text message, **open the URL** link on your mobile phone.



- 2 **Enter your personal 4-digit pin number** to be presented with your QR code.



- 3 Tap and hold the QR code to download image onto your mobile device.

### On iOS

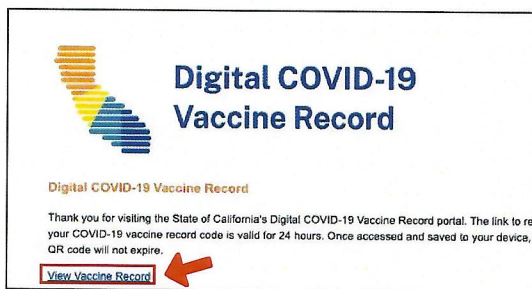


### On Android

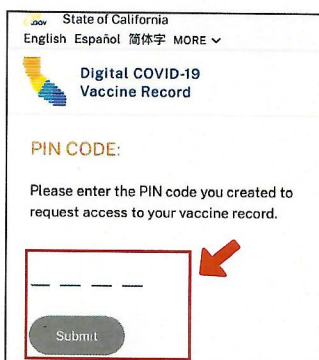


## Retrieving your QR Code by Email

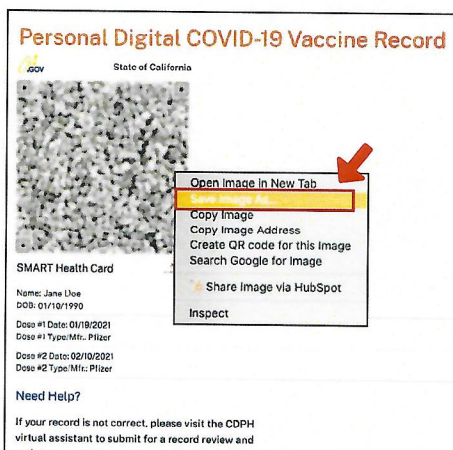
- 1 **Sign into your email account** using the same email address used during registration.
- 2 Find an email from the CA Department of Public Health with the subject line **“Digital COVID-19 Vaccine Record”**. Click on **“View Vaccine Record”**.



- 3 **Enter your personal 4-digit pin number** to be presented with your QR code.



- 4 When presented with your QR Code, right-click on the QR code to download image onto your computer.



## FAQ

Visit: [myvaccinerecord.cdph.ca.gov/faq](https://myvaccinerecord.cdph.ca.gov/faq)

## Need more help?

For questions and other assistance obtaining your digital COVID-19 Vaccine Record, please contact the California Department of Public Health.

**P** +1 833.422.4255

**Monday - Friday** 8:00AM - 8:00PM

**Saturday - Sunday** 8:00AM - 5:00PM



# Unfinished Conversations: Continuing the Commitment to End HIV

**Virtual Annual Meeting**  
**Thursday, November 18, 2021**  
**9AM- 3PM**  
**Featured Session Topics**

**Listening without Judgement**  
Robert Sowell and April Johnson  
Los Angeles County Human Relations Commission

## **State of HIV in Los Angeles County and Ending the HIV Epidemic Steering Committee Special Presentations**

Mario Perez, MPH, Director, Division of HIV and STD Programs (DHSP), Los Angeles County  
Department of Public Health

Julie Tolentino, MPH, EHE Program Manager, DHSP

Robbie Rodriguez, Director of Programs, Equality California

Bridget Rogala, MPH, Faculty, California State University, Long Beach

## **Cluster Detection and Response**

Philip Peters, MD, Medical Officer, California Department of Public Health, Office of AIDS

Kathleen Poortinga, MPH, Epidemiologist, HIV Surveillance, DHSP

## **Street Medicine**

Brett J. Feldman, MSPAS, PA-C and Corinne T. Feldman, MMS, PA-C

University of Southern California, Keck School of Medicine

## **HIV, Aging, and Stigma**

Dr. Paul Nash CPsychol AFBPsS FHEA

University of Southern California, Leonard Davis School of Gerontology

**REGISTER NOW @**  
**<https://tinyurl.com/7cmraps>**

**To join by phone, dial 1-415-655-0001**  
**Access Code: 2596 251 7617**



# **DUTY STATEMENT**

## **COMMISSION CO-CHAIR**

(APPROVED 3-28-17; REVISIONS 3-19-18)

In order to provide effective direction and guidance for the Commission on HIV, the two Commission Co-Chairs must meet the following demands of their office, representation and leadership:

### **SPECIFIC:**

One of the Co-Chairs must be HIV-positive. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

### **ORGANIZATIONAL LEADERSHIP:**

- ① Serve as Co-Chair of the **Executive Committee**, and lead those monthly meetings.
- ② Serve as ex-officio member of all standing Committees:
  - attending at least one of each standing Committee meetings annually or in Committee Co-Chair's absence
- ③ Meet monthly with the Executive Director, or his/her designee, to prepare the Commission and Executive Committee meeting agendas and course of action,
  - assist Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate.
- ④ Lead Executive Committee in decision-making on behalf of Commission, when necessary.
- ⑤ Act as final Commission-level arbiter of grievances and complaints

### **MEETING MANAGEMENT:**

- ① Serve as the Presiding Officer at the Commission, Executive Committee and Annual meetings.
- ② In consultation with the other Co-Chair, the Parliamentarian, the Executive Director, or the senior staff member, lead all Commission, Executive and special meetings, which entail:
  - conducting meeting business in accordance with Commission actions/interests;
  - maintaining an ongoing speakers list;
  - recognizing speakers, stakeholders and the public for comment at the appropriate times;
  - controlling decorum during discussion and debate and at all times in the meeting;
  - imposing meeting rules, requirements and limitations;
  - calling meetings to order, for recesses and adjournment in a timely fashion and according to schedule, or extending meetings as needed;
  - determining consensus, objections, votes, and announcing roll call vote results;
  - ensuring fluid and smooth meeting logistics and progress;
  - finding resolution when other alternatives are not apparent;
  - apply Brown Act, conflict of interest, Ryan White Program (RWP) legislative and other laws, policies, procedures, as required;

## **Duty Statement: Commission Co-Chair**

Page 2 of 3

- ruling on issues requiring settlement and/or conclusion.
- ③ Ability to put aside personal advocacy interests, when needed, in deference to role as the meetings' Presiding Officer.
- ④ Assign and delegate work to Committees and other bodies.

