LOS ANGELES COUNTY COMMISSION ON HIV

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

Planning for Action: 2023 and Beyond

2022 Virtual Annual Meeting Agenda

Thursday, November 10, 2022
9:00AM - 4:30PM (PST)

To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?RGID=rd7a6d2ec85f6c5370043967bd59fc000
Password: COMMISSION Access Code: 2590 452 2685
To Join by Telephone: 1-213-306-3065 (Password: 26664774)

1. **CALL TO ORDER, ROLL CALL & INTRODUCTIONS** 9:00 AM – 9:05 AM

2. **WELCOME, OPENING REMARKS, RECOGNITION OF SERVICE, & MEETING OBJECTIVES** 9:05 AM – 9:25 AM
   Bridget Gordon & Danielle Campbell, MPH, COH Co-Chairs
   Meeting Objective: *Learn about salient topics in the HIV movement and focus conversations around problem-solving and call to action.*

3. **COH BUSINESS/ADMINISTRATIVE MATTERS** 9:25 AM – 9:30 AM
   a. Approval of Agenda **MOTION #1**
   b. Approval of Minutes **MOTION #2**
   c. AB 361 Findings for the Month of December **MOTION #3**

4. **LOS ANGELES COUNTY UPDATE ON HIV AND STDs UPDATE** 9:30 AM – 10:30 AM
   Mario J. Pérez, MPH, Director, Division of HIV and STD Programs (DHSP)
   Los Angeles County Department of Public Health

5. **COMPREHENSIVE HIV PLAN (CHP) 2022-2026** 10:30 AM – 11:15 AM
   AJ King, MPH, Next Level Consulting, CHP Consultant
   Kevin Donnelly & Alvaro Ballesteros, MBA, Planning, Priorities and Allocations Committee Co-Chairs and Topic Champions

BREAK 11:15 AM – 11:30 AM

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6. **TRANSGENDER EMPATHY TRAINING** 11:30 AM – 12:30 PM
   Mallery Jenna Robinson, Commissioner, Alternate
   Xelestiál Moreno & Isabella Rodriguez, Transgender Caucus Co-Chairs and Topic Champions

LUNCH 12:30 PM – 1:00 PM

7. **REAL TALK ON HOW TRAUMA IS REALLY AFFECTING US** 1:00 PM – 1:45 PM
   Bridget Gordon, Co-Chair and Topic Champion
   Video Excerpts from Dr. Gabor Maté, Hungarian-Canadian Physician and Author

BREAK 1:45 PM – 2:00 PM

8. **U = U | Moving from Awareness to Full Integration in HIV Care** 2:00 PM – 2:45 PM
   Murray C. Penner, US Executive Director, Prevention Access Campaign
   Danielle Campbell, MPH, Co-Chair and Topic Champion

9. **DREAMING BIG | Community Wish List for a Better and Modernized Ryan White Care System & Ryan White CARE Act Legislation Overview** 2:45 PM – 3:30 PM
   Katja Nelson, MPP & Lee Kochems, MA, Public Policy Co-Chairs, Moderators and Topic Champions
   DHSP Representative(s)

10. **REFLECTIONS | Are We Making Progress Toward Our Goal of Ending the HIV Epidemic? What Should Be Commission's Goals and Focus for the Next 2 Years?** 3:30 PM – 4:00 PM
    Bridget Gordon & Danielle Campbell, MPH, Co-Chairs
    Luckie Fuller, Co-Chair Elect

11. **SERVICE AWARDS & EVALUATION** 4:00 PM – 4:15 PM
    Luckie Fuller, Co-Chair Elect

12. **PUBLIC COMMENTS** 4:15 PM – 4:30 PM
    To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically https://www.surveymonkey.com/r/PUBLIC_COMMENTS

13. **CLOSING REMARKS, ROLL CALL & ADJOURNMENT** 4:30 PM

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PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the meeting minutes, as presented or revised.
MOTION #3:	Acting on behalf of the Commission on HIV (COH), and on behalf of the COH's five (5) subcommittees for which the COH members serve as governing members and are subject to the Brown Act, finds: (1) in accordance with Assembly Bill (AB) 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that the COH has reconsidered the circumstances of the State of Emergency due to the COVID-19 pandemic and that the State of Emergency remains active and, (2) in accordance with AB 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that local officials continue to recommend measures to promote social distancing. As a result of these findings, the COH approves to continue virtual meetings for December 2022.

COMMISSION ON HIV MEMBERS			
Danielle Campbell, MPH Co-Chair	Bridget Gordon, Co-Chair	Miguel Alvarez	Everardo Alvizo, LCSW
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Michael Cao, MD
Mikhaela Cielo, MD	Erika Davies	Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS
Alexander Luckie Fuller	Jerry D. Gates, PhD	Joseph Green	Thomas Green
Felipe Gonzalez	Karl Halfman, MA	William King, MD, JD, AAHIVS	Lee Kochems, MA
Jose Magaña (*Alternate)	Eduardo Martinez (*Alternate)	Anthony Mills, MD	Carlos Moreno
Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS	Katja Nelson, MPP	Jesus "Chuy" Orozco
Mario J. Pérez, MPH	Mallery Jenna Robinson	Ricky Rosales	Harold Glenn San Agustin, MD
Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter	Justin Valero, MPA
MEMBERS:	36		
QUORUM:	19		

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

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HIVCOMM@LACHIV.ORG • https://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 misogyny, transphobia, ableism, and ageism).**
9) **We give ourselves permission to learn from our mistakes.**

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

Housekeeping Notes & Reminders

- The Annual Meeting is a Brown-Act meeting and is being recorded
- The meeting packet can be found on the Commission's website at https://hiv.lacounty.gov/meetings/
- Please comply with the Commission's Code of Conduct located in the meeting packet
- **Attendees:** Public Comment can be submitted via Chat box, https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. ***Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time; "Raised Hand" instructions provided in the meeting packet. Please note that all attendees are muted unless otherwise unmuted by staff.***
- **Panelists:** Be mindful of your audio/video; turn off your video if streaming becomes intermittent
- Simultaneous Spanish ↔ English interpretation is provided via Ablioaudience app; refer to instructions in meeting packet
- Simultaneous language translation via WebEx's closed caption is available to all attendees by:
  - Scrolling down to the far-left bottom of your screen and look for the "cc" icon which represents WebEx's "Closed Caption" feature
  - Clicking the drop-down arrow next to "cc" icon and select your language of choice 
- Staff are available for assistance; use Chat box for comments/questions. For technical assistance, please contact Dawn Mc Clendon at dmcclendon@lachv.org or 213.509.9199 (call/text)

How to Use Webex "Raised Hand" Feature (for attendees)

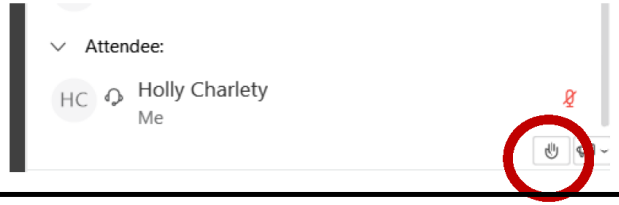
If you have a question or comment and would like to speak on the record, you may use the "Raised Hand" feature by following the referenced diagram. By raising your hand, staff will be alerted, and a raised hand icon will appear in your video. A raised hand icon will also appear in the Participants panel.

HOW TO USE THE "RAISE HAND" FEATURE IN WEBEX EVENTS

(Desktop) - Select from the menu options at the bottom of the screen.

Select the Hand Icon on the bottom right, below your name.

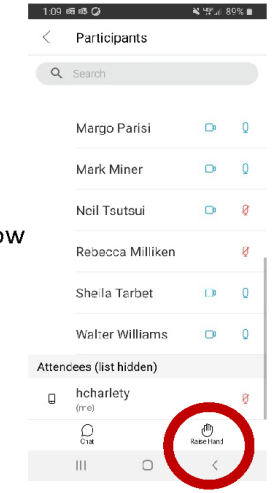
After your turn to speak, select the icon again (will now read **"Lower Hand"**).



(Smart Phone) - Select from the top right corner.

Select "Raise Hand" Icon on the bottom right of the Participant Panel.

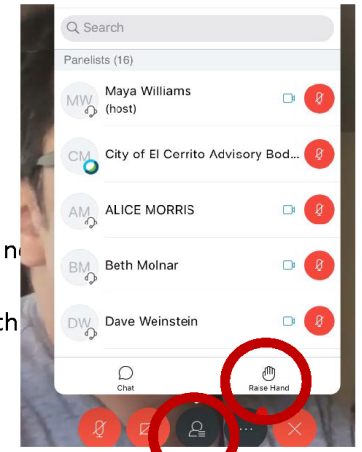
After your turn to speak, select the icon again (will now read **"Lower Hand"**).



(iPad/Tablet) - Select from the menu options at the bottom of the screen.

Select "Raise Hand" Icon on the bottom right of the Participant Panel.

After your turn to speak, select the icon again (will n read **"Lower Hand"**) to remove your name from th pending list.



Simultaneous Spanish ↔ English Translation via Ablioaudience Mobile App

English

You can participate in the video conference **from your computer** and listen to the translation through your **smart phone** or tablet:

- Download the free **Ablioaudience** mobile app (Android – IOS)
- Open the app
- Type in this Event Code, which is case sensitive: **FXRE_H**
- Select / deselect the language you wish to hear
- Use the computer speakers for listening to the audio of the video conference and the headsets for listening to the translation from the smartphone (or the other way around)
- Adjust the audio volume of the video conference through the computer's speakers audio button

Mute the microphone of your comp uter when you are just listening to the video conference, in order to avoid feedback noise to other attendees.

Español

Puede iniciar y participar en la videoconferencia desde su **computadora** y escuchar la traducción a través de su **teléfono inteligente** o tableta:

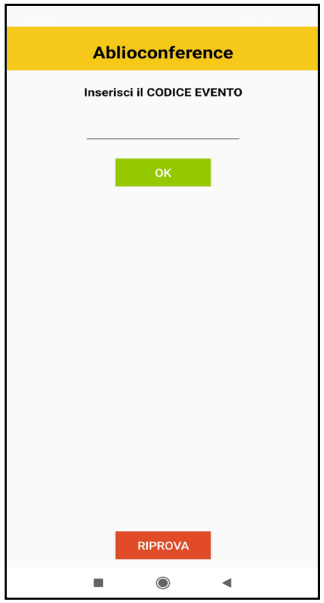
- Descarga la aplicación móvil gratuita **Ablioaudience** (Android – IOS)
- Abre la aplicación
- Escriba este código de evento, que distingue entre mayúsculas y minúsculas: **FXRE_H**
- Seleccione / anule la selección del idioma que desea escuchar
- Utilice los altavoces de la computadora para escuchar el audio de la videoconferencia y los auriculares para escuchar la traducción desde el teléfono inteligente (o al al revés)
- Ajuste el volumen de audio de la videoconferencia a través del botón de audio de los altavoces de la computadora

Silencie el micrófono de su computadora cuando solo esté escuchando la videoconferencia, para evitar ruidos de retroalimentac ión a otros participantes.

STEP-BY-STEP DIAGRAM TO ACCESS ABLIOAUDIENCE

1. Download the free ABLIOAUDIENCE mobile app (Android– IOS)

2. Launch the app and enter the **event code**



3. Select / deselect the language to be listened

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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

COMMISSION ON HIV (COH) VIRTUAL MEETING MINUTES

October 13, 2022

COMMISSION MEMBERS P=Present | A=Absent | EA=Excused Absence									
Miguel Alvarez	P	Everardo Alvizo, MSW	A	Jayda Arrington	P	Al Ballesteros, MBA	P	Alasdair Burton (*Alt*)	P
Danielle Campbell	P	Michael Cao, MD	P	Mikhaela Cielo, MD	P	Erika Davies	P	Kevin Donnelly	P
Felipe Findley, PA-C, MPAS, AAHIVS	P	Alexander Luckie Fuller	P	Jerry D. Gates, PhD	P	Bridget Gordon	P	Joseph Green	P
Thomas Green	P	Felipe Gonzalez	P	Karl Halfman, MA	P	William King, MD, JD, AAHIVS	P	Lee Kochems, MA	P
Jose Magaña *(Alt)*	P	Eduardo Martinez *(Alt)*	P	Anthony Mills, MD	P	Carlos Moreno	P	Derek Murray	P
Dr. Paul Nash, CPsychol, AFBPsS, FHEA	P	Katja Nelson, MPP	P	Jesus "Chuy" Orozco	A	Mario J. Pérez, MPH	P	Mallery Robinson *(Alt)*	A
Ricky Rosales	P	Harold Glenn San Agustin, MD	P	Martin Sattah, MD	A	LaShonda Spencer, MD	P	Kevin Stalter *(LoA)*	EA
Justin Valero, MPA	P								

COMMISSION STAFF & CONSULTANTS
Cheryl Barrit, AJ King, Catherine Lapointe, Lizette Martinez, Dawn McClendon, Jose Rangel-Garibay, and Sonja Wright
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF
Jack Bunting, Sonali Kulkarni, Pamela Ogata, and Victor Scott

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

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

Meeting agenda and materials can be found on the Commission's website at:
https://hiv.lacounty.gov/meetings/

1. **ADMINISTRATIVE MATTERS**
   - **A. CALL TO ORDER, ROLL CALL & INTRODUCTIONS:** Bridget Gordon, Co-Chair, called the meeting to order at 9:08 AM. James Stewart, Parliamentarian, conducted roll call. B. Gordon began the meeting by acknowledging the indigenous peoples of Los Angeles, including the Gabrielino Tongva, Fernandeño Tataviam, and Vetureño Chumash tribes.

ROLL CALL (PRESENT): M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, L. Fuller, J. Green, F. Gonzalez, K. Halfman, W. King, J. Magaña, A. Mills, C. Moreno, K. Nelson, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, D. Campbell, and B. Gordon

B. MEETING GUIDELINES AND CODE OF CONDUCT: B. Gordon read the Commission on HIV (COH) meeting guidelines and code of conduct. See meeting packet for details.

C. APPROVAL OF AGENDA
MOTION #1: Approve the Agenda Order, as presented ✓Passed by Consensus

D. APPROVAL OF MEETING MINUTES
MOTION #2: Approve the September 8, 2022 Commission on HIV Meeting Minutes, as presented or revised ✓Passed by Consensus

2. <u>PRESENTATION – I</u>
Health Management Associates (HMA) Mental Health Assessment Findings Presentation | Charles Robbins, MBA, Principal

- Charles Robbins provided a presentation on the EHE Initiative: Assessment of Unmet Mental Health Needs of People Living with HIV (PLWH). See meeting packet for full presentation slides. Key points were as follows:
    - The research approach focused on three levels to assess the mental health needs of PLWH: systems, provider, and client or consumer.
    - The Los Angeles County (LAC) mental health services and delivery system is an organized delivery system, divided by specialty: mental health services, non-specialty mental health services, and drug Medi-Cal.
    - The research team used qualitative data from key stakeholder interviews and quantitative data from surveys, Department of Mental Health (DMH) data, LAC Department of Public Health (DPH) Division of HIV and STD Programs (DHSP) Annual HIV Surveillance Report (2020), and LAC DPH DHSP Annual STD Surveillance Report (2018).
    - The study found system-level barriers regarding workforce and capacity, communication and coordination, policy and regulatory, and financial and funding. Provider-level barriers included workforce and capacity, policy and regulatory, and service linkage and coordination. Client-level barriers included environmental and contextual, attitudinal, and access and service delivery.
    - Depressive episodes and anxiety disorder were the top behavioral health diagnoses among PLWH in 2019, 2020, and 2021.

  - More sexual orientation, gender identity, and gender expression (SOGIE) data is needed.
  - The researchers recommend establishing a data infrastructure that enables the extraction and analysis of client-level data across county departments.
- Questions and comments regarding the presentation were as follows:
  - Joseph Green asked how many clients are in the various systems. C. Robbins responded that this is unknown because it is difficult to collect data from the different systems. The siloed nature of each of the care systems is a barrier to data collection. J. Green also asked if there were waitlists for services and if so, how many people were on such lists. C. Robbins responded that there were waitlists, but it was not disclosed how many people were on them.
  - Alasdair Burton asked if the surveys were able to differentiate between siloed services and specialized services. C. Robbins reiterated that the research team was unable to take a holistic look at how people crossed the different systems.
  - Dr. William King asked if the finding that Black/African American people are less likely to use mental health services was based on utilization data and if any reasons were given as to why there is less utilization. He also asked if this is because of perceived and realized stigma and if there is a breakdown of mental health clinicians by race/ethnicity. C. Robbins responded that the study examined data on the prevalence of HIV and that there were a higher percentage of Hispanic/Latinx individuals accessing DMH services who were living with HIV in comparison to Black/African American individuals. Stigma and mistrust of the medical system were reasons for lower utilization. C. Robins indicated that the breakdown of mental health clinicians by race/ethnicity was included in the full report, which will be available to the public at a later date.
  - B. Gordon inquired about what will happen with this data and what will change from it. C. Robbins noted that there are systemic barriers in LAC; however, this report could generate more conversation regarding the need for more mental health services for PLWH in LAC.

3. <u>REPORTS – I</u>

A. EXECUTIVE DIRECTOR/STAFF REPORT

(1) County/Commission Operations | UPDATES

- Cheryl Barrit welcomed new COH staff member, Lizette Martinez, who will serve as the lead staff for the Planning, Priorities and Allocation (PP&A) Committee and Prevention Planning Workgroup (PPW).

a. Conflict of Interest Form 700 | OVERVIEW & REMINDER

- Therese Yepez of the LAC Executive Office provided a presentation on the Conflict of Interest Form 700.

- Every elected official and public employee who makes or influences governmental decisions is required to submit the Form 700. It provides necessary information to the public about an official's personal financial interests to ensure that officials are making decisions in the best interest of the public and not enhancing their personal finances. It also serves as reminder to the public official of potential conflicts of interest so that official can abstain from making or participating in governmental decisions that are deemed conflicts of interest.

b. AB 361 Continuation of Virtual Meetings for November 2022

MOTION #3: Acting on behalf of the Commission on HIV (COH), and on behalf of the COH's five (5) subcommittees for which the COH members serve as governing members and are subject to the Brown Act, finds: (1) in accordance with Assembly Bill (AB) 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that the COH has reconsidered the circumstances of the State of Emergency due to the COVID-19 pandemic and that the State of Emergency remains active and, (2) in accordance with AB 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that local officials continue to recommend measures to promote social distancing. As a result of these findings, the COH approves to continue virtual meetings for November 2022.
✓Passed by Roll Call Vote (***Yes:*** M. Alvarez, A. Ballesteros, A. Burton, M. Cao, E. Davies, K. Donnelly, L. Fuller, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, P. Nash, K. Nelson, M. Pérez, R. Rosales, L. Spencer, D. Campbell, B. Gordon; ***No:*** J. Arrington, M. Cielo, F. Findley, H. San Agustin, M. Sattah, J. Valero; ***Abstain:*** K. Halfman, C. Moreno)

(2) November 10, 2022 Annual Meeting Planning

- Key discussion topics for the November 10, 2022 COH Annual Meeting include an update on STDs/HIV in LAC led by Mario Pérez, a report on the Comprehensive HIV Plan (CHP) led by PP&A co-chairs Al Ballesteros and Kevin Donnelly and CHP consultant AJ King, a conversation on trauma led by B. Gordon, a Transgender Empathy Training led by Mallery Robinson, a discussion on U=U led by Danielle Campbell and Murray Penner, and a conversation on modernizing the Ryan White (RW) Care System led by Public Policy Committee co-chairs Lee Kochems and Katja Nelson.

B. CO-CHAIRS' REPORT

C. Gordon congratulated Luckie Alexander Fuller for being elected as Co-Chair. His term will begin in January 2023. She also expressed a deep appreciation for Danielle Campbell's leadership as the Co-Chair for 2022. B. Gordon also noted that she is confident that D. Campbell will continue

to be a critical presence on the COH and advocate for the needs of women and the Black community.

(1) National Latinx HIV/AIDS Awareness Day (NLHAAD) | Community Voices

- B. Gordon provided an introduction on the significance of National Latinx HIV/AIDS Awareness Day (NLHAAD) (October 15), which was first observed in 2003 by the Hispanic Federation and Latino Commission on AIDS. NLHAAD is an opportunity to help address the disproportionate impact of HIV on Latinx communities, promote HIV testing, and stop HIV stigma. This observance is also a community mobilization effort that helps promote effective ways to prevent, treat, and stop the transmission of HIV among Latinx people.
- B. Gordon introduced Latinx leaders and community stakeholders to speak how the COH can support their efforts to address the impact of HIV in the Latinx community.
- Commissioner Carlos Moreno and invited speakers Jorge Diaz and Luis Ramos led a presentation on the Latinx LA Leadership Group. See meeting packet for details. The Latinx LA Leadership group is a group of queer/gay/bi/trans Latinx leaders to come together to create a space to collaborate, explore ideas, and provide mentorship and support as they lead the fight against HIV/AIDS in LAC.
- Participating agencies include AIDS Healthcare Foundation, AltaMed, AIDS Project Los Angeles (APLA), Children's Hospital, Equality CA, GILEAD, LA LGBT Center, Men's Health Foundation, Mills Clinical Research, Out Here Health, REACH LA, San Francisco Department of Public Health, Somos Familia Valle, Tarzana Treatment Center, The Wall Las Memorias, Trans Wellness Center, and Vertex Pharmacy.
- C. Moreno invited attendees to contact J. Diaz at jorge.diaz@egca.org if they are interested in attending a future meeting.

(2) Member Feedback

a. September 19-20 Presidential Advisory Council for HIV/AIDS (PACHA) Meeting

- Several commissioners attended the in-person PACHA meeting on September 19-20 which was held in Los Angeles. Many others streamed the meeting and attended virtually. B. Gordon invited those who attended to share their thoughts.
- K. Donnelly stated that he was happy to be able to attend the meeting in-person. He appreciated the presentation by Harold Phillips regarding taking action. K. Donnelly also appreciated the five quality of life indicators that were added to the National HIV Strategy, including self-reported health, mental health, food insecurity, employment status, and housing status. K. Donnelly mentioned notable presentations by women living with HIV in rural areas and the aging population.

- B. Gordon shared that she thought this was an interesting experience, as this was her first PACHA conference. She stated that she hopes action will follow.
- J. Green stated that local Ending the Epidemic (EHE) representatives and Jeff Bailey presented at PACHA and should be speaking to the COH to address local issues.
- Dr. Martin Sattah expressed the need to get U=U messaging out, especially in the clinical setting.

b. Other Conferences, Trainings and Events Attended

- K. Donnelly shared that he attended an HIV and Aging Summit held by the City of Long Beach on September 17, 2022 in commemoration of National HIV/AIDS and Aging Awareness Day.
- Jose Rangel-Garibay, COH staff, attended the United States Conference on HIV/AIDS (USCHA) in Puerto Rico. He shared he attended sessions on racial justice in HIV, efforts to address stigma, medical mistrust, ending HIV criminalization, federal advocacy around harm reduction, addressing the lack of advocacy for transgender men in health care, considering language as a social determinant of health, and Medicaid expansion in the South.

(3) Membership Vacancies

- B. Gordon thanked commissioners for helping promote membership applications to the COH.
- The Operations Committee is prioritizing the recruitment of unaffiliated consumers and would appreciate support in receiving applications for the following seats:
  - 10 Unaffiliated Consumer Seats
  - 1 Provider Representative
  - 1 HIV Stakeholder
  - 1 Local Hospital/Health Planning Agency Representative
  - 1 State Medi-Cal Seat

D. CALIFORNIA OFFICE OF AIDS (OA) REPORT (PART B REPRESENTATIVE)

(1) OAVoice Newsleter Highlights

- Karl Halfman announced that the OA will be using a custom design data system that will be implemented in the Fall of 2023.
- The California Planning Group (CPG) will be meeting virtually on October 25th and 27th and November 1st and 3rd.
- The OA has released an infographic detailing supplies that are available through the Harm Reduction Supplies Clearing House.

- There were 195 PrEP enrollment sites covering 178 clinics throughout the state of California through the PrEP-AP Program and 8,357 clients enrolled in the AIDS Drug Assistance Program (ADAP).

E. LA County Department of Public Health Report (Part A Representative)

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

a. Programmatic and Fiscal Updates

- M. Pérez introduced new DHSP staff Jack Bunting, who will serve as the Health Communication Specialist. J. Bunting has years of experience in health communication and marketing expertise and will help DHSP develop a wide range of health communication materials.
- DHSP is working on defining their STD/HIV service portfolio, which will be discussed at the October PP&A meeting.

b. RWP Parts A & B

- DHSP is working with Heluna Health to help with investments into EHE resources.

c. Monkeypox Briefing Update

- There are currently 2,109 cases of monkeypox in LAC; 46% of cases are among PLWH and 6% are among persons experiencing homelessness.
- There is a downward trend in monkeypox cases in LAC.
- Justin Valero inquired if DHSP will be expanding vaccine eligibility criteria. M. Pérez responded that DPH expects monkeypox to become endemic in LAC and plans to increase vaccine eligibility criteria to avoid a future outbreak.

F. HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH AIDS (HOPWA) REPORT – *No report provided.*

G. RYAN WHITE PROGRAM PARTS C, D, AND F REPORTS

- Part C: *No report provided.*
- Part D: Dr. Mikhaela Cielo announced that Casa Alegria will be hosting a flower crown event for all women living with HIV on Sunday, October 16th.
- Part F: *No report provided.*

H. CITIES, HEALTH DISTRICTS, AND SERVICE PLANNING AREA (SPA) REPORTS – *No report provided.*

4. REPORTS

A. OPERATIONS COMMITTEE

(1) Membership Management

a. 2022 Renewal Memberships

- **Mario Peréz, MPH**

  MOTION #4: Approve Membership Application for Mario Peréz (Seat 6), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
  ✓Passed by Roll Call Vote (***Yes:*** M. Alvarez, A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, F. Findley, J. Gates, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, P. Nash, K. Nelson, M. Pérez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, B. Gordon; ***No:*** 0; ***Abstain:*** J. Arrington, J. Green, K. Halfman, D. Campbell)

- **Jerry Gates, PhD**

  MOTION #5: Approve Membership Application for Jerry Gates (Seat 10), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors
  ✓Passed by Roll Call Vote (***Yes:*** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, P. Nash, K. Nelson, M. Pérez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, B. Gordon; ***No:*** 0; ***Abstain:*** K. Halfman, D. Campbell)

b. New Membership Applications

- **Arlene Frames**

  MOTION #6: Approve new Membership Application for Arlene Frames (Seat 31-Unaffiliated Consumer, Supervisorial District 5), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
  ✓Passed by Roll Call Vote (***Yes:*** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, F. Findley, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, P. Nash, K. Nelson, M. Pérez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, B. Gordon; ***No:*** 0; ***Abstain:*** K. Halfman, D. Campbell)

- **Pearl Doan**
  MOTION #7: Approve new Membership Application for Pearl Doan (Seat 44- HIV stakeholder representative #1), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
  ✓Passed by Roll Call Vote (***Yes:*** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, P. Nash, K. Nelson, M. Pérez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, D. Campbell, B. Gordon; ***No:*** 0; ***Abstain:*** K. Halfman)

- **Redeem Robinson**
  MOTION #8: Approve new Membership Application for Redeem Robinson (Seat 46- HIV stakeholder representative #3), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
  ✓Passed by Roll Call Vote (***Yes:*** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, P. Nash, K. Nelson, M. Pérez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, D. Campbell B. Gordon; ***No:*** 0; ***Abstain:*** K. Halfman)

- **Andre Molette**
  MOTION #9: Approve new Membership Application for Andre Molette (Seat 12- Provider representative #2), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
  ✓Passed by Roll Call Vote (***Yes:*** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, F. Findley, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, P. Nash, K. Nelson, M. Pérez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, D. Campbell B. Gordon; ***No:*** 0; ***Abstain:*** K. Halfman)

(2) Policy & Procedure Review

- J. Valero reported that the Application Interview Workgroup held its final meeting on September 29th and will present its recommended updates to the new membership application interview questions, which reflect more consumer-friendly questions, at the October 27th Operations Committee meeting. The

Operations Committee expects to be voting on the new questions at the full-body level in early 2023.

- The Operations committee will hold an attendance award discussion at their upcoming meeting. An awards ceremony has been agendized for the November 10th Annual Meeting.
- The Operations Committee will continue their discussion on the 2 person/per agency rule at their October 27th meeting. J. Valero encouraged commissioners to attend to provide input.
- The Operations Committee will also begin discussing a bylaw review for updates, to include evaluating the current stipend program for enhancements. J. Valero noted that given the extensive review and approval process, it is anticipated that this activity will take about one year to complete.

(3) Recruitment, Outreach & Engagement

- The Operations Committee is continuing its recruitment, outreach, and engagement efforts and will extend their appeal to providers to assist in filling unaffiliated consumer seats.

B. PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE

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

- AJ King reported that the CHP is due to federal partners in early December. The first draft has been sent out to PP&A members and DHSP staff for feedback. A. King is working on the second draft and will send it out for public comment at the end of October.

(2) Multi-Year Reallocation & Contingency Planning

- Current DHSP expenditures show an approximate $4 million surplus that needs to be reallocated and spent. DHSP has begun looking at ways to maximize funding.

(3) DHSP Directives | UPDATES

- DHSP will be providing a response to program directives during the October 18th PP&A meeting.
- At their last meeting, A. Ballesteros suggested looking at ways to address gaps in care for Ambulatory Outpatient Medical (AOM) service providers and potential to use RWP funds to augment areas that Medi-Cal does not cover. DHSP staff agreed and will coordinate a meeting with AOM service providers to gather information.

C. STANDARDS & BEST PRACTICES (SBP) COMMITTEE

(1) Oral Health Service Standards: Dental Implants Addendum

- Erika Davies reported that the SBP Committee approved the Dental Implants Addendum to the Oral Healthcare Service Standards. The document will move forward to the Executive Committee for approval at their October 27th meeting.

(2) Transitional Case Management Service Standards | UPDATES

- The SBP Committee reviewed the comments received for the Transitional Case Management-Incarcerated/Post Release Service Standards and held a discussion around staffing requirements. SBP will seek clarification from DHSP on the different roles listed on the service standards. SBP will also coordinate a meeting with the current nurse liaison within LAC jails to learn more about the challenges and recommendations for improving service delivery.

D. PUBLIC POLICY COMMITTEE

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

a. 2022-2023 Legislative Docket | UPDATES

- Katja Nelson informed the COH that the following bills that were included on the legislative docket were signed into law by the Governor:
  - AB 2194 (Ward and Lee): Pharmacists and pharmacy technicians: continuing education: cultural competency
  - AB 2223 (Wicks): Reproductive health
  - AB 2521 (Santiago): Transgender, Gender Nonconforming, or Intersex Fund
  - SB 225 (Wiener): Medical procedures: individuals born with variations in their physical sex characteristics
  - SB 523 (Leyva): Contraceptive Equity Act of 2022
  - SB 923 (Wiener): Gender-affirming care
  - SB 1338 (Umberg): Community Assistance, Recovery, and Empowerment (CARE) Program
- The following bills that were included on the legislative docket were vetoed by the Governor:
  - AB 240 (Rodriguez): Local health department workforce assessment
  - SB 57 (Wiener): Controlled substances: overdose prevention program
  - SB 1234 (Pan): Family Planning, Access, Care, and Treatment Program

b. 2022 Policy Priorities | UPDATES

- K. Nelson reported that the Executive Committee will be voting to approve the 2022 Policy Priorities at their October meeting. If approved, the document will them move forward to the full COH in December.
- The PPC has been working on their Action Plan for select policy priorities. This process will be ongoing for the next several months.

c. LA County STD Crisis | UPDATES

- At their last meeting, the PPC discussed reaching out to LAC health deputies to engage in follow up conversations regarding next steps for implementing the recommendations in the April DPH STD report as well as a larger discussion on funding.

E. CAUCUS, TASK FORCE AND WORK GROUP REPORT

(1) Aging Caucus | November 1 @ 1-3PM

- J. Green provided the report. The Aging Caucus met on October 4th and shared their feedback of the PACHA meeting.
- A. Ballesteros provided a report on his experience at the International AIDS Conference in Montreal, Canada. The conference discussed how the developing world is handling the HIV/AIDS epidemic. The COVID-19 pandemic greatly impacted HIV care across the world as many resources were diverted from HIV to COVID-19 and the developing world was affected the most. There were also many conversations regarding the need to expand U=U messaging.
- The Aging Caucus reviewed the draft addendum of recommendations that include activities and strategies to address the needs of long-term survivors and individuals who acquired HIV perinatally. J. Green requested that the document be shared with anyone who has acquired HIV perinatally for input.
- DHSP reported that they will begin forming internal workgroups to work on the top priority activities identified by the Aging Caucus from a list of ideas that align with the California Master Plan on Aging.

(2) Black/African American Caucus | October 20 @ 4-5PM

- D. Campbell provided the report. The Black Caucus met on September 15th and held an extended meeting to determine what DHSP's PrEP marketing campaign should reflect – individual priority populations or the full spectrum of the Black community. The group decided that the marketing campaign should encapsulate the entire Black community.

- The Caucus also received updates from A. King on the CHP and the integration of the PrEP marketing campaign group fundings and other activities of the Black Caucus into the CHP.
- The Caucus began discussions regarding developing a needs assessment to determine organization capacity of non-traditional/non-County contracted Black-led organizations to help inform a program for these organizations to successfully compete for County contracts.

(3) Consumer Caucus | October 13 @ 3-4:30PM

- Alasdair Burton provided the report. The Caucus met on September 8th, following the COH meeting and debriefed on the meeting. The group discussed the powerful presentation made at the Ryan White Conference by Jeanne Hale, Ryan White's mother, that provided a recentering and a reminder as to why the COH does the work that they do.
- A. King provided a progress report on the development of the CHP.
- Discussion topics for the October meeting include updates from DHSP regarding their Customer Support Program, a quarterly HOPWA update, and continued feedback discussions regarding the RW Conference and consumer engagement.
- A. Burton invited any persons living with or at risk of HIV to attend a future meeting to be part of the unified effort to help improve HIV prevention and care service delivery in LAC.

(4) Prevention Planning Workgroup | October 26 @ 4-5:30PM

- Dr. King provided the report. The Prevention Planning Workgroup (PPW) met on September 28th and went over their 2022-2023 Workplan and identified 3-4 priority prevention areas.
- At their September meeting, Catherine Lapointe, COH staff, provided an overview of the Demographics and Knowledge sections of the Prevention Knowledge, Attitudes, and Beliefs (KAB) survey. She will go over the Attitudes and Beliefs sections at their October meeting.

(5) Transgender Caucus | October 25 @ 10AM-12PM

- J. Rangel-Garibay provided the report. The Transgender Caucus (TC) met on September 27th and discussed their previous virtual education session titled "The Power in Pleasure: Inclusive Sexual Health Education Through a Youth Lens."
- J. Rangel-Garibay provided an overview of the Special Populations Best Practices Compilation and elicited feedback from the TC.
- M. Robinson shared her proposal for delivering a Transgender Empathy Training at the Annual Meeting. The TC provided feedback.

- The TC is in the process of planning their October learning session, which will feature Yuè Begay, a two-spirit indigenous transgender woman with expertise in discussing the disparities faced by indigenous women and men who have sex with men (MSM) community members regarding HIV education and prevention.

