LOS ANGELES COUNTY
COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010
TEL. (213) 738-2816 · FAX (213) 637-4748
WEBSITE: http://hiv.lacounty.gov | EMAIL: hivcomm@lachiv.org

COMMISSION ON HIV MEETING

Thursday, February 14, 2019
9:00 AM – 1:00 PM

St. Anne's Conference Center, Foundation Room
155 North Occidental Blvd.
Los Angeles CA 90026

LA COUNTY .HIV

Join the movement in ending the HIV/AIDS epidemic in Los Angeles County, once and for all.
Visit ***www.LACounty.HIV***

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VISION

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

MISSION

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

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

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GUIDELINES FOR CONDUCT

The Los Angeles County Commission on HIV has played an active role in shaping HIV services in this County and in the State for over a decade. The dedication to providing quality services to people with and at risk of HIV/AIDS by people who are members of this body, both past and present, is unparalleled.

In order to encourage the active participation of all members and to address the concerns of many Commissioners, consumers and other interested members of the community, it is important that meetings take place in a "safe" environment. A "safe" environment is one that recognizes differences, while striving for consensus and is characterized by consistent professional and respectful behavior. As a result, the Commission has adopted and is consistently committed to implementing the following Guidelines for Conduct for Commission, committee and associated meetings.

Similar meeting ground rules have been developed and successfully used in large group processes to tackle difficult issues. Their intent is not to discourage meaningful dialogue, but to recognize that differences and even conflict can result in highly creative solutions to problems when approached in a respectful and professional manner.

The following should be adhered to by all participants and stakeholders:

1) Be on Time for Meetings
2) Stay for the Entire Meeting
3) Show Respect to Invited Guests, Speakers and Presenters
4) Listen
5) Don't Interrupt
6) Focus on Issues, Not People
7) Don't just Disagree, Offer Alternatives
8) Give Respectful, Constructive Feedback
9) Don't Judge
10) Respect Others' Opinions
11) Keep an Open Mind to Others' Opinions
12) Allow Others to Speak
13) Respect Others' Time
14) Begin and End on Time
15) Have All the Issues on the Table and No "Hidden Agendas"
16) Minimize Side Conversations
17) Don't Monopolize the Discussion
18) Don't Repeat What Has Already Been Said
19) If Beepers or Cell Phones Must Be On, Keep Them on Silent or Vibrate

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005)

1. APPROVAL OF THE AGENDA:

A. Agenda **(MOTION #1)**
B. Membership Roster
C. Commission Meeting Calendar: February – May 2019
D. Committee Assignments
E. Commission Member Conflict of Interest
F. Geographic Maps

LOS ANGELES COUNTY
COMMISSION ON HIV

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

(213) 738-2816 / FAX (213) 637-4748
EMAIL: hivcomm@lachiv.org WEBSITE: http://hiv.lacounty.gov

Thursday, February 14, 2019 | 9:00 AM – 1:00 PM

St. Anne's Conference Center
Foundation Room
155 N. Occidental Blvd., Los Angeles CA 90026

Notice of Teleconferencing Site:
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-616
Sacramento, CA 95814

AGENDA POSTED: February 8, 2019

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 Dina Jauregui at (213) 738-2816 or via email at djauregui@lachiv.org.

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Dina Jauregui al (213) 738-2816 (teléfono), o por correo electrónico á djauregui@lachiv.org, por lo menos 72 horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

Call to Order and Roll Call 9:00 A.M. – 9:02 A.M.

I. ADMINISTRATIVE MATTERS

1. Approval of Agenda **MOTION #1** 9:02 A.M. – 9:04 A.M.
2. Approval of Meeting Minutes **MOTION #2** 9:04 A.M. – 9:06 A.M.

II. REPORTS

3. Executive Director/Staff Report 9:06 A.M. – 9:45 A.M.
   - A. Welcome and Key Presentations
   - B. 2018 Annual Report to the Board of Supervisors
   - C. Ralph D. Brown Act Refresher | Presented by: Los Angeles County Counsel
4. Co-Chair Report 9:45 A.M. – 9:50 A.M.
   - A. Meeting Management Reminders
   - B. Committee Co-Chair Election Updates/Reminders
   - C. Executive At-Large Member Nominations in March
   - D. Recognition of National Black HIV/AIDS Awareness Day (NBHAAD)

III. DISCUSSION

5. Los Angeles County HIV/AIDS Strategy (LACHAS) 9:50 A.M. – 11:00 A.M
   - A. Panel Discussion on the Disproportionate Impact of HIV/AIDS in the African American Community | Facilitated by: Tim Vincent, MS
6. **IV. BREAK** 11:00 A.M. – 11:10 A.M.

V. REPORTS

7. California Office of AIDS (OA) Report 11:10 A.M – 11:20 A.M.
8. LA County Department of Public Health Report 11:20 A.M. – 12:20 P.M.
   - A. Division of HIV/STD Programs (DHSP) Report
     - (i) Sexually Transmitted Disease in Los Angeles County: An Epidemiological and Programmatic Overview

V. REPORTS (cont'd)

9. Standing Committee Report 12:20 A.M. – 12:40 P.M.

A. Operations Committee

(i) Member Application for Karl Halfman, Office of AIDS **MOTION #3**

B. Standard and Best Practices (SBP) Committee

(i) Revised Medical Care Coordination (MCC) Standard of Care **MOTION #4**

C. Planning, Priorities & Allocations (PP&A) Committee

D. Public Policy Committee

10. Caucus, Task Force and Work Group Reports 12:40 P.M. – 12:45 P.M.

VI. MISCELLANEOUS

14. Public Comment 12:45 P.M. – 12:51 P.M.

Opportunity for members of the public to address the Commission On items of interest that are within the jurisdiction of the Commission.

15. Commission New Business Items 12:51 P.M. – 12:57 P.M.

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

16. Announcements 12:57 P.M. – 1:00 P.M.

Opportunity for members of the public to announce community events, workshops, trainings, and other related activities.

17. Adjournment and Roll Call 1:00 P.M.

Adjournment for the meeting of February 14, 2019.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Commission meeting minutes, as presented or revised.
MOTION #3:	Approve for recommendation to BOS, Karl Halfman's membership application to the Office of AIDS representative seat, as presented.
MOTION #4:	Approve the (revised) Medical Care Coordination (MCC) Standards of Care, as presented or revised.

COMMISSION ON HIV MEMBERS:			
Al Ballesteros, MBA, Co-Chair	Grissel Granados, MSW, Co-Chair	Traci Bivens-Davis	Jason Brown
Alasdair Burton (Alternate)	Joseph Cadden, MD	Danielle Campbell, MPH	Raquel Cataldo
Michele Daniels	Erika Davies	Susan Forrest (Alternate)	Aaron Fox, MPM
Alexander Luckie Fuller	Jerry D. Gates, PhD	Joseph Green	Terry Goddard II, MA
Felipe Gonzalez	Bridget Gordon	Diamante Johnson	William King, MD, JD
Lee Kochems, MA	Bradley Land	David P. Lee, MPH, LCSW	Eric Paul Leue
Abad Lopez	Eduardo Martinez (Alternate)	Miguel Martinez, MSW, MPH	Anthony Mills, MD
Carlos Moreno	Derek Murray	Katja Nelson, MPP	Jazielle Newsome
Frankie Darling-Palacios	Raphael Peña	Mario Pérez, MPH	Juan Preciado
Ricky Rosales	Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter
Yolanda Sumpter	Greg Wilson	Russell Ybarra	
MEMBERS:	**42**		
QUORUM:	**22**		

LOS ANGELES COUNTY
COMMISSION ON HIV

2019 MEMBERSHIP ROSTER | UPDATED 2/13/19

APPROVED BY COH ON 7/12/18

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2017	June 30, 2019	
2	City of Pasadena representative	1	SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2020	
3	City of Long Beach representative			***Vacant***		July 1, 2017	June 30, 2019	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2020	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2017	June 30, 2019	
6	Director, DHSP	1	EXC|PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2020	
7	Part B representative			***Vacant***		July 1, 2018	June 30, 2020	
8	Part C representative	1	EXC|PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2018	June 30, 2020	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2017	June 30, 2019	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2020	
11	Provider representative #1	1	EXC|SBP	Joseph Cadden, MD	Rand Schrader Clinic (SPA1), LA County Department of Health Service	July 1, 2017	June 30, 2019	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2020	
13	Provider representative #3	1	EXC/PP&A	Miguel Martinez, MSW, MPH	Children's Hospital Los Angeles	July 1, 2017	June 30, 2019	
14	Provider representative #4	1	EXC|OPS	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2020	
15	Provider representative #5	1	PP	Terry Goddard, MA	Alliance for Housing and Healing	July 1, 2017	June 30, 2019	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2018	June 30, 2020	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2017	June 30, 2019	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic (SPA1), LA County Department of Health Services	July 1, 2018	June 30, 2020	
19	Unaffiliated consumer, SPA 1	1	OPS	Michele Daniels	*Unaffiliated Consumer*	July 1, 2017	June 30, 2019	
20	Unaffiliated consumer, SPA 2	1	PP&A	Abad Lopez	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	
21	Unaffiliated consumer, SPA 3	1	EXC|PP&A	Jason Brown	*Unaffiliated Consumer*	July 1, 2017	June 30, 2019	
22	Unaffiliated consumer, SPA 4	1	EXC|OPS|SBP	Kevin Stalter	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	
23	Unaffiliated consumer, SPA 5	1	PP&A	Yolanda Sumpter	*Unaffiliated Consumer*	July 1, 2017	June 30, 2019	
24	Unaffiliated consumer, SPA 6			***Vacant***		July 1, 2018	June 30, 2020	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7	1	PP&A	Raphael Péna	*Unaffiliated Consumer*	July 1, 2017	June 30, 2019	
26	Unaffiliated consumer, SPA 8			***Vacant***		July 1, 2018	June 30, 2020	Susan Forrest (PP&A)
27	Unaffiliated consumer, Supervisorial District 1	1	OPS	Carlos Moreno		July 1, 2017	June 30, 2019	
28	Unaffiliated consumer, Supervisorial District 2			***Vacant***		July 1, 2018	June 30, 2020	
29	Unaffiliated consumer, Supervisorial District 3			***Vacant***		July 1, 2017	June 30, 2019	Eduardo Martinez (PP)
30	Unaffiliated consumer, Supervisorial District 4			***Vacant***		July 1, 2018	June 30, 2020	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	*Unaffilated Consumer*	July 1, 2017	June 30, 2019	
32	Unaffiliated consumer, at-large #1	1	PP&A	Russell Ybarra	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	
33	Unaffiliated consumer, at-large #2	1	EXC|OPS	Joseph Green	*Unaffiliated Consumer*	July 1, 2017	June 30, 2019	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	
35	Unaffiliated consumer, at-large #4	1	OPS	Bridget Gordon	*Unaffiliated Consumer*	July 1, 2017	June 30, 2019	
36	Representative, Board Office 1	1	EXC	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2020	
37	Representative, Board Office 2	1	EXC|OPS	Traci Bivens-Davis	N/A	July 1, 2017	June 30, 2019	
38	Representative, Board Office 3	1	EXC|PP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2020	
39	Representative, Board Office 4			***Vacant***		July 1, 2017	June 30, 2019	
40	Representative, Board Office 5	1	SBP	Bradley Land	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	
41	Representative, HOPWA			***Vacant***		July 1, 2017	June 30, 2019	
42	Behavioral/social scientist	1	PP	Lee Kochems	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2017	June 30, 2019	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2020	
45	HIV stakeholder representative #2	1	PP	Greg Wilson	In the Meantime Men's Group	July 1, 2017	June 30, 2019	
46	HIV stakeholder representative #3	1	OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2018	June 30, 2020	
47	HIV stakeholder representative #4	1	PP	Eric Paul Leue	Free Speech Coaltion	July 1, 2017	June 30, 2019	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2018	June 30, 2020	
49	HIV stakeholder representative #6	1	OPS	Alexander Luckie Fuller	N/A	July 1, 2017	June 30, 2019	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2018	June 30, 2020	
51	HIV stakeholder representative #8	1	SBP	Jazielle Newsome	St. John's Well Child & Family Center	July 1, 2018	June 30, 2020	
	TOTAL:	**40**						

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

HIV Calendar

February 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27 Week 5	28	29 9:30 AM Board of Supervisors (BOS)	30 9:30 AM BOS Agenda Review	31	1	2
3 Week 6	4 10:00 AM LACHAS Policy Workgroup Meeting 1:00 PM Public Policy Committee	5 9:30 AM Board of Supervisors (BOS) 10:00 AM Standards & Best Practices (SBP)	6 9:30 AM BOS Agenda Review	7	8	9
10 Week 7	11	12 9:30 AM Board of Supervisors (BOS)	13 9:30 AM BOS Agenda Review	14 9:00 AM Commission Meeting 1:00 PM Consumer Caucus Meeting	15	16
17 Week 8	18	19 9:30 AM Board of Supervisors (BOS) 1:00 PM Planning, Priorities & Allocations (PP&A)	20 9:30 AM BOS Agenda Review	21	22	23
24 Week 9	25	26 9:30 AM Board of Supervisors (BOS)	27 9:30 AM BOS Agenda Review	28 10:00 AM Operations Committee Meeting 1:00 PM Executive Committee Meeting	1	2