### **REPRESENTATION:**

In consultation with the Executive Director, the Commission Co-Chairs:

- ① Serve as Commission spokesperson at various events/gatherings, in the public, with public officials and to the media after consultation with Executive Director
- ② Take action on behalf of the Commission, when necessary
- ③ Generates, signs and submits official documentation and communication on behalf of the Commission
- ④ Participate in monthly conference calls with HRSA's RWP Project Officer
- ⑤ Represent the Commission to other County departments, entities and organizations.
- ⑥ Serve in protocol capacity for Commission
- ⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

### **KNOWLEDGE/BACKGROUND:**

- ① CDC HIV Prevention, RWP, and HIV/AIDS and STI policy and information
- ② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
- ③ LA County's HIV/AIDS and STI, and other service delivery systems
- ④ County policies, practices and stakeholders
- ⑤ RWP legislation, State Brown Act, applicable conflict of interest laws
- ⑥ County Ordinance and practices, and Commission Bylaws
- ⑦ Topical and subject area of Committee's purview
- ⑦ **Minimum of one year active Commission membership prior to Co-Chair role**

### **SKILLS/ATTITUDES:**

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

## **Duty Statement: Commission Co-Chair**

Page 3 of 3

### **COMMITMENT/ACCOUNTABILITY TO THE OFFICE:**

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

## In This Issue:

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

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](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf).

### Staff Highlight:

OA is pleased to welcome **Melissa Gutierrez**, a Bilingual Client Services Technician/Program Technician (PT) II with the AIDS Drug Assistance Program (ADAP) Client Services Unit (CSU). Melissa comes to OA from Health Now Administrative Services, where she worked for more than five years as a Bilingual Customer Service Representative. There she handled a high volume of incoming calls from clients and healthcare providers regarding healthcare claims, as well as medical, dental and vision care benefits. Additionally, she assisted with training and escalated calls. Prior to that, Melissa spent three years as an Administrative Assistance, taking and routing incoming calls, coordinating calendars and events, and processing incoming invoices. She will be a great asset to our team! Melissa will be working with the rest of the CSU Team to assist ADAP and PrEP-AP clients, Enrollment Workers, providers, and pharmacies, and to help resolve eligibility issues for our programs.

On a personal note, Melissa is married and mom to son, Noah, who is 2 years old, and has another baby boy, Jonathan, on the way (CONGRATULATIONS!). She loves plants, especially succulents and cactuses, and she loves to dance... But most of all she loves spending time with her family.

OA would also like to introduce **Juanita Moses**



and **Rem Melton** to the ADAP Branch within the Eligibility and Operations Section. They are our two newest ADAP Advisors!

**Juanita Moses** has worked in OA for over three years as a Supervising Program Technician II in the ADAP Client Services Unit and was recently promoted within ADAP. She was responsible for a team of Program Technicians and worked directly with clients to resolve escalated issues. Prior to working in ADAP, Juanita worked at the California Health Benefits Exchange and the Department of Social Services (DSS). In her position at the California Health Benefits

Exchange, she processed enrollments, terminations, and appeal claims in a high call volume setting. During her employment at the DSS, she was responsible for responding to inquiries from providers regarding In-Home Support Service payroll issues, subpoenas, liens, and garnishments. Juanita earned a Bachelor's degree in Psychology from Benedict College and she completed a Senior Thesis on The Rise of HIV/AIDS in the African American Communities, and the article was published! Outside of work, Juanita enjoys spending time with her 12-year-old son and loves wine.

**Rem Melton** is new to OA and comes to us from the California Public Employees Retirement System (CalPERS). In his position at CalPERS, he assisted members with questions regarding their retirement and health coverage. Prior to CalPERS, Rem worked at the Department of Rehabilitation where he assisted persons with disabilities find and retain employment. He also worked at the Department of Transportation as a Fiscal Analyst and at the Water Resources Control Board as a Programmer. Additionally, Rem volunteered for over three years at Magnet, an HIV and STD testing site, working closely with clients by answering questions regarding HIV testing. Rem earned his Master's degree in History from San Francisco State University and his Bachelor's degree in Business Administration with an emphasis on Information Systems from California State University, Fullerton. On a personal note, Rem has an interest in history, including the history of epidemics. He also enjoys biological anthropology, gin rummy, and all Harry Potter movies.

## **HIV Awareness:**

### **October 15 National Latino AIDS Awareness Day:**

National Latino AIDS Awareness Day (NLAAD) recognizes and addresses the disproportionate impact of HIV in the Hispanic and Latinx communities. On the last day of Hispanic Heritage Month, NLAAD aims to raise awareness

of HIV/AIDS and encourage the use of prevention and treatment options in the Hispanic and Latinx communities. NLAAD encourages everyone to learn the facts about HIV, get tested for HIV, and if diagnosed get into and remain in care.

## **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](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx), to stay informed.

### **Racial Justice and Health Equity:**

OA convened their Racial and Health Equity (RHE) workgroup in September that featured a presentation from our newly appointed Health Equity Liaison who will assist OA with continuing our RHE goals to normalize conversations about race and racism, organize information sharing tools to embed health equity and operationalize equity best practices and strategies in policies, programs and services.

### **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](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx), to stay informed.

### **Ending the HIV Epidemic:**

The first data submission for PS20-2010 Ending the Epidemics was completed for the time period of January 1, 2021 – June 30, 2021.



OA submitted data on behalf of the 6 California Consortium counties to CDC, sharing the number of tests ordered through the Building Healthy Online Communities (BHOC) Take Me Home self-test program (n = 807), as well as demographics of participants. Additionally, information on Syringe Service Programs (SSPs) operating in the counties during this time period were reported. This data submission, due September 15, 2021, covered the first half of the calendar year; the next data submission will be due March 15, 2022, and will cover the entire 2021 calendar year. We anticipate being able to report additional data in 2022 as the counties of the California Consortium will be initiating more of their activities during the second half of 2021.

## Help Make Us Better!

You can help make OA better by sharing your ideas for improving stakeholder experiences, reporting any issues, or simply asking questions of our Branch teams. Use one of the three options below to share your question, suggestion, or concern.

### ask it

By clicking on the “ask it” button above, you’ll have the ability to ask a question of any of our Branch teams in OA - and you’ll get a response within five to seven business days. Note: If your question is not directed to a specific Branch, your question will be triaged to the most appropriate Branch team to be answered.

### fix it

By clicking on the “fix it” button above, you’ll be able to report any items on this webpage or in OA that need to be fixed or corrected. While the resolution time will depend on the issue, in general, this channel is suitable for small problems that require prompt attention.

### suggest it

By clicking on the “suggest it” button above, you’ll have the ability to provide feedback or ideas to help improve OA to positively affect the way we work together with stakeholders in providing services to Californians. Please note that every idea - no matter how big or small - will be reviewed. Individuals are encouraged to contribute suggestions often, and while every idea will be considered, it is important to know that it may not be possible to implement every suggestion.

You can access the “suggestion box” at the bottom of [our webpage](https://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at <https://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx>.

Go ahead and try it out!

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

#### **PrEP-Assistance Program (AP):**

As of September 29, 2021, there are 192 PrEP-AP enrollment sites covering 156 clinics that currently make up the PrEP-AP Provider network. A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) 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.