(6) Women's Caucus

a. Special Virtual Lunch & Learn Presentation 2-Part Series: October 17 @ 12PM

- Dr. Cielo provided the report. The Women's Caucus (WC) held Part 1 of their 2-Part Virtual Lunch and Learn Presentation on Women Living with HIV and Sexuality on September 21st. The first topic was on Empowerment, Dating and Disclosure, Sexual Negotiation, and Dating After Trauma. The event was well attended.
- Part Two will be on Sexual Empowerment and Pleasure and will be held on Monday, October 17th from 12:00 – 1:30 PM.

5. <u>PRESENTATION – II</u>

Ending the HIV Epidemic (EHE) Immigrant Latino MSM PrEP Project Presentation
Ronald Brooks, PhD | Center for HIV Identification, Prevention, and Treatment Services (CHIPTS)

- Dr. Ronald Brooks and Elena Rosenberg-Carlson provided a presentation on their Ending the Epidemic (EHE) Immigrant Latino MSM PrEP Project. See meeting packet for presentation slides. Key points were as follows:
  - In 2019, Latino MSM comprised the largest percentage (51%) of all new HIV infections among MSM of all racial/ethnic groups in LAC.
  - Nationally, since 2010, foreign born Latino MSM have comprised of mostly new annual HIV infections among Latino MSM.
  - The goal of this project was to understand the barriers to PrEP access, and to develop strategies to enhance PrEP delivery among Latino MSM in LAC.
  - The study identified agency-level barriers such as lack of Spanish-speaking staff and PrEP navigators, lack of services in Spanish, and no standardized way to speak about PrEP in Spanish.
  - Client-level barriers included a lack of knowledge about PrEP and available PrEP services.
  - Structural barriers included lack of health insurance and the cost of services not covered by assistance programs.
  - The study used concept mapping, which is defined as a mixed methods approach that integrates qualitative perspectives of individuals with multivariate statistical methods to visually depict the composite thinking of the group.

6. MISCELLANEOUS

A. PUBLIC COMMENT: OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION. *There were no public comments.*

B. COMMISSION NEW BUSINESS ITEMS: OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NO POSTED ON THE AGENDA, TO BE DISCUSSED (AND IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY, OR WHERE THE NEED TO ACT AROSE AFTER THE POSTING OF THE AGENDA. *There were no committee new business items.*

C. ANNOUNCEMENTS: OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ANNOUNCE COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITES

- Alejandra Aguilar, East Los Angeles Women's Center (ELAWC), announced that ELAWC will be holding an HIV Lotería event on October 29th at 1431 S. Atlantic Blvd. Los Angeles, CA 90022. If interested, e-mail alejandra@elawc.org.
- J. Green announced that on November 9th from 3:00 - 5:00 PM, the UCLA Vine Street Clinic will be having an open house event.
- D. Campbell announced that she is recruiting cisgender and transgender Black women living with HIV to participate in a mobile health study.

D. ADJOURNMENT AND ROLL CALL: ADJOURNMENT FOR THE MEETING OF OCTOBER 13, 2022

The meeting was adjourned by D. Campbell.

ROLL CALL (PRESENT): M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, F. Findley, J. Gates, J. Green, T. Green, F. Gonzalez, K. Halfman, W. King, L. Kochems, E. Martinez, M. Pérez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, D. Campbell, and B. Gordon.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve the September 8, 2022 Commission on HIV Meeting Minutes, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 3: Acting on behalf of the Commission on HIV (COH), and on behalf of the COH's five (5) subcommittees for which the COH members serve as governing members and are subject to the Brown Act, finds: (1) in accordance with Assembly Bill (AB) 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that the COH has reconsidered the circumstances of the State of Emergency due to the COVID-19 pandemic and that the State of Emergency remains active and, (2) in accordance with AB 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that local officials continue to recommend measures to promote social distancing. As a result of these findings, the COH approves to continue virtual meetings for November 2022.	***Passed by Majority Roll Call Vote*** ***Ayes:*** M. Alvarez, A. Ballesteros, A. Burton, M. Cao, E. Davies, K. Donnelly, L. Fuller, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, P. Nash, K. Nelson, M. Pérez, R. Rosales, L. Spencer, D. Campbell, B. Gordon ***No:*** J. Arrington, M. Cielo, F. Findley, H. San Agustin, M. Sattah, J. Valero ***Abstain:*** K. Halfman, C. Moreno	**MOTION PASSED** **AYES: 23** **OPPOSED: 6** **ABSTENTIONS: 2**
MOTION 4: Approve Membership Application for Mario Peréz (Seat 6), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.	***Passed by Majority Roll Call Vote*** ***Ayes:*** M. Alvarez, A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, F. Findley, J. Gates, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, P. Nash, K. Nelson, M. Pérez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, B. Gordon ***No:*** 0 ***Abstain:*** J. Arrington, J. Green, K. Halfman, D. Campbell	**MOTION PASSED** **AYES: 24** **OPPOSED: 0** **ABSTENTIONS: 4**

MOTION 5: Approve Membership Application for Jerry Gates (Seat 10), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors	***Passed by Majority Roll Call Vote*** ***Ayes:*** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, P. Nash, K. Nelson, M. Pérez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, B. Gordon ***No:*** 0 ***Abstain:*** K. Halfman, D. Campbell	**MOTION PASSED** **AYES: 25** **OPPOSED: 0** **ABSTENTIONS: 2**
MOTION 6: Approve new Membership Application for Arlene Frames (Seat 31- Unaffiliated Consumer, Supervisorial District 5), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.	**Passed by Majority Roll Call Vote** **Ayes:** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, F. Findley, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, P. Nash, K. Nelson, M. Pérez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, B. Gordon **No:** 0 **Abstain:** K. Halfman, D. Campbell	**MOTION PASSED** **AYES: 26** **OPPOSED: 0** **ABSTENTIONS: 2**
MOTION 7: Approve new Membership Application for Pearl Doan (Seat 44- HIV stakeholder representative #1), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.	**Passed by Majority Roll Call Vote** **Ayes:** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, P. Nash, K. Nelson, M. Pérez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, D. Campbell, B. Gordon **No:** 0 **Abstain:** K. Halfman	**MOTION PASSED** **AYES: 26** **OPPOSED: 0** **ABSTENTIONS: 1**
MOTION 8: Approve new Membership Application for Redeem Robinson (Seat 46- HIV stakeholder representative #3), as presented or revised, and forward to the Executive Committee meeting and then to	**Passed by Majority Roll Call Vote** **Ayes:** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, P. Nash, K. Nelson, M. Pérez, R. Rosales, H. San Agustin, M.	**MOTION PASSED** **AYES: 26** **OPPOSED: 0** **ABSTENTIONS: 1**

the Commission meeting for recommendation to Board of Supervisors.	Sattah, L. Spencer, J. Valero, D. Campbell B. Gordon **No:** 0 **Abstain:** K. Halfman	
MOTION 9: Approve new Membership Application for Andre Molette (Seat 12-Provider representative #2), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.	**Passed by Majority Roll Call Vote** **Ayes:** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, F. Findley, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, P. Nash, K. Nelson, M. Pérez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, D. Campbell, B. Gordon **No:** 0 **Abstain:** K. Halfman	**MOTION PASSED** **AYES: 27** **OPPOSED: 0** **ABSTENTIONS: 1**

SPEAKER BIOGRAPHIES

Courtney Armstrong, MPH is a Senior Policy Officer with the Los Angeles County Department of Public Health's Division of HIV and STD Programs (DHSP). Prior to joining DHSP, Courtney worked as the Vice President of Policy for the San Francisco AIDS Foundation, responsible for directing the foundation's local and statewide legislative, budget, and administrative advocacy work, and aligning the organization with partnership opportunities. In this role, she advocated for full funding of vital HIV and hepatitis C care and prevention programs, responsive legislation and policies intended to ensure that broader health care systems can appropriately care for people living with HIV and hepatitis C. She also provided leadership and coordination of the California HIV Alliance, a statewide coalition of organizations that have a policy presence in Sacramento, and the California End the Epidemics Coalition, a coalition of organizations and health departments from across the state calling on the Governor and Legislature to end the HIV, hepatitis C and STD epidemics. Prior to joining the San Francisco AIDS Foundation, Courtney worked at the Centers for Medicare and Medicaid Services (CMS) on the implementation of Medicare Part D, with a focus on transitioning people with HIV/AIDS and providing outreach to their providers. She received her Master of Public Health degree with an emphasis on Health Policy from the School of Public Health at the University of California at Berkeley.

A.J. King, MPH, AJ is a seasoned trainer, facilitator, and consultant with extensive experience working in a variety of nonprofit public health and social services settings. His diverse skills include advanced planning, writing, and presentation skills; program and curriculum development; evaluation; and grant proposal writing. Specific grant work includes proposal writing for the U.S. Department of Health and Human Services, U.S. Department of State, California Department of Public health, Los Angeles County Department of Public Health and numerous foundations.

Prior to joining the Community Works Consulting team in 2017, he served as Associate Director of the California HIV/AIDS Policy Research Center at UCLA and Director of Community Relations for the UCLA Center for HIV Identification, Prevention, and Treatment Services. For many years, AJ managed a federally funded national training program that provided capacity-building assistance to community-based organizations and health departments related to the implementation and evaluation of evidence-based programming. In addition, he has served as a program manager at various CBOs focused primarily on violence prevention, public health and social services. He holds a Master in public health degree from San Jose State University.

Mario J. Pérez, MPH currently serves as the Director of the Division of HIV and STD Programs (DHSP). As Director of DHSP, Mario is responsible for guiding the work of more than 300 employees and managing the annual investment of more than $115 million in local, State and federal resources that support the delivery of HIV and STD services through more than 65 partner organizations. He is a leader on HIV policy issues, serving as a past member of the

Presidential Advisory Council on HIV and AIDS, the Board of Directors of the National Minority AIDS Council, a member of the National Council of STD Directors, a member of the AIDS United Public Policy Committee and a member of the Los Angeles County Commission on HIV. Mr. Pérez began providing HIV education and awareness services in 1990 while a student at Berkeley. Over the last 20 years, he has testified before Congress, the Los Angeles County Board of Supervisors, and the Los Angeles City Council to address a range of HIV issues. Mr. Pérez has received recognition for his leadership in the fight against HIV from more than a dozen local organizations and state and local elected officials. He was born, raised and lives in Los Angeles. He earned a Bachelor's Degree in Biology from UC Berkeley and a Master of Public Health degree from UCLA.

Murray C. Penner is the United States Executive Director of the Prevention Access Campaign. Murray Penner has a strong personal interest in helping people living with HIV achieve sexual health and well-being and reducing HIV stigma and shame. Murray served as Executive Director at NASTAD from 2015-2018 and served as NASTAD's Deputy Executive Director and director of its care & treatment program from 2001-2015. Prior to joining NASTAD in 2001, he served as the planning coordinator for the Fort Worth, Texas, Ryan White Planning Council and previously as an administrator with the Fort Worth and Oklahoma City YMCAs. Murray has strong expertise and experience in HIV and hepatitis treatments, the Ryan White Program and AIDS Drug Assistance Programs (ADAP), as well as drug pricing. He also currently serves on the boards of the AIDS Treatment Activists Coalition (ATAC) and HarborPath and serves on PAC's Founding Task Force. Murray received his Bachelor Degree in Social Work from Bethel College in North Newton, KS.

Mallery Jenna Robinson is an AfraCaribbean Transwoman and transgender and HIV healthcare advocate in Los Angeles, first working with The LGBTQ Center Long Beach from 2019-2021 as the Engagement Specialist and Service Navigator for their Transgender Health Program. In the summer of 2019 she began working at The LGBTQ Center Long Beach as the Engagement Specialist and Service Navigator for The Transgender Health Department. The duties of this position included: case management of clients, linkage to care, PrEP and PEP services, STI screening and HIV testing. While at The LGBTQ Center Long Beach, Mallery implemented several successful essential programs such as: Rack and Roll (a clothes closet), Snack Shack (food pantry), TRANSport (an essential items delivery service), and events such as: Come OUT and Pose, ValenTrans Day, and a The T-Report Red Desk Diaries, a panel for National Transgender HIV Testing Day. Mallery has also presented several Transgender Empathy Trainings (TET Talks) presentations to Sony PlayStation and Long Beach Vocal Rehab, to list a few. Mallery has also spoken publicly for The Long Beach Transgender Day of Remembrance at Harvey Milk Park in November 2019 and for ALL Black Lives Matter Los Angeles and co-hosted several LGBTQ virtual award shows such as Unique Woman's Coalition Our Honors Award on Transgender Day of Visibility.

SPECIAL THANKS TO OUR TOPIC CHAMPIONS

- Bridget Gordon, Commission on HIV (COH) Co-Chair, Unaffiliated Consumer-at-Large
- Danielle Campbell, COH Co-Chair, Board Office 2 Representative, Black Caucus Co-Chair
- Alvaro Ballesteros, Board Office1 Representative; Planning, Priorities and Allocations Committee Co-Chair; Aging Caucus Co-Chair
- Kevin Donnelly, Unaffiliated Consumer Service Planning Area (SPA) 8, Planning, Priorities and Allocations Committee Co-Chair
- Xelestiál Moreno, Transgender Caucus Co-Chair
- Isabella Rodriguez, Transgender Caucus Co-Chair
- Katja Nelson, Board Office 3 Representative, Public Policy Co-Chair
- Lee Kochems, Behavioral/Social Science Representative, Unaffiliated Consumer, Public Policy Co-Chair
- Luckie Alexander Fuller, Provider Representative, Operations Co-Chair, COH Co-Chair-Elect

Los Angeles County HIV and STD Update: Key Accomplishments, Challenges and Opportunities

Los Angeles County Commission on HIV
Annual Planning Meeting
Thursday, November 10, 2022

Mario J. Pérez, Director
Michael Haymer, Ending the HIV Epidemic Treat Pillar Lead
Wendy Garland, Chief Epidemiologist, Program Monitoring & Evaluation
Courtney Armstrong, Senior Policy Officer

Division of HIV and STD Programs
Los Angeles County Department of Public Health

DHSP Presentation Overview

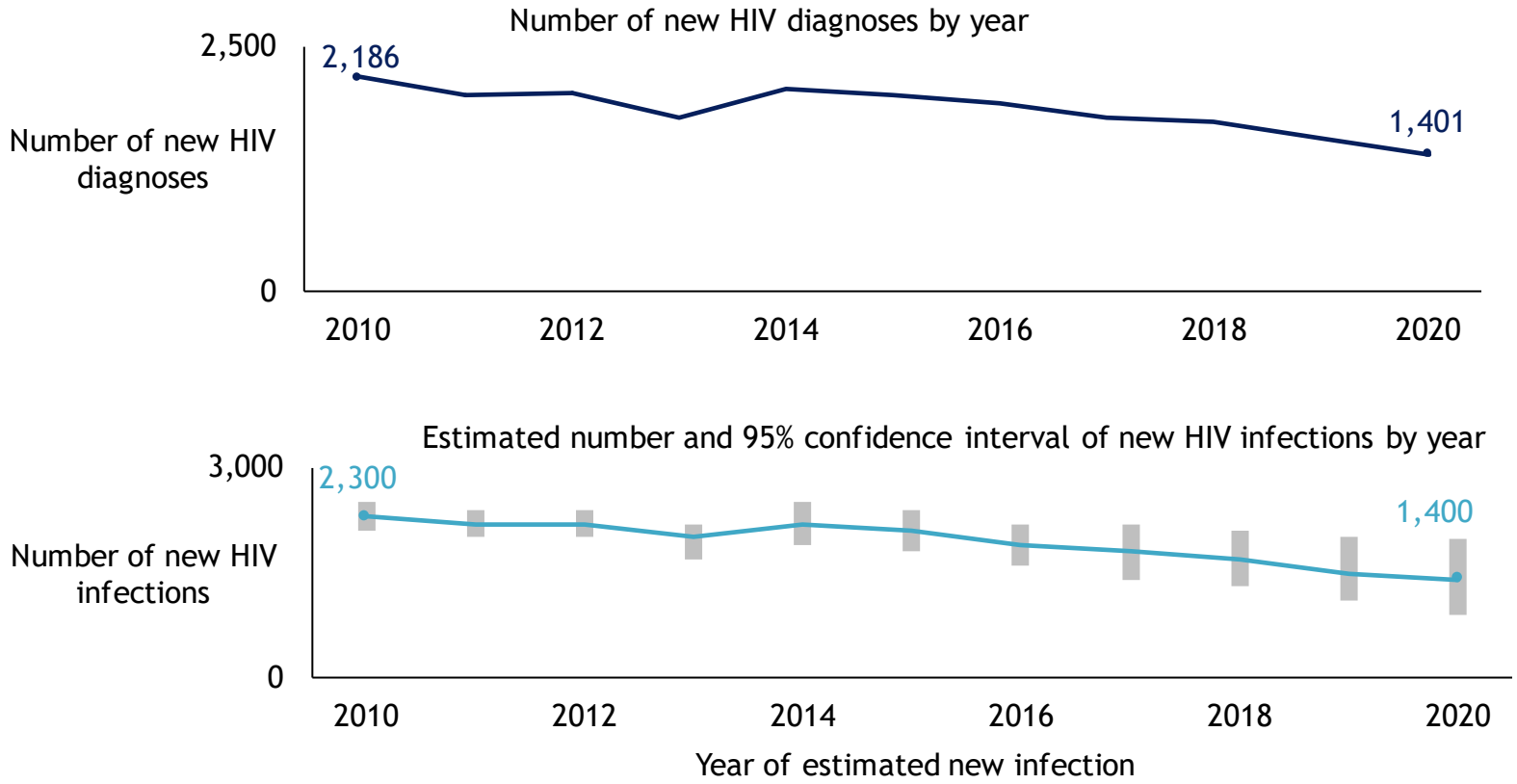
- Brief review of HIV and STD epidemiologic trends
- Review accomplishments and challenges

- EHE Update: Strategies Completed and Strategies in Progress
- Opportunities for Additional Progress: EHE Strategies on the Horizon

- Opportunities for Enhanced Planning: New Unmet Need Focus and Approach

- Brief review of the Ryan White Program

Number of persons newly diagnosed with HIV compared with the estimated number of persons with new HIV infection among PLWH aged ≥13 years, LAC 2010-2020[1,2]



Abbreviation: PLWH = persons living with HIV

[1]Estimated using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County.

[2]2020 estimates should be interpreted with caution due to potential effects of the COVID-19 pandemic on HIV diagnosis and model accuracy.

Source: HIV Surveillance data as of December 2021

Ending the HIV Epidemic Performance Indicators

County of Los Angeles Public Health

59,400
people living with HIV in LA County

6,800
are unaware of their HIV positive status

76,000
people would benefit from PrEP

54,500
of the 76,000 are Black & Latinx people who would benefit from PrEP

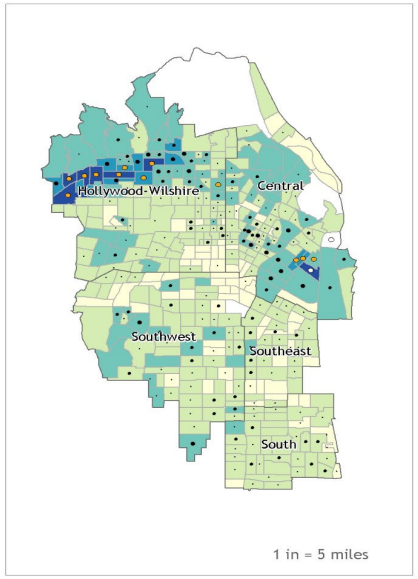
Indicator	LAC current	EHE Targets for 2025
Number of new transmissions[1]	1,400 (2020)	380
Number of new HIV diagnoses[2]	1,401 (2020)	450
Knowledge of HIV-status among PLWH[1]	89% (2020)	95%
Linkage to HIV care among PLWDH[2]	76% (2020)	95%
Viral Suppression among PLWDH[2]	61% (2021)	95%
Percentage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

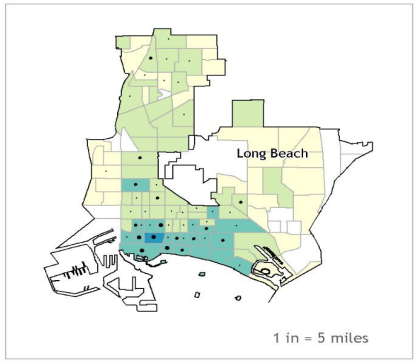
PLWH= People living with HIV (includes those unaware of HIV infection); PLWDH= People living with diagnosed HIV

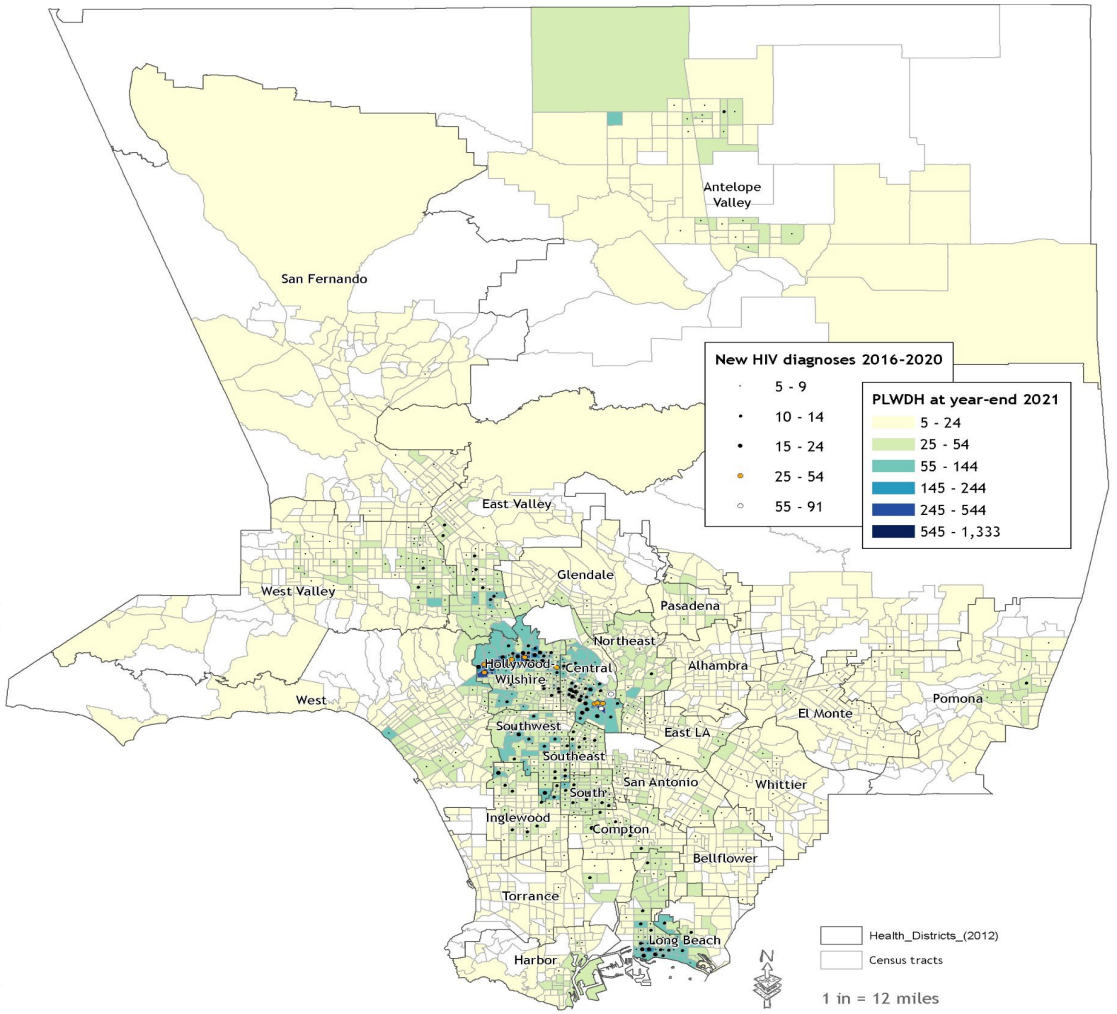
1. Using Los Angeles County HIV surveillance data in the CDC Enhanced HIV/AIDS Reporting system (eHARS).
2. Using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County.
3. Using Los Angeles County data from the National HIV Behavioral Surveillance system, STD clinic data, online Apps survey, COE program data, and AHEAD dashboard.

Where are new HIV diagnoses being identified in Los Angeles County?[1]

The 3 HIV epicenters in Los Angeles County are Hollywood-Wilshire Health District, Central Health District, and Long Beach Health District



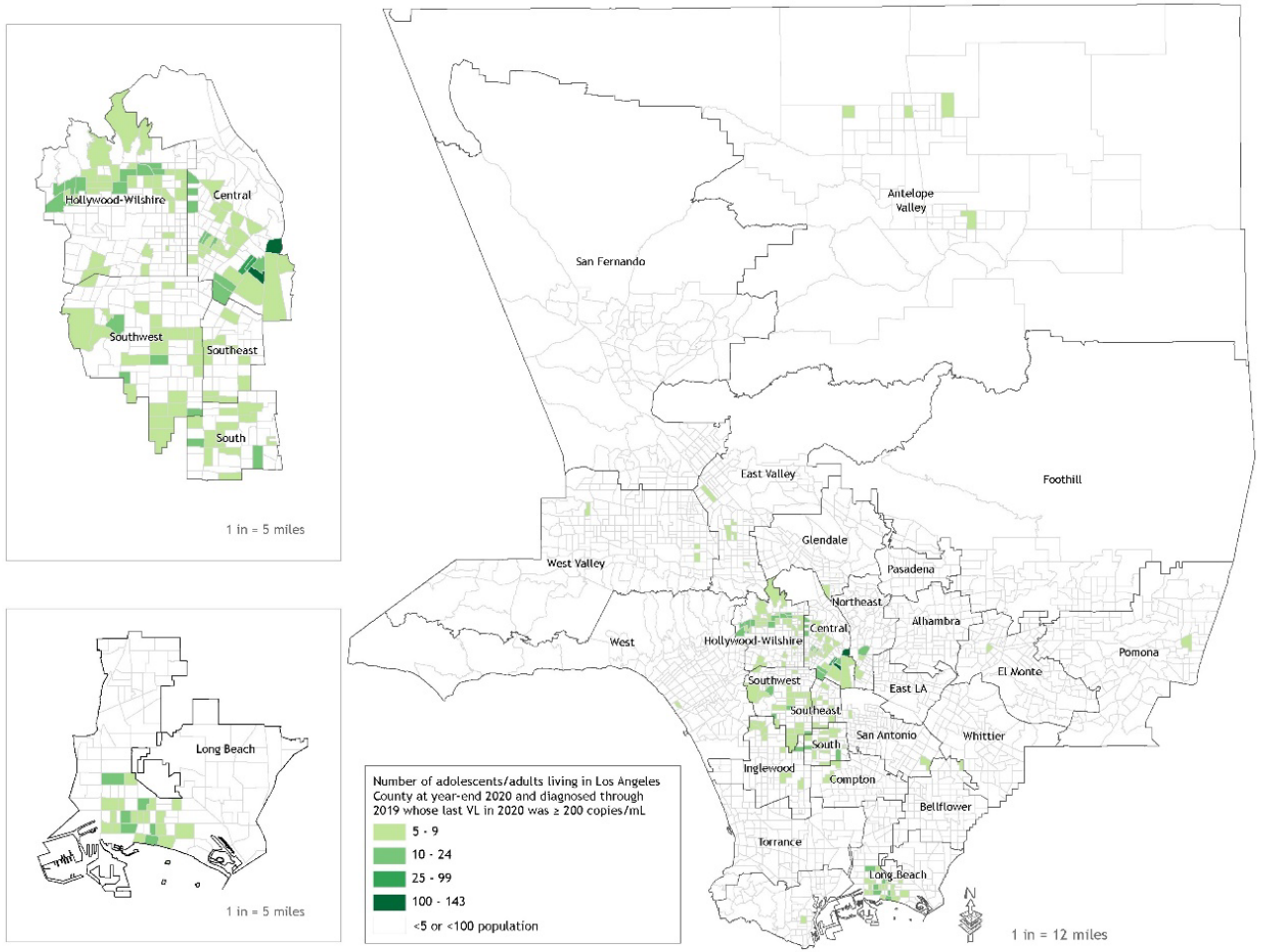




[1] Census tract and health district information was based on most recently reported residential addresses. Persons with no reported street address information were aggregated to the census tract or health district level data based on available ZIP code information. Source: HIV Surveillance data as of December 31, 2021; U.S. Department of Commerce, 2010 U.S. Census Tract; U.S. Department of Housing and Urban Development, HUD USPS ZIP Code – Census Tract Crosswalk Files, 2nd quarter 2018 was used for HIV diagnoses 2016-2020 and 4th quarter 2019 was used for PLWDH at year-end 2021.

Where is HIV transmission occurring?

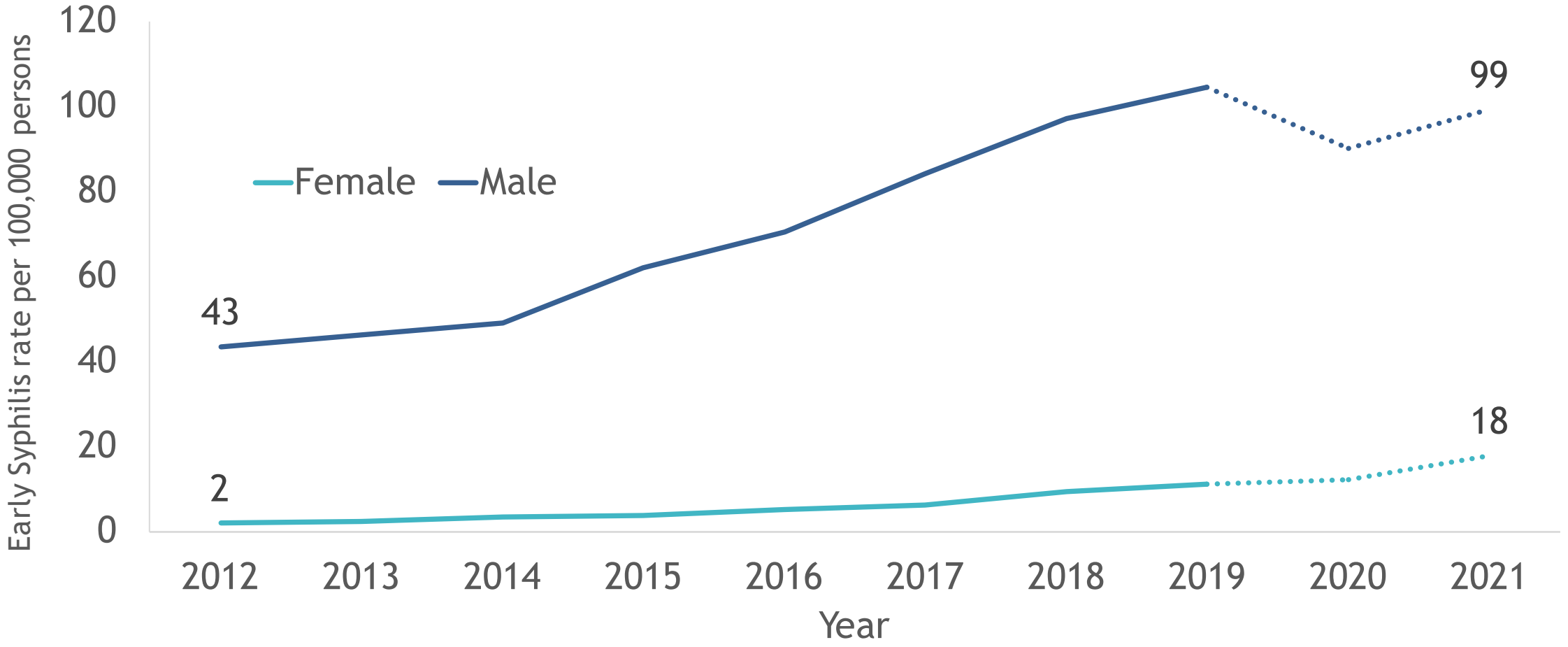
Unsuppressed viral load[1] among persons living with diagnosed HIV in Los Angeles County, 2021



Central, Hollywood-Wilshire, South, Southwest, Southeast, and Long Beach Health Districts have the highest levels of unsuppressed viral load. These areas represent the locations with highest potential for fueling onward HIV transmission.

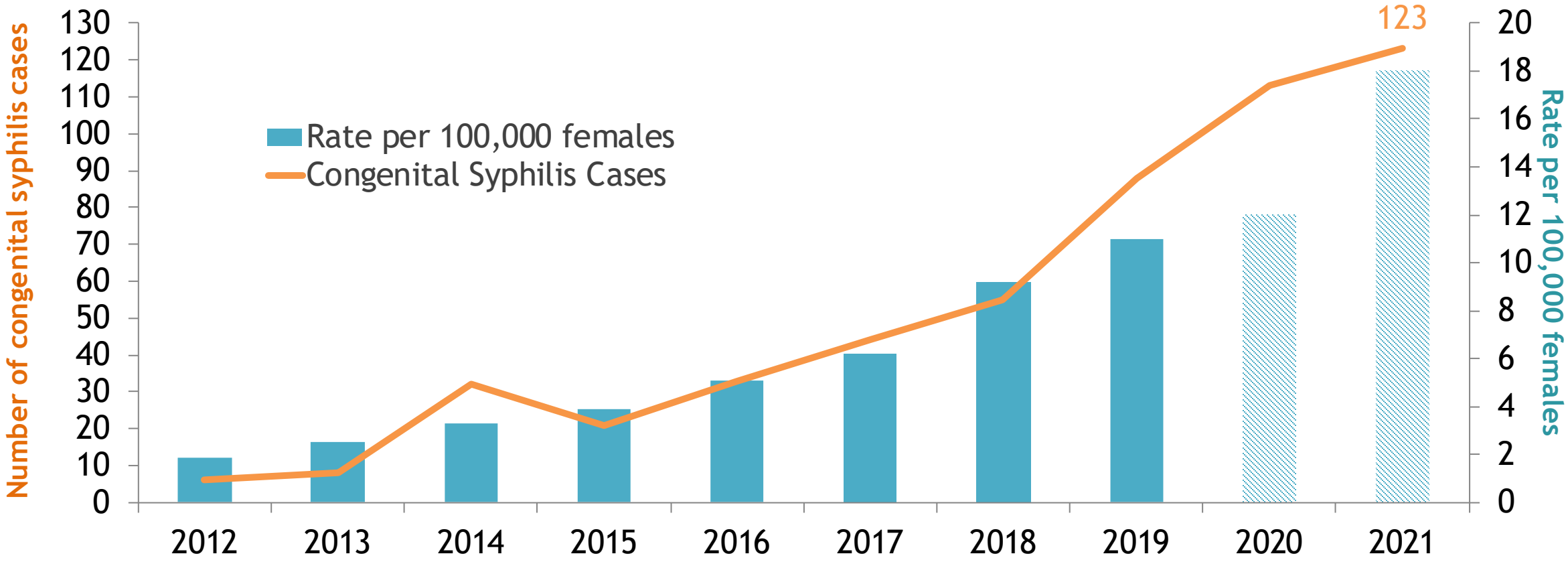
[1]Unsuppressed viral load: numerator includes PLWDH whose last VL test in 2021 was unsuppressed (HIV-1 RNA ≥ 200 copies/mL); denominator includes PLWDH diagnosed through 2020 and living in LAC at year-end 2021 based on most recent residence. PLWDH without a VL test in 2021 were considered virally unsuppressed. Analysis excludes PLWDH diagnosed through 2020 and living at year-end 2021 who (1) had missing census tract information, (2) were receiving care but never had a viral load test, (3) were not receiving care for >12 months at year-end 2021, or (4) were in census tracts with small sample sizes (<5 persons with unsuppressed viral load or population size <100 persons). Exclusions represented 68% of PLWDH diagnosed through 2020 and living in 2021 whose last viral load was unsuppressed.