HIV Calendar

March 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
24 Week 9	25	26 9:30 AM - 1:00 PM Board of Supervisors (BOS)	27 9:30 AM - 11:30 AM BOS Agenda Review	28 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	1	2
3 Week 10	4 10:00 AM - 12:00 PM LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM Public Policy Committee	5 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	6 9:30 AM - 11:30 AM BOS Agenda Review	7	8	9
10 Week 11	11	12 9:30 AM - 1:00 PM Board of Supervisors (BOS)	13 9:30 AM - 11:30 AM BOS Agenda Review	14 9:00 AM - 1:00 PM Commission Meeting 1:00 PM - 3:00 PM Consumer Caucus Meeting	15	16
17 Week 12	18	19 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A)	20 9:30 AM - 11:30 AM BOS Agenda Review	21	22	23
24 Week 13	25	26 9:30 AM - 1:00 PM Board of Supervisors (BOS)	27 9:30 AM - 11:30 AM BOS Agenda Review	28 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	29	30
31 Week 14	1 10:00 AM - 12:00 PM LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM Public Policy Committee	2 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	3 9:30 AM - 11:30 AM BOS Agenda Review	4	5	6

HIV Calendar

April 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31 Week 14	**1** **10:00 AM - 12:00 PM** LACHAS Policy Workgroup Meeting **1:00 PM - 3:00 PM** Public Policy Committee	**2** **9:30 AM - 1:00 PM** Board of Supervisors (BOS) **10:00 AM - 12:00 PM** Standards & Best Practices (SBP)	**3** **9:30 AM - 11:30 AM** BOS Agenda Review	**4**	**5**	**6**
7 Week 15	**8**	**9** **9:30 AM - 1:00 PM** Board of Supervisors (BOS)	**10** **9:30 AM - 11:30 AM** BOS Agenda Review	**11** **9:00 AM - 1:00 PM** Commission Meeting **1:00 PM - 3:00 PM** Consumer Caucus Meeting	**12**	**13**
14 Week 16	**15**	**16** **9:30 AM - 1:00 PM** Board of Supervisors (BOS) **1:00 PM - 3:00 PM** Planning, Priorities & Allocations (PP&A)	**17** **9:30 AM - 11:30 AM** BOS Agenda Review	**18**	**19**	**20**
21 Week 17	**22**	**23** **9:30 AM - 1:00 PM** Board of Supervisors (BOS)	**24** **9:30 AM - 11:30 AM** BOS Agenda Review	**25** **10:00 AM - 12:00 PM** Operations Committee Meeting **1:00 PM - 3:00 PM** Executive Committee Meeting	**26**	**27**
28 Week 18	**29**	**30** **9:30 AM - 1:00 PM** Board of Supervisors (BOS)	1 **9:30 AM - 11:30 AM** BOS Agenda Review	2	3	4

HIV Calendar

May 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28 Week 18	29	30 9:30 AM - 1:00 PM Board of Supervisors (BOS)	1 9:30 AM - 11:30 AM BOS Agenda Review	2	3	4
5 Week 19	6 10:00 AM - 12:00 PM LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM Public Policy Committee	7 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	8 9:30 AM - 11:30 AM BOS Agenda Review	9 9:00 AM - 1:00 PM Commission Meeting 1:00 PM - 3:00 PM Consumer Caucus Meeting	10	11
12 Week 20	13	14 9:30 AM - 1:00 PM Board of Supervisors (BOS)	15 9:30 AM - 11:30 AM BOS Agenda Review	16	17	18
19 Week 21	20	21 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A)	22 9:30 AM - 11:30 AM BOS Agenda Review	23 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	24	25
26 Week 22	27	28 9:30 AM - 1:00 PM Board of Supervisors (BOS)	29 9:30 AM - 11:30 AM BOS Agenda Review	30	31	1

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COMMISSION ON HIV

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COMMITTEE ASSIGNMENTS

(Updated: February 8, 2019)
Subject to Change

Committee Member Name/ Alternate	Member Category	Affiliation
* = *Primary Committee Assignment*	** = *Secondary Committee Assignment*	
EXECUTIVE COMMITTEE		
Regular meeting day: 4th Thursday of the month	**Regular meeting time:** 1:00pm–3:00pm	
Number of Voting Members: **12**	***Number of Quorum:*** **7**	
Grissel Granados, MSW	**Co-Chair, Comm./Exec.***	Commissioner
Al Ballesteros, MBA	**Co-Chair, Comm./Exec.***	Commissioner
Traci Bivens-Davis	Co-Chair, Operations	Commissioner
Jason Brown	Co-Chair, PP&A	Commissioner
Miguel Martinez	Co-Chair, PP&A	Commissioner
Joseph Cadden, MD	Co-Chair, SBP	Commissioner
Raquel Cataldo	At-Large Member*	Commissioner
Aaron Fox, MPM	Co-Chair, Public Policy	Commissioner
Joseph Green	At-Large Member*	Commissioner
Katja Nelson	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Kevin Stalter	Co-Chair, Operations, SBP	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4th Thursday of the month	**Regular meeting time:** 10:00am-12:00pm	
Number of Voting Members: **11**	***Number of Quorum:*** **6**	
Traci Bivens-Davis	**Committee Co-Chair***	Commissioner
Kevin Stalter	**Committee Co-Chair***	Commissioner
Danielle Campbell, MPH	*	Commissioner
Raquel Cataldo	*	Commissioner
Michele Daniels	*	Commissioner
Bridget Gordon	*	Commissioner
Joseph Green	*	Commissioner
Carlos Moreno	*	Commissioner
Juan Preciado	*	Commissioner
Alexander Fuller	*	Commissioner
Susan Forrest	**	Alternate

Committee Member Name	Member Category	Affiliation
* = *Primary Committee Assignment*	** = *Secondary Committee Assignment*	

PLANNING, PRIORITIES and ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3rd Tuesday of the month	**Regular meeting time:** 1:00-4:00 PM	
***Number of Voting Members*:** 13	***Number of Quorum*:** 7	
Jason Brown	**Committee Co-Chair***	Commissioner
Miguel Martinez, MPH, MSW	**Committee Co-Chair***	Commissioner
Susan Forrest	*	Alternate
William D. King, MD, JD, AAHIVS	*	Commissioner
Abad Lopez	*	Commissioner
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Diamante Johnson	*	Commissioner
Frankie Darling Palacios	*	Commissioner
Raphael Pena	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Yolanda Sumpter	*	Commissioner
Russell Ybarra	*	Commissioner
TBD	DHSP staff	DHSP Staff

PUBLIC POLICY COMMITTEE		
Regular meeting day: 1st Monday of the month	**Regular meeting time:** 1:00 pm-3:00pm	
***Number of Voting Members*:** 12	***Number of Quorum*:** 7	
Aaron Fox, MPM	**Committee Co-Chair***	Commissioner
Katja Nelson	**Committee Co-Chair***	Commissioner
Jerry Gates, PhD	*	Commissioner
Lee Kochems, MA	*	Commissioner
Eduardo Martinez	*	Alternate
Terry Goddard, MA	*	Commissioner
Eric Paul Leue	*	Commissioner
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Greg Wilson	*	Commissioner
Alasdair Burton	*	Alternate
Kyle Baker	DHSP staff	DHSP representative

Committee Member Name	Member Category	Affiliation
* = *Primary Committee Assignment*	** = *Secondary Committee Assignment*	

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1st Thursday of the month	**Regular meeting time**:	10:00am-12:00pm
Number of Voting Members: 8	***Number of Quorum***:	5
Joseph Cadden, MD	**Committee Co-Chair***	Commissioner
Kevin Stalter	**Committee Co-Chair***	Commissioner
Erika Davies	*	Commissioner
Felipe Gonzalez	*	Commissioner
Bradley Land	*	Commissioner
David Lee, MPH, LCSW	*	Commissioner
Jazielle Newsome	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP representative

CONSUMER CAUCUS		
Regular meeting day: Following Comm. mtg.	***Regular meeting time***:	1:00pm–3:00pm
Open membership to consumers of HIV prevention and care services		
Joseph Green	**Co-Chair**	Commissioner
Yolanda Sumpter	**Co-Chair**	Commissioner
Raphael Péna	**Co-Chair**	Commissioner
Al Ballesteros, MBA	Member	Commissioner
Jason Brown	Member	Commissioner
Alasdair Burton	Member	Alternate
Michele Daniels	Member	Commissioner
Grissel Granados, MSW	Member	Commissioner
Bridget Gordon	Member	Commissioner
Diamante Johnson	Member	Commissioner
Lee Kochems, MA	Member	Commissioner
Brad Land	Member	Commissioner
Abad Lopez	Member	Commissioner
Eduardo Martinez	Member	Alternate
Anthony Mills, MD	Member	Commissioner
Carlos Moreno	Member	Commissioner
Jazeille Newsome	Member	Commissioner
Kevin Stalter	Member	Commissioner
Russell Ybarra	Member	Commissioner

Committee Member Name	Member Category	Affiliation
* = *Primary Committee Assignment*	** = *Secondary Committee Assignment*	

WOMEN'S CAUCUS

On Hiatus Until Further Notice

TRANSGENDER TASK FORCE

On Hiatus Until Further Notice

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

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
BROWN	**Jason**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
BIVENS-DAVIS	**Traci**	No Affiliation	No Ryan White or prevention contracts
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CADEN	**Joseph**	Rand Schrader Health & Research Center	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination
			Mental Health, Psychiatry
CAMPBELL	**Danielle**	UCLA/MLKCH	HIV/AIDS Oral Health Care (Dental) Services
			HIV/AIDS Medical Care Coordination Services
			HIV/AIDS Ambulatory Outpatient Medical Services
			HIV/AIDS Medical Care Coordination Services
			nPEP Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CATALDO	Raquel	Tarzana Treatment Center	Case Management, Home-Based
			Case Management, Transitional - Jails
			Housing Services
			Medical Transportation
			Mental Health, Psychotherapy
			Oral Health
			Substance Abuse, Residential
			Substance Abuse, Transitional
			Substance Abuse, Detox
			Biomedical Prevention
			Medical Nutrition Therapy
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Housing Services
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry
			Mental Health, Psychotherapy
			Non-Occupational HIV PEP
			Biomedical Prevention
			STD Screening and Treatment
DAVIES	Erika	City of Pasadena	HIV Counseling and Testing (HCT)
FORREST	Susan	Los Angeles Center for Alcohol and Drug Abuse	HIV/AIDS Health Education
			HIV/AIDS Substance Abuse
			Risk Reduction Prevention Services
			Residential Rehabilitation Services
FOX	Aaron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Housing Services
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry
			Mental Health, Psychotherapy

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			Non-Occupational HIV PEP
			Biomedical Prevention
			STD Screening and Treatment
FULLER	**Alexander**	Unaffiliated consumer	No Ryan White or prevention contracts
GATES	**Jerry**	Keck School of Medicine of USC	No Ryan White or prevention contracts
GODDARD II	**Terry**	Alliance for Housing and Healing	Housing Services
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or prevention contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	**Grissel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			Case Management, Transitional - Youth
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Biomedical Prevention
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or prevention contracts
JOHNSON	**Diamante**	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
LAND	**Bradley**	Unaffiliated consumer	No Ryan White or prevention contracts
LEE	**David**	Charles R. Drew University of Medicine and Science	HIV/AIDS Benefits Specialty Services
			HIV Counseling, Testing, and Referral Prevention Services
LEUE PAUL	**Eric**	Free Speech Coalition	No Ryan White or prevention contracts
LOPEZ	**Abad**	Unaffiliated consumer	No Ryan White or prevention contracts
MARTINEZ	**Eduardo**	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			MH, Psychiatry
			MH, Psychotherapy
			Medical Specialty
			Oral Health
			HIV Counseling and Testing (HCT)
			STD Screening and Treatment

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	**Miguel**	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			Case Management, Transitional - Youth
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Biomedical Prevention
MILLS	**Anthony**	Southern CA Men's Medical Group	Biomedical Prevention
			Medical Care Coordination (MCC)
MORENO	**Carlos**	Unaffiliated consumer	No Ryan White or prevention contracts
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NELSON	**Katja**	APLA Health & Wellness	Benefits Specialty Case Management, Non-Medical (LCM) Case Management, Home-Based Health Education/Risk Reduction (HERR) HIV Counseling and Testing (HCT) Mental Health, Psychotherapy Nutrition Support Oral Health Biomedical Prevention Medical Care Coordination (MCC)
NEWSOME	**Jazielle**	St. John's Well Child and Family Center	Ambulatory Outpatient Medical (AOM)
			HIV Biomedical Prevention
			Medical Care Coordination (MCC)
			Mental Health
PEÑA	**Raphael**	Unaffiliated consumer	No Ryan White or prevention contracts
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	**Juan**	Northeast Valley Health Corporation	Mental Health, Psychotherapy
			Benefits Specialty
			Mental Health, Psychiatry
			Oral Health
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
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)
			Mental Health, Psychiatry