### 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	350	8%	---	---	---	---	85	2%	435	10%
25 - 34	1,310	29%	2	0%	---	---	466	10%	1,778	39%
35 - 44	1,005	22%	---	---	3	0%	303	7%	1,311	29%
45 - 64	638	14%	2	0%	20	0%	184	4%	844	19%
65+	35	1%	---	---	148	3%	8	0%	191	4%
<b>TOTAL</b>	<b>3,338</b>	<b>73%</b>	<b>4</b>	<b>0%</b>	<b>171</b>	<b>4%</b>	<b>1,046</b>	<b>23%</b>	<b>4,559</b>	<b>100%</b>

### 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	202	4%	---	---	40	1%	32	1%	1	0%	133	3%	7	0%	20	0%	435	10%
25 - 34	938	21%	4	0%	192	4%	101	2%	4	0%	446	10%	16	0%	77	2%	1,778	39%
35 - 44	842	18%	2	0%	87	2%	66	1%	1	0%	262	6%	3	0%	48	1%	1,311	29%
45 - 64	567	12%	2	0%	38	1%	27	1%	3	0%	191	4%	---	---	16	0%	844	19%
65+	41	1%	1	0%	3	0%	2	0%	---	---	144	3%	---	---	---	---	191	4%
<b>TOTAL</b>	<b>2,590</b>	<b>57%</b>	<b>9</b>	<b>0%</b>	<b>360</b>	<b>8%</b>	<b>228</b>	<b>5%</b>	<b>9</b>	<b>0%</b>	<b>1,176</b>	<b>26%</b>	<b>26</b>	<b>1%</b>	<b>161</b>	<b>4%</b>	<b>4,559</b>	<b>100%</b>

### 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	427	9%	---	---	5	0%	13	0%	---	---	16	0%	---	---	3	0%	464	10%
Male	2,026	44%	9	0%	336	7%	212	5%	9	0%	1,137	25%	23	1%	149	3%	3,901	86%
Transgender	130	3%	---	---	14	0%	3	0%	---	---	10	0%	3	0%	2	0%	162	4%
Unknown	7	0%	---	---	5	0%	---	---	---	---	13	0%	---	---	7	0%	32	1%
<b>TOTAL</b>	<b>2,590</b>	<b>57%</b>	<b>9</b>	<b>0%</b>	<b>360</b>	<b>8%</b>	<b>228</b>	<b>5%</b>	<b>9</b>	<b>0%</b>	<b>1,176</b>	<b>26%</b>	<b>26</b>	<b>1%</b>	<b>161</b>	<b>4%</b>	<b>4,559</b>	<b>100%</b>

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: 9/30/2021 at 12:01:23 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

## **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) (<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 12 months, between September 1, 2020 and August 31, 2021, 1993 tests were distributed, including 177 tests distributed in August. Of those ordering a test in August, 40.1% reported never before receiving an HIV test, and 51.4% were 18 to 29 years of age. For individuals reporting ethnicity, 32.7% were Hispanic/Latinx, and of those reporting sexual history, 61.3% indicated 3 or more partners in the past 12 months. To date, 285 recipients have filled out an anonymous follow up survey, with 94.4% indicating they would recommend TakeMeHome HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (75.4%) or having had more than one sex partner in the past 12 months (59.0%).

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

### **ADAP's Insurance Assistance Programs:**

As of September 29, 2021, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

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

### **Naloxone - What You Need to Know:**

California Bridge created a [flyer about naloxone](#) and details how to administer naloxone in the case of an opioid overdose. **Distribute this flyer to clients and patients along with naloxone kits!**

### **California's Syringe Services Programs Receive Increased Clearinghouse Awards:**

The 2021-2022 state budget included a \$3 million-dollar annual increase in the OA Harm Reduction Supply Clearinghouse. As a result, OA will significantly increase supplies funding for every SSP. OA also plans to offer to pay for

<b>ADAP Insurance Assistance Program</b>	<b>Number of Clients Enrolled</b>	<b>Percentage Change from August</b>
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	576	-0.17%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,484	-0.64%
Medicare Part D Premium Payment (MDPP) Program	2,034	-0.29%
<b>Total</b>	<b>9,094</b>	<b>-0.53%</b>

disposal services for local health departments that operate SSPs, which we have not been able to do to date, and to expand the Clearinghouse catalog to include additional wound care and other high priority items. Each program participating in the Clearinghouse received an award letter with the enhanced amount on September 2nd.

### **Translated Patient Materials for Substance Use Disorders:**

California Bridge created [patient-facing resources](#) in some of California's most spoken languages. Materials include harm reduction discharge information and medicines for treating opioid use disorder.

### **NEXT Distro Resource Page:**

NEXT Distro provides mail-based harm reduction supplies and services for Californians living in communities with minimal to no access to services. Their new [educational resources library](#) includes topics specific to safer drug use and covers a wide range of topics from gender identity and parenting to drug user organizing. Share this resource with service providers in your jurisdiction.

### **Stigma & Drug Use Impacting Pregnant People Seeking Care:**

California congenital syphilis rates continue to increase during the pandemic. Many women who give birth to babies with syphilis have had no prenatal care, often use drugs and are often homeless.

In L.A. County, up to two-thirds of mothers of babies born with congenital syphilis said they had been using drugs while pregnant, according to the Department of Public Health. Between 10% and 20% were unhoused and almost 30% had a history of arrest or incarceration. Forty percent never got prenatal care, which

can prevent transmission of syphilis during pregnancy.

Many syphilis cases reported in women of reproductive age have affected Latina and Black/African American women. The fears that women express that prevent them from seeking prenatal care include the removal of children by the Department of Children and Family Services and of being criminally charged for lost pregnancies due to the presence of drugs.

Read more at the following resources:

- <https://www.latimes.com/california/story/2021-09-20/massive-surge-babies-born-with-syphilis-la-county>
- <https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a4.htm?emci=747dee41-671d-ec11-981f-0050f271a1a2&emdi=688979c1-a71f-ec11-981f-0050f271a1a2&ceid=9301331>

### **Strategy M: Improve Usability of Collected Data**

The Federal Ending the Epidemic counties are developing their evaluation and monitoring plans based on CDC requirements. Similar data will be collected for CDC PS20-2010 as is collected for CDC PS18-1802. Major milestones are tracked by the CDC and can be viewed on the [AHEAD Dashboard](#) at <https://ahead.hiv.gov/>.

OA, in conjunction with the Women's Subcommittee of the California Planning Group (CPG), developed an infographic entitled, **HIV and Women** in both [English](#) and [Spanish](#). The infographic includes 2019 data on new HIV diagnoses among cisgender and transgender women, as well as information on PrEP and U=U. There are QR-Codes and links to HIV Care and Treatment, Housing, and Domestic Violence resources. It is intended for distribution by local health departments and community service providers to clients/patients.

## **Strategy N: Enhance Collaborations and Community Involvement**

### **California Planning Group - HIV, STD, Hepatitis C, and Harm Reduction:**

OA and the CPG will host a four-day virtual CPG meeting on October 6, 8, 13, and 15. This virtual format will be comprised of four separate Zoom meetings scheduled from 1:00PM to 4:00PM. On October 6, we will host our fourth CPG Leadership Academy, which will focus on skills and capacity building for CPG members. All subsequent meetings will be open to the public, and will provide a 10-minute opportunity for

public comment each day. Members of the public are encouraged to attend to learn what the CPG is currently working on and find out how they may join our HIV & Aging, Youth, and Women's Committees.

