LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
Subscribe to the Commission's Email List:
https://tinyurl.com/y83ynuzt

COMMISSION ON HIV
Virtual Meeting

Thursday, October 13, 2022
9:00am - 1:30pm (PST)

Agenda and meeting materials will be posted on
http://hiv.lacounty.gov/Meetings

TO REGISTER & JOIN BY COMPUTER/SMART DEVICE:

https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=mdd1a090fb79731d6aaac97db9aba014d

**Link is for non-Commissioners/members of the public*

TO JOIN BY PHONE:

1-213-306-3065 Access Code: 2590 333 7381
Password: COMMISSION

For a brief tutorial on how to use WebEx, please check out this video:
http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9360

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

LIKE WHAT WE DO?

Apply to become a Commission Member at:
https://www.surveymonkey.com/r/2022CommissiononHIVMemberApplication
For application assistance call (213) 738-2816 or email hivcomm@lachiv.org

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
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).

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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

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

Thursday, October 13, 2022 | 9:00 AM – 1:30 PM
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=mdd1a090fb79731d6aaac97db9aba014d
link is for members of the public only
To Join by Telephone: 1-213-306-3065 Password: COMMISSION Access Code: 2590 333 7381

AGENDA POSTED: October 6, 2022

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

1. ADMINISTRATIVE MATTERS

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

2. PRESENTATION - I

Health Management Associates (HMA) Mental Health Assessment Findings Presentation | Charles Robbins, MBA, Principal — 9:20AM – 10:05 AM

3. REPORTS - I

A. Executive Director/Staff Report — 10:05 AM – 10:25 AM
   (1) County/Commission Operations | UPDATES
      a. Conflict of Interest Form 700 | OVERVIEW & REMINDER
      b. AB 361 Continuation of Virtual Meetings for November 2022 **MOTION #3**
   (2) November 10, 2022, Annual Meeting Planning

B. Co-Chairs' Report — 10:25 AM – 10:55 AM
   (1) National Latinx HIV/AIDS Awareness Day (NLHAAD) | Community Voices
   (2) Member Feedback
      a. September 19-20 Presidential Advisory Council for HIV/AIDS (PACHA) Meeting
      b. Other conferences, trainings and events attended
   (3) Membership Vacancies

C. California Office of AIDS (OA) Report (Part B Representative) — 10:55 AM – 11:00 AM
   (1) OAVoice Newsletter Highlights

D. LA County Department of Public Health Report (Part A Representative) — 11:00 AM – 11:15 AM
   (1) Division of HIV/STD Programs (DHSP) Updates
      a. Programmatic and Fiscal Updates
      b. RWP Parts A & B
      c. Monkeypox Briefing Update

E. Housing Opportunities for People Living with AIDS (HOPWA) Report — 11:15 AM – 11:20 AM

F. Ryan White Program Parts C, D, and F Report — 11:20 AM – 11:25 AM

G. Cities, Health Districts, Service Planning Area (SPA) Reports — 11:25 AM – 11:30 AM

BREAK — 11:30 AM – 11:40 AM

LOS ANGELES COUNTY
COMMISSION ON HIV

4. REPORTS - II 11:40 AM – 12:20 PM

A. Operations Committee

(1) Membership Management

a. 2022 Renewal Memberships

- Mario Peréz, MPH **MOTION #4**
- Jerry Gates, PhD **MOTION #5**

b. New Membership Applications

- Arlene Frames **MOTION #6**
- Pearl Doan **MOTION #7**
- Redeem Robinson **MOTION #8**
- Andre Molette **MOTION #9**

(2) Policy & Procedure Review

(3) Recruitment, Outreach & Engagement

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

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

(2) Multi-Year Reallocation & Contingency Planning

(3) DHSP Directives | UPDATES

C. Standards and Best Practices (SBP) Committee

(1) Oral Health Service Standards: Dental Implants Addendum

(2) Transitional Case Management Service Standards | UPDATES

D. Public Policy Committee (PPC)

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

a. 2022-23 Legislative Docket | UPDATES

b. 2022 Policy Priorities | UPDATES

c. LA County STD Crisis | UPDATES

E. Caucus, Task Force and Work Group Report 12:20 PM – 12:30 PM

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

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

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

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

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

(6) Women's Caucus

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

LOS ANGELES COUNTY
COMMISSION ON HIV

5. PRESENTATION - II 12:30 PM – 1:15 PM

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

6. MISCELLANEOUS

A. Public Comment 1:15 AM – 1:20 PM
Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so via https://www.surveymonkey.com/r/PUBLIC_COMMENTS .

B. Commission New Business Items 1:20 PM – 1:25 PM
Opportunity for Commission members to recommend new business items for the full body or a Committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to act arose after the posting of the agenda.

C. Announcements 1:25 PM – 1:30 PM
Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.

D. Adjournment and Roll Call 1:30 PM
Adjournment for the meeting of October 13, 2022.

LOS ANGELES COUNTY
COMMISSION ON HIV

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	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.
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.
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.
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.
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.
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.
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.

LOS ANGELES COUNTY
COMMISSION ON HIV

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 FHEA	Katja Nelson, MPP	Jesus “Chuy” Orozco
Mario J. Pérez, MPH	Mallery Robinson (*Alternate)	Ricky Rosales	Harold Glenn San Agustin, MD
Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter (LoA)	Justin Valero, MPA
MEMBERS:	**35**		
QUORUM:	**18**		

LEGEND:

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

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

510 S. Vermont Avenue, 14th Floor, Los Angeles CA 90020 • TEL (213) 738-2816
EMAIL: hivcomm@lachiv.org • WEBSITE: http://hiv.lacounty.gov

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

September 8, 2022

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

COMMISSION STAFF & CONSULTANTS
Cheryl Barrit, Catherine Lapointe, Dawn McClendon, Jose Rangel-Garibay, and Sonja Wright
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF
Pamela Ogata, Ilish Perez, 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 9:04 AM in acknowledgment of the indigenous people of Los Angeles. Cheryl Barrit, Executive Director, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, F. Findley, L. A. Fuller, J. Gates, T. Green, F. Gonzalez, K. Halfman, J. Magaña, A. Mills, D. Murray, K. Nelson, R. Rosales, H. San Agustin, M. Sattah, J. Valero, and B. Gordon

B. MEETING GUIDELINES AND CODE OF CONDUCT: B. Gordon went over the Commission on HIV (COH)'s meeting guidelines and code of conduct, which can be found in the meeting packet.

C. APPROVAL OF AGENDA

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

D. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the August 11, 2022 Commission on HIV Meeting Minutes, as presented or revised **(✓Passed by Consensus)**

2. REPORTS – I

A. EXECUTIVE DIRECTOR/STAFF REPORT

(1) County/Commission Operations | UPDATES

a. Board of Supervisors (BOS) 30-Day Extension for Virtual Meetings

- C. Barrit informed the COH that the Board of Supervisors (BOS) voted to extend the continuation of virtual meetings for 30 more days. On June 24, 2022, the BOS issued a press release stating that when COVID-19 transmissions drop back to "low" levels for seven consecutive days, the Board Hearing Room will reopen, and in-person meetings will resume.

(2) November 10, 2022 Annual Meeting Planning

- The COH Annual Meeting will take place on November 10th from 9 AM – 4PM. At the September Executive Committee meeting meeting, the committee began exploring potential discussion topics for the annual meeting, including an update from the Division of HIV and STD Programs (DHSP) on the HIV/STD response in Los Angeles County, an update on the Comprehensive HIV Plan (CHP), a discussion on new biomedical technologies for HIV prevention, a transgender empathy training, a discussion on how to integrate the topic of undetectable equals untransmittable (U=U) into clinical care, and a community brainstorming session on how to modernize the Ryan White system.

B. CO-CHAIRS'S REPORT

(1) 2023 COH Co-Chair Open Nominations & Election: Commissioners Danielle Campbell, Joseph Green and Jayda Arrington were nominated for the 2023 Co-Chair seat, and Alexander Luckie Fuller submitted a self-nomination. Acceptance of nominations were not recorded or received by staff from D. Campbell or J. Green, and J. Arrington was informed that she did not meet the one-year membership eligibility requirement. As a result, Jim Stewart, Parliamentarian, conducted a roll call vote to approve L. Fuller as the 2023 COH Co-Chair.

MOTION #3: Approve 2023 Co-Chair, as elected ✓**Passed by Roll Call Vote** (***Ayes:*** M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, F. Findley, A. Fuller, J. Gates, T. Green, F. Gonzalez, K. Halfman, L. Kochems, J. Magaña, A. Mills, D. Murray, K. Nelson, R. Rosales, H. San Agustin, M. Sattah, J. Valero, and B. Gordon; ***No:*** 0; ***Abstain:*** 0)

(2) Membership Vacancies:

- B. Gordon thanked commissioners for recruiting applicants for the COH and noted that there are several vacancies on the COH including:
  - Unaffiliated consumers for Service Planning Areas (SPAs) 1, 2, 3, 4, and 7
  - Unaffiliated consumers for supervisorial districts 1, 2, 3, 4, and 5
  - 1 unaffiliated consumer at-large
  - 1 Part C representative
  - 1 provider representative
  - 3 HIV stakeholders
  - 1 local health or hospital planning agency

(3) Presidential Advisory Council for HIV/AIDS (PACHA) in Los Angeles | Sept 19-20

- C. Barrit announced that the Presidential Advisory Council for HIV/AIDS (PACHA) will take place in Los Angeles on September 19 and 20, 2022. The conference will be in-person with the option to join remotely. PACHA will take place at the Martin Luther King Jr. Outpatient Building located at 1670 E. 120th St, Los Angeles, CA 90059.
- Public comments will be open on the second day of the conference. Those who wish to make public comments will need to register by September 9th. Felipe Findley inquired if commissioners who make public comments should disclose their COH membership status. Dawn McClendon responded that for full disclosure and transparency, commissioners may state that they are part of the COH but comments are not representative of the COH and are of the commissioner's own personal views.

(4) Ryan White Program Conference | FEEDBACK

- Several commissioners attended the 2022 National Ryan White Conference and shared their experience. Key points were as follows:
    - Alasdair Burton reported that he attended sessions pertaining to HIV and aging and will provide a more thorough response once the presentation slides are available to the public. He also learned more about community empowerment through health education, such as understanding medical jargon and how to read labs results.
    - Kevin Donnelly reported that that he attended sessions on anti-stigma, consumer participation, status-neutral approaches, gender-affirming care, and lack of funding for successful programs that used Special Projects of National Significance (SPNS) grants.
    - Jayda Arrington reported that she attended a moving presentation by Jeanne White Ginder, mother of Ryan White, reflecting on her son's life and battle with AIDS. She also attended a presentation titled "Path to Jobs: Expanding Employment Opportunities for People Living with HIV" which highlighted jobs such as peer navigators and HIV counselors. J. Arrington noted the conference was overall a positive experience; however, there was a lot of information to cover in a short amount of time and some presentations were quite extensive.

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

(1) OAVoice Newsletter Highlights

- Karl Halfman reported that the OA Newsletter is not yet available due to the Labor Day holiday. He will share the report with COH staff once it is available. He also reported that the California Planning Group will be hosting a four-part virtual meeting that will be open to the public. The meetings will take place on October 25th & 27th and November 1st and 3rd. More information will be included in the September OAVoice Newsletter.
- Justin Valero asked if the California Office of AIDS (OA) had any thoughts or reactions to the new Texas ruling which states that the Affordable Care Act (ACA) is not required to cover pre-exposure prophylaxis (PrEP). K. Halfman responded that he would discuss this issue with OA leadership.

D. LA COUNTY DEPARTMENT OF PUBLIC HEALTH REPORT (PART A REPRESENTATIVE)

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

a. Programmatic and Fiscal Updates

- DHSP will be working on several funding applications throughout the month of September.
- DHSP staff will be attending the PACHA conference and sharing their HIV response in LA County.
- Mario Perez reported that the State added additional resources to continue to support critical STD prevention/treatment efforts. DHSP will share their spending recommendations tied to these resources in October.

b. RWP Parts A & B

- DHSP will continue to work with the COH on the development of the RWP Part A application.

c. Monkeypox Briefing Update

- There are currently 1,694 monkeypox cases in LA County, 98% of which are among men. An estimated 62,000 vaccines have been given.
- J. Valero asked if DHSP will be expanding eligibility requirements for the monkeypox vaccine. M. Perez responded that they will be expanding eligibility.
- DHSP reported concerns with a decline in monkeypox vaccinations and is working to increase messaging to get more at-risk individuals vaccinated.
- J. Valero inquired if monkeypox can be spread at gyms (e.g., not wiping down equipment). M. Perez directed J. Valero to the LA County Department of Public Health (DPH) monkeypox landing page, which can be accessed at http://publichealth.lacounty.gov/media/monkeypox/
- Eduardo Martinez expressed the importance of sharing monkeypox information with the Latinx community.
- Dr. Martin Sattah asked if the monkeypox vaccine will be available for anyone who considers themselves to be at-risk without requiring them to disclose their sexual behavior. M. Perez noted that clinicians are starting to offer the vaccine to anyone who needs it, without disclosing their specific sexual practices.

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

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

- Part C: *No report provided.*

- Part D: Dr. Mikaela Cielo reported that the Maternal Child and Adolescent Adult Center (MCA) is now offering a program titled Incentives for Care, Adherence, Retention, and Engagement (iCARE) to increase engagement in care and viral suppression for youth. Those who are interested in referring anyone to the program can contact Michael Haymer at mhaymer@ph.lacounty.gov.

- Part F: *No report provided.*

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

- City of West Hollywood: Derek Murray reported that the West Hollywood monkeypox pop-up vaccine clinic has administered around 300 doses. Starting on Monday, September 12th, the clinic will be located at Great Hall in Plummer Park at 7377 Santa Monica Blvd. The clinic will be open from 10 AM to 3 PM Monday through Thursday and 1 PM – 7 PM on Fridays. Appointments can be made on MyTurn and walk-ins are welcome; however, only 150 doses are allocated each day and supplies may run out. D. Murray also reported that Being Alive LA, located on 8225 Santa Monica Blvd offers a syringe exchange program every Saturday from 4 PM – 7 PM.

- City of Pasadena: Erika Davies reported that the Pasadena Health Department is offering monkeypox vaccines on a limited basis. The City of Pasadena will be celebrating their 7th Annual National Coming Out Celebration on Tuesday, October 11th at 5:30 PM at Pasadena City Hall.

- City of Los Angeles: Ricky Rosales reported that the City of Los Angeles is working on finding ways to open a safe injection site following the Governor's veto of SB 57.

(1) City of Long Beach Syringe Services Programs (SSP) Workgroup

- Everardo Alvizo provided more information on the City of Long Beach Syringe Services Programs (SSP) Workgroup. The workgroup was created in response to the goals and objectives of the city's strategy to decrease HIV/STD rates, particularly among people who inject drugs. The City of Long Beach does not provide a syringe exchange program but does work with community-based organizations who do. E. Alvizo invited representatives from Bienestar Human Services and the Asian American Drug Abuse Program (AADAP) to speak about their respective organizations.
- Elham Jalayer, Harm Reduction Program Manager at Bienestar Human Services, provided a presentation on the Harm Reduction Program; see PPT in meeting packet.

The program provides services to help reduce the rates of infectious diseases, soft tissue infections, and preventable overdose deaths. The program primarily focuses on the SPA 8 area, including fixed mobile sites in Wilmington and Long Beach. From July to September 2022, the Harm Reduction Program had 255 encounters and 157 unduplicated participants. Among unduplicated participants, 90% expressed experienced being unstably housed or homeless; 24% were PLWH; 70% were HIV-negative; and 8% did not know their HIV status. The program distributed 20,481 syringes and collected 14, 197. The program also distributed 299 units of naloxone, an overdose reversal medication. It was reported that 138 units had been used. In addition, the program distributes fentanyl test strips, smoking kits, wound care kits, food, and clothing. E. Jalayer also informed the COH that the Harm Reduction Program makes referrals to wound care, hepatitis C treatment, mental health therapy, medication, assisted treatment, and detox and substance abuse help.

- Daniel Rodriguez Cruz, AADAP, provided a presentation on the program. The Health Intervention Program within AADAP offers client-centered health education and risk reduction for women of color and injection drug users. AADAP offers an Engagement & Overdose Prevention Hub, a free syringe service program that offers access to sterile syringes, safe disposal of syringes, overdose prevention education, fentanyl test strips, and linkages to HIV and hepatitis testing and treatment.

3. REPORTS – II

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

K. Donnelly provided the report. The PP&A Committee met on August 16th. Highlights from the meeting include:

- A Fiscal Report from DHSP
  - DHSP staff provided the Fiscal Year (FY) 31 report which closed out with a $1.74 million carryover in Minority AIDS Initiative (MAI) funding. The Part A and B awards were fully maximized. LA County's FY 22 RWP funding breakdown is as follows:
    - LA County's total FY 2022 Part A award is $45,922,435 which represents an increase of $1,945,224
    - LA County's Part B award is $5,446,800
    - MAI funding is $3.7 million
- Ryan White Program and Department of Health Services (DHS) Clinics
  - As a follow-up to the Committee discussion on Ryan White Program (RWP)-funded services at DHS clinics, DHSP shared additional data on client demographics.
    - Number of Patients Affected: The decision by DHS to no longer use RW dollars to fund HIV services is not expected to impact current RWP service recipients.

- Number of Patients Affected: In the calendar year (CY) 2021, 5,678 people living with diagnosed HIV (PLWDH) received lab work at a DHS site. In FY 2021, 16,963 PLWDH received one or more RWP services. 5,351 RWP clients received AOM services; approximately 28% received services from a DHS site. 8,244 RWP clients received MCC services; approximately 13% received services from a DHS site. Retention in care and viral suppression measures were higher at DHS RWP sites compared to the overall RWP data. Retained in care: 79% overall RWP vs 87% DHS clinics. Viral suppression: 82% overall RWP vs 86% DHS clinics.

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

- AJ King provided an update on CHP and requested feedback from the group on how to best develop the Goals and Objectives section.
- Committee members suggested developing goals that promote the use of non-stigmatizing language when talking about behaviors. Another recommendation focused on using targeted efforts for hardly reached populations such as homeless individuals and people who use drugs.

(2) Multi-Year Reallocation & Contingency Planning

- DHSP staff provided a comprehensive review of funding streams for HIV/STDs in LA County. A table showing the comprehensive list of funding sources for HIV and STD activities is included in the packet.
- LA County received $6.1M in EHE funding from HRSA and $3.3M from the CDC.
- The PP&A Committee pointed out the low amount of funding allocated for STD testing and treatment, given the high rates of STDs in LA County.

The next meeting will be from September 27th from 1 PM to 4 PM. The PP&A Committee will not meet on September 20th to support community members attendance at the PACHA meeting. The Committee will continue discussions around contingency planning on how to re-allocate $5 million to $6 million in RW funding and review the CHP goals and objectives sections ready for Committee and DHSP review.

B. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

(1) Benefit Specialty Service Standards

MOTION #4: Approve Benefit Specialty Service Standards, as presented or revised ✓**Passed by Roll Call Vote** (***Ayes:*** M. Alvarez, E. Alvizo, J. Arrington, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, A. Fuller, J. Gates, T. Green, F. Gonzalez, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, K. Nelson, M. Perez, R. Rosales, H. San Agustin, M. Sattah, and J. Valero; ***No:*** 0; ***Abstain:*** K. Halfman)

(2) Home-Based Case Management Service Standards

MOTION #5: Approve Home-Based Case Management Service Standards, as presented or revised ✓**Passed by Roll Call Vote** (***Ayes:*** M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, A. Fuller, J. Gates, T. Green, F. Gonzalez, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, K. Nelson, M. Perez, R. Rosales, H. San Agustin, M. Sattah, and J. Valero ***No:*** 0; ***Abstain:*** K. Halfman)

- J. Arrington commented that lived experience is helpful when working in the HIV field and not all jobs require a college degree; however, for research purposes, having a degree is necessary.

(3) Oral Health Service Standards: Dental Implants Addendum | UPDATES: The committee approved the Dental Implants Addendum to the Oral Healthcare Service Standards and moved the document to the Executive Committee for approval.

(4) Special Populations Best Practices | UPDATES: The committee hosted community presentations for agencies contracted to provide Transitional Case Management (TCM) services and heard from representatives from the Center for Health Justice and Heluna Health. The presenters described the TCM programs at their respective agencies and shared recommendations for improving the service delivery and client health outcomes of the populations they serve. Among the recommendations were: Keep client cases open for 60 days or until the case manager can confirm the client is linked to care; consider updating the Case Watch data management system; consider resuming case conference meetings between all TCM provider agencies; Include mental health service referrals to Discharge plans; Include a "Case Closure" section to the service standards; and place more emphasis on linkage to care post-release. The committee will review the recommendations and update the draft TCM-IPR service standards document.

The Committee's next meeting is Tuesday, October 4th from 10 AM -12 PM. The committee will continue reviewing the Transitional Case Management-Incarcerated/Post-Release (TCM-IPR) service standards and begin review of the Oral Healthcare Service Standards.

C. OPERATIONS COMMITTEE

L. Fuller provided the report. Due to the Ryan White Conference held on August 23rd – 26th, the Operations Committee rescheduled its August 25th meeting to September 1st. The next meeting will be held on Thursday, September 22nd from 10 AM – 12 PM. Items of discussion will include a continuation of the budget discussion, changes to bylaws and 2 person per agency rule, updates on membership application process/protocol, and attendance award acknowledgement discussion. Standing items include the CHP, training schedule, and outreach efforts and strategies.

(1) Membership Management

a. **Renewals:** The June 2022 membership renewal application process has been completed. The last applications, Mario Perez and Jerry Gates, were approved at the Operations Committee level and elevated to the Executive Committee.

b. **New Membership Applications:** The Operations Committee conducted four interviews for new membership applications, of which one applicant will fill an unaffiliated consumer vacancy seat. The new membership applications were approved at the Operations level and elevated to the Executive Committee level. The Operations Committee was impressed with the new applicants and are excited to introduce them provided that their applications are approved at the Executive level. The new applicants are: Arlene Frames – UA seat, Pearl Doan, Reverend Redeem Robinson, and Andre Molette.

c. **Interview Process Update:** The Operations Committee is in the process of reviewing staff's review and verification process. The next discussion regarding this process will take place at its upcoming meeting this month. After the completion of the pre-screening discussion, the Application Interview Questions workgroup will meet for a final time to ensure the process is streamlined and the questions are not duplicative.

d. **Attendance Awards:** The Operations Committee is looking forward to having a discussion led by Commissioner Joe Green regarding acknowledging commissioners with good attendance at its next meeting.

(2) Policy & Procedural Review

a. **2-Person Per Agency Rule:** The Operations Committee started a robust conversation regarding the 2-Person Per Agency Rule. As a reminder, this rule was implemented to ensure that no one agency has undue influence at the table, especially during the voting process. The discussion will continue at the upcoming meeting later this month and Operations invites others to attend and weigh in on the conversation so that all opinions and voices are heard.

b. **Bylaws:** Operations will also begin a conversation regarding increased unaffiliated consumer stipends which will require a Bylaw change. As a result of the stipend conversation and the fact the Bylaws have not been reviewed in quite some time, Operations will look at the Bylaws in its entirety and it is anticipated that this process will go well into next year.

(3) Recruitment, Outreach & Engagement: To fill unaffiliated consumer seats, a recruitment flyer was sent out via the Commission's listserv and approximately 10 new applications were received. The applications will be reviewed, and interviews will be scheduled accordingly.

D. PUBLIC POLICY COMMITTEE (PCC)

Katja Nelson provided the update. Due to the Labor Day holiday, the Public Policy Committee (PPC)'s next meeting will be on Monday, September 12th from 1 – 3 PM. Staff from the Wall Las Memorias will provide an update on the Act Now Against Meth (ANAM) motion to the BOS.

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

a. **2022-23 Legislative Docket | UPDATES:** The Governor has until the end of September to sign bills into law, not sign bills in law, or veto any bills. An update will be given at the October PPC meeting.

b. **2022 Policy Priorities | UPDATES:** Co-chairs K. Nelson and L. Kochems will provide an update on the revised Policy Priorities and Action Plan documents at their next meeting.

c. **LA County STD Crisis | UPDATES:** COH staff will provide an update on a "Thank You" letter sent to the BOS on behalf of the PPC and the COH expressing their gratitude and acknowledgement of the BOS's recent efforts in combatting the STD crisis in LA County.

E. CAUCUS, TASK FORCE AND WORK GROUP REPORTS

(1) Aging Caucus | October 4 @ 1PM

- Al Ballesteros provided the update. The Aging Caucus met on September 6th. Commissioners shared highlights of the sessions they attended during the National Ryan White Conference, held on August 23rd – 26th. Examples of conference highlights shared include:
  - Importance of health literacy to empower consumers to understand medical terminologies, lab results, medications, and to advocate for themselves.
  - Planning and implementing conferences for and by consumers.
  - HIV and aging clinics' pilot projects and aging directives from New York State and City, which offered insights on how to design age-friendly services for older PLWH.
  - Importance of support groups to PLWH across the lifespan.
  - Funding service dogs for emotional support in clinic waiting rooms to help with healing and coping.

  - Finding a mechanism to fund successful projects under the SPNS program to attain long-term funding to facilitate widespread replication.
- The Caucus reviewed and prioritized DHSP's proposed activities to align Los Angeles County's Ryan White Program with the California Master Plan on Aging. Some of the activities that received high rankings revolved around:
  - Age and LGBTQI-friendly housing and rental assistance
  - Blending funding sources to support housing services
  - Implementing comprehensive screenings
  - Adding a gerontologist to care teams
  - Addressing the digital divide
- The Caucus continued discussion on developing an addendum to the set of recommendations to address the needs of long-term survivors under 50. Using recommendations from guest speakers, community testimonies, conferences, and literature, a draft list of ideas were reviewed, and the group will refine the document at its upcoming meetings. Some of the addendum ideas include:
  - Including assessments around injury prevention (such as violence and firearms)
  - Addressing isolation and the need to connect younger long-term survivors to other PLWH for social support and connection.
  - Training providers to be aware of the unique milieu and potential comorbidities to optimize care and outcomes
  - Important to screen for and address comorbidities with prevention and early treatment
  - Future work should examine the dynamic nature of epigenetic age, through examinations of differences in viral load over time, or how interventions leading to improved adherence impact epigenetic age.
  - Conduct targeted studies and data collection on how accelerated aging affects long-term survivors under 50 years of age
  - Expand benefits counseling (from all program types, not just Ryan White funded) to include long-term planning and how to transition into Medicare
  - Expand counseling services to include self-advocacy for care and treatment options
  - Assessments for older PLWH may need to be discussed with medical provider earlier in age/lifespan
  - Consider using biomarker testing for long-term survivors under 50 to determine the rate and impact of accelerated aging.
  - Work with providers to look for opportunities to address health inequities early in the lifespan.

(2) Black/African American Caucus | September 15 @ 4PM

- D. McClendon provided the report. The Caucus met on August 18th and welcomed a presentation from Raniyah Copeland, Founder, Equity & Impact Solutions, on findings from the PrEP marketing campaign focus groups which were convened to solicit feedback from various priority populations of the Black community, i.e., MSM, Trans Women, and Cis-Women, on the needs, gaps and what they would like to see in HIV prevention messaging.
    - This exercise is to address Black Caucus' general recommendation #3: Incorporate universal marketing strategies for HIV prevention that appeal to all subsets of the Black/AA community to reduce stigma and increase awareness.
    - Overall feedback of the focus groups included:
        1. Showcase local community members, i.e., influencers, advocates, and celebrities
        2. Imagery Diversity to include families, couples, people of varying age, people of varying gender, diverse traits, gender non-confirming people, Trans men, vibrant colors, and fonts
        3. Empowerment for and by the Community, i.e., key messaging developed in partnership with priority populations, use empowerment tactics recommended by participants, speaks to the wholeness of Black life; not focused solely on HIV

- The Caucus extended its September 15th meeting to 3 – 5 PM to allow sufficient time for the Caucus to address two questions R. Copeland posed to move forward with a marketing campaign:
  (1) What are your recommendations for campaign outcomes?
  (2) Creative Direction: Do you feel images inclusive of everyone together (MSM, ciswomen, transwomen) is preferred OR specific images in separate print documents (one document has MSM only, one document has ciswomen only, etc.)?
- Additionally, the Caucus will begin preliminary discussions on potentially developing a needs assessment in-house to address organizational capacity among Black led organizations.

(3) Consumer Caucus | September 8 @ 3PM

- A. Burton provided the report. The Consumer Caucus met on August 8th, following the COH meeting and debriefed on the discussions of the meeting. Concerns were expressed around accessibility, eligibility, and the rollout of the monkeypox vaccine. Many members felt that the messaging in the community was stigmatizing and mishandled, and that more preventive messaging should have been promoted. The Caucus shared that while it seems as though lessons were not learned from COVID, this is an opportunity for consumers to speak up and stressed the importance of listening to the people.

- The Caucus discussed and agreed to create space for a Hep C training at its next Caucus meeting, courtesy of AbbVie Biopharmaceutical. They were unable to finalize the details for the Hep C training for the September Caucus meeting and will reschedule for another time.
- At their September meeting, the Caucus will hear from CHP consultant, AJ King, on the CHP updates and provide feedback. The Caucus will also discuss insights and feedback from those who attended the Ryan White Conference and strategize how to improve consumer engagement.

(4) Prevention Planning Workgroup | September 28 @ 4 PM

- M. Martinez provided the report. The Prevention Planning Workgroup (PPW) met on August 24th. Dr. William King provided a presentation on long acting injectables for HIV prevention and treatment.
- The PPW sent out a Knowledge, Attitudes, and Beliefs (KAB) survey to assess Commissioners' understanding and capacity to engage effectively in prevention planning. The PPW will work with COH staff to review the responses and use the feedback to develop a training plan to increase knowledge and capacity for integrated prevention planning.

(5) Transgender Caucus | September 27 @ 10AM

- C. Barrit provided the report. The Transgender Caucus did not meet in August but will reconvene on September 27th from 10 AM to 12 PM. The group will discuss the proposed transgender empathy training and future opportunities for educational sessions that highlight transgender issues and strength.

(6) Women's Caucus

a. Special Virtual Lunch & Learn 2-Part Series: September 21 @ 5PM & October 17 @ 12 PM

- Dr. Cielo provided the report. The Women's Caucus met on August 15th to finalize details around its upcoming Virtual Lunch & Learn (VLL) focusing on women living with HIV and sexuality.
- The Caucus is excited to announce the next VLL will be a 2-part presentation addressing women living with HIV and those who have experienced trauma and sexuality. The presentations will include women sharing their lived experience as well as guest speaker, Dr. Erica Holmes. Part 1 will be Wednesday, September 21st @ 5 – 6:30 PM and will focus on Empowerment, Dating & Disclosure, Sexual Negotiation, and Dating after Trauma. Part 2 will be held October 27th @ 12 – 1:30 PM and focus on Sexual Empowerment & Pleasure. The flyer to be shared this week.

- Both September and October Caucus meetings are cancelled in lieu of the special 2-part VLL presentation and the PACHA meetings (specific to the September meeting).

4. 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

- E. Alvizo announced that on September 17th, the Long Beach HIV and Aging Summit will take place at the Bille Jean King Library from 10:30 AM – 2:00 PM. On October 1st, there will be a Transgender Empowerment Career Fair at the Long Beach LGBT Center from 10 AM – 2 PM. On October 2nd, there will be a Trans Pride event from 11 AM to 6 PM.
- Thomas Green informed the COH that he needs a kidney donor and will provide additional information via staff on how to become a donor.
- L. Fuller announced that APLA will be hosting a monkeypox vaccine clinic on September 10th from 10 AM to 12 PM.

D. ADJOURNMENT AND ROLL CALL: ADJOURNMENT FOR THE MEETING OF SEPTEMBER 8, 2022

The meeting was adjourned by B. Gordon.

Roll Call (Present): M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, A. Fuller, J. Gates, T. Green, F. Gonzalez, K. Halfman, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, K. Nelson, M. Perez, R. Rosales, H. San Agustin, M. Sattah, and B. Gordon.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve the June 9, 2022 Commission on HIV Meeting Minutes, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 3: Approve 2023 Co-Chair, as elected.	***Passed by Majority Roll Call Vote*** ***Ayes:*** M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, F. Findley, A. Fuller, J. Gates, T. Green, F. Gonzalez, K. Halfman, L. Kochems, J. Magaña, A. Mills, D. Murray, K. Nelson, R. Rosales, H. San Agustin, M. Sattah, J. Valero, and B. Gordon ***No:*** 0 ***Abstain:*** 0	**MOTION PASSED** **AYES: 25** **OPPOSED: O** **ABSTENTIONS: 0**
MOTION 4: Approve Benefit Specialty Service Standards, as presented or revised	***Passed by Majority Roll Call Vote*** ***Ayes:*** M. Alvarez, E. Alvizo, J. Arrington, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, A. Fuller, J. Gates, T. Green, F. Gonzalez, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, K. Nelson, M. Perez, R. Rosales, H. San Agustin, M. Sattah, and J. Valero ***No:*** 0 ***Abstain:*** K. Halfman	**MOTION PASSED** **AYES: 23** **OPPOSED: 0** **ABSTENTIONS: 1**
MOTION 5: Approve Home-Based Case Management Service Standards, as presented or revised	***Passed by Majority Roll Call Vote*** ***Ayes:*** M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, A. Fuller, J. Gates, T. Green, F. Gonzalez, L. Kochems, J. Magaña, E. Martinez, A. Mills, D. Murray, K. Nelson, M. Perez, R. Rosales, H. San Agustin, M. Sattah, and J. Valero ***No:*** 0 ***Abstain:*** K. Halfman	**MOTION PASSED** **AYES: 24** **OPPOSED: 0** **ABSTENTIONS: 1**

LOS ANGELES COUNTY COMMISSION ON HIV

2022 MEMBERSHIP ROSTER| UPDATED 8.8.22

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

LEGEND: EXC=EXECUTIVE COMM | OPS=OPERATIONS COMM | PP&A=PLANNING, PRIORITIES & ALLOCATIONS COMM | PPC=PUBLIC POLICY COMM | SBP=STANDARDS & BEST PRACTICES COMM

LOA: Leave of Absence

Overall total: 36

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor, Los Angeles, CA 90020
TEL. (213) 738-2816
WEBSITE: hiv.lacounty.gov | EMAIL: hivcomm@lachiv.org

ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: August 8, 2022
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4th Thursday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 11 | Number of Quorum= 5**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Bridget Gordon	**Co-Chair, Comm./Exec.***	**Commissioner**
Danielle Campbell	**Co-Chair, Comm./Exec.***	**Commissioner**
Al Ballesteros	Co-Chair, PP&A	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Alexander Fuller	Co-Chair, Operations	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Kevin Stalter *(LOA)*	Co-Chair, SBP	Commissioner
Justin Valero	Co-Chair, Operations	Commissioner

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

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 1 2| Number of Quorum= 7		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Donnelly	**Committee Co-Chair***	Commissioner
Al Ballesteros	**Committee Co-Chair***	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus "Chuy" Orozco	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 9 | Number of Quorum= 5		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Lee Kochems, MA	**Committee Co-Chair***	Commissioner
Katja Nelson, MPP	**Committee Co-Chair***	Commissioner
Alasdair Burton	*	Alternate
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Eduardo Martinez	**	Alternate
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Courtney Armstrong	DHSP staff	DHSP

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1st Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 11 | Number of Quorum = 6		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Stalter *(LOA)*	**Committee Co-Chair***	**Commissioner**
Erika Davies	**Committee Co-Chair***	**Commissioner**
Michael Cao, MD	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Thomas Green	**	Alternate
Mark Mintline, DDS	*	Committee Member
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Ernest Walker *(LOA)*	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS

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

AGING TASK FORCE (ATF)

Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm
Co-Chairs: Al Ballesteros, MBA & Joe Green
Open membership

TRANSGENDER CAUCUS

Regular meeting day/time: 4th Tuesday of Every Other Month @ 10am-12pm
Co-Chairs: Isabella Rodriguez & Xelestial Moreno
Open membership

WOMEN'S CAUCUS

Regular meeting day/time: 3rd Monday of Each Month @ 9:30am-11:30am
Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo
Open membership

PREVENTION PLANNING WORKGROUP

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

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 8/31/22

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	**Danielle**	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CAO	**Michael**	Golden Heart Medical	No Ryan White or prevention contracts
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FULLER	**Luckie**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
GATES	**Jerry**	AETC	Part F Grantee

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

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

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

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

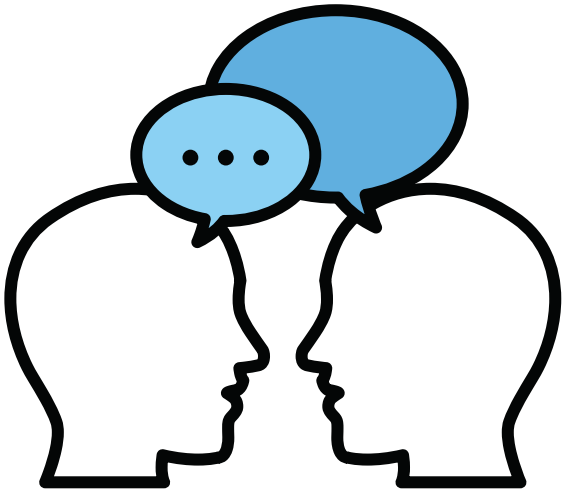
LOS ANGELES COUNTY
COMMISSION ON HIV

Los Angeles County Commission on HIV Training Schedule 2022

Come learn with us!

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

Trainings are mandatory for all Commissioners.



UPDATED SCHEDULE
(AS OF 9.27.22)

March 29
General Orientation
Commission on HIV Overview
3:00 - 4:30 PM - Register here.