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SPENCER	**LaShonda**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
STALTER	**Kevin**	The Brotherhood IMPACT Fund	No Ryan White or prevention contracts
SUMPTER	**Yolanda**	Unaffiliated consumer	No Ryan White or prevention contracts
WILSON	**Gregory**	In the Meantime Men's Group, Inc.	HIV/AIDS Health Education/Risk Reduction Prevention Services
YBARRA	**Russell**	Capitol Drugs	No Ryan White or prevention contracts

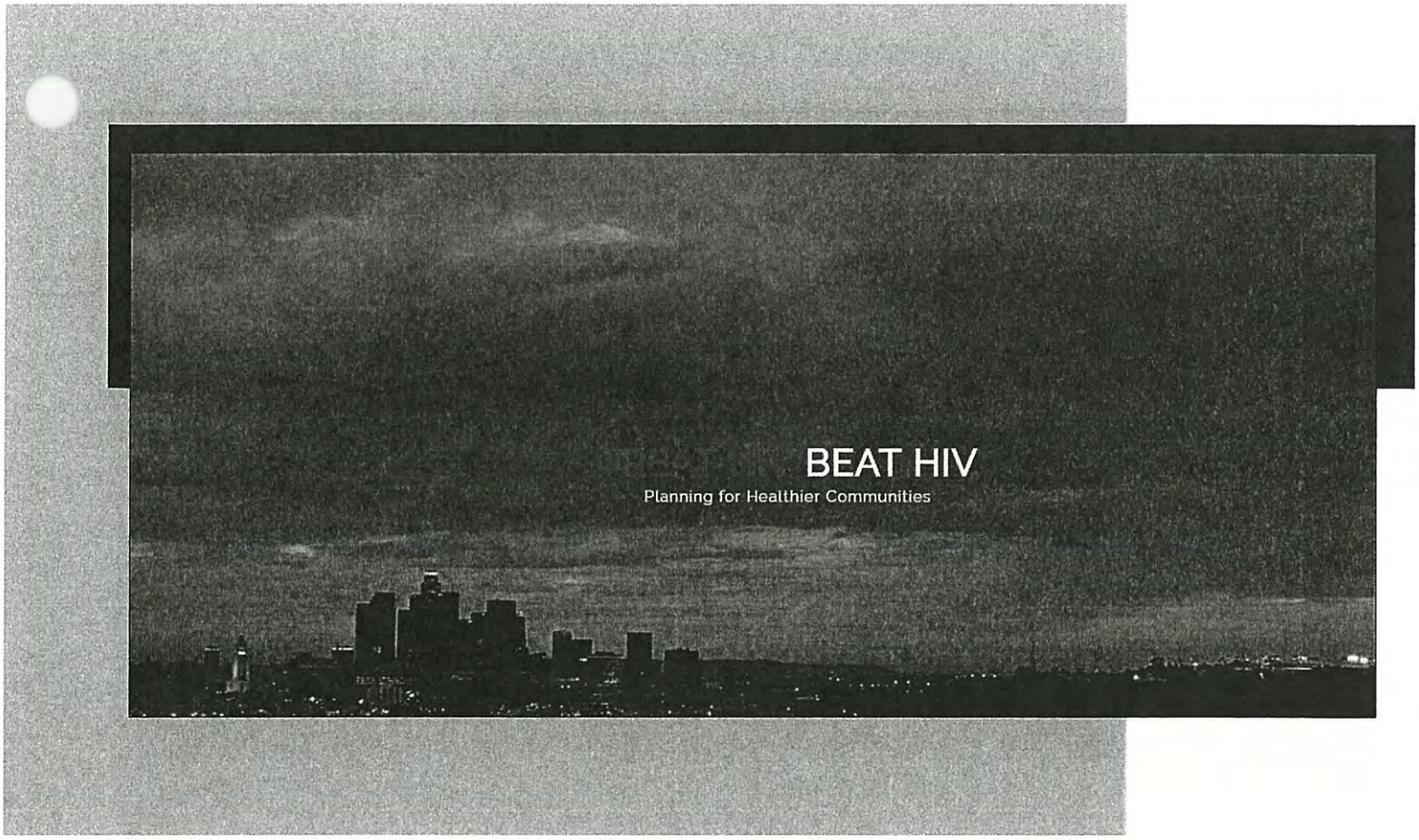
2. APPROVAL OF THE MEETING MINUTES:

A. January 10, 2019 COH Meeting Minutes **(MOTION #2)**

3. EXECUTIVE DIRECTOR/STAFF REPORT:

B. 2018 Annual Report to the Board of Supervisors

C. Ralph D. Brown Act Refresher | Los Angeles County Counsel



ANNUAL REPORT
JANUARY-DECEMBER 2018

Los Angeles County Commission on HIV

www.hiv.lacounty.gov

Tel: (213) 738-2816

LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Blvd., Suite 1140, Los Angeles CA, 90010

Member Testimony

"I'm not sure that I can express to you the appreciation or respect that I have for this body. When I first came before you I was hopeless, homeless, struggling to beat my substance addiction, without insurance, and newly diagnosed HIV positive with a viral load of 5 million. You gave me a voice. When I lacked the words you taught me your language. I learned from you that every voice indeed very person matters. Over time I became that voice for others. Today I have almost 3 and 1/2 years sober, I am undetectable and have health insurance, I have my career back, and I have a loving home with my partner. If you even needed proof that the work you do here matters, that you are having an impact on the world... I'm right here. Thank you for the opportunity to serve as a Commissioner from the bottom of my heart."

VISION AND MISSION STATEMENTS

VISION

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

MISSION

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

ROLES AND RESPONSIBILITIES

The Los Angeles County Commission on HIV (COH) serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Diseases (STD) services. The COH is composed of 51 members appointed by the Board of Supervisors and represent a broad and diverse group of providers, consumers, and stakeholders. Thirty-three percent of the membership are people living with HIV who are consumers of the federally-funded Ryan White Program.

As an integrated planning body for HIV/STD prevention and care services in Los Angeles County, through its five standing committees (Executive, Operations, Planning, Priorities and Allocations (PP&A), Public Policy, and Standards & Best Practices (SBP), the COH is responsible for:

- Setting care/treatment priorities/allocations
- Developing a comprehensive care plan
- Assessing the administrative mechanism of service delivery
- Evaluating service system effectiveness
- Service coordination
- Annual needs assessments
- Setting minimum service standards/outcomes

- Defining ways to best meet the needs
- Resolving service system grievances
- Promoting the availability of services
- Evaluating other streams of funding
- Advising the Board on all County HIV and STD funding
- Policy development and advocacy work
- Advising the Board on other HIV and STD-related matters

ALIGNMENT WITH COUNTY 2016-2021 STRATEGIC PLAN

The COH supports the County 2016-2021 Strategic Plan through the following specific objectives:

Objective I.2.1: Provide subsidized housing for vulnerable populations
Initiative Name: Ryan White-funded housing services for PLWH
Through its role as the legislatively mandated local planning council for federal funds for HIV/AIDS care and treatment services, the COH supports this objective by supporting funding allocation to housing services to eligible PLWH in Los Angeles County. These housing services are linked to medical and supportive services based on client's needs. Ryan White is the payor of last resort for uninsured and underinsured PLWH, thus funding level recommendations made by the COH vary each year in consideration of other payor systems, such as Measure H/HHH, Housing and Urban Development (HUD), and Medi-Cal.

Objective I.2.3: Integrate Substance Use Disorder (SUD) Treatment Services
Initiative Name: Ryan White-funded substance use disorder (outpatient and residential treatment) for PLWH
Ryan White is the payor of last resort for uninsured and underinsured PLWH, thus funding level recommendations made the COH vary each year in consideration of other payor systems, such as Drug Medi-Cal. The expansion of Drug Medi-Cal to cover services similar to those covered under Ryan White, impacts funding allocations and service utilization as more PLWH who now get medical care under Medi-Cal, can now also get SUD treatment services outside of the Ryan White care system.

Objective: III.2.2 Leverage technology to increase visibility and access to services
Initiative Name: HIVConnect: Connecting Communities to Resources (HIVConnect.org)
The COH has developed a resource website to promote HIV services in Los Angeles County. The website, HIVConnect.org, leverages national and local service databases and uses consumer-friendly features such as geographically sensitive search functions, icons and service descriptions to assist consumers and service providers identify a variety of HIV-related services throughout the County. HIVconnect will serve as an informational tool for consumers and providers on HIV/STD medical, housing, prevention, and other related resources in the County.

Objective: III.4.1 Solicit ongoing customer feedback
Initiative Name: Assessment of staff responsiveness to COH members
The COH must ensure that its members identify service needs, prioritize services and make funding recommendations based on data, community perspectives, and a robust, transparent community engagement process. The COH staff provide administrative oversight, technical support and training for Commissioners so that they acquire the skills and knowledge necessary to perform their duties as local planners. How well the COH staff prepares the Commissioners for this role is a critical customer service function for staff.

HISTORICAL BACKGROUND

In the early 1980s, Los Angeles County was among several metropolitan areas in the United States to report the first documented cases of what is now known as Human Immunodeficiency Virus infection/Acquired Immune Deficiency Syndrome (HIV/AIDS). The initial group of five cases in Los Angeles County later grew to nearly 90,000 diagnosed cases of HIV/AIDS, at the height of the epidemic.[1]

At its onset, the HIV/AIDS epidemic took an enormous toll on the gay community. With no known medications or cure, an HIV/AIDS diagnosis was always accompanied with the surety

[1] County of Los Angeles Public Health Division of HIV and STD Programs, *Los Angeles County HIV/AIDS Strategy for 2020 and Beyond*

of death. Thousands lost friends, family and loved ones to the harshness of this disease. As time went on, the epidemic hit hardest among populations that were poor, lacked health insurance, had limited or no access to health care and were from communities of color.

In response, in 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and allocated funding for HIV/AIDS medical services to improve the quality and accessibility of care for low-income, underinsured and uninsured individuals and families affected by HIV/AIDS. The CARE Act services were designed to reduce the use of more costly inpatient care, increase access to care for underserved populations, and improve the quality of life for those affected by the epidemic. Since the legislation was first enacted in 1990, the CARE Act has been amended and reauthorized four times (1996, 2000, 2006 and 2009)[2]. The law requires the "establishment of an HIV health services planning council" [Section 2602(b)(2)(A)(iii)], a role fulfilled by the COH.

In anticipation of receiving CARE Act grant funding, during 1989 to 1991, the Los Angeles County Board of Supervisors (BOS) established the Commission on AIDS, comprised of five community members who represented each supervisorial district and were reflective of the disease. In tandem, the County's Department of Public Health (DPH) created the AIDS Program Office, which was later renamed the Office of AIDS Programs and Policies (OAPP), and now known as the Division of HIV and STD Programs (DHSP)[3].

To coordinate federal funding for HIV/AIDS-related services awarded through the CARE Act, the BOS created the HIV Health Services Planning Council to prioritize and allocate the funding and also meet the grant funding requirements. Additionally, as a mechanism to inform the BOS on policy matters related to the HIV/AIDS epidemic in Los Angeles County, the Commission on AIDS also became an advisory board. However, around 1997-1998, the BOS dissolved both the Commission on AIDS and the HIV Health Services Planning Council and established the Los Angeles County Commission on HIV Health Services in its place, placing the COH under the scope and leadership of the County's CARE Act grantee, OAPP.

In 2003, in an effort to address concerns of perception and potential conflicts of interest, the BOS amended the County Code to provide autonomy to the COH, allow OAPP staff to serve on the Commission as non-voting members, reduce the size of voting membership, and provide the COH with staff independent of DHSP (aka OAPP). The COH was now and continues to be under the supervision of the BOS' Executive Office, while maintaining a collaborative relationship with DHSP. In July 2013, the Commission was one of very few planning councils, nationwide, to fully integrate its HIV prevention and care planning councils catering to the needs of those who are living with and who are at risk of HIV/AIDS and STDs.

Today, the Ryan White HIV/AIDS Program (RWP) serves over 500,000 people throughout the country, making it the largest federal program focused specifically on providing HIV care and treatment services to people living with HIV with a proven success of keeping healthy and well. The RWP serves more than 15,000 eligible HIV-positive individuals in Los Angeles County. From 2010 to 2017, viral suppression among Ryan White clients increased steadily over the seven-year period, from 69.5% in 2010 to 85.9% in 2017 (HRSA, 2017).

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[2] Ryan White HIV/AIDS program Part A Manual-Revised 2013

[3] The Los Angeles County Department of Public Health merged OAPP, HIV, EPI and the STD Programs in 2012 to become the Division of HIV and STD Programs

NOTABLE PAST ACHIEVEMENTS

The COH is committed to improving the lives of PLWHA. The following are examples of past key achievements and milestones:

- In 2003, the COH adopted the Patient Bill of Rights to empower patients to receive the best possible HIV care and treatment services from their providers. The Patient Bill of Rights continues to be a key guiding document for the COH.