[Additional meeting information, zoom links, and agenda](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx) are posted on the OA website at [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_CPG.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx).

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



LOS ANGELES COUNTY  
COMMISSION ON HIV



# Renewal Application Ernest Walker, Seat #47

*\*Membership Application on File with the Commission Office\**

## SUMMARY - RWP EXPENDITURE REPORT

As of April 8, 2021

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 September 16, 2021

1	2	3	4	5	6	7	8	9	10
SERVICE CATEGORY	YEAR TO DATE EXPENDITURES PART A	YEAR TO DATE EXPENDITURES MAI	TOTAL YEAR TO DATE EXPENDITURES PART A AND MAI	FULL YEAR ESTIMATED EXPENDITURES PART A	FULL YEAR ESTIMATED EXPENDITURE S MAI	YEAR TO DATE EXPENDITURES PART B	FULL YEAR ESTIMATED EXPENDITURE S PART B	TOTAL YEAR TO DATE EXPENDITURES FOR RWP SERVICES (Total Columns 4+7)	COH YR 31 ALLOCATIONS FOR HRSA PART A AND MAI
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	\$ 2,746,238	\$ -	\$ 2,746,238	\$ 7,809,027	\$ -	\$ -	\$ -	\$ 2,746,238	\$ 9,258,477
MEDICAL CASE MGMT (Medical Care Coordination)	\$ 3,403,912	\$ -	\$ 3,403,912	\$ 11,320,627	\$ -	\$ -	\$ -	\$ 3,403,912	\$ 12,174,533
ORAL HEALTH CARE	\$ 1,674,469	\$ -	\$ 1,674,469	\$ 6,235,914	\$ -	\$ -	\$ -	\$ 1,674,469	\$ 5,298,780
MENTAL HEALTH	\$ 143,779	\$ -	\$ 143,779	\$ 351,989	\$ -	\$ -	\$ -	\$ 143,779	\$ 264,747
HOME AND COMMUNITY BASED HEALTH SERVICES	\$ 791,461	\$ -	\$ 791,461	\$ 2,198,539	\$ -	\$ -	\$ -	\$ 791,461	\$ 2,693,515
NON-MEDICAL CASE MANAGEMENT-Benefits Specialty Services	\$ 589,101	\$ -	\$ 589,101	\$ 1,388,232	\$ -	\$ -	\$ -	\$ 589,101	\$ 1,339,084
NON-MEDICAL CASE MANAGEMENT-Transitional Case Management	\$ -	\$ 261,988	\$ 261,988	\$ -	\$ 736,899	\$ -	\$ -	\$ 261,988	\$ 302,422
HOUSING-RCFCI, TRCF	\$ 98,607	\$ -	\$ 98,607	\$ 109,068	\$ -	\$ 1,662,734	\$ 4,395,841	\$ 1,761,341	\$ 403,647 <small>Part A portion</small>
HOUSING-Temporary and Permanent Supportive with Case Management	\$ -	\$ 952,382	\$ 952,382	\$ -	\$ 2,857,146	\$ -	\$ -	\$ 952,382	\$ 2,967,007
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 356,400	\$ 855,360	\$ 356,400	Part B
MEDICAL TRANSPORTATION	\$ 184,036	\$ -	\$ 184,036	\$ 429,711	\$ -	\$ -	\$ -	\$ 184,036	\$ 790,405
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	\$ 631,055	\$ -	\$ 631,055	\$ 2,469,944	\$ -	\$ -	\$ -	\$ 631,055	\$ 2,789,438
LEGAL	\$ -	\$ -	\$ -	\$ 240,282	\$ -	\$ -	\$ -	\$ -	\$ 88,249
<b>SUB-TOTAL DIRECT SERVICES</b>	<b>\$ 10,262,658</b>	<b>\$ 1,214,370</b>	<b>\$ 11,477,028</b>	<b>\$ 32,553,333</b>	<b>\$ 3,594,045</b>	<b>\$ 2,019,134</b>	<b>\$ 5,251,201</b>	<b>\$ 13,496,162</b>	<b>\$ 38,369,155</b>
YR 31 ADMINISTRATION (INCLUDING PLANNING COUNCIL)	\$ 2,893,664	\$ 165,861	\$ 3,059,525	\$ 4,034,450	\$ 363,270	\$ 129,659	\$ 361,518	\$ 3,189,184	
YR 31 CLINICAL QUALITY MANAGEMENT (HRSA Part A Legislative Requirement)	\$ 280,188	\$ -	\$ 280,188	\$ 1,082,954	\$ -	\$ -	\$ -	\$ 280,188	
<b>TOTAL EXPENDITURES</b>	<b>\$ 13,436,510</b>	<b>\$ 1,380,231</b>	<b>\$ 14,816,741</b>	<b>\$ 37,670,737</b>	<b>\$ 3,957,315</b>	<b>\$ 2,148,793</b>	<b>\$ 5,612,719</b>	<b>\$ 16,965,534</b>	
<b>TOTAL GRANT AWARD</b>				<b>\$ 40,344,502</b>	<b>\$ 3,632,709</b>		<b>\$ 5,000,000</b>		
<b>VARIANCE</b>				<b>(2,673,765)</b>	<b>324,606</b>		<b>612,719</b>		
<b>Estimated MAI Carryover from YR 21 to YR 22</b>	<b>\$</b>		<b>1,736,440</b>						

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



**Planning, Priorities and Allocations Committee  
Service Category Rankings Worksheet**

PY 32 <sub>(1)</sub>	PY 33	PY 34	Commission on HIV (COH) Services Categories	HRSA Core/Support Services	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
1			Housing	S	Housing
			Permanent Support Housing		
			Transitional Housing		
			Emergency Shelters		
			Transitional Residential Care Facilities (TRCF)		
			Residential Care Facilities for the Chronically III (RCFCI)		
2			Non-Medical Case Management	S	Non-Medical Case Management Services
			Linkage Case Management		
			Benefit Specialty		
			Benefits Navigation		
			Transitional Case Management		
			Housing Case Management		
3			Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
			Medical Subspecialty Services		
			Therapeutic Monitoring Program		
4			Emergency Financial Assistance	S	Emergency Financial Assistance
5			Psychosocial Support Services	S	Psychosocial Support Services
6			Medical Care Coordination (MCC)	C	Medical Case Management (including treatment adherence services)
7			Mental Health Services	C	Mental Health Services
			MH, Psychiatry		
			MH, Psychotherapy		
8			Outreach Services (LRP)	S	Outreach Services
			Engaged/Retained in Care		
9			Substance Abuse Outpatient	C	Substance Abuse Outpatient Care
10			Early Intervention Services	C	Early Intervention Services



11		Medical Transportation	S	Medical Transportation
12		Nutrition Support	S	Food Bank/Home Delivered Meals
13		Oral Health Services	C	Oral Health Care
14		Child Care Services	S	Child Care Services
15		Other Professional Services	S	Other Professional Services
		Legal Services		
		Permanency Planning		
16		Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
17		Health Education/Risk Reduction	S	Health Education/Risk Reduction
18		Home Based Case Management	C	Home and Community Based Health Services
19		Home Health Care	C	Home Health Care
20		Referral	S	Referral for Health Care and Support Services
21		Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost-Sharing Assistance for Low-income individuals
22		Language	S	Linguistics Services
23		Medical Nutrition Therapy	C	Medical Nutrition Therapy
24		Rehabilitation Services	S	Rehabilitation Services
25		Respite	S	Respite Care
26		Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance
27		Hospice	C	Hospice

Footnote:

1 – Service rankings approved by the Commission on 9/9/2021.