April 12
Virtual Study Hour
3:00 - 4:00 PM - Register here.

July 21
Ryan White Care Act Legislative Overview
Membership Structure and Responsibilities
3:00 - 4:30 PM - Register here.

August 17
Virtual Study Hour
3:00 - 4:00 PM - Register here.

September 15
Priority Setting and Resource Allocation Process
Service Standards Development
3:00 - 4:30 PM - Register here.

October 20 CANCELLED
Virtual Study Hour
3:00 - 4:00 PM - Register here.

November 16
Policy Priorities and Legislative Docket Development Process
4:00 - 5:00 PM - Register here.

November 17 CHANGED TO NOV 14 @ 4-5PM
Co-Chair Roles and Responsibilities (Virtual live)
4:00 - 5:00 PM - Register here.

December 13
Virtual Study Hour
3:00 - 4:00 PM - Register here.

HMA Community Strategies

County of Los Angeles Public Health

EHE Initiative: Assessment of Unmet Mental Health Needs of PLWH

Final Report and Findings Presentation

October 2022

AGENDA

- ❑ INTRODUCTIONS
- ❑ METHODOLOGY
- ❑ SUMMARY OF FINDINGS
- ❑ KEY TAKEAWAYS
- ❑ RECOMMENDATIONS

HMA RESEARCH TEAM

HMA COMMUNITY STRATEGIES

Charles Robbins, MBA
he/him
Principal

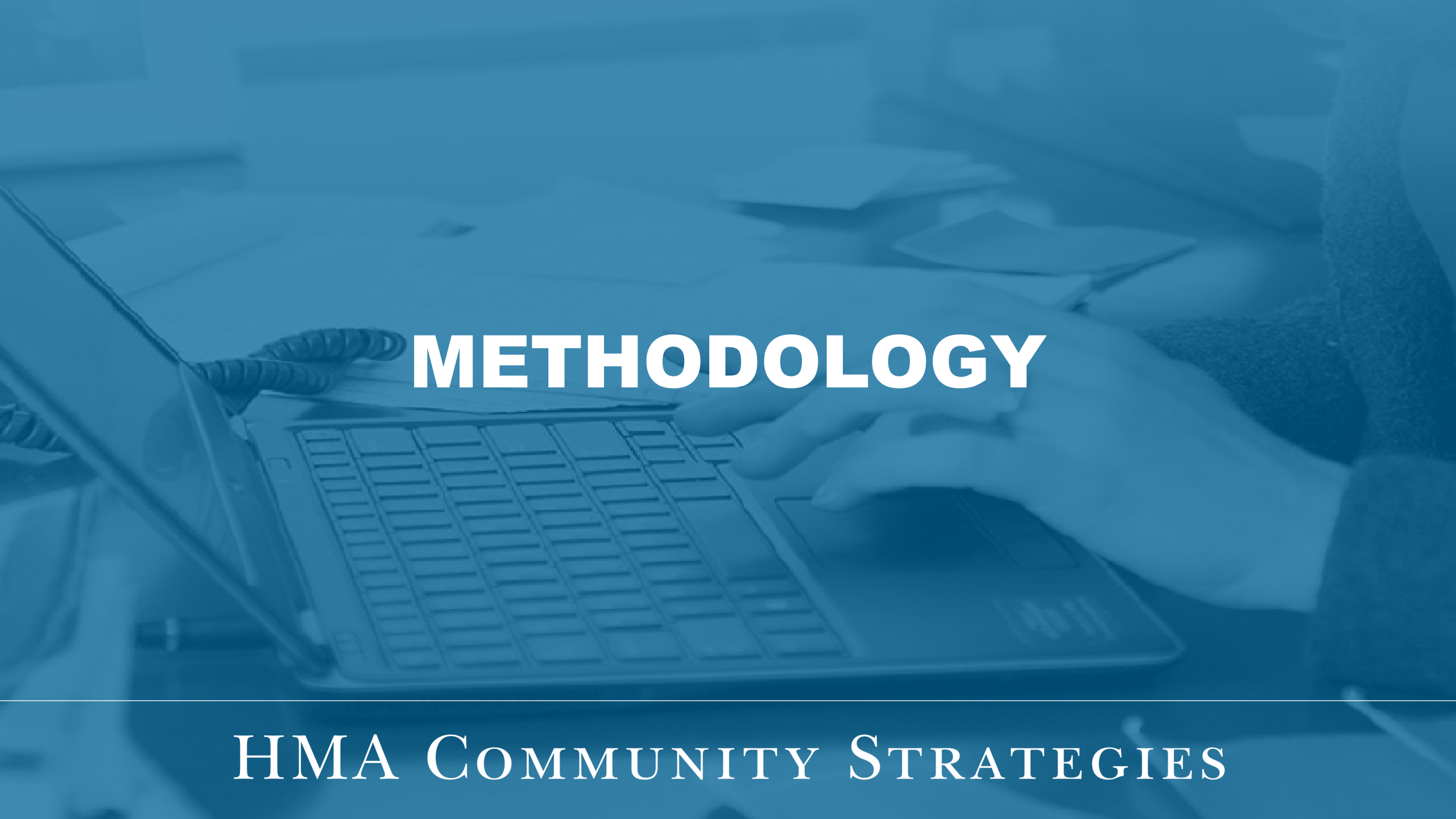
Michael Butler, MA
he/him
Senior Associate

Ryan Maganini
he/him
Consultant

Brandin Bowden, MS
he/him
Senior Associate

Stephen Palmer, PhD
he/him
Managing Principal

Drew Hawkinson
he/him
Associate



METHODOLOGY

HMA Community Strategies

RESEARCH APPROACH

Level	Primary Focus	Key Research Questions	Data Source
Systems	Identification of cross-cutting issues affecting coordination and continuous improvement	How do we create a successful system of care? How can we best work across sectors to effectively address mental health needs?	Interviews, focus groups, surveys
Provider	Provider ability, capacity, and needs	Where are the gaps in linking people to care and providing follow up? What are the workforce and training needs of providers to treat the MH needs of PLWH?	Interviews, focus groups, surveys, DMH data
Client or Consumer	Current and historical barriers to care and needs of special populations	What are the main reasons clients are not accessing services or not linking to referrals? What are the differentiated needs for people of color, those with SUD, trauma history, etc.?	Interviews, focus groups, surveys, DMH data

LAC MENTAL HEALTH SERVICES AND DELIVERY SYSTEM

Specialty Mental Health Services

- Eligibility Criteria:
  - an eligible diagnosis
  - a related functional impairment
  - the proposed services must be medically necessary
- Prioritized for California adults with serious mental illness (SMI) and minors with serious emotional disturbance (SED).
- In LAC, the **Department of Mental Health (DMH)** provides Specialty Mental Health Services.

Non-Specialty Mental Health Services

- Eligibility Criteria:
  - a diagnosis of a mild to moderate mental health disorder
  - not eligible for specialty care
- For Medi-Cal beneficiaries, these services are coordinated by **Medi-Cal managed care plans (MCPs)** and **Federally Qualified Health Centers (FQHCs)**.

Drug Medi-Cal – Organized Delivery System (DMC-ODS)

- A pilot program funded by Medicaid Section 1115 waiver that assesses individuals (covered by Medi-cal) according to nationally recognized criteria and refers them to treatment according to their needs.
- In LAC, DMC-ODS paved the way for **DPH's Substance Abuse Prevention Control (SAPC)** to strengthen and increase access to SUD treatment services.

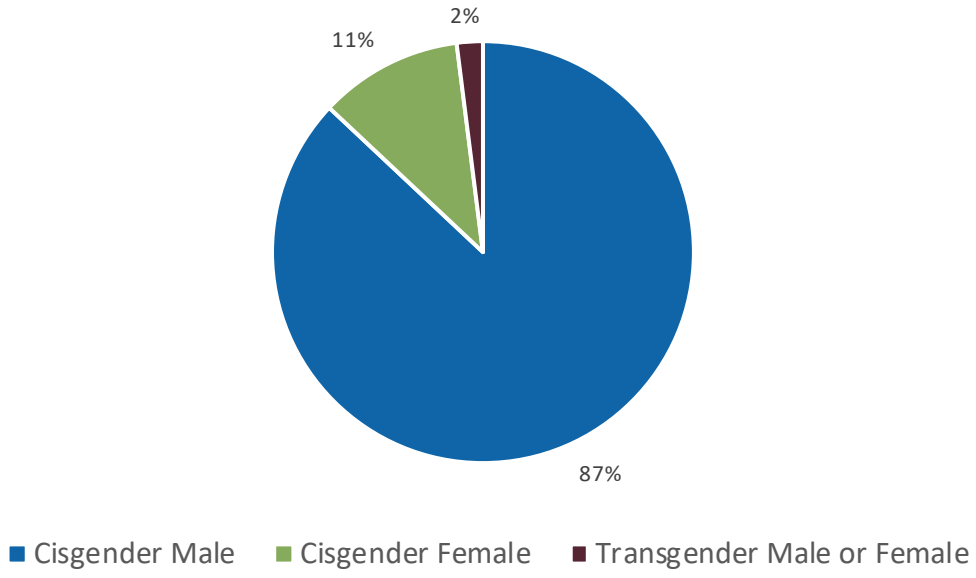
DATA SOURCES

- Qualitative
  - Key Stakeholder Interviews (15 agencies)
- Quantitative
  - Surveys (35 providers and 29 clients)
  - DMH Data (2019-2021)
  - LA County DPH Division of HIV and STD, Annual HIV Surveillance Report (2020)
  - LA County DPH Division of HIV and STD, Annual STD Surveillance Report (2018)

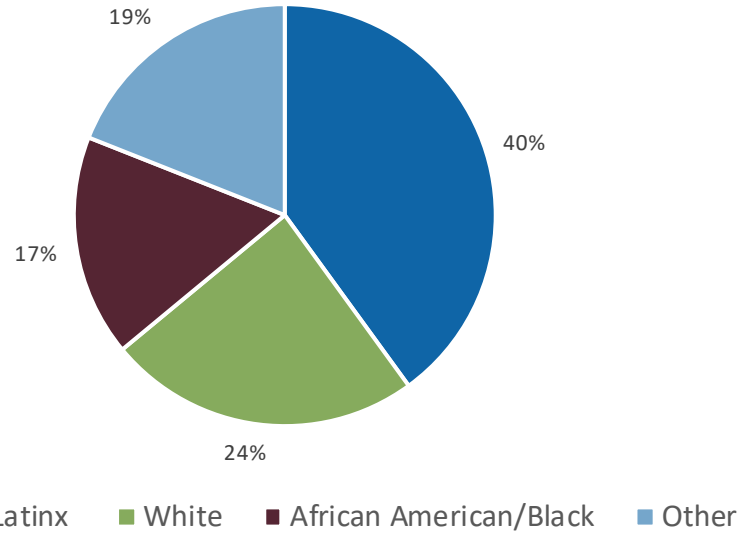
SUMMARY OF FINDINGS

- **HIV PREVALENCE**
  - LAC has the largest population (~10,000,000) of any county in the nation (larger than 43 States).
  - As of 2021, it is estimated that there are **59,400 PLWH** in LAC.
  - ~1,700 new HIV infections each year
  - ~6,800 undiagnosed people living with HIV (53,330 PLWDH in LAC).

PLWH in LAC By Gender Identity



PLWH in LAC By Race/Ethnicity Among MSM



SYSTEM LEVEL BARRIERS

- **Workforce and Capacity Barriers**
  - Lack of a sufficient pipeline of qualified and experienced professionals
  - Lack of professional development and training
- **Communication and Coordination Barriers**
  - County departments are siloed
  - Services are poorly integrated
  - Data sharing is infrequent and/or inadequate to the task
- **Policy and Regulatory Barriers**
  - Excessive administrative compliance and reporting requirements
  - Restrictions on eligibility for Ryan White services leads to under-utilization of services
- **Financial and Funding Barriers**
  - Low reimbursement rates
  - Lack of clarity about reimbursement policies among providers
  - "Carve out" provision for specialty MH services creates a fractured system

PROVIDER LEVEL BARRIERS

- **Workforce and Capacity Barriers**
  - Excessive staff turnover
  - Limitations for staff compensation
  - Difficult to recruit/retain staff
  - Lack of quality training and training related to MH and SUD for people living with HIV

- **Policy and Regulatory Barriers**
  - Many providers suggested that changes may be needed to Ryan White eligibility criteria.
  - Excessive paperwork and documentation
  - Poor quality and inconsistent systems for EMR and data sharing in LAC.

- **Service Linkage and Coordination Barriers**
  - Difficulties in identifying peer partners/agencies to whom they can confidently refer clients for quality care
  - Lack of psychiatric services, especially bilingual (English-Spanish) psychiatrists
  - Lack of MH awareness among primary care physicians
  - Lack of provider confidence in the cultural competency and trauma-informed capacity of peer agencies.

CLIENT LEVEL BARRIERS

- **Environmental and Contextual Barriers**
  - Life stressors
  - Social vulnerability
  - Trauma history
  - Managing multiple chronic illnesses or health conditions

- **Attitudinal Barriers**
  - Stigma
  - Medical mistrust

- **Access and Service Delivery Barriers**
  - Intake paperwork and administrative burden
  - Eligibility requirements
  - Waitlists
  - Lack of providers who closely resembles themselves or who understands their background, experience, etc.

"Sometimes the world feels like it's not suited for me. There seems to be no empathy for straight HIV+ women. Providers are not asking if you need counseling services. They need motivational interviewing skills – to really understand me."

- White straight woman living with HIV since 2013

"There is a lack of compassion by medical staff. They need to treat people as a person and not a number. It's also challenging to find substance use disorder treatment services. People feel totally lost."

- Latino gay male living with HIV since 2003

PROVIDER SURVEY

- **Screening and Intake**
  - Most commonly respondents agreed or strongly agreed that their organization is experiencing challenges related to screening and intake in the following areas:
    - Providing services to PLWH at their organization **not covered by Ryan White Funding** (65%)
    - **Obtaining MH referrals from Primary Care** and other physical health care practices (60%)
    - Obtaining **referrals from other community-based organizations** (CBOs) (52%)
    - Obtaining **referrals from Administrative Services Only (ASOs)** Insurance Benefits (47%)

Roughly a third (27%) of respondents noted that their agency does not receive Ryan White funding and 12% noted that they did not know whether their agency receives Ryan White funding or not. Under half (40%) of respondents indicated that they are not contracted with DMH to provide mental health services and 25% of respondents did not know if they were contracted with DMH.

PROVIDER SURVEY

- **Quality of Services Delivery**
  - Most commonly, respondents agreed or strongly agreed that their organization experiences challenges with:
    - Providing integrated and/or collaborative models of care with other providers for PLWH (47%)
    - Developing treatment plans that meet the individuals needs of PLWH (47%).

- **MH/SUD Service Linkages and Referrals**
  - The majority of respondents agreed their organization experiences challenges in all areas listed.

Please indicate the extent to which you agree with the following statements about service linkages and referrals. Our agency/organization experiences challenges in...	"Disagree" or "Strongly Disagree"	"Agree" or "Strongly Agree"
Identifying high quality providers to whom we can refer PLWH for MH services.	25%	70%
Ensuring PLWH receive timely referrals to MH services.	20%	80%
Referring PLWH to specialty MH services.	20%	75%
Referring PLWH to psychiatric services.	20%	80%
Ensuring PLWH receive timely referrals to SUD services.	15%	75%
Identifying culturally competent providers to whom we can refer PLWH for MH services.	25%	65%
Following up to ensure that referred PLWH receive care after a referral has been made.	20%	70%
Identifying high quality providers to whom we can refer PLWH for SUD services.	10%	80%
Identifying culturally competent providers to whom we can refer PLWH for SUD services.	15%	70%

PROVIDER SURVEY

- **Staffing and Workforce Aspects of MH/SUD Service Delivery for PLWH**
  - The most common challenges indicated by respondents were:
    - Difficulty matching clients living with HIV to a licensed clinician with whom they identify (90%)
    - Difficulty coping with rules and regulations that limit how they can staff clinical care for PLWH (84%)
    - Difficulty assessing relevant staff training resources and/or staff training opportunities (75%)

Please indicate the extent to which you agree with the following statements about staffing and workforce. Our agency/organization experiences challenges in…	"Disagree" or "Strongly Disagree"	"Agree" or "Strongly Agree"
Hiring qualified clinical staff to meet the MH needs of PLWH.	11%	74%
Retaining quality qualified clinical staff to meet the MH needs of PLWH.	11%	74%
Coping with rules and regulations that limit how we can staff clinical care for PLWH.	5%	84%
Matching PLWH clients to a licensed clinician with whom they identify.	0%	90%
Providing adequate supervision and oversight of more junior staff and interns involved in MH/SUD services for PLWH.	16%	58%
Assessing relevant staff training resources and/or staff training opportunities.	5%	75%
Retaining quality clinical staff to meet the SUD needs of PLWH.	10%	70%
Involving staff and interns involved in MH/SUD services for PLWH.	5%	50%
Hiring qualified clinical staff to meet the SUD needs of PLWH.	10%	65%

PROVIDER SURVEY

- **Reporting and Compliance Aspects of MH/SUD Service Delivery for PLWH**
  - The most common challenges indicated by respondents were:
    - Obtaining and/or sharing data with or from other service providers (74%)
    - Providing staff with guidance on how to navigate billing and reimbursement systems for PLWH (68%)
    - Obtaining reimbursement for MH services with PLWH due to siloed models of care (67%)

Please indicate the extent to which you agree with the following statements about reporting and compliance. Our agency/organization experiences challenges in...	"Disagree" or "Strongly Disagree"	"Agree" or "Strongly Agree"
Providing MH services to PLWH due to contractual billing limitations.	17%	61%
Obtaining reimbursement for MH services with PLWH due to siloed models of care.	6%	67%
Obtaining and/or sharing data with or from other service providers.	5%	74%
Obtaining and/or sharing data with or from the Department of Mental Health (DMH)	17%	50%
Providing staff with guidance on how to navigate billing and reimbursement systems for PLWH.	5%	68%
Obtaining and/or sharing data with or from the Department of Health Services (DHS).	11%	61%
Meeting deadlines for compliance reporting tied to MH service delivery for PLWH clients.	11%	50%
Obtaining and/or sharing data with or from Substance Abuse Prevention and Control (SAPC).	5%	63%
Obtaining reimbursement for SUD services with PLWH due to siloed models of care.	11%	50%
Providing SUD services to PLWH due to contractual billing limitations.	11%	50%
Obtaining and/or sharing data with or from the Department of Public Health (DPH)	17%	61%
Meeting deadlines for compliances reporting tied to SUD services for PLWH clients.	17%	50%

PROVIDER SURVEY

- **Barriers to Care**
  - The three most identified barriers to providing MH and SUD services for PLWH were:
    - Lack of referral partners for services not offered by our organization (22%)
    - Inadequate staff/workforce to meet the need for services (21%)
    - Lack of facilities or space to provide services (17%)

Barrier	Percentage of Respondents (%)
Lack of referral partners for services not offered by our organization.	22%
Inadequate staff/workforce to meet the need for services.	21%
Lack of facilities or space to provide services.	17%
Insurance coverage/eligibility concerns.	13%
Inadequate training and professional development for staff.	10%
Compliance and reporting requirements.	6%
Lack of reimbursement/inadequate reimbursement for services.	3%
Lack of cultural competency when communicating with clients who are using or injecting drugs.	3%
Lack of cultural competency when communicating with clients who are LGBTQ+.	2%

PROVIDER SURVEY

- **Provider Supports, Training and Continuing Education**
  - Respondents tended to express interest in resources on:
    - Availability of wraparound services for PLWH (90%)
    - Access to data on all services utilized of PLWH (85%)
    - Forums and networking that bring together other providers to discuss plan improvements (85%).

Please indicate the extent to which you agree with the following statements about your desires for support. Our agency/organization would benefit from the provision of...	"Disagree" or "Strongly Disagree"	"Agree" or "Strongly Agree"
Resources on availability of wraparound services for PLWH.	0%	90%
Forums and networking that bring together other providers to discuss plan improvements.	5%	85%
Access to data on service utilization of PLWH.	5%	85%
Resources on workforce retention.	10%	75%
Information about best and/or evidence-based practices.	15%	75%
Models of integrated and/or collaborative care.	5%	75%

CLIENT SURVEY

- **Service Utilization**
  - Most respondents identified needing support with:
    - Depression (100%)
    - Anxiety (100%)
    - Post-traumatic stress disorder (PTSD) (60%)
    - An eating disorder (44%)

Mental Health Symptom	I NEED help for this, but I have NOT tried to get help	I NEED help for this and HAVE tried to get help, but HAVE NOT gotten help	I NEED help for this, and I HAVE gotten help	I DO NOT need help for this
Depression	22%	22%	56%	0%
Anxiety	22%	22%	56%	0%
Post-traumatic stress disorder (PTSD)	33%	11%	22%	33%
Eating disorder	22%	11%	11%	56%
Bipolar disorder	11%	0%	11%	78%
Obsessive compulsive disorder (OCD)	22%	0%	11%	67%
Compulsive hoarding disorder	22%	0%	11%	67%
Stimulant use disorder (cocaine, meth, etc.)	22%	0%	11%	67%
Alcohol use disorder (alcoholism)	22%	11%	0%	67%
Opioid use disorder (heroin, etc.)	11%	0%	0%	89%
Psychotic disorders, including schizophrenia	11%	0%	0%	89%

CLIENT SURVEY

- **Barriers to Care Non-Users of MH Services**
  - Among those *not* receiving MH services, the most common reasons cited were:
    - A perception that it was too expensive (36%)
    - It takes too much time to start services (i.e., waitlists, paperwork, etc.) (27%).
    - Worry about being misunderstood or judged based on:
      - Their MH needs (22%)
      - Their HIV status (11%)
      - Their race/ethnicity (11%)
- **Barriers to Care Users of MH Services**
  - Among those receiving MH services, all respondents reported feeling respected or understood based on gender identification, sexual orientation, race/ethnicity, or HIV status
  - Neutral responses were relatively high for both sexual orientation and HIV status.
  - There is room for improvement in providing more affirming care.
- **Telehealth**
  - Of the respondents that have not received MH services via telehealth, 55% indicated they would be interested in starting services via telehealth.

DPH DATA SET

	Count	Percentage (%)
TOTAL	53,310	100%
SEX		
Male	47,342	89%
Female	5,968	11%
AGE		
13-19	96	< 1
20-29	3,674	7%
30-39	10,488	20%
40-49	11,086	21%
50-59	15,560	29%
≥60	12,406	23%
RACE/ETHNICITY		
White	13,809	26%
Black	**10,783**	**20%**
Latinx	**24,347**	**46%**
Asian	2,012	4%
Native Hawaiian/Pacific Islander	82	< 1
American Indian/Alaskan Native	313	1%
Multi-race	1,895	4%

- The majority of PLWDH in LAC were assigned male at birth (89%) and identify as Latinx (46%).
- The greatest percentage of PLWDH in the county are 50-59 years of age (29%).

- More than a third of PLWDH live in the Metro Service Planning Area (34%), which houses the Hollywood-Wilshire and Central health districts- two of the top three most impacted health districts in the county.

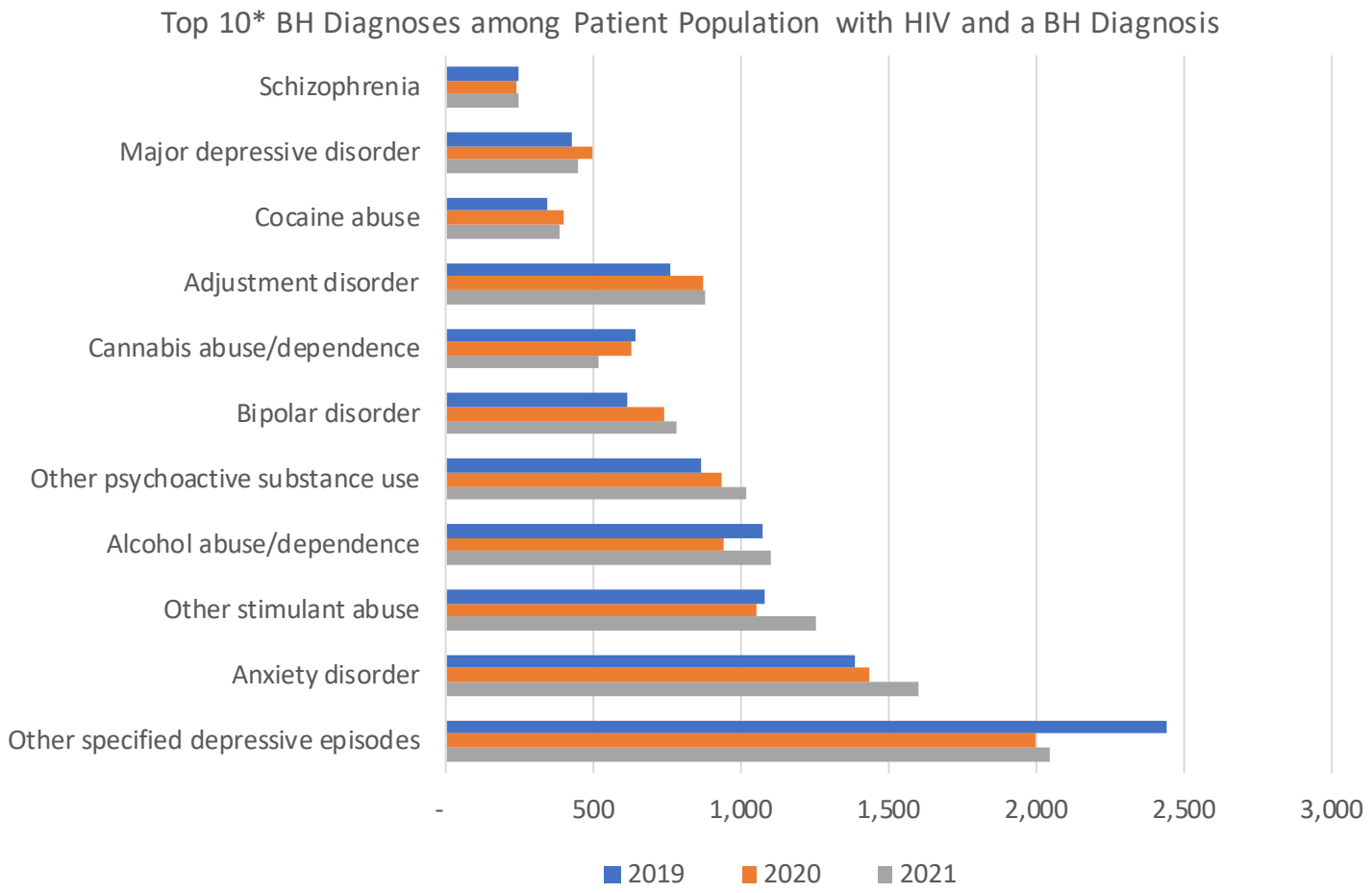
	PLWDH Count	Engaged in Care	Retained In Care
1- Antelope Valley	1,221	72%	49%
2- San Fernando	**7,989**	73%	51%
3- San Gabriel	4,153	73%	50%
4- Metro	**18,226**	**64%**	**44%**
5- West	2,535	66%	45%
6- South	**6,820**	70%	49%
7- East	3,911	71%	50%
8- South Bay	**7,988**	70%	52%
All LAC	52,843	70% (average)	49% (average)

- Among people assigned male at birth, MSM was the most common exposure category- 88% of male PLWDH were MSM—followed MSM/IDU.

- Among people assigned female at birth, heterosexual contact was to the most common exposure category- followed by injection drug use (IDU).

	Male		Female	
	Total PLWDH Count	%	Total PLWDH Count	%
Male-to-male sexual contact (MSM)	**41,860**	88%	-	-
Injection drug use (IDU)	1,445	3%	**1,283**	21 %
MSM/IDU	**2,932**	6%	-	-
Hemophilia/transfusion	60	< 1	42	1%
Heterosexual contact	877	2%	**4,488**	75 %
Perinatal exposure	105	< 1	141	2%
Other risk	63	< 1	14	< 1

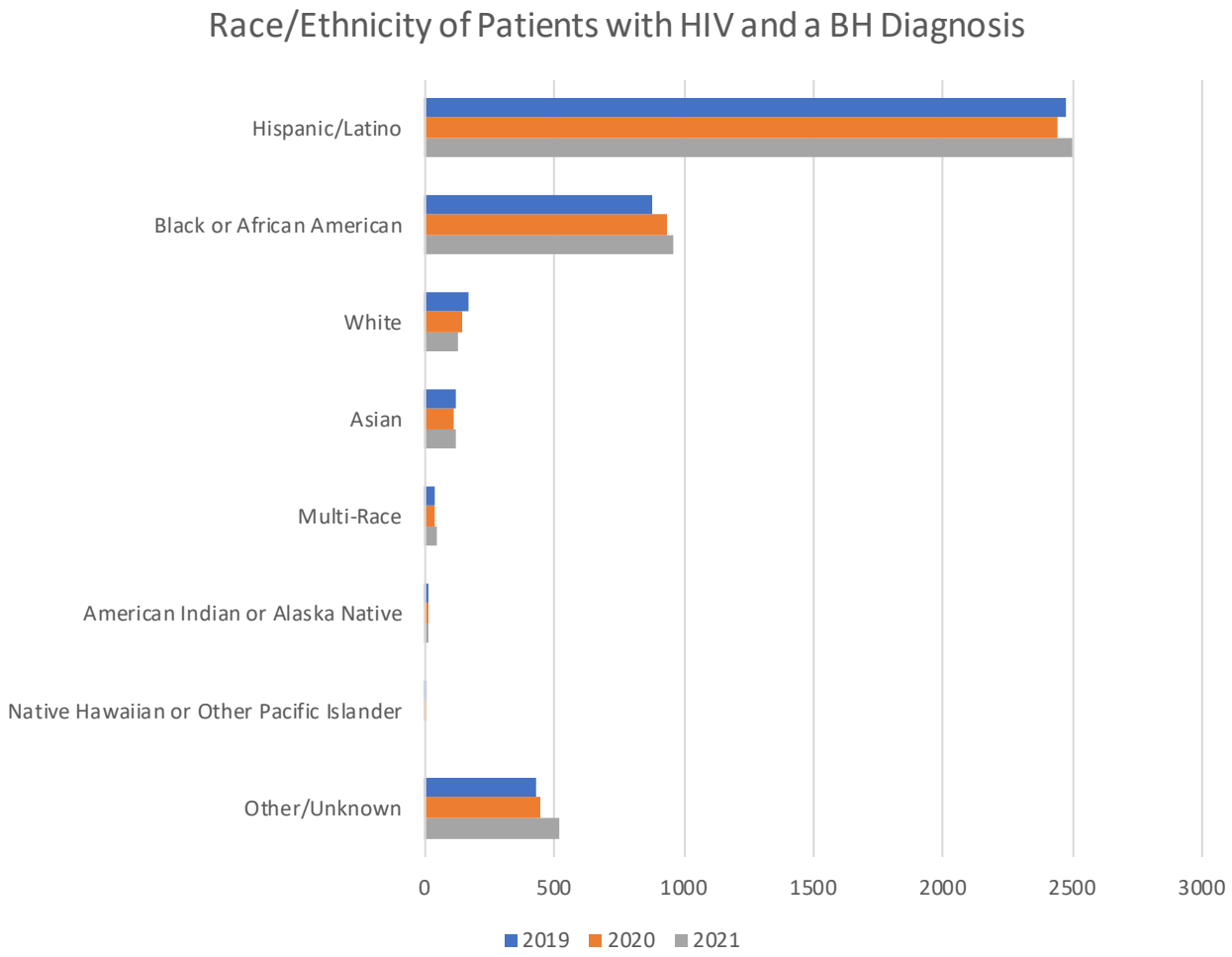
DEPARTMENT OF MENTAL HEALTH DATA SET



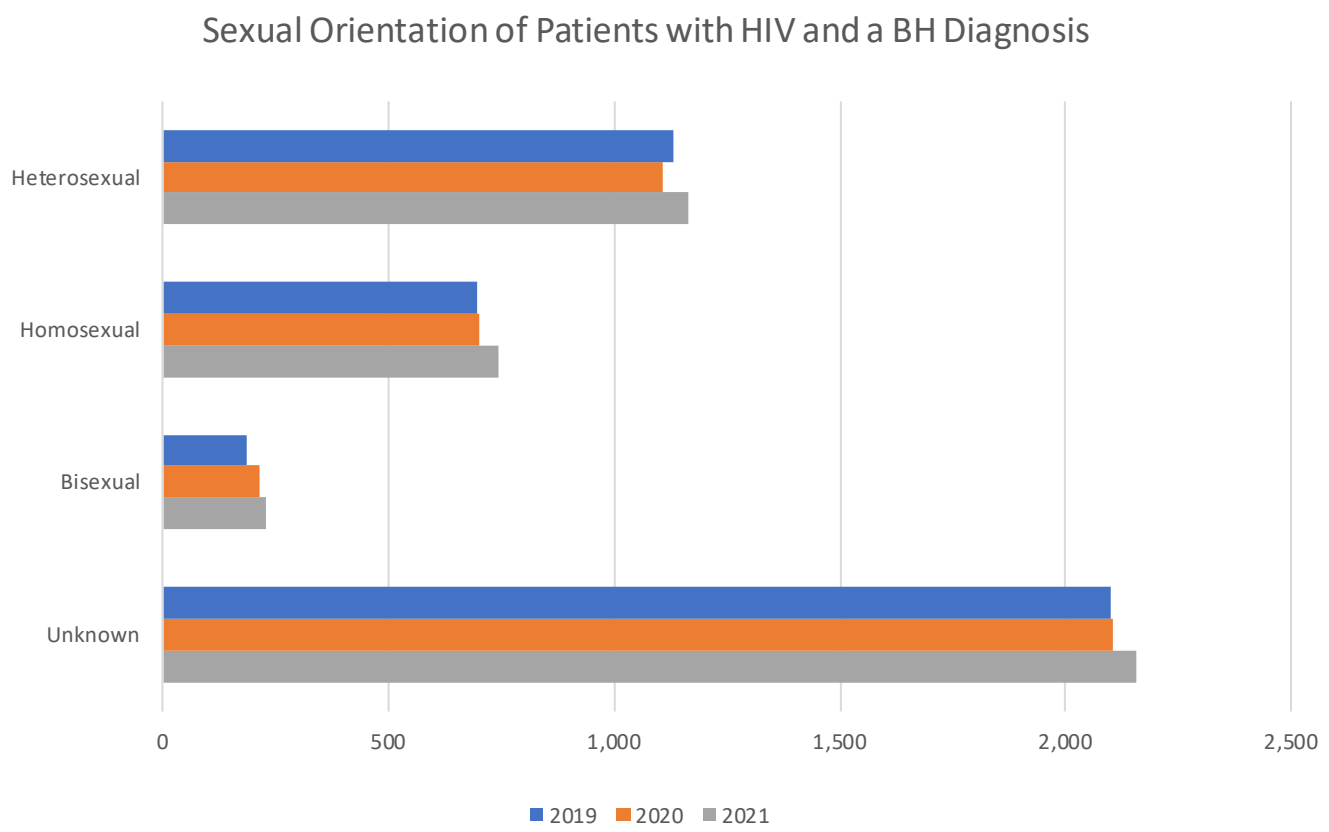
*Top 10 diagnoses in 2019

- **Depressive episodes and anxiety** disorder are the top BH diagnoses among PLWDH in 2019, 2020 and 2021. Between 2019 and 2021, on average, 22% of PLWDH were diagnosed with a depressive episode and 15% were diagnosed with an anxiety disorder.
- The cumulative incidence of SUD indicates a **prevalence of co-occurring disorders** among individuals receiving MH services

- More than half of the patients for which data was received were Hispanic/Latino/a/x. However, based on the prevalence and incidence of HIV among Black/African American individuals in LAC, **it is likely that Black/African Americans are less likely to access and use MH services**.



- There is a need to better capture SOGIE as a data field.



KEY TAKEAWAYS

HMA Community Strategies

KEY TAKEAWAYS

DATA LIMITATIONS

- There is a lack of access to data and a lack of integrated data across the BH system – prevents comprehensive analysis of service utilization among PLWH.
- Within the DMH data set, SOGIE was unknown for a slight majority of patients with both HIV and a BH diagnosis. This SOGIE data gap make it more difficult to tailor public health messaging and interventions.

ELIGIBILITY AND SERVICE UTILIZATION

- The increase of health care coverage and decline in aggregate HIV incidence result in a decline of the number of individuals eligible for Ryan White; fewer PLWH are eligible under current guidelines.
- The current system is more successful in reaching Hispanic/Latinx population despite the prevalence of HIV being more prominent in the Black community.

SERVICE ACCESS AND NAVIGATION

- Many clients who have not received MH services via telehealth indicated they would be interested in starting services via telehealth.
- Clients often experience difficulties navigating the current MH system; clients lack awareness of the services available and how to navigate those services
- Clients experience long wait times and excessive paperwork to access these services.

SERVICE DELIVERY AND COORDINATION

- Linkages between MH and primary care remain an issue for many providers.
- Most providers have difficulty ensuring PLWH can receive timely referrals to MH services, as well as difficulties referring clients to both psychiatric and SUD services.
- Many providers reported difficulty matching PLWH to a licensed clinician on their staff with whom they identify
- Providers have difficulty coping with rules and regulations that limit how they can staff clinical care for PLWH.
- Many MH service clients not currently accessing received MH services via telehealth indicated they would be interested in starting services via telehealth.
- Clients often experience difficulties navigating the current MH system.
- Clients lack awareness of the services available and experience long wait times and excessive paperwork to access these services.

FINANCIAL AND FUNDING BARRIERS

- Many MH providers do not receive Ryan White funding, nor do they have a DMH contract to provide MH services.
- Providing wrap-around services is unsustainable for most providers.
- Providers are challenged by the current billing system; the opaque nature of reimbursement poses a significant barrier for service providers.