- COH, in collaboration with stakeholders across the state, advocated for confidential HIV names-based reporting which was enacted in California in 2006 (SB 699 Soto). HIV names-based reporting enhanced statewide efforts to track the HIV epidemic, monitor emerging trends in HIV transmission, and allocated HIV prevention, care and treatment resources more effectively.

- Developed Ryan White reauthorization principles to strengthen the national and local infrastructure and funding for HIV/AIDS services and maintain the decision-making role of planning councils in local priority setting and resource allocations.

- Collaborated with the Los Angeles County Departments of Public Health and Health Services, California Department of Public Health, and the vast network of community health centers in the County to ensure smooth transition of PLWHA into the expanded Medi-Cal and Covered CA insurance programs. Today, the COH continues to monitor these important health insurance and access to care programs, to ensure that PLWHA are linked and maintained in critical medical care and supportive services.

- Supported a motion authored by Supervisor Kuehl to develop and implement a plan for a robust, comprehensive program to deliver Pre-Exposure Prophylaxis (PrEP) in Los Angeles County to help prevent HIV transmission.

- Completed the Comprehensive HIV Plan (CHP) in collaboration with DHSP and a broad range of community stakeholders. The CHP articulates specific goals for enhancing HIV/STD prevention and care services in the County and serves as the federally required Integrated Plan for Los Angeles County. It is aligned with the goals National HIV/AIDS Strategy (NHAS) and supports the Los Angeles County HIV/AIDS Strategy (LACHAS).

- Collaborated with DHSP to harness community feedback in developing the LACHAS, a blue print for ending the HIV epidemic in Los Angeles County, once and for all.

2018 ACCOMPLISHMENTS

LOS ANGELES COUNTY HIVD/AIDS STRATEGY: COMMNUNITY CALL TO ACTION

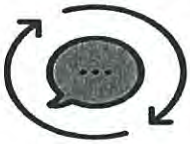
On December 1, 2017, the Los Angeles County HIV/AIDS Strategy (LACHAS) was launched and charged the COH with monitoring and advising the Board of Supervisors on its implementation. In addition, the COH is charged with facilitating ongoing community engagement and feedback on the LACHAS. The COH accomplished the following activities related to the LACHAS:

- Used health district level HIV data and feedback from the LACHAS community call to action meetings to inform the COH's deliberations on understanding service gaps and setting resource allocations

Promoted LACHAS to Board of Supervisors and Health Deputies (ongoing)

Updated service standards to meet LACHAS goals (ongoing)

Ongoing training for Commissioners and use of plan in resource allocation discussions



Report feedback to public health partners

Health District communities covered in a span of **7** months

Over **750** community stakeholders reached through call to action meetings, presentations and outreach

Advanced key policy and resource allocation recommendations to the Board of Supervisors and other elected officials

Key Themes from the LACHAS Call to Action Meetings:

- Create synergy around Strategy goals by focusing on disproportionately impacted groups and building relationships to drive collaboration
- Analyze and address service gaps and barriers by coordinating services across systems and eliminating silos
- Conduct meaningful community engagement by engaging non-traditional partners
- Acknowledge and address racism, sexism, homophobia, and other biases
- Increase support and buy-in from elected officials and the health department

MEMBER TRAINING AND LEADERSHIP SKILLS BUILDING

- Completed 12 training sessions on Data and Epidemiology Overview; Effective Communication and Active Listening; Running and Facilitating Meetings; Planning Council Refresher and Committee Spotlight; HIV and STD 101; LACHAS and Health Districts Overview; Racial Justice and Cultural Awareness; and customized Brown Act training for members of the Executive Committee.

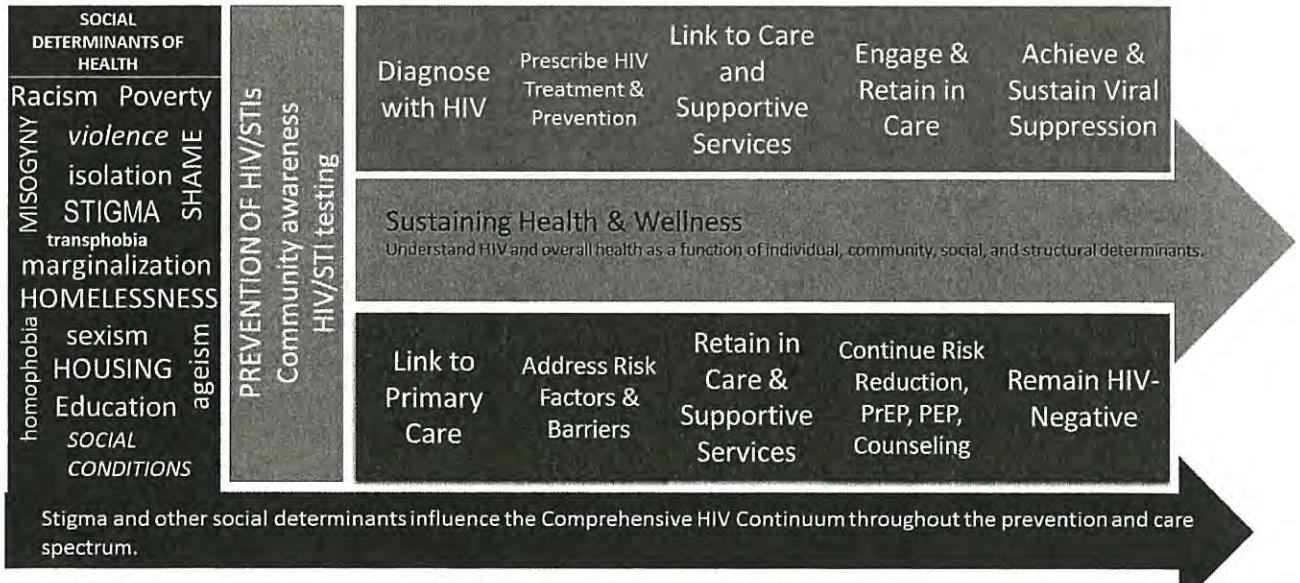
- Sponsored eight unaffiliated consumers (UCs) to attend the HIV Biomedical Prevention Summit, held in Los Angeles on December 3-4, 2018. UC members of the COH play a critical role in articulating consumer perspectives on how to improve the overall system of prevention and care in the County. The summit provided learning opportunities on national best practices for youth engagement, trauma-informed care in HIV settings; treatment as prevention strategies, and creating structures that pave the way for communities disproportionately burdened by HIV, such as people of color, youth, and transgender individuals, to lead the HIV movement.

COMMUNITY OUTREACH AND ENGAGEMENT

- Under the leadership of the Consumer Caucus, convened three community advisory board meet and greet events to facilitate information and resource sharing and promote the LACHAS to service providers and community stakeholders. PLWHA who participated in these events underscored the importance of strong consumer engagement in planning, developing, implementing and monitoring services throughout the County.
- COH staff organized an Open House to promote the Commission to the community which provided an opportunity for Commissioners to share their leadership and civic engagement experience on the COH.

SERVICE DELIVERY IMPROVEMENT

Los Angeles County Commission on HIV
Comprehensive HIV Continuum Framework



LEGEND: The connected boxes depict the complementary and supportive nature of primary and secondary prevention in controlling the HIV/STI disease burden. The green boxes show the HIV/AIDS treatment cascade (PLWHA) while the blue boxes depict the prevention continuum (HIV-negative). Both continua are equally important in decreasing new HIV/STI infections and sustaining health and wellness for PLWHA and those at risk for acquiring HIV/AIDS. The yellow arrow acknowledges that sustaining health and wellness is the ultimate goal for all people receiving HIV-related services, regardless of their status. The goal extends beyond achieving viral load suppression or maintaining a negative serostatus.

- Under the leadership of the Standards and Best Practices (SBP) Committee, the COH completed three comprehensive service standards for prevention, housing and legal services. These standards set service delivery expectations for providers to deliver quality HIV/STD prevention and care services to PLWHA and those at risk for the disease.
- Over 100 community stakeholders and subject matter experts were invited to participate in the development of these service standards through committee involvement, expert panel reviews, and public comment periods.
- The Committee updated the Comprehensive HIV continuum and uses it as a planning and service standards development tool. The framework is an aspirational framework that builds upon the social ecological model to underscore the importance of addressing HIV care and prevention across several dimensions.
- Under the leadership of the Housing Task Force, the COH collaborated with the leadership team of the Division of HIV and STD Programs, City of Los Angeles AIDS Coordinator's Office and Housing and Community Investment Department to develop a general framework for better alignment of Ryan White and Housing Opportunities for Persons with HIV/AIDS (HOPWA) funding and services for emergency, temporary and permanent housing for PLWHA.
- Under the leadership of the Planning, Priorities and Allocations Committee), the COH supported the allocation of $3 million to provide housing support services for PLWHA through the Department of Health Services' Housing for Health program.
- Under the leadership of the Operations Committee, the COH completed the Assessment of Administrative Mechanism (AAM), a federally required task of COH which seeks to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in LA County.
- The AAM noted the following positive attributes: 1) the COH has highly committed staff that provide excellent support to its members, members are well trained, and their deliberations are thoughtful and result in allocations of resources that are responsive to community needs; 2) the administrative entity (DHSP) also is given high marks for competence, dedication and responsiveness to Commission allocations and directives; and 3) the provider community has long experience in delivering quality and comprehensive services.
- Launched HIVConnect, a website featuring local HIV and STD resources in Los Angeles County. HIVConnect was developed in partnership with DHSP, and a network of individuals and agencies dedicated to providing the highest quality HIV service to the residents of Los Angeles County. HIVConnect leverages reliable national and local databases of services to assist individuals and those who support them such as case managers, health educators, and advocates in locating HIV-related services in their communities.

ADVANCING POLICIES THAT CREATE HEALTHY COMMUNITIES

- Under the leadership of the Public Policy Committee, the COH in collaboration with a host of local agencies, appealed to the Board of Supervisors to address the growing STD rates in the County by requesting $30 million in investments to scale up STD testing, treatment, disease investigation, surveillance, and policy initiatives. On November 20, 2018, the Board of Supervisors unanimously passed a motion to allocate $5 million to increase County efforts to stem the rising STD rates in communities throughout the County.
- In addition, the COH recommended that the Board of Supervisors endorse the Undetectable=Untransmittable (U=U) campaign Consensus Statement from the Prevention Access Campaign. The statement confirms new evidence-based research that persons living with HIV (PLWH) on antiretroviral therapy treatment, with an undetectable viral load, do not transmit HIV to others. On November 27, the Board proclaimed December 4, 2018 as U=U Awareness Day" throughout Los Angeles County, adopted the U=U consensus statement from the Prevention Access Campaign, and instructed the Director of Public Health to help spread the word about U=U through a variety of activities, such as the dissemination of messages through their social media channels, websites, newsletters and other appropriate outlets or alerts. With this motion, Los Angeles County joins 810 community partners from 98 different countries who have endorsed U=U to increase awareness that PLWH with an undetectable viral load are not infectious, promote HIV prevention and adherence to treatment, as well as end the stigma associated with HIV and HIV transmission.

2019 WORK PLANS: ONGOING AND LONG-TERM PROJECTS

All COH committees have completed work plans for 2019 using the following criteria for selecting and prioritizing key activities: 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan and Los Angeles County HIV/AIDS Strategy; and 3) align with COH staff and member capacities and time commitment.

The following represent the high-level summaries of the 2019 COH Work Plans by Committee and Caucuses:

Executive:

- Follow-up and track progress on key policy action items recommended to the Board of Supervisors (BOS) in a letter dated November 8, 2018. See Attachment A for letter to the BOS.
- Monitor and track implementation of BOS-approved STD $5 million to address rising STD rates.
- Develop approach, objectives, and framework for 2019 LACHAS community engagement meetings and activities.
- Ensure compliance with federal requirements for planning council, including but not limited to, membership recruitment, retention and training; membership reflectiveness; consumer leadership; data-driven priority setting and resource allocation decision making; ongoing needs assessment and resource identification; service standards development; and advancing policies that reduce HIV/STD disparities among disproportionately impacted populations.

Planning, Priorities and Allocations:

- Assess and review current planning and priority setting and resource allocation process and move to an improved planning model.
- Continue working with DHSP to develop strategies to maximize Ryan White grant funds.
- Conduct focus groups to better understand needs, gaps, and opportunities for improvement in HIV/STD services and access to care in Los Angeles County.
- In partnership with DHSP, monitor service utilization, programmatic and financial data, to maximize grant funds.

Standards and Best Practices:

- Complete updates to Medical Care Coordination (MCC) service standards.
- Update service standards and review relevant program directives recommended by the PP&A Committee
- Review and update Comprehensive HIV Continuum to reflect the latest scientific advances and evidence-based interventions for HIV/STD prevention and treatment.
- Develop STD prevention and care standards.

Operations:

- Lead implementation of recommendations from the Assessment of Administrative Mechanism.

- Implement mini-trainings throughout the year to ensure that COH members gain the knowledge and skills to perform their duties effectively.
- Collaborate with the Consumer Caucus to develop and implement a targeted leadership development training program.
- Implement membership recruitment, retention, and outreach plan.
- Continue monitoring membership composition and fill vacancies and ensuring that overall make-up of the COH is reflective of the HIV epidemic in Los Angeles County.
- Implement COH Community Service Awards to recognize individuals who have accomplished significant contributions that advance the goals of the LACHAS.