Los Angeles County Commission on HIV Planning, Priorities and Allocations Committee Ryan White Part A and MAI Allocations Percentage Recommendations Worksheet			Approved Allocation PY 32 (FY 2022-23)			Recommendation (PY 33) (FY 2023-24)		Recommendation (PY 34) (FY 2024-25)	
PY 32 SERVICE RANKINGS <sub>(1)</sub>	Core/ Support Services	Service Category	Part A %	MAI %	TOTAL PART A/MAI %	Part A %	MAI %	Part A %	MAI %
1	S	Housing Services RCFCI/TRCF/Rental Subsidies with CM	0.96%	87.39%	8.33%				
2	S	Non Medical Case Management	2.44%	12.61%	3.30%				
3	C	Ambulatory Outpatient Medical Services	25.51%	0.00%	23.33%				
4	S	Emergency Financial Assistance	0.00%	0.00%	0.00%				
5	S	Psychosocial Support Services	0.00%	0.00%	0.00%				
6	C	Medical Care Coordination (MCC)	28.88%	0.00%	26.41%				
7	C	Mental Health Services	4.07%	0.00%	3.72%				
8	S	Outreach Services (LRP)	0.00%	0.00%	0.00%				
9	C	Substance Abuse Outpatient	0.00%	0.00%	0.00%				
10	C	Early Intervention Services	0.00%	0.00%	0.00%				
11	S	Medical Transportation	2.17%	0.00%	1.99%				
12	S	Nutrition Support (Food Bank/Home-delivered Meals)	8.95%	0.00%	8.19%				
13	C	Oral Health Services	17.6%	0.00%	16.13%				
14	S	Child Care Services	0.95%	0.00%	0.87%				
15	S	Other Professional Services (Legal Services)	1.00%	0.00%	0.92%				
16	S	Substance Abuse Residential	0.00%	0.00%	0.00%				
17	S	Health Education/Risk Reduction	0.00%	0.00%	0.00%				
18	C	Home Based Case Management	6.78%	0.00%	6.21%				
19	C	Home Health Care	0.00%	0.00%	0.00%				
20	S	Referral	0.00%	0.00%	0.00%				
21	C	Health Insurance Premium/Cost Sharing	0.00%	0.00%	0.00%				
22	S	Language	0.65%	0.00%	0.60%				
23	C	Medical Nutrition Therapy	0.00%	0.00%	0.00%				

24	S	Rehabilitation Services	0.00%	0.00%	0.00%					
25	S	Respite Care	0.00%	0.00%	0.00%					
26	C	Local Pharmacy Assistance	0.00%	0.00%	0.00%					
27	C	Hospice	0.00%	0.00%	0.00%					
		<b>Overall Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

**Footnote:**

1 - Service Rankings Approved by the Commission on 09/09/2021.



**STATEMENT OF PROCEEDINGS FOR THE  
REGULAR MEETING OF THE BOARD OF SUPERVISORS  
OF THE COUNTY OF LOS ANGELES HELD VIRTUALLY IN  
ROOM 381B OF THE KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012**

**Tuesday, September 28, 2021**

**9:30 AM**

**14. Addressing the Sexually Transmitted Disease (STD) Crisis in Los Angeles County**

Recommendation as submitted by Supervisor Solis: Instruct the Director of Public Health, in collaboration with the Directors of Health Services, Mental Health, the Alliance for Health Integration, and the Chief Executive Officer through the Anti-Racism, Diversity and Inclusion Initiative, to report back to the Board within 120 days with an updated plan of action to address the STD crisis, incorporating progress and ongoing challenges outlined in the quarterly STD reports and progress to date on goals included in the Center for Health Equity's STD focus area, with considerations to the plan to include, but not be limited to:

Analysis of all existing funding streams, including Federal, State and local resources currently utilized or available for STD response;

Establishing a planning process to ensure coordination of efforts with the Alliance for Health Integration and relevant County Departments, community partners, including community-based organizations and advocates, Federally-qualified health centers, hospitals, and health plans, to support shared goals around reducing STD rates, including sharing best practices and reducing redundant efforts and squarely addressing the inequities in race that prevent accesses to compassionate, basic health care as defined in the "social determinants of health" that continue to exponentially propel this preventable epidemic;

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

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

A framework and timeline, including key metrics and milestone goals, for ending the STD crisis in Los Angeles County;

Instruct the Director of Public Health to create a public-facing STD dashboard to track the County's progress towards reducing STD rates; and

Direct the Chief Executive Officer through the Legislative Affairs and Intergovernmental Relations Division, and County advocates in Sacramento and Washington, D.C. to coordinate with the Directors of Public Health, Health Services and Mental Health to advocate with Governor Gavin Newsom, the State Legislature, the California Department of Public Health, the California Department of Health and Human Services, and Congress for additional Federal and State resources to combat the STD crisis, support the initiatives detailed in the Director of Public Health's report back, and identify STD-related legislative and budget proposals to help alleviate the crisis, build and support the County's STD public health infrastructure, expand access to STD testing and treatment and improve community education. (21-3445)

**Bridget Gordon, Katja Nelson, Sylvia Castillo, Eric Preven, Dr. Genevieve Clavreul and Rolando Chavez addressed the Board. Interested person(s) also submitted written testimony.**

**Supervisor Hahn made a motion to amend Supervisor Solis' motion to instruct the Director of Public Health to include in the report back to the Board a plan for fully utilizing the County's public health clinics to provide Sexually Transmitted Disease (STD) testing and treatment; and a strategy for deploying mobile teams to test people, particularly those who are experiencing homelessness.**

**After discussion, on motion of Supervisor Solis, seconded by Supervisor Kuehl, this item, as amended, was duly carried by the following vote; and the Director of Public Health was instructed to include in the report back to the Board a plan for fully utilizing the County's public health clinics to provide STD testing and treatment; and a strategy for deploying mobile teams to test people, particularly those who are experiencing homelessness:**

**Ayes:** 5 - Supervisor Mitchell, Supervisor Kuehl, Supervisor Hahn, Supervisor Barger and Supervisor Solis

**Attachments:** [Motion by Supervisor Solis Report](#)  
[Public Comment/Correspondence](#)  
[Audio I](#)  
[Audio II](#)

The foregoing is a fair statement of the proceedings of the regular meeting held September 28, 2021, by the Board of Supervisors of the County of Los Angeles and ex officio the governing body of all other special assessment and taxing districts, agencies and authorities for which said Board so acts.