WORKFORCE AND STAFF CAPACITY

- Staff retention is a significant issue at both the provider and systems levels; excessive turnover and inability to recruit and retain staff is a barrier to provision of MH services to PLWH.
- Nearly all providers have difficulty assessing relevant staff training resources and/or staff training opportunities.
- There is a need for more professional development of the MH workforce, as well as reconsideration of the content and emphasis of training efforts.

RECOMMENDATIONS

HMA Community Strategies

SYSTEM INTEGRATION AND DATA

- Establish a data infrastructure that enables the extraction and analysis of client-level data across county departments to identify who and which subgroups are not receiving services
- Develop data sharing protocols and/or platforms that would allow patient health information to be more efficiently shared between DMH, DHS and DPH to avoid delays in data request
- Add sexual orientation/gender identity and expression (SOGIE) data fields to ongoing data collection and data systems
- Collect comorbid health condition data as part of the data collection to track other major life stressors of PLWH in order to provide client-centered, whole person care.

ELIGIBILITY AND SERVICE UTILIZATION

- Revise regulations to allow Ryan White services to individuals who are Medi-Cal eligible
- Reduce the administrative burden on providers and clients by minimizing or streamlining intake and reporting requirements
- Encourage and incentivize providers to hire peers, CHWs or navigators to assist with insurance and paperwork

SERVICE DELIVERY AND COORDINATION

- Modify screening tools to enhance alignment with Trauma Informed Care and Gender Affirming Care
- Improve cross agency referrals by using the Los Angeles Network for Enhanced Services (LANES) to have more accurate patient data and facilitate referral communication.
- Design and convene forums that bring together providers to discuss and plan improvements (e.g., how to strengthen implementation of "No Wrong Door").
- Develop a resource guide that provides detailed information on providers' services, capacity, and specialty services to enhance cross-agencies referrals.

FINANCE AND FUNDING

- Develop and offer training to providers intended to clarify and standardize reimbursement policies, including guidance on CPT codes, rates, and proper documentation.
- Advocate for subsidizing BH services for individuals who are above the RW eligibility threshold but do not have other sources as payment of last resort.

WORKFORCE AND STAFF CAPACITY

- Leverage current efforts of the *Zeroing In: Ending the HIV* consortium and other EHE capacity building organizations to provide better quality, relevant workforce training opportunities that prioritize the following:
  - Models of collaborative, holistic care
  - Co-occurring disorders (e.g., the intersection of HIV and SUD)
  - SMI/high acuity mental health conditions
  - Advanced trauma-informed care and practices
  - Innovations in telehealth
  - Resources to improve workforce retention
- Coordinate training offerings among DHSP, DMH, SAPC, and the clinical provider organizations
- Explore whether LMFTs could be cross-credentialed to provide services now restricted to LCSWs
- Collect data on the diversity and lived experience of staff working with PLWH
- Expand Spanish-language providers

QUESTIONS

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

PROTOCOL FOR RESUMING IN-PERSON MEETINGS AND AB 361 VOTING PROCEDURES (Created 9.13.22. Revised 10.6.22)

This document outlines safety protocols and relevant voting procedures for the Commission on HIV's (COH) discussions to continue meeting virtually under AB 361.

AB 361

The most current information from the Executive Office of the BOS indicates that BOS will continue to vote on AB 361 every 30 days, until the Governor lifts the emergency order, thus giving the commissions the ability to continue to meet virtually.

The voting procedures on AB 361 findings are outlined below.

- A motion on AB 361 findings will be placed on the COH's full body meeting on October 13 to approve the continuation of virtual meetings for the month of November, with specific language in the motion extending the virtual meetings to standing committees. AB 361 findings must focus on local guidance or recommended measures to promote social distancing, or the legislative body (COH) deems that meeting in-person would present imminent risks to the health and safety of attendees.

- AB 361 requires that the COH take up the AB 361 motion every 30 days to extend the option of virtual meetings for the following month.

- Voting on AB 361 findings will be conducted through a roll call vote. Per the COH's Voting Procedures Policy (08.2301), "a motion passes if there are a greater number of supporting votes than opposing votes."

Safety Measures

To ensure the safety and well-being of Commissioners, County staff, and members of the public, the COH will enforce the following safety measures for in-person meetings:

- Caucuses, workgroups, and subgroups will continue to be held virtually.
- Masking will be required for in-person meetings. Masks will be provided to participants who arrive without one.
- In-person meetings will provide the capability for the public to participate via WebEx and in-person. In-person attendance from the public will be on a first-come, first-served basis. The total number of individuals participating in-person

(Commissioners, staff and the public) will be limited to 50% capacity of the conference room). There will be room for 22 members of the public in the conference room facility

- To maintain safety, meeting notices and agendas will encourage members of the public to participate in COH full body and standing committee meetings via WebEx.

COVID-19 Vaccination Mandate

On June 27, 2022, the Executive Office of the BOS notified County Commissioners of updates to the County mandate on COVID-19 vaccination.

On October 1, 2021, the BOS COVID-19 vaccination mandate went into effect, requiring that all "County workforce members," including County employees, interns, volunteers, and commissioners, be fully vaccinated against COVID-19. Consistent with this mandate, Commissioners are encouraged to be vaccinated against COVID-19 before in-person meetings resume.

Once in-person meetings resume, members who have not provided proof of vaccination against COVID-19 will be required to submit a negative COVID-19 test taken within 24 hours for an antigen test or within 48 hours for a PCR test before attending an in-person meeting.

LOS ANGELES COUNTY BOARD OF SUPERVISORS
EXECUTIVE OFFICE

EXECUTIVE OFFICE
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

Statement of Economic Interests
Form 700 -
Why Do I Need to File This Form?

PURPOSE OF A FORM 700

Every elected official and public employee who makes or influences governmental decisions is required to submit a Statement of Economic Interests, also known as the Form 700. The Form 700 provides transparency and ensures accountability in two ways:

1. 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.

2. It serves as a reminder to the public official of potential conflicts of interest so the official can abstain from making or participating in governmental decisions that are deemed conflicts of interest.

PUBLIC OFFICIALS/EMPLOYEES

Public Officials/Employees can include:

- Every member, officer, employee or consultant of a state or a local government agency.

- Compensation is not a determining factor.

DEFINITION OF "PARTICIPATING IN A GOVERNMENTAL DECISION"

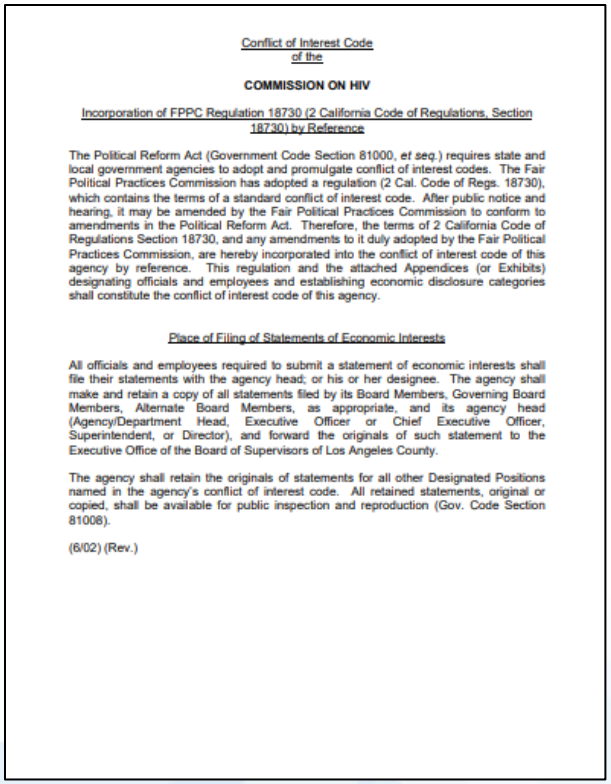
A person who participates in a governmental decision:

1. Votes on a matter

2. Obligates or commits the agency to any course of action

3. Enters into any contractual agreement on behalf of the agency

CONFLICT OF INTEREST CODE



Conflict of Interest Code
of the

COMMISSION ON HIV

Incorporation of FPPC Regulation 18730 (2 California Code of Regulations, Section 18730) by Reference

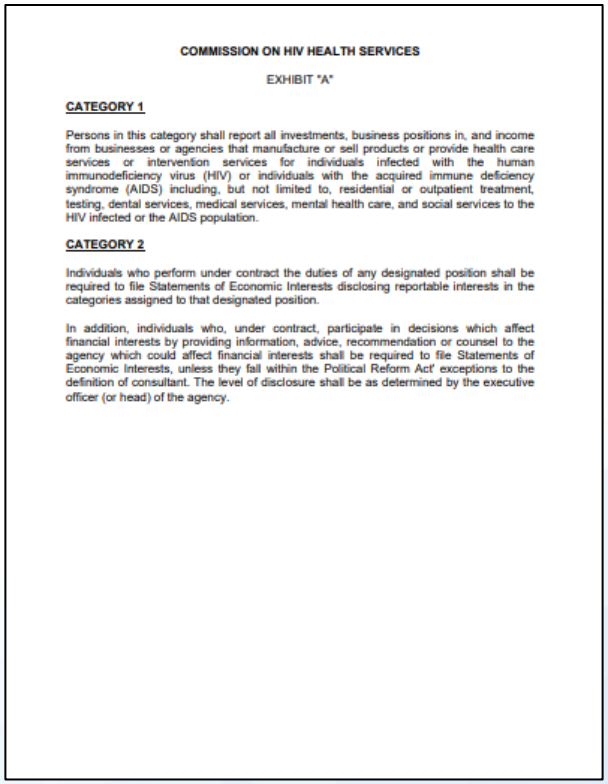
The Political Reform Act (Government Code Section 81000, *et seq.*) requires state and local government agencies to adopt and promulgate conflict of interest codes. The Fair Political Practices Commission has adopted a regulation (2 Cal. Code of Regs. 18730), which contains the terms of a standard conflict of interest code. After public notice and hearing, it may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730, and any amendments to it duly adopted by the Fair Political Practices Commission, are hereby incorporated into the conflict of interest code of this agency by reference. This regulation and the attached Appendices (or Exhibits) designating officials and employees and establishing economic disclosure categories shall constitute the conflict of interest code of this agency.

Place of Filing of Statements of Economic Interests

All officials and employees required to submit a statement of economic interests shall file their statements with the agency head; or his or her designee. The agency shall make and retain a copy of all statements filed by its Board Members, Governing Board Members, Alternate Board Members, as appropriate, and its agency head (Agency/Department Head, Executive Officer or Chief Executive Officer, Superintendent, or Director), and forward the originals of such statement to the Executive Office of the Board of Supervisors of Los Angeles County.

The agency shall retain the originals of statements for all other Designated Positions named in the agency's conflict of interest code. All retained statements, original or copied, shall be available for public inspection and reproduction (Gov. Code Section 81008).

(6/02) (Rev.)



COMMISSION ON HIV HEALTH SERVICES

EXHIBIT "A"

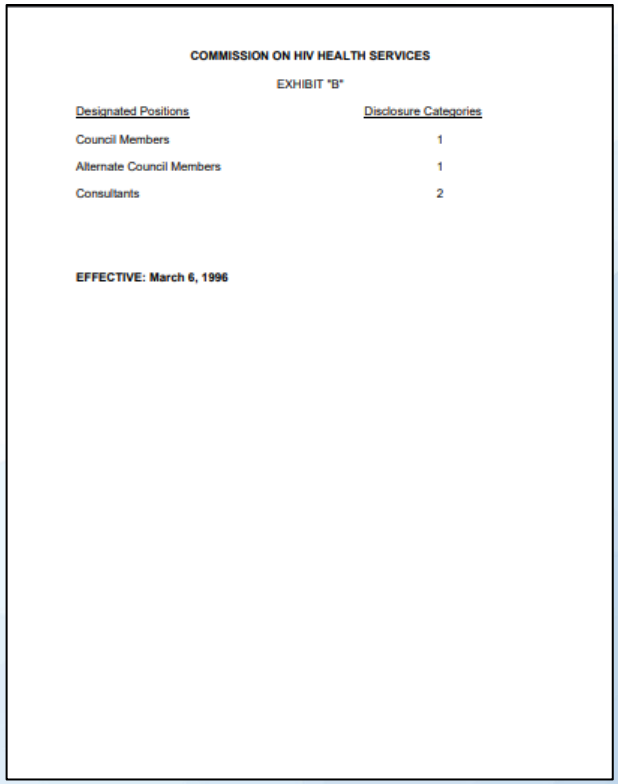
CATEGORY 1

Persons in this category shall report all investments, business positions in, and income from businesses or agencies that manufacture or sell products or provide health care services or intervention services for individuals infected with the human immunodeficiency virus (HIV) or individuals with the acquired immune deficiency syndrome (AIDS) including, but not limited to, residential or outpatient treatment, testing, dental services, medical services, mental health care, and social services to the HIV infected or the AIDS population.

CATEGORY 2

Individuals who perform under contract the duties of any designated position shall be required to file Statements of Economic Interests disclosing reportable interests in the categories assigned to that designated position.

In addition, individuals who, under contract, participate in decisions which affect financial interests by providing information, advice, recommendation or counsel to the agency which could affect financial interests shall be required to file Statements of Economic Interests, unless they fall within the Political Reform Act' exceptions to the definition of consultant. The level of disclosure shall be as determined by the executive officer (or head) of the agency.



COMMISSION ON HIV HEALTH SERVICES

EXHIBIT "B"

Designated Positions	Disclosure Categories
Council Members	1
Alternate Council Members	1
Consultants	2

EFFECTIVE: March 6, 1996

Statement of Economic Interests Form 700
Why Do I Need to File This Form?

EXECUTIVE OFFICE
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

DESIGNATED EMPLOYEE

A designated employee is an officer, employee, member or consultant of an agency whose position is designated in the Conflict of Interest Code because the position entails the making, or participating in the making, of governmental decisions, which may foreseeably have a material effect on any financial interest. (Gov. Code Section 82019)

DISCLOSURE CATEGORY

CATEGORY 1

Persons in this category shall report all investments, business positions in, and income from businesses or agencies that manufacture or sell products or provide health care services or intervention services for individuals infected with the human immunodeficiency virus (HIV) or individuals with the acquired immune deficiency syndrome (AIDS) including, but not limited to, residential or outpatient treatment, testing, dental services, medical services, mental health care, and social services to the HIV infected or the AIDS population.

lacounty.gov

To Enrich Lives through Effective and Caring Service

FORM 700 ELECTRONIC FILING SYSTEM

STATEMENTS FILED LATE ARE SUBJECT TO A FINE OF $10 A DAY, UP TO A MAXIMUM OF $100

Log In

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

Log In

User Id: N000555

Password: ••••••••••

Log In

Forgot User Id/ Password?

What's New

Gift Limit Increase

The gift limit increased to $520 for calendar years 2021 and 2022. The gift limit in 2020 was $500.

How to File

Reviewing your agency's conflict of interest code is essential in determining your disclosure requirements. It is accessible from the bottom of every page on your e-form, and can also be found by clicking the "Agency Conflict of

Filing Officer Online Resources

Agency Conflict of Interest Codes
2021/22 Department Head Certification
Filing Officer Info.
Filing Officer Duties
Filing Officer Handbook - County Departments/Commissions
FPPC Presentation Slides
LA County Presentation Slides
Filing Officer Handbook – Outside Agencies
Filing Officer Duties and Responsibilities Webinar

Roster System User Guides

Other Resources

For assistance concerning reporting, prohibitions, and restrictions under the Act:

Email questions to
advice@fppc.ca.gov

Call FPPC toll-free at (866)-275-3772
Mon-Thurs, 9-11:30 a.m.
www.fppc.ca.gov

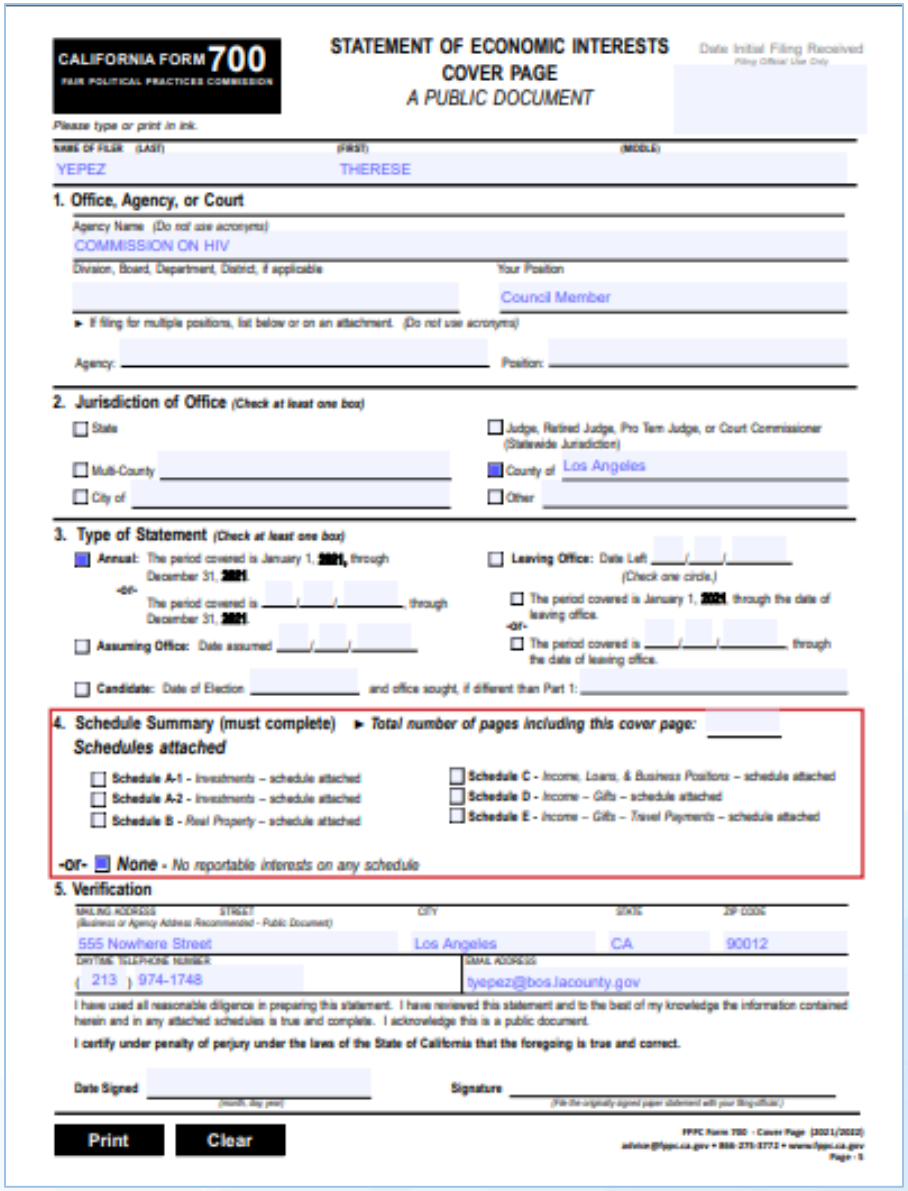
Related Links:

Reference Pamphlet
Limitations and Restrictions Fact Sheet

Statement of Economic Interests Form 700
Why Do I Need to File This Form?

EXECUTIVE OFFICE
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

Statement of Economic Interests Form 700
Why Do I Need to File This Form?



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST): YEPEZ
(FIRST): THERESE
(MIDDLE):

1. Office, Agency, or Court

Agency Name (Do not use acronyms): COMMISSION ON HIV

Division, Board, Department, District, if applicable:

Your Position: Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☑ County of Los Angeles
- ☐ City of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☑ **Annual:** The period covered is January 1, 2021, through December 31, 2021.
  -or- The period covered is ____/____/____ through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
  - ☐ The period covered is January 1, 2021, through the date of leaving office.
  - -or- ☐ The period covered is ____/____/____ through the date of leaving office.

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* _____

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or- ☑ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document): 555 Nowhere Street
CITY: Los Angeles
STATE: CA
ZIP CODE: 90012

DAYTIME TELEPHONE NUMBER: (213) 974-1748
EMAIL ADDRESS: yepez@bos.lacounty.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____ (month, day, year)
Signature _____ (File the originally signed paper statement with your filing official.)

Print Clear

FPPC Form 700 - Cover Page (2021/2022)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 1

Statement of Economic Interests Form 700
Why Do I Need to File This Form?

EXECUTIVE OFFICE
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

RESOURCE LINKS

To file your Form 700 online, or view completed filings, visit:
https://lacform700.lacounty.gov/login.aspx

To obtain the most current Form 700 in pdf format, visit the FPPC website: https://www.fppc.ca.gov/Form700.html

If you need assistance, contact the COI Desk:
Email: COI-Desk@bos.lacounty.gov
Phone: 213-974-1748

EXECUTIVE OFFICE
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

Latinx LA Leadership Group

Introduction

Mission Statement

- The Latinx LA Leadership group is a group of queer/gay/trans leaders who have come together to address the need of us-Latinx/Latino leaders have created to create a space for us to come together and process the struggle of being part of the community while serving our community. A space where we can collaborate, explore ideas and provide each other with mentorship and support, and we lead the fight against HIV/AIDS in Los Angeles.

Introduction

History

- This group hosted its first meeting in September of 2021. During the spike of the COVID pandemic, we felt that we were struggling with the demands of serving community with our having the support or in fracture to support and reenergize we a workforce. We can all agree that COVID taught us many things. For this group, COVID brought us together. For the first time, 20 leaders in the community from different organizations, different roles-all came together to have a serious conservation about what we as providers are dealing with.

Meetings

1st Event

We held our first meeting hosted at the LGBT Center-Center South in September 2021

2nd Event

Our second meeting was hosted at REACH LA.

3rd Event

Our third meeting was interrupted by the sudden death of our dear friend and leader Carlos Catano-the Community Liason for Gilead. His death and the elements surrounding his death truly solidified the need and purpose for this group. His death reminded us all that we, as providers need a space for us. But it also reminded us that we need to be at the decision-making table when addressing funding, interventions and leadership or the lack of leadership in the fight against HIV.

Geography

We are covering all of LA County.

Participating Agencies

AHF
AltaMed
APLA
CHLA
Equality CA
GILEAD
LA LGBT Center
LA LGBT Center South
Men’s Health Foundation
Mills Clinical Research
Out Here Health
Reach LA
SF Department of Public Health
Somos Familia Valle
Tarzana Treatment Center
The Wall Las Memorias
Trans Wellness Center
Verterx Pharmacy

How to get involved

List some ways you can get involved with the Latinx LA Leadership Group:

- Reach out for more information

  Jorge Diaz jorge.diaz@eqca.org

- Look out for meeting dates

Questions & answers

Invite questions from the audience

El VIH y los hispanos o latinos: Diagnósticos de infección por el VIH

Los datos del 2020 deben interpretarse con cautela debido al impacto de la pandemia de COVID-19 en el acceso a las pruebas de detección del VIH, los servicios relacionados con la atención y las actividades de vigilancia de casos en las jurisdicciones estatales y locales. Si bien los datos del 2020 sobre diagnósticos de VIH y resultados de prevención y atención están disponibles, no estamos actualizando este contenido web con datos de estos informes.

La cantidad de diagnósticos de infección por el VIH es uno de los seis indicadores de la iniciativa *Ending the HIV Epidemic in the U.S.* El término "diagnósticos de infección por el VIH" se refiere a la cantidad de personas que recibieron un diagnóstico de infección por el VIH en un año determinado. En el 2019, las personas hispanas o latinas representaron el 29 % (10 494) de los 36 801 diagnósticos nuevos de infección por el VIH en los EE. UU. y áreas dependientes.[c]

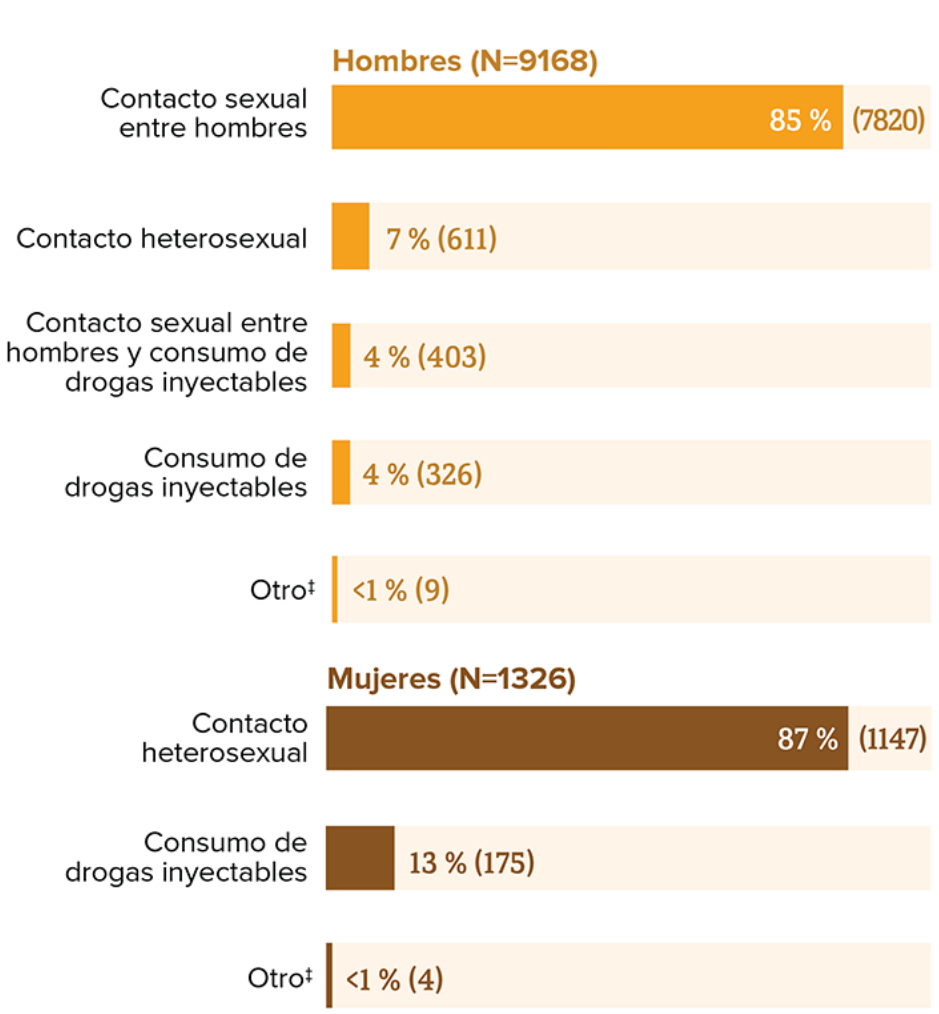
Ending the HIV Epidemic

Meta global: Lograr que la cantidad de diagnósticos nuevos de infección por el VIH se reduzca a 9588 para el año 2025 y a 3000 para el 2030.

De los **36 801 diagnósticos nuevos** de infección por el VIH en los EE. UU. y áreas dependientes en el 2019, el 29 % fue entre personas hispanas o latinas.

Diagnósticos nuevos de infección por el VIH entre personas hispanas o latinas, por sexo y categoría de transmisión, en los EE. UU y áreas dependientes, 2019*†

Los hombres hispanos o latinos gais y bisexuales representaron la mayor cantidad de diagnósticos nuevos de infección por el VIH en el 2019.



** Las personas hispanas o latinas pueden ser de cualquier raza.

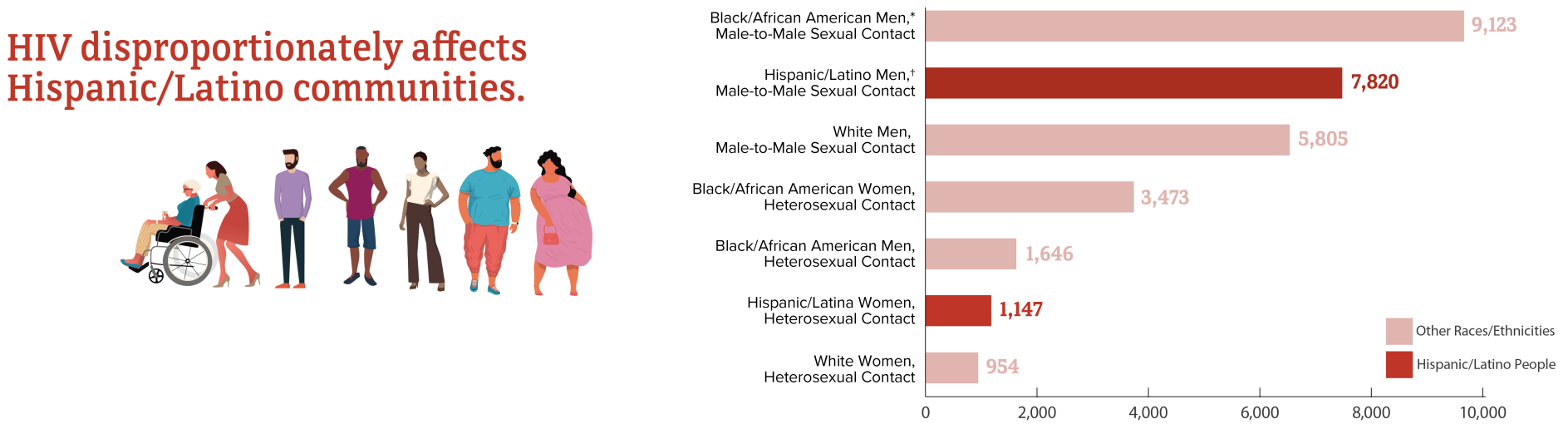
† Según el sexo asignado al nacer e incluye a las personas transgénero.

‡ Incluye exposición perinatal, transfusión de sangre, hemofilia y factores de riesgo no reportados o no identificados.

Fuente: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.

Descargue y comparta esta infografía

Diagnósticos nuevos de infección por el VIH en los EE. UU. y áreas dependientes en las subpoblaciones más afectadas, 2019



NOTA: las subpoblaciones que representan el 2 % o menos de todas las personas que recibieron un diagnóstico de infección por el VIH en el 2019 no están representadas en este gráfico.

* De *raza negra* se refiere a personas que descienden de cualquiera de los grupos raciales negros de África. *Afroamericano/a* es un término que a menudo se usa para referirse a los estadounidenses de ascendencia africana que tienen ancestros en América del Norte.

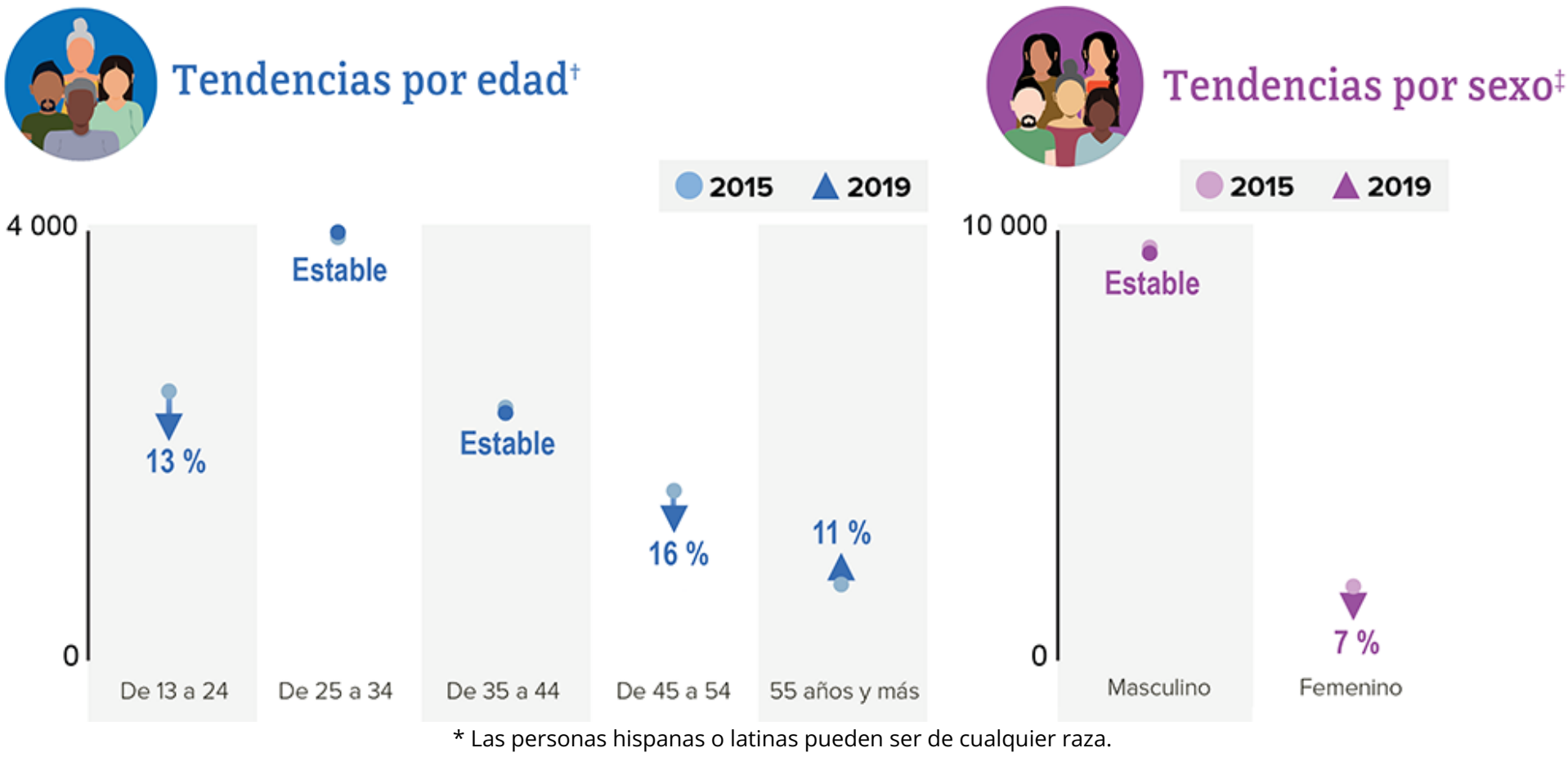
† Las personas hispanas o latinas pueden ser de cualquier raza.

Fuente: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.

Descargue y comparta esta infografía

Del 2015 al 2019, la cantidad de diagnósticos de infección por el VIH se mantuvo estable entre las personas hispanas o latinas en general. Si bien las tendencias variaron para diferentes grupos de personas hispanas o latinas, la cantidad de diagnósticos de infección por el VIH se redujeron en algunos grupos, incluidos los de mujeres hispanas o latinas y los de jóvenes hispanos o latinos de 13 a 24 años de edad.

Diagnósticos de infección por el VIH entre personas hispanas o latinas en los EE. UU. y áreas dependientes, 2015-2019*



* Las personas hispanas o latinas pueden ser de cualquier raza.

† No incluye las categorías de transmisión *perinatal* ni *de otro tipo*.

‡ Según el sexo asignado al nacer e incluye a las personas transgénero.
Fuente: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.

Descargue y comparta esta infografía

Notas a pie de página

[a] Las personas hispanas o latinas pueden ser de cualquier raza.
[b] A menos que se indique lo contrario, los datos que se mencionan en este contenido web son sobre adultos y adolescentes de 13 años o mayores.
[c] Guam, Islas Marianas del Norte, Islas Vírgenes de los EE. UU., Puerto Rico, la República de Palaos y Samoa Estadounidense.

Bibliografía

1. CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.
2. CDC. Estimated HIV incidence and prevalence in the United States, 2015–2019. *HIV Surveillance Supplemental Report* 2021;26(1).
3. CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. *HIV Surveillance Supplemental Report* 2021;26(2).
4. del Rio C. Latinos and HIV care in the Southeastern United States: New challenges complicating longstanding problems. *Clin Infect Dis* 2011;53(5):488-9. PubMed abstract .

Saber si se tiene el

Supresión viral

Desafíos para la

Qué están

Esta página fue revisada: el 5 de julio del 2022

HIV and Hispanic/Latino People: HIV Diagnoses

Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions. While 2020 data on HIV diagnoses and prevention and care outcomes are available, we are not updating this web content with data from these reports.

HIV diagnoses is one of the six Ending the HIV Epidemic in the U.S. indicators. HIV diagnoses refers to the number of people who received an HIV diagnosis during a given year. In 2019, Hispanic/Latino people made up 29% (10,494) of the 36,801 new HIV diagnoses in the US and dependent areas.[c]

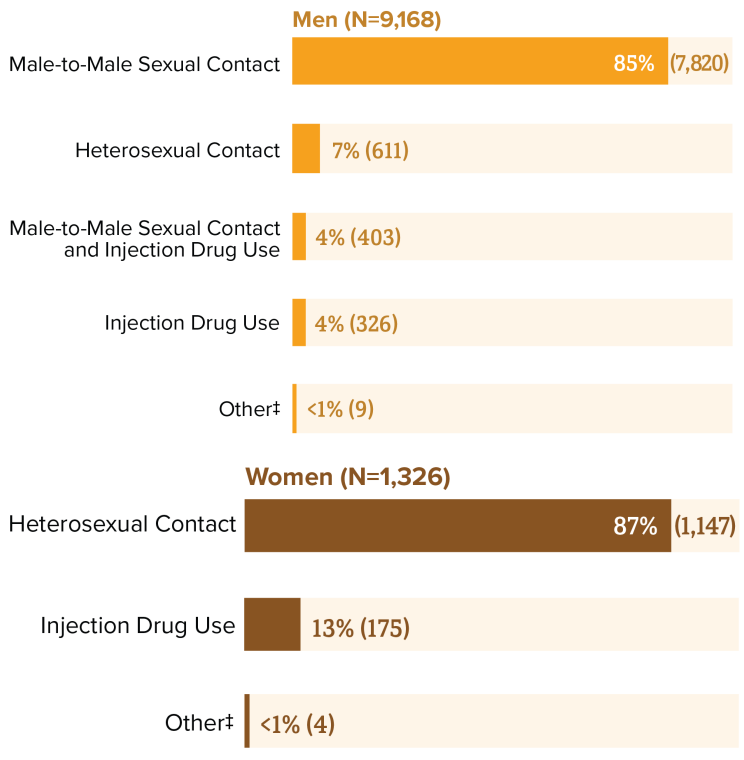
Ending the HIV Epidemic

Overall Goal: Decrease the number of new HIV diagnoses to 9,588 by 2025 and 3,000 by 2030.