Since 2012, ES rates have increased 800% among females and 130% among males[1]



[1] Data as of 06/05/2022. Early syphilis includes all cases staged as primary, secondary, or early non-primary non-secondary (previously early latent);. cases from Long Beach and Pasadena are excluded. 2020 and 2021 data are provisional due to reporting delay. 2021 rates are calculated using 2020 population estimates as a proxy for 2021

Early syphilis in females and babies, Los Angeles County, 2012-2021[1]



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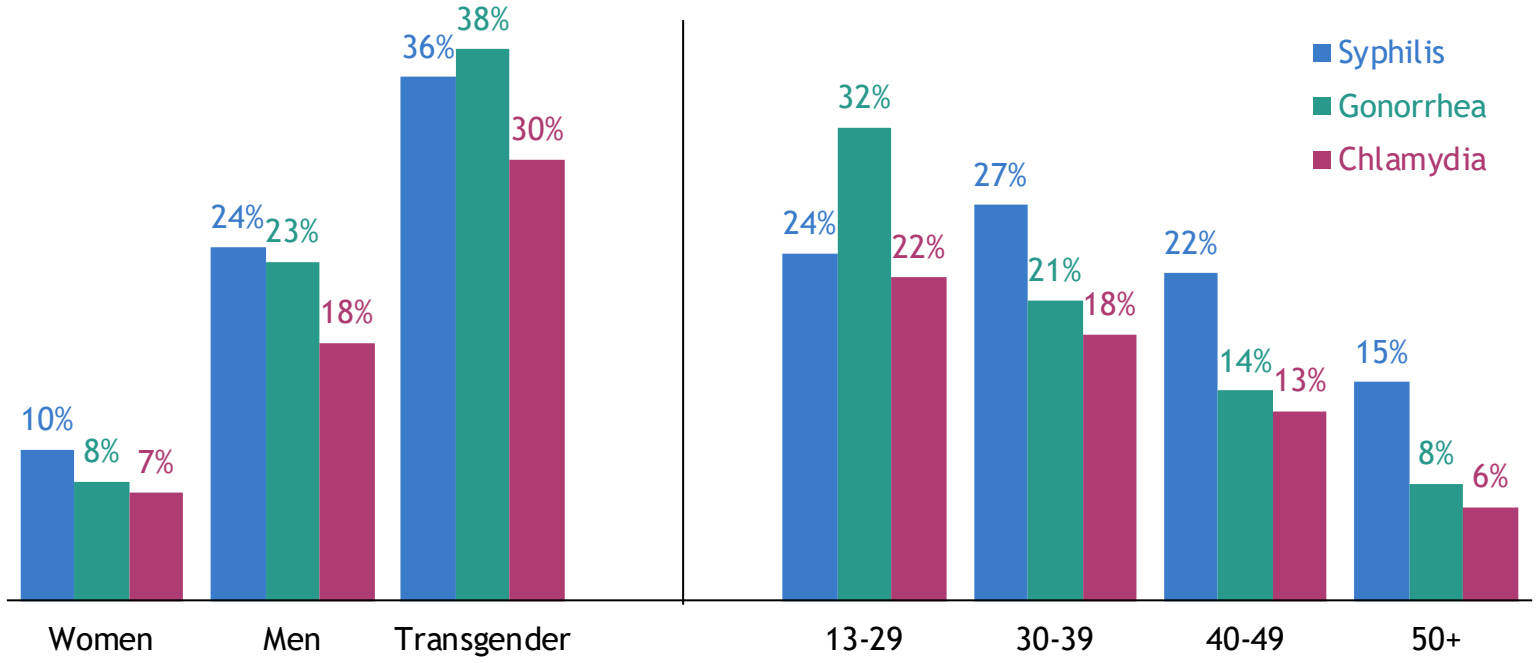
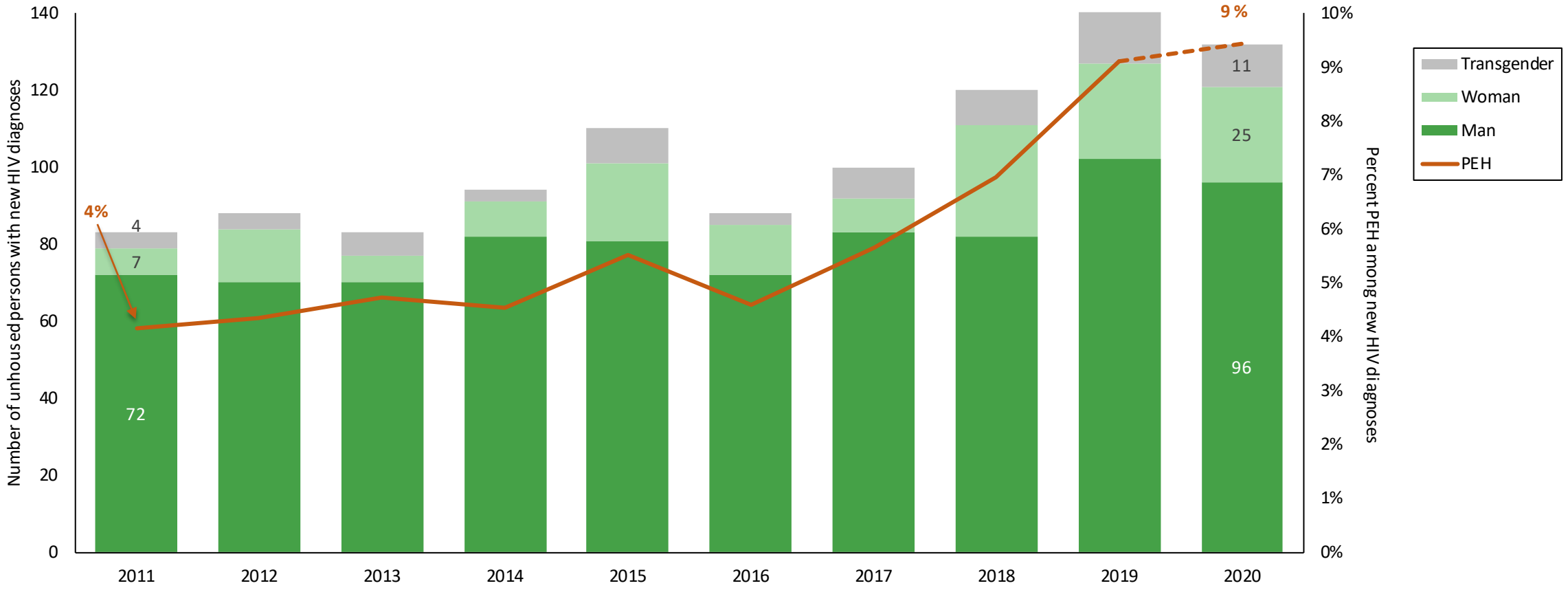
Percentage of persons newly diagnosed with HIV aged ≥ 13 years who had syphilis, gonorrhea, and/or chlamydia in the same calendar year as HIV diagnosis by STD, gender, and age group, LAC (excluding Long Beach and Pasadena), 2020[1,2,3]



[1]DHSP prioritizes HIV, syphilis, and congenital syphilis cases for investigation.
[2]STD cases in the cities of Long Beach and Pasadena are reported to their respective health departments.
[3]Due to reporting delay and time needed for case investigations, 2020 is shown as the latest year.

HIV among people experiencing homelessness (PEH)

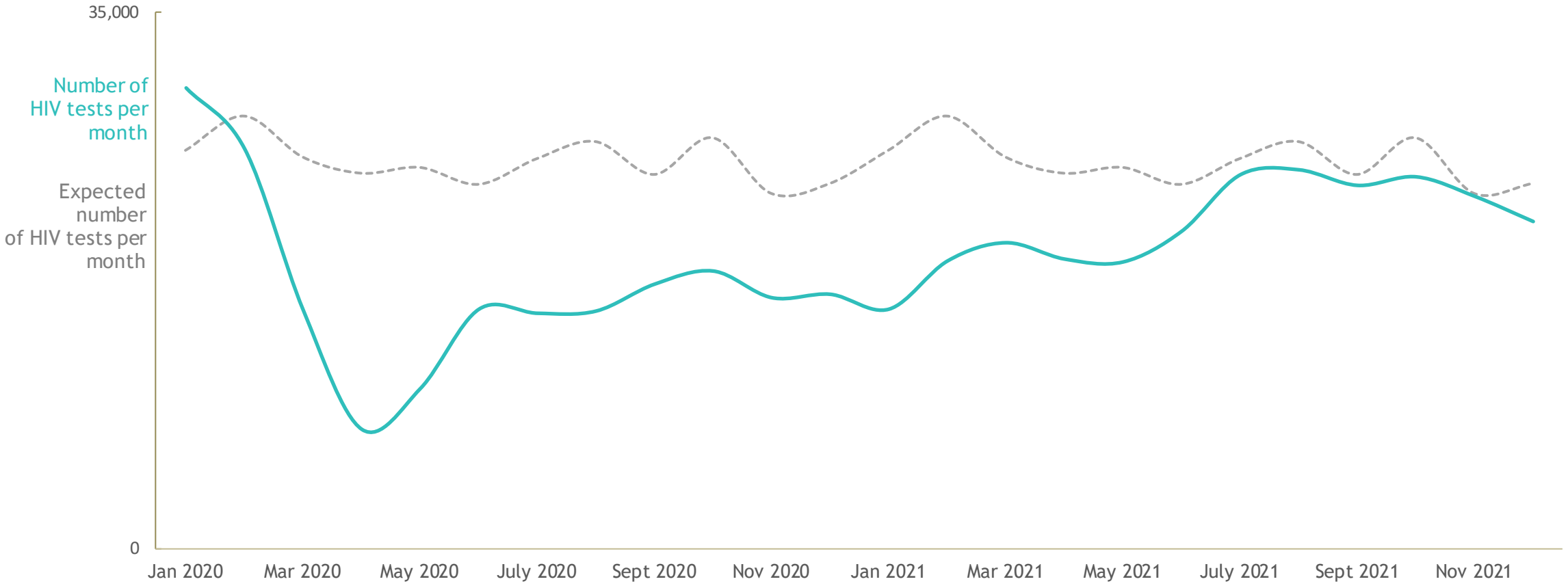
Since 2011, the percentage of persons newly diagnosed with HIV who were experiencing homelessness increased from 4% to 9%. In 2020, among 132 PEH with a new HIV diagnosis, 96 (73%) were male, 25 (19%) were female, and 11 (8%) were transgender.



[1] 2020 HIV data are provisional as indicated by the patterned bar and dashed line.

Impact of COVID-19 on HIV Testing

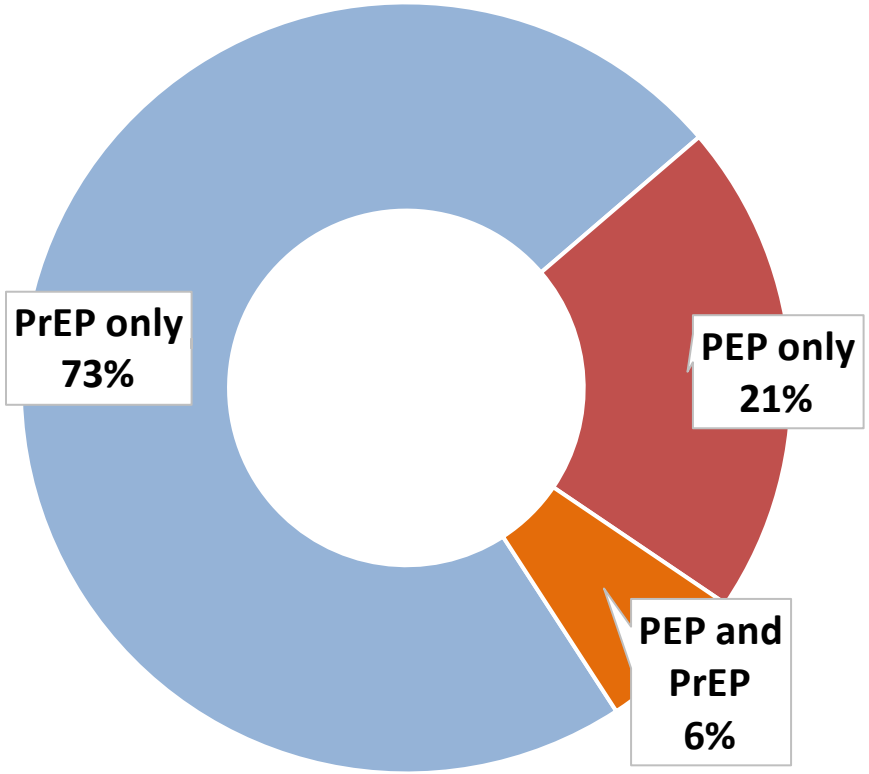
COVID-19 stay at home orders and disruptions in HIV testing options due to the COVID pandemic resulted in dramatic declines in HIV testing beginning March 2020 and continuing through mid-2021



Pre-Exposure Prophylaxis (PrEP) Centers of Excellence (COEs), Los Angeles County

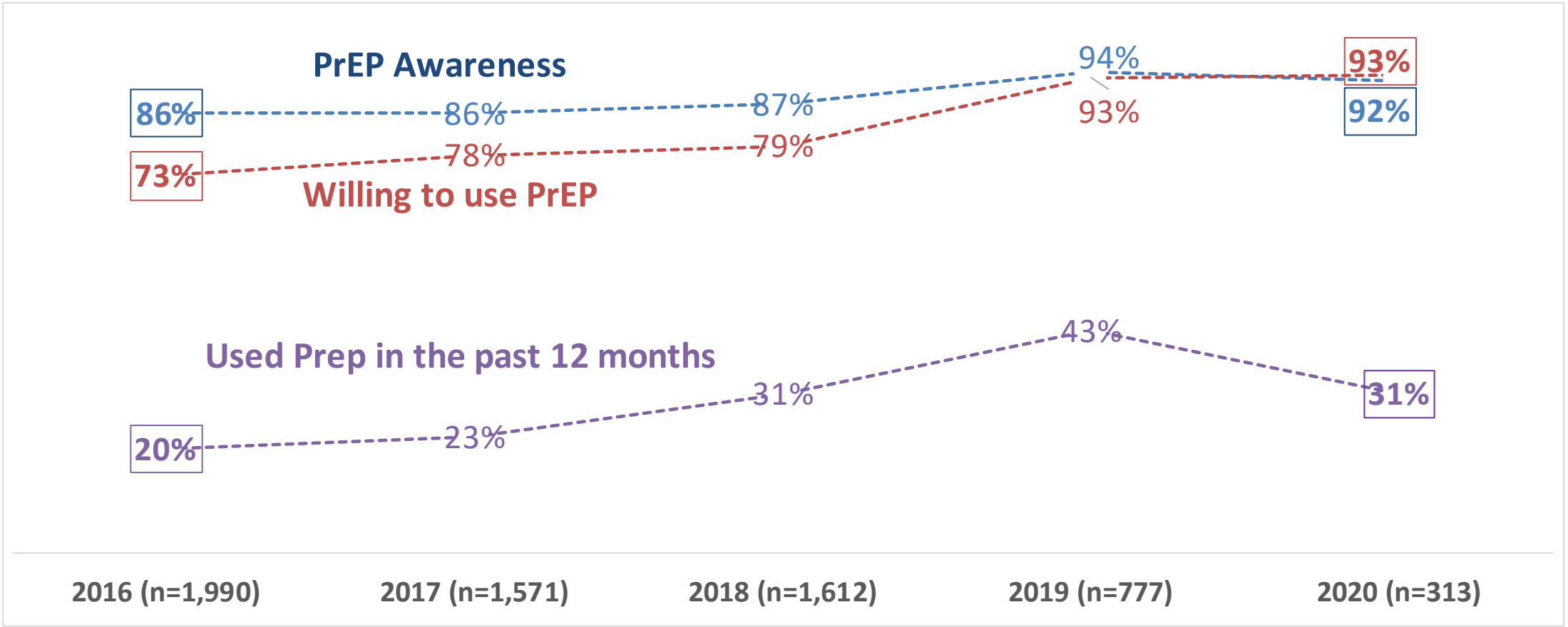
- Launched in mid -2016 with 9 contracted agencies and expanded to 12 in 2019
- Biomedical services provided to a total 9,810 unique clients (July 2016-March 2022)
- Over half of clients were Latinx (46%) and Black (12%)
- Majority were cisgender men (89%) with 6% cisgender women and 5% reporting a transgender identity
- One in three (33%) were age 20-29
- Half (51%) were living at or below the federal poverty level

Biomedical Services Provided at COEs



Have Core PrEP Outcomes Changed in LAC?

PrEP awareness, willingness to use PrEP and PrEP use in past 12-months significantly increased from 2016 to 2019*

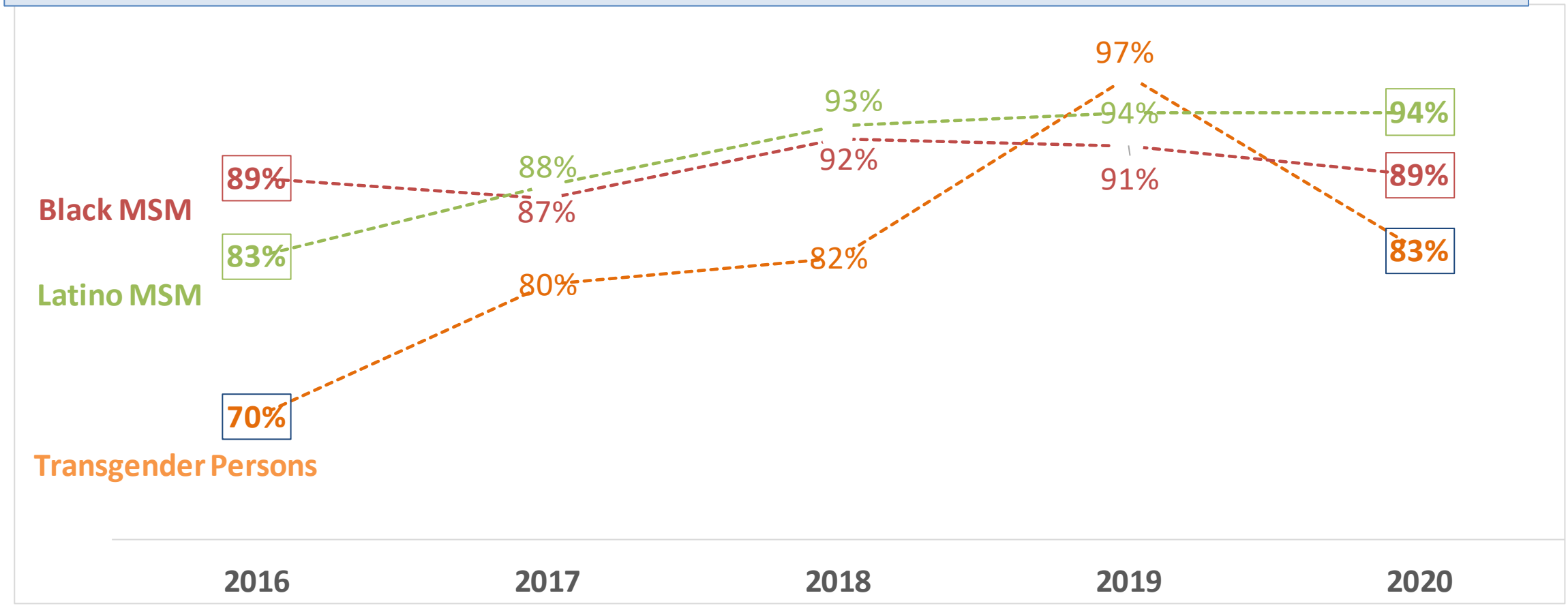


*p<0.001

[1]Collected at baseline in April 2016 and in all follow up surveys (October 2016, February 2017, August 2017, February 2018, July 2018, December 2019, December 2020); MSM recruited via app TGP all sources

Which Priority Groups Reported Increased PrEP Awareness?

PrEP awareness significantly increased Latino MSM and TGP through 2020 but remained relatively unchanged among Black MSM



*LMSM and TGP significantly different p<0.001

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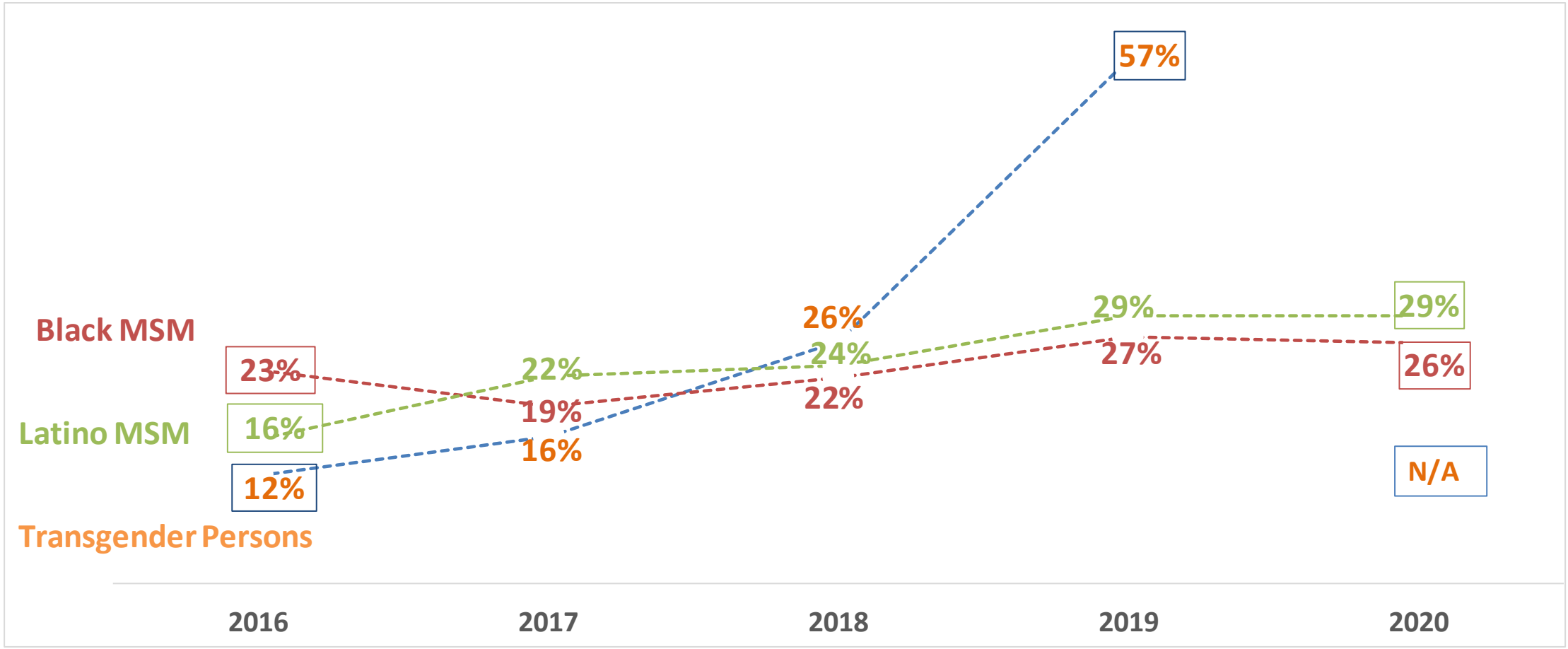
Which Priority Groups Reported Increased PrEP Use?

PrEP use within the past 12-month significantly increased across all groups since 2016*



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Accomplishments

- Maintained HIV continuity of care in the midst of large, complex and acute humanitarian and public health challenges
- Tested and adopted new models to deliver HIV and STD services that better meet people where they are (e.g. telehealth, field-based services)
- The number and diversity of HIV service partners has grown
- HIV-related revenue streams continue to expand (e.g. Medicaid, EHE)
- Long-acting injectables have arrived
- We've launched publicly facing HIV and STD dashboards

  (Available at: http://publichealth.lacounty.gov/dhsp/dashboard.htm)
- Expanded the number of PrEP Centers of Excellence
- Additional EHE-focused accomplishments reviewed later…..

Challenges & Recommendations for EHE Progress

County of Los Angeles Public Health

Navigating Competing Priorities

- Clinic response to COVID-19
- Response to MPX
- Community involvement given racial justice movement, political landscape
- Multiple plans for HIV efforts

Support Innovation

- Contingency management
- Flexibility for reloadable cash gift cards
- PrEP marketing paradigm shift
- Leveraging technology to improve care coordination

Align & Increase Funding

- Status neutral approach
- STDs (syphilis, congenital syphilis)

Capacity Building & Workforce Development

- Substance use (meth) & syringe service programs
- Mental health
- Housing and homelessness
- Taxed community-based service network

Address Administrative Barriers

- Federal requirements (e.g. W-9 form for EFA program)
- Local administrative barriers (e.g., timeline for contracting)

Challenges

- HIV-related progress has slowed (e.g.,incidence, PrEP, viral suppression)
- Crises tied to STDs, homelessness, substance use disorder and mental illness continue to grow
- HIV and STD related disparities persist, across multiple domains
- Private and public health care delivery systems are taxed and fatigued
- Critical staff vacancies persist and high staff turnover trends continue
- Agency and staff training, technical assistance and skills development needs are growing and outpacing current capacity
- Competing public health challenges (COVID, Mpox, influenza, RSV, avian flu, TB, overdose)

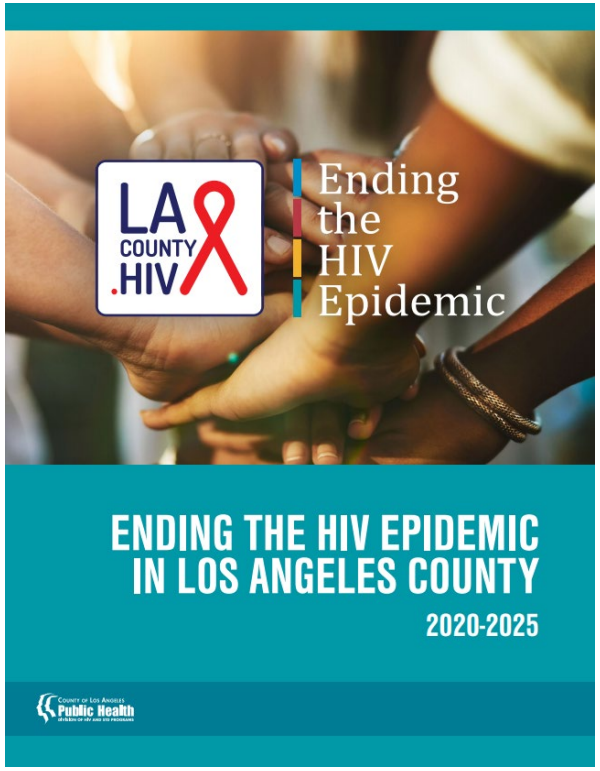
EHE Update: Strategies Completed and Strategies in Progress

Opportunities for Additional Progress: EHE Strategies on the Horizon

Michael Haymer, MD, MSW
Treat Pillar Lead
Ending the HIV Epidemic
Division of HIV and STD Programs

How will we end the HIV epidemic in Los Angeles County?

Overarching Strategy: Ensure that the Los Angeles County Ending the HIV Epidemic Initiative addresses; health inequities, dismantles racial inequities that are at the root of HIV and related syndemics, focuses on the communities most impacted by HIV, and adopts a client-centered, people first approach.



Priority Populations:

- Black/African American men who have sex with men (MSM)
- Latinx MSM
- Women of color
- People who inject drugs and/or with substance use disorder
- People of trans experience
- Persons under 30 years of age

Executive Summary: https://www.lacounty.hiv/resources/

Full EHE Plan: www.LACounty.HIV

Ending the HIV Epidemic (EHE): National Strategies

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1,400
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6,800
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of the 76,000 are Black & Latinx people who would benefit from PrEP

Diagnose

- Increase routine opt out HIV testing in healthcare & institutional settings.
- Increase HIV testing programs in non-healthcare settings including self-testing.
- Increase client's yearly HIV re-screening of persons with elevated HIV risk.

Prevent

- Utilize data to better identify and link persons with indication for pre-exposure prophylaxis (PrEP).
- Expand PrEP access, including through telehealth and pharmacies.
- Improve PrEP retention in care through provider and consumer automated communication.
- Expand Syringe Services Programs to provide HIV prevention (and treatment) services and/or linked referrals.

Treat

- Facilitate rapid ART and linkage to care at partner clinics.
- Increase knowledge of and access to free and low-cost HIV services through the Ryan White HIV/AIDS Program.
- Assess and improve mental health services for people with HIV.
- Improve client experience by working with clinical staff.
- Develop programs that provide housing and emergency financial assistance services.

Respond

- Implement routine real-time cluster detection and response in hot spots and subpopulations via the County's Cluster Detection and Response Plan.
- Expand Partner Services to interview partners of people newly diagnosed with HIV as soon as possible.
- Build surveillance infrastructure at the public health department.

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Critical EHE Partners

Partner Types	Organizations/Groups
Frontline Service Providers	1) Ryan White HIV/AIDS Program Network 2) Community health clinics, FQHCs, Community Clinic Association of Los Angeles County (CCALAC) 3) County partners (DHS, DMH, SAPC)
Academic Partners	1) CHIPTS/CFAR 2) Pacific AIDS Education Training Center (PAETC)
Policy Partners	1) CA HIV Research Program (CHRP) 2) Commission on HIV Public Policy Committee 3) CA Ending the Epidemics Coalition
Community	1) AMAAD, LAC+USC Foundation (The Wellness Center) 2) Commission on HIV Consumer Caucus 3) Community Advisory Boards
Advisory and Operational Groups	1) Commission on HIV 2) EHE Steering Committee

EHE Strategies: Completed as of November 2022

Diagnose

- **HIV self test kits** - over 15,000 kits distributed to HIV testing agencies, new partners, and at community events.
- **Increased HIV testing** at Vaccine Plus Clinics and on Skid Row.

Treat

- **Rapid Linkage to Care Program** launched.
- **Emergency Financial Assistance Program** (homelessness prevention) launched.
- **Mental Health consultant** providing support to pregnant persons with HIV.
- **Assessment of Unmet Mental Health Needs of PLWH** complete by HMA Community Strategies.

Prevent

- **Telehealth services for PrEP** implemented at 4 agencies.
- **PrEP provider assessment** conducted in Supervisorial District 2.
- **Technical assistance** to FQHCs and community clinics on PrEP.

Respond

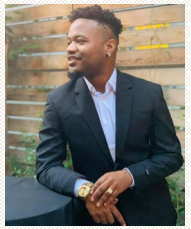
- **Cluster Detection and Response Plan** developed.
- **Disease investigation services (DIS) collaboration** from a regional, cooperative perspective across regions.

Cross Cutting Strategies

- **EHE Steering Committee** formed.
- **Implicit Bias & Medical Mistrust Training** - 236 individuals trained across 35 agencies with newly developed curriculum.
- Temporary staff contract executed for 16 positions.
- **Community Engagement Program** developed and launched.
- **EHE Education and Outreach Team** formed to conduct outreach and education.

Ending the HIV Epidemic (EHE) Steering Committee

Charles W. Robbins, MBA

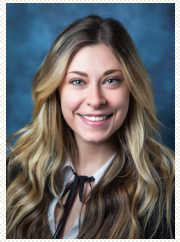


Javontae Wilson

Astrid Reina, PhD

Jerry Abraham, MD, MPH, CMQ

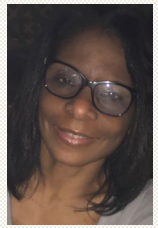
Raniyah Copeland, MPH



Erin Jackson-Ward, MPH

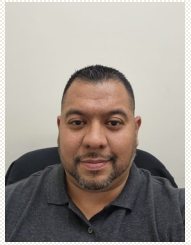
Bridget Rogala, MPH, M CHES

Lindsey P. Horvath



Barbara L. Roberts

Luis S. Garcia, Ed.D, MSW



Oscar Arellano

Ty Gaffney-Smith

Zelenne L. Cárdenas

Matthew Gray Brush, MPH

Louise McCarthy, MPP

Kaleef Starks

Biographical Sketches available on EHE website:

www.LACounty.HIV

The HIV.E (HIV Empowerment and Education) Program

Based on Community Based Participatory Research (CBPR) and Youth Participatory Action Research (YPAR) frameworks.

1. Advance structural change projects.
2. Lead educational activities.
3. Social media/marketing campaigns.
4. Host/attend community events.

COHORT	DESCRIPTION
Black/African American MSM	Faith-based approach to address stigma of HIV and queer identity
Latinx MSM	Education for primary care providers to support Latinx LGBTQ+ people and reduce stigma
People of trans experience	Partnership to provide education and support for trans people via large convening
Women of color	Social media campaigns to increase awareness about HIV and women
Young adults 19-29 years	Multifaceted media campaign to address stigma and myths around HIV for youth
South LA	Storytelling to create change and to honor physical HIV/AIDS monuments
East LA	Develop Spanish language resources to support Latinx LGBTQ+ people and PLWH
The Valley	Improve PrEP/PEP knowledge among women
Long Beach	In development

EHE Strategies: In Progress

Diagnose

- **HIV testing in DMH Mental Health clinics**.
- **Emergency Department Testing Initiative**.
- Ongoing partner recruitment for **HIV self test kit distribution** – SSP agencies, mental health providers

Treat

- **Contingency Management Pilot** launched September 2022
- Intensive case management for all **pregnant HIV-positive persons** and increased TA for birthing hospitals.
- **HIV Transition of Care Project** at LAC+USC Medical Center (*pending*).

Prevent

- Increasing capacity of **syringe services programs** via contract augmentations and re-solicitations (DHSP/SAPC collaboration).
- Increasing provider capacity to prescribe PrEP via public health detailing

Respond

- **Cluster Detection and Response Community Advisory Board**.
- HIV focus for DHSP **Partner Services** staff.
- DHSP **Data to Action Surveillance** team created to better identify high priority cases for enhanced case management.