Public Policy:

- Update its policy priorities in alignment with the BOS Legislative and Policy Agenda and LACHAS.
- Lead monitoring of political landscape to ensure full funding of federal, state, and local programs that provide HIV/STD prevention and care services.
- Advocate for expanded access to affordable housing for PLWHA using Measure H funds and other funding sources that complement the Ryan White system of care.

Consumer, Women's and Transgender Caucuses:

- Focus on targeted and scaled up recruitment for membership and participation at all COH committees.
- Develop and implement customized leadership and development activities.
- Ensure strong engagement in all COH functions and committees, LACHAS implementation and community outreach efforts.

LACHAS Policy Workgroup:

- Work in partnership with DHSP to implement and advance policy initiatives articulated in the LACHAS.

Attachment A: Letter to the Board of Supervisors (November 8, 2018)

GOVERNMENT TRANSPARENCY

The Ralph M. Brown Act

Presented by:

The Office of County Counsel

The Brown Act

Sunshine Law

Open Meetings Law

Preamble & Purpose

"The people of this State do not yield their sovereignty to the agencies which serve them. **The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know.** The people insist on remaining informed so that they may retain control over the instruments they have created."

Preamble & Intent

"In enacting this chapter, the Legislature finds and declares that the public commissions, boards and councils and the other public agencies in this State exist to aid in the conduct of the people's business. **It is the intent of the law that their actions be taken openly and that their deliberations be conducted openly.**"

APPLIES TO:

Local Legislative Bodies:

- Boards of Supervisors
- City Councils
- School Boards

Groups Created by the Board:

- Commissions
- Committees
- Councils
- Task Force
- Blue Ribbon
- Working Group

APPLIES WHEN:

There is a gathering of a **majority (or quorum)** of the members of the legislative body to:

1. **HEAR**
   Listening to staff reports or watching a movie!
2. **DISCUSS**
   Does not require any action be taken.
3. **DELIBERATE**
   Making decisions, taking action.

on any item of business that is within the subject matter jurisdiction of the body.

Exceptions

- The Brown Act does not apply to meetings of employees of public agencies (e.g. staff meetings).
- Communications, particularly e-mails, should be limited to a single member.

Exceptions

- Conferences and similar gatherings which are open to the public.
- Open and public meetings held by another person or organization.
- Open and noticed meetings of another legislative body.
- Purely social or ceremonial occasions.

PROVIDED THAT MAJORITY MEMBERS DO NOT DISCUSS BUSINESS AMONG THEMSELVES

SUBSIDIARY BODIES

Standing Committee

- Less than a quorum of members
- Includes other individuals not on the legislative body
- Advisory or Decision-making
- Continuing jurisdiction over a particular subject matter
- Fixed meeting schedule

BROWN ACT APPLIES

Ad-Hoc Committee

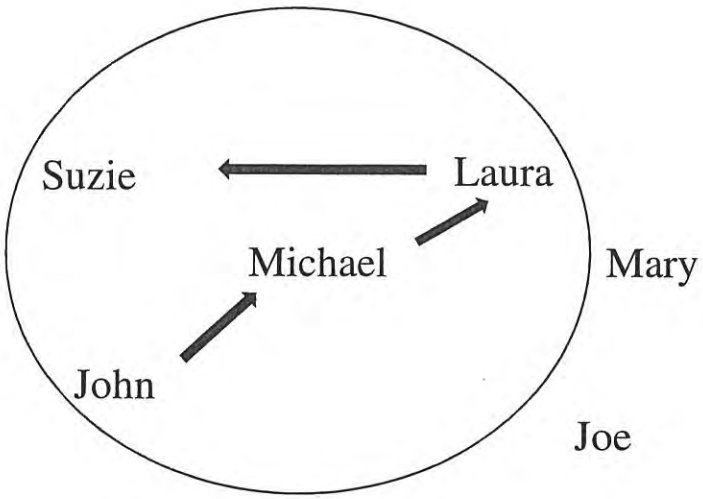
- Less than a quorum of members
- Comprised solely of less than a quorum of the members
- Advisory only
- Short-term
- No fixed meeting schedule

BROWN ACT DOES NOT APPLY

CAUTION: Serial Meetings

- A serial meeting is typically a series of communications (face-to-face/ telephone/e-mail), each of which involves less than a quorum of the body, but which taken as a whole involves a majority of the body's members

Example



Teleconference Meeting

- At least a quorum of the legislative body must participate from locations within the local agency's jurisdiction.
- An agenda must be posted at each location.
- The address of each location must be listed in the notice and agenda, including a room number, if applicable.
- Each location must be fully accessible to the public.
- Each location must be ADA-compliant.
- The public's right to testify at each location must be ensured.
- All votes taken must be conducted by roll call.

Meetings

- Regular Meeting

  Agenda must be posted **72 hours** in advance.

- Special Meeting

  Agenda must be posted **24 hours** in advance.

The Agenda

- Agenda items must have enough detail to give the public a reasonable idea of what will be discussed and/or acted upon—*no guessing*.
- Example: "For discussion and action…"
- If it's not on the agenda, it cannot be discussed!

Adding an Item to the Agenda

- After the agenda is posted, an item may be added only if one of the following occurs:
  - Emergency – when prompt action is needed because of actual or threatened disruption of public facilities
  - Newly arising item
    (after agenda posted, need to take immediate action.)

Public's Rights

Brown Act gives members of the public the right to:

- Not give their name as a condition precedent to attend.
- Record the meeting.
- Comment and Criticize.

Members of the public must be allowed to comment on:

- Any agenda item, before or during the consideration of the item; and
- On any matter within the Board's jurisdiction.

Public Comment

- Fair and reasonable rules may be adopted to assist the body in processing comments from the public.
  - Regulating time and manner, such as a reasonable time limit, is OK.
  - Regulating content is not OK.
  - At least twice the allotted time should be provided to a member of the public who utilizes a translator, unless simultaneous translation is utilized.
- Chair may clear room in the event of an actual public disruption and proceed with the press present.

Public's Rights to Documents

Public can make standing request for copies of agenda materials:

- Request must be made in writing
- Request is effective for one year
- Subject to fees for copying and postage
- Failure to send packet can invalidate action

Meeting in Closed Session

- Meeting in closed session is allowed **only** for specific matters as expressly authorized by statute.
- Closed session items must be described on the agenda.
- Special announcements must be made before and after the body meets in closed session.

Closed Session Topics

- Personnel matters
  Must have legal authority to appoint/terminate.
- Litigation: Anticipated, pending, or initiation
  Must have legal authority to direct the course of the litigation.
- Labor negotiations
  Must have legal authority to negotiate
- Real property negotiations
  Must have legal authority to negotiate.
- Public security threat
  Must have legal authority to determine security solutions.

Penalties and Remedies

- Criminal Penalties
  - Knowing violations are a misdemeanor.
- Civil Remedies
  - Any interested person may bring a lawsuit.
  - Body has chance to cure and correct.
  - Certain illegal action may be voided.
  - Costs and attorney fees awarded.

4. CO-CHAIR REPORT:

C. Executive At-Large Member Nominations in March

LOS ANGELES COUNTY COMMISSION ON HIV
3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
http://hiv.lacounty.gov

DUTY STATEMENT

AT-LARGE MEMBER, EXECUTIVE COMMITTEE

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, there are three At-Large members of the Executive Committee, elected annually by the body, to provide the following representation, leadership and contributions:

COMMITTEE PARTICIPATION:

① Serve as a member of the Commission's Executive and Operations Committees, and participates, as necessary, in Committee meetings, work groups and other activities.

② As a standing member of the Executive Committee, fill a critical leadership role for the Commission; participation on the Executive Committee requires involvement in key Commission decision-making:

- Setting the agenda for Commission regular and special meetings;
- Advocating Commission's interests at public events and activities;
- Voting and determining urgent action between Commission meetings;
- Forwarding and referring matters of substance to and from other Committees and to and from the Commission;
- Arbitrating final decisions on Commission-level grievances and complaints;
- Discussing and dialoguing on a wide range of issues of concern to the HIV/AIDS community, related to Commission and County procedure, and involving federal, state and municipal laws, regulations and practices.

REPRESENTATION:

① Understand and voices issues of concern and interest to a wide array of HIV/AIDS and STI-impacted populations and communities

② Dialogue with diverse range perspectives from all Commission members, regardless of their role, including consumers, providers, government representatives and the public

③ Contribute to complex analysis of the issues from multiple perspectives, many of which the incumbent with which may not personally agree or concur

④ Continue to be responsible and accountable to the constituency, parties and stakeholders represented by the seat the member is holding

⑤ As a more experienced member, with a wider array of exposure to issues, voluntarily mentor newer and less experience Commission members

⑥ Actively assist the Commission and Committee co-chairs in facilitating and leading Commission discussions and dialogue

⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

KNOWLEDGE/BACKGROUND:

① CDC HIV Prevention Program, Ryan White Program (RWP), and other general HIV/AIDS and STI policy and information
② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
③ LA County's HIV/AIDS and other service delivery systems
④ County policies, practices and stakeholders
⑤ RWP legislation, State Brown Act, applicable conflict of interest laws
⑥ County Ordinance and practices, and Commission Bylaws
⑦ **Minimum of one year's active Commission membership prior to At-Large role**

SKILLS/ATTITUDES:

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

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

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

5. LOS ANGELES COUNTY HIV/AIDS STRATEGY (LACHAS):

A. Panel Discussion on the Disproportionate Impact of HIV/AIDS in the African American Community

Tim Vincent, MS

Tim Vincent has worked as a licensed mental health clinician, social worker, trainer and consultant for over 25 years and managed a national capacity building assistance program funded through CDC. In his consulting work he has provided training, presentations, developed curriculum, conducted focus groups and helped to implement organizational change to promote heath equity. His consulting projects have included work with pharmaceutical companies, state governments, healthcare organizations, educational programs focused on black communities, and a marketing firm focused on LGBT communities. Tim has served on statewide community planning groups, has developed and conducted training of trainers in order to nationally diffuse training initiatives he created through his work at the University of California San Francisco. He is asked to speak regularly at national conferences on such topics as engaging diverse communities, examining bias, and building strategies to provide inclusive services for LGBT in healthcare.

NATIONAL BLACK HIV/AIDS AWARENESS DAY

Panel Discussion on the Disproportionate Impact of HIV/AIDS in the African American Community

Facilitated by Tim Vincent, MS

LOS ANGELES COUNTY COMMISSION ON HIV

Panel Purpose and Introduction (Greg Wilson)

- Understand the disproportionate impact of HIV/AIDS in the Black community.
- Support NBHAAD by embracing Black leaders, voices, perspectives and experiences.
- Highlight the importance of addressing HIV in the Black community beyond stigma.
- Have a meaningful dialogue on how we can end HIV in the Black community.

LOS ANGELES COUNTY COMMISSION ON HIV

Panel Objectives (Greg Wilson)

By the end of the panel discussion:

1. Identify specific strategies on how the Commission can support Black leaders and community stakeholders in their efforts to end HIV in the Black community.
2. Identify HIV prevention and treatment best practices in the Black community.
3. Identify specific strategies to reduce HIV stigma in the Black community.

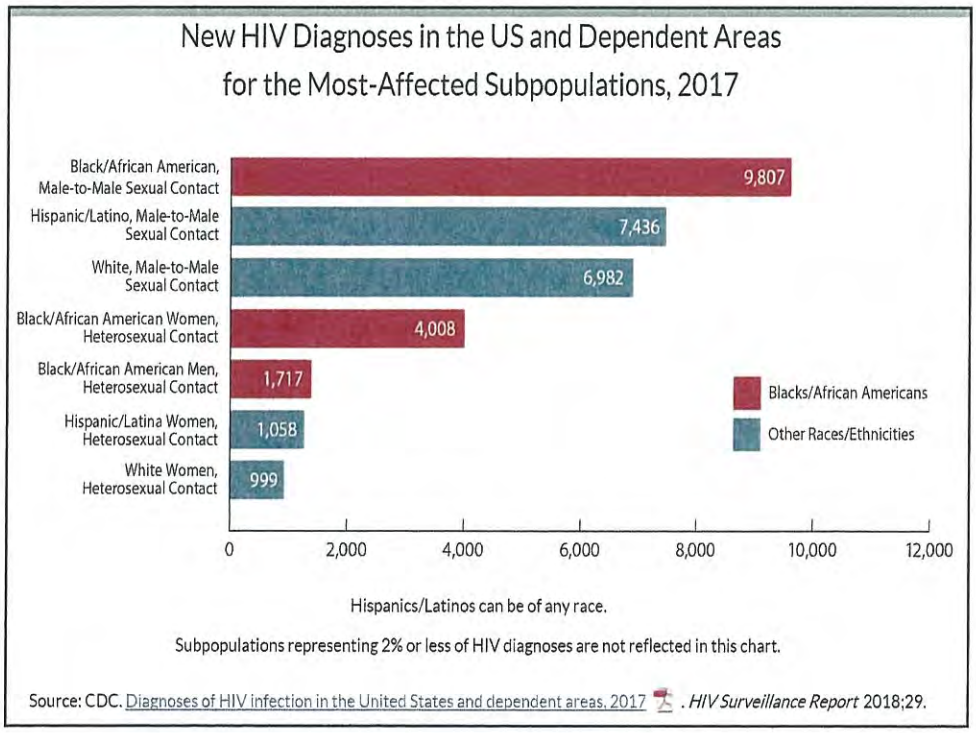
LOS ANGELES COUNTY COMMISSION ON HIV

Panelists (Greg Wilson)

- JavonTae Wilson, In the Meantime Men's Group, Lead HIV Tester, Vulnerable Populations Contract
- Alexander Luckie Fuller, Commissioner
- Dr. William King, Commissioner
- Traci Bivens-Davis, Commissioner

LOS ANGELES COUNTY COMMISSION ON HIV

NATIONAL AND LOCAL DATA


New HIV Diagnoses in the US and Dependent Areas
for the Most-Affected Subpopulations, 2017
Black/African American, Male-to-Male Sexual Contact
9,807
Hispanic/Latino, Male-to-Male Sexual Contact
7,436
White, Male-to-Male Sexual Contact
6,982
Black/African American Women, Heterosexual Contact
4,008
Black/African American Men, Heterosexual Contact
1,717
Hispanic/Latina Women, Heterosexual Contact
1,058
White Women, Heterosexual Contact
999
Blacks/African Americans
Other Races/Ethnicities
0
2,000
4,000
6,000
8,000
10,000
12,000
Hispanics/Latinos can be of any race.
Subpopulations representing 2% or less of HIV diagnoses are not reflected in this chart.
Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2017 . HIV Surveillance Report 2018;29.