Of the **36,801 NEW HIV DIAGNOSES** in the US and dependent areas in 2019, 29% (10,494) were among Hispanic/Latino people.

New HIV Diagnoses Among Hispanic/Latino People in the US and Dependent Areas by Sex and Transmission Category, 2019*†

Hispanic/Latino gay and bisexual men accounted for most new HIV diagnoses in 2019.

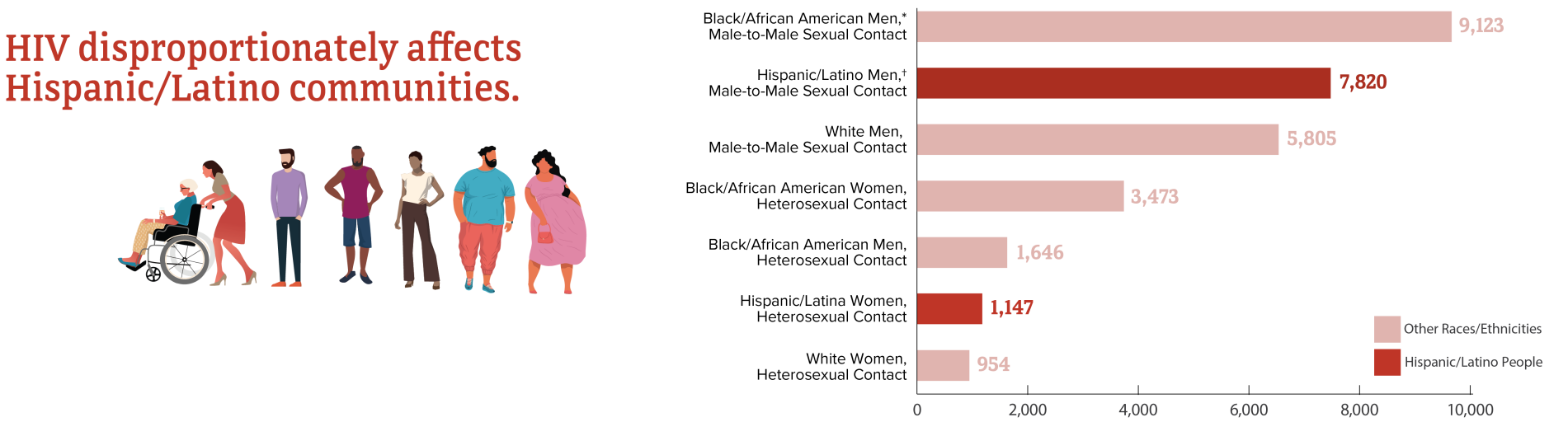


* Hispanic/Latino people can be of any race.
† Based on sex assigned at birth and includes transgender people.
‡ Includes perinatal exposure, blood transfusion, hemophilia, and risk factors not reported or not identified.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. HIV Surveillance Report 2021;32.

Download and Share This Infographic

New HIV Diagnoses in the US and Dependent Areas for the Most-Affected Subpopulations, 2019



NOTA: las subpoblaciones que representan el 2 % o menos de todas las personas que recibieron un diagnóstico de infección por el VIH en el 2019 no están representadas en este gráfico.

* De *raza negra* se refiere a personas que descienden de cualquiera de los grupos raciales negros de África. *Afroamericano/a* es un término que a menudo se usa para referirse a los estadounidenses de ascendencia africana que tienen ancestros en América del Norte.

† Las personas hispanas o latinas pueden ser de cualquier raza.

Fuente: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.

Descargue y comparta esta infografía

NOTE: Subpopulations representing 2% or less of all people who received an HIV diagnosis in 2019 are not represented in this chart.

* *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

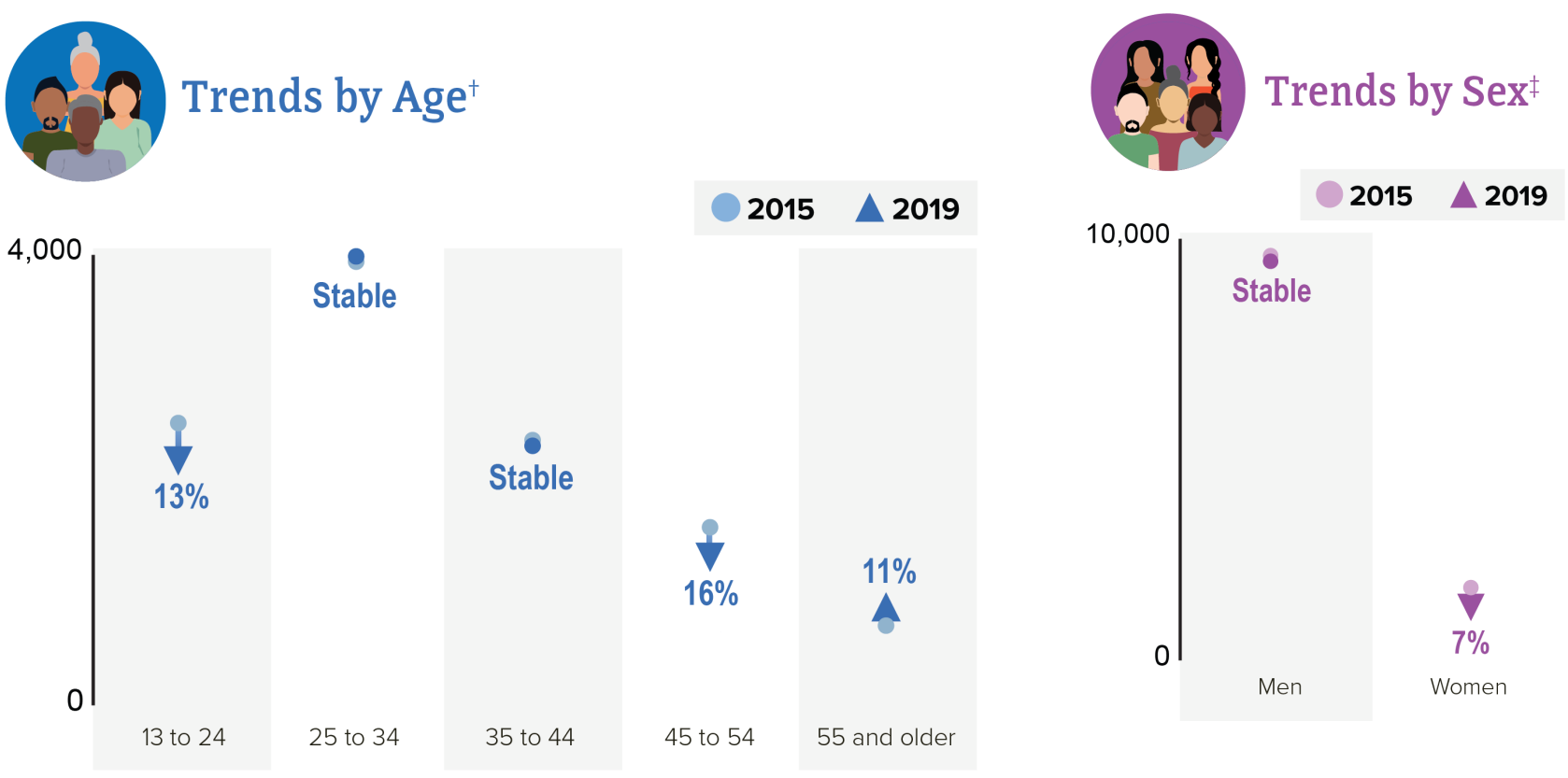
† Hispanic/Latino people can be of any race.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. HIV Surveillance Report 2021;32.

Download and Share This Infographic

From 2015 to 2019, HIV diagnoses remained stable among Hispanic/Latino people overall. Although trends varied for different groups of Hispanic/Latino people, HIV diagnoses declined for some groups, including Hispanic/Latina women and Hispanic/Latino youth aged 13 to 24.

HIV Diagnoses Among Hispanic/Latino People in the US and Dependent Areas, 2015-2019*



* Hispanic/Latino people can be of any race.

† Does not include *perinatal* and *other* transmission categories.

‡ Based on sex assigned at birth and includes transgender people.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. HIV Surveillance Report 2021;32.

Download and Share This Infographic

Footnotes

[a] Hispanic/Latino people can be of any race.

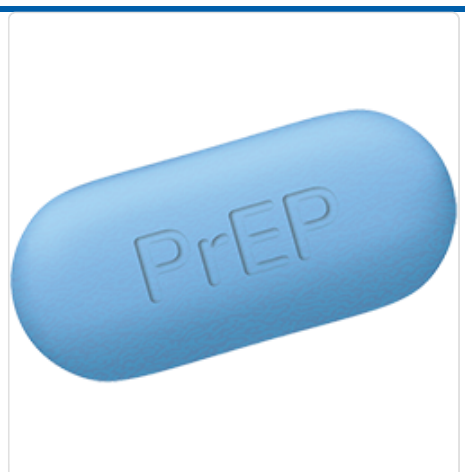
[b] Unless otherwise noted, data in this web content are for adults and adolescents aged 13 and older.

[c] American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.

Bibliography

1. CDC. Behavioral and clinical characteristics of persons with diagnosed HIV infection—Medical Monitoring Project, United States, 2020 cycle (June 2020–May 2021). *HIV Surveillance Special Report* 2022;29.
2. CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.
3. CDC. Estimated HIV incidence and prevalence in the United States, 2015–2019. *HIV Surveillance Supplemental Report* 2021;26(1).
4. CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. *HIV Surveillance Supplemental Report* 2021;26(2).
5. del Rio C. Latinos and HIV care in the Southeastern United States: New challenges complicating longstanding problems. *Clin Infect Dis* 2011;53(5):488-9. PubMed abstract .

HIV Risk



PrEP Coverage

HIV Incidence

HIV Diagnoses

Knowledge of Status

Viral Suppression

Prevention Challenges

What CDC Is Doing

Page last reviewed: September 19, 2022

PrEP Coverage Among Hispanic/Latino People in the US, 2019*†

PrEP is highly effective for preventing HIV from sex or injection drug use.

of Hispanic/Latino people who could benefit from PrEP were prescribed PrEP in 2019.

* Hispanic/Latino people can be of any race.
† Among Hispanic/Latino people aged 16 and older.

Source: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. *HIV Surveillance Supplemental Report* 2021;26(2).

the OA Voice

Issue: October 2022

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

In This Issue:

Staff Highlight:

OA is pleased to announce **Anna Pennington** has accepted a limited term Staff Services Manager I position as the Chief of the Business Development Unit (BDU) in the Prevention Branch.

Anna has been with the Prevention Branch since July 2020, as a Business Analyst in the BDU and has been an incredibly valuable resource to both our stakeholders and our team. In December 2021, Anna stepped in for a short-term Out of Class assignment as Acting Unit Chief and during that time took the lead in hiring and onboarding three new AGPAs to the unit. When the assignment ended Anna continued to operate as a lead in the unit as she continued to train, develop, encourage, and guide the new team. Anna has a passion for process improvement work and has been a key contributor on many Branch projects to improve our internal processes and procedures. Anna has a wonderful way of being able to see the "big picture" and look at projects from all sides. She loves to brainstorm and "workshop" challenges and new ideas. If you spend a little time with Anna, you'll quickly realize she has a gift for putting things into perspective, for challenging you with thoughtful questions, and ending more resolved.

In her spare time Anna loves spending time with her family and her fiancé Joe, going to the movies, baseball games, the beach and any other adventure that involves good food and wine.

Anna

We are also pleased to announce **Alicia Vargas** has accepted a limited term Staff Services Manager (SSM) II position as the Chief of the Client Services, Quality Assurance, and Training (CSQAT) Section in the ADAP Branch.

Alicia began her state service career right here at OA in June of 2017, as the Supervising Program

Technician II of the AIDS Drug Assistance Program (ADAP) Client Services Unit (CSU). After six months, she promoted to the SSM I in the CSU, and was an integral part of standing up the new unit and the ADAP call center. In September of 2019, she was redirected to oversee another new unit in ADAP, the Quality Assurance and Training Unit, and has since been responsible for developing and implementing new QA processes, creating an onboarding guide for new ADAP staff, and revising and expanding training curriculum for ADAP staff, Enrollment Workers, and contractors. Starting in June of 2021, she served in an out-of-class assignment for one-year, as the Chief of the CSQAT Section. During this time, she improved team building across the section and branch, was responsible for coordinating and facilitating the ADAP Branch Meetings and Workgroup, helping to co-facilitate the Team Building Workgroup and monthly branch trivia events, revamping the ADAP webpages, and developing and implementing the OA Stakeholder Quarterly ADAP/PrEP-AP Learning Collaborative. She also attended NASTAD's Trauma Informed Approaches Learning Community and co-facilitated the 21-Day Challenge for Racial and Health Equity.

Prior to joining the California Department of Public Health (CDPH), Alicia spent 14 years in the healthcare and healthcare insurance industries and has a combined total of 15 years of supervisory and management experience. She has participated in State Supervisory Training and Leadership for the Government Manager programs at California State University, Sacramento, and in 2019 was invited back to mentor and sponsor a Leadership for the Government Supervisor cohort. Most of her spare time is spent volunteering at her son, Lucca's, school or on the sidelines at his soccer or basketball games. She is a self-proclaimed animal lover and plant lady – and is often busy taking care of her dog, Winston, cat, Sheldon, and her 70+ potted plants! Her and her husband,


Alicia

Jesse, also like to cook, wine taste, read, hike, travel, and do yoga – though there is rarely enough time for it all, so they prioritize the important things (aka eating and drinking wine!).

HIV Awareness:

October 15th is National Latinx AIDS Awareness Day (NLAAD). NLAAD is meant to raise awareness to the impact of HIV/AIDS on Latinx communities. It's a day recognized to address stigma and bring responsiveness of the disproportionate impact of HIV on the Latinx community. Latinx are the largest racial/ethnic group in California (about 39% of the population). According to CDPH/OA Surveillance Data, in 2020, the Latinx community accounted for 39% of living HIV cases and 50% of new HIV diagnoses, for more information the HIV and Latinx Fact Sheet is located on our OA website at https://www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/latinxfactsheet_ada.pdf.

General Office Updates:

COVID-19

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to our OA website at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Monkeypox (MPX)

OA is committed to providing updated information related to MPX. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases, and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the DCDC website at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.aspx, to stay informed.

Guidance for STI and HIV Testing for Patients with Suspect MPX Infections: A Syndemic Approach

A recent publication by the Centers for Disease Control and Prevention (CDC) titled "HIV and Sexually Transmitted Infections Among Persons with Monkeypox—Eight U.S. Jurisdictions, May 17 – July 22, 2022" in the *Morbidity and Mortality Weekly Report (MMWR)* demonstrates that people with HIV and other STIs are disproportionately affected by MPX. These findings highlight a critical opportunity to:

1.) Assess people with HIV and STIs for MPX vaccination eligibility;
2.) Test persons evaluated for MPX for HIV and STIs, including syphilis and three-site testing (urogenital, rectal, pharynx) for chlamydia and gonorrhea as appropriate; and
3.) Link to HIV care or HIV pre-exposure prophylaxis (PrEP) as appropriate.

To date, most U.S. MPX cases have occurred among gay, bisexual, and other men who have sex with men (MSM), who have higher rates of HIV and other STIs than the general population. Many patients had HIV or STIs diagnosed around the time of MPX infection, which reinforces the importance of offering HIV/STI testing and HIV pre-exposure prophylaxis to all persons evaluated for MPX. Local health jurisdictions and community-based organizations in California should leverage existing partnerships and systems that deliver HIV/STI care for MPX prevention efforts.

Racial Justice and Health Equity

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

New Data System to Replace ARIES

OA is excited to announce that a new, custom-designed data system will replace ARIES in fall 2023. OA has contracted with Deloitte to design and program the new system, migrate legacy data, and train end users. The new system will continue to support the programs that currently use ARIES and offer additional benefits. OA will provide regular updates on our progress in designing the new system through Data System Notices. OA will also set up a mechanism to allow end users and other stakeholders to ask questions, raise concerns, and share feedback. For more information, please visit CDPH's webpage about the New Data System to Replace ARIES.

HIV/STD/HCV Integration

As the lead state department in the COVID-19 response, CDPH has re-directed hundreds of

staff to this effort. Because of this, the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention are postponed indefinitely. Please refer to our OA website at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Ending the Epidemics Strategic Plan

CDPH-OA/STD Control Branch are pleased to report that the roll-out of the **California Strategic Plan** to address the syndemic of HIV, HCV and STIs continues in October as our Workgroup finalizes our draft phase-2 Blueprint with input from our provider needs assessment, community survey and regional listening sessions. As soon as it is complete, we will be releasing the Phase-2 Blueprint draft for broad community input!

Below is the website that documents our work including the draft Phase-1 roadmap, the recording of our Statewide Town Hall, and the list of completed regional listening sessions.

- https://tinyurl.com/CDPHStratPlan

Ending the HIV Epidemic (EHE)

In October, EHE counties will attend a project kick-off meeting offered by the Keck School of Medicine to help plan to implement the Street Medicine Model to help strengthen their mobile services especially aimed at people experiencing homelessness. Thanks to all the EHE counties that continue to implement their EHE plans to help accelerate the end of HIV in California.

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

PrEP-Assistance Program (AP)

As of September 27, 2022, there are 195 PrEP-AP enrollment sites covering 178 clinics that currently make up the PrEP-AP Provider network.

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

Data on active PrEP-AP clients can be found in the three tables displayed on page 5 of this newsletter.

Strategy B: Increase and Improve HIV Testing

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

In the first 24 months, between September 1, 2020, and August 30, 2022, 3,737 tests were distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 109 (63.7%) of the 171 total tests distributed.

Of individuals ordering a test in August, 36.3% reported never before receiving an HIV test, and 50.3% were 18 to 29 years of age. Among individuals reporting race or ethnicity, 45.8% were Hispanic/Latinx, and of those reporting sexual history, 50.0% indicated 3 or more partners in the past 12 months. To date, 440 recipients have completed an anonymous follow up survey, with 94.1% indicating they would recommend TakeMeHome HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (73.2%) or having had more than one sex partner in the

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	354	10%	---	---	---	---	42	1%	396	11%
25 - 34	1,043	29%	1	0%	---	---	273	7%	1,317	36%
35 - 44	852	23%	---	---	3	0%	187	5%	1,042	29%
45 - 64	555	15%	1	0%	21	1%	118	3%	695	19%
65+	25	1%	---	---	164	4%	7	0%	196	5%
TOTAL	**2,829**	**78%**	**2**	**0%**	**188**	**5%**	**627**	**17%**	**3,646**	**100%**

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	194	5%	---	---	44	1%	25	1%	---	---	93	3%	9	0%	31	1%	396	11%
25 - 34	751	21%	---	---	121	3%	73	2%	3	0%	295	8%	6	0%	68	2%	1,317	36%
35 - 44	663	18%	4	0%	86	2%	46	1%	1	0%	202	6%	8	0%	32	1%	1,042	29%
45 - 64	468	13%	3	0%	37	1%	18	0%	---	---	152	4%	---	---	17	0%	695	19%
65+	24	1%	1	0%	5	0%	3	0%	---	---	157	4%	---	---	6	0%	196	5%
TOTAL	**2,100**	**58%**	**8**	**0%**	**293**	**8%**	**165**	**5%**	**4**	**0%**	**899**	**25%**	**23**	**1%**	**154**	**4%**	**3,646**	**100%**

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

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	310	9%	1	0%	6	0%	7	0%	---	---	10	0%	1	0%	10	0%	345	9%
Male	1,659	46%	7	0%	268	7%	156	4%	4	0%	869	24%	19	1%	132	4%	3,114	85%
Trans	121	3%	---	---	17	0%	1	0%	---	---	14	0%	1	0%	4	0%	158	4%
Unknown	10	0%	---	---	2	0%	1	0%	---	---	6	0%	2	0%	8	0%	29	1%
TOTAL	**2,100**	**58%**	**8**	**0%**	**293**	**8%**	**165**	**5%**	**4**	**0%**	**899**	**25%**	**23**	**1%**	**154**	**4%**	**3,646**	**100%**

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 09/30/2022 at 12:02:06 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

past 12 months (63.0%).

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

As of September 27, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

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

Infographic - California Harm Reduction Supplies

CDPH/OA released an infographic detailing supplies that are accessible through the CDPH/OA Harm Reduction Supplies Clearinghouse. Share widely. Use as a resource for harm reduction programs and to inform stakeholders about the purpose and public health benefit of each harm reduction supply. For more information visit: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_needle_exchange_syringe.aspx.

Fundamentals of Perinatal Harm Reduction

The Washington AIDS Partnership and the Academy of Perinatal Harm Reduction created a three-part, virtual series on the necessity of integrating harm reduction services and reproductive justice. View the Part I recording at https://www.youtube.com/watch?v=cWa5E7XCr0s.

Part II's recording can be found at https://www.youtube.com/watch?v=LgKK4ZquLiE.

Register for Part III at: https://us02web.zoom.us/webinar/register/WN_SOM32Q8dTVqf89To2JWGDA?_x_zm_rtaid=Y_951tjFRpO5GI4h-AhwxA.1664382260952.37bfa3efd1e72399eeb029dec08eaff4&_x_zm_rhtaid=129.

Funding Opportunity: Community-Driven Responses to Opioid Use Disorder and Overdose Mortality

The Foundation for Opioid Response Efforts (FORE) released a Request for Proposal (RFP) to help community-based organizations enhance their ability to deliver services addressing the opioid crisis, particularly in communities where people are at greatest risk of developing opioid use disorder and dying from overdoses. Applications are due October 21st.

The RFP Announcement can be found at: https://forefdn.org/fore-releases-request-for-proposals-to-support-community-driven-responses-to-opioid-use-disorder-and-overdose-mortality/.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from August
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	542	-1.09%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,769	-2.89%
Medicare Part D Premium Payment (MDPP) Program	2,045	+0.19%
Total	**8,356**	**-1.73%**

Source: ADAP Enrollment System

Strategy M: Improve Usability of Collected Data

The Continuum of HIV Care Fact Sheet is now available on the OA Case Surveillance Reports webpage. This fact sheet is a routinely used tool for identifying gaps in HIV control activities and areas in need of improvement. The data provide recent trend information for California's continuum of HIV care and highlight areas of success and gaps that can be addressed by effectively targeting resources.

A new Medical Monitoring Project (MMP) report for the 2020 survey cycle and the Appendix available tables list for the 2016 through 2020 survey cycles is now published on the OA website. The *Medical Monitoring Project 2020 Report* includes detailed characteristics of adults living with HIV in California using 2020 MMP data collected by the California MMP Project Area, excluding Los Angeles County and San Francisco. The *Medical Monitoring Project 2016-2020 Appendix Available Tables* includes the available year-by-year comparison tables and how to request access to them.

California MMP has also published the *California Medical Monitoring Project and California HIV Surveillance Report Demographic Summaries, 2019*. This report provides a comparison of demographic characteristics between the overall 2019 California HIV Surveillance Report, for those aged 18 years or older, and MMP survey participants in the 2019 MMP cycle and the combined 2015-2019 MMP survey cycles.

Strategy N: Enhance Collaborations and Community Involvement

California Planning Group (CPG):

The CPG Community and State Co-Chairs will be hosting a four-part virtual fall meeting for all CPG Membership in October/November of 2022. This meeting will be open to the public. To avoid holding these meetings up against a weekend and to ensure there is no overlap with other important conferences and meetings scheduled for October, we have chosen to hold this year's meeting on October 25 & 27 and November 1 & 3. This meeting will be comprised of four separate Zoom meetings:

- **Day 1:**
  Tuesday, October 25, 2022
  1:00 PM – 4:00 PM Leadership Academy
  (CPG members only)
- **Day 2:**
  Thursday, October 27, 2022
  12:45 PM – 4:00 PM
- **Day 3:**
  Tuesday, November 1, 2022
  12:45 PM – 4:00 PM
- **Day 4:**
  Thursday, November 3, 2022
  12:45 PM – 4:00 PM

Note: October 25 will be a skills-building meeting and will not open to the public; however, there will be a 10-minute public comment period on October 27, November 1, and November 3.

OA Budget and Legislative Updates

Two lifesaving trans bills were signed into law by Governor Newsom.

Senate Bill 923, the TGI Inclusive Care Act
This first in-the-nation law will help create a more inclusive and culturally competent healthcare system for transgender, gender diverse, and intersex (TGI) people in California.

Senate Bill 107, legislation to provide refuge for trans kids and their families.
Senate Bill 107 will protect trans kids and their families if they flee to California from any state criminalizing the parents of trans kids for allowing them to receive gender-affirming care.

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

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov ORG • *VIRTUAL WEBEX MEETING*

Arlene Frames

Application on file at Commission office

Interview panel: Justin Valero and Carlos Moreno

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov ORG • *VIRTUAL WEBEX MEETING*

Pearl Doan

Application on file at Commission office

Interview panel: Justin Valero and Carlos Moreno

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov ORG • *VIRTUAL WEBEX MEETING*

Redeem Robsinson

Application on file at Commission office

Interview panel: Justin Valero and Carlos Moreno

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov ORG • *VIRTUAL WEBEX MEETING*

Andre Molette

Application on file at Commission office

Interview panel: Justin Valero and Carlos Moreno

LOS ANGELES COUNTY
COMMISSION ON HIV

BE A PART OF THE MOVEMENT TO END HIV. THE TIME IS NOW.

COMMISSIONERS NEEDED

VACANCIES

- Unaffiliated consumer* for Service Planning Areas (SPAs)** 1, 2, 3, 4, and 7
- Unaffiliated consumer* for Supervisorial Districts** 1, 2, 3, 4, and 5
- 1 Unaffiliated consumer* at-large
- Part C Representative
- 1 Provider Representative
- 4 HIV Stakeholders
- 1 local health/hospital planning agency

Incentives for Unaffiliated Consumers:

- Monthly stipends (county-issued checks, gift cards)
- Reimbursement for local mileage, transportation, childcare and other eligible expenses incurred by Commission participation
- Letters of Reference for Volunteer Work
- Certificates of Appreciation and Participation
- Leadership Training
- Professional development training, including but not limited to: (1) Community Planning, 2) Data Understanding, 3) Community Engagement, 4) Advocacy, and 5) Public Speaking
- Build Professional Networks

APPLY HERE

hivcomm@lachiv.org | (213) 738-2816

For more information, please see our Commission on HIV fact sheet.

*Unaffiliated consumers are people living with HIV, and a current user of a Ryan White Part A service, and not employed by an agency receiving Part A funds from the County.
**To find your SPA and Supervisorial District, please click here.

Ryan White Program Year 31
Care Utilization Data Summary

Sona Oksuzyan, PhD, MD, MPH
Division of HIV and STD Programs

Sep 27, 2022
COH Planning, Priorities, and Allocations Committee

Presentation Overview:

- Introduction to the Ryan White Program (RWP) utilization data summary
- Trends in demographic and socio-economic characteristics of RWP clients
- Impact of COVID-19 on RWP service utilization
- HIV Care Continuum Outcomes among RWP clients
- RWP service utilization and expenditures by service category
- Q&A and Discussion

What data are used for the utilization report?

- HIV Casewatch (local RWP data reporting system)
  - Reported by RWP contracted service agencies
  - Electronic transfer of data files
- Linkage Re-engagement Program (ACCESS Database)
- eHARS (HIV surveillance data system)
- DHSP Expenditure Reports

The data only reflects clients and services reported in the measurement period

What can be learned from the utilization report?

Opportunities:

- How many unduplicated RWP clients served each reporting year
- How many clients enrolled/used each service
  - If there are differences in utilization
- How many service units were provided by DHSP subrecipients
- HIV care continuum outcomes
  - If there are disparities in outcomes
- How services were utilized (in-person vs. telehealth)

Limitations:

- What services clients need
- Where there are service gaps
- Why the number of clients changes from one year to next
- Don't know how many PLWDH are uninsured
- Why there are disparities in utilization or outcomes
- Doesn't describe or represent characteristics or service use among PLWDH outside of the RWP

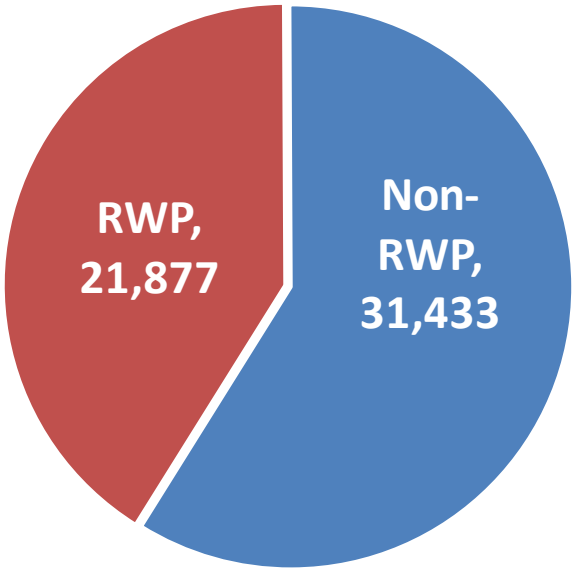
Characteristics of Ryan White Program Clients

Year 31 Los Angeles County Ryan White Program (RWP) Population

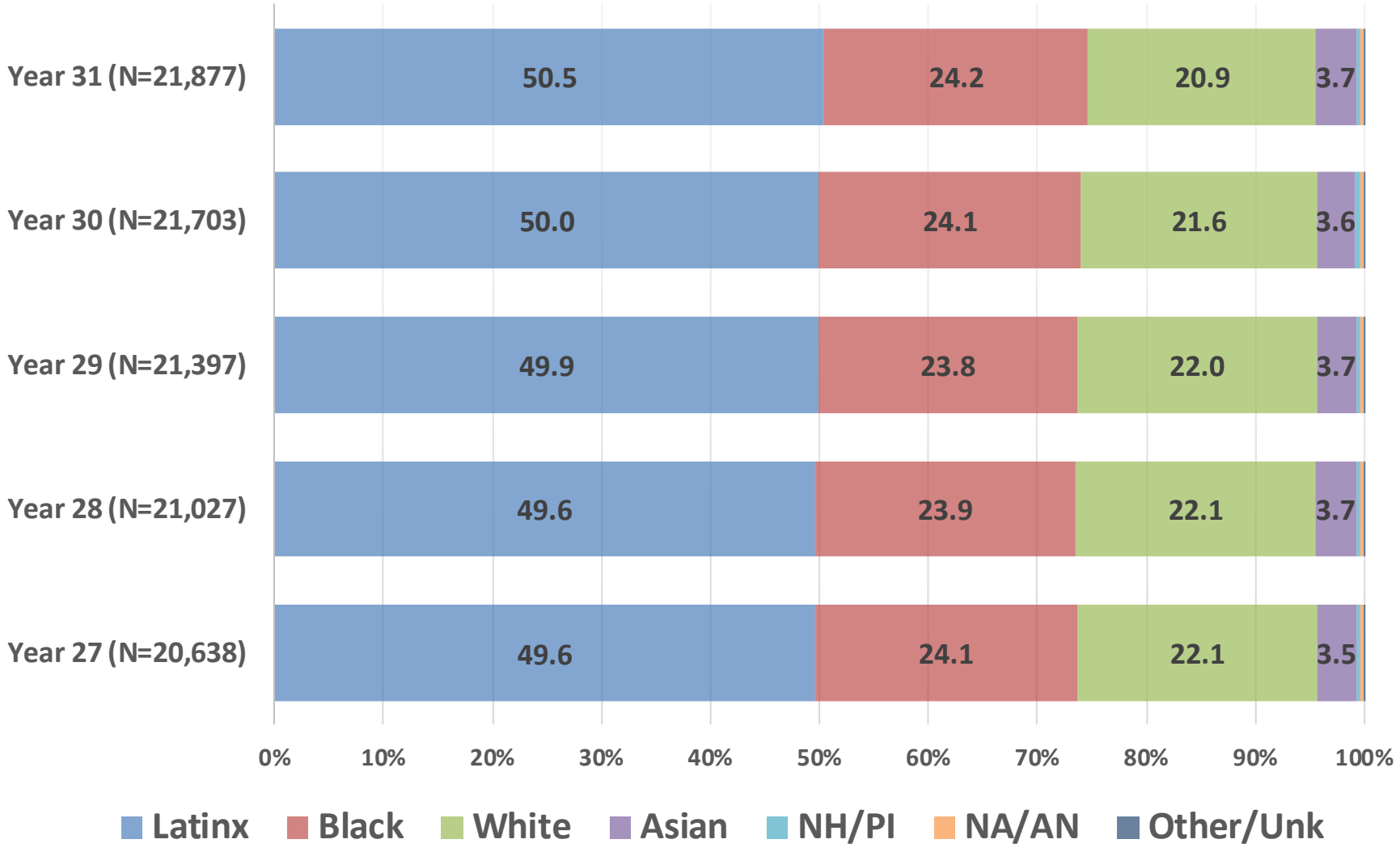
In Ryan White Program Year 31 (March 1, 2021 - February 28, 2022) **21,877** clients received at least one core or support RWP service

Approximately **2 out of every 5 people living with diagnosed HIV (PLWDH)** in LAC in 2021 used RWP HIV services

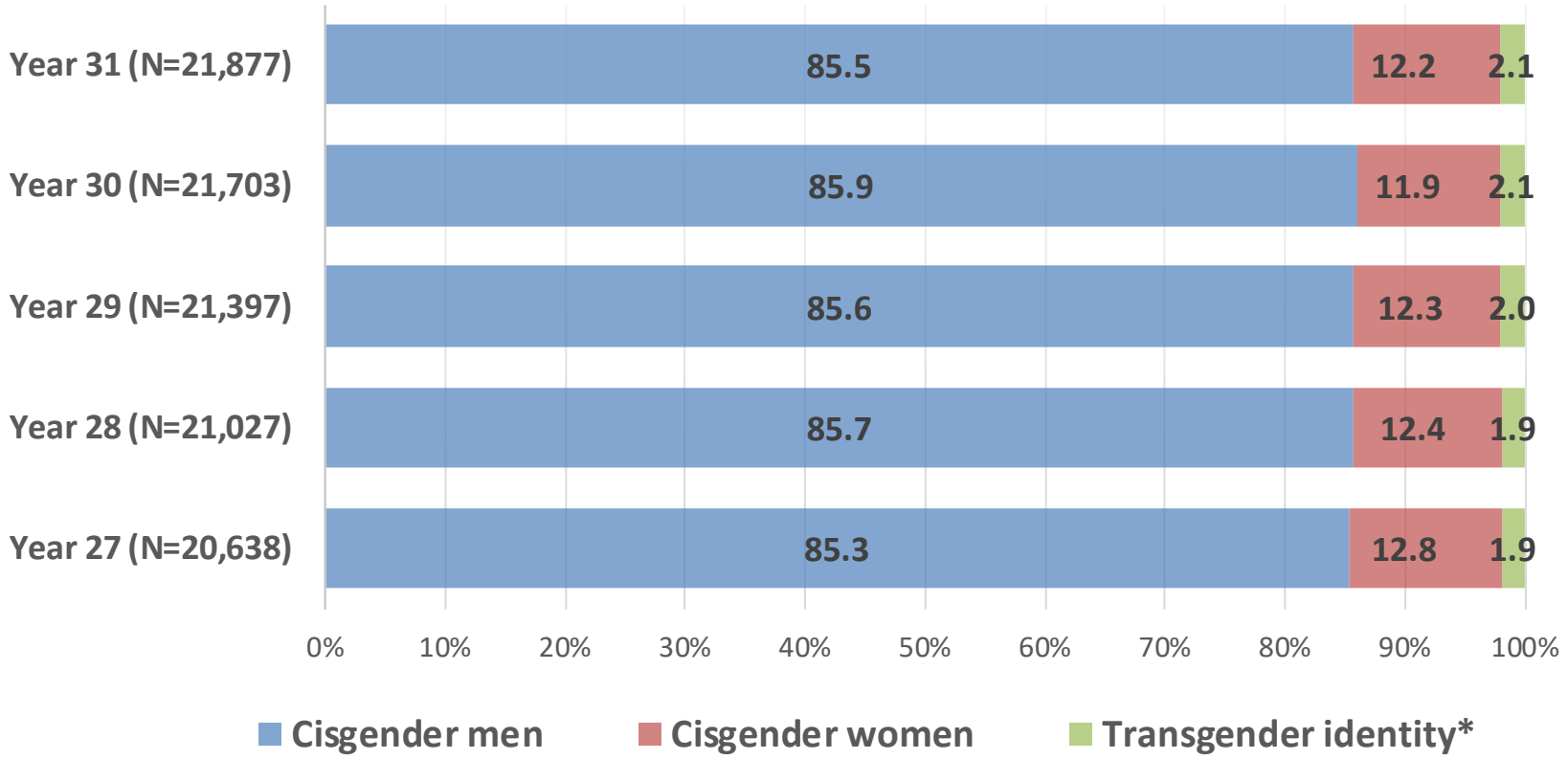
RWP Utilization among PLWDH in LAC, 2021



Latinx and Black clients continue to represent the largest percentage of RWP clients.