Cross Cutting Strategies

- **Media solicitation** for 3 campaigns released (PrEP, HIV and syphilis, Ryan White promotion)
- **Data to Care** solicitation developed.
- **EHE Education and Outreach Team** continues to look for opportunities to engage communities and increase EHE awareness

EHE Outreach and Education Team

Projects In Progress

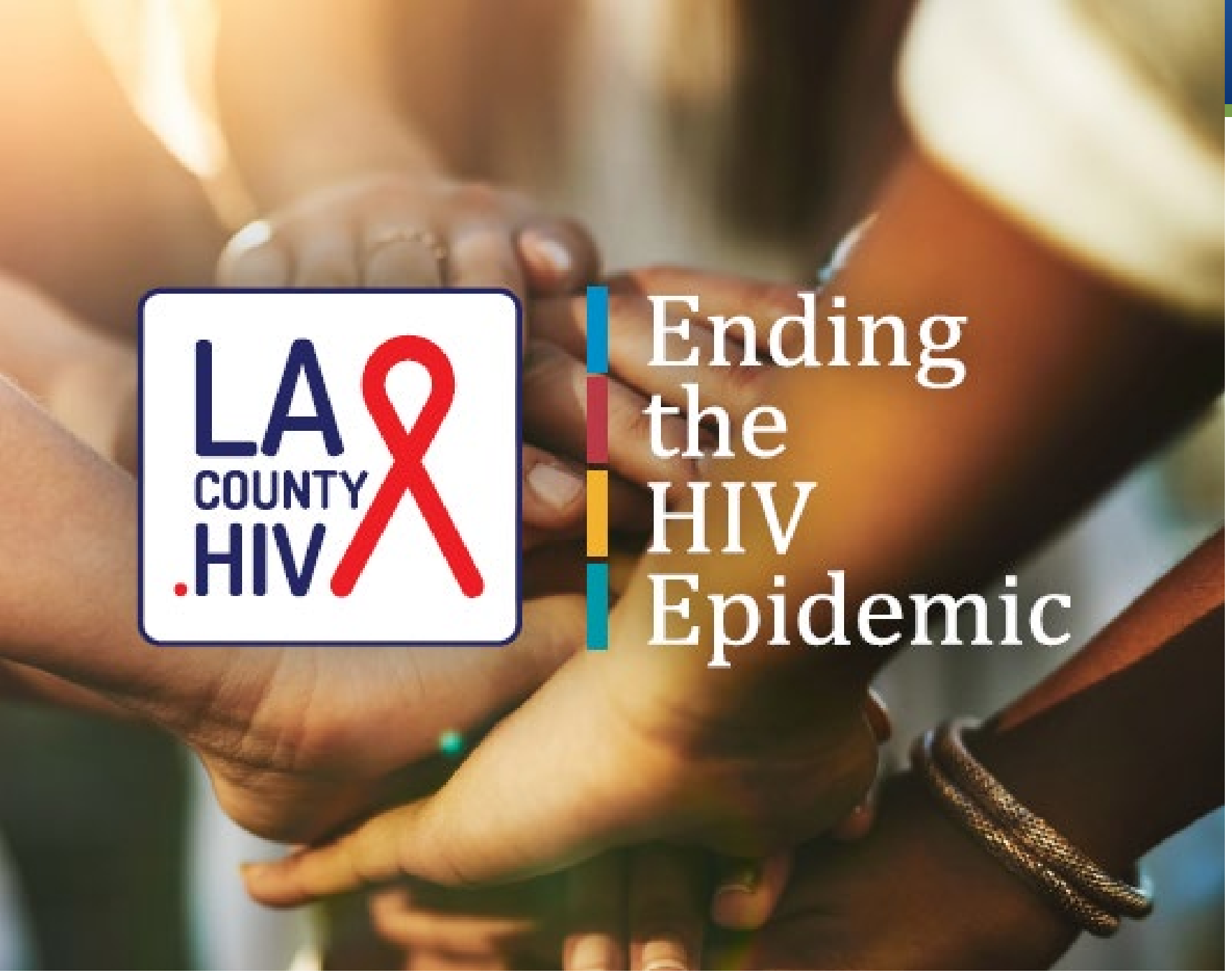
- Refresh of LACounty.HIV to increase engagement
- DHSP Health Education Library - HIV, STD, PrEP and Sexual health Material Development
- Developing more RW Fact Sheets (In addition to the 10 published)
- Finalizing Language Guide
- Partnered with DPH Communications for MPOX Testimonials Solicitation from community members
- World AIDS Day (Proposed – Pending DPH Approval)
    - Instagram posts for the week of WAD
    - LA Landmarks Lighting Up Red: Union Station, LAX, Hollywood Post 43, Dignity Health Sports Park, Los Angeles City Hall & Grand Park Fountain, and Sixth Street Viaduct

Ongoing Projects

- EHE Newsletter
- EHE Presentations
- Outreach Events
- Trans In LA – Instagram (English/Spanish) content
    - Highlighting Transgender Awareness Week and Transgender Day of Remembrance this month
- College/University Student Webinars
- Supporting pillar projects (development of materials and translations)

Upcoming Programs to be Launched Winter 2022

Activity/Program	Description
Mini-grants to Partners	Allow non-traditional HIV partners and smaller CBOs who typically are unable to apply to County RFPs due to eligibility requirements (insurance, MMRs, etc.) to implement innovative projects.
Grants for Interventions Targeting EHE Priority Populations	Agencies to implement DHSP-selected evidence-based interventions serving people with HIV in EHE priority populations. Interventions range from Seeking Safety, Peer-led approaches, financial incentives for behavior change, among others.
Spanish Language Mental Health Program	Countywide tele-mental health services for Spanish monolingual people with HIV and clients with co-occurring disorders, specifically substance use disorder. Developed based on community and provider input.
HIV Workforce Development	Create opportunities for people living with HIV to be part of the workforce and increase capacity of existing and future HIV staff. Ensure services are culturally sensitive and client-centered.
Ryan White Program Centralized Eligibility Administrator	Facilitate engagement in care by reducing existing barriers and administrative burden for clients across all Ryan White funded HIV treatment and supportive services.
Provider Visitation Program	Provider detailing on topics that may include, but not limited to (1) Testing & PrEP, (2) HIV and Women.



County of Los Angeles Public Health

Michael Haymer, MD, MSW
mhaymer@ph.lacounty.gov

Sign up for the EHE Newsletter at
www.LACounty.HIV

EHE General Inbox
EHEInitiative@ph.lacounty.gov

Opportunities for Enhanced Planning: New Unmet Need Focus and Approach

Wendy Garland, MPH
Chief Epidemiologist
Program Monitoring & Evaluation
Division of HIV and STD Programs

What is Unmet Need?

- Defined by HRSA HIV/AIDS Bureau as:

  " the need for HIV-related health services by individuals with HIV who are aware of their status, but are not receiving regular primary [HIV] health care."
- Estimated Unmet Need has been a reporting requirement for RWHAP recipients since 2005
- Data and methods to estimate unmet need have evolved with improvements in HIV care and data quality
- New and expanded methodology released 2021 for implementation in 2022

1."HRSA/HAB Definitions Relate to Needs Assessment," prepared for the Division of Service Systems, HIV/AIDS Bureau by Mosaica: The Center for Nonprofit Development and Pluralism, June 10, 2002.

Evolving Definition of Unmet Need

2005

- Focus on people aware of their HIV/AIDS diagnosis but getting regular HIV medical care
- People living with diagnosed HIV and AIDS with no evidence of care (at least one viral load [VL] or CD4 test or ART prescription) in past 12 months

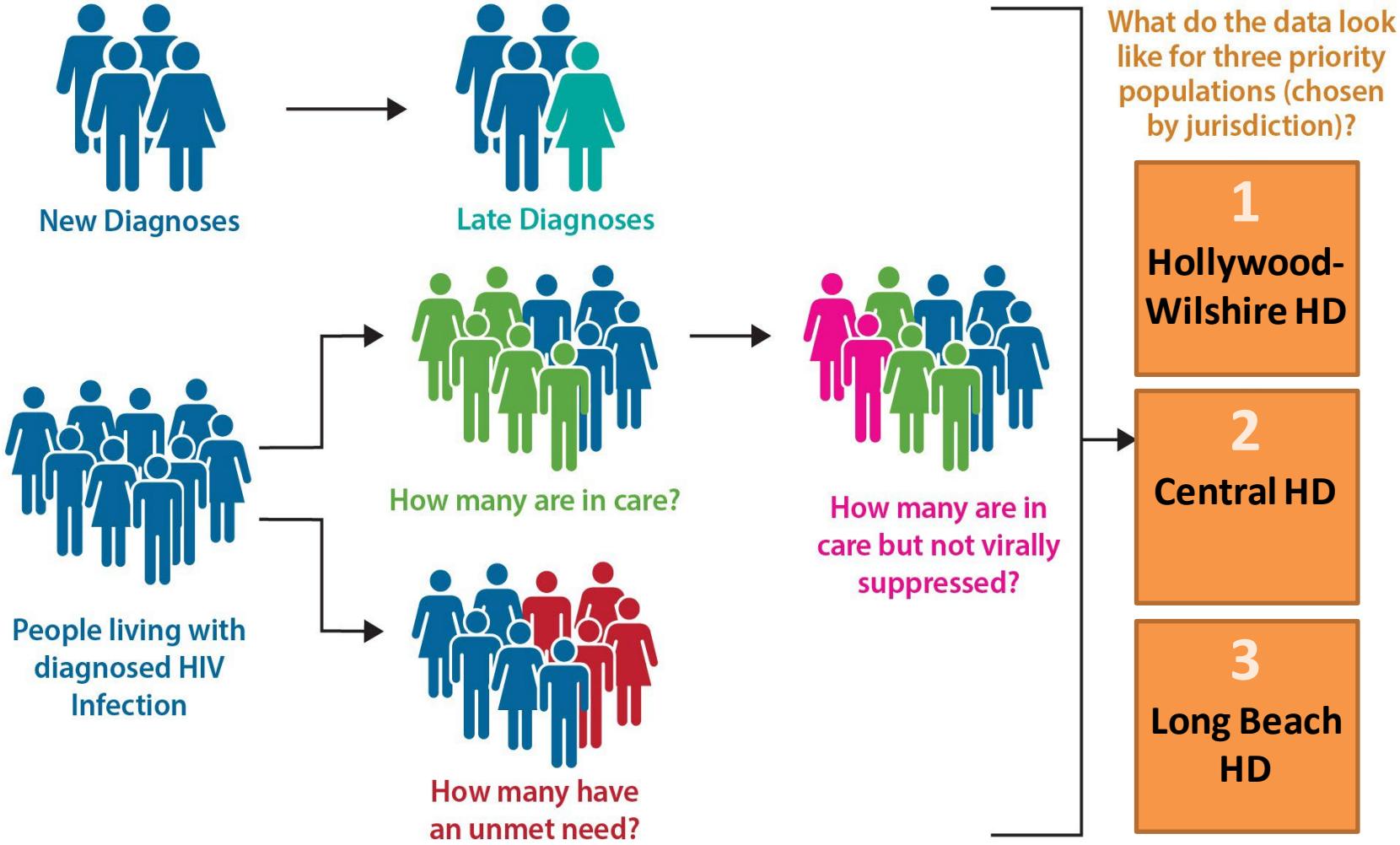
2017

- Care markers updated to align with HIV Care Continuum Definitions
- People living with diagnosed HIV and AIDS with no evidence of care (2 or more **medical visits** or VL or CD4 tests at least 90 days apart) in past 12 months

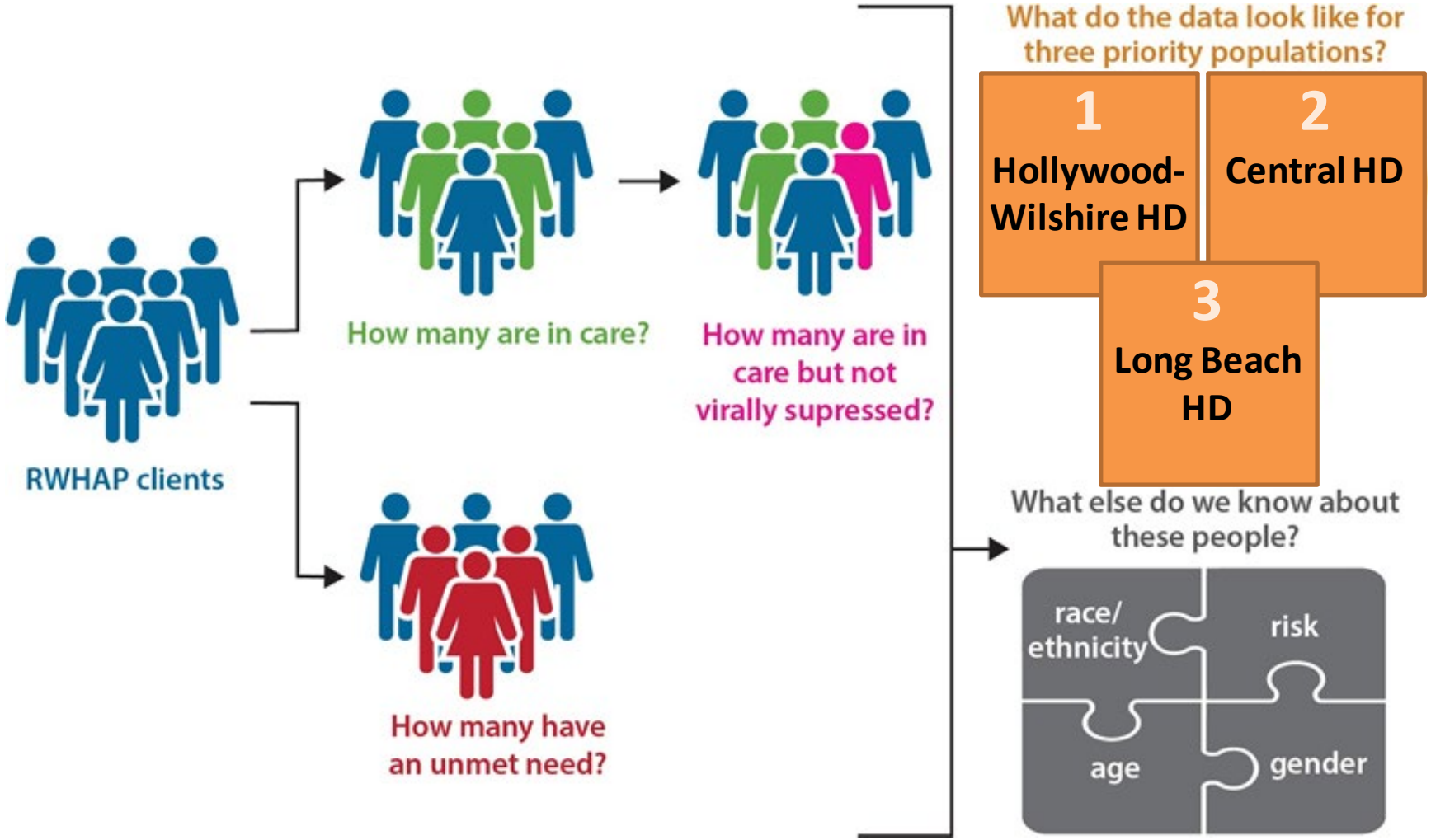
2021

- Revised care markers and expanded populations
- People living with **diagnosed HIV** with no evidence of care (at least one **VL or CD4 test**) in the past 12 months
- Adds two new indicators:
  - Persons diagnosed with HIV in the past 12 months with **LATE DIAGNOSIS (first CD4**
  - Persons living with diagnosed HIV **IN MEDICAL CARE** (at least one VL or CD4 test) who were **NOT VIRALLY SUPPRESSED** in the past 12 months

LAC Populations for Estimates of Unmet Need



RWP Populations for Estimates of Unmet Need



How will the Unmet Need Estimates support COH activities?

Priority Setting and Resource Allocation

Identification of Service Gaps

Design/Refine Service Models

Planning for Special Initiatives

Next Steps for Unmet Need Estimates

- Internal review by DHSP
  - PLWDH
  - RWP
- Summary report and presentation to COH expected early 2023

References and Resources

- Webinar video and slides: https://targethiv.org/library/updated-framework-estimating-unmet-need-hiv-primary-medical-care
- Methodology for Estimating Unmet Need: Instruction Manual https://targethiv.org/library/methodology-estimating-unmet-need-instruction-manual
- Enhanced Unmet Need Estimates and Analyses: Using Data for Local Planning https://targethiv.org/library/enhanced-unmet-need-estimates-and-analyses-using-data-local-planning

Questions, Answers and Discussion

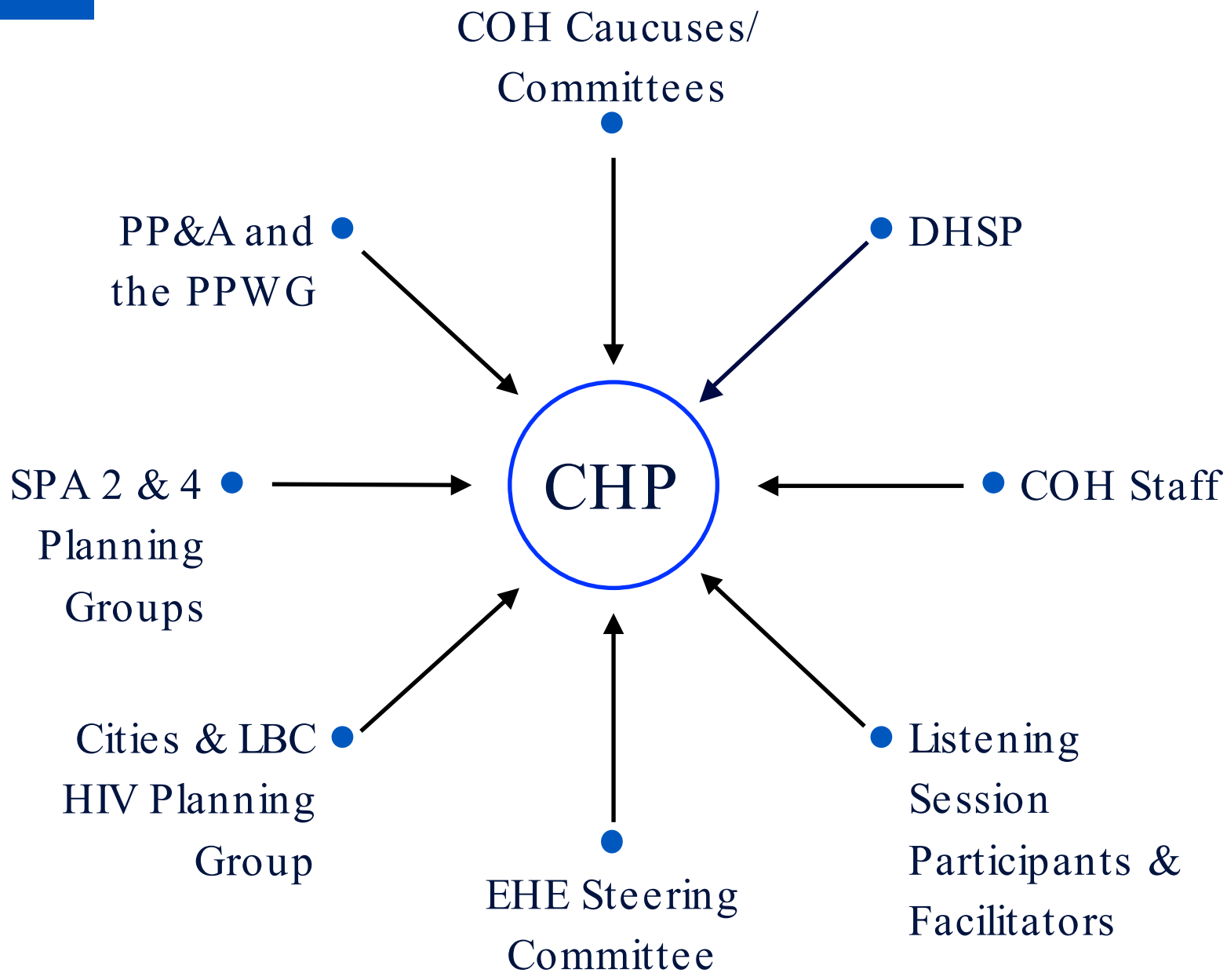
LOS ANGELES COUNTY
COMPREHENSIVE HIV PLAN, 2022-2026

Commisison on HIV Annual Meeting

November 10, 2022

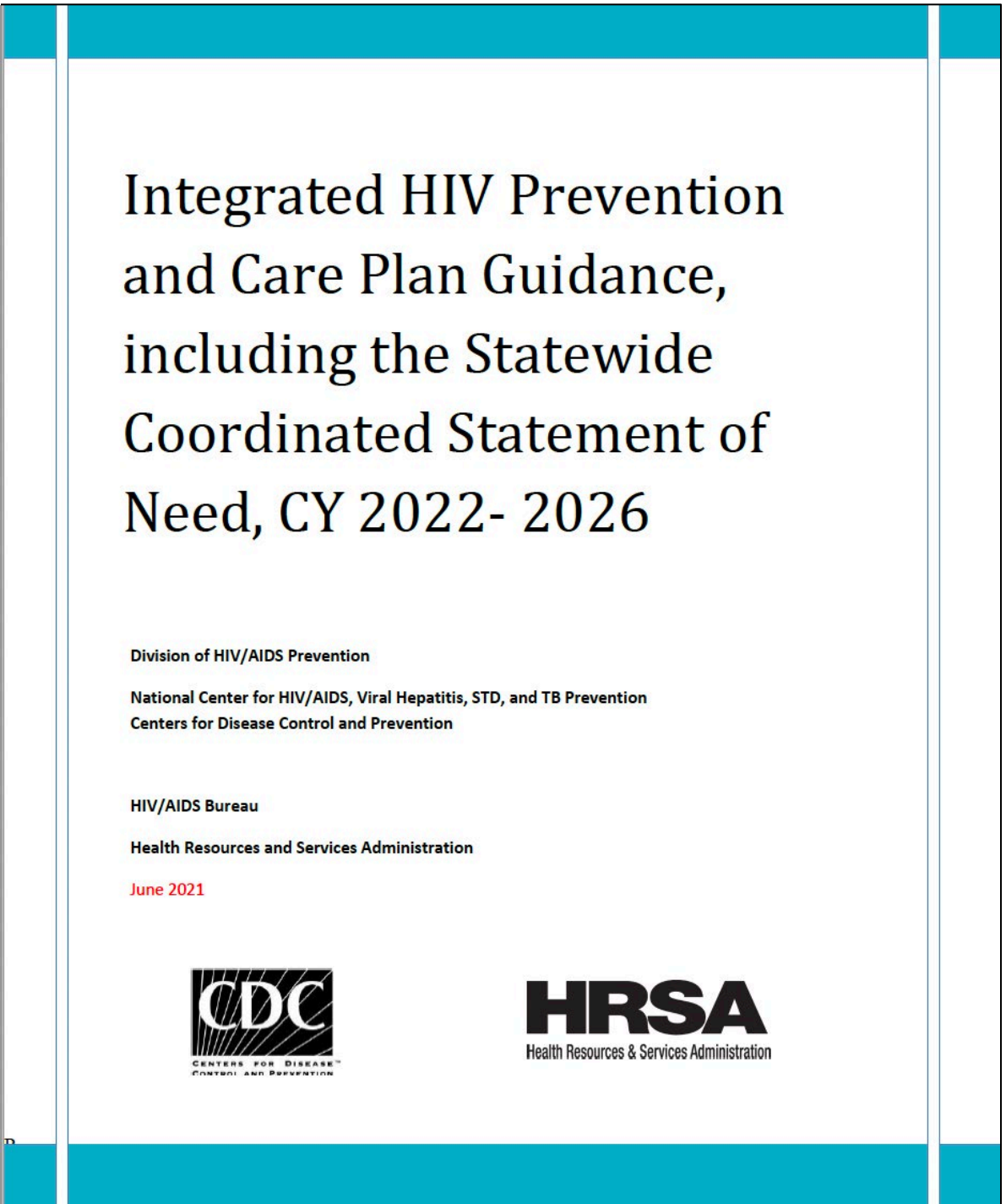
-Kevin Donnelly & Al Ballesteros,
PP&A Committee Co-Chairs
-AJ King, Next-Level Consulting, Inc.

THANK YOU!!


COH Caucuses/
Committees
PP&A and
the PPWG
DHSP
CHP
SPA 2 & 4
Planning
Groups
COH Staff
Cities & LBC
HIV Planning
Group
EHE Steering
Committee
Listening
Session
Participants &
Facilitators

AGENDA

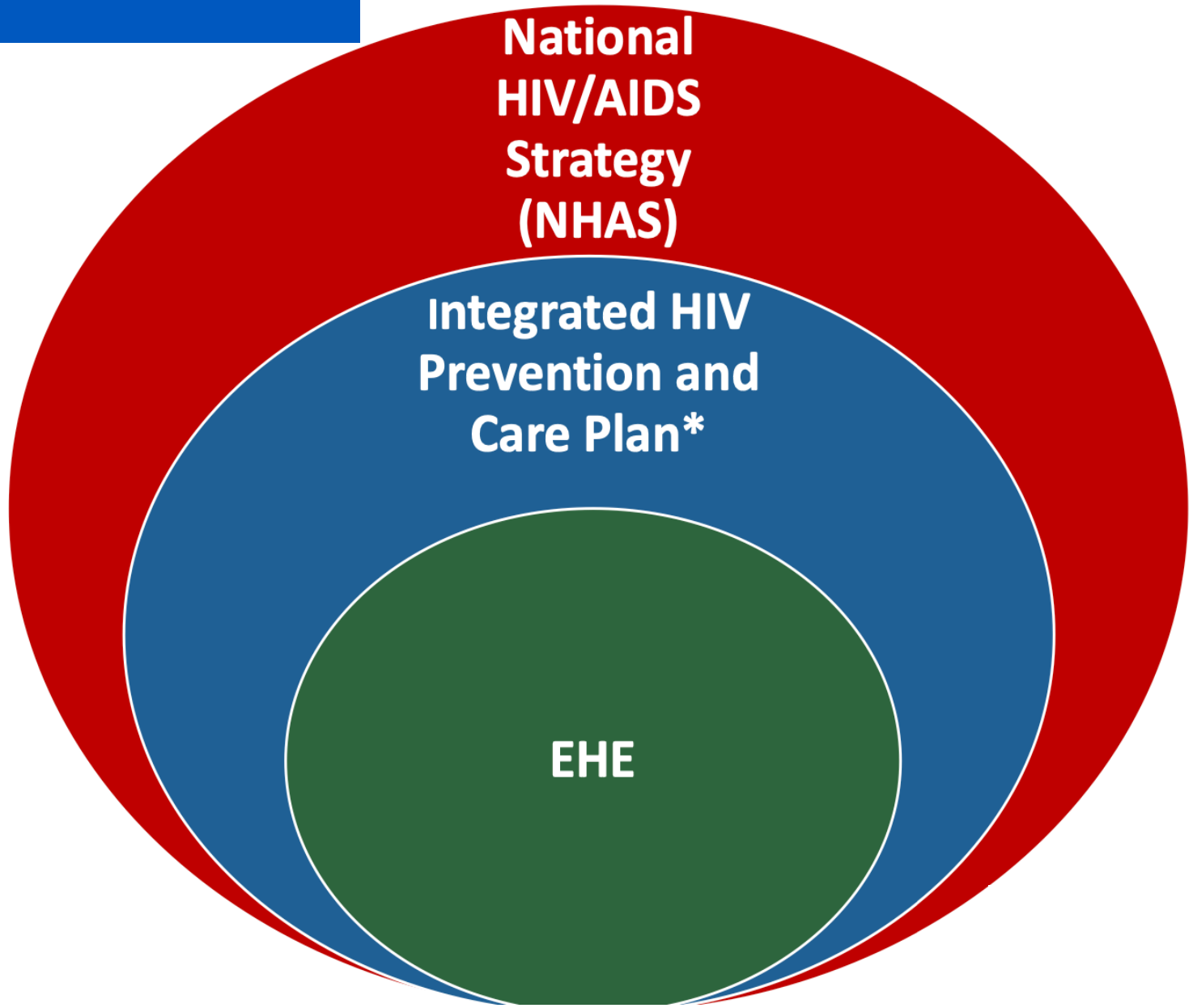
1. BACKGROUND: COMPREHENSIVE HIV PLAN
2. KEY COMPONENTS & THEMES
3. KEY SECTIONS & HIGHLIGHTS
4. Q&A



Background and Overview:

- Directly-funded jurisdictions required to have a planning process that includes the development of a system-wide plan for the delivery of HIV services.
- Vehicle to identify needs, resources, barriers & gaps and outline strategies to address them.
- Aligned with national goals but reflective of local vision, values and needs.

BACKGROUND



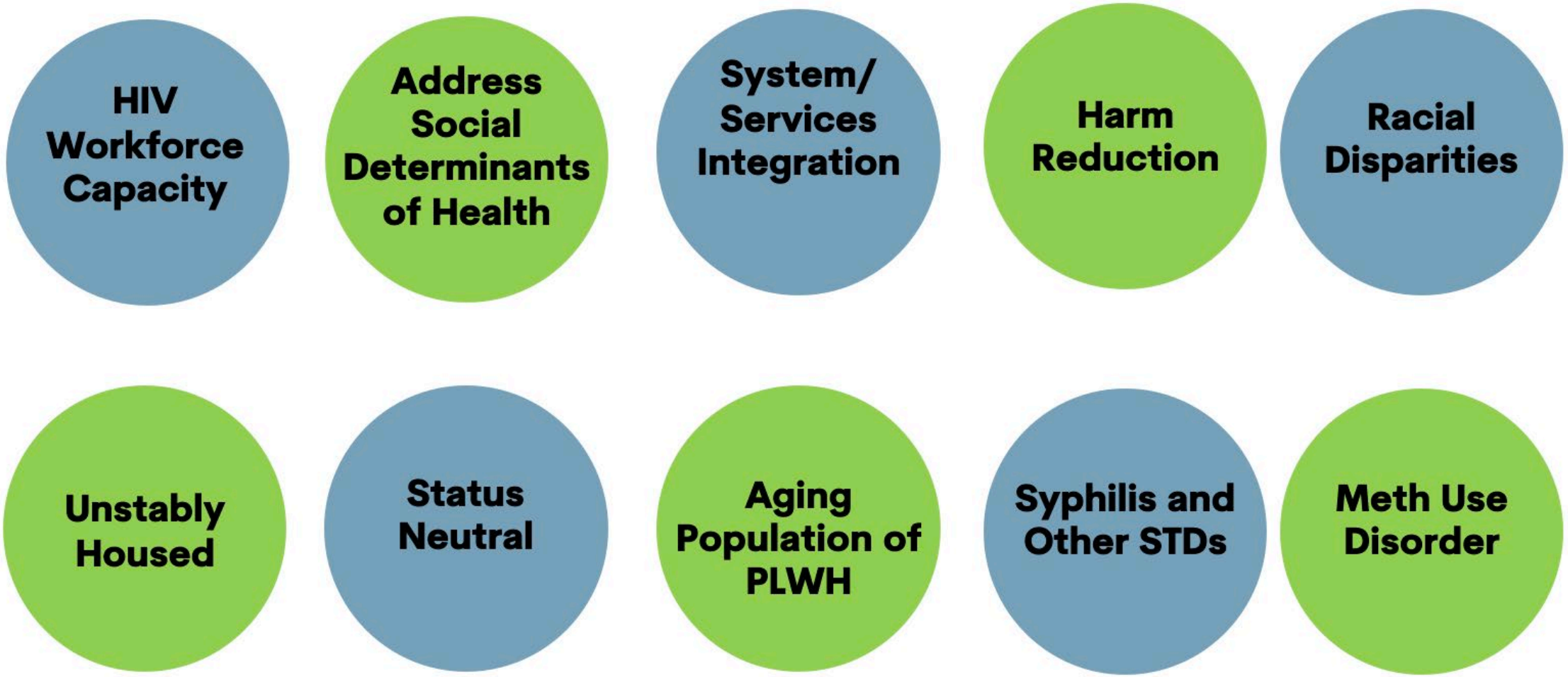
*Integrated HIV Prevention and Care Plan = Comprehensive HIV Plan

<u>NHAS Overarching Goal</u>:
Reduce new HIV infections by 90% by 2030

<u>CHP Goals and Objectives Pertaining to EHE Strategies</u>:

1. Diagnose
2. Treat
3. Prevent
4. Respond

KEY COMPONENTS & THEMES



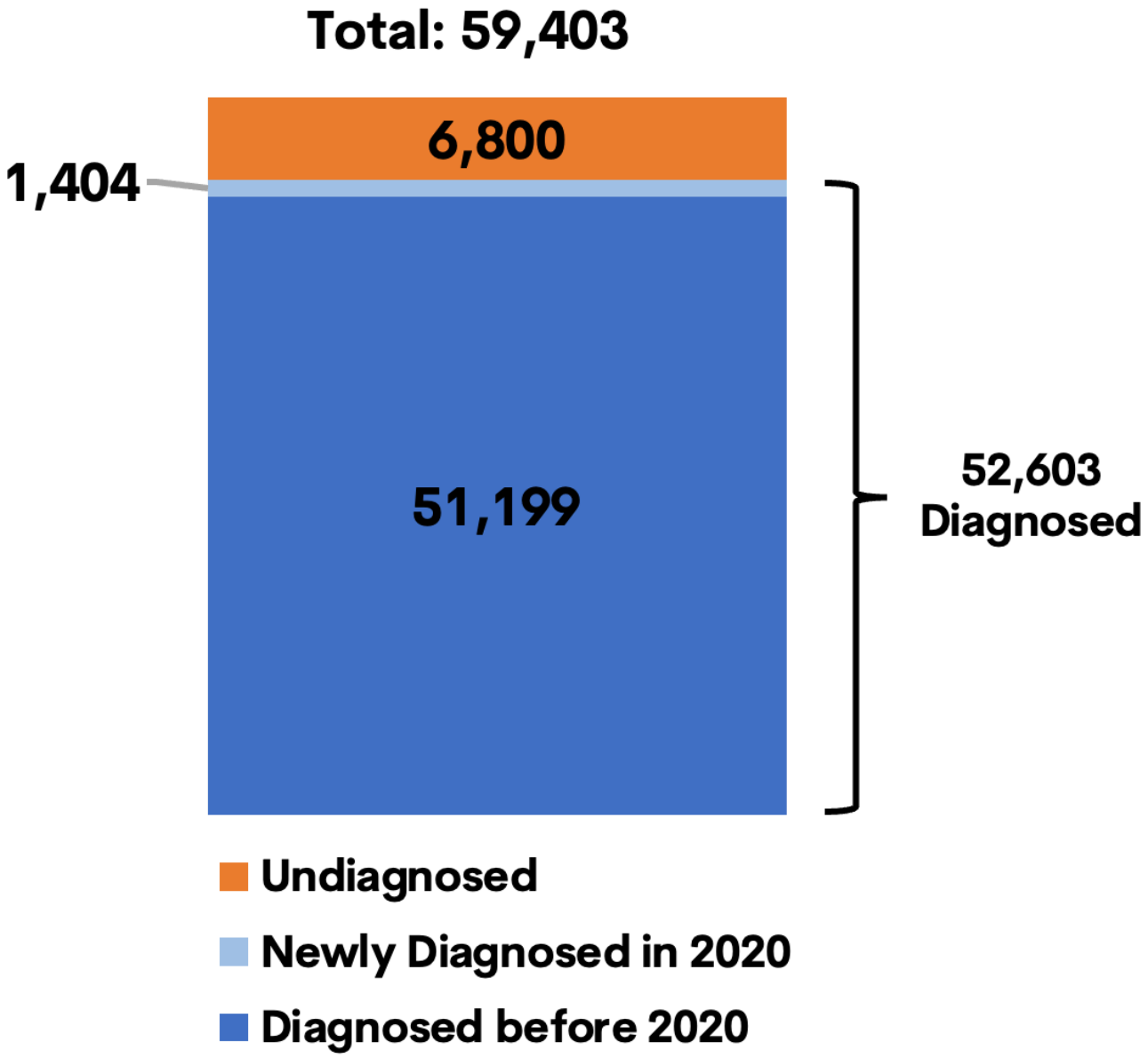
Required Section
1. Executive Summary
2. Community Engagement and Planning Process
3. Contributing Data Sets and Assessments
4. Situational Analysis
5. Goals and Objectives
6. Integrated Planning Implementation, Monitoring and Follow Up
7. Letters of Concurrence