Celia Zavala, Executive Officer  
Executive Officer-Clerk  
of the Board of Supervisors

By 

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Celia Zavala  
Executive Officer



# THE MEETING TRANSCRIPT

OF THE MEETING OF THE LOS ANGELES COUNTY BOARD OF SUPERVISORS

## Item 14

1 **SUP. SOLIS, CHAIR:** THANK YOU, MEMBERS. NOW WE WILL MOVE ON TO  
2 ITEM 14, ADDRESSING THE SEXUALLY TRANSMITTED DISEASE, S.T.D.,  
3 CRISIS IN LOS ANGELES COUNTY, WHICH I HELD. AND I WOULD LIKE  
4 TO BEGIN MY REMARKS. COLLEAGUES, AS YOU KNOW, IN THE MIDST OF  
5 THE PUBLIC HEALTH CRISIS, THIS PANDEMIC HAS REALLY FORCED US  
6 TO BEGIN TO LOOK AT OTHER VERY PRESSING HEALTHCARE ITEMS, AND  
7 THAT IS BEFORE US TODAY. OUR COUNTY IS IN THE MIDDLE OF AN  
8 ONGOING SEXUALLY TRANSMITTED DISEASE CRISIS, OR S.T.D. CRISIS,  
9 THAT HAS SEEN CASES HERE SKYROCKET OVER THE LAST 6 YEARS. WE  
10 HAVE SEEN INCREASES IN THE NUMBER OF S.T.D.S, INCLUDING  
11 GONORRHEA AND CHLAMYDIA, BUT WE'VE ESPECIALLY SEEN RATES OF  
12 SYPHILIS AND CONGENITAL SYPHILIS SPIKE, ESPECIALLY SINCE 2018.  
13 AND RECENT PUBLIC HEALTH DATA SHOWS A 450-PERCENT INCREASE IN  
14 SYPHILIS RATES AMONG FEMALES, AND 235 PERCENT IN MALES, IN  
15 JUST THE LAST DECADE. AND CONGENITAL SYPHILIS, WHERE BABIES  
16 ARE BORN TO MOTHERS WITH SYPHILIS, AND ARE INFECTED DURING  
17 BIRTH, HAS JUMPED BY 3,000 PERCENT IN LESS-- YES, 1,300  
18 PERCENT IN LESS THAN A DECADE. IN FACT, I'M SAD TO SHARE THAT  
19 HERE IN L.A. COUNTY, OUR CASE RATES ARE WORSE THAN IN THE  
20 NATION, OVERALL. AND IN 2010, WE ONLY SAW 10 CASES OF  
21 CONGENITAL SYPHILIS COUNTYWIDE, AND THAT BALLOONED TO ABOUT  
22 113 LAST YEAR ALONE. THIS IS, AS YOU KNOW, A SERIOUS  
23 CONDITIONS. NEWBORNS WHO AREN'T PROPERLY SCREENED AND TESTED  
24 CAN DEVELOP SEVERE COMPLICATIONS DOWN THE ROAD, INCLUDING  
25 ANEMIA, FACIAL DEFORMITIES, AND NEUROLOGICAL DAMAGE. THEY ARE



# THE MEETING TRANSCRIPT

OF THE MEETING OF THE LOS ANGELES COUNTY BOARD OF SUPERVISORS

1 ALSO AT INCREASED RISK OF BEING BORN PREMATURE, STILLBORN, OR  
2 DIE SHORTLY AFTER BIRTH. AND UNTREATED SYPHILIS IS A  
3 CONTRIBUTING FACTOR IN THE RATES OF NEW H.I.V. INFECTIONS. AND  
4 UNFORTUNATELY, AS WE'VE SEEN WITH C.O.V.I.D.-19, THE RISE OF  
5 SYPHILIS AND OTHER S.T.D.S ARE HEAVILY ASSOCIATED WITH MANY  
6 SOCIAL DETERMINANTS OF HEALTH: HOMELESSNESS, DRUG USE,  
7 PARTICULARLY METHAMPHETAMINE USE, WHICH ALSO INCREASED IN L.A.  
8 COUNTY, AND HAS BEEN ASSOCIATED WITH THE RISE IN SYPHILIS. AND  
9 RECENT SURVEILLANCE DATA SHOWS THAT UP TO 2/3 OF MOTHERS WHO  
10 PASSED SYPHILIS TO THEIR BABIES IN LOS ANGELES COUNTY REPORTED  
11 DRUG USE WHILE PREGNANT, AND MANY OF THE SAME COMMUNITIES HIT  
12 DISPROPORTIONATELY BY C.O.V.I.D. ARE BEARING THE BRUNT OF THE  
13 CRISIS. THE TIME FOR US IS NOW TO ACT, TO PREVENT THE CRISIS  
14 FROM BECOMING WORSE. WE HAVE TO BUILD UPON THE WORK WE DID  
15 BACK IN 2018, WHEN WE ALLOCATED \$5 MILLION TO EXPAND ACCESS TO  
16 S.T.D. TESTING AND TREATMENT. FORTUNATELY, WE HAVE MAY  
17 DEDICATED GROUPS IN THE COMMUNITY, AS WELL AS OUR COUNTY  
18 DEPARTMENTS, WHO HAVE BEEN WORKING HARD TO ADDRESS THE CRISIS.  
19 WE JUST NEED TO PUT FORWARD A PLAN TO GET EVERYONE ON THE SAME  
20 PAGE AND WORKING TOGETHER IN HARMONY TOWARDS THE SAME SHARED  
21 GOAL. THAT IS WHY TODAY I AM INTRODUCING THIS MOTION, AND WITH  
22 THIS MOTION, PUBLIC HEALTH WILL WORK TOGETHER WITH OTHER  
23 RELEVANT DEPARTMENTS TO PUT TOGETHER AN UPDATED PLAN OF ACTION  
24 TO ADDRESS THE CRISIS. WE CAN MAKE SURE THAT ALL FUNDING  
25 COMING INTO THE COUNTY FROM OUR FEDERAL, STATE, AND LOCAL