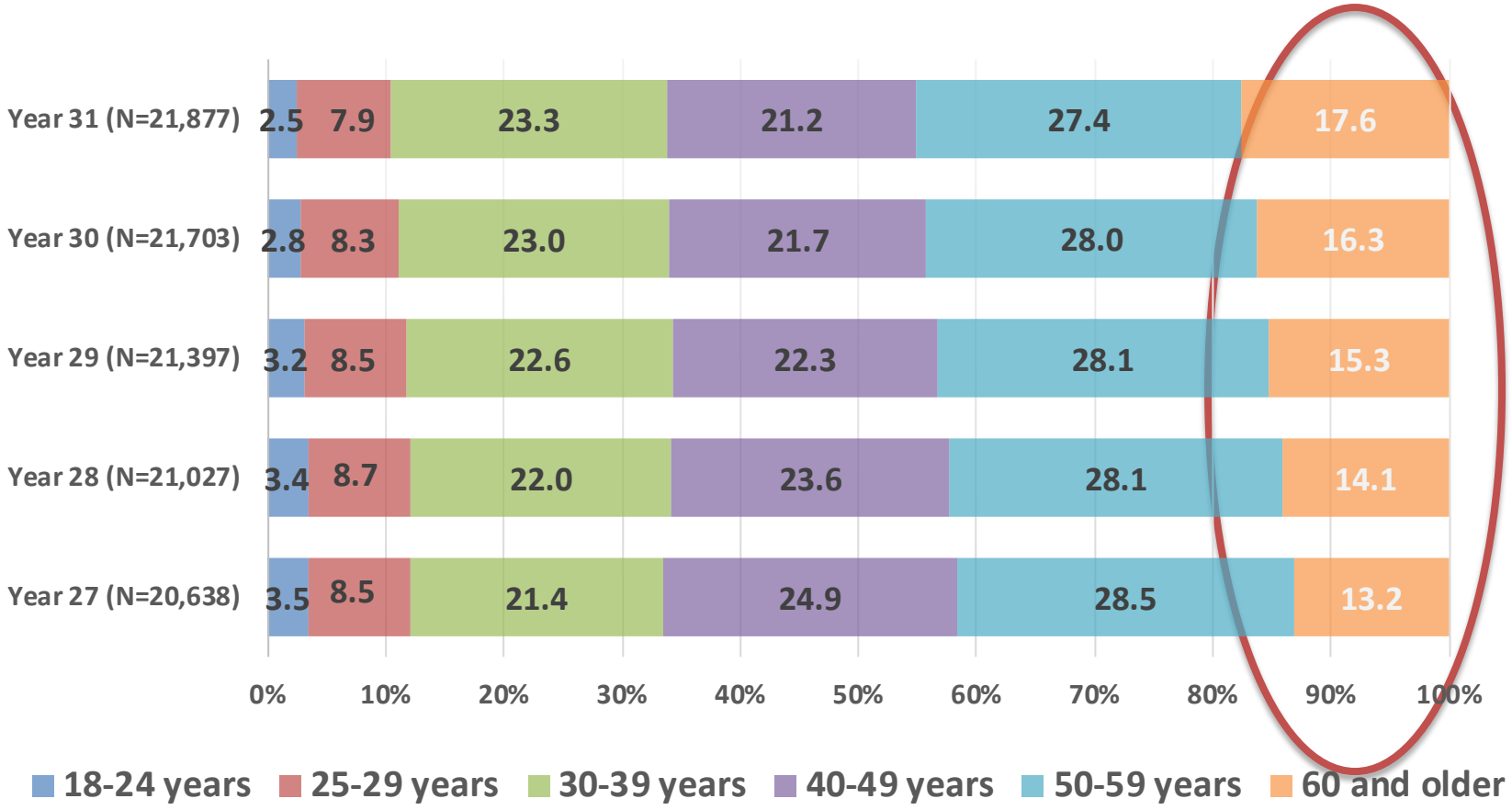


Majority of RWP clients continue to be cisgender men.



*Includes clients who identify as transgender women. In each year, transgender women represent ~95% of RWP clients who report a transgender or another gender identity

From Year 27 to Year 31 the proportion of RWP clients aged 60 years and older has continued to increase



Note: Clients aged 13-17 represent <0.05% of RWP clients and are not included on the figure

- **Stable number of clients per year, including during COVID-19 in Year 30**
- **Key social determinants among clients have changed little over time**

		Year 27 N=20,638	Year 28 N=21,027	Year 29 N=21,397	Year 30 N=21,703	Year 31 N=21,877
Social determinants	Living ≤ 100% FPL	66%	65%	62%	62%	64%
	Uninsured	35%	35%	35%	33%	32%
	Spanish-speaking	27%	27%	26%	26%	26%
	Incarcerated ≤2 years	8%	9%	8%	9%	8%
	Experiencing homelessness	8%	9%	10%	10%	9%
HD of Residence	Hollywood-Wilshire	13%	17%	16%	17%	16%
	Central	9%	12%	12%	12%	11%
	Southwest	5%	7%	7%	7%	7%
	Long Beach	6%	6%	6%	6%	6%

- **Increase in % of RWP clients receiving MCC since YR27**
- **Increase in % of RWP receiving Oral Health in YR 31, recovered following COVID-19**
- **Decrease in % of RWP clients using SA – Residential and Outreach Services (LRP) over the past 5 years**

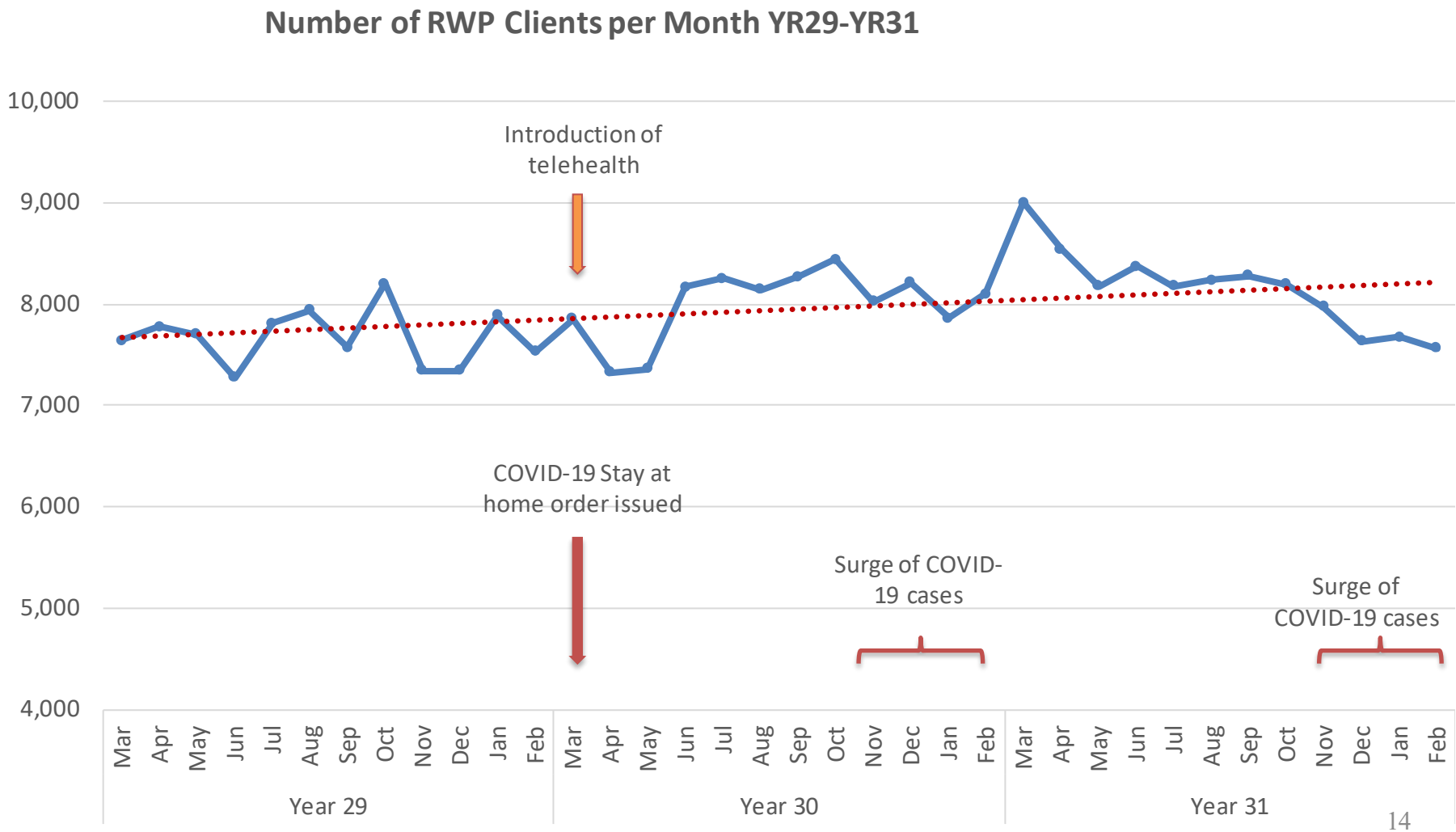
	Year 27 N=20,638	Year 28 N=21,027	Year 29 N=21,397	Year 30 N=21,703	Year 31 N=21,877
Medical Outpatient	73%	69%	70%	70%	70%
Medical CM	**29%**	**35%**	**34%**	**39%**	**38%**
Non-Medical CM	27%	17%	22%	23%	24%
Oral Health	19%	19%	21%	16%	19%
Nutrition Support	9%	9%	9%	10%	9%
Mental Health	4%	4%	3%	4%	3%
HBCM	2%	1%	1%	1%	1%
Housing Services	1%	1%	1%	1%	1%
SA Services - Residential	2%	1%	1%	1%	<1%
Outreach Services (LRP)	1%	1%	1%	<1%	<1%

Questions and Discussion

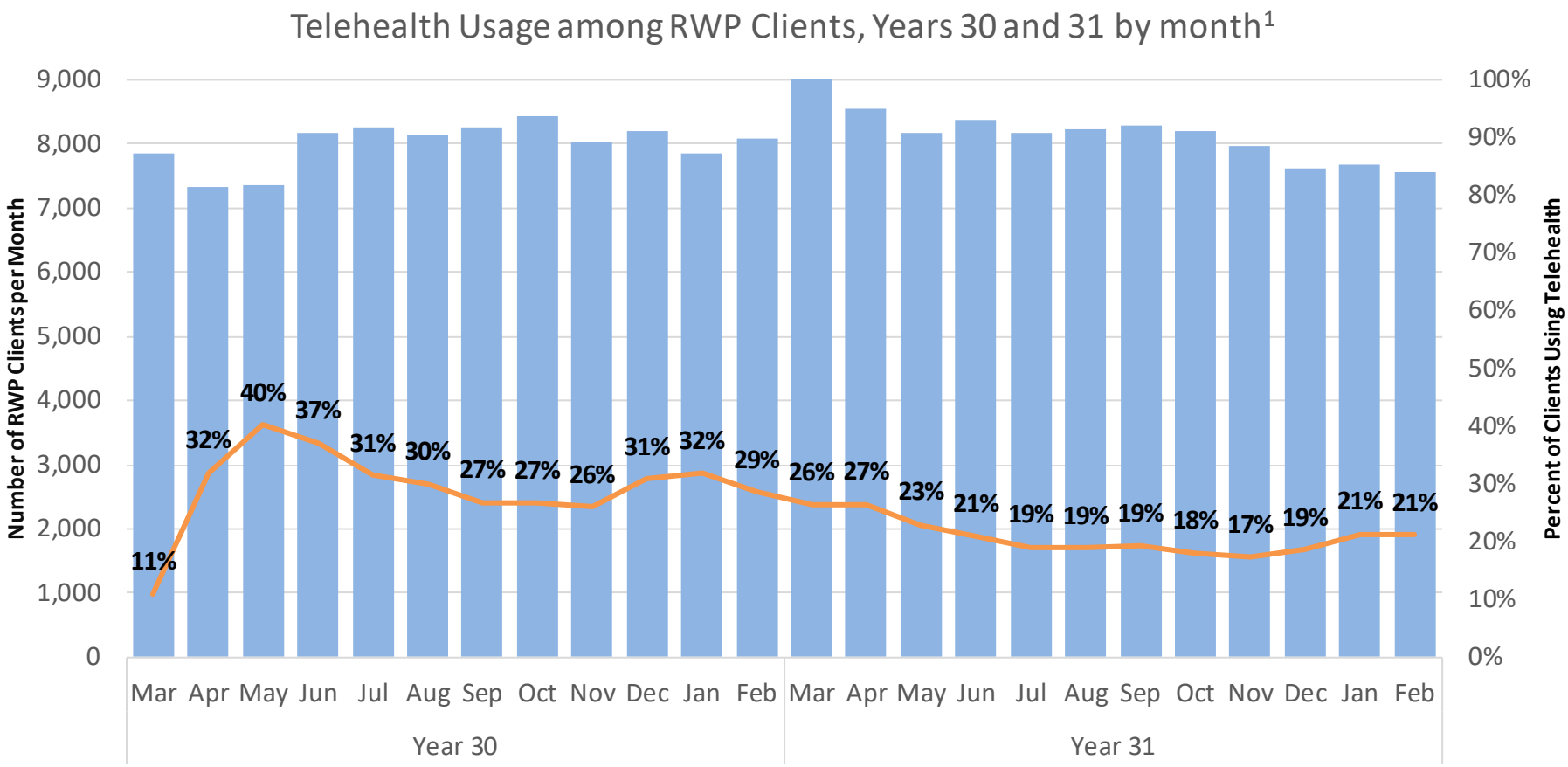
County of Los Angeles Public Health

COVID-19 Impact and Recovery on RWP Service Utilization

Three-year trend suggest an increase in average number of clients per month (as indicated by dashed red line)

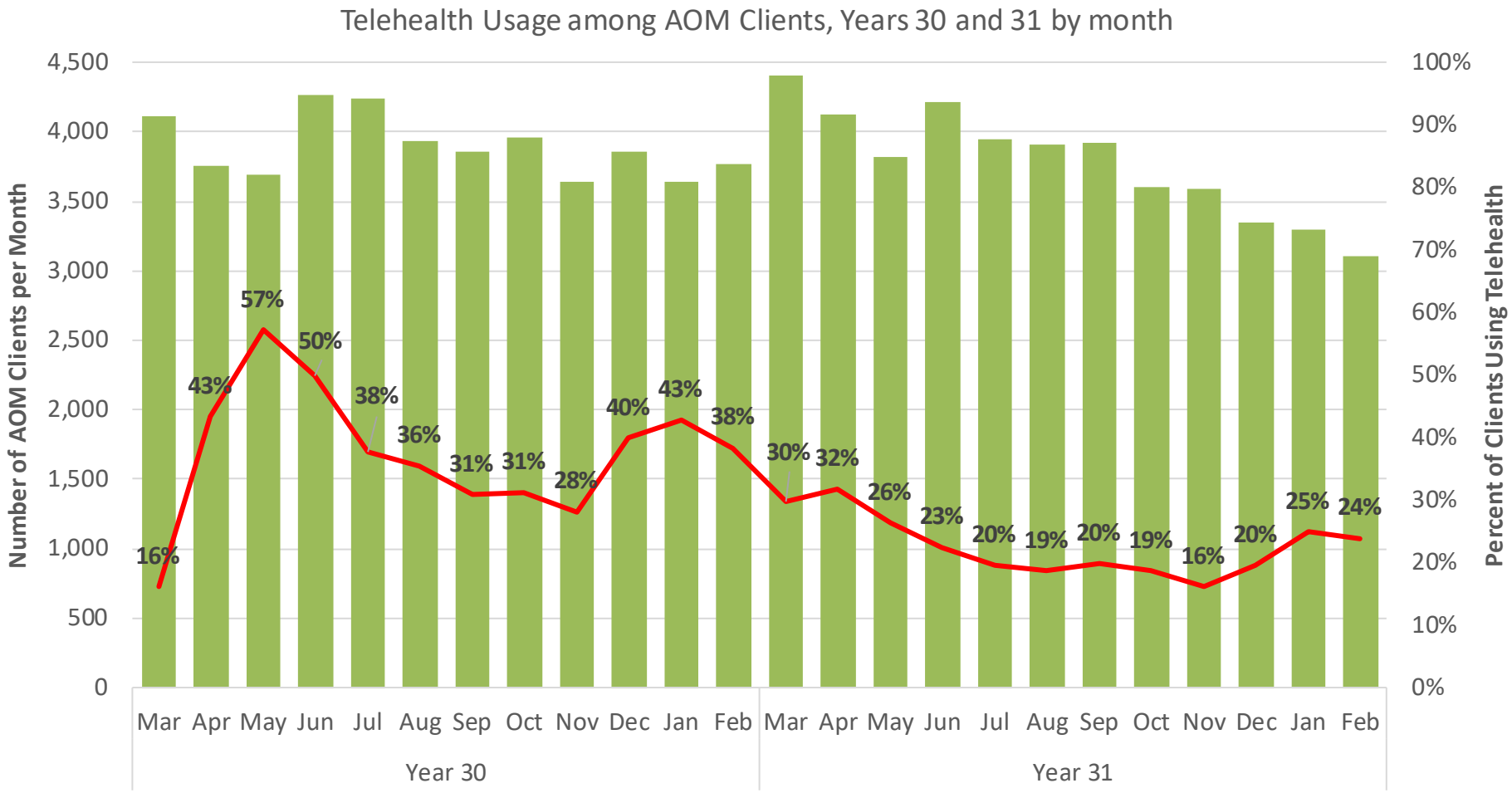


While telehealth use has decreased since peaking in May 2020, it still represents an important strategy to promote service continuity

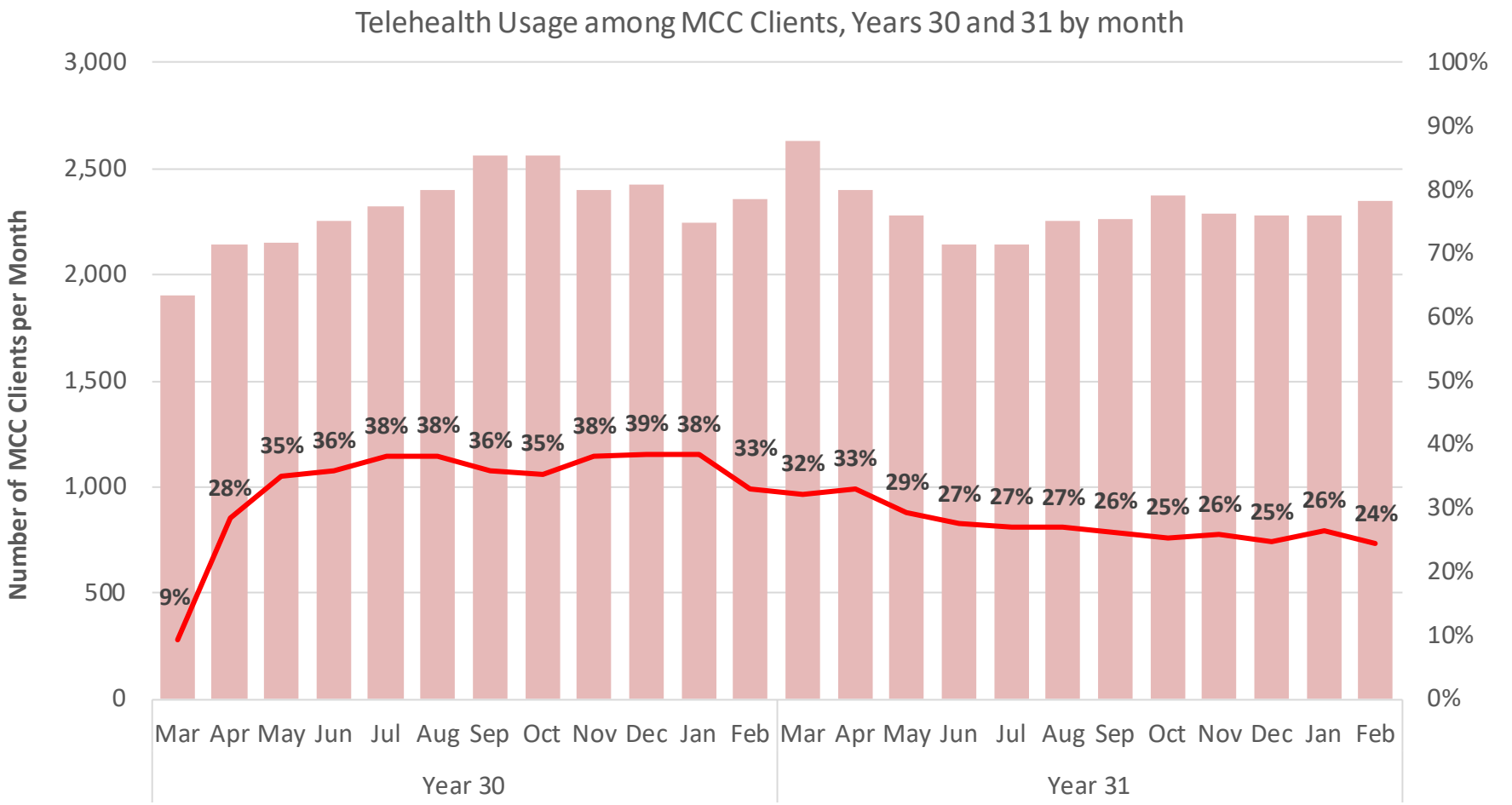


[1]Service with telehealth modalities were Medical Care Coordination (MCC), (AOM), Mental Health (MH) and HBCM (Home Based case Management

- **Telehealth was critical for continuity of medical care among AOM clients during COVID-19**
- **The percentage of AOM clients using telehealth decreased from 56% in Year 30 to 38% in Year 31**



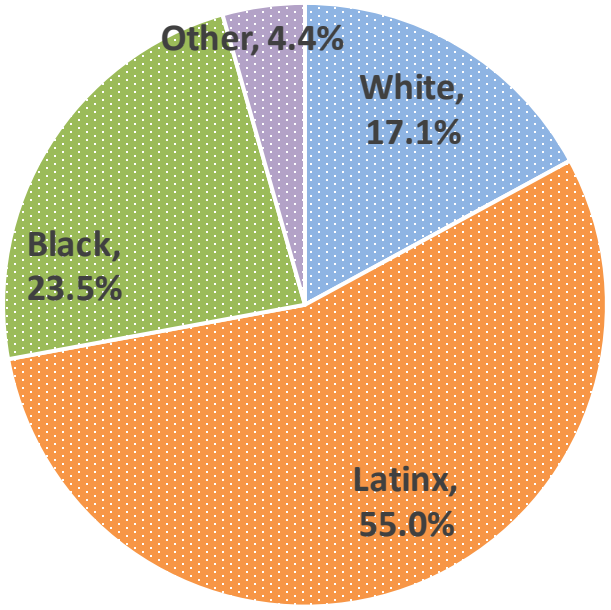
- **Significant percentages of MCC clients each month used telehealth over the past two years**
- **By year, the percent of MCC clients using telehealth decreased from 51% in Year 30 to 46% in Year 31 but remains important for expanded service access**



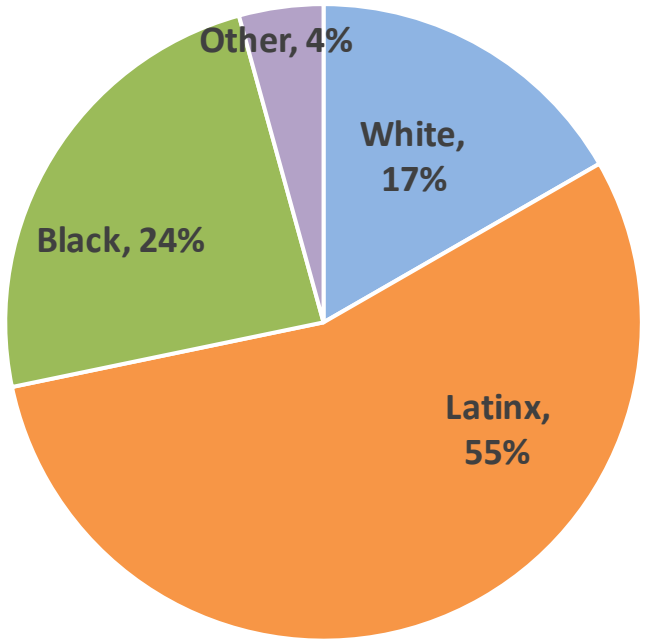
The majority of clients receiving at least one RWP service via telehealth were Latinx and Black and have remained steady over time

Percentage of RWP Clients Receiving Telehealth Services in Y30 and Y31 by Race/Ethnicity

Telehealth Clients **YR 30**

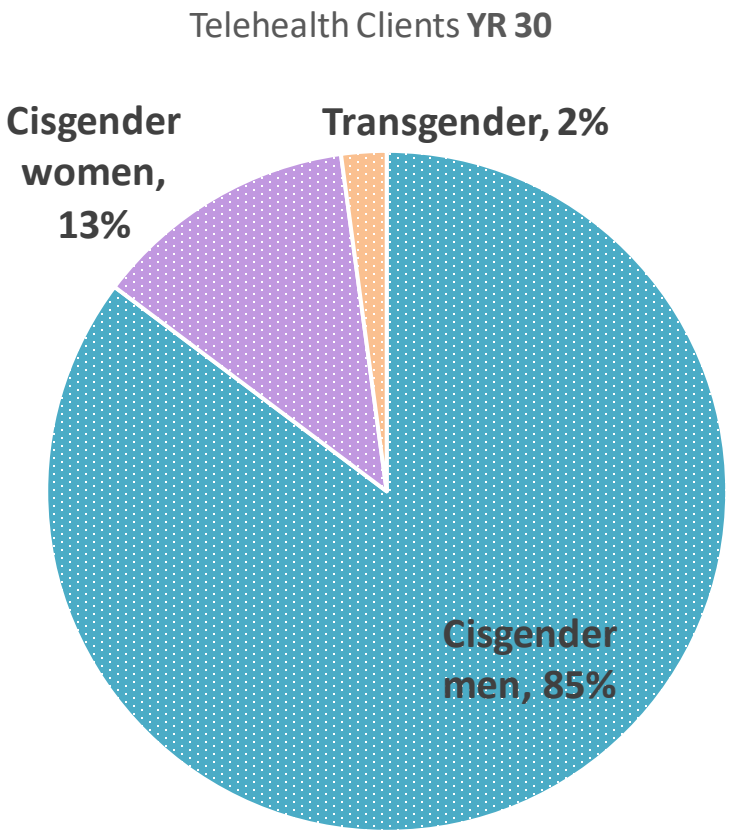


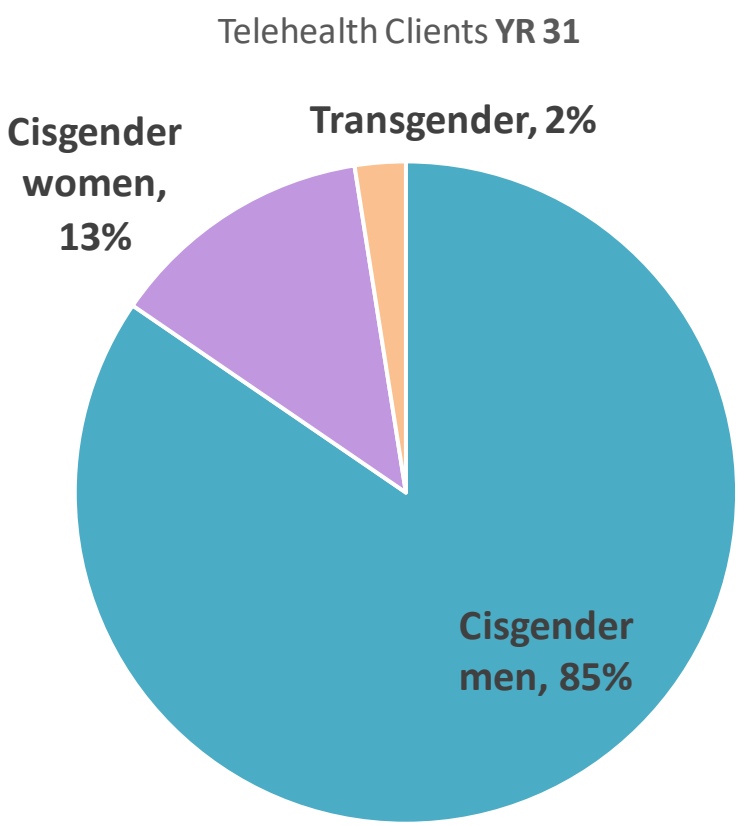
Telehealth Clients **YR 31**



The majority of clients receiving at least one RWP telehealth service were cisgender men and have remained steady from Year 30 to Year 31

Percentage of RWP Clients Receiving Telehealth Services in Y30 and Y31 by Gender

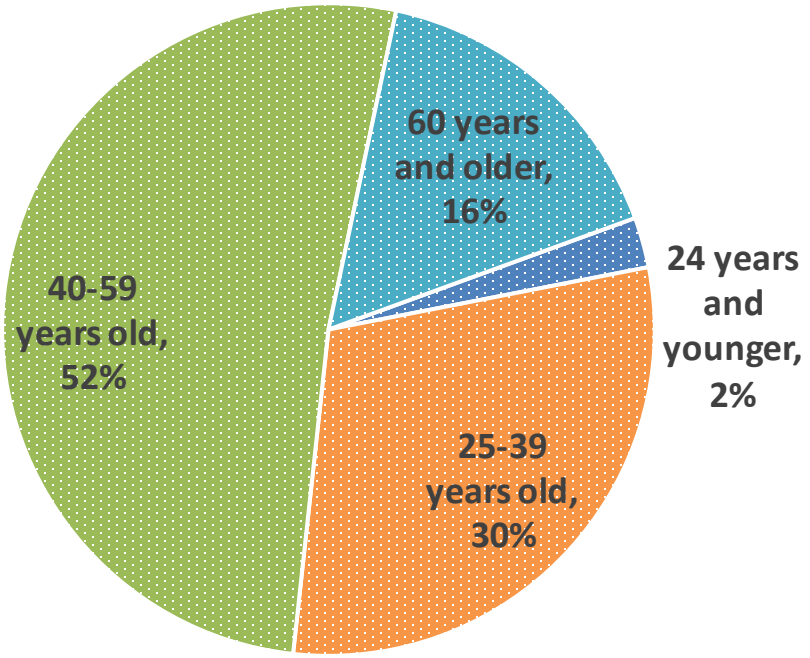




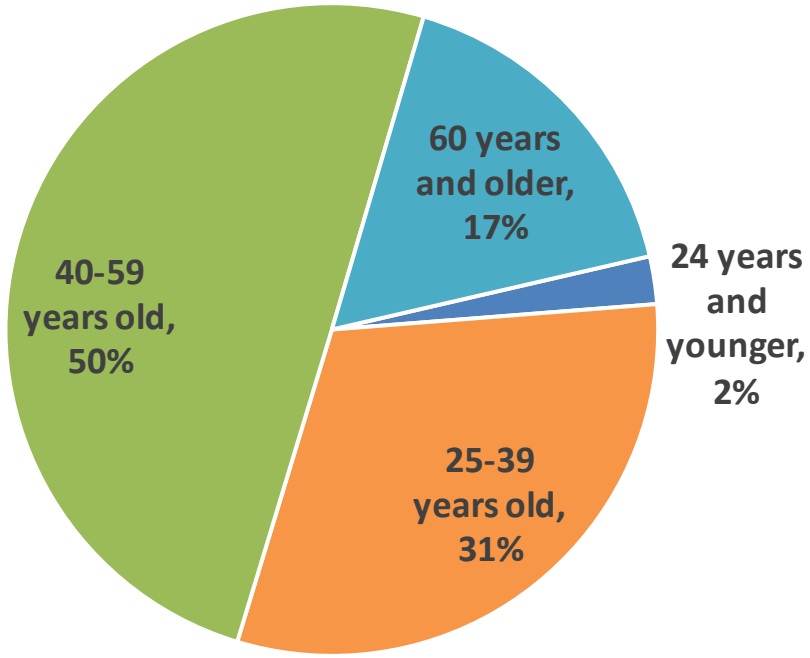
The majority of clients using RWP services via telehealth were age 40-59 years of age and have changed little over time