-Epidemiological Snapshot
-Needs Assessment
-Resources Inventory

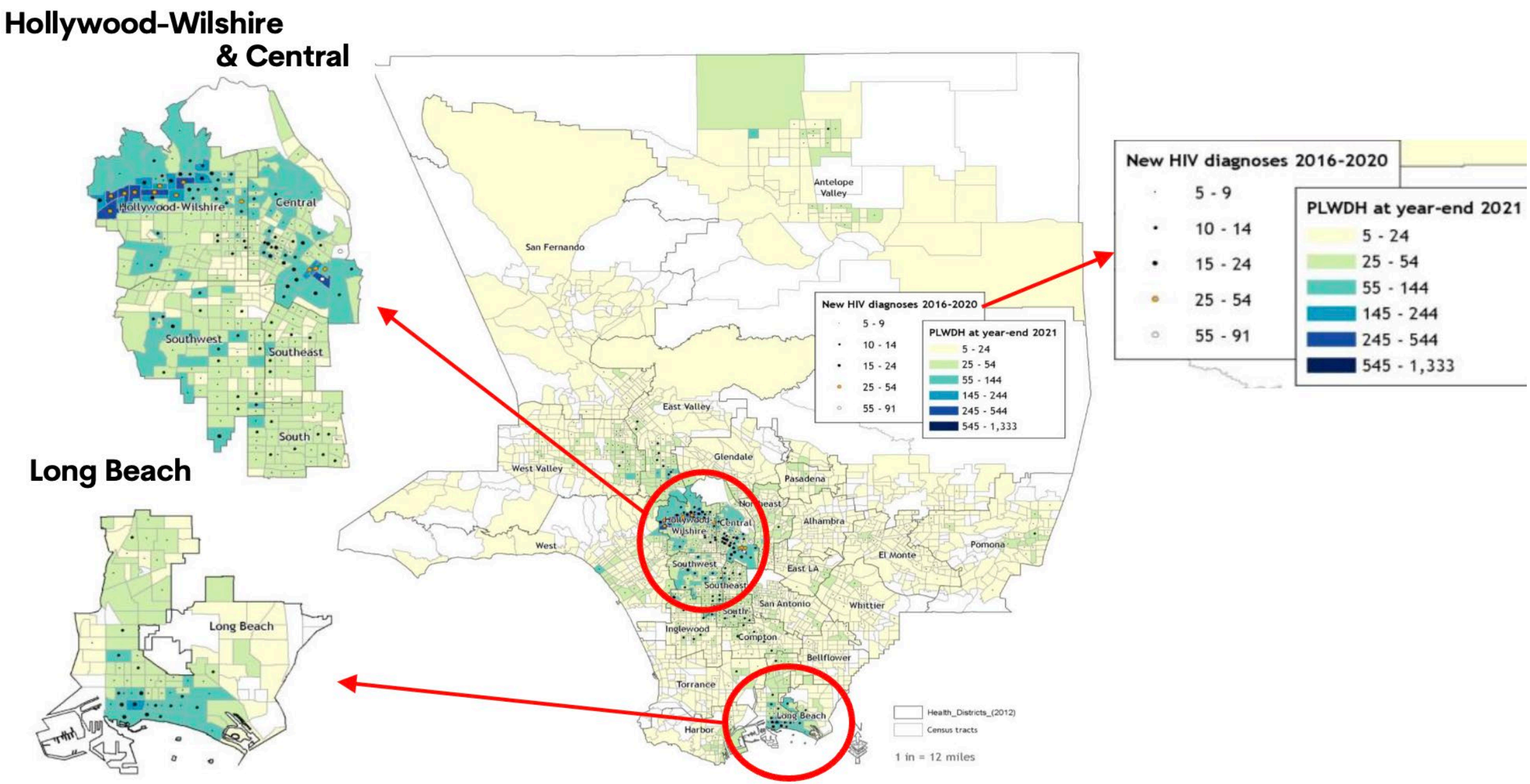
-Based on EHE goals & objectives
-Opportunity to add more cross-cutting goals/objectives

EPIDEMIOLOGICAL SNAPSHOT

- At the end of 2019, there were 51,199 people living with diagnosed HIV (PLWDH) in LA County
- 1,404 people were newly diagnosed with HIV in 2020
- There are an estimated 6,800 PLWH who are not yet diagnosed

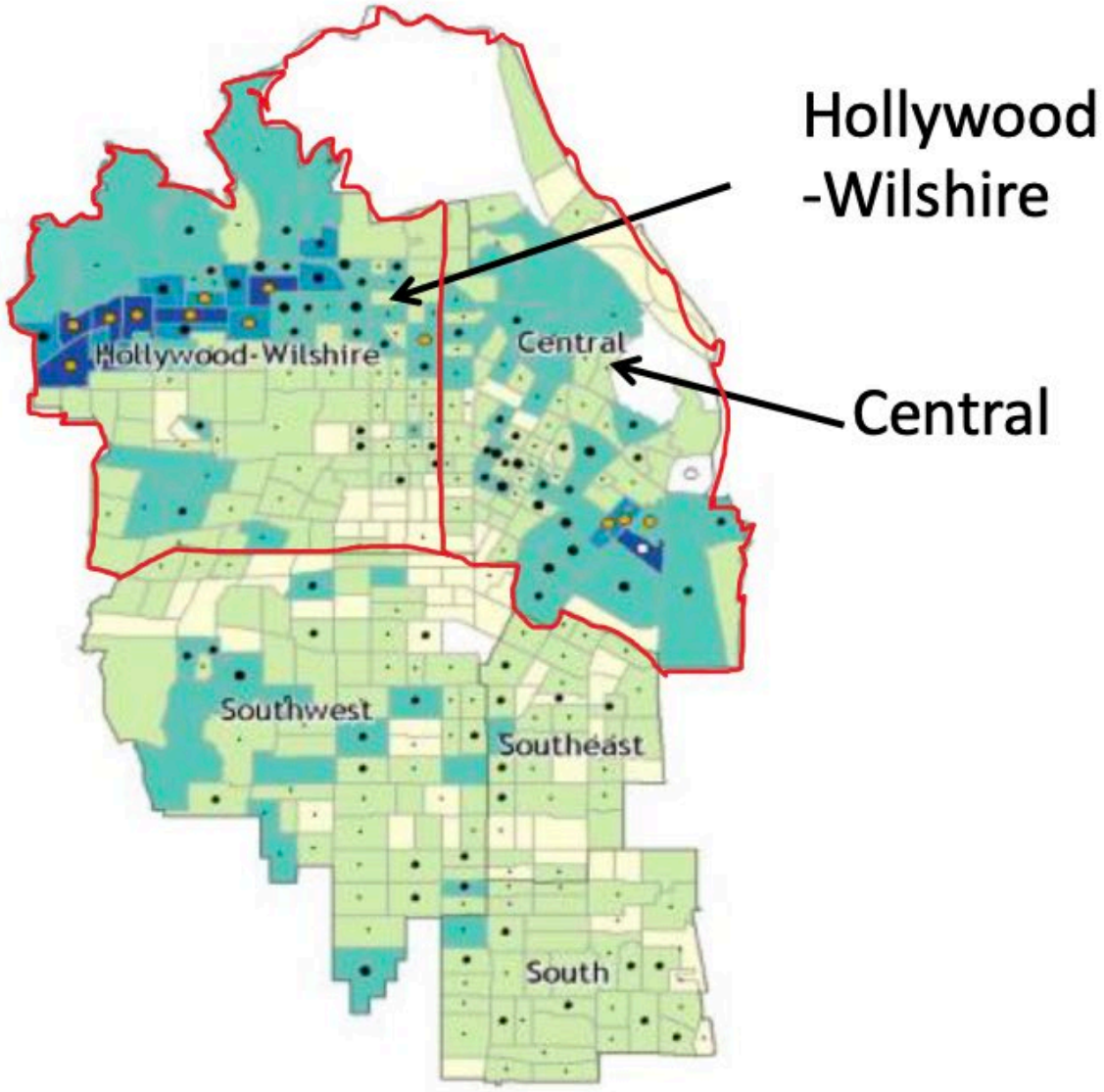


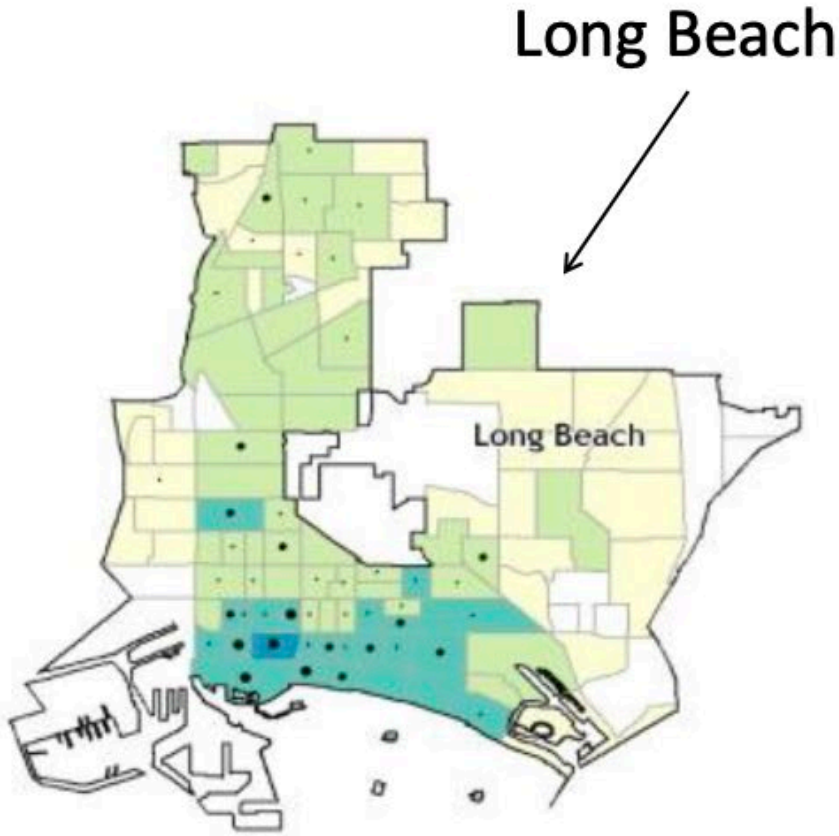
EPIDEMIOLOGICAL SNAPSHOT



EPIDEMIOLOGICAL SNAPSHOT

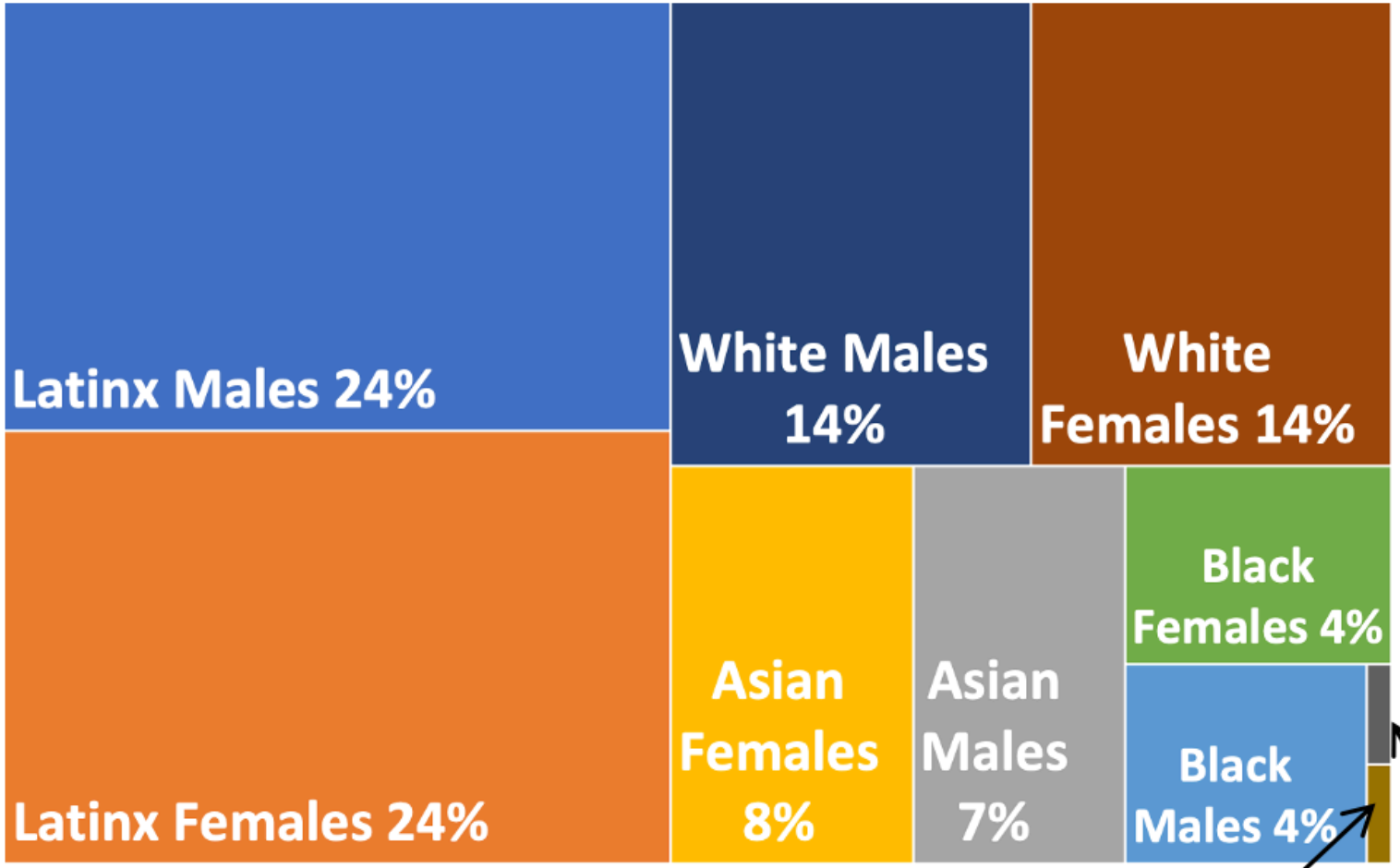
Top Three Epicenters for HIV in LAC





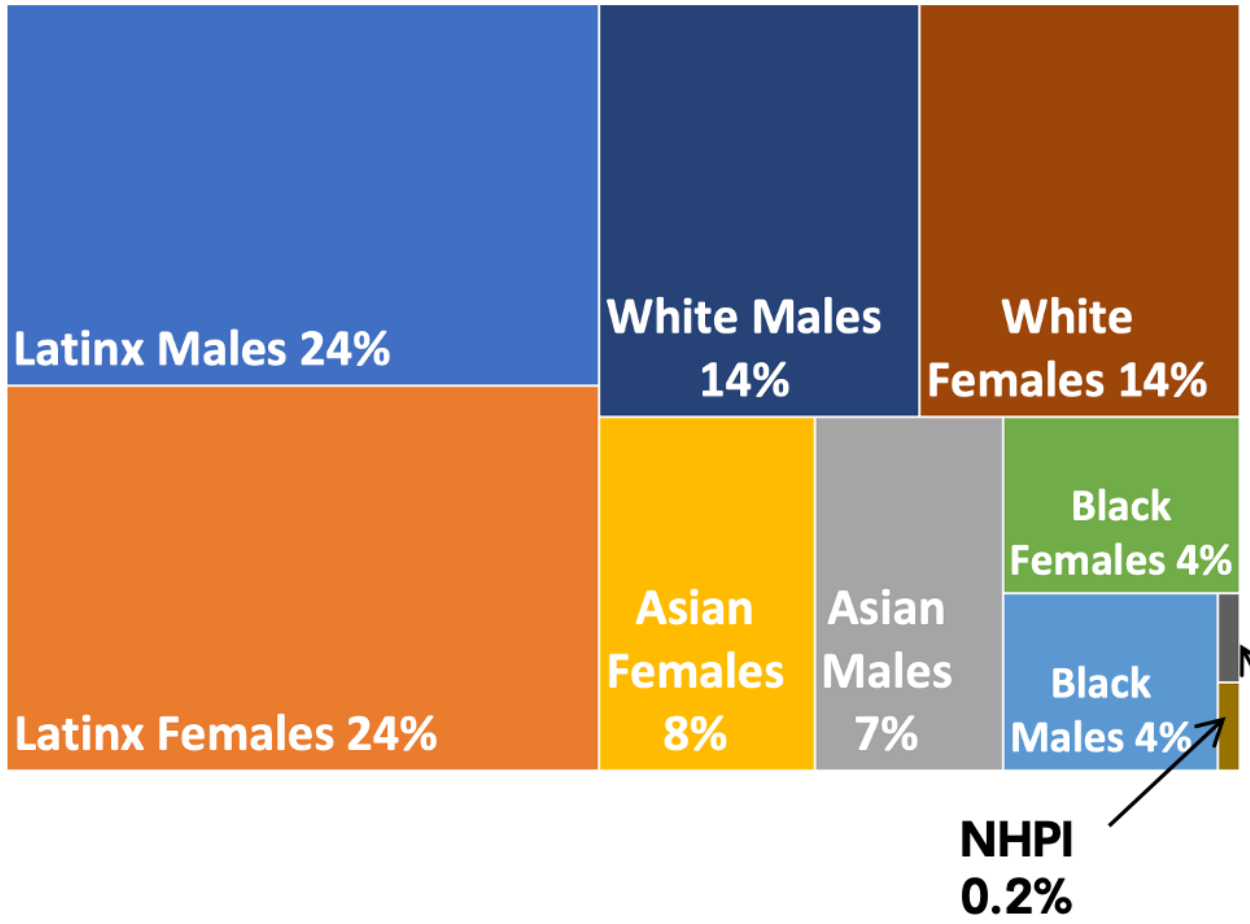
EPIDEMIOLOGICAL SNAPSHOT

LA County Population, 2020:

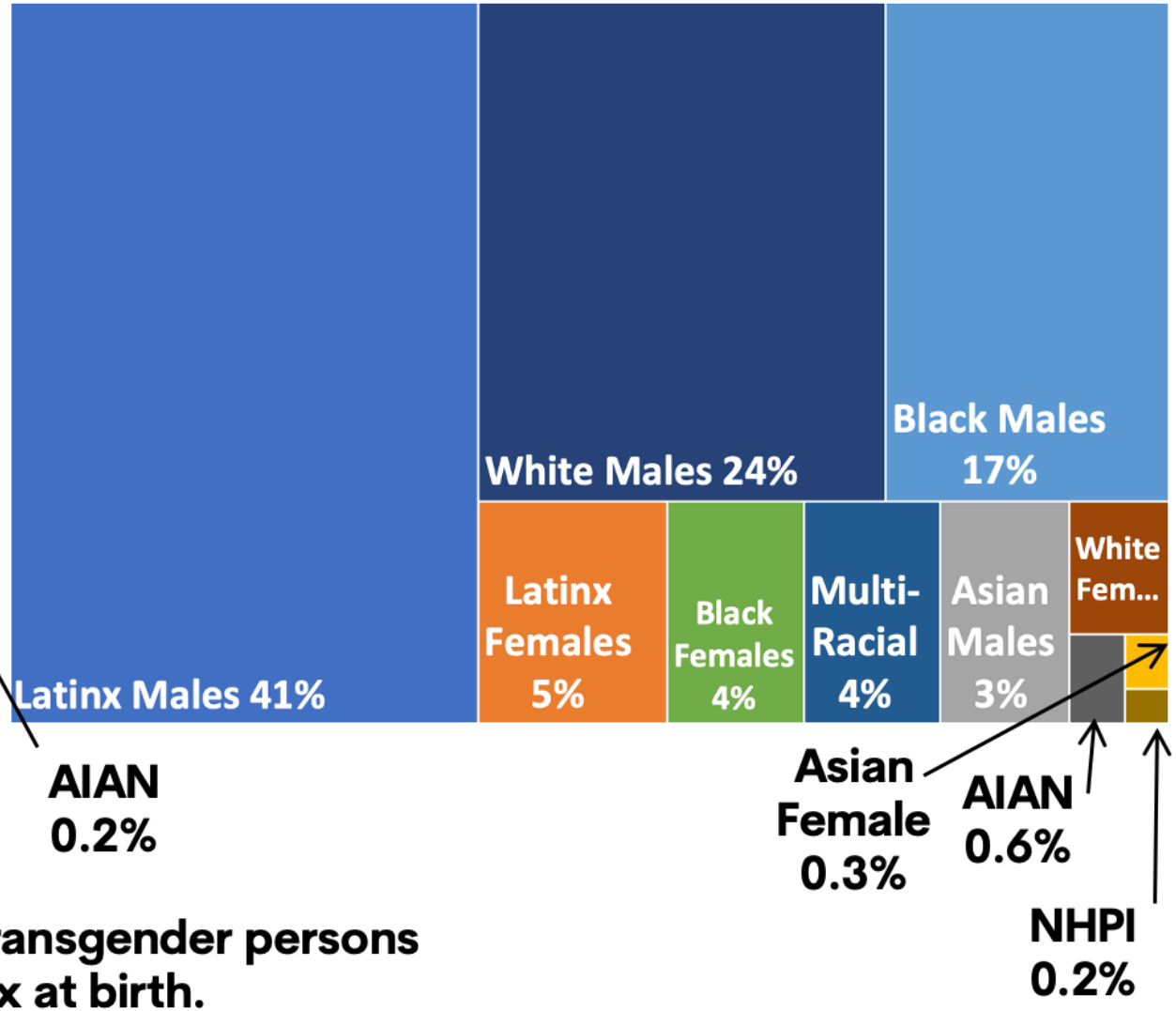


NHPI: Native Hawaiian/Pacific Islander
AIAN: American Indian/Alaskan Native
*Population estimates are not currently available for transgender persons, therefore, male and female categories are based on sex at birth

LA County Population, 2020:



PLWDH in LA County, 2021:



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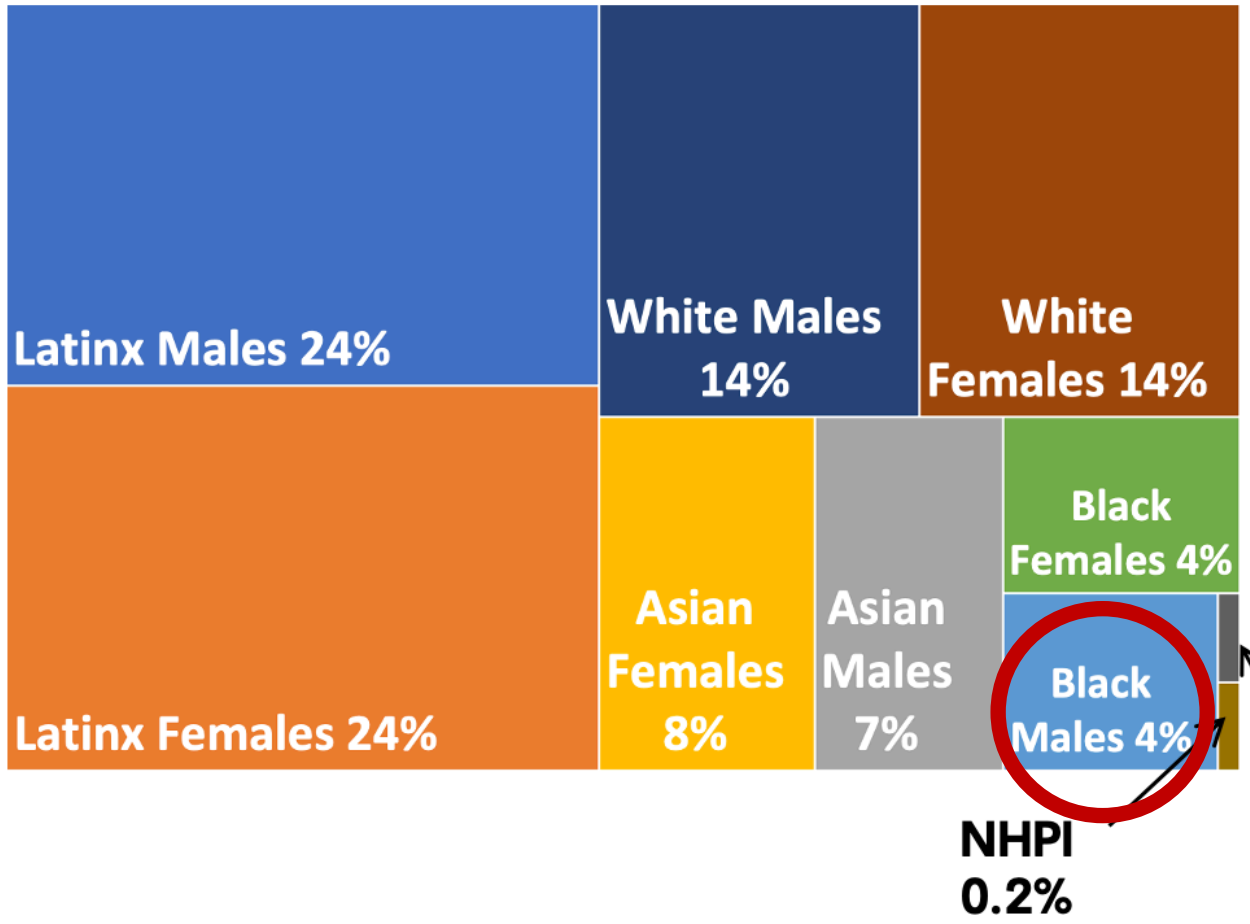
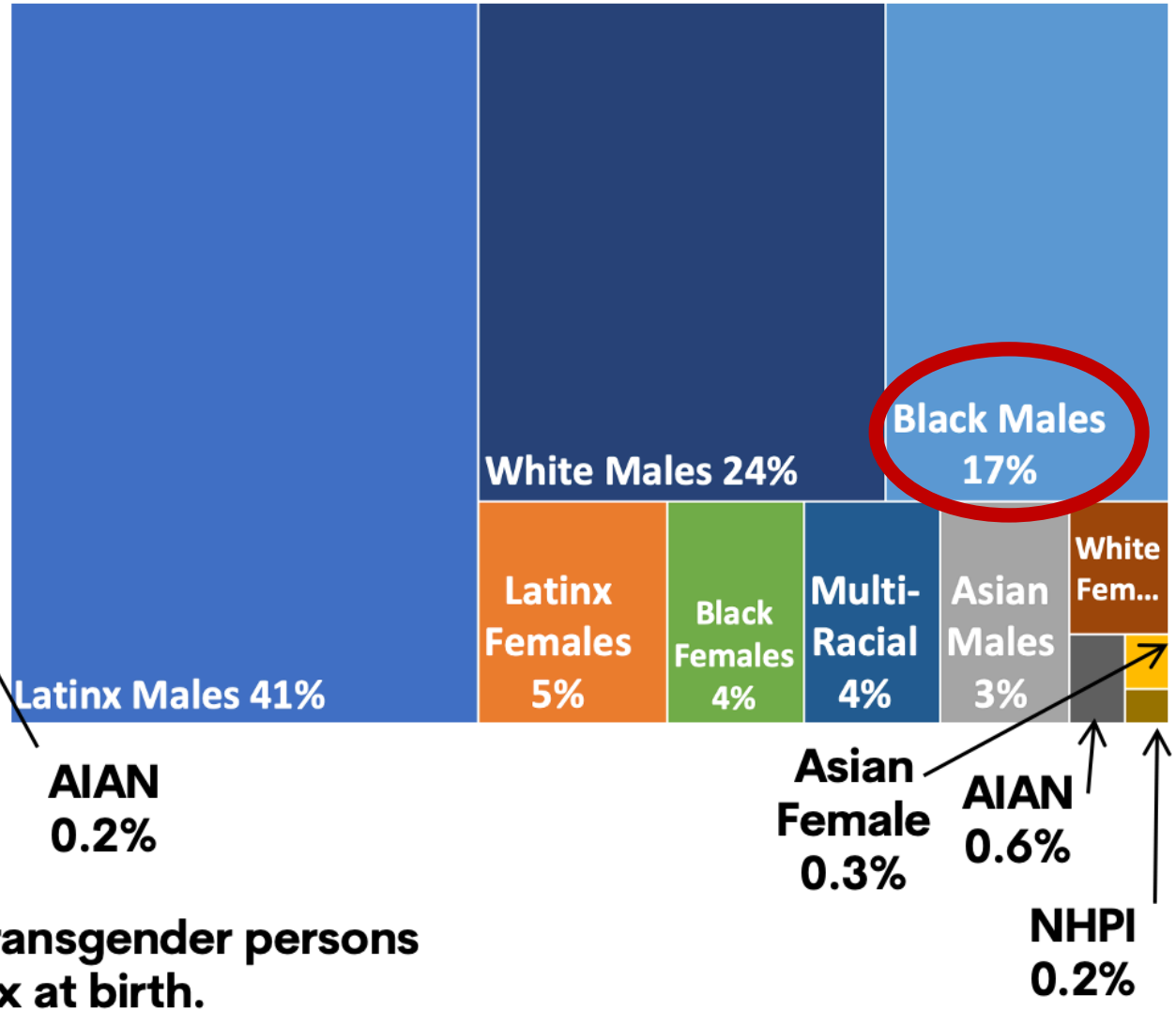
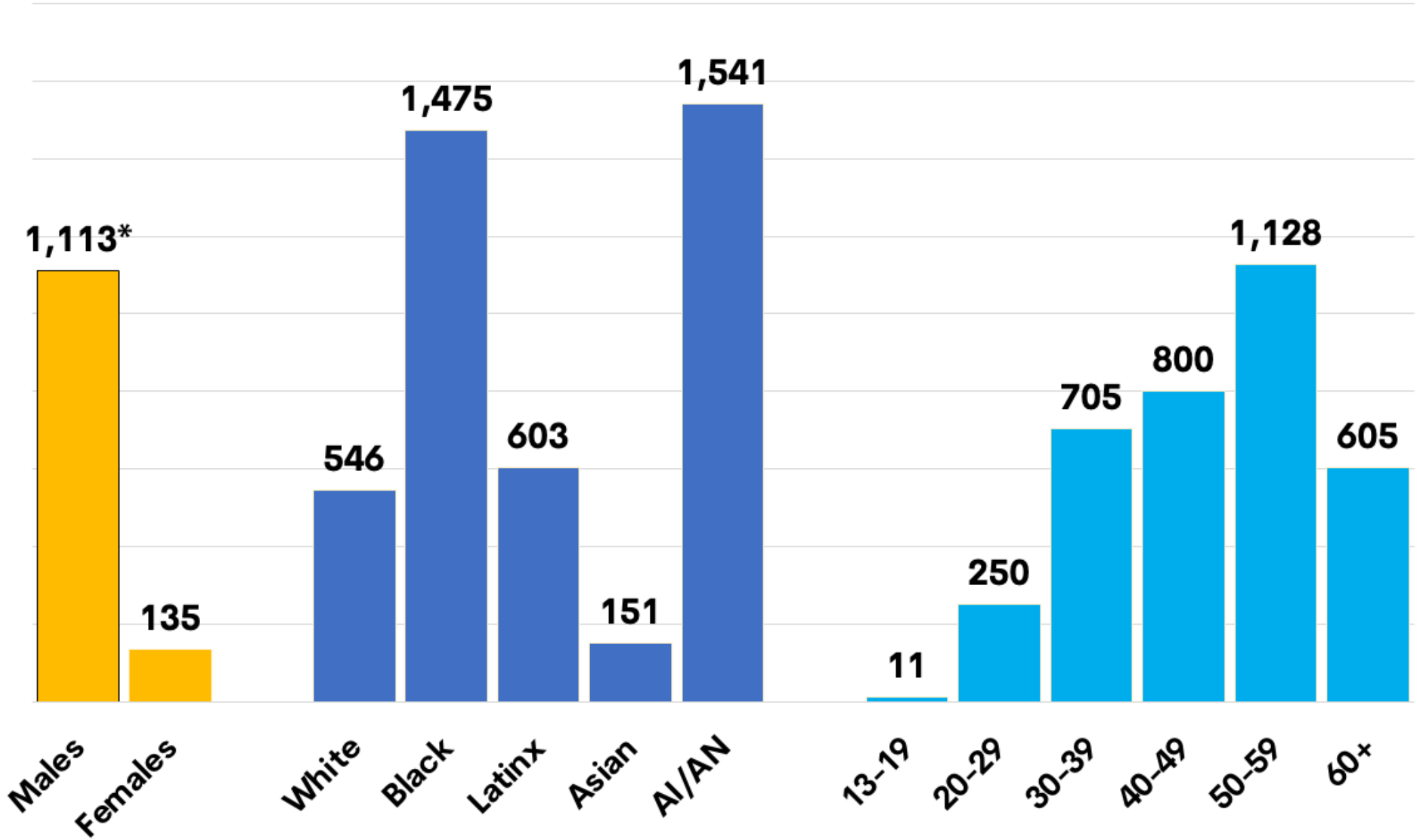


PLWDH in LA County, 2021:

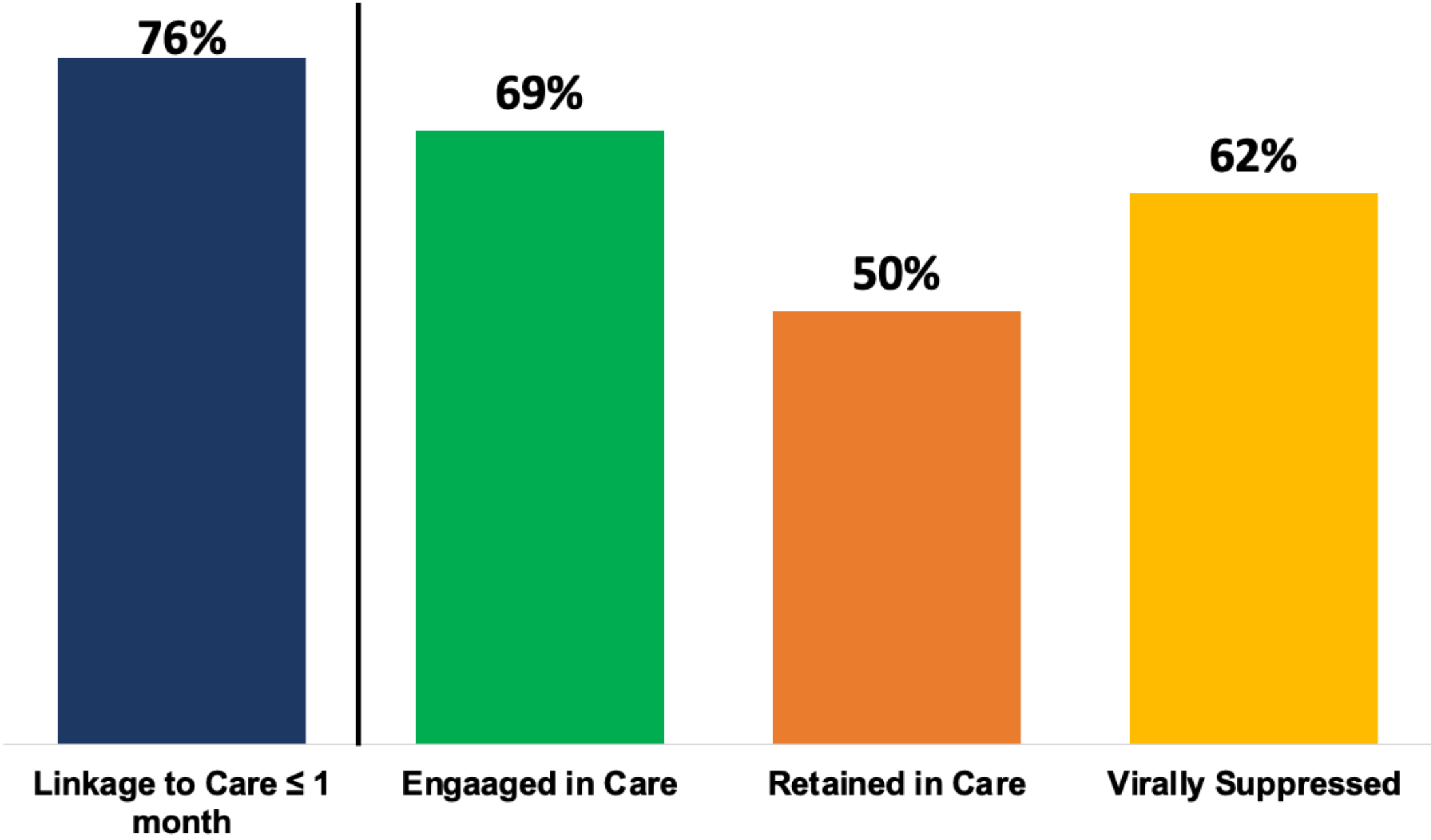


*Population estimates are not currently available for transgender persons therefore male and female categories are based on sex at birth.