# THE MEETING TRANSCRIPT

OF THE MEETING OF THE LOS ANGELES COUNTY BOARD OF SUPERVISORS

1 PARTNERS IS COORDINATED AND STREAMLINED. AND WE CAN MAKE SURE  
2 THAT THE COUNTY OF LOS ANGELES IS WORKING TOGETHER SEAMLESSLY  
3 WITH OUR COMMUNITY-BASED ORGANIZATIONS, OUR ADVOCATES, AND OUR  
4 FEDERALLY QUALIFIED HEALTH CLINICS, OUR HOSPITALS, AND OUR  
5 HEALTH PLANS, TO BRING S.T.D. RATES DOWN. AND I BELIEVE WE CAN  
6 ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AND SYSTEMIC RACISM  
7 CONTRIBUTING TO THE CRISIS, WHEN WE TAKE ALL OF THESE FACTORS  
8 INTO CONSIDERATION. AND WE CAN MAKE SURE THAT OUR COUNTY  
9 COMMUNICATES THE URGENCY TO OUR PARTNERS IN SACRAMENTO AND  
10 WASHINGTON, D.C., SO WE CAN GET THE NEEDED SUPPORT TO HELP  
11 ADDRESS THE CRISIS THROUGH FUNDING MECHANISMS. WE HAVE THE  
12 ABILITY TO TURN THE CRISIS AROUND, AND WE SHOULD. AND WE MUST  
13 SIMPLY REAFFIRM TO OURSELVES THAT WE NEED TO DO THIS, AND WE  
14 NEED TO DO IT QUICKLY. SO THEREFORE, MEMBERS, I ASK FOR YOUR  
15 AYE VOTE ON THIS ITEM. AND IS THERE ANYONE THAT WOULD LIKE TO  
16 SPEAK ON THIS ITEM? YES, SUPERVISOR MITCHELL, YOU ARE  
17 RECOGNIZED. THANK YOU.

18

19 **SUP. MITCHELL:** THANK YOU VERY MUCH, MADAM CHAIR, FOR BRINGING  
20 THIS ITEM FORWARD TODAY. WE'VE HEARD WITH ALARM ABOUT THE  
21 S.T.I. RATES AND THE FACT THAT THEY'VE INCREASED MULTIFOLD.  
22 HISTORICALLY, I THINK THE SECOND DISTRICT HAS HAD ONE OF THE  
23 GREATEST BURDENS, ESPECIALLY AMONG YOUNGER WOMEN OF COLOR.  
24 FAILURE TO COMBAT S.T.I.S REDUCES QUALITY OF LIFE, IMPAIRS  
25 REPRODUCTIVE HEALTH, AND IN SOME INSTANCES CAN LEAD TO



# THE MEETING TRANSCRIPT

OF THE MEETING OF THE LOS ANGELES COUNTY BOARD OF SUPERVISORS

1 PREMATURE DEATH, NOT TO MENTION THE IMPACT IT HAS ON INCREASED  
2 HEALTHCARE COSTS. AND SADLY, FROM MY PERSPECTIVE, THIS REALLY,  
3 TRULY FEELS LIKE DEJA VU ALL OVER AGAIN. THIS COUNTY AND  
4 PREVIOUS BOARD MEMBERS, FOR YEARS, HAVE STEPPED UP TO THE  
5 PLATE TO TRY TO ADDRESS THE SURGE OF S.T.I.S, COUNTYWIDE. IN  
6 PREVIOUS SURGES, THE DISTRICT SUPERVISOR FUNDED THE COUNTYWIDE  
7 S.T.I. SOCIAL MARKETING CAMPAIGN, THAT SHOWED SOME ENCOURAGING  
8 SIGNS IN DECLINING SYPHILIS RATES, AND YET HERE WE ARE AGAIN.  
9 MY PREDECESSOR LAUNCHED AND EXPANDED THE "I KNOW" PROGRAM, A  
10 SELF-TESTING MEDIA CAMPAIGN INCORPORATING IMAGERY AND MESSAGES  
11 OF EMPOWERMENT, AND BUILDING CONFIDENCE FOR YOUNG WOMEN. IN  
12 PARTNERSHIP WITH THE DEPARTMENT OF PUBLIC HEALTH, WE HAVE USED  
13 SPECIALLY TRAINED PUBLIC HEALTH FIELD STAFF, WORKING IN  
14 COLLABORATION WITH COMMUNITY HEALTH PROVIDERS, TO ENSURE  
15 PROPER IDENTIFICATION AND TREATMENT OF INFECTED INDIVIDUALS.  
16 WE'VE EXPANDED AVAILABILITY OF HOME TESTING KITS. WE'VE  
17 REPURPOSED COUNTY VANS, AND PARTNERED WITH TRUSTED COMMUNITY-  
18 BASED ORGANIZATIONS TO DRIVE THE VANS TO HOTSPOTS ACROSS THE  
19 COUNTY. WE'VE PARTNERED WITH SCHOOLS. THE COUNTY HAS A GOOD  
20 HISTORY ON SCHOOL-BASED SOCIAL MARKETING AND PARTNERSHIPS WITH  
21 OTHER PROVIDERS TO HAVE SCHOOL-BASED CLINICS. SO, I AM HOPING  
22 THAT AS A RESULT OF THE C.O.V.I.D.-19, THE GENERAL PUBLIC WILL  
23 HAVE A DEEPER APPRECIATION AND A DEEPER RESPECT FOR THE ROLE  
24 OF PUBLIC HEALTH, AND WE WILL CONTINUE TO MAKE SURE THAT WE  
25 WORK HARD TO MAKE SURE THAT THERE ARE RESOURCES AVAILABLE TO



# THE MEETING TRANSCRIPT

OF THE MEETING OF THE LOS ANGELES COUNTY BOARD OF SUPERVISORS

1 HELP PEOPLE KEEP THEMSELVES S.T.I.-- SEXUALLY TRANSMITTED  
2 INFECTIONS-- FREE. SO I REALLY LOOK FORWARD TO READING THIS  
3 REPORT BACK, TO SEE, YOU KNOW, WHAT HAS CHANGED. IS THIS  
4 CONTINUING TO BE A FAMILIAR STORYLINE? WHAT HAVE WE LEARNED  
5 FROM PAST ACTIONS THAT WE PERHAPS NEED TO CHANGE GOING  
6 FORWARD? WHAT WORKED, WHAT DIDN'T? I REALLY APPRECIATE THIS,  
7 AGAIN, MADAM CHAIR, BECAUSE I THINK THAT WE HAVE TO FIGURE OUT  
8 POSITIVE WAYS THAT WE HELP OUR RESIDENTS ENGAGE IN SAFER  
9 BEHAVIORS, RECOGNIZING THE INFECTION RATE CONTINUES TO GO  
10 HIGH, COUNTYWIDE. SO THANK YOU VERY MUCH FOR THIS, AND I WILL  
11 EAGERLY BE VOTING AYE.

12

13 **SUP. SOLIS, CHAIR:** THANK YOU VERY MUCH, SUPERVISOR MITCHELL.  
14 SUPERVISOR HAHN, DID YOU WISH TO BE RECOGNIZED?