Percentage of RWP Clients Received Telehealth Services in Y30 and Y31 by Age

Telehealth Clients YR 30



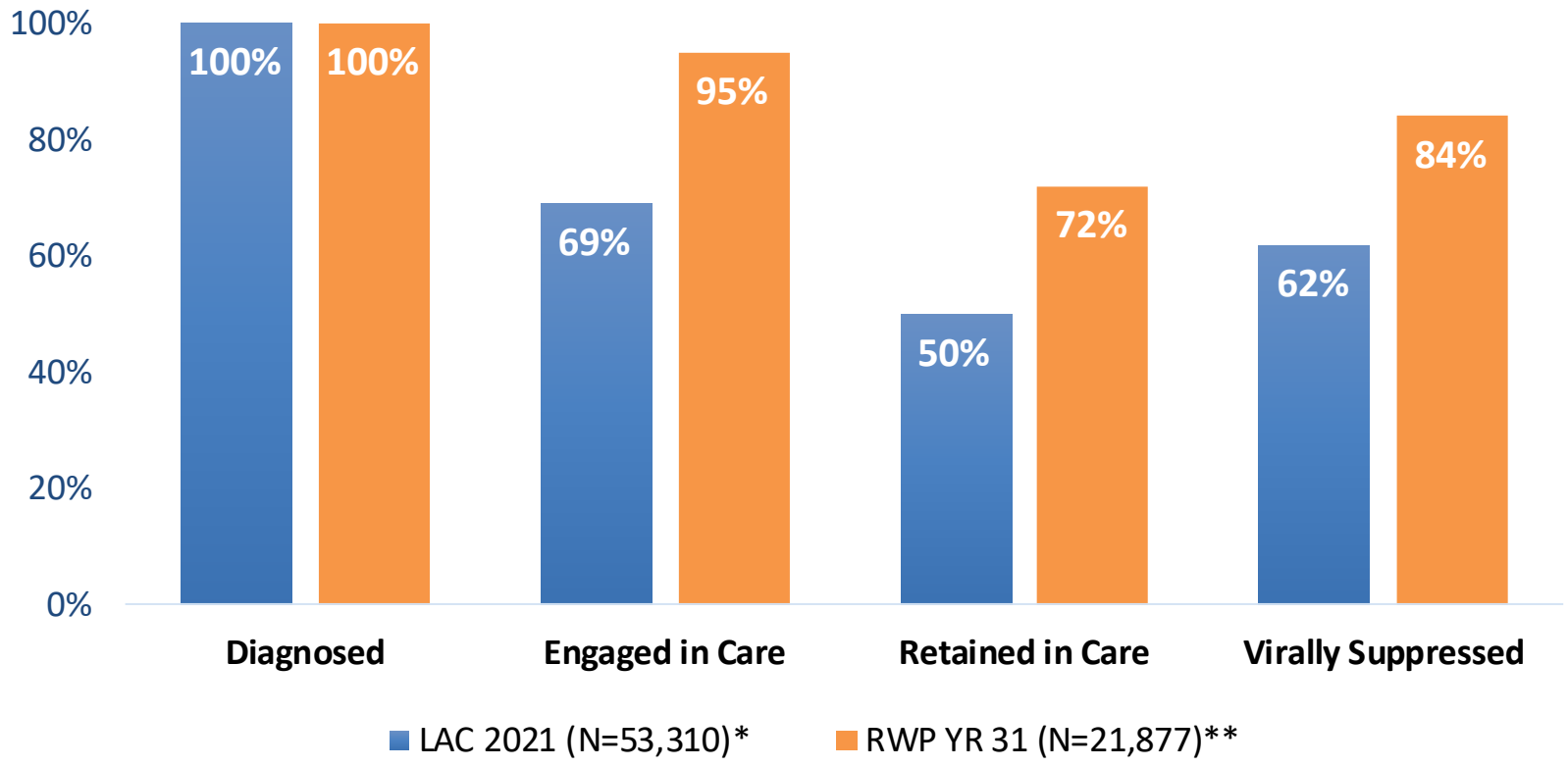
Telehealth Clients YR 31



Questions and Discussion

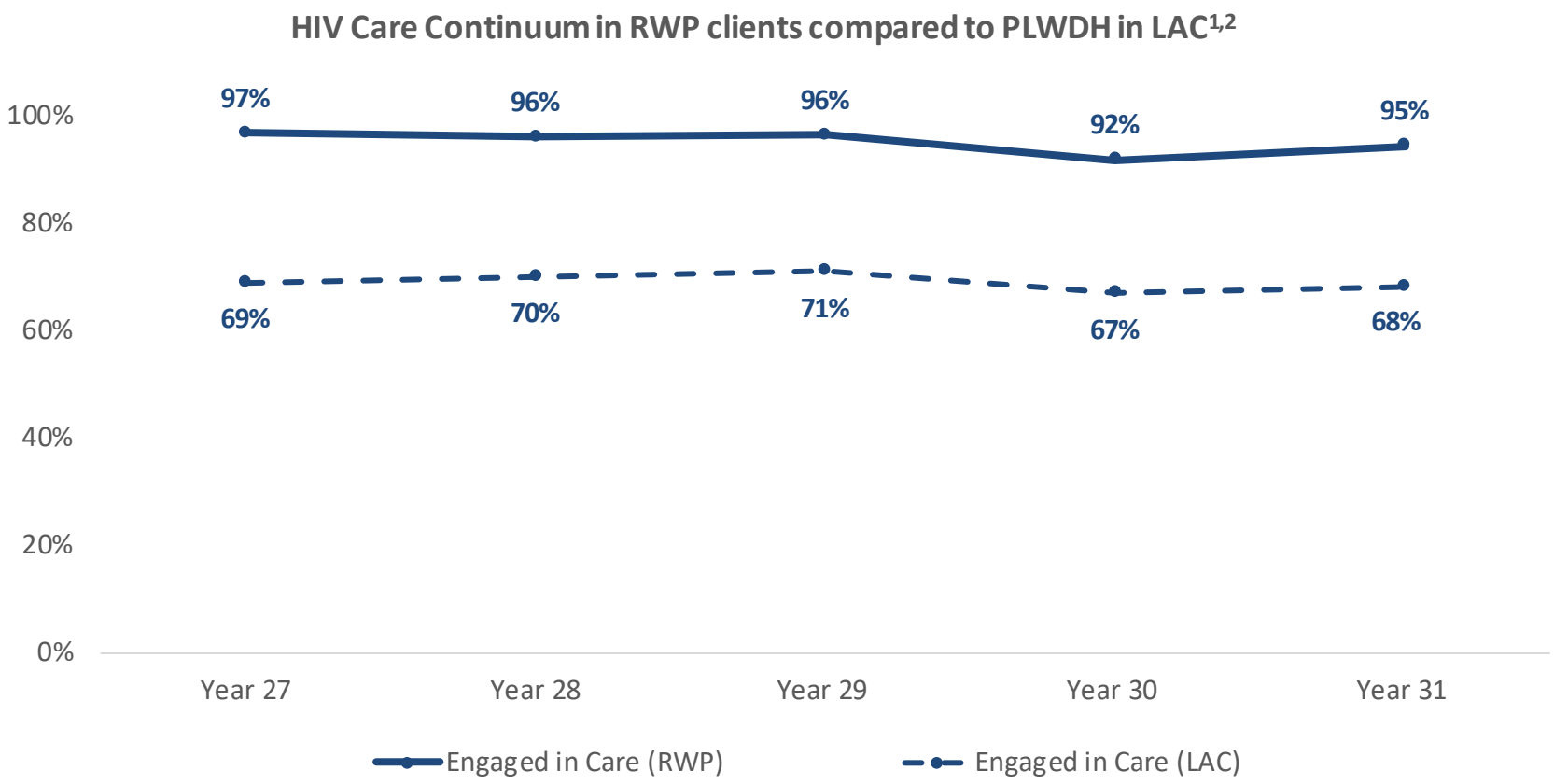
HIV Care Continuum Outcomes

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



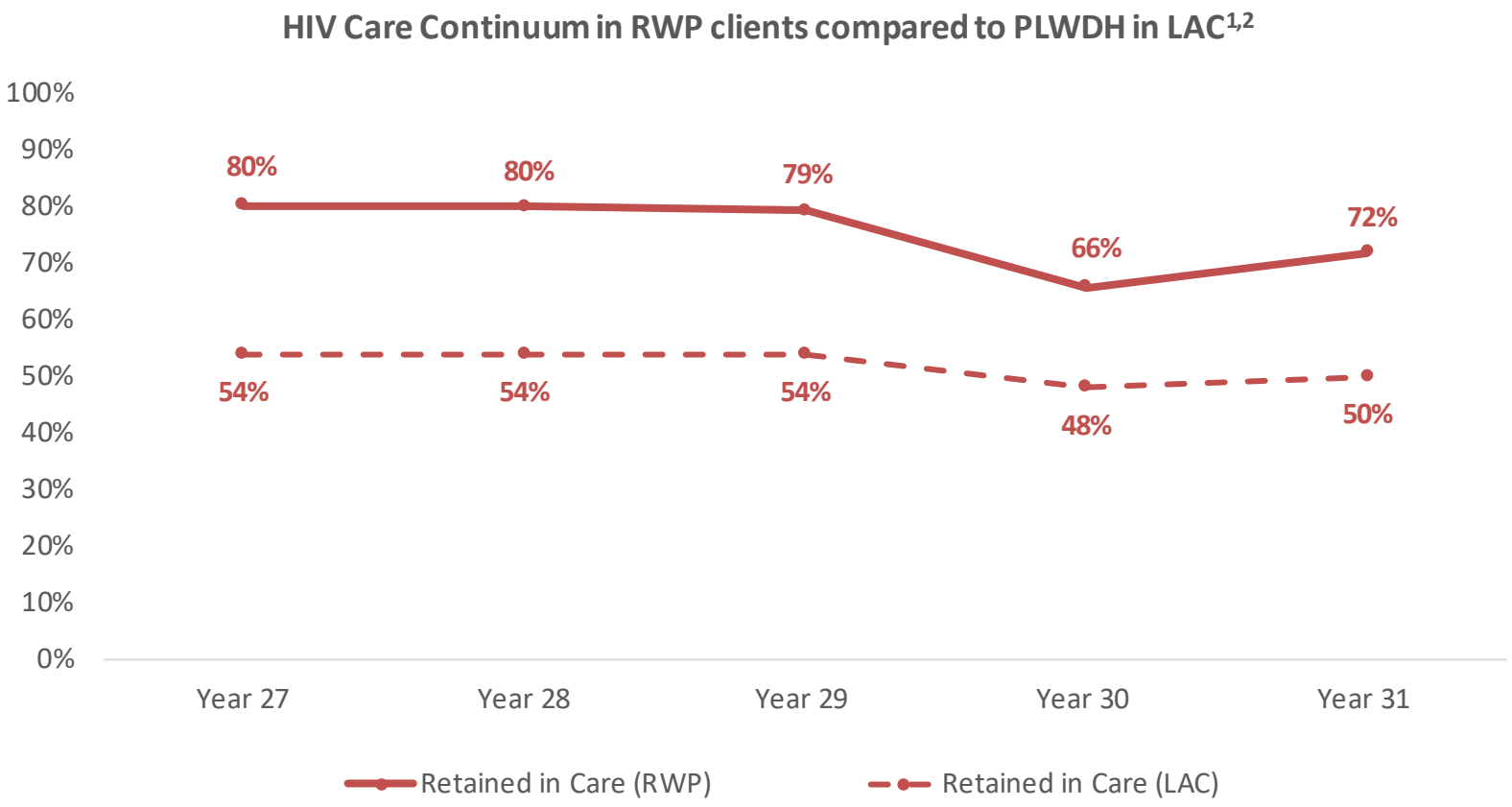
Note: LAC surveillance data is for Jan-Dec 2021 and RWP data is Mar 2021-Feb 2022
*Source: Los Angeles County HIV Surveillance Program
** Source: CaseWatch

- **Engagement in care was higher among RWP clients (solid lines) compared to all PLWDH in LAC (dotted lines)**
- **Small decrease in engagement in care in Year 30 likely due impact of COVID-19 on access to care, but data suggest recovery**



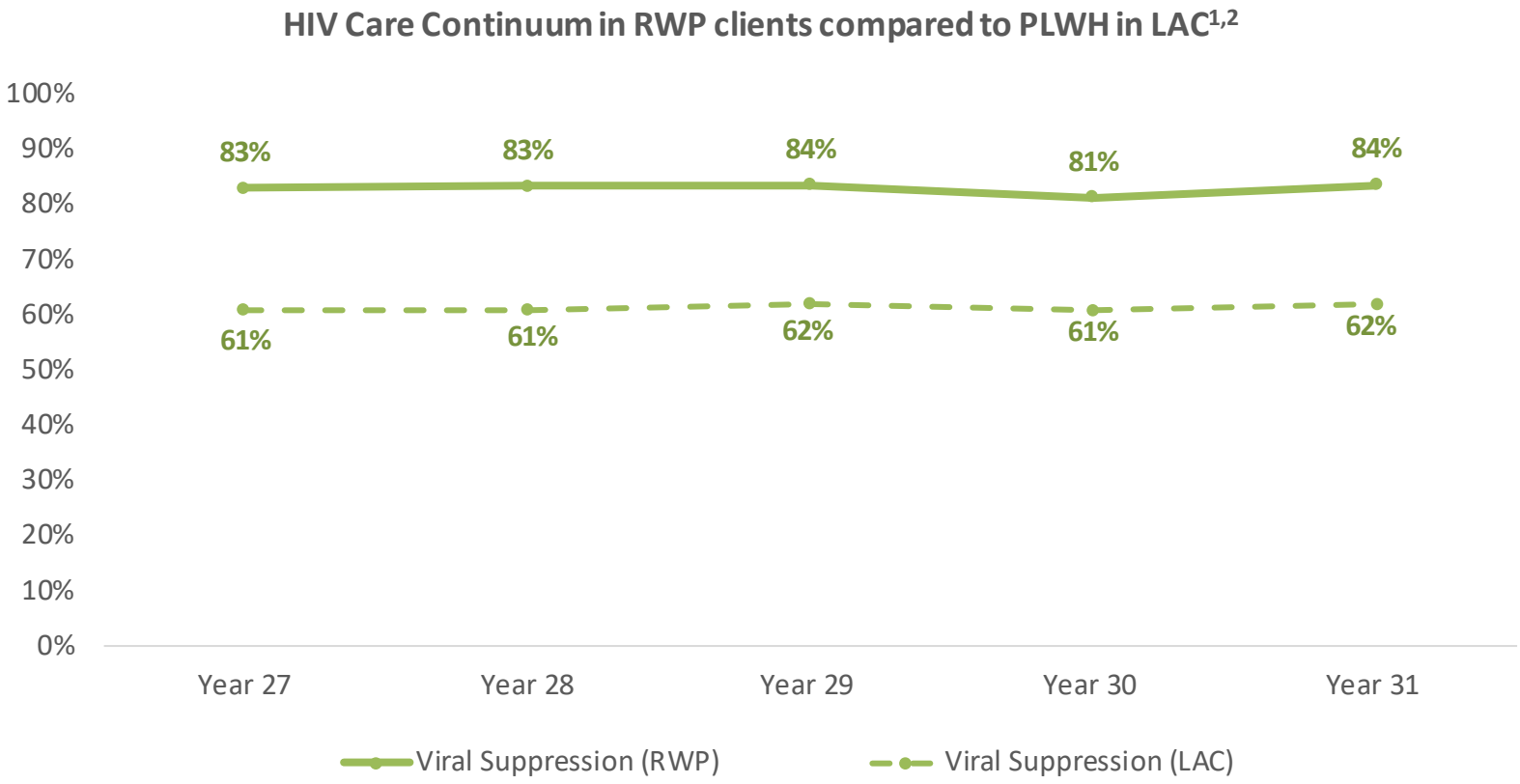
[1]CaseWatch Data for RWP years YR27-YR31 (from 03/01/2017 – 02/28/2022)
[2]LAC HIV Surveillance Data for calendar years 2017-2021 (Data as of 06/30/2022)

- **Retention in care (RiC) was higher among RWP clients (solid lines) compared to all PLWDH in LAC (dotted lines)**
- **Decrease in RiC in Year 30 likely due to impact of COVID-19 on access to care; slow recovery**



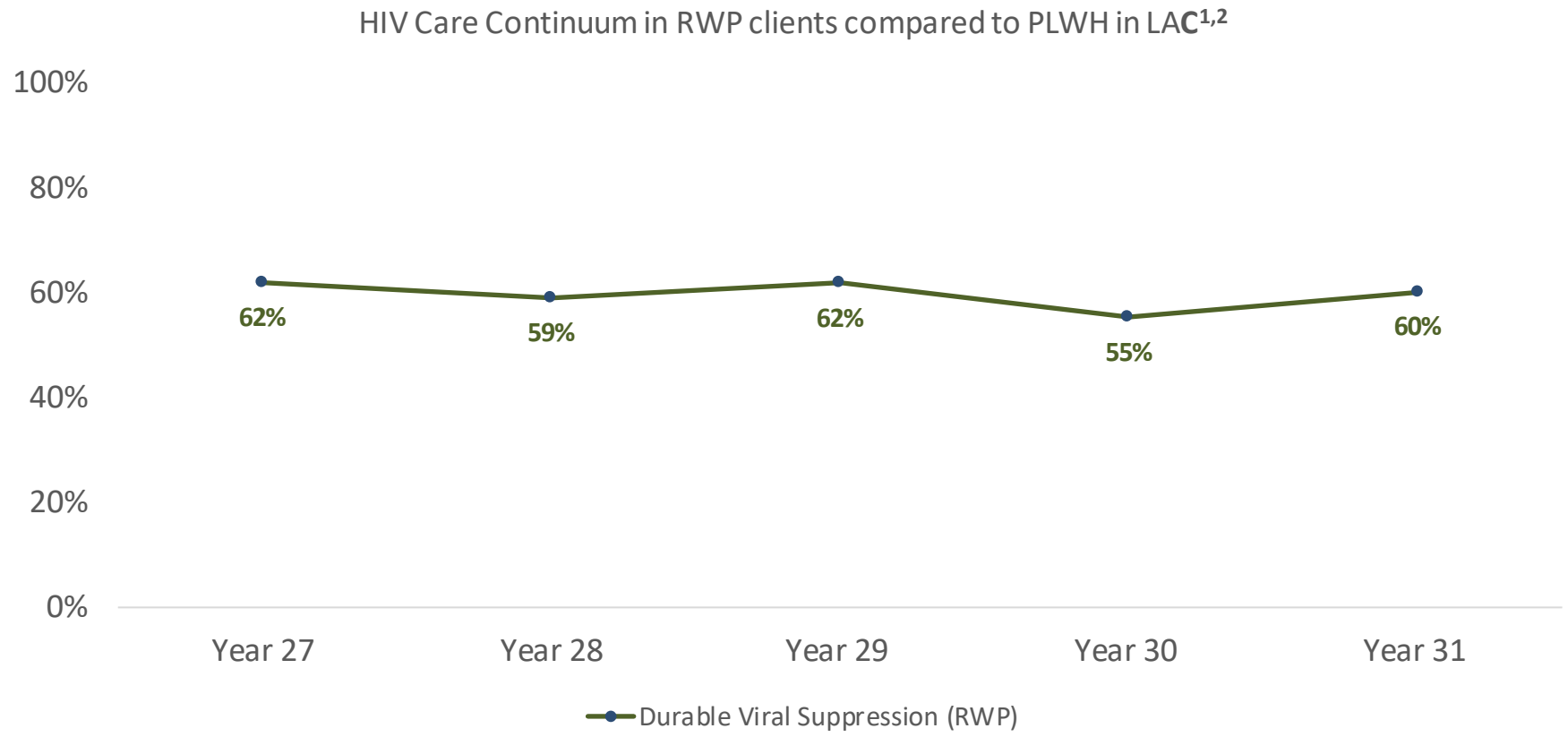
[1]CaseWatch Data for RWP years YR27-YR31 (from 03/01/2017 – 02/28/2022)
[2]LAC HIV Surveillance Data for calendar years 2017-2021 (Data as of 06/30/2022)

- **Viral Suppression (VS) was higher among RWP clients (solid lines) compared to all PLWDH in LAC (dotted lines)**
- **Decrease in VS in Year 30 likely due impact of COVID-19 on access to care, but the impact was minimal**
- **Viral suppression recovered**



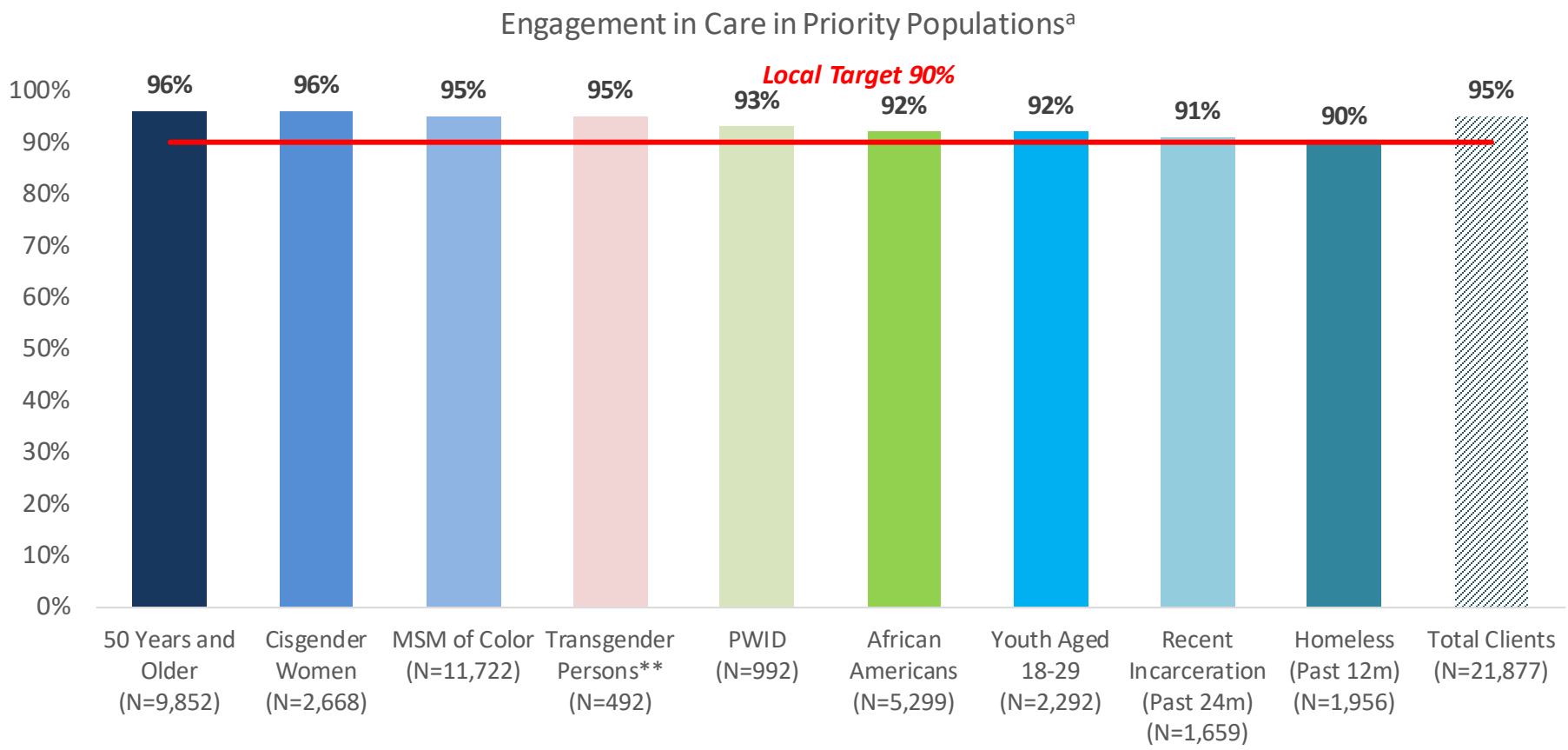
[1]CaseWatch Data for RWP years YR27-YR31 (from 03/01/2017 – 02/28/2022)
[2]LAC HIV Surveillance Data for calendar years 2017-2021 (Data as of 06/30/2022)

- **Durable Viral Suppression (VS) was lower than just viral suppression among RWP clients (solid line); durable VS was not available for all PLWDH in LAC**
- **Decrease in durable VS in Year 30 likely due impact of COVID-19 on access to care**
- **Durable VS is recovering**



[1]CaseWatch Data for RWP years YR27-YR31 (from 03/01/2017 – 02/28/2022)
[2]LAC HIV Surveillance Data for calendar years 2017-2021 (Data as of 06/30/2022)

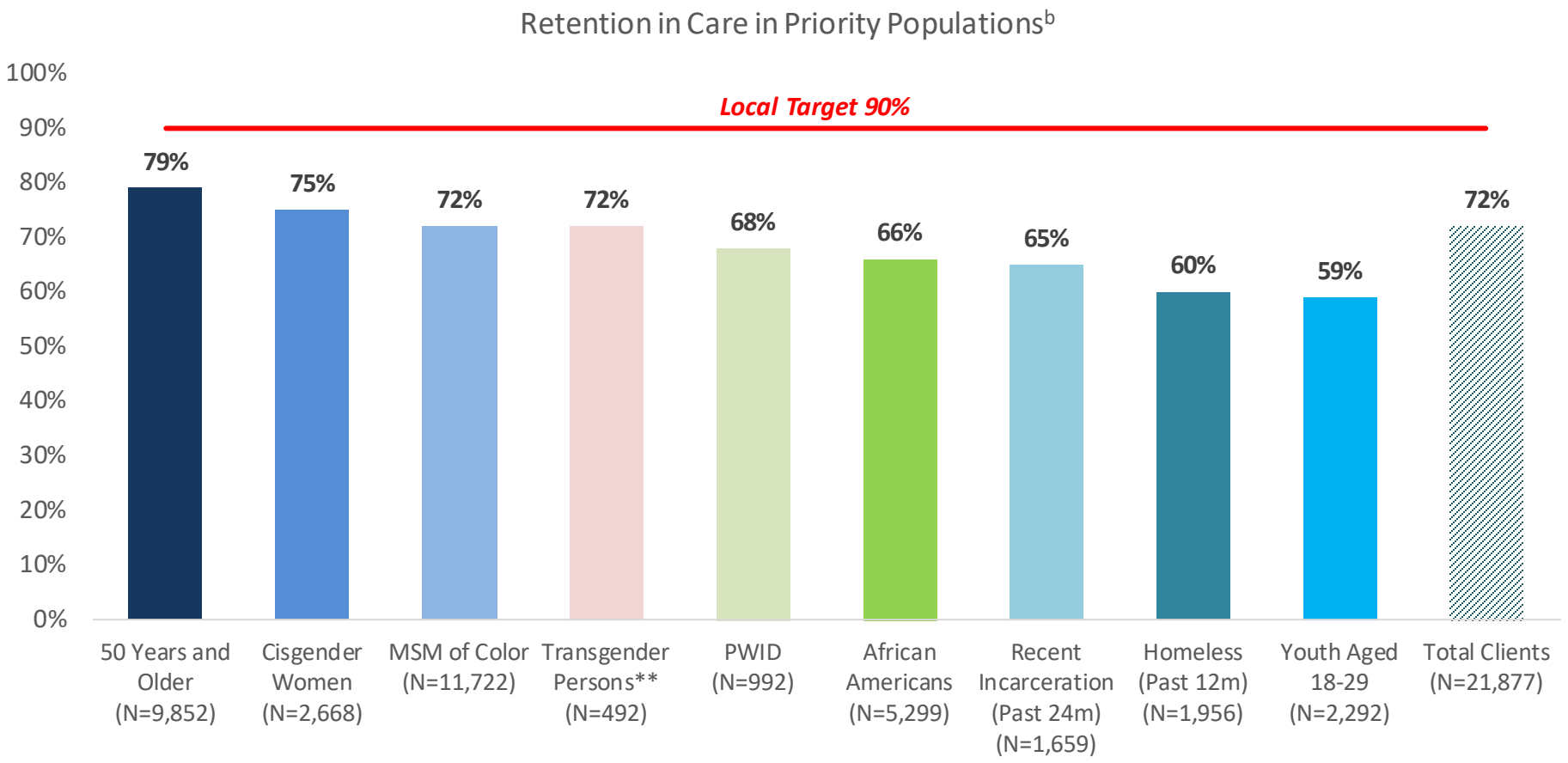
- In Year 31 Engagement in Care in Priority Populations was high overall and exceeded local target
- Highest among older clients and cisgender women and lowest among those experiencing homelessness or recently incarcerated



[a]Defined as 1 ≥ viral load, CD4 or genotype test reported in the 12-month period based on HIV laboratory data as of 5/20/2022
*MSM of Color defined as PLWDH who reported male sex at birth, sex with men as primary HIV risk category and non-White race/ethnicity
**Includes 467 transgender women and 25 transgender men

- In Year 31 Retention in Care (RiC) in Priority Populations was the highest among older adults and the lowest among youth

- Retention in care is lower than EHE/local target (90%) for all priority populations and in the RWP

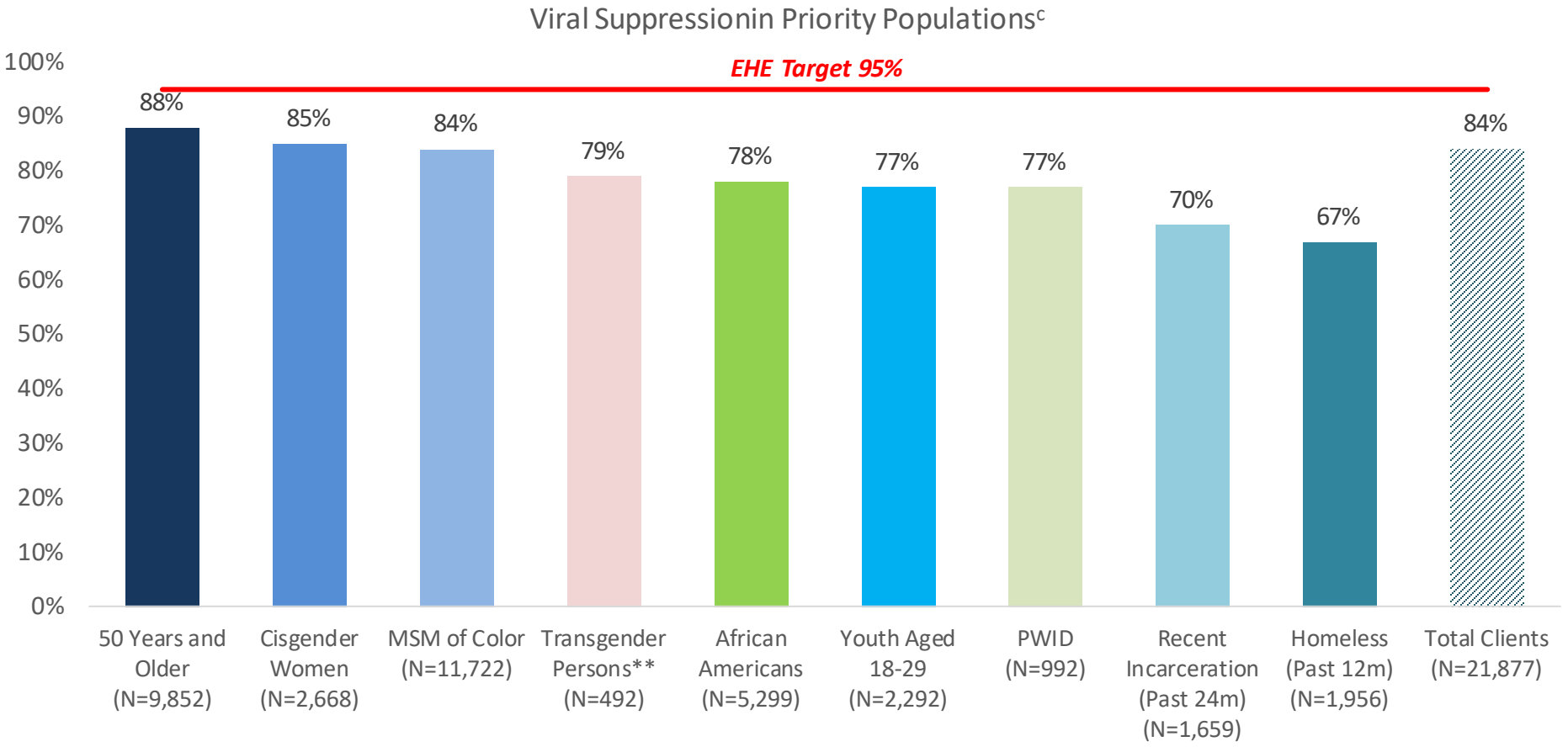


[b]Defined as 2 ≥ viral load, CD4 or genotype test reported >30 days apart in the 12-month period based on HIV laboratory data as of 05/20/2022

*MSM of Color defined as PLWDH who reported male sex at birth, sex with men as primary HIV risk Local category and non-White race/ethnicity

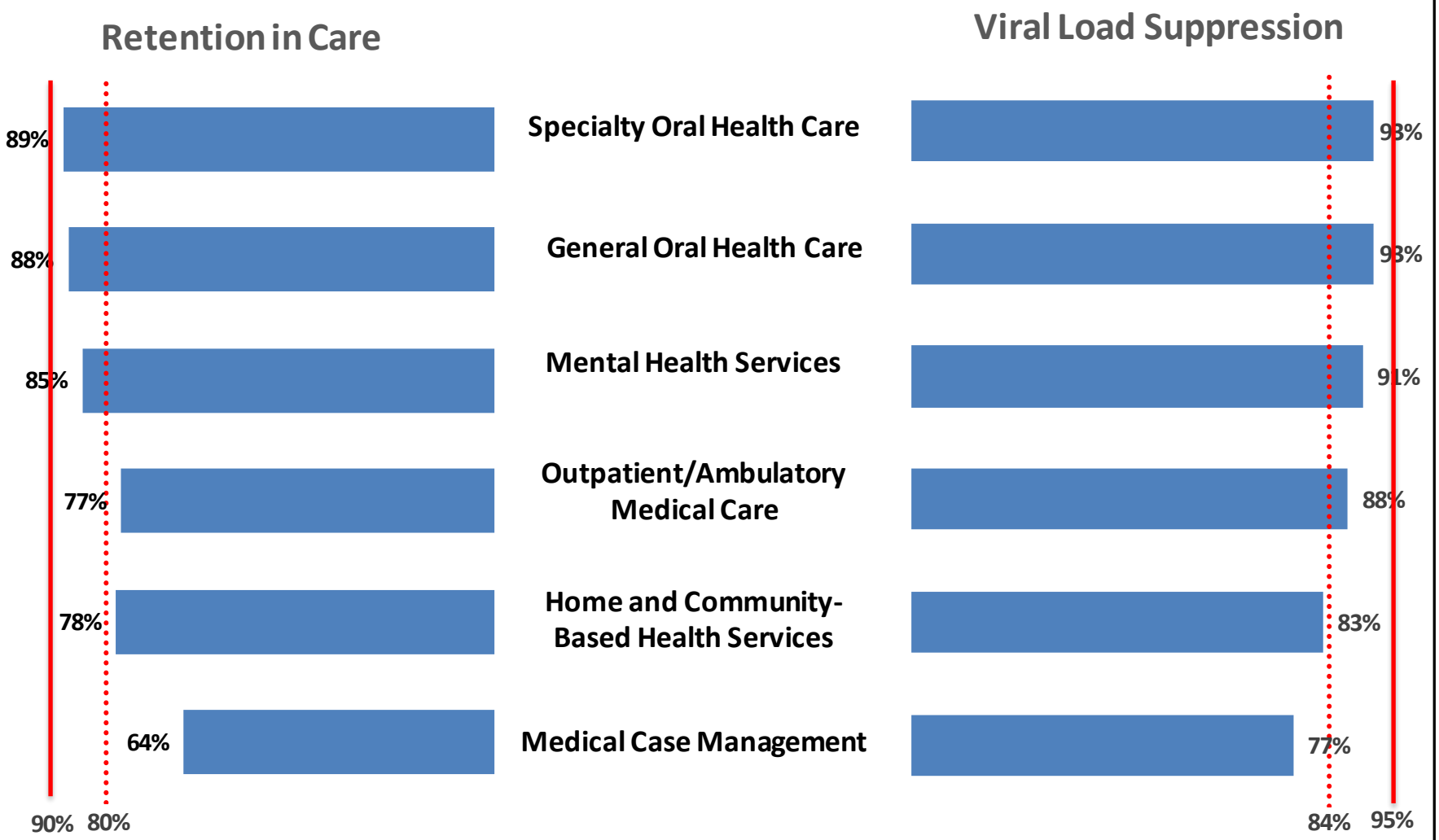
**Includes 467 transgender women and 25 transgender men

- In Year 31 Viral Suppression (VS) in Priority Populations was the highest among older adults and the lowest among homeless people
- Viral suppression is lower than the EHE local target for all priority populations in the RWP

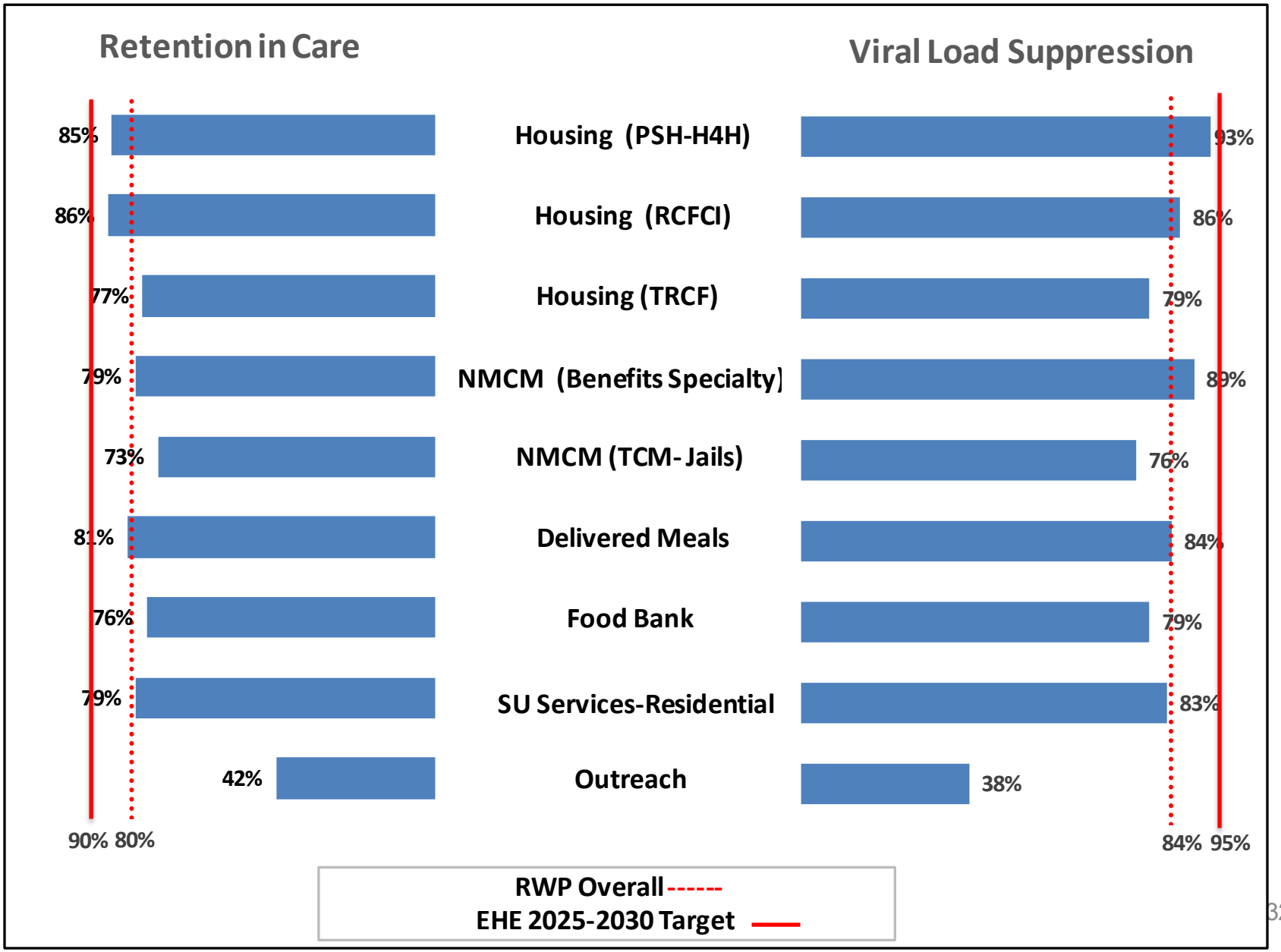


[c]Defined as most recent viral load test <200 copies/mL in the 12-month period based on HIV laboratory data as of 05/20/2022
*MSM of Color defined as PLWDH who reported male sex at birth, sex with men as primary HIV risk category and non-White race/ethnicity
**Includes 467 transgender women and 25 transgender men

HIV Care Continuum-Core Services Yr 31



HIV Care Continuum Support Services Yr 31



Questions and Discussion

Overview of RWP Year 31 Utilization Data and Expenditures by Service Category

RWP Services Paid for by DHSP

- Not all clients who access RWP services end up having them paid for by DHSP
  - As the payer of last resort, all other payer sources must be evaluated in addition to service-level eligibility criteria
- To understand how grant funds are being spent, we need to focus on those clients who used services ultimately paid for with RWP monies ("funded" clients)
- In Year 31 (March 1, 2022-February 28, 2023), DHSP paid for 16,963 ("funded") of the 21,877 clients ("fundable") who used RWP services
  - "Funded" clients were different from "fundable" clients:
    - A lower percent were Black, age 50 and older, identified as cisgender or transgender women, and with public insurance
    - A higher percent were uninsured and experienced homelessness in the reporting period

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

County of Los Angeles Public Health

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*

Medical Case Management (Medical Care Coordination) - Array of services to facilitate and support access and adherence to HIV primary medical care and to enhance patients' capacity to manage their HIV disease (*24% of total service units were via telehealth in Year 31*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditure ($)	$ Invested per Client
MCC	8,244 (Yr 30: 8,350)	Hours	119,208 (Yr 30: 118,793)	14 (Yr 30: 14)	$9,652,814	$1,171

Funding Sources: Part A, MAI, NCC

Outpatient/Ambulatory Health Services - Primary health care services (*4% of total service units were via telehealth in Year 31*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditure ($)	$ Invested per Client
Medical Outpatient	5,351 (Yr 30: 5,653)	Clinic visits	15,559 (Yr 30: 16,973)	3 (Yr 30: 3)	$7,478,232	$1,398

Funding Source: Part A, MAI, NCC

Oral Health Services - General and endodontic oral health services

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditure ($)	$ Invested per Client
Oral Health (Overall)	**4,145 (Yr 30: 3,377)**	**Procedures**	**44,196 (Yr 30: 29,424)**	**11 (Yr 30: 9)**	**$6,699,203**	**$1,616**
General	3,841 (Yr 30: 3,119)	Procedures	26,650 (Yr 30: 18,752)	7 (Yr 30: 6)	**$5,032,351**	**$1,310**
Specialty	3,469 (Yr 30: 2,698)	Procedures	17,546 (Yr 30: 10,672)	5 (Yr 30: 4)	**$1,666,852**	**$480**

Funding Source: Part A

County of Los Angeles Public Health

Home and Community Based Case Management (CM) - Skilled health services in the client's home (*telehealth – 2% of total service units were via telehealth in Year 31*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditure ($)	$ Invested per Client
Home and Community Based CM	151 (Yr 30: 162)	Hours Nutritional Supps Medical Equipment	48,154 (Yr 30: 52,729)	319 (Yr 30: 325)	$2,318,710	$15,356

Mental Health Services- outpatient psychological and psychiatric services (*18% of total service units were via telehealth in Year 30*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditure ($)	$ Invested per Client
Mental Health Services	331 (Yr 30: 312)	Sessions	2,724 (Yr 30: 3,168)	8 (Yr 30: 10)	$362,699	$1,096

Funding Source: Part A

Support Services

County of Los Angeles Public Health

Housing Services - Provide permanent supportive housing with case management, short-term transitional and residential care facilities and related support (*NO telehealth*)

Service Category	Unique Clients Served Yr 30 (Yr 29)	Service Unit(s)	Total Service Units	Units Per Client	Expenditure ($)	$ Invested per Client
Housing (Overall)	**237 (Yr 30: 234)**	**Days**	**68,026 (Yr 30: 59,538)**	**287 (Yr 30: 254)**		
Permanent Supportive Housing	151 (Yr 30: 147)	Days	48,699 (Yr 30: 39,839)	323 (Yr 30: 271)	$1,695,682	$11,230
Residential Care for the Chronically Ill	60 (Yr 30: 59)	Days	14,298 (Yr 30: 14,767)	238 (Yr 30: 250)	Part A: $235,329 Part B: $3,859,442 **Total: $4,094,771**	$46,531
Transitional Residential Care Facilities	28 (Yr 30: 29)	Days	5,029 (Yr 30: 4,773)	180 (Yr 30: 165)		

Funding Sources: Part A, MAI, Part B

Non-Medical Case Management - Assist with eligibility, linkage and engagement in HIV care and support services (*17% of total service units were via telehealth in Year 31*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditure ($)	$ Invested per Client
Non-Medical CM (Overall)	**5,146 (Yr 30: 5,044)**	**Hours**	**21,950 (Yr 30: 18,201)**	**4 (Yr 29: 4)**		
Benefits Specialty	4,627 (Yr 30: 4,567)	Hours	18,755 (Yr 30: 16,413)	4 (Yr 30: 4)	$1,403,115	$303
Transitional CM - Jails	559 (Yr 30: 476)	Hours	3,195 (Yr 30: 1,652)	6 (Yr 30: 3)	$527,592	$944

Funding Sources: Part A, MAI

Outreach Services - Identify out-of-care clients, verify care status, contact, linkage to care, and provide intervention and referrals (Linkage and Re-engagement Program) and partner services *(NO telehealth)*

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditure ($)	$ Invested per Client
Outreach Services	--	--	--	--		
LRP	26* (Yr 30: 15)	Hours	279 (Yr. 30: 69)	11 (Yr. 30: 5)	$614,470	$23,633
Partner Services	Data not available (Yr. 30: not funded)					

Funding Sources: Part A

*Limited to clients registered in HIV Casewatch and receiving re-engagement case management. Total clients referred to LRP services were: **167** in Year 30, in **227** Year 31

Food Bank/Home Delivered Meals - Provide access to food and meals to promote retention in medical care (*NO telehealth*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditure ($)	$ Invested per Client
Nutrition Support (Overall)	**1,971 (Yr 30: 2,130)**	**Meals Bags of groceries**	**341,115 (Yr 30: 361123)**	**173 (Yr 30: 170)**	**$2,504,284**	**$1,271**
Delivered Meals	560 (Yr 30: 579)	Meals	229,513 (Yr 30: 249,293)	410 (Yr 30: 431)		
Food Bank/ Groceries	1,562 (Yr 30: 1,725)	Bag of groceries	111,602 (Yr 30: 111,830)	71 (Yr 30: 65)		

Funding Sources: Part A, HRSA CARES, NCC

Substance Use Services – Residential: Treatment of drug or alcohol use disorders in a residential setting (*NO telehealth*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditure ($)	$ Invested per Client
SU Residential	90 (Yr 30: 112)	Days	11,032 (Yr 30: 12,727)	123 (Yr 30: 114)	$744,825	$8,276

Funding Sources: Part B, Non-DMC

Summary

- More clients were served in Year 31 compared to Year 30 and previous years (Years 27-31), despite COVID, underscoring the importance of expanded modalities (telehealth) to access services
- Consistent with previous years, growing number of clients aged 50 and older
- Services with limited access during COVID-19 in Year 30 saw increased utilization in Year 31 (Oral Health, TCM-Jails)
- Service units per client increased in Oral Health, Permanent Supportive Housing, TRCF, and Substance Use-Residential services
- Overall viral suppression levels among RWP clients suggest that clients continued to have access and adhere to antiretroviral therapy through Years 30-31
- Improvements in retention in care among RWP clients in Year 30 suggest that providers have increased capacity to serve clients and clients returning to in-person services following COVID-19 impacts in Year 30
- Some priority populations, however, still fall behind the average numbers for retention in care and viral suppression, particularly homeless, with recent incarceration experience, PWID, youth and African-Americans

Next Steps

- Data tables for Year 31
- Summary of Utilization Report Year 31
- Combined expenditure and utilization reports to PP&A (quarterly?)