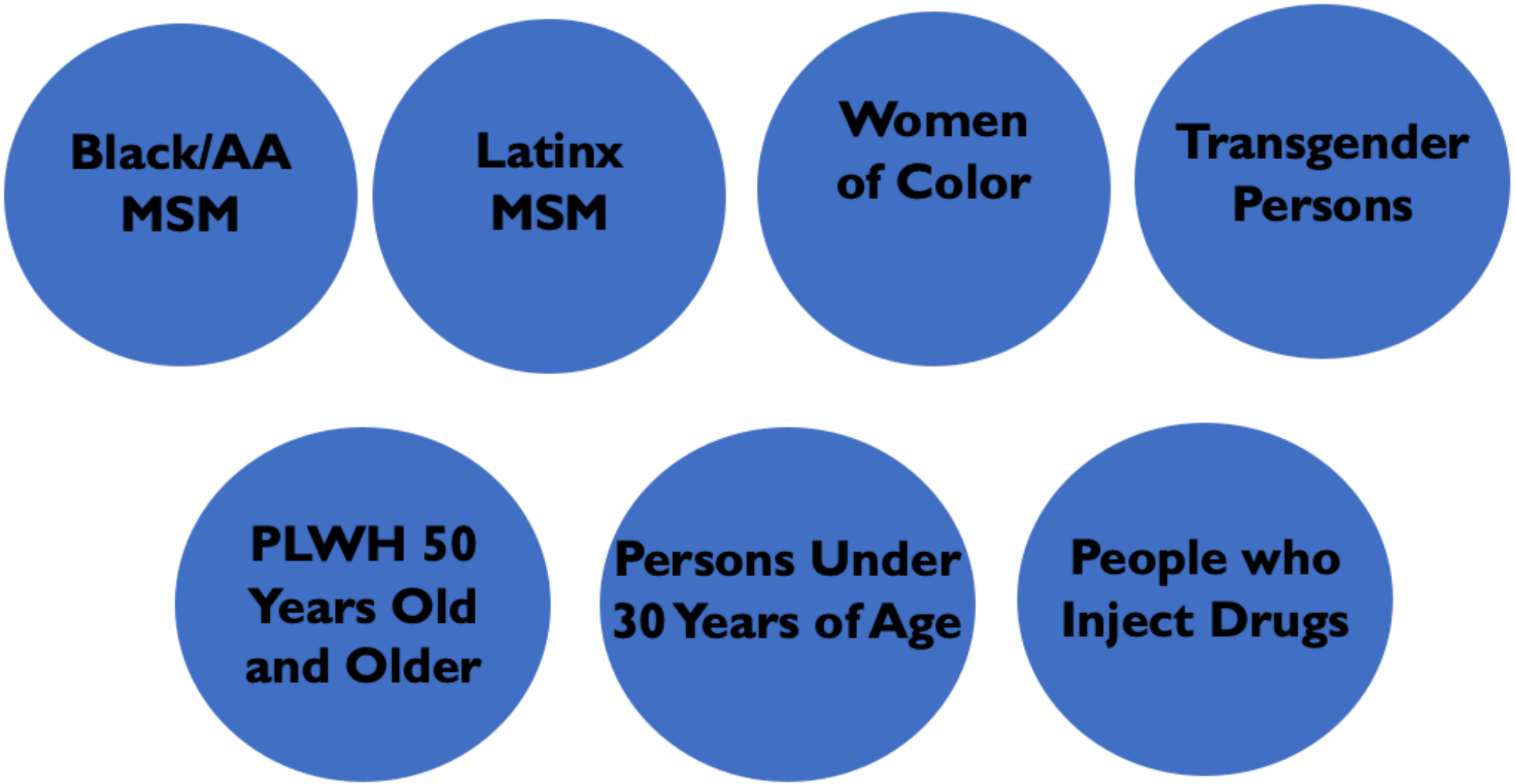
Rates of PLWDH by Gender, Race/Ethnicity and Age Group, LAC 2021



HIV Care Continuum among Persons aged ≥ 13, LAC 2020 and 2021



Priority Populations



NEEDS ASSESSMENT

Secondary Data Sources and Reports Used in the Needs Assessment Section:

(1) Local and national HIV surveillance data, including various reports presenting data from LAC's National HIV Behavioral Survey (NHBS) and Medical Monitoring Project (MMP);
(2) HIV Care Continuum measures for LAC by subpopulation;
(3) Sexually Transmitted Disease (STD) surveillance data;
(4) LAC PrEP data;
(5) HIV testing data for DHSP publicly funded testing data;
(6) 2020 Unmet Need report;
(7) Ryan White Program Year 31 Care Utilization Data;
(8) Black/African American Taskforce PrEP Focus Groups Report[26];
(9) DHSP-Funded Biomedical Prevention Services, Year 6 Report;
(10) Project Fierce Community Survey on STD Prevention Needs of Young Women of Color;
(11) Assessment of Unmet Mental Health Needs of PLWH; and
(12) CHIPTS' Study on Optimizing PrEP Delivery to Immigrant Latino MSM

LOS ANGELES COUNTY
COMMISSION ON HIV

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

October 10, 2019

Introduction

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

AGING TASK FORCE RECOMMENDATIONS
(Final 12/10/20)

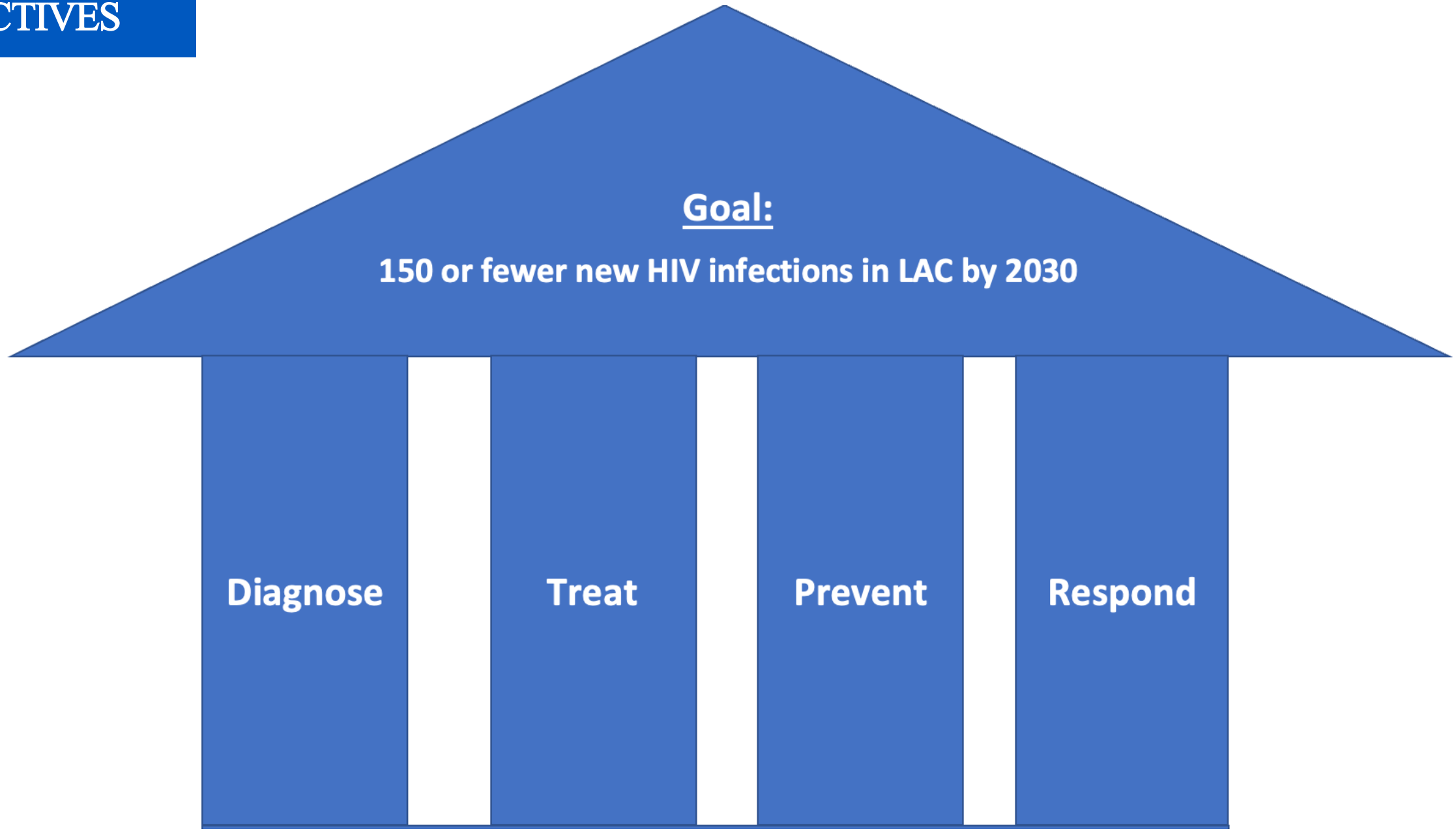
Background: The Aging Task Force (ATF) was formed in February 2019 to address the broad health needs of those over 50 years living with HIV and long-term survivors. According the Health Resources and Service Administration (HRSA), the RWHAP client population is aging. Of the more than half a million clients served by RWHAP, 46.1 percent are aged 50 years and older and this continues to grow. While Ryan White clients in Los Angeles County show higher engagement and retention in care, and viral suppression rates, within the 50+ population there exists disparities by racial/ethnic, socioeconomic, geographic, and age groups stratification.

NEEDS ASSESSMENT

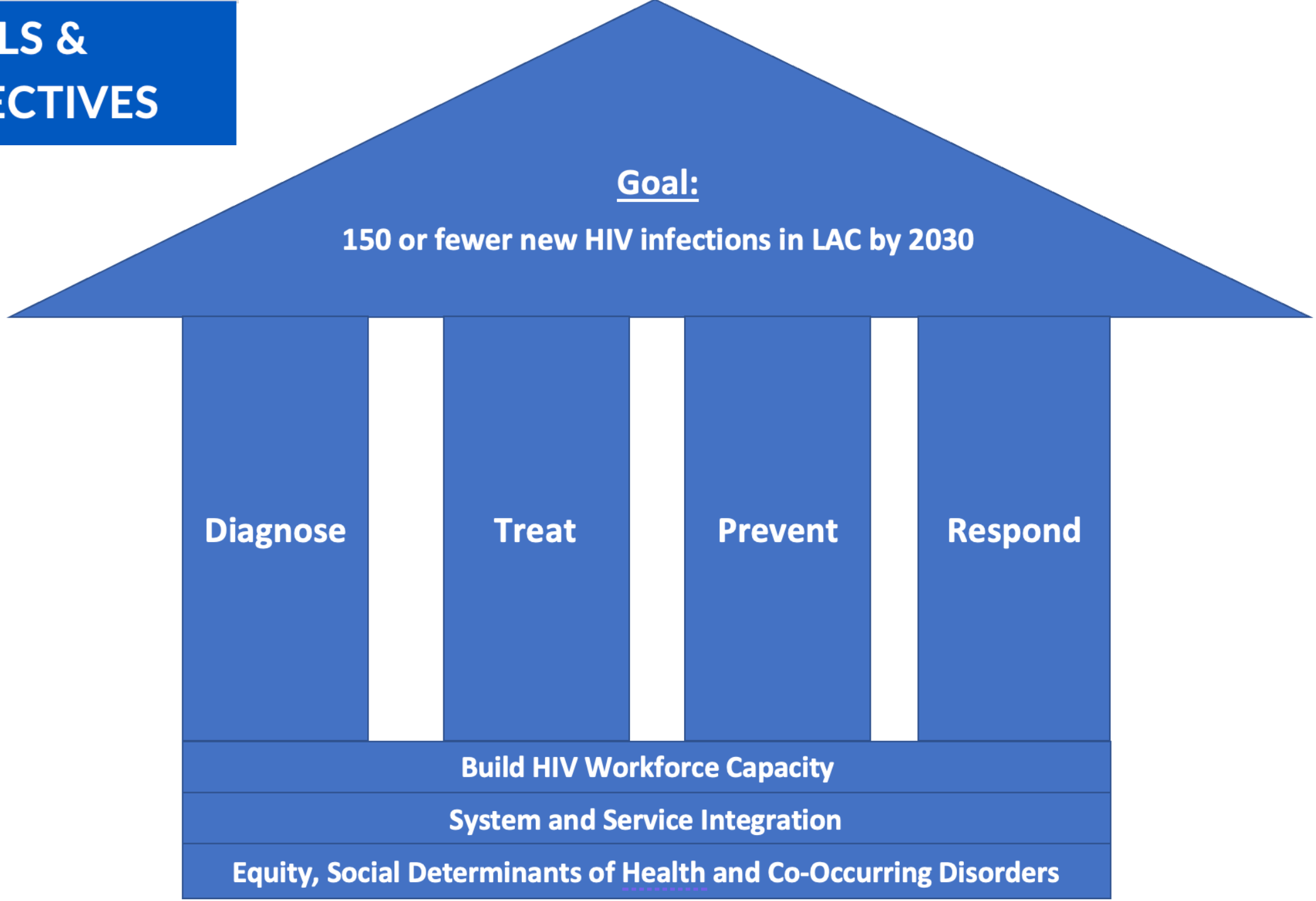
"As an older person with HIV, I'm also dealing with other comorbidities. My healthcare is siloed, I'm taking ten different medications and I only see doctors who advocate for their disease, with no one advocating for the whole person."

"(There are) no clear pipelines or educational training programs (in colleges or in the community) to prepare for positions in the HIV field."

GOALS & OBJECTIVES



GOALS & OBJECTIVES



Pillar I: Diagnose

Goal: Diagnose all people with HIV as early as possible

Objectives:

1. By 2025, increase the percentage of PLWH who are aware of their status to 95%, from a baseline of 89%.
2. By 2025, reduce the number of undiagnosed PLWH from an estimated 6,800 to an estimated 3,067.[56]
3. By 2026, decrease the proportion of people newly diagnosed with HIV who are in the late stage[57] of HIV disease at time of diagnosis from 20% to 15%.

Strategy 1A: Expand or implement routine opt-out HIV screening in healthcare and other settings, such as emergency departments (EDs) and community health centers (CHCs) in high prevalence communities.

- **Activity 1A.1:** Assess and monitor the degree that HIV testing is occurring county-wide. Identify infrastructure and healthcare system issues to determine the feasibility of expanding routine opt- out testing.
- **Activity 1A.2:** Expand the number of EDs and CHCs in high prevalence communities performing routine opt-out HIV screening.
- **Activity 1A.3:** Identify additional opportunities in healthcare and non-healthcare settings where HIV testing can be included, such as routine STD screening sites and substance use treatment centers, among others.

Strategy 1B: Develop locally tailored HIV testing programs to reach persons in non-healthcare settings including home/self-testing.

- **Activity 1B.1:** Assess and monitor the degree that HIV testing is occurring county-wide (see Strategy 1A). Identify infrastructure and healthcare system issues to determine the feasibility of launching a county-wide rapid HIV self-test program.
- **Activity 1B.2:** Develop guidance on HIV self-testing, including linkage to care and prevention services, a quality assurance protocol, and assess readiness of providers to implement self-testing.
- **Activity 1B.3:** Assess Take Me Home self-testing initiative utilization, barriers and facilitators and make improvements as necessary.
- **Activity 1B.4:** Expand use of HIV self-testing among at risk individuals unlikely to receive traditional in-person HIV testing by developing and expanding other types of self-testing (in addition to Take Me Home) to ensure equitable access.

Strategy 1C: Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients.

- **Activity 1C.1:** Develop provider-to-patient communication tools to support providers in identifying at risk clients who are due for HIV re-screening and increase systematic ways of maintaining communication with clients.
- **Activity 1C.2:** Develop a plan for evaluating impact of the provider-to-patient communication tools on client re-screening.
- **Activity 1C.3:** Expand implementation & use of provider-to-patient communication tools among LAC DHSP funded HIV prevention providers.

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Strategy 1C: Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients.

- **Activity 1C.1:** Develop provider-to-patient communication tools to support providers in identifying at risk clients who are due for HIV re-screening and increase systematic ways of maintaining communication with clients.
- **Activity 1C.2:** Develop a plan for evaluating impact of the provider-to-patient communication tools on client re-screening.
- **Activity 1C.3:** Expand implementation & use of provider-to-patient communication tools among LAC DHSP funded HIV prevention providers.

Los Angeles County
Integrated HIV Prevention and Care Plan,
2022-2026

Draft for Public Comment

November 1, 2022

LOS ANGELES COUNTY
COMMISSION ON HIV

PUBLIC COMMENTS NEEDED

The Los Angeles County Commission on HIV announces an opportunity for the public to submit comments on the draft **Comprehensive HIV Plan 2022-2026**. The plan serves as a blueprint for action and describes strategies to address HIV, STDs, and other co-morbidities through 2026. Consumer, provider, and community feedback is critical for the planning process.

The document can be viewed at:

https://hiv.lacounty.gov/our-work

EMAIL COMMENTS TO:

HIVCOMM@LACHIV.ORG

The public comment period begins on November 1, 2022 and ends on November 21, 2022.

Transgender Empathy Training

#TETTalks

Mallery Jenna Robinson
she/her/hers
Transgender and HIV Healthcare Advocate

Empathy

Why did I create Transgender Empathy Trainings?

“As an AfraCaribbean Transwoman I know all too well the apathy the transgender, gender non-binary/nonconforming and intersex communities face on a daily basis. My goal with creating Transgender Emapthy Trainings is to assure our TGI community receive the equity and justice they deserve by increasing empathetic approaches with our allies, accomplices, and community partners.” - Mallery Jenna Robinson

Empathy is the capacity to understand or feel what another person is experiencing from within their frame of reference, that is, the capacity to place oneself in another's position

Table of Contents

Today's Topics:

Medical Mistake or Evidence of Misgendering

In this video watch Joe advocate for himself in the medical space and see how medical staff respond

Please note we will only view up to the first 3 minutes of video.

The Importance of Pronouns

When a provider uses the pronoun statement “Hi my name is .....and my preferred pronouns are....” 2020 studies have shown a patient/client participation increase of 10%

01

She/her/hers

Hi my name is Mallery and my preferred pronouns are **she/her and hers.**

02

He/him/his

Good Afternoon I am Nurse Matthew and my preferred pronouns are **he/him/his.**

03

They/them/theirs

Thank you for calling Dr. Robinson’s office my preferred pronouns are **they/them/theirs** how may I assist you.

04

You Choose :)

A patient or client may choose to not have a pronoun and use an adjective or other word placement. *Just remember to remain supportive :)

Pronouns Challenge

I challenge each and everyone of you to practice the pronoun statement just once a day this daily practice will increase repetition of the statement and promote an increase in transgender patient response by 30% of total transgender women populations and 35% of total transgender men populations and 20% of gender non-binary populations.

Transgender Healthcare: Navigating Transgender Patient Care

In order to estimate the number of transgender individuals in Los Angeles County and the HIV prevalence for this population, we determined we would need the following:

1) Overall size of the population in LAC between the ages of 15 and 64 years.

2) The percentage of the population estimated to be transgender.

3) The ratio of transgender women to transgender men.

*Estimated that 21 out of 100 transgender individuals could be HIV positve.

"When we have unity in our community we will see a profound improvement in equity healthcare for all transgender people" -Mallery Jenna Robinson

Transgender Healthcare: Navigating Transgender Patient Care

Suggested **O**nly **S**trategies (SOS)

Remember to use your GPS!

1. **G**ender neutral restrooms is one of the key **SOSs** in assuring your transgender, gender non-binary, and gender diverse community client and/or patient will feel welcomed in the provider space.
2. **P**roviding a blank space on intake forms for gender to give the client and/or patient the option to decide
3. **S**peaking in gender neutral language such as: **frontal** for describing a client and/or patient's frontal, or **partner** when referring to their sexual history.

The SOGIE Astronaut: Understanding Gender Identity, Gender Expression, and Sexual Orientation.

SOGIE Astronaut Key Terms:

1. **SOGIE** stands for: Sexual Orientation Gender Identity and Expression
2. **Sexual Orientation** Describes to whom a person is sexually attracted. Some people are attracted to people of a particular gender; others are attracted to people of more than one gender. Some are not attracted to anyone. Examples: Asexual, Pansexual, Queer, Heterosexual
3. **Asexual** - not sexually attracted to anyone and/or no desire to act on attraction to anyone. Does not necessarily mean sexless. Asexual people sometimes do experience affectional (romantic) attraction.
4. **Pansexual/Fluid** - attracted to people regardless of gender. Sometimes also or alternately "omnisexual" or "polysexual."
5. **Queer** - traditionally a derogatory term, yet reclaimed and appropriated by some LGBTQ individuals as a term of self-identification. It is an umbrella term which embraces a matrix of sexual preferences, gender expressions, and habits that are not of the heterosexual, heteronormative, or gender-binary majority. It is not a universally accepted term by all members of the LGBT community, and it is often considered offensive when used by heterosexuals.

The SOGIE Astronaut: Understanding Gender Identity, Gender Expression, and Sexual Orientation.

SOGIE Astronaut Key Terms:

1. **Gender Identity/Expression**- The ways in which a person identifies and/or expresses their gender, including self-image, appearance, and embodiment of gender roles. One's sex (e.g. male, female, intersex, etc.) is usually **assigned at birth** based on one's physical biology. One's gender (e.g. male, female, genderqueer, etc.) is one's internal sense of self and identity. One's gender expression (e.g. masculine, feminine, androgynous, etc.) is how one embodies gender attributes, presentations, roles, and more.
2. **Androgyny** - The mixing of masculine and feminine gender expression or the lack of gender identification. The terms androgyne, agender, and neutrois are sometimes used by people who identify as genderless, non-gendered, beyond or between genders, or some combination thereof.
3. **Cisgender** - A gender identity that society considers to "match" the biological sex assigned at birth. The prefix cis- means "on this side of" or "not across from." A term used to call attention to the privilege of people who are not transgender.
4. **Crossdresser** - Cross-dressing refers to occasionally wearing clothing of the "opposite" gender, and someone who considers this an integral part of their identity may identify as a crossdresser (note: the term crossdresser is preferable to transvestite and neither may ever be used to describe a transsexual person). Cross-dressing is not necessarily tied to erotic activity or sexual orientation.

The SOGIE Astronaut: Understanding Gender Identity, Gender Expression, and Sexual Orientation.

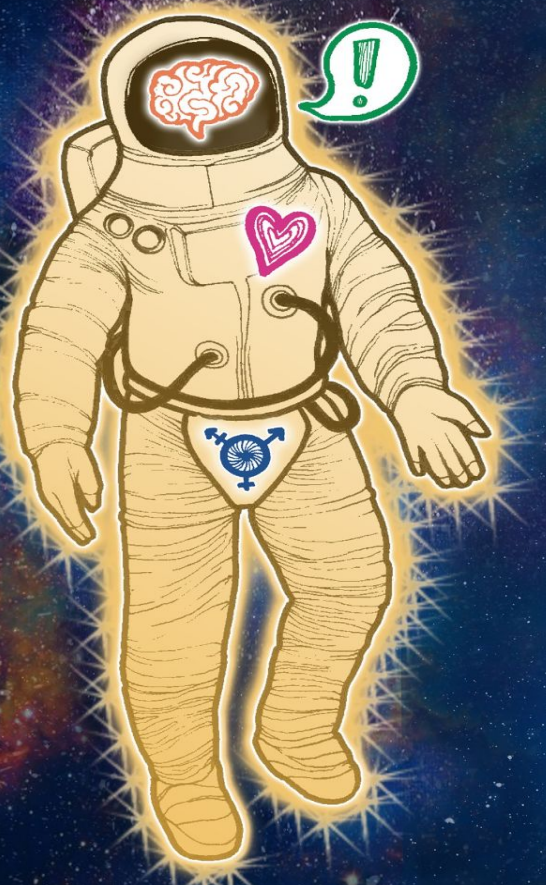
SOGIE Astronaut Key Terms:

1. **Genderqueer/Third Gender/Gender Fluid -** These terms are used by people who identify as being between and/or other than male or female. They may feel they are neither, a little bit of both, or they may simply feel restricted by gender labels.
2. **Intersex -** A general term used for a variety of genetic, hormonal, or anatomical conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. Some intersex individuals identify as transgender or gender variant; others do not. (Note: hermaphrodite is an obsolete term that is not currently considered appropriate.)
3. **Transgender -** First coined to distinguish gender benders with no desire for surgery or hormones from transsexuals, those who desired to legally and medically change their sex, more recently transgender and/or trans has become an umbrella term popularly used to refer to all people who transgress dominant conceptions of gender, or at least all who identify themselves as doing so. The definition continues to evolve.
4. **Two-Spirit** – A person who identified with the Native American tradition of characterizing certain members of the community as having the spirit of both the male and female genders.

THE SOGIE ASTRONAUT

*SOGIE Stands for Sexual Orientation, Gender Identity & Expression

A GALAXY OF LIMITLESS POSSIBILITIES!



WE ASK BECAUSE WE CARE!

Sex Assigned At Birth

☐ Female ☐ Male ☐ Intersex/Other

Gender Identity

Agender · Gender Fluid · Enby · Androgyne · Two-Spirit · Gender Queer

Woman
Man
Another

Gender Expression

Feminine
Masculine
Androgynous

Pronouns

☐ She/Her/Hers ☐ He/Him/His ☐ They/They/Theirs
☐ Ze/Hir/Hirs ☐ Something Else ☐ No Pronouns, Use Name

Cisgender : If your sex assigned at birth aligns with your gender identity

Transgender : If your gender identity does not alighn with your sex assigned at birth

Attracted To (Sexually/Romantically/Emotionally)

Asexual · Demisexual · Bisexual · Pansexual · Lesbian · Gay

Women/Femininity
Men/Masculinity
Multiple Genders

HOW DID IT FEEL TO DO THAT ACTIVITY?

- Were any of these terms new for you? If so, which ones?
- How often do you hear these identities discussed as fluid, rather than fixed?
- Were there any spectrums on which you were not at one end or another, but somewhere in the middle?

STATISTICS + STORIES

Trigger Warning: The following activity will contain questions that may be triggering, but provides insight into the experiences of the trans community.

STATISTICS + STORIES

Raise Your Hand If:

You or someone close to you was sexually abused as a child.

FACT:

According to the US Centers for Disease Control, 1 out of 4 girls and 1 out of 6 boys will experience sexual abuse by age 18. According to the American Academy of Pediatrics, for gender non-conforming children, the rates are even higher. Gender non-conforming children who are assigned male at birth [direct attention to the Key Terms handout on this term] are especially vulnerable, up to six times likelier to be sexually abused. Studies suggest this is due to a lack of family support for transgender and gender non-conforming children. That means many transgender and gender non-conforming clients are childhood trauma, and especially child sexual abuse, survivors.

STATISTICS + STORIES

Raise Your Hand If:

You or someone close to you was ever bullied in elementary, middle, or high school.

FACT:

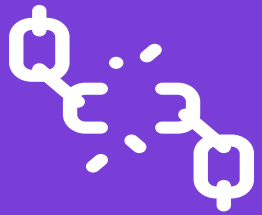
According to the Gay, Lesbian, Straight Education Network (GLSEN), 75% of transgender youth feel unsafe at school. Those able to stay in school despite violence and bullying had significantly lower GPAs, were more likely to miss school out of concern for their safety, and were less likely to plan on continuing their education.

STATISTICS + STORIES

Raise Your Hand If:

You or someone close to you was ever rejected by family members simply because of who they are.

FACT:



According to the Williams Institute, 40% of homeless youth are LGBTQ. 68% of these youth indicated family rejection was a major factor contributing to homelessness.

STATISTICS + STORIES

Raise Your Hand If:

You or someone close to you has ever made so little in one year that they didn't have to file taxes.

FACT:

According to the Williams Institute, 29% of transgender adults in the United States live in poverty.

STATISTICS + STORIES

Raise Your Hand If:

You or someone close to you ever feared for their life due to hate violence.

FACT:

According to the National Coalition of Anti-Violence Programs, 72% of hate violence homicide victims in 2013 were transgender women. 67% were trans women of color.

STATISTICS + STORIES

Raise Your Hand If:

You have ever personally experienced being unhoused.

FACT:

According to the Transgender Law Center, 20% (1 in 5 members) of the transgender community in California report experiencing being unhoused at some point since first identifying as transgender.

According to the 2015 US Transgender Survey, Black transgender people face the most severe economic and housing effects among LGBTQ communities. 42% of Black transgender people experience being unhoused at some point in their lives.

STATISTICS + STORIES

Raise Your Hand If:

You or someone close to you has ever experienced anti-Black racism.

FACT:

According to the LA Times, although Black people comprise only 8% of the population in LA County, they comprise 34% of the homeless population.

STATISTICS + STORIES

Raise Your Hand If:

You or someone close to you became unemployed due to the COVID-19 pandemic.

FACT:

According to USA Today, 19% of transgender people and 26% of transgender people of color became unemployed because of COVID-19, compared to 12% of the general U.S. population.

HOW DID IT FEEL TO DO THAT ACTIVITY?

- How did it feel to hear those statistics?
- Did any of the statistics surprise you? If so, which ones?
- Considering these facts, how well (or not) has your organization created an affirming and empathetic culture that is safe and welcoming for transgender, gender non-binary, and iintersex community members?

Equality, Equity, and Justice: How Does this Look for the Trans Patient?

Equality

The assumption is that **everyone benefits from the same supports**. This is equal treatment.

Equity

Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

Justice

All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.

Equality, Equity, and Justice: How Does this Look for the Trans Patient?

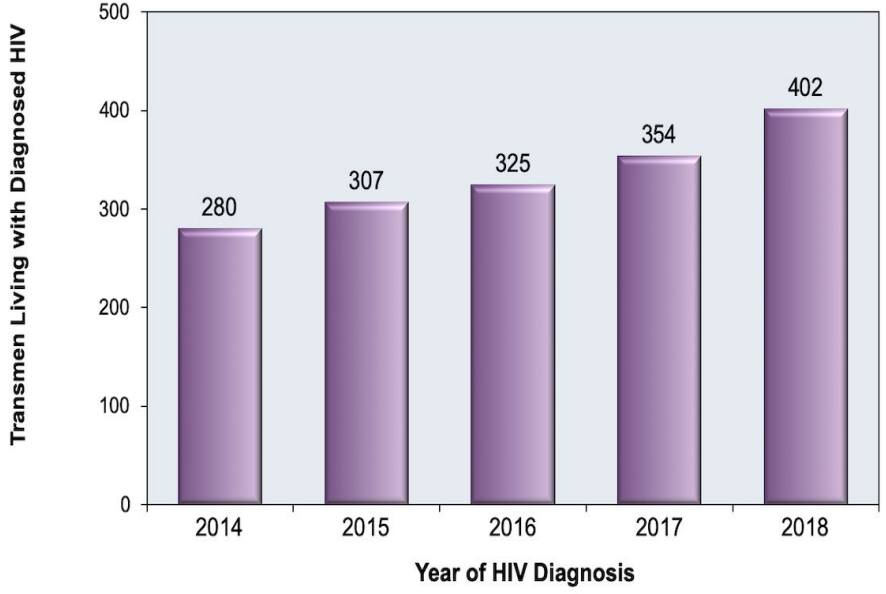
1. **Equality** for transgender, gender non-binary, and gender non-conforming patients in healthcare. Primary care physicians have refused to treat medical patients and citing policies from the 2016-2020 administration as their reason denying a trans patients medical equality i.e. Denial of medical hormones and surgeries

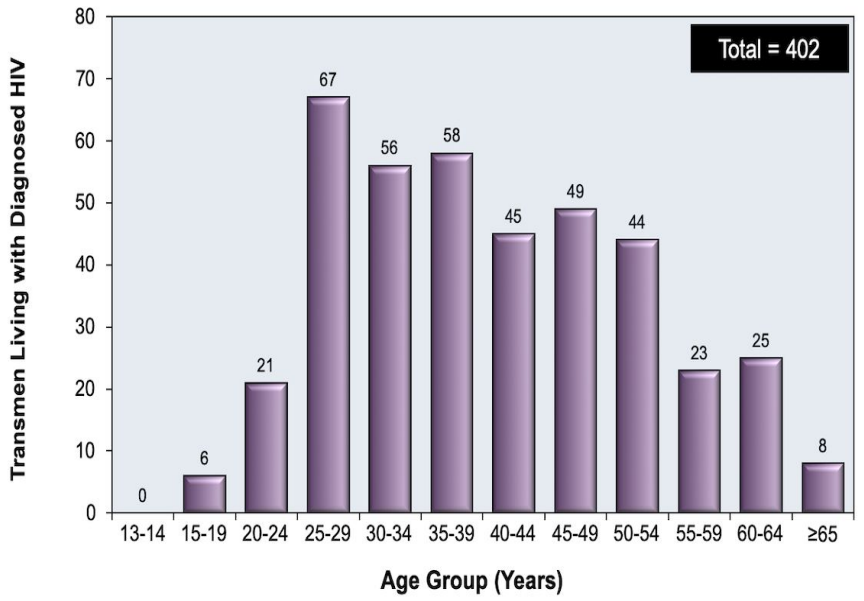
2. **Equity** for transgender, gender non-binary, and gender non-conforming patients in healthcare on intake forms should include demographical information such as assigned sex at birth, gender identity, sexualty, race, ethnicity. Patients of the trans and GNC experience need medical paperwork that affirms their existence as well as access to all hospitals, urgent cares, and ER spaces.

3. **Justice** for transgender, gender non-binary and gender nonconforming patients in healthcare should include the removal of mental health barriers that serve as a prerequistite to provide any form of medical transitional care.