15

16 **SUP. HAHN:** YES. THANK YOU, MADAM CHAIR, AND THANK YOU FOR THIS  
17 MOTION. AND REALLY WANT TO GIVE A SHOUT-OUT TO OUR COMMISSION  
18 ON H.I.V. FOR SOUNDING THE ALARM AND MOBILIZING A COUNTYWIDE  
19 RESPONSE TO TAKE ACTION ON THIS CRISIS, AND, AS SUPERVISOR  
20 MITCHELL TALKED ABOUT, ALL THE THINGS THAT WE HAVE BEEN DOING.  
21 IT IS SO IMPORTANT. AND LOOKING AT THE STATISTICS RIGHT NOW,  
22 IT CERTAINLY LOOKS LIKE IT IS ON ITS WAY TO BE A FULL-BLOWN  
23 CRISIS HERE IN L.A. COUNTY. I THINK WE ARE EQUIPPED, ARE WELL-  
24 POSITIONED IN THE COUNTY, TO REALLY RAMP UP OUR COUNTY'S  
25 S.T.D. PROGRAMS AND SERVICES. SO, IN THIS REPORT BACK, I JUST



# THE MEETING TRANSCRIPT

OF THE MEETING OF THE LOS ANGELES COUNTY BOARD OF SUPERVISORS

1 WOULD LIKE TO SEE IF WE CAN AND HAVE A PLAN FOR FULLY  
2 UTILIZING OUR PUBLIC HEALTH CLINICS TO PROVIDE S.T.D. TESTING  
3 AND TREATMENT, AND THEN A STRATEGY FOR DEPLOYING OUR MOBILE  
4 TEAMS TO TEST PEOPLE, PARTICULARLY WHO ARE EXPERIENCING  
5 HOMELESSNESS. SO I'D LIKE TO SEE THOSE TWO THINGS,  
6 PARTICULARLY, HIGHLIGHTED IN THE REPORT BACK, AND I ALSO  
7 SUPPORT THIS MOTION AND LOOK FORWARD TO READING THE REPORT.  
8 THANK YOU, MADAM CHAIR.

9

10 **SUP. SOLIS, CHAIR:** THANK YOU FOR YOUR COMMENTS. I'M SURE THOSE  
11 WILL BE TAKEN INTO CONSIDERATION IN THE REPORT BACK.  
12 SUPERVISOR KUEHL WISHES TO BE RECOGNIZED. YES?

13

14 **SUP. KUEHL:** THANK YOU VERY MUCH, MADAM CHAIR. THOSE WHO WERE  
15 HERE MAY OR MAY NOT REMEMBER, BECAUSE WE TEND TO KNOW OUR OWN  
16 MOTIONS AND, YOU KNOW, REMEMBER THEM. BUT ACTUALLY, IT WAS A  
17 FEW YEARS AGO, A MOTION, I THINK, THAT WE BROUGHT TO BOOST OUR  
18 S.T.D. TREATMENT SERVICE CONTRACTS, AND WE PUT IN \$5 MILLION  
19 OF ONE-TIME, BUT IT WAS ONE-TIME MONEY TO TRY TO GET MORE  
20 ATTENTION PAID TO THE CONNECTION, BECAUSE IT WAS ALSO RAISED  
21 BY OUR COMMISSION DEALING WITH H.I.V. AND A.I.D.S. AND WE  
22 ASKED D.P.H. TO WORK WITH OTHER STAKEHOLDERS, INCLUDING THE  
23 HEALTH PLANS, TO HELP FUND TREATMENT, BUT IT REALLY NEVER BORE  
24 ANY FRUIT. I MEAN, IT NEVER GOT ANY TRACTION. WE DID NOT  
25 REALLY SUCCEED TO GET NEW FUNDING FROM THE STATE OR THE FEDS,



# THE MEETING TRANSCRIPT

OF THE MEETING OF THE LOS ANGELES COUNTY BOARD OF SUPERVISORS

1 AND SO WE'VE GOT THE SAME SYSTEMIC UNDERFUNDING PROBLEM, AND  
2 HIGHER RATES. AND THIS, OF COURSE, AS YOU POINTED OUT IN THIS  
3 MOTION, IS NOT SIMPLY A ONE-GENERATIONAL ISSUE. YOU KNOW, THE  
4 ISSUE OF CONGENITAL SYPHILIS CASES IS SO DANGEROUS. SO THANK  
5 YOU SO MUCH FOR THE MOTION. I STRONGLY, STRONGLY SUPPORT IT,  
6 AND WANT US TO MAKE CERTAIN THAT WE, IN JUST LOOKING AT OUR  
7 SORT OF OVERALL WOMEN'S HEALTH ISSUES AND PRENATAL CARE, WHICH  
8 IS ALWAYS VERY DIFFICULT, ESPECIALLY IN COMMUNITIES OF COLOR  
9 AND IMPOVERISHED COMMUNITIES, THAT WE PAY EVER MORE ATTENTION  
10 TO HOW IMPORTANT THAT PRENATAL CARE IS, AND DO EVERYTHING THAT  
11 WE CAN, BECAUSE THIS IS A PART OF WHAT WILL HELP WITH THIS. SO  
12 THANK YOU FOR THE MOTION. I STRONGLY SUPPORT IT.

13

14 **SUP. SOLIS, CHAIR:** THANK YOU VERY MUCH, SUPERVISOR KUEHL. ANY  
15 OTHER MEMBERS WISHING TO BE RECOGNIZED? SEEING NONE, THEN ITEM  
16 14 IS BEFORE US. I WILL MOVE, AND SECONDED BY SUPERVISOR KUEHL  
17 TO APPROVE THE ITEM. MADAM EXECUTIVE OFFICER, PLEASE CALL THE  
18 ROLL.

19

20 **CELIA ZAVALA, E.O.:** ITEM 14 IS BEFORE YOU. SUPERVISOR  
21 MITCHELL?

22

23 **SUP. MITCHELL:** AYE.

24



# THE MEETING TRANSCRIPT

OF THE MEETING OF THE LOS ANGELES COUNTY BOARD OF SUPERVISORS

1 **CELIA ZAVALA, E.O.:** SUPERVISOR MITCHELL, AYE. SUPERVISOR  
2 KUEHL?

3

4 **SUP. KUEHL:** AYE.

5

6 **CELIA ZAVALA, E.O.:** SUPERVISOR KUEHL, AYE. SUPERVISOR HAHN?

7

8 **SUP. HAHN:** AYE.

9

10 **CELIA ZAVALA, E.O.:** SUPERVISOR HAHN, AYE. SUPERVISOR BARGER?

11

12 **SUP. BARGER:** AYE.

13

14 **CELIA ZAVALA, E.O.:** SUPERVISOR BARGER, AYE. SUPERVISOR SOLIS?

15

16 **SUP. SOLIS, CHAIR:** AYE.

17

18 **CELIA ZAVALA, E.O.:** SUPERVISOR SOLIS, AYE. MOTION CARRIES, 5-

19 0.

20

21 **SUP. SOLIS, CHAIR:** THANK YOU. AND JUST BEFORE WE MOVE ON, I DO

22 WANT TO THANK OUR COMMISSIONERS, BECAUSE THEY REALLY HAVE

23 HELPED TO ELEVATE THIS ISSUE, AND THANKS TO THE L.A. TIMES

24 FOR, ALSO, THEIR IN-DEPTH REPORTING ON THIS. IT IS A VERY

25 IMPORTANT ISSUE. THANK YOU. MEMBERS, NOW WE'RE GOING TO MOVE