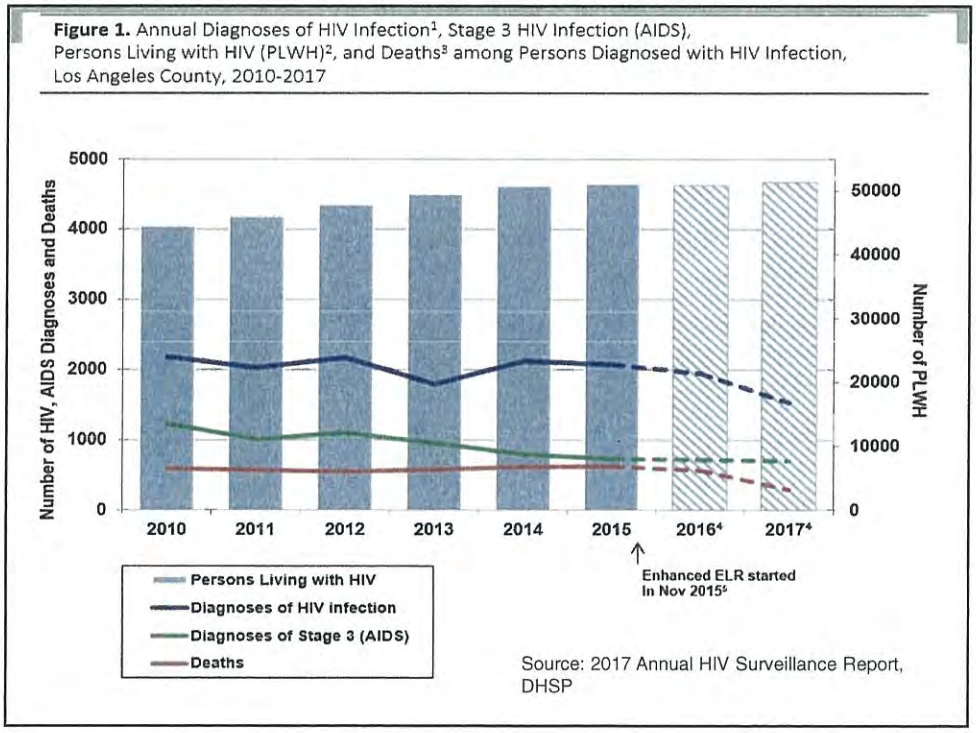
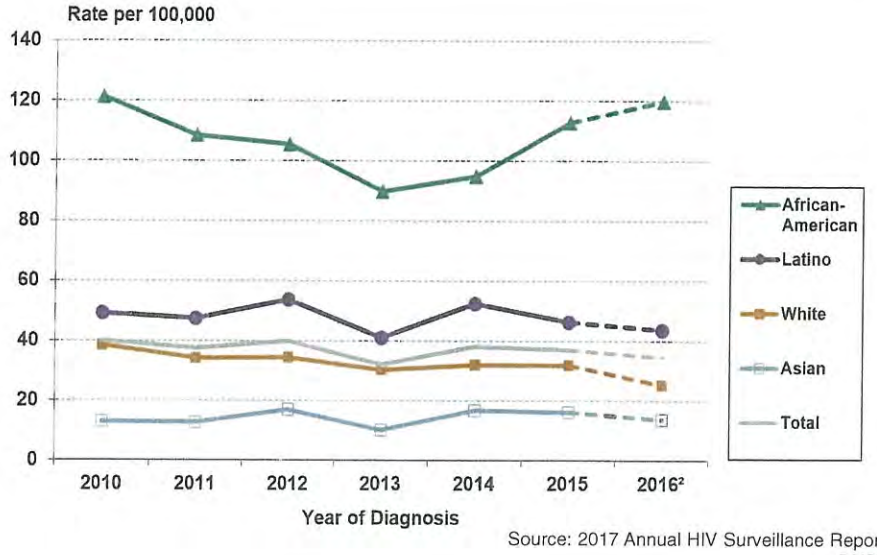


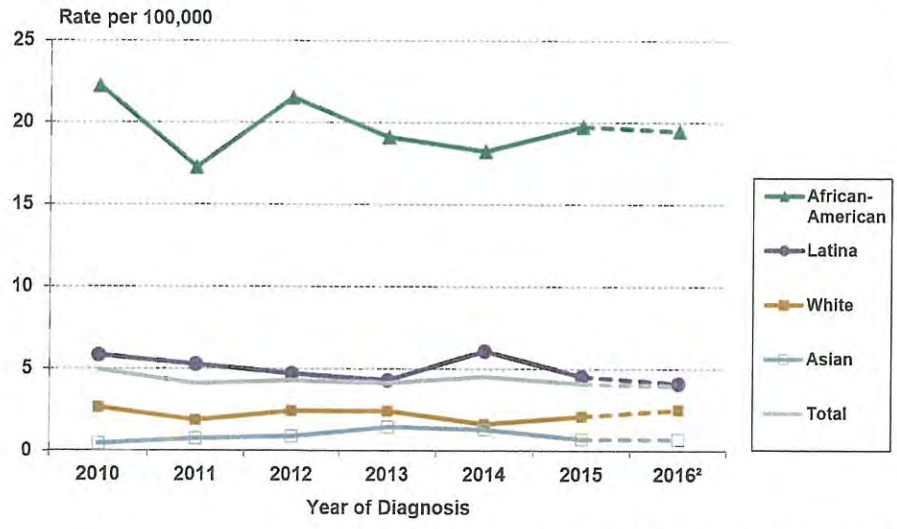
Figure 1. Annual Diagnoses of HIV Infection[1], Stage 3 HIV Infection (AIDS), Persons Living with HIV (PLWH)[2], and Deaths[3] among Persons Diagnosed with HIV Infection, Los Angeles County, 2010-2017
Number of HIV, AIDS Diagnoses and Deaths
5000
4000
3000
2000
1000
0
Number of PLWH
50000
40000
30000
20000
10000
0
2010
2011
2012
2013
2014
2015
2016[4]
2017[4]
Enhanced ELR started In Nov 2015[5]
Persons Living with HIV
Diagnoses of HIV infection
Diagnoses of Stage 3 (AIDS)
Deaths
Source: 2017 Annual HIV Surveillance Report, DHSP

Figure 4. Rates of HIV Diagnoses among Adult/Adolescent Males by Race/Ethnicity[1], Los Angeles County, 2010-2016



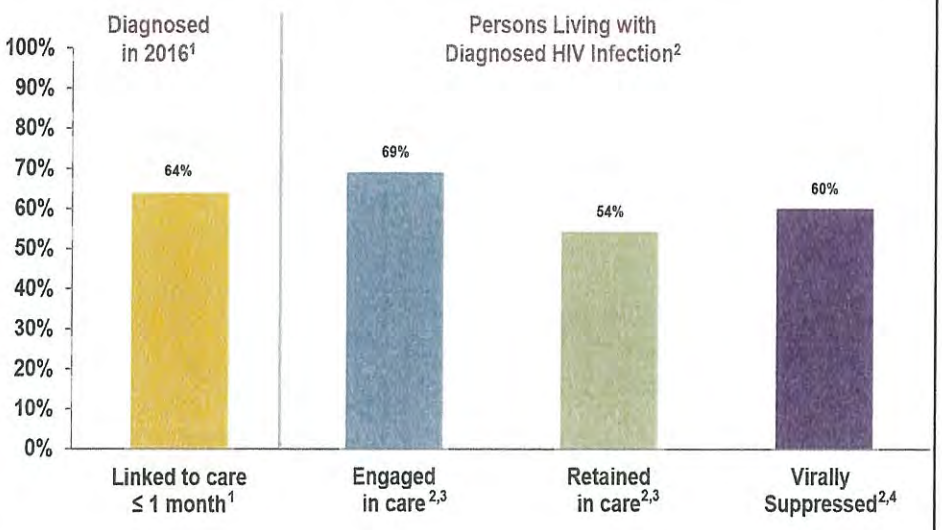
Source: 2017 Annual HIV Surveillance Report, DHSP

Figure 5. Rates of HIV Diagnoses among Adult/Adolescent Females by Race/Ethnicity[1], Los Angeles County, 2010-2016



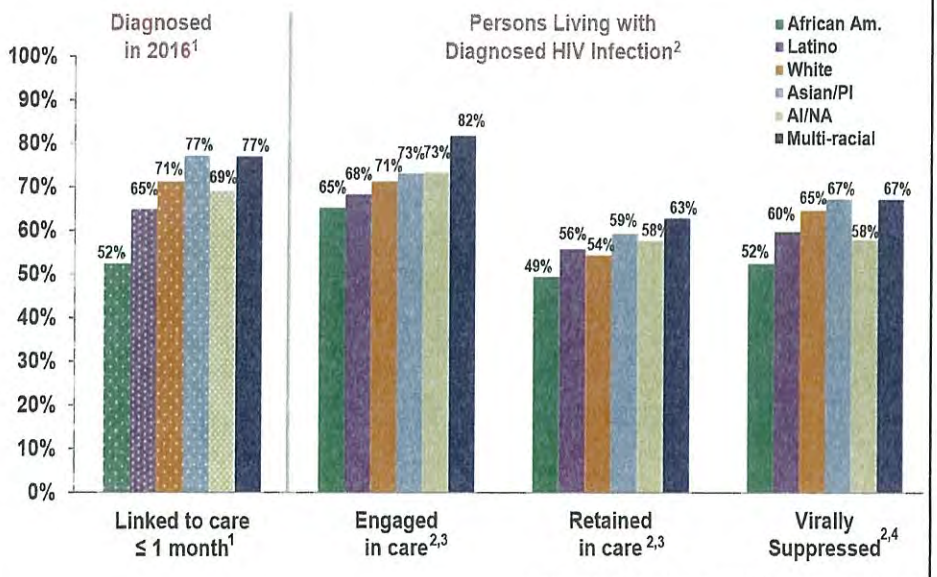
Source: 2017 Annual HIV Surveillance Report, DHSP

Figure 11. HIV Care Continuum, Los Angeles County, 2016



Source: 2017 Annual HIV Surveillance Report, DHSP

Figure 14. HIV Care Continuum by Race/Ethnicity, Los Angeles County, 2016



Source: 2017 Annual HIV Surveillance Report, DHSP

Questions for the Panelists

1. **What is your individual perception and what do you feel is the communities' perception of the state of HIV in the Black community in 2019?**
   - What is fueling the epidemic today?
   - How is it different than 10-15 years ago?
   - How does HIV stigma manifest and impact the African American community? How can we address?

Questions for the Panelists

2. **In your opinion, has the Black community grasped the significance or PrEP, PEP, and TasP as viable options to reducing the rates of HIV and eradicating HIV from our community?**
   - How do we increase PrEP uptake, HIV/STD testing, retention and viral suppression in the African American community?
   - What else need to happen in order to eliminate HIV health disparities in the African American community?

LOS ANGELES COUNTY COMMISSION ON HIV

Questions for the Panelists

3. In your opinion, where are the gaps and what are the barriers that are impeding our progress in outreaching to, educating and empowering the Black community to take note of the severity of the epidemic and taking ownership and responsibility of the solution?

- What do you believe is working right now?
- What else need to happen in order to eliminate HIV health disparities in the African American community?