Statistical Data: Transgender, Gender Non-Binary, and Intersex Quauntitative Data

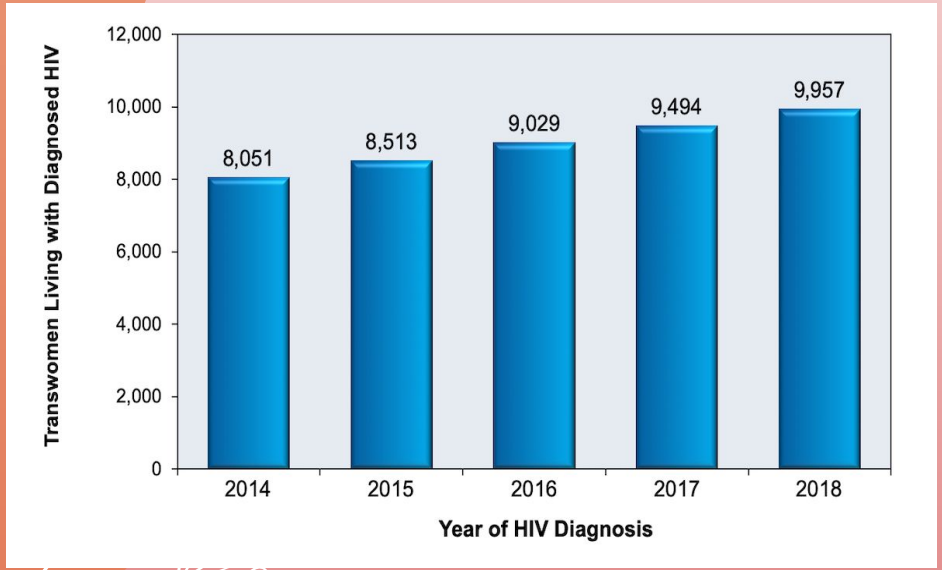
HIV Statistics for Transmen
2014-2018

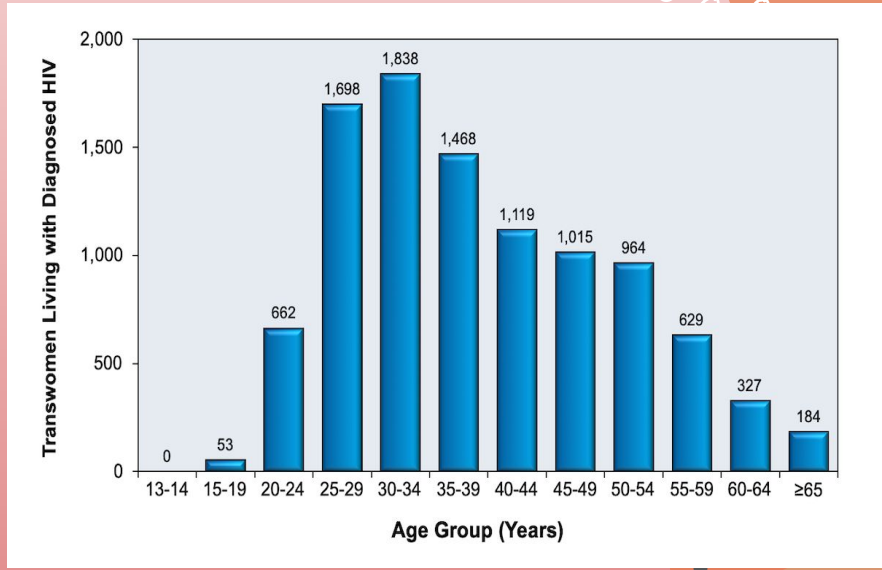




Statistical Data: Transgender, Gender Non-Binary, and Intersex Quauntitative Data

HIV Statistics for Transwomen
2014-2018





Statistical Data: Transgender, Gender Non-Binary, and Intersex Quaunitative Data

Statistics affecting your Patients or Clients

Table I:

Participant Sociodemographic Characteristics and Structural Health Determinants

	Study 1: 1998–1999 (N=244)		Study 2: 2015–2016 (N=271)		Sig
	n	(%)	n	(%)	X^2 (p-value) z-test[p-value]
Age					**39.8 (<.0001)*****
18–29	132	(54.1%)	109	(40.2%)	9.38[.0022]**
30–39	85	(34.8%)	68	(25.1%)	5.38[.0204]*
40+	27	(11.1%)	94	(34.7%)	38.55[<.0001]***
Racial/Ethnic Identity					**47.2 (<.0001)*****
Hispanic/Latina	120	(49.2%)	114	(42.1%)	2.34[.1259]
African American/Black	17	(7.0%)	82	(30.3%)	43.37[<.0001]***
Non-Black/Non-Hispanic	107	(43.9%)	75	(27.7%)	14.01[.0002]***
Sexual Orientation					**0.72 (.869)**
Heterosexual/Straight	187	(76.6%)	199	(73.7%)	0.54[.4611]
Homosexual/Gay/Lesbian	22	(15.3%)	28	(10.4%)	0.13[.7230]
Bisexual	14	(5.7%)	17	(6.3%)	0.01[.9446]
Other/Don't Know/Refused	21	(8.6%)	27	(9.9%)	0.14[.7062]
Education Level					**15.9 (.0003)*****
Less than High School/GED	114	(46.7%)	99	(36.5%)	5.09[.0241]*
High School/GED	54	(22.1%)	104	(38.4%)	15.18[<.0001]***
Greater than High School/GED	76	(31.1%)	68	(25.1%)	2.05[.1526]
Income (past 30 days)					**65.8 (<.0001)*****

Table II:

HIV Risk Behaviors, Substance Use and Gender Confirmation Procedures

	Study 1: 1998–1999 (N=244)		Study 2: 2015–2016 (N=271)		Sig
	n	(%)	n	(%)	X^2 (p-value) z-test[p-value]
Receptive Condomless Anal Intercourse[a]					**2.4 (.306)**
With Main Partner(s)	68	(27.9%)	87	(32.1%)	.09[.3422]
With Casual Partner(s)	48	(19.6%)	89	(32.8%)	10.74[.0011]**
With Exchange Partner(s)	34	(13.9%)	51	(18.8%)	1.88[.1700]
Any	115	(47.1%)	151	(55.7%)	3.46[.063]
Substance Use (past 6 months)[a]					**54.1 (<.0001)*****
Alcohol	188	(77.1%)	109	(40.2%)	69.83[<.0001]***
Cannabis	95	(38.9%)	147	(54.2%)	11.47[.0007]**
Methamphetamine	68	(27.9%)	74	(27.3%)	0.002[.965]
Cocaine	61	(25.0%)	27	(10.0%)	19.44[<.0001]***
Crack	37	(15.2%)	11	(4.1%)	17.44[<.0001]***
Poppers	24	(9.8%)	14	(5.2%)	3.44[.0635]
Ecstasy	17	(7.0%)	19	(7.0%)	<.0001[1.00]
Hormone Use (past 6 months)					**64.3 (<.0001)*****
Non-prescribed	88	(36.1%)	27	(9.9%)	--
Prescribed/Medically Monitored	54	(22.1%)	132	(48.7%)	--
Gender Confirmation Surgery[a]					**9.0 (.029)***
Breast Augmentation	51	(21.0%)	32	(11.8%)	7.12[.0073]*
Rhinoplasty	44	(18.0%)	17	(6.3%)	15.90[<.0001]***

Table III:

Perceived Discrimination and Abuse/Harassment

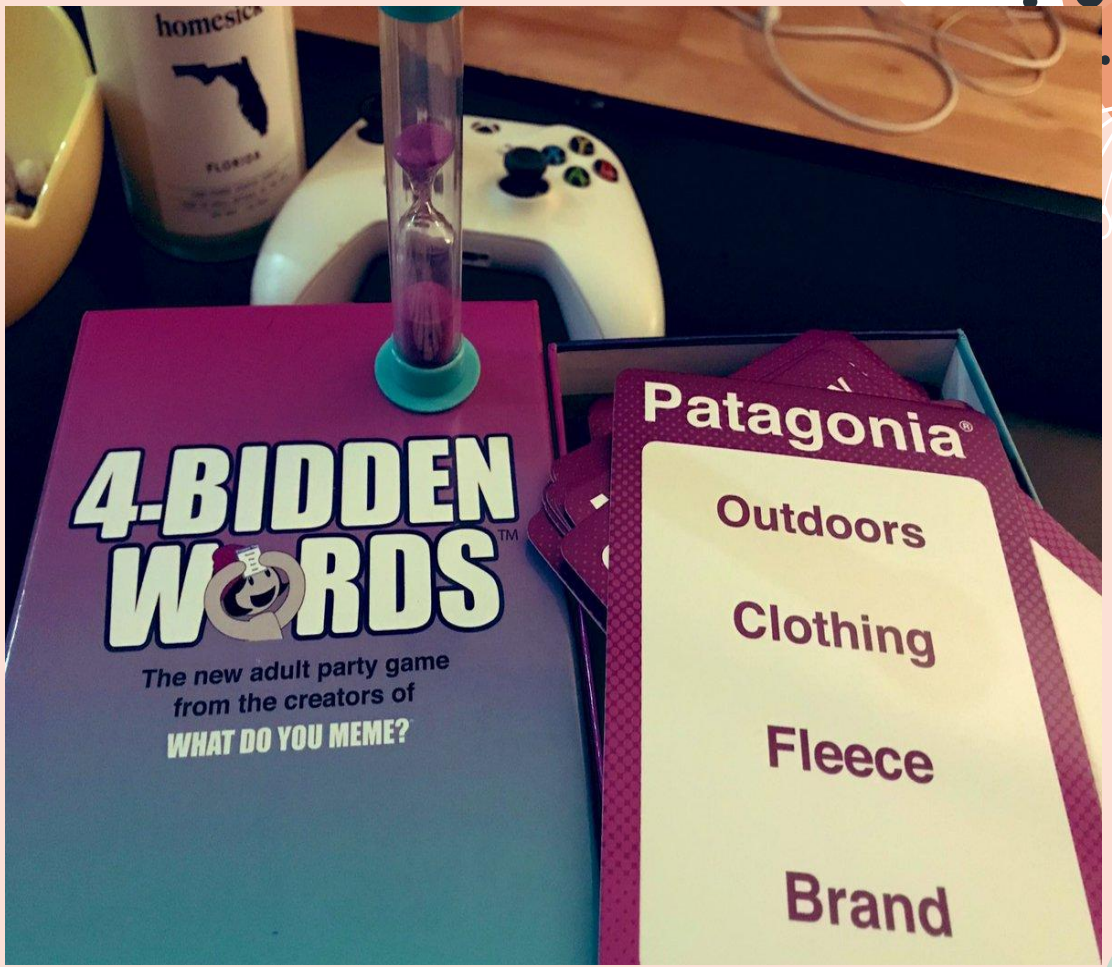
	Study 1: 1998–1999 (N=244)		Study 2: 2015–2016 (N=271)		Sig
	n	(%)	n	(%)	X^2 (p-value) z-test[p-value]
Perceived Discrimination (Lifetime)[a]					**1.5 (.819)**
Job (hiring)	115	(47.1%)	174	(64.2%)	14.52[.0001]***
Job (fired)	71	(29.1%)	109	(40.2%)	6.51[.0108]*
Housing	73	(29.9%)	115	(42.4%)	8.15[.0043]**
Health services	32	(13.1%)	58	(21.4%)	5.55[.0184]*
HIV prevention services	10	(4.1%)	23	(8.5%)	3.42[.0642]
Abuse/Harassment (Lifetime)[a]					**1.9 (.169)**
Verbal	195	(79.9%)	210	(77.5%)	0.32[.5732]
Physical	115	(47.1%)	154	(56.8%)	4.46[.0348]*

[a]Multiple responses possible
*p-value<.05
**p-value<.005
***p-value<.0005

HAVE YOU EVER PLAYED A "YOU CAN'T SAY *THAT*" GAME?

Goal: Get your partner to guess the word on your card WITHOUT saying the 'common clue' words written on your card.

In this photo example, you are trying to get your partner to say the word "Patagonia," but you're not allowed to say "outdoors," "clothing," "fleece," or "brand" as a clue.



LET'S PLAY THE "ALL ABOUT YOU, BUT YOU CAN'T SAY *THAT*" GAME

ON A SHEET OF PAPER,
WRITE DOWN:

YOUR FIRST NAME

YOUR
RACE/ETHNICITY

WHERE YOU GREW UP

WHERE YOU LIVE NOW

WHAT YOU DO FOR
A LIVING

THREE PEOPLE/PETS
YOU SPEND THE
MOST TIME WITH

NOW LET'S PLAY! (IN BREAKOUT ROOM PAIRS)

When you get into your breakout room, you will be "sitting across from" one other person.

- Decide who will be Partner A and who will be Partner B.
- Partner A will speak first, describing who they are to Partner B **WITHOUT SAYING ANYTHING THEY WROTE ON THEIR PAPER!**
- Partner B will listen for 90 seconds, and then **SWITCH**
- Partner B will then describe who they are to Partner A **WITHOUT SAYING ANYTHING THEY WROTE ON THEIR PAPER!**
- Partner A will listen for 90 seconds.
- Come back to the main room when you're finished.

PARTNER A **PARTNER B**

Top 10 Supportive Resources

1. https://transstudent.org/gender/
2. https://bit.ly/3w0gP21
3. https://bit.ly/3rvoTEl
4. https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics
5. https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/transgender
6. https://bit.ly/39lssqu
7. https://www.blendspace.com/lessons/T3S09TIDD6gO3A/gender-non-conforming-transgender
8. https://aplahealth.org/services/trans-connections/
9. https://lalgbtcenter.org/social-service-and-housing/transgender
10. https://invisibletmen.com/

The Future of Trans Patient Healthcare

Looks like this

And remember Leading with EMPATHY is key

Thank You for your time

Please feel free to reach out to me
Mallery Jenna Robinson
Email: malleryrobinson1990@gmail.com
Phone: 562-519-1411
Follow me on IG @MalleryJenna90

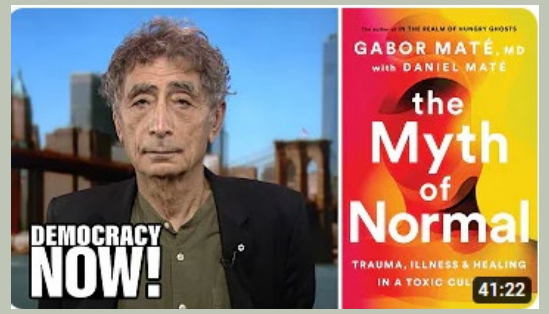
#TETTalks

Real Talk on How Trauma is Really Affecting Us

Topic Champion | Bridget Gordon, COH Co-Chair

Video segments from Dr. Gabor Maté, Hungarian-Canadian Physician and Author

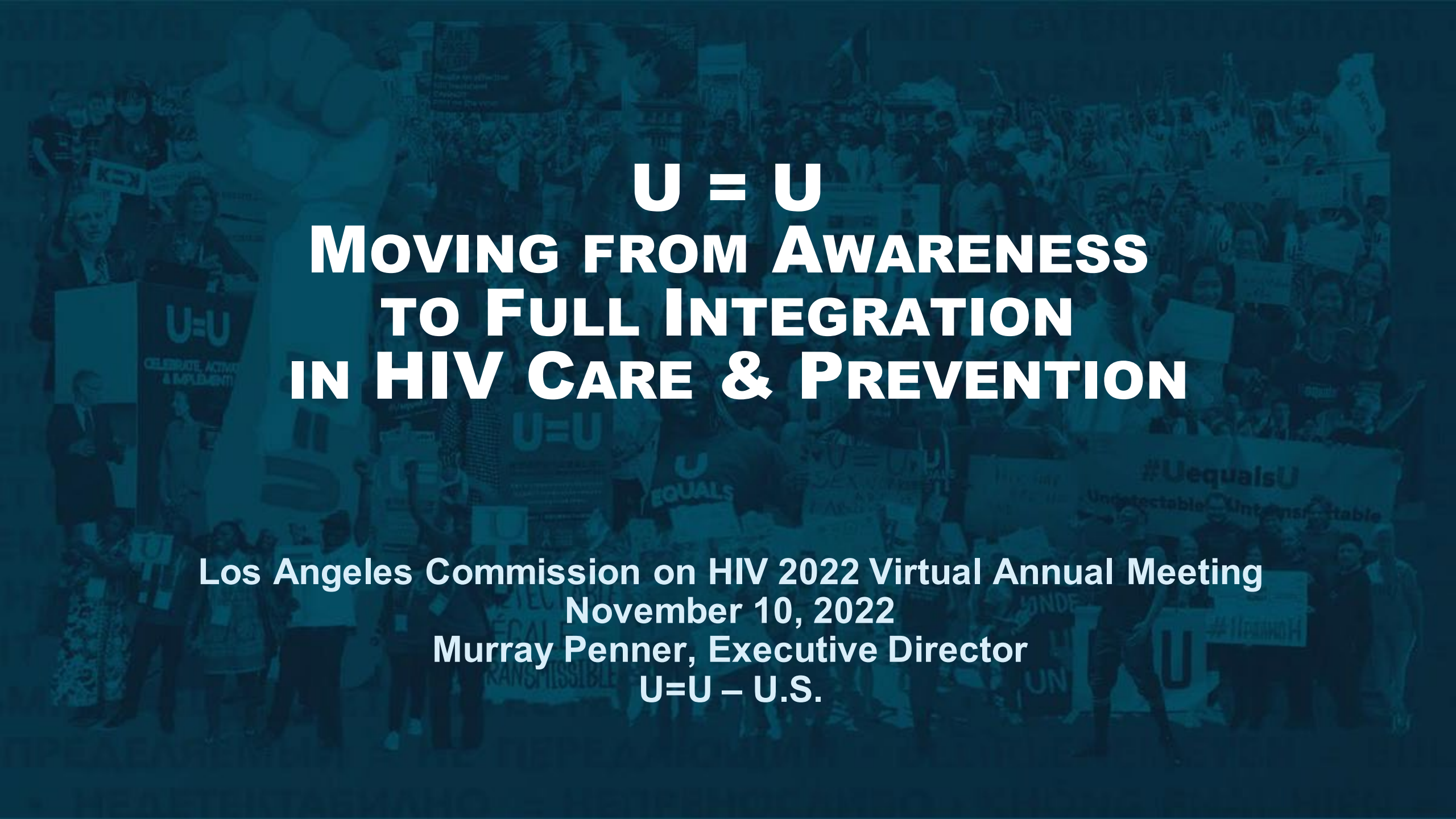
https://drgabormate.com/



Key Challenge Question and Call for Reflection

As a Commission, how can we better understand and actively address the universal impact of trauma on ourselves and people we interact with? Particularly, people living with HIV, people who support those living with HIV, providers and colleagues who work in the HIV industry, and people at risk for acquiring HIV.

Please refer to the Chat for additional questions and reflections.



U = U
Moving from Awareness to Full Integration in HIV Care & Prevention

Los Angeles Commission on HIV 2022 Virtual Annual Meeting
November 10, 2022

Murray Penner, Executive Director
U=U – U.S.

THANK YOU

TO OUR

U=U CHAMPIONS

WHAT IS U=U?

Undetectable = Untransmittable

People living with HIV who are on treatment and have an undetectable viral load (<200 copies/mL) **CANNOT** transmit HIV through sex

WHY IS U=U A GAME CHANGER?

- **Improves quality of life of people living with HIV**
- **Reduces HIV stigma**
- **Accelerates progress toward Ending the HIV Epidemic targets**
  - *Diagnosis*: Reduces anxiety associated with HIV testing
  - *Prevent:* prevents new transmissions of HIV to partners of PLWH (alongside PrEP)
  - *Treat*: Incentive to start treatment and engage in care
  - *Viral suppression*: Motivation to stay on treatment and in care
- **Modernizes discriminatory laws, policies, and practices**
- **Calls for universal access to treatment, care, and diagnostics**

WHAT'S NEW WITH U=U

FEDS UPDATE
U=U LANGUAGE

HIV.gov

CDC
Centers for Disease Control and Prevention

HRSA
Health Resources & Services Administration

NIH
National Institutes of Health

THE WHITE HOUSE
WASHINGTON

"**Will not transmit HIV** to sex partners"

"**Undetectable = Untransmittable**"

"**100% effective** with optimal use"

"Studies show **zero risk**"

"**#UequalsU**"

NATIONAL
U=U SIGN ON

MULTINATIONAL CALL-TO-ACTION

Multinational Undetectable = Untransmittable (U=U) Call-to-Action

U=U accelerates progress towards national and global goals to end the HIV epidemic

This call-to-action urges all nations to support the evidence-based U=U message and incorporate U=U into national efforts to prevent, diagnose, and treat HIV. Doing so can improve the health of individuals and communities and accelerate progress towards the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets[viii] and related initiatives to achieve epidemic control.

Leading global medical, scientific, and public health institutions accept and promote U=U. UNAIDS, the World Health Organization (WHO), and the U.S. President's Emergency Plan for HIV/AIDS Relief (PEPFAR) endorse U=U and call for U=U's inclusion in official guidelines, statements, programming, and communications to ensure broader dissemination of the science and greater impact for those affected by HIV[ixxxi].

U=U Improves Outcomes for Individuals and Communities

U=U knowledge has been linked to improved HIV prevention, care, and treatment outcomes among diverse populations in high and low resource settings in over 25 countries spanning every region of the world. These benefits span every step of the continuum from HIV diagnosis to viral suppression.

U=U education increases uptake of HIV testing[xii] and has been linked to improved treatment adherence and viral suppression[xiiixiv]. U=U knowledge impacts factors known to influence quality of life and health outcomes, including decreased stigma[xv], improved self-image and mental health[xiii], feeling better about HIV status[xvi], and comfort with and frequency of sharing HIV status with partners[xiii].

Increasing viral suppression at the community level has been shown to lead to steep, multi-year decreases in new HIV diagnoses among key populations[xvii]. Combination prevention strategies, including prioritizing HIV diagnosis through home-based testing, immediate linkage to care, and support for treatment adherence, can lead to greater reductions in HIV incidence compared to standard of care[xviii].

This accumulating evidence underscores how U=U can be leveraged to reach the 95-95-95 goals and support national efforts to end HIV as a public health crisis. Greater support of U=U is a win-win; improving the health of people living with HIV improves the public health of communities.

Strategies for U=U Integration

The following strategies presented for consideration are informed by the evidence base, emerging and promising practices, and lessons learned from national U=U rollouts. These strategies are intended to be applicable in diverse settings when developed with the meaningful and ongoing involvement of people living with HIV, key populations, and other affected stakeholders from all sectors and in collaboration with multiple levels of government.

- Develop national strategies for sustainable and effective countrywide U=U programs that are informed by the communities and individuals most impacted;
- Integrate U=U science into HIV guidelines and official communications;
- Implement policies to address inequities, decrease barriers, and increase access to treatment, care, and diagnostics;

of existing HIV prevention, care, and treatment
s;
ion efforts to generate demand and increase utilization
ervices;
ey populations and the general public to decrease

tment and viral load testing to ensure equitable access
in low-resource settings;
on method and/or adopt combination prevention
s, linkage to care, and treatment adherence support for

ention and care workforce, including clinicians, peers,
r accurate and concise U=U messages during service

ic, rarely has such a clear opportunity emerged to alter
t HIV stigma and improve HIV prevention, care, and
disseminating the evidence-based U=U message at
world, one step closer to finally ending the epidemic.
ions follow the science to achieve 95-95-95 goals and

andstatementarchive/2021/june/20210608_hlm-opens
nt-moph-unaids-who-uu.pdf?sfvrsn=8378cd0_2

dance-Final_508-Compliant-3.pdf
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bile_Health_Intervention_to_Reduce_HIV.6.aspx

ree-quarters-australian-gay-men-strong-association-treatment
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CONTACT: MARIAH@PREVENTIONACCESS.ORG

JULY 28, 2022

WWW.PREVENTIONACCESS.ORG/C2A/

QOL IN NATIONAL HIV/AIDS STRATEGY

NEW QUALITY OF LIFE INDICATORS

Quality of Life Indicator Development

- NHAS committed to developing new indicator on quality of life among people with HIV

  "Quality of life for people with HIV was designated as the subject for a developmental indicator, meaning that data sources, measures, and targets will be identified and progress monitored thereafter."

- ONAP tasked workgroup of federal subject matter experts to listen to community input and identify options for possible measures, data sources, and targets

- Ultimately adopted 5 new indicators, rather than just a single one, to better assess the multiple dimensions of quality of life

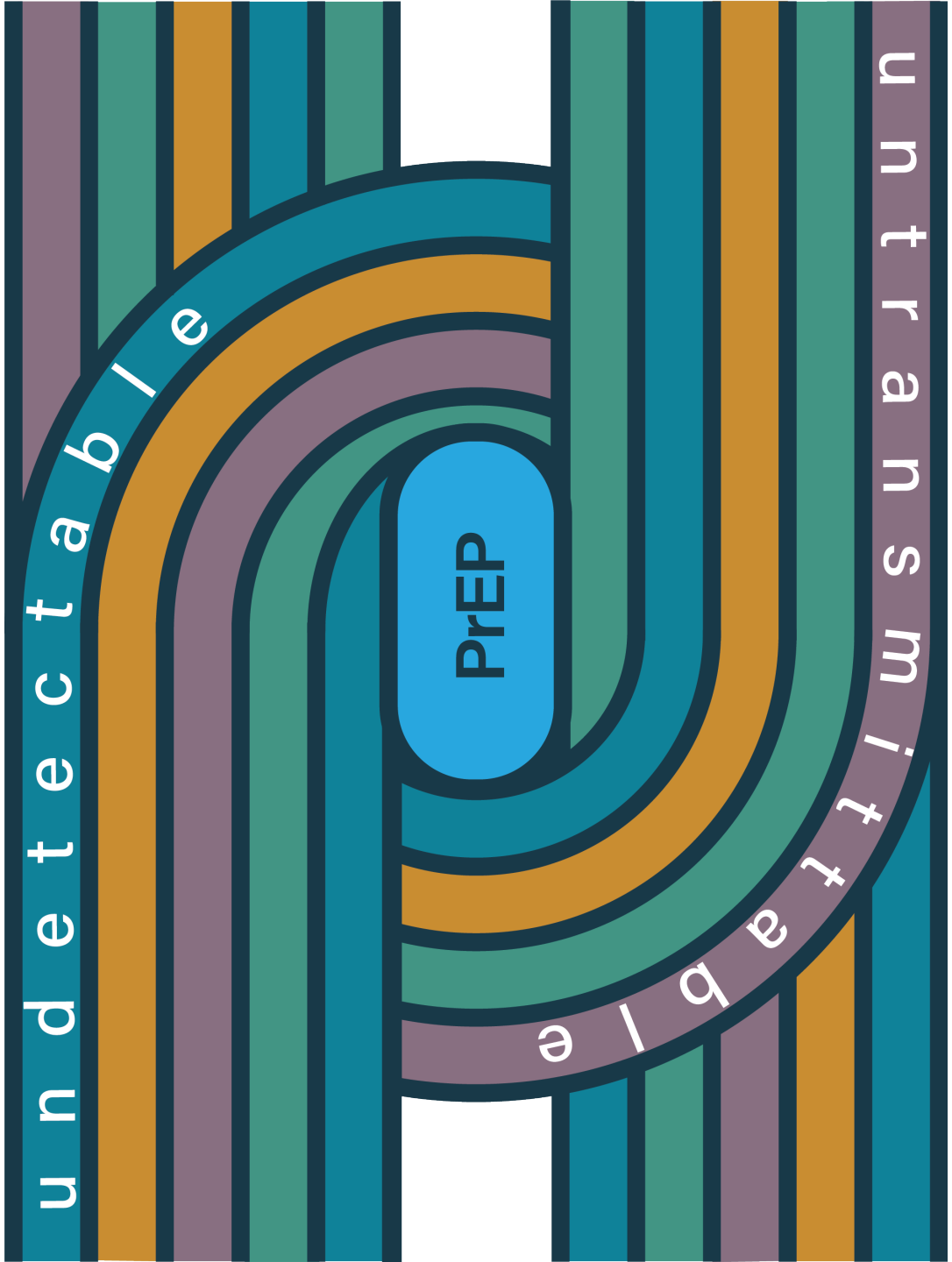
NO

EXCUSES!

MORE

BIG NEWS!

U.S. SPECIFIC ORGANIZATION



U=U ♥ PrEP

working together to end the HIV epidemic

IMPROVED OUTCOMES WITH U=U

Care

- Quality of life
- Improved health outcomes, incl. viral suppression
- Comfort sharing status
- Self image

&

Prevention

- Increases HIV testing uptake
- Prevents new transmissions

- Stigma reduction
- Status neutral systems of care

U=U INCREASES HIV TESTING UPTAKE

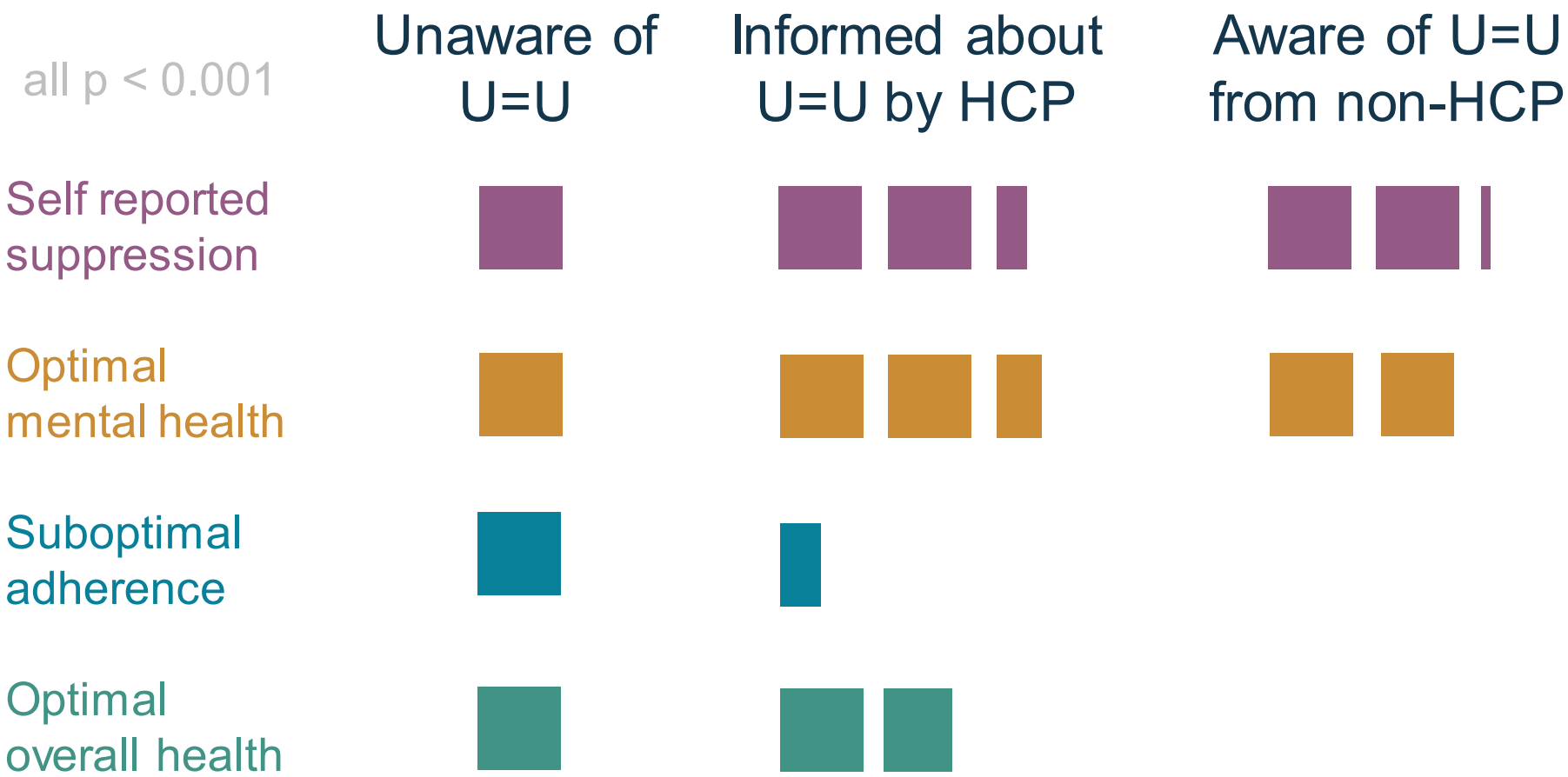
89%
more likely
with U=U

$p < 0.01$

Smith, P., et al (2021). Undetectable = untransmittable (U = U) messaging increases uptake of HIV testing among men: Results from a pilot cluster randomized trial. https://doi.org/10.1007/s10461-021-03284-y

U=U IMPROVES HEALTH OUTCOMES & QUALITY OF LIFE

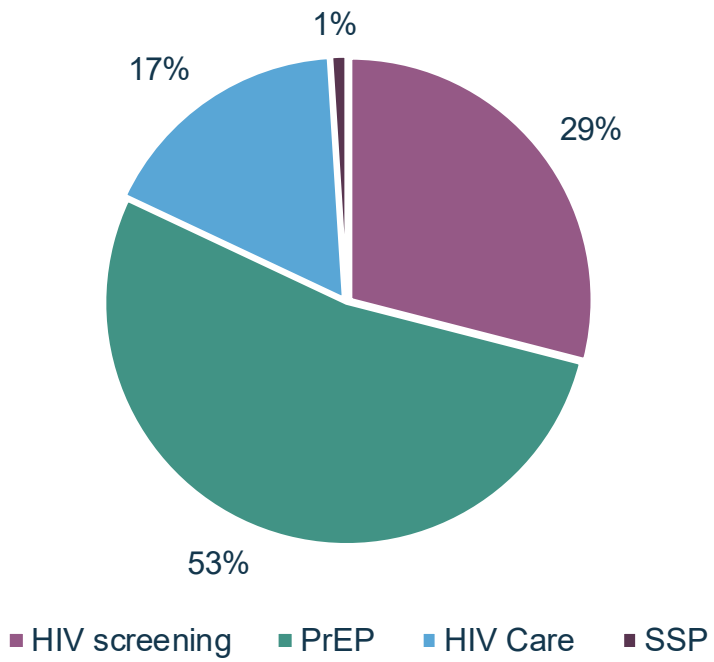
all p < 0.001



Okoli, C., et al (2020). Undetectable equals untransmittable (U = U): Awareness and associations with health outcomes among people living with HIV in 25 countries. https://doi.org/10.1136/sextrans-2020-054551