Questions and Discussion

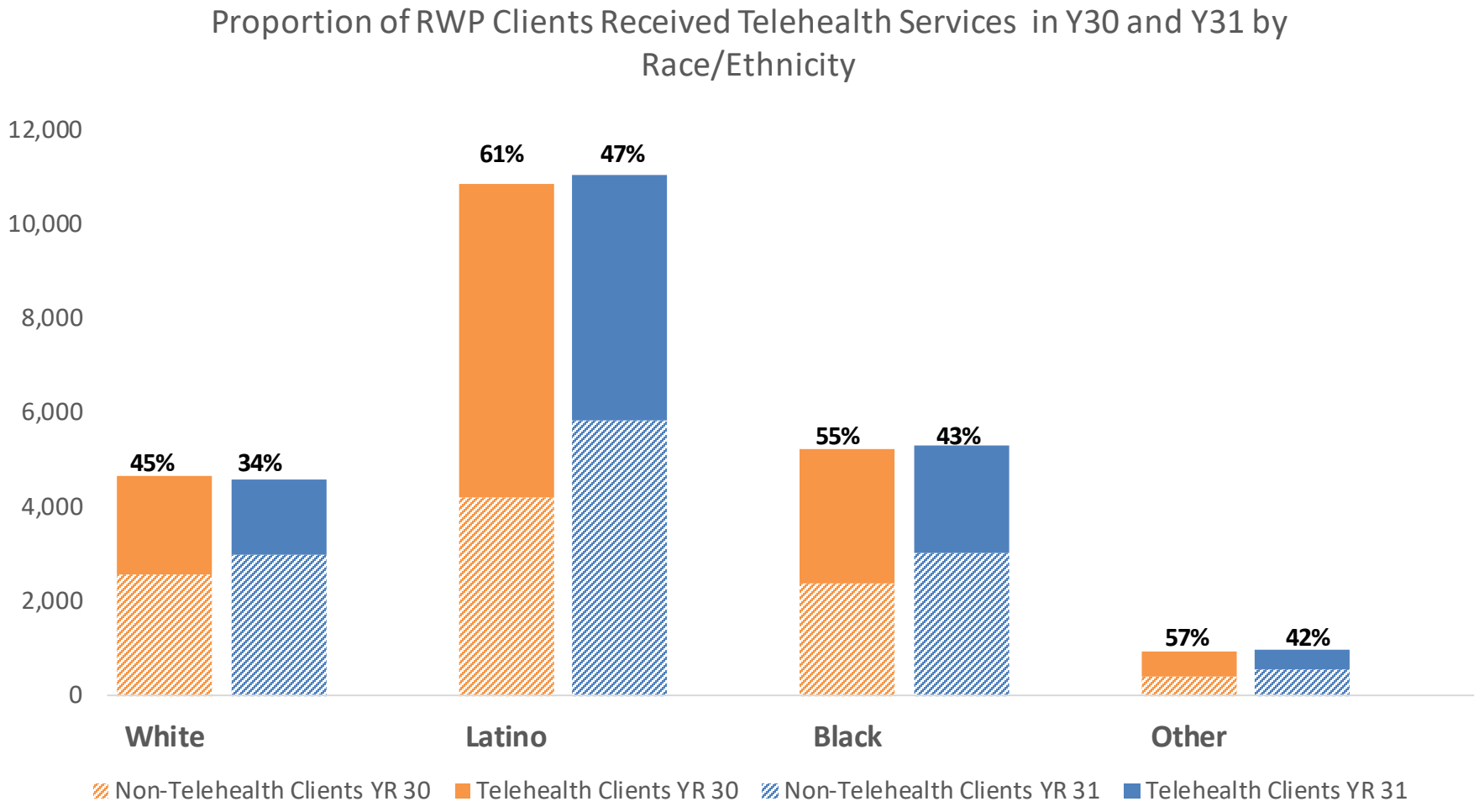
Acknowledgements

DHSP

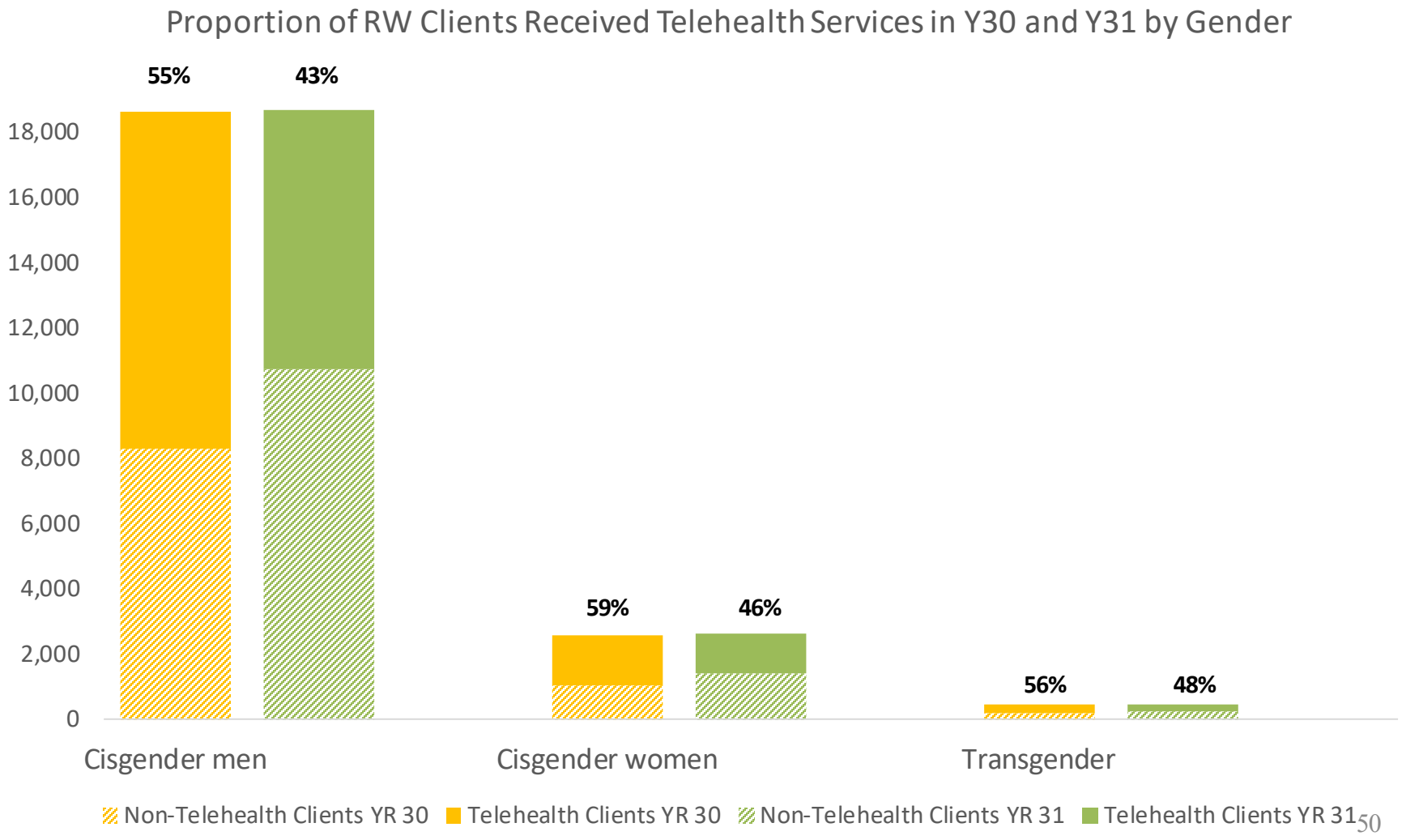
- Planning, Development and Research (Michael Green, PhD)
  - Program Monitoring and Evaluation (Wendy Garland, MPH)
    - Janet Cuanas, MPP
- HIV/STD Surveillance (Sherry Yin, MPH)

Ryan White Program Agencies, Providers and Clients

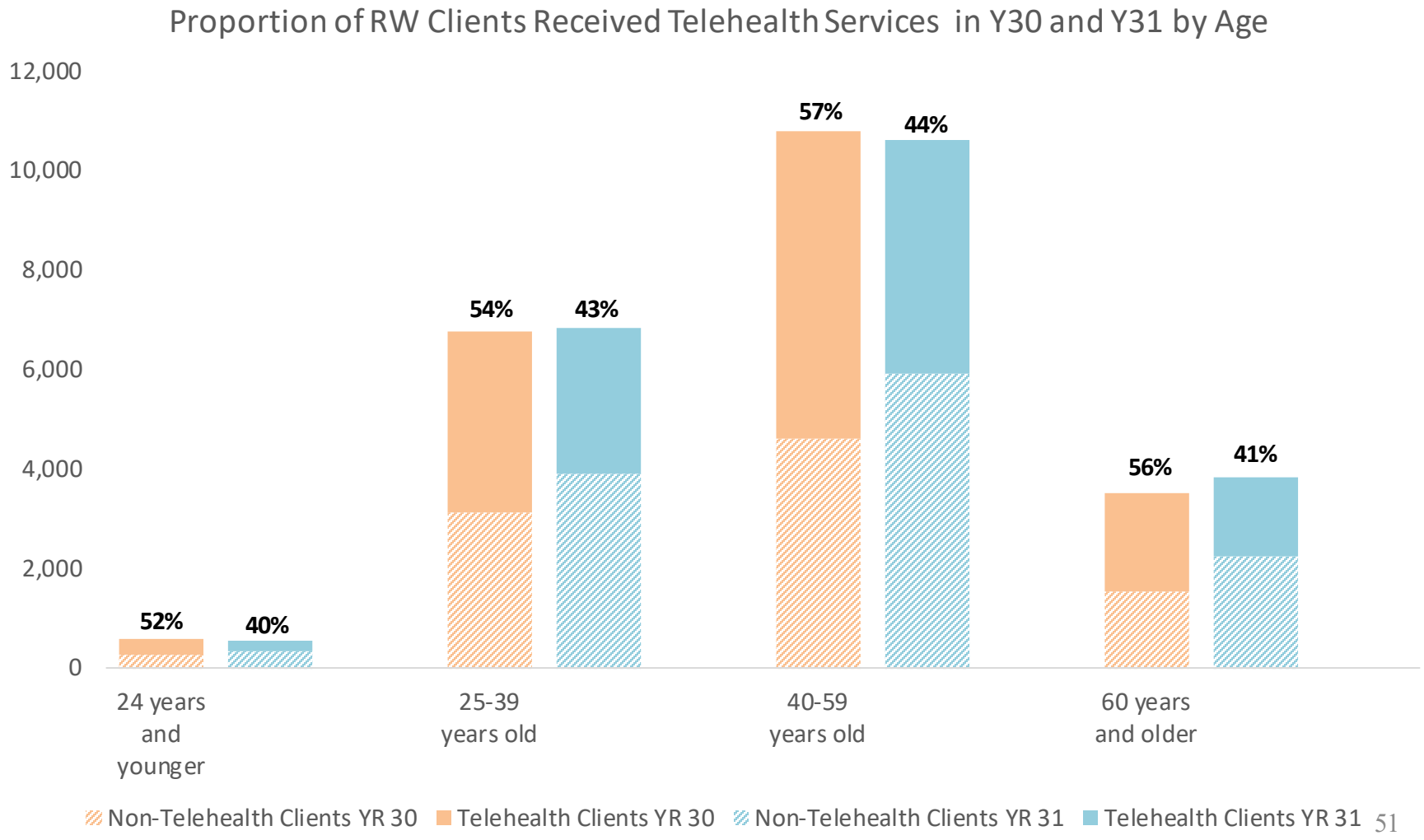
In Years 30 and 31 largest percentage of clients receiving at least one telehealth service were Latinx, followed by Blacks; the lowest percentage was among Whites.



While high across all gender categories, a slightly higher percentage of transgender clients and cisgender women compared to cisgender men used services through telehealth in Years 30 and 31.



- **Highest telehealth use was among clients aged 40-59 and 25-39 in Years 30 and 31.**
- **Lowest telehealth use was among clients 24 years old and younger in both years.**



Source Tables

RWP Clients and Utilization Trends

- Table 1: Sociodemographic Characteristics of RWP Clients, Years 27-31
- Table 2: Service Utilization by RWP Clients by Service Category, Years 27-31
- Table 3. Crosswalk Comparison of RWP Priority Populations in Year 31
- Table 4. Estimated HIV Care Continuum Outcomes for RWP Priority Populations in Year 31
- Table 5. RWP Utilization by Service Category in Year 31
- Table 6. RWP Services Provided via Telehealth by Sociodemographic Characteristics for Selected Service Categories in Year 31

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

RYAN WHITE PART A, MAI YR 32 AND PART B YR 32 EXPENDITURES BY RWP SERVICE CATEGORIES

Expenditures reported by September 14, 2022

1	2	3	4	5	6	7	8	9	10	11	12	13	14
SERVICE CATEGORY	YEAR TO DATE EXPENDITURES PART A	YEAR TO DATE EXPENDITURES MAI	TOTAL YEAR TO DATE EXPENDITURES PART A AND MAI (Total Columns 2+3)	FULL YEAR ESTIMATED EXPENDITURES PART A	FULL YEAR ESTIMATED EXPENDITURES MAI	FULL YEAR ESTIMATED EXPENDITURES PART A + MAI (Total Columns 5+6)	PART A + MAI EXPENDITURES %	YEAR TO DATE EXPENDITURES PART B	FULL YEAR ESTIMATED EXPENDITURES PART B	TOTAL YEAR TO DATE EXPENDITURES FOR RWP SERVICES (Total Columns 4+9)	COH YR 32 ALLOCATIONS %	OTHER CONTRACTED FUNDING PART A/MAI - HIV NCC (FY 2021/22)	OTHER CONTRACTED FUNDING PART B - HIV NCC (FY 2021/22)
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	$ 2,634,774	$ -	$ 2,634,774	$ 5,982,615	$ -	$ 5,982,615	16.37%	$ -	$ -	$ 2,634,774	23.70%	$ 742	$ -
MEDICAL CASE MGMT (Medical Care Coordination)	$ 3,654,228	$ -	$ 3,654,228	$ 8,960,217	$ -	$ 8,960,217	24.51%	$ -	$ -	$ 3,654,228	21.87%	$ 100,198	$ -
ORAL HEALTH CARE	$ 1,938,955	$ -	$ 1,938,955	$ 7,387,253	$ -	$ 7,387,253	20.21%	$ -	$ -	$ 1,938,955	16.36%	$ 344,157	$ -
MENTAL HEALTH	$ 117,250	$ -	$ 117,250	$ 284,561	$ -	$ 284,561	0.78%	$ -	$ -	$ 117,250	3.78%	$ -	$ -
EARLY INTERVENTION SERVICES	$ -	$ -	$ -	$ 250,000	$ -	$ 250,000	0.68%	$ -	$ -	$ 250,000	0.00%	$ -	$ -
HOME AND COMMUNITY BASED HEALTH SERVICES	$ 1,028,306	$ -	$ 1,028,306	$ 2,095,420	$ -	$ 2,095,420	5.73%	$ -	$ -	$ 1,028,306	6.30%	$ -	$ -
CHILD CARE SERVICES	$ -	$ -	$ -	$ -	$ -	$ -	0.00%	$ -	$ -	$ -	0.88%	$ -	$ -
NON-MEDICAL CASE MANAGEMENT-Benefits Specialty Services	$ 575,765	$ -	$ 575,765	$ 1,324,587	$ -	$ 1,324,587	3.62%	$ -	$ -	$ 575,765	2.27%	$ -	$ -
NON-MEDICAL CASE MANAGEMENT-Transitional Case Management	$ -	$ 235,392	$ 235,392	$ -	$ 546,198	$ 546,198	1.49%	$ -	$ -	$ 235,392	0.99%	$ -	$ -
HOUSING-RCFCI, TRCF	$ 321,180	$ -	$ 321,180	$ 765,689	$ -	$ 765,689	2.09%	$ 1,226,489	$ 4,202,239	$ 1,547,669	0.91%	$ -	$ 200,241
HOUSING-Temporary and Permanent Supportive with Case Management	$ -	$ 1,009,965	$ 1,009,965	$ -	$ 3,029,896	$ 3,029,896	8.29%	$ -	$ -	$ 1,009,965	7.38%	$ -	$ -
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	$ -	$ -	$ -	$ -	$ -	$ -	0.00%	$ 175,850	$ 701,450	$ 175,850	--	$ -	$ -
MEDICAL TRANSPORTATION	$ 211,146	$ -	$ 211,146	$ 423,833	$ -	$ 423,833	1.16%	$ -	$ -	$ 211,146	2.01%	$ 21	$ -
LANGUAGE SERVICES	$ 1,291	$ -	$ 1,291	$ 3,098	$ -	$ 3,098	0.01%	$ -	$ -	$ 1,291	0.60%		$ -
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	$ 1,400,694	$ -	$ 1,400,694	$ 2,947,102	$ -	$ 2,947,102	8.06%	$ -	$ -	$ 1,400,694	8.31%	$ 41,198	$ -
EMERGENCY FINANCIAL ASSISTANCE	$ 217,349	$ -	$ 217,349	$ 948,856	$ -	$ 948,856	2.60%	$ -	$ -	$ 217,349	3.70%	$ -	$ -
REFERRAL/OUTREACH (LINKAGE AND REENGAGEMENT PROGRAM)	$ 355,492	$ -	$ 355,492	$ 1,066,477	$ -	$ 1,066,477	2.92%	$ -	$ -	$ 355,492	--	$ 101,194	$ -
LEGAL	$ 267,462	$ -	$ 267,462	$ 537,628	$ -	$ 537,628	1.47%	$ -	$ -	$ 267,462	0.93%	$ -	$ -
SUB-TOTAL DIRECT SERVICES	$ 12,723,892	$ 1,245,357	$ 13,969,249	$ 32,977,336	$ 3,576,094	$ 36,553,430	100.00%	$ 1,402,339	$ 4,903,689	$ 15,621,588	100.00%	$ 587,510	$ 200,241
YR 32 ADMINISTRATION (INCLUDING PLANNING COUNCIL)	$ 2,987,077	$ 169,983	$ 3,157,060	$ 4,214,223	$ 378,020	$ 4,592,243		$ 176,000	$ 504,249	$ 3,333,060		$ 3,456,088	$ 270,242
YR 32 CLINICAL QUALITY MANAGEMENT (HRSA Part A Legislative Requirement)	$ 376,037	$ -	$ 376,037	$ 973,910	$ -	$ 973,910		$ -	$ -	$ 376,037		$ -	$ -
TOTAL EXPENDITURES	$ 16,087,006	$ 1,415,340	$ 17,502,346	$ 38,165,469	$ 3,954,114	$ 42,119,583		$ 1,578,339	$ 5,407,938	$ 19,330,685		$ 4,043,598	$ 470,483
TOTAL GRANT AWARD				**$ 42,142,230**	**$ 3,780,205**	**$ 45,922,435**			**$ 5,446,809**				
VARIANCE				(3,976,761)	173,909				(38,871)				
MAI Carryover from YR 31 to YR 32	$	1,747,329											
Estimated MAI Carryover from YR32 to YR 33	**$**	**3,402,185**											

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

LOS ANGELES COUNTY
COMMISSION ON HIV

2022-2023 Legislative Docket
Approval Date: COH 7-14-22

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 4 (Arambula)	Medi-Cal: eligibility	The bill would extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB4	Support	*11-AUG-22 In Committee: Held Under Submission.*
AB 15 (Chiu)	COVID-19 relief: tenancy: Tenant Stabilization Act of 2021	This bill would extend the definition of "COVID-19 rental debt" as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and December 31, 2021. The bill would also extend the repeal date of the act to January 1, 2026. The bill would make other conforming changes to align with these extended dates. By extending the repeal date of the act, the bill would expand the crime of perjury and create a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB15 Per Assembly Chiu Office the Assembly person will hold the bill until the next legislative cycle. Due to the passing of AB 3088, SB 91 and AB 832 which prevent eviction due to non-payment of rent for those whose income was negatively impacted by the pandemic.	Support with questions	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 16 (Chiu)	Tenancies: COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021	This bill would establish the Tenant, Small Landlord, and Affordable Housing Provider Stabilization Program. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB16 Per Assembly Chiu Office the Assembly person will hold the bill until the next legislative cycle. Due to the passing of AB 3088, SB 91 and AB 832 which prevent eviction due to non-payment of rent for those whose income was negatively impacted by the pandemic.	Watch	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)
AB 65 (Low)	California Universal Basic Income Program: Personal Income Tax	This bill would declare the intent of the Legislature to enact legislation to create a California Universal Basic Income Program, with the intention of ensuring economic security for all Californians. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB65	Watch	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)
AB 77 (Petrie-Norris)	Substance use disorder treatment services	This bill would declare the intent of the Legislature to enact Jarrod's Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the State Department of Health Care Services. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB77	Support	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)
AB 240 (Rodriguez)	Local health department workforce assessment	This bill would require the department to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB240	Support with Questions	*31-AUG-22 Enrolled and presented to the Governor at 4 p.m.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 328 (Chiu)	Reentry Housing and Workforce Development Program	This bill would establish the Reentry Housing Program. The bill would require the Department of Housing and Community Development to, on or before July 1, 2022, take specified actions to, upon appropriation by the Legislature, provide grants to counties and continuums of care, as defined, for evidence-based housing and housing-based services interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB328	Support	01-FEB-22 Filed with the Chief Clerk pursuant to Joint Rule 56. (1)
AB 835 (Nazarian)	Hospital emergency departments: HIV testing	This bill would require every patient who has blood drawn at a hospital emergency department to be offered an HIV test, as specified. The bill would specify the manner in which the results of that test are provided. The bill would state that a hospital emergency department is not required to offer an HIV test to a patient if the department determines that the patient is being treated for a life-threatening emergency or if they determine the person lacks the capacity to consent to an HIV test. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835	Support	26-AUG-21 In Committee: Held Under Submission
AB 1038 (Gipson)	California Health Equity Program	This bill would establish the California Health Equity Program, a competitive grant program administered by the Office of Health Equity to community-based nonprofit organizations, community clinics, local health departments, and tribal organizations to take actions related to health equity. The bill would establish the California Health Equity Fund. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1038	Support	26-AUG-21 In Committee: Held Under Submission

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1400 (Kalra)	Guaranteed Health Care for All	This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1400	Support	01-FEB-22 Died on third reading file.
AB 1542 (McCarty)	County of Yolo: Secured Residential Treatment Program.	This bill would, until January 1, 2025, authorize the County of Yolo to offer a pilot program, known as the Secured Residential Treatment Program, for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony crimes, as specified. The bill would require the program to meet certain conditions relating to, among other things, a risk, needs, and psychological assessment, a comprehensive curriculum, a determination by a judge of the length of treatment, data collection, licensing and monitoring of the facility by the State Department of Health Care Services, and reporting to the department and the Legislature. Bill Text - AB-1542 County of Yolo: Secured Residential Treatment Program. (ca.gov)	Watch	3-FEB-22 VETOED BY THE GOVERNOR
AB 1928 (McCarty)	Hope California: Secured Residential Treatment Pilot Program	Existing law authorizes a court to grant pretrial diversion to a defendant in specified cases, including when the defendant is suffering from a mental disorder, specified controlled substances crimes, and when the defendant was, or currently is, a member of the United States military. This bill would, until January 1, 2026, the Counties of San Joaquin, Santa Clara, and Yolo to develop, manage, staff, and offer a secured residential treatment pilot program, known as Hope California, for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony crimes, as specified. The bill would require the program to meet certain conditions relating to, among other things, a risk, needs, and psychological assessment, a comprehensive curriculum, a determination by a judge of the length of treatment, data collection, licensing and monitoring of the facility by the State Department of Health Care Services, and reporting to the department and the Legislature. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1928	Watch	19-MAY-22 In committee: Held under submission.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2194 (Ward and Lee)	Pharmacists and pharmacy technicians: continuing education: cultural competency	Requires pharmacists and pharmacy technicians to complete at least one hour of continuing education through a cultural competency course focused on lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ+) patients. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2194	Support	*31-AUG-22 Enrolled and presented to the Governor at 4 p.m.*
AB 2223 (Wicks)	Reproductive Health	Existing law requires a county coroner to hold inquests to inquire into and determine the circumstances, manner, and cause of violent, sudden, or unusual deaths, including deaths related to or following known or suspected self-induced or criminal abortion. Existing law requires a coroner to register a fetal death after 20 weeks of gestation, unless it is the result of a legal abortion. If a physician was not in attendance at the delivery of the fetus, existing law requires the fetal death to be handled as a death without medical attendance. Existing law requires the coroner to state on the certificate of fetal death the time of fetal death, the direct causes of the fetal death, and the conditions, if any, that gave rise to these causes. This bill would delete the requirement that a coroner hold inquests for deaths related to or following known or suspected self-induced or criminal abortion, and would delete the requirement that an unattended fetal death be handled as a death without medical attendance. The bill would prohibit using the coroner's statements on the certificate of fetal death to establish, bring, or support a criminal prosecution or civil cause of damages against any person. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2223	Support	*09-SEP-22 Enrolled and presented to the Governor at 4 p.m.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2312 (Lee)	Nonprescription contraception: access	This bill would, with certain exceptions, prohibit a retail establishment, as defined, from refusing to furnish nonprescription contraception to a person solely on the basis of age or any of the above-listed characteristics by means of any conduct, including, but not limited to, requiring the customer to present identification for purposes of demonstrating their age or other characteristic. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2312	Watch	6-APR-22 In committee: Set, first hearing. Hearing canceled at the request of author.
AB 2521 (Santiago)	Transgender, Gender Nonconforming, or Intersex Fund	This bill would rename the fund as the Transgender, Gender Nonconforming, or Intersex Fund. The bill would require the office to establish a community advisory committee for the purpose of providing recommendations to the office on which organizations and entities to select for funding and recommendations on the amount of funding for each organization or entity. The bill would require the community advisory committee to be composed of multiple marginalized members of the TGI community for whom the services provided by the funds are intended. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2521 Sponsored by TransLatin@ Coalition	Support	*06-SEP-22 Enrolled and presented to the Governor at 4 p.m.*
SB 17 (Pan)	Office of Racial Equity	This bill would state the intent of the Legislature to enact legislation to require the department to address racism as a public health crisis. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB17	Support	*31-AUG-22 Ordered to inactive file on request of Assembly Member Reyes*
SB 56 (Durazo)	Medi-Cal: eligibility	This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB56	Support	23-JUNE-21 From Committee: Do Pass and Re-refer to Committee on Appropriation

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 57 (Wiener)	Controlled Substances: Overdose Prevention Program	This bill would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, and providing access or referrals to substance use disorder treatment. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB57 The City of Los Angeles approved a pilot site for this program and requested a bill amendment to include the City of Los Angeles. The sponsor held the bill for this legislative session and will continue the legislative process in January 2022 (Legislative Session 2022-23).	Support	*22-AUG-22 Vetoed by the Governor. In Senate. Consideration of Governor's item veto pending.*
SB 217 (Dahle)	Comprehensive sexual health education and human immuno-deficiency virus (HIV) prevention education.	This bill would require the governing board of a school district to adopt a policy at a publicly noticed meeting specifying how parents and guardians of pupils may inspect the written and audiovisual educational materials used in comprehensive sexual health education. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB217	Opposed Unless Amended	01-FEB-22 Returned to Secretary of Senate pursuant to Joint Rule 56(1)
SB 225 (Wiener)	Medical procedures: individuals born with variations in their physical sex characteristics	This bill would prohibit a physician and surgeon from performing certain sex organ modification procedures on an individual born with variations in their physical sex characteristics who is under 12 years of age unless the procedure is a surgery required to address an immediate risk of physical harm, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB225	Support	*09-SEP-22 Enrolled and presented to the Governor at 3:30 p.m.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 316 (Eggman)	Medi-Cal: federally qualified health centers and rural health clinics	This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB316	Support	09-SEP-21 Ordered to inactive file on request of Assembly Member Reyes.
SB 357 (Wiener)	Crimes: loitering for the purpose of engaging in a prostitution offense	Existing law prohibits soliciting or engaging in an act of prostitution. This bill would repeal those provisions related to loitering with the intent to commit prostitution and would make other conforming changes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB357	Support	01-JULY-22 Approved by the Governor
SB 464 (Hurtado)	California Food Assistance Program: eligibility and benefits	This bill, commencing January 1, 2023, would instead make a noncitizen applicant eligible for the California Food Assistance Program if the noncitizen satisfies all eligibility criteria for participation in the CalFresh program except any requirements related to immigration status. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB464	Support	01-JULY-21 From Committee: Do Pass and Re-refer to Committee on Approp-riation. Re-referred to Committee Appropriation
SB 523 (Leyva)	Health care coverage: contra-ceptives	This bill would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issues, amended, renewed, or delivered on and after January 1, 2022. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB523	Support	*09-SEP-22 Enrolled and presented to the Governor at 3 p.m.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 923 (Wiener)	Gender-affirming care	This bill requires health plans and insurers to require all of its support staff who are in direct contact with enrollees or insureds to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex. This bill adds processes to continuing medical education requirements related to cultural and linguistic competency for physician and surgeons specific to gender-affirming care services, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB923	Support	*06-SEP-22 Enrolled and presented to the Governor at 3:30 p.m.*
SB 939 (Pan)	Prescription drug pricing	This bill prohibits payers and drug manufacturers from imposing requirements, conditions, or exclusions that discriminate against certain health care entities participating in a federal drug discount program, including contracted pharmacies of the health care entities. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB939	Support	28-JUNE-22 June 28 set for first hearing canceled at the request of author.
SB 1033 (Pan)	Healthcare Coverage	This bill would require the Department of Managed Health Care (DMHC) and the Insurance Commissioner, no later than July 1, 2023, to revise specified regulations that would require health plans, specialized health plans, or insurance policies, excluding Medi-Cal beneficiaries, for cultural and health-related social needs in order to improve health disparities, health care quality and outcomes, and addressing population health. This bill is referred by the community as the health equity and data bill. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1033	Support	*11-AUG-22 Joint Rule 62(a) suspended. August 11 hearing: Held in committee and under submission.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 1234 (Pan)	Family Planning, Access, Care, and Treatment Program	The bill would require reimbursement, subject to an appropriation by the Legislature and any potential draw down of federal matching funds, for services related to the prevention and treatment of sexually transmitted diseases (STDs), including counseling, screening, testing, follow-up care, prevention and treatment management, and drugs and devices outlined as reimbursable in the Family PACT Policies, Procedures and Billing Instructions manual, to uninsured, income-eligible patients or patients with health care coverage who are income-eligible and have confidentiality concerns, including, but not limited to, lesbian, gay, bisexual, transgender (LGBTQ+) patients, and other individuals who are not at risk for experiencing or causing an unintended pregnancy, and who are not in need of contraceptive services. In addition, the bill would require any office visits, including in-person and visits through telehealth modalities, to be reimbursed at the same rate as office visit. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1234	Support	*25-SEP-22 Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.*
SB 1338 (Umberg)	Community Assistance, Recovery, and Empowerment (CARE) Program	Senate Bill 1338 would establish the Community Assistance, Recovery, and Empowerment (CARE) Court Program, which would authorize specified persons to petition a civil court to create a CARE plan and implement services for individuals suffering from specified mental health disorders. If the court determines the individual is eligible for the CARE Court Program, the court would order the implementation of a CARE plan, as devised by the relevant county behavioral services agency, and would oversee the individual's participation in the plan. https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=202120220SB1338 Supported by the Los Angeles County Board of Supervisors	Watch with reservations	*14-SEP-22 Approved by the Governor. Chaptered by Secretary of State. Chapter 319, Statues of 2022.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
FEDERAL BILLS				
BILL	**TITLE**	**DESCRIPTION / COMMENTS**	**RECOMMENDED POSITION**	**STATUS**
H.R.5 (Cicilline)	Equality Act	This bill prohibits discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system. https://www.congress.gov/bill/117th-congress/house-bill/5	Support	17-March-2021 Senate Committee on the Judiciary Hearings Held
H.R. 1201 (Lowenthal-Markey)	International Human 5 Rights Defense Act of 2021	The bill is to establish in the Bureau of Democracy, Human Rights, and Labor of the Department of State a Special Envoy for the Human Rights of LGBTQI Peoples. The Special Envoy shall serve as the principal advisor to the Secretary of State regarding human rights for LGBTQI people internationally. https://www.congress.gov/bill/117th-congress/house-bill/1201/text	Support	02-APRIL-21 Referred to the Subcommittee on Africa, Global Health and Global Human Rights
H.R. 1280 (Bass)	George Floyd Justice and Policing Act of 2021	This bill addresses a wide range of policies and issues regarding policing practices and law enforcement accountability. It increases accountability for law enforcement misconduct, restricts the use of certain policing practices, enhances transparency and data collection, and establishes best practices and training requirements. The Commission on HIV refer this bill back to the Committee because funding for the police is included in the bill. This is at odds with the movement for Black Lives which opposes the bill. https://www.congress.gov/bill/117th-congress/house-bill/1280?q=%7B%22search%22%3A%5B%22George+Floyd+Justice+and+Policing+Act+of+2021%22%5D%7D&s=2&r=1	Watch with reservations	09-March-21 Received in the Senate Referred Back to Committee in Discussion

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
Federal Bill Proposal (Sponsored Movement for Black Lives)	The BREATHE Act	Divesting Federal Resources from Policing and Incarceration & Ending Federal Criminal-Legal System Harms Investing in New Approaches to Community Safety Utilizing Funding Incentives Allocating New Money to Build Healthy, Sustainable & Equitable Communities for All People Holding Officials Accountable & Enhancing Self-Determination of Black Communities	Watch with discussion	Referred Back to Committee in Discussion
HR 5611 (Blunt Rochester)/ S. 1902 (Cortez Masto)	Behavioral Health Crisis Services Expansion Act	This bill establishes requirements, expands health insurance coverage, and directs other activities to support the provision of behavioral health crisis services along a continuum of care. https://www.congress.gov/bill/117th-congress/house-bill/5611?q=%7B%22search%22%3A%5B%22hr5611%22%2C%22hr5611%22%5D%7D&s=1&r=1 https://www.congress.gov/bill/117th-congress/senate-bill/1902?q=%7B%22search%22%3A%5B%22S1902%22%2C%22S1902%22%5D%7D&s=2&r=1	Support	**HR 5611** 02-NOV-21 House Referred to the Subcommittee on Health **S. 1902** 27-MAY-21 Read Senate twice and referred to the Committee on Health, Education, Labor, and Pensions

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
S.1 (Merkley)	For the People Act	This bill addresses voter access, election integrity and security, campaign finance, and ethics for the three branches of government. https://www.congress.gov/bill/117th-congress/senate-bill/1?q=%7B%22search%22%3A%5B%22S+1%22%5D%7D&s=1&r=1	Support	11-AUG-21 Placed on Senate Legislative Calendar Under General Orders. Calendar No. 123
S. 854 (Feinstein)	Methampheta-mine Response Act of 2021	This bill designates methamphetamine as an emerging drug threat (a new and growing trend in the use of an illicit drug or class of drug). It directs the Office of National Drug Control Policy to implement a methamphetamine response plan. https://www.congress.gov/bill/117th-congress/senate-bill/854	Support	14-MARCH-22 Became Public Law/Signed by the President
S.4263/ H.R.4 (Leahy)	John Lewis Voting Rights Advancement Act 2021	To amend the Voting Rights Act of 1965 to revise the criteria for determining which States and political subdivisions are subject to section 4 of the Act, and for other purposes. https://www.congress.gov/bill/117th-congress/house-bill/4?q=%7B%22search%22%3A%5B%22H.4%22%2C%22H.4%22%5D%7D&r=1&s=4	Support	14-SEP-20 Received in the Senate.