LOS ANGELES COUNTY COMMISSION ON HIV

QUESTIONS & ANSWERS
FINAL THOUGHTS

LOS ANGELES COUNTY COMMISSION ON HIV

7. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

A. February 2019 Report

California Department of Public Health CDPH

OFFICE OF AIDS
California Department of Public Health

California Department of Public Health (CDPH), Office of AIDS (OA)
Monthly Report
February 2019

This report 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 OA website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final.pdf.

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

As of January 16, there are 150 PrEP-Assistance Program (PrEP-AP) enrollment sites covering 54 clinics that currently make up the PrEP-AP Provider Network. As of January 31, there are currently 1,139 clients enrolled in the PrEP-AP.

Clinical Provider Name	County	Number of clinics on contract
AIDS Healthcare Foundation	Alameda and San Francisco	2
Alameda Health System - Highland Hospital	Alameda	1
Asian Health Services	Alameda	1
East Bay AIDS Center (EBAC)	Alameda	1
Primary Care at Home, Inc.	Alameda	1
Clinicas de Salud del Pueblo	Imperial	4
Kern County Department of Public Health	Kern	1
APLA Health & Wellness	Los Angeles	3
Bartz - Altadonna Community Health Center	Los Angeles	1
City of Long Beach	Los Angeles	1
Dignity Health - St. Mary's Medical Center	Los Angeles	1
East Valley Community Health Center	Los Angeles	2
El Proyecto del Barrio, Inc. - Esperanza Clinic	Los Angeles	1
JWHC Institute, Inc.	Los Angeles	1
Los Angeles LGBT Center	Los Angeles	1
Men's Health Foundation	Los Angeles	1
Northeast Valley Health Corporation	Los Angeles	1
Planned Parenthood	Los Angeles	4
Saban Community Clinic	Los Angeles	1
St. John Well Child and Family Center	Los Angeles	1

Tarzana Treatment Centers, Inc.	Los Angeles	1
Watts Healthcare Corporation	Los Angeles	1
Desert AIDS Project, Inc.	Riverside	1
One Community Health	Sacramento	1
Regents UC San Diego Medical Center	San Diego	1
San Ysidro Health	San Diego	2
Vista Community Clinic	San Diego	1
Asian & Pacific Islander Wellness	San Francisco	1
HealthRIGHT360	San Francisco	4
San Francisco AIDS Foundation	San Francisco	1
UCSF 360 Positive Care	San Francisco	1
Community Action Partners	San Luis Obispo	2
County of San Luis Obispo Public Health Department	San Luis Obispo	2
Santa Rosa Community Health	Sonoma	1
West County Health Centers	Sonoma	4

Strategy B: Increase and Improve HIV Testing

OA has been instructed by the Centers for Disease Control and Prevention (CDC) to eliminate the use of oral fluid, also known as oral mucosal transudate, as a specimen for HIV screening or diagnosis using 18-1802 funding. While the CDC has not mandated a timeline for this elimination, OA is committed to working with its local health jurisdictions (LHJ) and other HIV testing stakeholders to determine a feasible timeline. As OA begins to develop a process for implementing this oral fluid specimen elimination effort, OA is soliciting comments on how this will affect state-wide HIV testing programs. OA will take these comments into consideration when developing its plan in collaboration with the CDC. Written comments may be addressed to Kama Brockmann at kama.brockmann@cdph.ca.gov by March 1, 2019.

Strategy D: Improve Linkage to Care

OA's HIV Prevention Branch, Transgender Health Specialist, Tiffany Woods, helped create two important documents in her previous position working on the 2012-2017, Health Resources and Services Administration Special Projects of National Significance (SPNS) Transgender Women of Color Linkage to Care Initiative. These documents are not only valuable for those working in the field with transgender women of color, but will also help inform OA when working with these communities, especially on linkage to care and reengagement to care activities.

1. Final Intervention Manual for The Brandy Martell Project that can be replicated in other communities. The manual includes Lessons Learned and Recommendations for Implementation. Tiffany was the author of this manual,

which is available on the TargetHIV website at www.targethiv.org/library/spns-transgender-women-color-initiative-manual.

2. Findings from the three Bay Area SPNS projects, published in June 2017 in *AIDS Care,* titled "Housing and income effects on HIV-related health outcomes in the San Francisco Bay Area – findings from the SPNS transwomen of color initiative". The conclusion of the local evaluation with 159 transgender women of color participants, a majority of whom were African-American and Latina was: unstable housing was the structural factor most consistently associated with poor health outcomes along the HIV care continuum and may explain engagement in other sources of income generation. Interventions are needed that go beyond the individual and health care-level to address needs for housing and economic opportunities to improve HIV care outcomes among transwomen of color living with HIV in the San Francisco Bay Area. Tiffany was a co-author of this article, which is available online at www.tandfonline.com/eprint/9J2tkmE3ie3iTgrtDXEW/full.

This update also addresses Strategy E: Improve Retention in Care.

Strategy F: Improve Overall Quality of HIV-Related Care

Kevin Sitter, Integrated Plan Implementation Specialist, Dr. Philip Peters, OA Medical Officer, and Matt Curtis, OA Harm Reduction Specialist, met with staff of the Kern County Public Health HIV Prevention and Care to review progress and trends in HIV Prevention and Care services in the county on January 24, 2019. In the afternoon, Kevin facilitated a meeting of the Getting to Zero Community Partnership, during which the group identified specific activities in three areas that the partnership wants to work on more specifically over the next year. The county/community collaboration is achieving the goals of increasing access to care and improving health outcomes for people living with HIV in California, and achieving a more coordinated statewide response to the HIV epidemic.

Kevin and staff from OA are available to assist with local Integrated Plan implementation and getting to zero efforts. Kevin Sitter may be contacted at Kevin.Sitter@cdph.ca.gov for additional information and to discuss program needs.

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

AIDS Drug Assistance Program (ADAP) Insurance Assistance Programs

As of January 31,2019, the following number of ADAP clients are enrolled in each respective ADAP Insurance Assistance Program:

ADAP Insurance Assistance Program	Number of Clients Enrolled
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	377
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	4,371
Medicare Part D Premium Payment (MDPP) Program	1,589
Total	6,337

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

- Matt Curtis met with staff and community members in Kern County on January 24, 2019, to discuss harm reduction opportunities and syringe service program assessment methods and opportunities. Ongoing collaboration will continue from this initial meeting.

- OA received a new application to certify a syringe services program. ALM Mission in Lake County proposes an outreach-based program serving homeless individuals in the city of Clearlake. The application is currently open for public comment, which respectively closes March 17, 2019.

- OA has a new toolkit designed to assist health departments expand syringe access through nonprescription syringe sale in pharmacies. This practice is especially useful in areas that have no syringe services programs, or where syringe services programs have limited scope or hours of operation. Nonprescription syringe sale in pharmacies can be used to inform people of available services, such as HIV or HCV testing, and treatment for opiate use disorder, and is especially critical in regions with high rates of opiate overdose.

- OA released a new fact sheet on fentanyl test strips (FTS) that summarizes public health evidence and the practical use of FTS as an overdose prevention tool. OA purchased more than 46,000 FTS in 2018 through the Syringe Programs Supplies Clearinghouse and has supported uptake of this approach by health departments in several other states and cities outside California.

General OA Updates

The CDPH, Center of Infectious Disease (CID), which OA is under, is pleased to announce that Dr. Marisa Ramos will once again serve as acting Chief of the Office of AIDS. Dr. Ramos previously served as acting Chief and will continue to work with CID to

ensure the work of OA continues. CID is working on finalizing the recruitment for a permanent Chief of OA and expect to make an announcement in the near future.

For questions regarding this report, please contact: angelique.skinner@cdph.ca.gov.

ADAP Enrolled Client Count by Month

Month	Health Insurance Premium Payment Program (HIPP)		Medicare Part D Premium Payment Program (MDPP)		Employer Based Health Insurance Premium Payment Program (EBHIPP)		PrEP-AP					
							PrEP-AP_Uninsured Clients		PrEP-AP_Insured Clients		PrEP-AP Total	
	# of served clients	% change from prior month	# of served clients	% change from prior month	# of served clients	% change from prior month	# of served clients	% change from prior month	# of served clients	% change from prior month	# of served clients	% change from prior month
Jan-18	2,650	-	1,248	-	-	-	-	-	-	-	-	-
Feb-18	3,844	45.06%	1,278	2.40%	-	-	-	-	-	-	-	-
Mar-18	3,942	2.55%	1,321	3.36%	-	-	-	-	-	-	-	-
Apr-18	4,047	2.66%	1,370	3.71%	-	-	3	-	-	-	-	-
May-18	4,102	1.36%	1,409	2.85%	2	-	13	333.33%	-	-	-	-
Jun-18	4,177	1.83%	1,474	4.61%	34	1600.00%	19	46.15%	5	-	24	-
Jul-18	4,285	2.59%	1,520	3.12%	125	267.65%	31	63.16%	10	100.00%	41	70.83%
Aug-18	4,439	3.59%	1,577	3.75%	223	78.40%	55	77.42%	17	70.00%	72	75.61%
Sep-18	4,524	1.91%	1,601	1.52%	290	30.04%	102	85.45%	28	64.71%	130	80.56%
Oct-18	4,575	1.13%	1,624	1.44%	335	15.52%	318	211.76%	89	217.86%	407	213.08%
Nov-18	4,729	3.37%	1,620	-0.25%	366	9.25%	559	75.79%	146	64.04%	705	73.22%
Dec-18	4,983	5.37%	1,617	-0.19%	396	8.20%	761	36.14%	224	53.42%	985	39.72%
Jan-19	5,316	6.68%	1,647	1.86%	417	5.30%	889	16.82%	264	17.86%	1,153	17.06%

Data source: ADAP Enrollment System
Run date: 2/1/2019

Notes:
1. Numbers of enrolled clients are provided in this table. Enrolled means clients had at least one day of program eligibility during the time frame.
2. Monthly data from January 2018 are provided in this table. Most of the recent new programs started in mid-2018.

Number of SVF work items							
Work item type	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**
SVF with changes	78	113	101	85	65	22	42
SVF without changes	496	989	858	838	856	497	1181
Total	574	1102	959	923	921	519	1223

Percentage of SVF work items								
Work item type	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	Average
SVF with changes	13.59%	10.25%	10.53%	9.21%	7.06%	4.24%	3.43%	8.33%
SVF without changes	86.41%	89.75%	89.47%	90.79%	92.94%	95.76%	96.57%	
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	

Data source: ADAP Enrollment System
Run date: 2/1/2019

Note: Data only include SVFs processed by ADAP Call Center, Data Processing and Eligibility Section.

ADAP Served Client Count by Year				
Fiscal Year	ADAP Medication Assistance		ADAP Insurance Assistance	
	# of served clients	% change from prior year	# of served clients	% change from prior year
1997-98	18,065	-	1	-
1998-99	19,167	6.10%	2	100.00%
1999-00	21,964	14.59%	1	-50.00%
2000-01	23,744	8.10%	2	100.00%
2001-02	24,102	1.51%	6	200.00%
2002-03	25,759	6.87%	26	333.33%
2003-04	27,491	6.72%	102	292.31%
2004-05	28,192	2.55%	217	112.75%
2005-06	31,120	10.39%	299	37.79%
2006-07	31,221	0.32%	338	13.04%
2007-08	32,842	5.19%	359	6.21%
2008-09	35,611	8.43%	350	-2.51%
2009-10	38,033	6.80%	253	-27.71%
2010-11	39,246	3.19%	214	-15.42%
2011-12	40,506	3.21%	1,751	718.22%
2012-13	40,051	-1.12%	2,556	45.97%
2013-14	36,047	-10.00%	3,140	22.85%
2014-15	31,859	-11.62%	3,579	13.98%
2015-16	27,957	-12.25%	3,673	2.63%
2016-17	27,979	0.08%	4,883	32.94%
2017-18	29,661	6.01%	6,677	36.74%

Data source: Pharmacy Benefit Manager's medication payment records, and insurance premium payme
Run date: one month after each fiscal year.

Notes:
1. Numbers of served clients are provided in this table. Served means clients picked up at least one me
2. Insurance Assistance includes all different program types (HIPP, MDPP, and EBHIPP).

8. LA COUNTY DEPARTMENT OF PUBLIC HEALTH REPORT:

A. Division of HIV/STD Programs (DHSP) Report:

1. Sexually Transmitted Disease in Los Angeles County: An Epidemiological and Programmatic Overview

9. STANDING COMMITTEE REPORTS:

A. Operations Committee:

1. Member Application for Karl Halfman, Office of AIDS **(MOTION #3)**

B. Standard and Best Practices (SBP) Committee:

1. Revised Medical Care Coordination (MCC) Standard of Care **(MOTION #4)**

and it can be mailed, e-mailed or picked up at the office. Similarly, the application and is available online from the Commission's website at http://hiv.lacounty.gov. Submit your application by mailing it to or dropping it off at: 3530 Wilshire Blvd, Suite 1140, Los Angeles, CA 90010.
Applications may be emailed to hivcomm@lachiv.org. Staff will verify receipt of all applications via email. After receiving the application, staff will review it for accuracy and completeness, and contact the applicant if there are any possible errors, sections needing clarification, and/or if there are any questions that emerge from the application. Once the application has been deemed to be "complete" (either after revisions have been made, if necessary, or none are needed), staff will contact the applicants to schedule an interview with members of the Operations Committee. If you have questions or need assistance with the application, please contact the Commission office at (213) 738-2816.