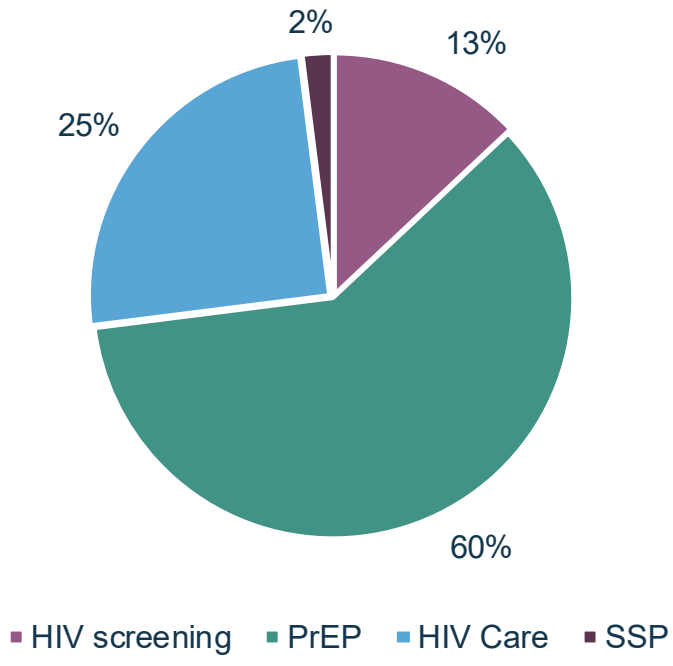
U=U CAN REDUCE NEW TRANSMISSIONS

Current (2020) Allocation



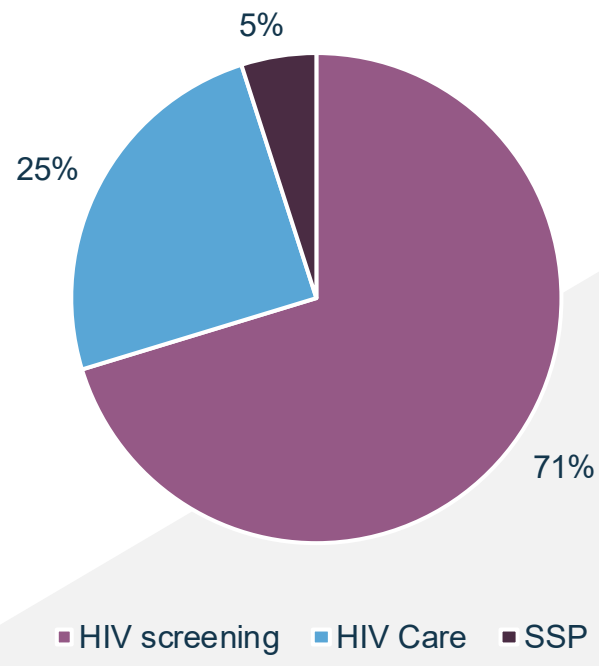
333,100 new HIV infections
2018 to 2027

Limited Reach Scenario



69% reduction
compared to current allocation

Ideal Reach Scenario



94% reduction
compared to current allocation

@PreventionAC

Sansom, S. et al (2020). Optimal allocation of societal HIV prevention resources to reduce HIV incidence in the United States. https://doi.org/10.2105/AJPH.2020.305965

xpac

Personal Health

WIN

WIN

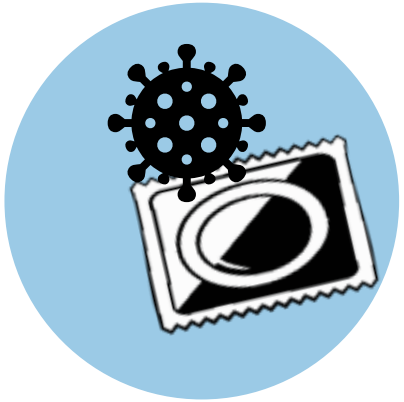
Public Health

More About U = U

U=U IS ABOUT

<200

→SEX



→HIV

ADHERENCE MESSAGING

TREATMENT

LABS

CARE

LANGUAGE MATTERS

ZERO Clear

Consistent

Confident

Conscious

ATTITUDES MATTER

Viral Load does not equal Value

- Use messaging that is viral load ***morally neutral***
- Acknowledge that treatment is a ***personal decision and not a public health responsibility.***
- All people with HIV have ***options for safer sex:*** condoms and PrEP (in the U.S.) are effective choices
- Recognize ***structural barriers*** that make it difficult or impossible for people to start and stay on treatment especially for marginalized communities
- Use the public health argument to ***remove barriers to universal access***

Communicating

U=U

DO Say

Can’t pass it on
Can’t transmit
Prevents HIV
Impossible
Zero risk
100% effective

DON’T Say

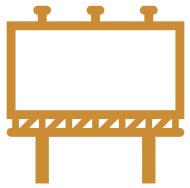
~~Negligible~~
~~Extremely unlikely~~
~~Helps prevent~~
~~Virtually impossible~~
~~Close to zeros~~
~~Effectively no risk~~

MEANINGFUL

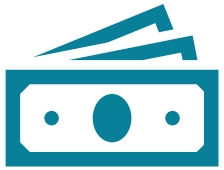
OF PEOPLE LIVING WITH HIV

INVOLVEMENT

PUBLIC HEALTH U=U INTEGRATION



Campaigns about HIV prevention, care, & services



Include U=U in **funding announcements** & workplans

Update **policies** & procedures to include U=U

Status neutral approaches to prevention

Train HIV workforce & advocates

Promote U=U in social media & outreach materials

U=U + YOU:
GET INVOLVED

CALL TO ACTION

Integrate U=U into policies, guidelines, strategies, plans, and programs

Educate and encourage dialogue about U=U among HIV workforce, advocates, and the community

Promote U=U clearly, repeatedly, and prominently in all health communications: **#UequalsU**

Advocate to increase access to care to fight stigma, improve quality of life, and prevent new transmissions

GET IN TOUCH

Leadership from those living with HIV

Subject matter expertise & **message development**

Training, **capacity building**, & technical assistance

Partner and consult on U=U **research & evaluation**

Community engagement, activation, and input

Share insights & findings from the front lines

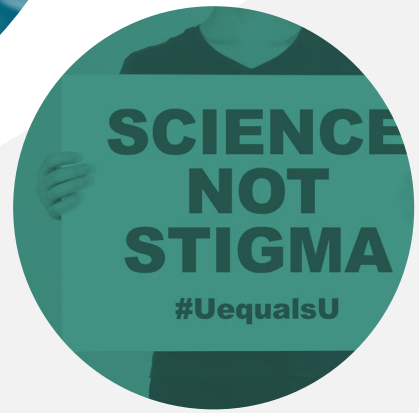
BECOME A U=U PARTNER

Scientific consensus shows we can say U=U with confidence

Personal & public health benefits underscore **universal access**

Acknowledge barriers & agree that viral load =/= value

Agree to **share the message**



THANK YOU!

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240-461-0107

Brief Review of the Ryan White Program: Background, Impact and Key Considerations

Courtney Armstrong, MPH, Senior Policy Officer
Mario J. Pérez, MPH, Director
Division of HIV and STD Programs

Ryan White Program Overview

- The nation's safety net program for people with HIV
- Provides outpatient HIV care, treatment, and support services for the uninsured and fills in gaps in coverage and cost for those with insurance limitations
- Payor of last resort provision – Funds cannot be used pay for items or services that are eligible for coverage by other federal or state programs or private insurance
- RWP has been reauthorized by Congress four times since it was first enacted in 1990 (1996, 2000, 2006, and 2009)
  - The current authorization lapsed in FY 2013, but the program has continued to be funded through the annual appropriations process
  - There is no "sunset" provision or end date attached to the legislation.
- It is a discretionary grant program that is dependent on annual appropriations from Congress

Ryan White Program Overview

- Several Component Parts
  - Part A (Local Jurisdictions, EMAs and TGAs)
  - Part B (States, DC, Territories) – (Base, Supplemental, ECs, ADAP, ADAP Supplemental)
  - Minority AIDS Initiative
  - Part C (Clinics) – (EIS and Capacity Building & Planning Grants)
  - Part D (Children, Youth and Women Living with HIV)
  - Part F (AETCs, Dental Programs, MAI)
  - EHE

- Reauthorization requires bi-cameral, bi-partisan support
- Critical safety net for non-Medicaid expansion states
- HIV-negative persons at elevated risk for infection not eligible

Year 31 RWP Part A, Part B, and MAI Core and Support Services

Core Services

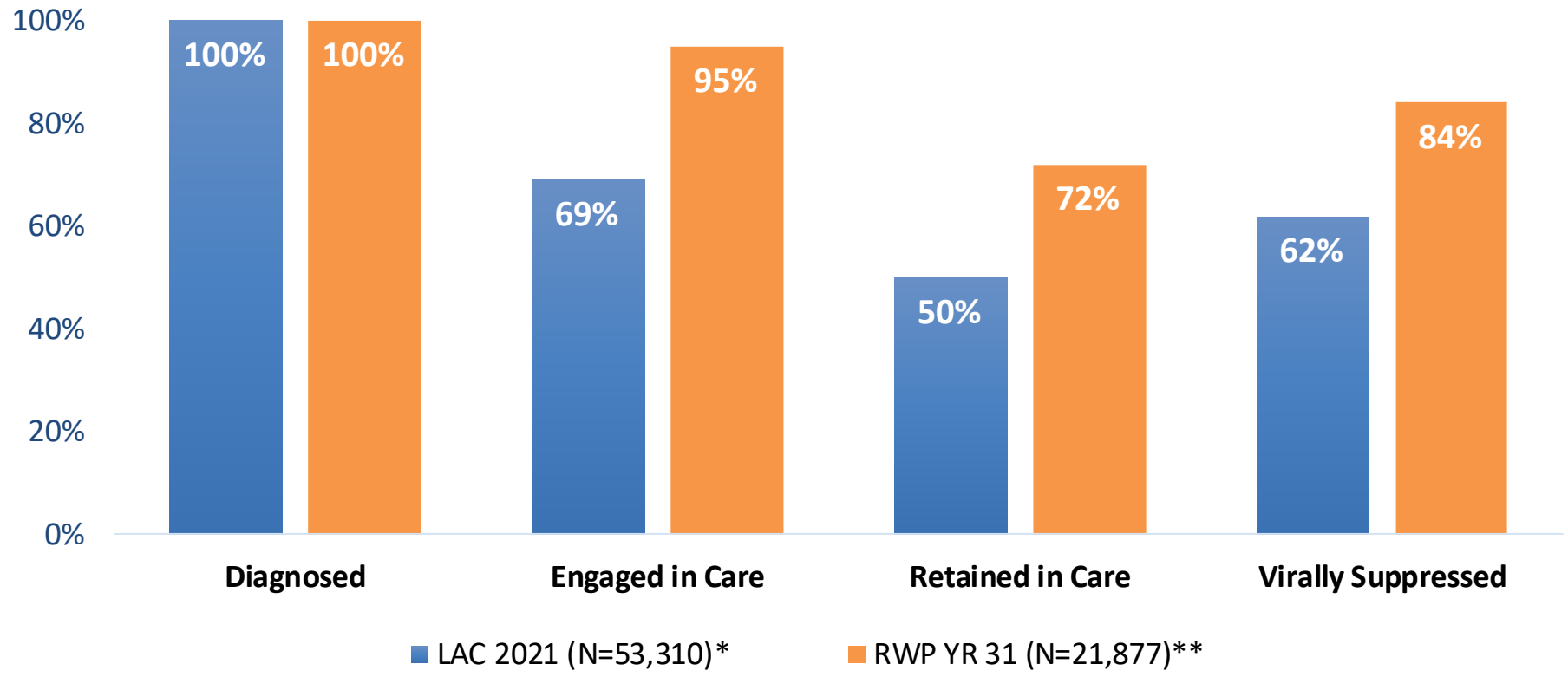
1. Medical Case Management (MCC)
2. Outpatient/Ambulatory Health Services
3. Oral Health
4. Home and Community Based Case Management
5. Early Intervention Services*
6. Mental Health Services

Support Services

1. Housing Services
2. Non-Medical Case Management (NMCM)
3. Food Bank/Home Delivered Meals
4. Outreach Services (Linkage and Re-engagement Program, Partner Services)*
5. Substance Use Residential
6. Medical Transportation*
7. Professional Services/Legal*
8. Emergency Financial Assistance*

**Not currently reported in HIV Casewatch, data pending*

Engagement, retention in care and viral suppression were higher among RWP clients compared to all PLWDH in LAC



Note: LAC surveillance data is for Jan-Dec 2021 and RWP data is Mar 2021-Feb 2022
*Source: Los Angeles County HIV Surveillance Program
** Source: CaseWatch

Key RWP Considerations - 2009 versus Today

- Significant Medi-Cal expansion
  - First through the Low-Income Health Programs (LIHP)
  - Followed by the Affordable Care Act

- Expansion of California's ADAP to make insurance coverage affordable

- California expands Medi-Cal coverage to people regardless of immigration status
  - 2020: Expanded coverage to children and young adults (up to 25 years)
  - 2022: Expanded coverage to adults 50 years and over
  - 2024: Planned expansion to adults 26 to 49 years

Questions, Answers and Discussion

The Ryan White HIV/AIDS Program: The Basics

Published: Oct 22, 2020

Key Facts

- The Ryan White HIV/AIDS Program, first enacted in 1990, is the largest federal program designed specifically for people with HIV, serving over half of all those diagnosed.[1,2] It is a discretionary, grant program dependent on annual appropriations from Congress"
- It is the nation's safety net for people with HIV providing outpatient HIV care and treatment to those without health insurance and filling in gaps in coverage and cost for those with insurance.
- Most Ryan White clients are low-income, male, people of color, and sexual minorities.
- The program is the third largest source of federal funding for HIV care in the U.S., following Medicare and Medicaid. In FY20 it was funded at $2.5 billion which includes new funding for the federal "Ending the HIV Epidemic" initiative and supplemental funding related to the COVID-19 response.[3] Funding is distributed to states/territories, cities, and HIV organizations in the form of grants.
- While the Affordable Care Act (ACA), has expanded coverage for many people with HIV, Ryan White continues to remain a critical component of the nation's response to HIV, proving HIV care and treatment to those who remain uninsured and bolstering access for those with insurance.

Overview

The Ryan White HIV/AIDS Program (Ryan White), the largest federal program designed specifically for people with HIV in the United States, serves over half of those in the country diagnosed with the disease.[4] First enacted in 1990, the Ryan White Program has played an increasingly significant role as the number of people living with HIV has grown over time and people with HIV are living longer. It provides outpatient care and support services to individuals and families affected by the disease, functioning as the "payer of last resort" by filling the gaps for those who have no other source of coverage or face coverage limits or cost barriers.

The program has been reauthorized by Congress four times since it was first created (1996, 2000, 2006, and 2009) and each reauthorization has made adjustments to the program. The current authorization lapsed in FY 2013, but the program has continued to be funded through the annual appropriations process

as there is no "sunset" provision or end date attached to the legislation. The program is administered by the HIV/AIDS Bureau (HAB) at the Health Resources and Services Administration (HRSA) of the Department for Health and Human Services (HHS), and programs and services are delivered by grantees and sub-grantees at the state and local levels.

HRSA is one of the lead agencies in the federal government's Ending the HIV Epidemic (EHE): A Plan for America initiative (https://www.kff.org/hivaids/issue-brief/the-u-s-ending-the-hiv-epidemic-ehe-initiative-what-you-need-to-know/), launched in 2019, and the Ryan White Program is set to play a key role in efforts to reach the goal of reducing new HIV infections by 75% in five years and by 90% in ten years. The initiative includes new federal funding, some of which has been channeled to Ryan White.

In the early months of 2020, the U.S. was hit by the COVID-19 pandemic which dramatically impacted health, health coverage, and health access for all people. The Ryan White Program quickly pivoted to new ways of providing care, seeking to ensure that people with HIV were retained in care, even when the programs that serve them were strained. Recognizing the new stresses the pandemic might mean for Ryan White, Congress appropriated emergency supplemental funding for the program through the CARES Act
(See Table 1).

Clients

More than half a million people receive at least one medical, health, or related support service through the program in 2018, with many clients receiving multiple types of services:[5]

- Nearly two-thirds (61%) had incomes at or below the federal poverty level (FPL) (which in 2018 was $12,140 for a single person or $25,100 for a family of four); 29% had incomes between 101% and 250% FPL.
- One-fifth (20%) were uninsured, a decrease from 28% in 2013, prior to enactment of the major coverage provisions under the Affordable Care Act (ACA). Most clients (80%) have some form of insurance coverage: Medicaid is the most important payer for this group, covering 39%, of clients, including those dually eligible for Medicare. Other coverage includes: private insurance (18%), Medicare only (10%), and other sources (12%).
- Reflecting the demographics of HIV in the U.S., clients are largely male (72%), 27% are female and 2% are transgender. Half (50%) are between the ages 45 and 64 and over one-third (37%) are between 25-44. Smaller shares are under 25 (5%) or over 64 (8%). Most clients are people of color (74%), including 47% who are Black and 23% who are Hispanic. Just over one-quarter of clients (26%) are White. Half (50%) are gay or bisexual men.

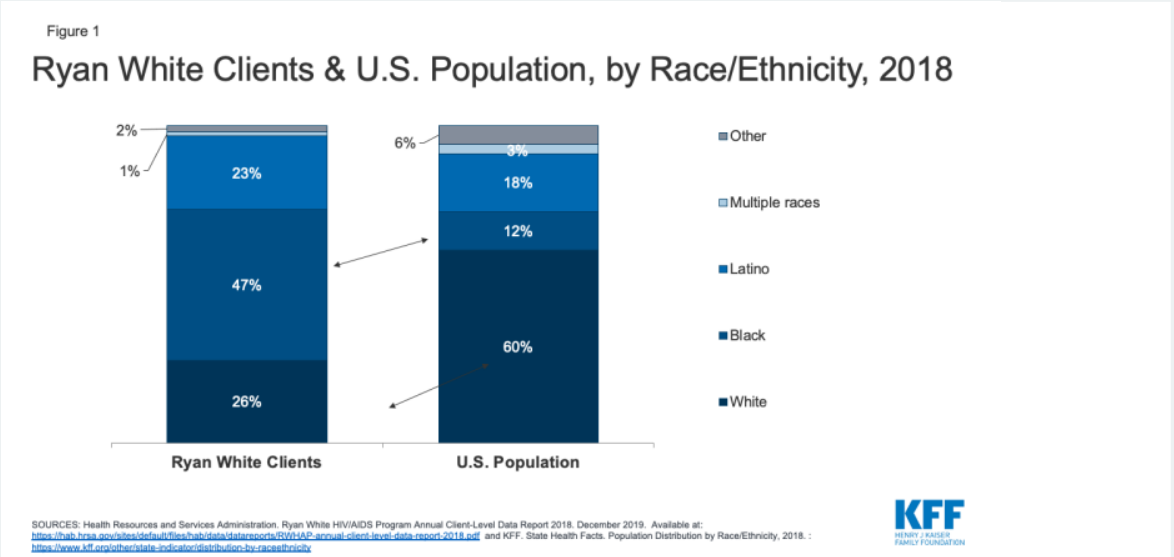


Figure 1: Ryan White Clients & U.S. Population, by Race/Ethnicity, 2018

Structure and Funding

The Ryan White Program is the third largest source of federal funding for HIV care in the U.S., after Medicare and Medicaid.[6] Federal funding for the program, which is appropriated by Congress annually, began in FY1991 and increased significantly in the mid-1990s, primarily after the introduction of highly active antiretroviral therapy (HAART).[7] For many years thereafter, funding continued to increase, but at slower rates, eventually leveling out and not keeping pace with inflation.[8] However, new funding as part of the EHE Initiative ($70 million in FY 2020) marked the first significant increase to the program in many years.[9] Additional funding was provided as part of one of the COVID-19 relief packages ($90 in FY2020).

The Ryan White HIV/AIDS Program is composed of "Parts," each with a different purpose and funded as a separate line item through annual appropriations. Funding is provided to states and territories (Part B) cities (Part A), and to providers, community-based organizations (CBOs), and other institutions (Parts C, D, and F), in the form of grants. In recognition of the varying nature of the HIV epidemic, grantees are given broad discretion to design key aspects of their programs, such as specifying client eligibility levels and service priorities. However, there are requirements, including that grantees are required to spend 75% or more of funds on "core medical services" under Parts A through C[10] and that all state AIDS Drug Assistance Programs (ADAPs) must have a minimum formulary for medications.[11] (See Table 1 for a description of program parts and FY2020 funding levels).

Table 1: Description of the Ryan White Program, by Part, FY20

Part	FY20 (Funding in Millions)	Part Description
Part A	$655.9	Funds provided to "eligible metropolitan areas" (EMAs), areas with 2,000+ reported AIDS cases over the past 5 years & "transitional grant areas" (TGAs), areas with 1,000-1,999 reported AIDS cases in the past 5 years. TGAs and EMAs must have a population of at least 50,000. Two-thirds of funds are distributed by formula based on area's share of living HIV (non-AIDS and AIDS) cases and the remainder is distributed via competitive supplemental grants based on "demonstrated need." EMAs must establish Planning Councils, local bodies tasked with assessing needs, developing HIV care delivery plans, and setting priorities for funding. Most TGAs are not required to have Planning Councils. *Number of Grantees: 24 EMAs; 28 TGAs.*
Part B	$1,315.0	Funds provided to states, Washington, D.C., and territories/associated jurisdictions. Grantees provide services directly, through sub-grantees and/or through Part B "Consortia" (associations set up to plan and deliver HIV care). Part B components include: • **Base & Supplemental:** Funds distributed by formula to states based on state's share of living HIV (non-AIDS and AIDS) cases, weighted to reflect the presence of EMAs/TGAs. Additional "supplemental" grants are available for states with "demonstrated need." • **Emerging Communities (ECs):** A portion of Part B base funds is set aside for grants to metropolitan areas with 500-999 cumulative reported AIDS cases over the most recent 5 years. Funding distributed via formula. *Number of grantees: 50 States, D.C., and 8 Territories/Associated Jurisdictions.*
ADAP (non-add)	*$900.3*	***ADAP & ADAP Supplemental:*** *Congress "earmarks" funds under Part B for ADAPs which provide medications and assists with costs related to insurance for people with HIV. ADAP supplemental grants (5% of earmark) available to states with "severe need".*
Part C	$201.1	Funds public and private organizations directly for: • **Early Intervention Services (EIS):** To provide comprehensive primary health

		care to people with HIV, including services to those newly diagnosed, such as HIV testing, case management, and risk reduction counseling. • **Capacity Development & Planning Grants:** To support organizations in planning for service delivery and building capacity to provide services. *Number of grantees: 348 EIS; 59 Capacity Development.*
Part D	$75.1	Funds public and private organizations to provide family-centered and community-based services to children, youth, and women living with HIV and their families, including outreach, prevention, primary and specialty medical care, and psychosocial services. Supports activities to improve access to clinical trials and research for these populations. *Number of grantees: 115.*
Part F	$33.6 (AETCs)/$13.1 (Dental)/$25 (SPNS)	Includes the following components: • **AIDS Education and Training Centers (AETCs):** National and regional centers proving education and training for health care providers who treat people with HIV. *Number of grantees: 14.* • **Dental Programs:** The "Dental Reimbursement Program," reimburses dental schools/providers for unreimbursed oral health services; the "Community-Based Dental Partnership Program" funds dental provider education and increases access to dental care for people with HIV. *Number of grantees: 51 Reimbursement, 12 Community Partnership.* • **Minority AIDS Initiative (MAI):** MAI, created in 1998, aims to address impact of HIV on racial/ethnic minorities. Provides funding across DHHS agencies/programs, including the Ryan White HIV/AIDS Program, to strengthen organizational capacity and expand HIV services in minority communities. The Ryan White HIV/AIDS Program's component of the MAI was codified in the 2006 reauthorization.[12,13] • **Special Projects of National Significance (SPNS):** Funded through "set-asides" of

		general federal Public Health Service evaluation funding, separately from the amount appropriated by Congress for the Ryan White HIV/AIDS Program, SPNS projects address emerging needs of clients and assist in developing a standard electronic client information data system.
Ending the HIV Epidemic Initiative	$70.0	Dedicated funding to support the "Ending the HIV Epidemic (EHE)" initiative which aims to reduce HIV infections by 90% in ten years. Ryan White plays a key role in delivering care to people with HIV in the initiative and seen as the agency lead for the initiative's "care pillar."
CARES Act (COVID-19 relief) Funding for Ryan White	$90.0	Supplemental emergency funding provided to the program through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the 3rd legislative initiative to address the COVID-19 pandemic. Funding provided to supplement existing contracts, grants, and cooperative agreements under Program parts A, B, C, and D, and to AIDS Education and Training. Traditional requirements related to spending share dedicated to core medical services in Parts A, B, and C do not apply.
Total	**$2,478.8**	

Ryan White HIV/AIDS Program and Care Outcomes

While many clients have gained coverage under the ACA, Ryan White continues to play a critical role as a safety net provider for those who remain uninsured and filling gaps for clients with traditional insurance, including assisting with insurance affordability. Importantly, Ryan White support appears to make a significant difference in achieving sustained viral suppression. Viral suppression affords optimal health outcomes at the individual level and, because when an individual is virally suppressed they cannot transmit HIV, significant public health benefit.[14] Overall, those with Ryan White support were significantly more likely to have sustained viral suppression compared to those without (68% v. 58%) and this pattern was observed across all coverage types (see Figure 2).[15]

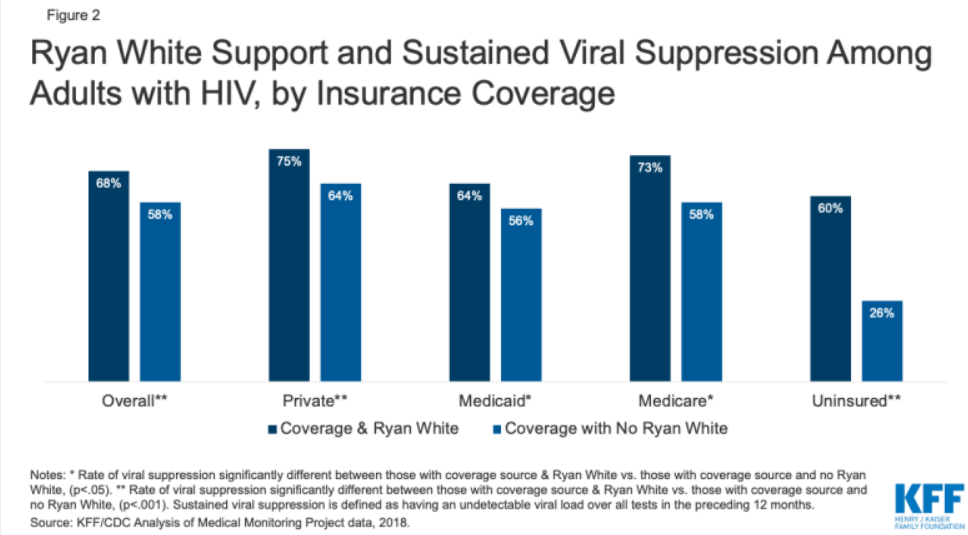


Figure 2: Ryan White Support and Sustained Viral Suppression Among Adults with HIV, by Insurance Coverage

Key Issues

First enacted as an emergency measure, the Ryan White program has grown to become a central component of HIV care in the U.S., playing a critical role in the lives of many low and moderate-income people with HIV. Looking ahead, there are several key issues facing the program that will be important to monitor, including:

- **Future funding**. As a federal grant program, funding is dependent on annual appropriations by Congress, and funding levels do not necessarily correspond to actual need (i.e. the number of people seeking services or the costs of services). As a result, historically not all states and communities have been able to meet the needs of their jurisdictions.
- **Possible future program reauthorization** and any impact on program structure and financing.
- **Major changes to the ACA,** including repeal and the impact of any changes on health coverage options for people with HIV and the Ryan White Program. In particular, if ACA era health programs are dismantled, lose their benefit design standards, or the nondiscrimination protections are weakened, it will be key to assess Ryan White's ability to make-up for any coverage losses among people with HIV.
- **Ryan White's ongoing role in the EHE initiative**, including future Congressional appropriations for EHE and the ability to address HIV in the face of the COVID-19 pandemic, among other factors.
- **The ability to simultaneously address the COVID-19 and HIV epidemics**. People with HIV need access to ongoing care and treatment to remain healthy and the ability to curb the HIV epidemic relies in part on improving rates of viral suppression among people with HIV. This must continue to happen at time when providers and systems that serve people with HIV, from the highest levels in federal government to the most local levels at community clinics, are facing

great strain in the wake of the pandemic and when people with HIV are at particular risk for facing personal challenges which may make engaging in care difficult.

Endnotes

1. Kaiser Family Foundation. *U.S. Federal Funding for HIV/AIDS: Trends Over Time*.. November 2017. Available at: http://kff.org/global-health-policy/fact-sheet/u-s-federal-funding-for-hivaids-trends-over-time/ (blank).

   ← Return to text (https://www.kff.org/hivaids/fact-sheet/the-ryan-white-hivaids-program-the-basics/#endnote_link_491855-1)

2. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018. December 2019. Available at: https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2018.pdf (https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2018.pdf)

   ← Return to text (https://www.kff.org/hivaids/fact-sheet/the-ryan-white-hivaids-program-the-basics/#endnote_link_491855-2)

3. Kaiser Family Foundation analysis of FY20 HHS omnibus spending bill.

   ← Return to text (https://www.kff.org/hivaids/fact-sheet/the-ryan-white-hivaids-program-the-basics/#endnote_link_491855-3)

4. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018. December 2019. Available at: https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2018.pdf (https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2018.pdf).

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5. Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018. December 2019. Available at: https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2018.pdf (blank)

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6. 7 Kaiser Family Foundation. *U.S. Federal Funding for HIV/AIDS: Trends Over Time*. November 2017. Available at: http://kff.org/global-health-policy/fact-sheet/u-s-federal-funding-for-hivaids-trends-over-time/ (blank).

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7. 8 KFF analysis of data provided by the Office of Management and Budget. See also: Kaiser Family Foundation. *U.S. Federal Funding for HIV/AIDS: Trends Over Time*. June 2016. Available at: http://kff.org/global-health-policy/fact-sheet/u-s-federal-funding-for-hivaids-trends-over-time/ (http://kff.org/global-health-policy/fact-sheet/u-s-federal-funding-for-hivaids-trends-over-time/).

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8. 9 KFF analysis of data provided by the Office of Management and Budget. See also: Kaiser Family Foundation. *U.S. Federal Funding for HIV/AIDS: Trends Over Time*. June 2016. Available at: http://kff.org/global-health-policy/fact-sheet/u-s-federal-funding-for-hivaids-trends-over-time/ (blank).

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9. [10] Kaiser Family Foundation. The U.S. Ending the HIV Epidemic (EHE) Initiative: What You Need to Know. May 2020. Available at: https://www.kff.org/hivaids/issue-brief/the-u-s-ending-the-hiv-epidemic-ehe-initiative-what-you-need-to-know/ (https://www.kff.org/hivaids/issue-brief/the-u-s-ending-the-hiv-epidemic-ehe-initiative-what-you-need-to-know/)

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10. [13] Grantees may be able to get waivers from this requirement.

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11. [14] Ryan White HIV/AIDS Treatment Modernization Act of 2006 (P.L. 109-415).

    [15] Kaiser Family Foundation. The U.S. Ending the HIV Epidemic (EHE) Initiative: What You Need to Know. May 15, 2020. Available at: https://www.kff.org/hivaids/issue-brief/the-u-s-ending-the-hiv-epidemic-ehe-initiative-what-you-need-to-know/ (https://www.kff.org/hivaids/issue-brief/the-u-s-ending-the-hiv-epidemic-ehe-initiative-what-you-need-to-know/).

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12. [16] Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87).

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13. [17] CRS. *The Ryan White HIV/AIDS Program*; June 2011.
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14. HHS. NIH. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV. (https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/0) July 10, 2019. https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/whats-new-guidelines (https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/whats-new-guidelines)
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15. Dawson, L. and Kates, J. Kaiser Family Foundation. Insurance Coverage and Viral Suppression Among People with HIV, 2018. September 2020. https://www.kff.org/hivaids/issue-brief/insurance-coverage-and-viral-suppression-among-people-with-hiv-2018/ (https://www.kff.org/hivaids/issue-brief/insurance-coverage-and-viral-suppression-among-people-with-hiv-2018/)
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LOS ANGELES COUNTY
COMMISSION ON HIV

RYAN WHITE-FUNDED AGENCIES IN LOS ANGELES COUNTY
FOR ANNUAL MEETING DISCUSSION PURPOSES ONLY
Excludes County Facilities

#	Agency Name	Ryan White Service(s) Provided
1	AIDS Healthcare Foundation	Ambulatory Medical Outpatient (AOM), Benefits Specialty, Medical Care Coordination (MCC), Mental Health, Oral Healthcare Services, Transportation Services, Medical Subspecialty
2	Alliance for Housing and Healing	Residential Care Facility - Chronically Ill, Emergency Financial Assistance
3	AltaMed Health Services Corporation	Ambulatory Outpatient Medical (AOM), Benefits Specialty, Home-Based Case Management, Medical Care Coordination (MCC), Mental Health, Oral Healthcare Services, Transportation Services
4	APLA Health and Wellness	Home-Based Case Management, Benefits Specialty, Nutrition Support, Oral Healthcare Services, Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Transportation Services
5	Bienestar Human Services	Nutrition Support, Transportation Services
6	Center for Heath Justice	Transitional Case Management-Jails
7	Children's Hospital of Los Angeles	Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Transportation Services
8	City of Long Beach, Dept of Health & Human Services	Benefits Specialty, Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC)
9	Dignity Health (dba St. Mary Medical Center)	Benefits Specialty, Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Home-Based Case Management, Oral Healthcare Services, Transportation Services
10	East Valley Community Health Center, Inc.	Benefits Specialty, Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Oral Healthcare Services,
11	El Proyecto del Barrio, Inc.	Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Oral Healthcare Services, Transportation Services
12	Focus Interpreting	Language Services
13	Inner Law Center	Legal Services
14	JWCH Institute, Inc.	Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Oral Healthcare Services, Transportation Services, Benefits Specialty, Mental Health, Transitional Case Management
15	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Transportation Services,
16	Men's Health Foundation	Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Transportation Services

17	Minority AIDS Project	Home-Based Case Management, Benefits Specialty, Transitional Case Management
18	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Oral Healthcare Services, Transportation Services, Benefits Specialty, Mental Health
19	Project Angel Food	Nutrition Support
20	Project New Hope	Residential Care Facility - Chronically Ill, Residential Care Services-TRCF, Transportation Services
20	Heluna Health	Transitional Case Management
21	APAIT/SSG	Mental Health, Transportation Services
22	St. John's Well Child and Family Center	Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Transportation Services, Mental Health, Oral Healthcare Services
23	T.H.E. Clinic	Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Transportation Services
24	Tarzana Treatment Centers, Inc.	Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Oral Healthcare Services, Transportation Services, Benefits Specialty, Mental Health, Home-Based Case Management, Substance Use-Transitional Housing (meth), Transitional Case Management-Jails
25	Saban Community Clinic	Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC)
26	UCLA	Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Transportation Services, Oral Healthcare Services
27	The Salvation Army	Residential Care Facility - Chronically Ill, Transportation Services
28	USC	Oral Healthcare Services
30	Venice Family Clinic	Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Benefits Specialty, Mental Health
31	Watts Healthcare Corporation	Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Transportation Services, Oral Healthcare Services

AWARDS AND RECOGNITIONS

Perfect Attendance

Miguel Alvarez
Kevin Donnelly
Bridget Gordon
Lee Kochems

Special Recognition | Attendance

Alasdair Burton
Danielle Campbell
Joseph Green
Thomas Green
Karl Halfman
Katja Nelson
Mario Perez
Ricky Rosales
Harold Glenn San Augustin

RECOGNITIONS

Co-Chair Service and Leadership

Danielle Campbell & Bridget Gordon

Alvaro Ballesteros & Kevin Donnelly | Planning, Priorities and Allocations

Erika Davies & Kevin Stalter | Standards and Best Practices

Luckie Alexander Fuller & Justin Valero | Operations

Lee Kochems & Katja Nelson | Public Policy

Alvaro Ballesteros & Joseph Green | Aging Caucus

Danielle Campbell & Gerald Garth | Black/African American Caucus

Xelestiál Moreno & Isabella Rodriguez | Transgender Caucus

Shary Alonzo, Dr. Mikhaela Cielo, & Dr. Guadalupe Morales Avendano | Women's Caucus

Dr. William King, Miguel Martinez & Greg Wilson | Prevention Planning Workgroup