LOS ANGELES COUNTY
COMMISSION ON HIV

ADDENDUM TO AGING CAUCUS (Formerly Aging Task Force) RECOMMENDATIONS

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

DRAFT

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

In keeping with the Aging Caucus' commitment to treating the recommendations as a *living document*, the group has developed this addendum to recognize that the spectrum of disease and onset of health issues can occur at different ages, and to be inclusive of long-term survivors (LTS) under 50 years old and those who acquired HIV perinatally. These recommendations were derived from speaker presentations, scientific articles, and feedback from Commissioners and the community at large. Furthermore, the Aging Caucus recognizes that the themes of the original set of recommendations (ongoing research and assessment, workforce and community education and awareness, and expansion of HIV/STD prevention and care services) also apply to achieving optimal health for PLWH under 50 who are experiencing accelerated aging.

Cross-cutting recommendations

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

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

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

Screening, Education and Counseling

- It is important to screen for and address comorbidities with prevention and early treatment.
- Take good health and wellness history and assess risk factors for:
    - Hypertension and cardiovascular disease
    - Diabetes
    - Mental health
    - Sexually Transmitted Infections (STIs)
    - Physical activity
    - Obesity

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

WOMEN LIVING WITH HIV &SEXUALITY

A Special Two-Part Virtual Lunch & Learn Presentation

Featuring Women Living with HIV Sharing Their Lived Experiences

Part 1:
Empowerment, Dating and Disclosure, Sexual Negotiation, and Dating After Trauma

Wednesday,
September 21, 2022
5:00 - 6:30 PM

Part 2:
Sexual Empowerment and Pleasure

Monday,
October 17, 2022
12:00 - 1:30 PM

With Special Guest Speaker Dr. Erica Holmes, Phys.D. Clinical Psychologist

Dr. Holmes, PsyD, is a Licensed Clinical Psychologist and has provided therapy, taught in higher education, and trained and consulted for over 20 years. Dr. Holmes primarily works with historically underserved, marginalized and oppressed individuals, families, and children to increase access to care and maximize impact in these communities. In 2019, Dr. Holmes published "Dating with Purpose: A Single Woman's Guide to Escaping No Man's Land."

Register here.

LOS ANGELES COUNTY
COMMISSION ON HIV

Developing Implementation Strategies to Optimize PrEP Delivery to Immigrant Latino Men Who Have Sex with Men in Los Angeles County

Team Members:

Ronald A. Brooks, PhD (Presenter); **Elena Rosenberg-Carlson, MPH (Presenter)**; Dilara Üsküp, PhD, PhD; Omar Nieto; Katherine Morales, MPH

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

Collaborators

BIENESTAR

Northeast Valley Health Corporation
a california health+ center

CITY OF LOS ANGELES
AIDS Coordinator's Office

COUNTY OF LOS ANGELES
Public Health
Division of HIV and STD Programs

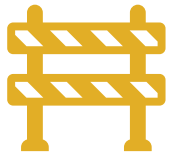
LOS ANGELES COUNTY
COMMISSION ON HIV

This project is supported by an EHE supplement grant from the National Institute of Mental Health (NIMH) awarded to CHIPTS.

Background

In 2019, Latino MSM comprised the largest percentage (51%) of all new HIV infections among MSM of all racial/ethnic groups in Los Angeles County.

Since 2010, nationally, foreign born Latino MSM have comprised the majority of new annual HIV infections among Latino MSM.



This trend among immigrant Latino MSM suggests they may face additional barriers to accessing HIV prevention services not experienced by US-born Latino MSM.

Background (Cont'd)

There is a disparity in uptake of PrEP by Latino MSM.

Latino MSM experience high levels of PrEP discontinuation.

These patterns suggest a need for improved methods of delivering PrEP to Latino MSM, including immigrant Latino MSM.

The goal of this project is to understand the barriers to PrEP access, and to develop strategies to enhance PrEP delivery, among immigrant Latino MSM (LMSM) in LAC.

Specific Aims for the Project

- **Aim #1**: To explore experiences of immigrant LMSM in accessing sexual health and HIV prevention services considering their intersecting stigmatized identities (i.e., Latino, immigrant, MSM).
- **Aim #2**: To elicit from service providers serving immigrant LMSM their perspective on barriers to delivering PrEP to the population.
- **Aim #3**: To engage community stakeholders in a Concept Mapping activity to conceptualize, deliberate, rate, and sort implementation strategies to support improved PrEP access and persistence among immigrant LMSM. (Covered by Elena Rosenberg-Carlson)

Inclusion Criteria: In-Depth Interviews with Immigrant Latino MSM

- ✓ Identify as Latino/Hispanic gay/bisexual man or other man who has sex with men.
- ✓ 18 years of age of older.
- ✓ Not born in the United States.
- ✓ HIV-negative or status unknown.
- ✓ Tried to access and/or received sexual health services and/or HIV prevention services.
- ✓ Resident of Los Angeles County.

Inclusion Criteria: Key Informant Interviews and Concept Mapping

- ✓ Staff member from a medical care facility or community-based organization that provides PrEP services to immigrant Latino MSM.
- ✓ Person with experience working with or advocating on behalf of immigrant Latino MSM.
- ✓ Person with knowledge of issues affecting access to HIV prevention services such as PrEP among immigrant Latino MSM.

Study Participants

Aim 1	Aim 2	Aim 3
15 Spanish-speaking and 10 English-speaking immigrant LMSM (N=25) participated in in-depth interviews.	7 key informants participated in in-depth interviews.	19 panelists participated in the concept mapping process.

FINDINGS FROM KEY INFORMANT INTERVIEWS

Characteristics of Key Informants (n=7) and Their Agencies

Position or title	**N (%)**
HIV program manager	3 (42.9%)
Clinic manager/director	2 (28.6%)
PrEP navigator	1 (14.3%)
HIV counselor	1 (14.3%)
Agency services provided	
PrEP	7 (100.0%)
PEP	6 (85.7%)
Sexual health services	6 (85.7%)
HIV testing	7 (100.0%)
General healthcare	5 (71.4%)
Health education	7 (100.0%)

Agency-Level Barriers

Language

- Lack of Spanish-speaking staff and PrEP navigators
- Lack of services offered in Spanish
- Lack of properly translated Spanish language materials
- Difficulty completing English language forms
- No standardized way to talk about PrEP in Spanish

Agency-Level Barriers (Cont'd)

Provider bias/knowledge/comfort

- Not receptive to providing PrEP services
- Hold perception that PrEP will lead to promiscuity
- Lack knowledge of PrEP
- Not proactive about offering PrEP to this population
- Not comfortable delivering PrEP to this population

Agency-Level Barriers (Cont'd)

Outreach doesn't reflect population

- Lack of PrEP outreach materials or public awareness campaigns tailored for immigrant Latino MSM
  - Outreach materials are not intentionally created for immigrant Latino MSM

Client-Level Barriers

Lack of knowledge about PrEP and available PrEP services

- Unaware of PrEP
- Don’t know that PrEP is for them
- Don’t know where or how to access PrEP
- Unaware of medication assistance programs (e.g., Gilead’s Advancing Access Program, PrEP-AP)

Client-Level Barriers (Cont'd)

Structural/logistical barriers

- Lack of health insurance
- Cost of services not covered by assistance programs
- Lack of transportation
- Unable to get release time to attend medical appointments
- Clinic hours (i.e., no weekends or evening hours)

Client-Level Barriers (Cont'd)

Language

- Difficulty communicating with non-Spanish speaking providers
- Not enough services offered in Spanish
- Unaware of where to access services in Spanish

Client-Level Barriers (Cont'd)

Cultural

- Don't use healthcare services unless absolutely necessary and don't use preventive services
- Uncomfortable talking about sexual behaviors with providers
- Homophobia in the Latinx community (e.g., needing to hide sexuality)

Client-Level Barriers (Cont'd)

Immigration status

- Fear that information about use of PrEP services and/or HIV testing will be reported to immigration authorities
- Fear that use of public benefits will impact immigration process
- Fear of deportation if accessing PrEP services

Client-Level Barriers (Cont'd)

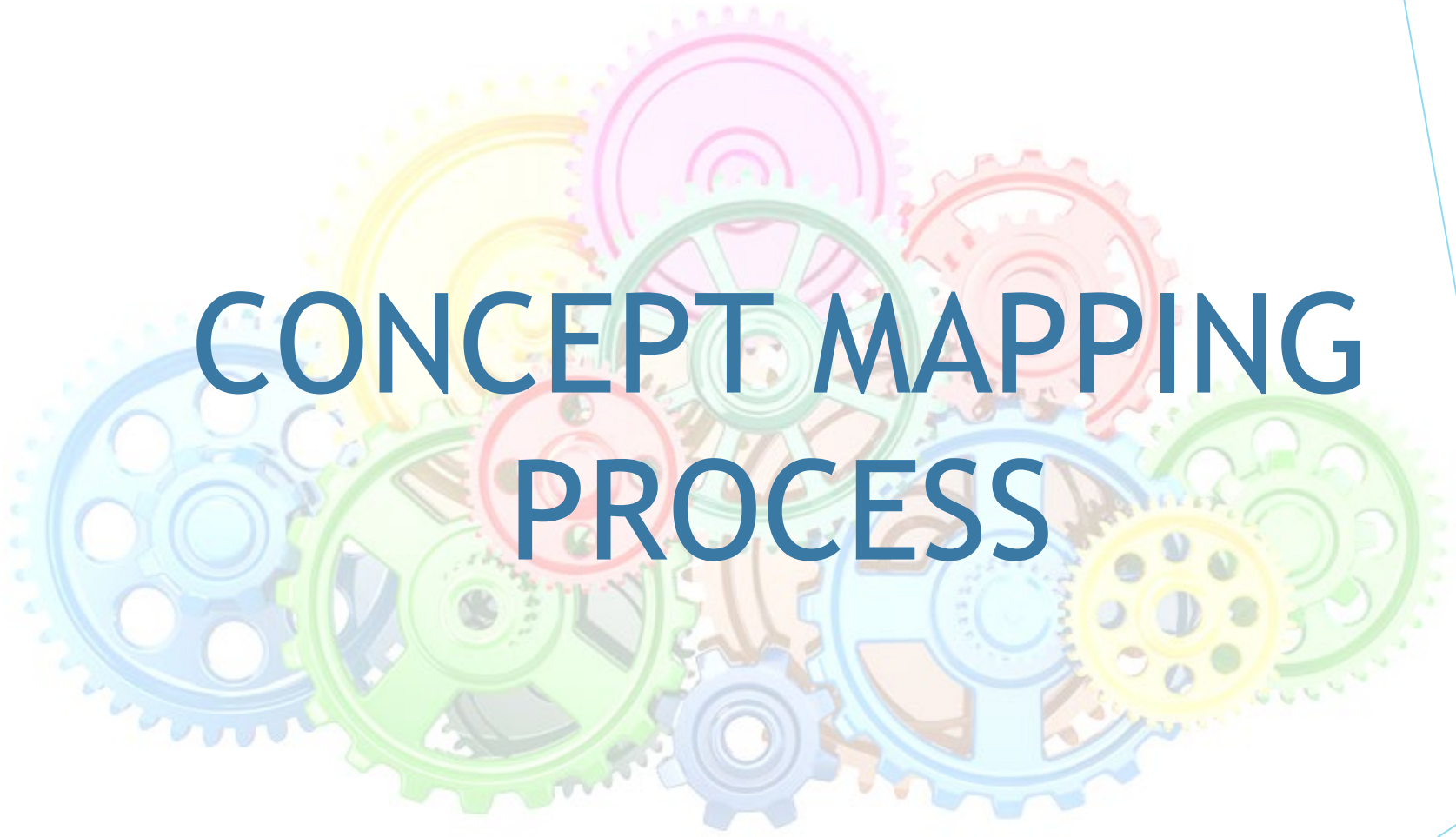
PrEP-related stigma

- PrEP is only for gay men or men who are promiscuous
- Fear of being outed when accessing PrEP
- Fear of family, friends, or partners finding a PrEP bottle
- Fear of being thought of as HIV-positive

Client-Level Barriers (Cont'd)

Individual perceptions/beliefs

- Fear of side effects
- Don't recognize their own HIV risk
- Providers assume they are having sex with women because some immigrant LMSM identify as heterosexual



CONCEPT MAPPING PROCESS

Introduction to Concept Mapping

Definition	Overview
Concept mapping is a *mixed methods approach that integrates qualitative perspectives of individuals with multivariate statistical methods to visually depict the composite thinking of the group.*[1]	The concept mapping process involves generating, sorting, and rating ideas on a specific topic, and using the resulting data to develop a conceptual framework that can guide relevant action on that topic.

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5451901/

Concept Mapping Goal

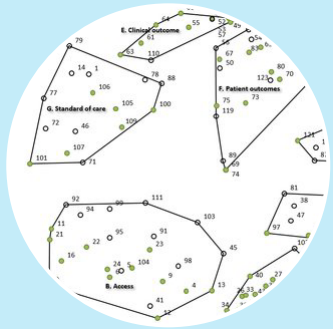
The goal of our concept mapping process was to develop implementation strategies to enhance PrEP delivery to immigrant LMSM in Los Angeles County.

Concept Mapping Process

Preparation

Brainstorming

Structuring (Sorting & Rating)



Representation (Analysis)

Interpretation

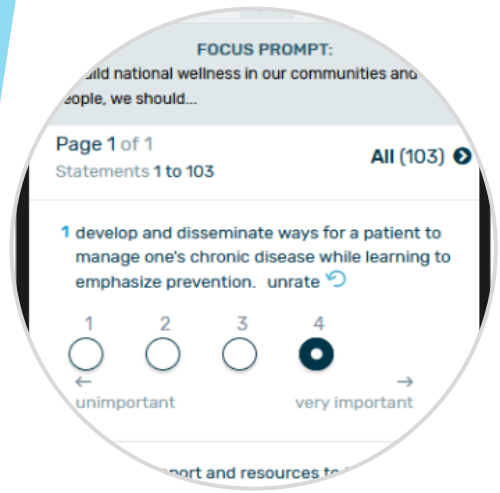
Utilization (Preliminary)

Core Concept Mapping Steps

Step 1 - Brainstorming: Participants **conceptualized and defined multiple ideas** in response to a focus prompt aligned with the goal of our project.

Focus prompt: ***What strategies would enhance PrEP delivery to immigrant Latino MSM in Los Angeles County?***

Core Concept Mapping Steps (Cont'd)



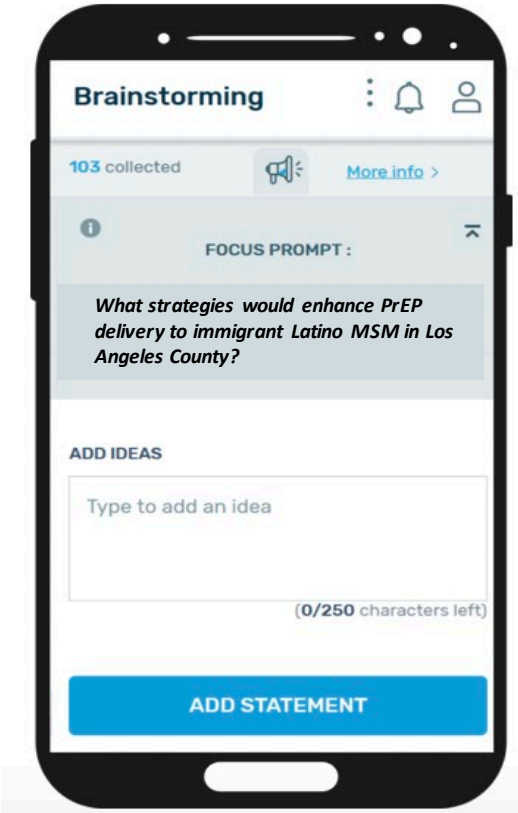
Step 2 - Structuring: Participants individually **sorted** the brainstormed strategies into groups of similar strategies and **rated the relative importance and feasibility** of the strategies for future implementation.

Step 3 - Utilization: Participants returned for a follow-up meeting to **discuss findings and recommended next steps**.

Group Wisdom Platform

- We used the **Group Wisdom** online platform to:
  - Collect strategies during Brainstorming.
  - Facilitate the Sorting and Rating process.
  - Run statistical analyses on the data.

groupwisdom



Inclusion Criteria: Concept Mapping

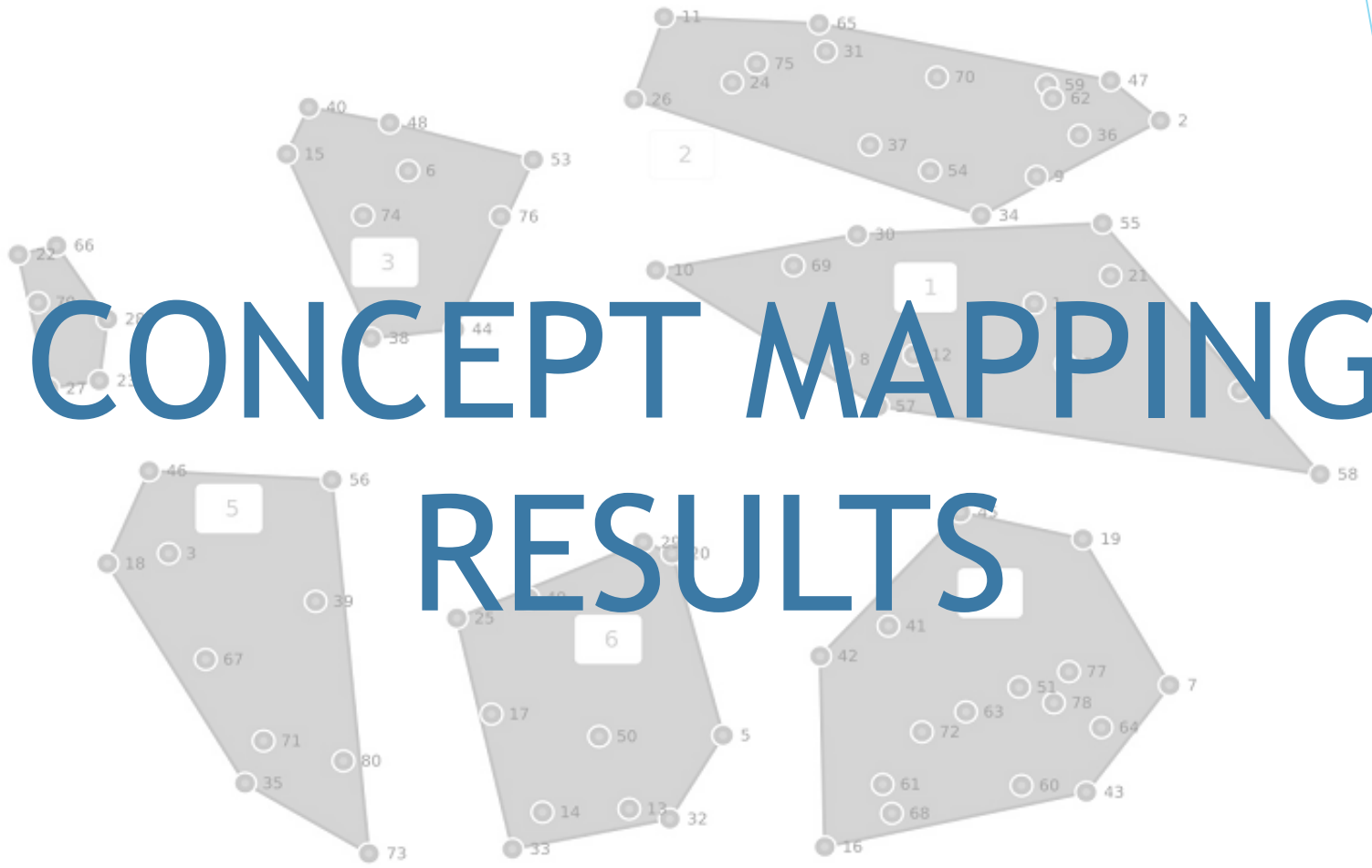
- ✓ Staff member from a medical care facility or community-based organization that provides PrEP services to immigrant Latino MSM.
- ✓ Person with experience working with or advocating on behalf of immigrant Latino MSM.
- ✓ Person with knowledge of issues affecting access to HIV prevention services such as PrEP among immigrant Latino MSM.

Participant Characteristics

Characteristic	n	(%)
Age (years): mean (range)	40 (27-69)	
Latino ethnicity	18/19	94.74%
Man	15/19	78.95%
Gay, Bisexual, or Queer sexual orientation	15/19	78.95%
U.S.-born	14/19	73.68%
Graduate degree	11/19	57.89%
Employed at a clinical site	10/18	55.55%
Employed at a PrEP Center of Excellence	9/18	50.00%

Participants included senior leadership (4), program managers (many of whom also provide direct service to clients) (10), and program staff (e.g., PrEP navigators, health educators) (4).

CONCEPT MAPPING RESULTS



Brainstorming Results

By the numbers:

- 106 ideas were submitted.
- Ideas were refined into a final list of **80 unique strategies**.

Example strategies:

- Identify PrEP champions within the immigrant Latino MSM community, potentially by Service Planning Area, to promote awareness of the accessibility of PrEP.
- Employ Promotores to reach immigrant Latino MSM.
- Offer PrEP services via telehealth in Spanish.

Cluster Map


2 Culturally and Linguistically Relevant Marketing
3 Community Education
4 Staff Training
1 Outreach and Information Sharing
5 Workforce Capacity-Building and Compensation
7 Access and Accessibility
6 Partnerships, Intentional Hiring Practices, and PrEP Support Services

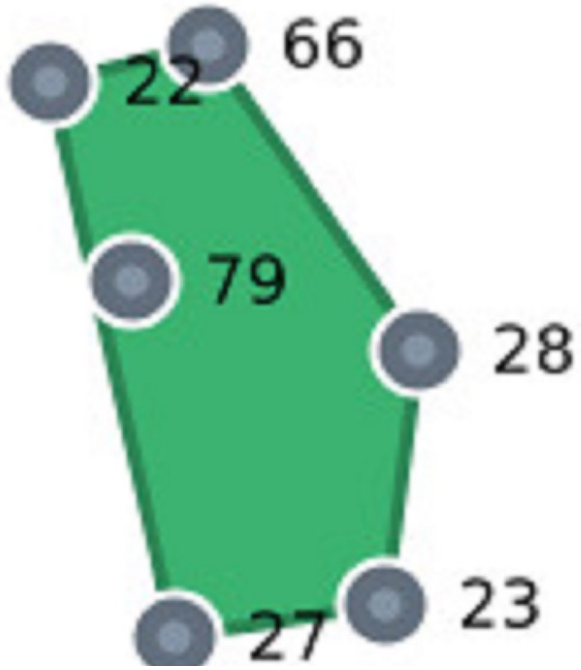
Criteria for Cluster Names

We worked to identify names that:

- ✓ Described a single topic or theme that is shared by all statements in a given cluster.
  - ✓ If this was not possible for a given cluster, we worked to identify the smallest number of themes that could be used to encompass the largest number of strategies in the cluster.
- ✓ Were distinct from the other cluster names.
- ✓ Were not repetitive of the focus prompt (i.e., “strategies to enhance PrEP delivery” to immigrant LMSM in LAC).

Cluster 4

4 Staff Training



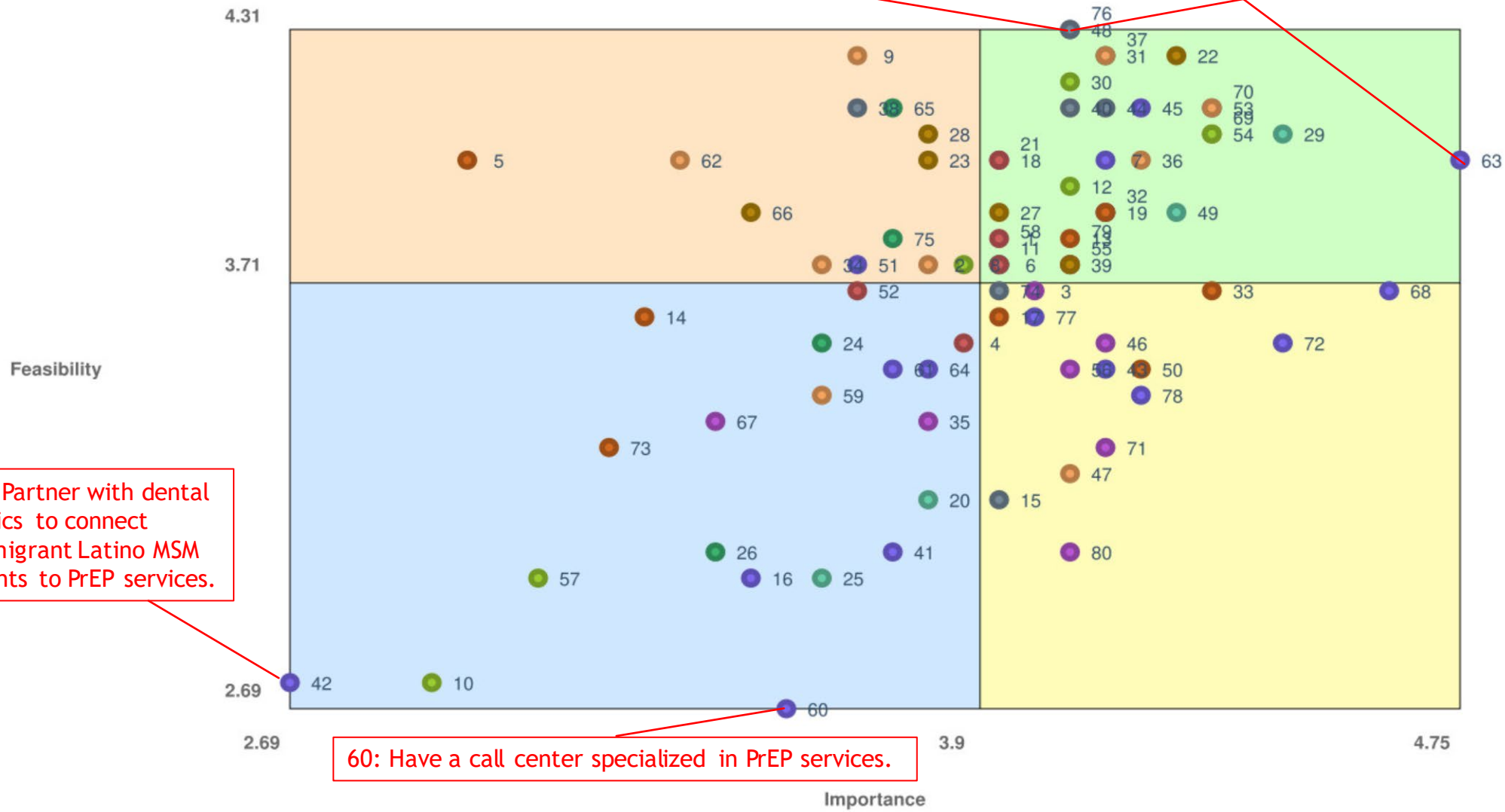
22	Deliver comprehensive PrEP education and training to every staff member at the clinic, from front desk staff to providers.
23	Provide trainings to refresh and educate providers on PrEP and how it can benefit the immigrant Latino MSM community.
27	Implement provider education focused on providing inclusive care.
28	Conduct cultural competency and humility training for all agency staff, which includes information about the various ethnicities that make up the Latino community.
66	Conduct specialized trainings on PrEP, supported by UCLA, for providers and health educators.
79	Implement trauma-informed care as part of our PrEP services to better understand the trauma that many immigrant Latino people experience.

Go-Zone Map

48: Provide general education and information about PrEP services and other STI prevention options to immigrant Latino MSM.

63: Provide immediate access to and enrollment in PrEP services (e.g., same-day PrEP, PrEP walk-in clinic), without any delay in receiving services.

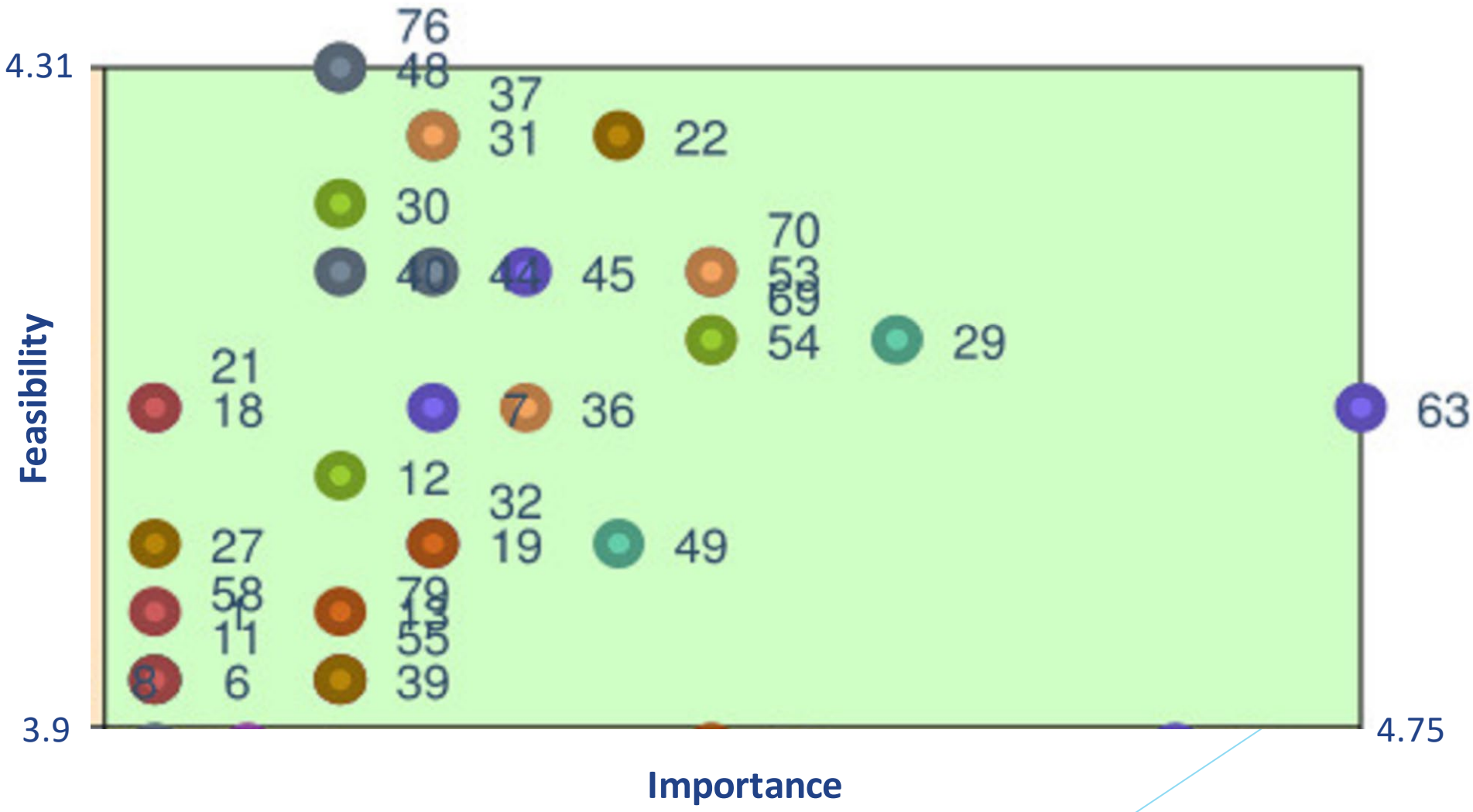
76: Provide comprehensive information and education about healthcare, immigrant rights, and PrEP (myths vs. facts).



42: Partner with dental clinics to connect immigrant Latino MSM clients to PrEP services.

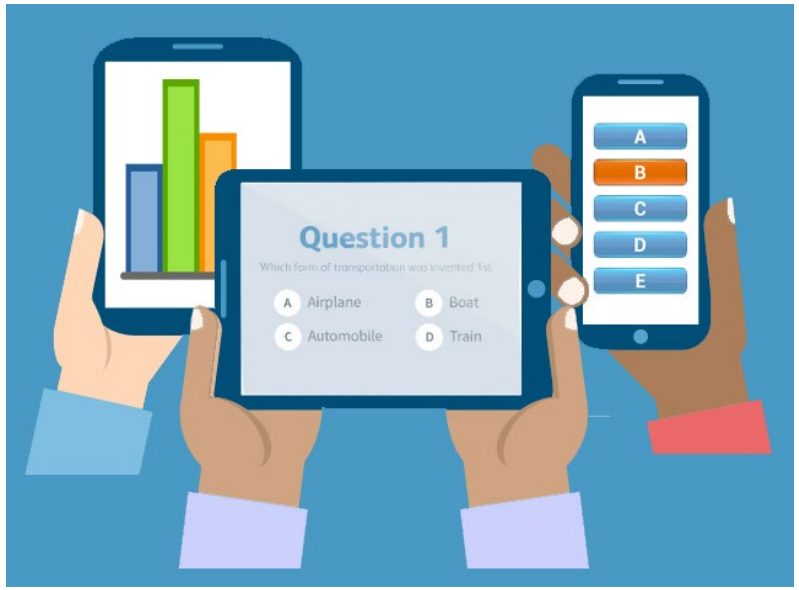
60: Have a call center specialized in PrEP services.

Go-Zone Map: Quadrant 1



Prioritization Exercise

Participants selected their top 5 strategies from Quadrant 1 of the Go-Zone Map to recommend for prioritization as Los Angeles County works to improve delivery of PrEP to immigrant Latino MSM.



Exercise steps:

- ✓ Review Quadrant 1 strategies
- ✓ Select top 5 priorities
- ✓ View collective results

Top 5 Recommended Strategies for Implementation

Implementation Strategy	N (%)
63: Provide immediate access to and enrollment in PrEP services (e.g., same-day PrEP, PrEP walk-in clinic), so that there isn't a delay in receiving services.	7 (58.3%)
11: Gather testimonials from immigrant Latino MSM who have buy-in to PrEP services and are willing to showcase their stories on social media.	5 (41.7%)
22: Deliver comprehensive PrEP education and training to every staff member at the clinic, from front desk staff to providers.	5 (41.7%)
29: Provide support to help undocumented individuals enroll in insurance programs that cover PrEP services.	5 (41.7%)
70: Develop campaigns informing people that they can access PrEP (e.g., through PrEP-AP) regardless of their current documentation status and without affecting their future chances for documentation.	5 (41.7%)

Dissemination Efforts

…at an LA County Commission on HIV meeting (today!).

…to share with DHSP, the LA County Commission on HIV, service agencies, and the public this fall.

Questions?

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

Elena Rosenberg-Carlson, MPH: erosenberg-carlson@mednet.ucla.edu

CHIPTS
Center for HIV Identification, Prevention and Treatment Services