PART II: MEMBERSHIP APPLICATION FORM
Section 1: Contact Information

1. Name: Karl Halfman
   (Please print name as you would like it to appear in communications)
2. Organization: (if applicable) [redacted]
3. Job Title: [redacted]
4. Mailing Address: [redacted]
5. City: [redacted] State: [redacted] Zip Code: [redacted]
6. Provide address of office and where services are provided (if different from above):
   Mailing Address: _____
   City: _____ State: _____ Zip Code: _____
7. Tel.: [redacted] Fax: [redacted]
8. Email: [redacted]
   (Most Commission communications are conducted through email)
9. Mobile Phone #: (optional): _____

My signature below indicates that I will make every effort to attend all of the meetings and activities of the Commission, the committee to which I am assigned and related caucuses, task forces and working groups that I have joined voluntarily or that I have been asked to support. I will comply with the Commission's expectations, rules and regulations, conflict of interest guidelines and its code of conduct, consistent with all relevant policies and procedures. As the undersigned, I understand that governing legislation and/or guidance may be altered in the future, necessitating revision, modification, or elimination of specific Commission processes or practices—necessitating change with which I will be expected to comply as well. I further understand that sections of this application will be distributed publicly, as required by the Commission's Open Nominations Process and consistent with California's Ralph M. Brown Act. I affirm that the information herein is accurate to the best of my knowledge.

Signature: Karl Halfman 11/07/2018
Date

Karl Halfman
Print Name

LOS ANGELES COUNTY
COMMISSION ON HIV

MEDICAL CARE COORDINATION STANDARDS OF CARE

Executive Committee
January 24, 2019

SBP Approved 12/6/18

INTRODUCTION

Service standards outline the elements and expectations Ryan White service providers follow when implementing a specific service category. The purpose of the service standards is to ensure that all Ryan White service providers offer the same fundamental components of the given service category. The standards establish the minimal level of care that a Ryan White funded agency or provider may offer in Los Angeles County.

The Medical Care Coordination Services Standards of Care developed the Los Angeles County Commission on HIV to ensure people living with HIV (PLWH) receive coordinated medical and non-medical care regardless of where services are received in the County. The development of the Standards included review of and alignment with the *Guidelines for the Provision of HIV/AIDS Medical Care Coordination Services in Los Angeles County* and *Medical Care Coordination Services for Persons Living with HIV in Los Angeles County* (September 2017) from the Los Angeles County Department of Public Health - Division of HIV and STD Programs, as well as feedback from the Los Angeles County Commission on HIV – Standards & Best Practices Committee and experts in HIV treatment and care. All standards of care developed by the Commission on HIV align with the Universal Service Standards of Care approved by the Commission in April 2017.

CARE COORDINATION BACKGROUND

Care coordination is identified by the Institute of Medicine as a key strategy that has potential to improve the effectiveness, safety, and efficiency of the American health care system. Well-designed, targeted care coordination that is delivered to the right people can improve outcomes for everyone including patients, providers, and payers. Care coordination in the primary care practice involves deliberately organizing care activities and sharing information among all the participants concerned with patients' care to achieve safer and more effective care. The main goal of care coordination is to meet need and preferences pf patients in the delivery of high-quality, high-value health care (AHRQ, 2018)

Care coordination is an important linkage and retention strategy for PLWH. A systematic review of best practices in HIV care published from 2003 to 2013 showed two common themes: 1) the importance of linking newly diagnosed PLWH to care and 2) the role of integrated and comprehensive service in improving patient outcomes (Maina, G., et al, 2016).

MEDICAL CARE COORDINATION OVERVIEW

The Medical Care Coordination (MCC) model is an integrated service model that addresses patients' unmet medical and non-medical support needs (i.e. mental health, substance abuse, and housing) through coordinated case management activities to support continuous engagement in care and adherence to antiretroviral therapy. The Medical Care Coordination model aligns with the goals of the Los Angeles County HIV/AIDS Strategy, released by the Division of HIV and STD Programs in December 2017, of reducing annual infections to 500, increasing diagnoses to 90% and increasing viral suppression for people living with HIV to 90% by 2022. MCC services are provided by a team co-located in clinics across the County consisting of a Medical Care Manager, Patient Care Manager, Retention Outreach Specialist, and Case Worker(s).

Medical Care Coordination services include:

- Comprehensive assessment/reassessment
- Development and monitoring of an Integrated Care Plan
- Brief interventions
- Referrals
- Case conferences
- Patient retention services

The goals of medical care coordination include:

- Increase retention in HIV care
- Improve adherence to antiretroviral therapy (ART)
- Link patients with identified need to behavioral health, substance abuse, specialty care, and housing resources, and other support services
- Reduce HIV transmission through sexual risk reduction counseling and education

> The terms *mental health* and *behavioral health* are often used interchangeably. For the purposes of the Medical Care Coordination service standard, *mental health* is used and is intended to encompass a broad range of related diagnoses and services necessary to achieve optimal patient health outcomes.

All programs will use available standards of care to inform clients of their services and will provide services in accordance with legal and ethical standards. Maintaining confidentiality is critical and all programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

EVALUATION OF THE MEDICAL CARE COORDINATION MODEL

In 2017, the first comprehensive report on the implementation and evaluation of Medical Care Coordination (MCC) services was released by the Los Angeles County Department of Public Health – Division of HIV & STD Programs. The evaluation consisted of 1,204 patients enrolled in MCC in 2013 and demonstrated the success of the integrated service model. Key findings indicated that MCC was able to reach and serve vulnerable populations impacted by HIV, increase retention in HIV care, and increase viral suppression for patients. Given that there is minimal to no risk of transmitting HIV for patients that are able to achieve and maintain an undetectable viral load, the key findings align with LA County HIV/AIDS Strategy goals of increasing viral suppression to 90% and reducing annual infections to 500 by 2022.

In 2016, there were an estimated 60,946 persons living with HIV/AIDS with 1,881 newly diagnosed HIV cases in Los Angeles County. Of the 1,881 HIV cases that were newly diagnosed, 84% were men who have sex with men (MSM). HIV incidence is highest among MSM of color, young MSM (YMSM) ages 18-29, and transgender persons. Patients enrolled in MCC showed improvements in all health outcomes across all patient demographics and social determinants of health, particularly in those aged 16-24 years, transgender, uninsured and high/severe acuity. The evaluation results for MCC services demonstrates its effectiveness as an integrated medical and non-medical care program in improving health outcomes for people living with HIV, and was integral in the development of these Standards.

MEDICAL CARE COORDINATION MODEL

All patients receiving medical care in Ryan White-funded clinics are routinely screened for Medical Care Coordination based on clinical and psychosocial criteria. The patients who are identified as candidates

for MCC services or who are directly referred by their medical provider are then enrolled into the MCC program.

Physical co-location of the medical outpatient clinics and Medical Care Coordination programs and medical team is necessary and will be determined based on the needs of the program, the patient population, and the providers delivering the service. Medical Care Coordination programs must operate from a central location that serves as an administrative hub and primary program venue. Medical Care Coordination is an integrated approach to care, rather than a location where care is provided.

Medical Care Coordination teams are integrated into the medical home as part of the medical care team to ensure the Medical Care Manager, Patient Care Manager, Case Worker and Retention Outreach Specialist are able to work together and directly with the patient. The Medical Care Manager is responsible for the patient's clinical needs and will directly track and address all medical components of the Integrated Care Plan, which is developed by the MCC team and patient, for anyone eligible for the service. The Patient Care Manager will work with the Medical Care Manager to address the patient's psychosocial needs, and track and supervise these components of the Integrated Care Plan.

Case Workers are the liaison between HIV Counseling and Testing sites and the medical clinic to ensure that new patients are enrolled in medical care in a timely fashion. Case workers address the patient's socioeconomic needs and assists with patient monitoring and tracking outcomes. Depending on the size of the program and volume of patients, the program may employ additional case workers who are directly supervised by the care manager. In the case of a smaller program, the Medical and Patient Care Managers directly support all patients on an ongoing basis.

The retention outreach specialist will directly engage clients who are at-risk of falling out of care or are lost to care. The retention outreach specialist is responsible for reaching the patients through all available means of communication, including but not limited to phone calls, text messages, emails, physical mail, and street outreach to parks, food pantries, and shelters.

All members of the Medical Care Coordination team have a responsibility to serve as a contact to each patient for continued care and support. Care coordination programs may choose to engage additional providers for specific services (e.g., behavioral health, substance abuse,) or may establish comprehensive service agreements with such providers that will facilitate the program's access to those additional services. Memoranda of Understanding between the grantee and the provider/agency must be submitted to the Los Angeles County Department of Public Health - Division of HIV and STD Programs.

KEY SERVICE COMPONENTS

Medical Care Coordination services are patient-centered activities that focus on facilitating access to, utilization of, and engagement in primary health care services, as well as coordinating and integrating all services along the continuum of care for patients living with HIV. All Medical Care Coordination services should aim to increase the patient's sense of empowerment, self-advocacy and medical self-management, as well as enhance the overall health status of the patient. Programs must ensure patients are given the opportunity to ask questions and receive accurate answers regarding services provided by MCC staff and other professionals to whom they are referred. These discussions build the provider-patient relationship, serve to develop trust and confidence, and empower patients to be active partners in decisions about their health care. In addition, MCC services will be culturally and linguistically appropriate.

The overall emphasis of ongoing Medical Care Coordination services should be on facilitating the coordination, sequencing, and integration of primary health care, specialty care, and all other services in the continuum of care to achieve optimal health outcomes.

Medical Care Coordination services in Los Angeles County will include (at minimum):

- Comprehensive assessment/reassessment
- Integrated Care Plan
- Brief interventions
- Referrals, coordination of care, and linkages
- Case conferences
- Patient retention services

PATIENT ELIGIBILITY

Patient eligibility is determined at intake, which includes the collection of demographic data, emergency contact information, relative/significant other, and eligibility documentation. Although MCC is a Ryan White Program, patients do not need to be receiving Ryan White funded medical care to receive MCC services.

Ryan White Program eligibility includes individuals who:

- Reside in Los Angeles County
- Are age 12 years or older
- Have a household income equal to or below 500% Federal Poverty Level, and
- Are HIV-positive

An intake process, which includes registration and eligibility, is required for every patient's point of entry into the MCC service system. If an agency or other funded entity has the required patient information and documentation on file in the agency record or in the countywide data management system, further intake is not required. Patient confidentiality will be strictly maintained and enforced.

The client file will include the following information (at minimum):

- Date of intake
- Client name, mailing address and telephone number. For patients without an address, a signed affidavit declaring they are homeless should be kept on file.
- Written documentation of HIV status
- Proof of Los Angeles County residency
- Verification of financial eligibility for services
- Verification of medical insurance
- Emergency contact's name, home address and telephone number

Required Forms: Programs must develop the following forms in accordance with State and local guidelines.

- Release of Information (must specify what information is being released and to whom)
- Limits of Confidentiality (confidentiality policy)

- Consent to Receive Services
- Patient Rights and Responsibilities
- Patient Grievance Procedures
- Notice of Privacy Practices (HIPAA)

PATIENT ASSESSMENT/REASSESSMENT

The Medical Care Coordination assessment is the systematic and continuous collection of data and information about the patient and their need for Medical Care Coordination services. The assessment is a countywide standardized acute assessment tool and is used to identify and evaluate a patient's medical, physical, psychosocial, environmental and financial strengths, needs and resources. While the assessment helps guide discussion between the MCC team and the patient, and ensures specific domains are addressed, it is not exhaustive. The patient assessment and reassessments must be conducted collaboratively and in a coordinated manner by the Medical Care Manager and Patient Care Manager team. The medical information and medical assessment portions of the assessment and reassessment must be completed by the Medical Care Manager.

The comprehensive assessment determines the:

- Patient needs for treatment and support services, and capacity to meet those needs
- Integrated Care Plan
- Ability of the patient's social support network to help meet patient needs
- Involvement of other health and/or supportive agencies in patient care
- Areas in which the patient requires assistance in securing services

Patient acuity levels will be determined based on responses of the comprehensive assessment. Emergencies or medical and/or psychosocial crisis may require quick coordination decisions to mitigate the acute presenting issues before completing the entire intake/assessment. Acuity levels will be updated through reassessment dependent on patient need, but should be conducted annually at minimum.

The acuity levels are as follows:

- **Self-managed**: For patients presenting some need, but whose needs are easily addressed; refer to other Ryan White services.
- **Moderate acuity**: For patients presenting some need, but whose needs are relatively easily addressed;
- **High acuity**: For patients presenting the most complex and challenging needs; and
- **Severe acuity**: For patients presenting in crisis who require immediate, high frequency and/or prolonged contact.

INTEGRATED CARE PLAN

The Integrated Care Plan (ICP) is an individualized multidisciplinary service plan to be completed following the completion of the comprehensive assessment. The Integrated Care Plan is patient centered with the patient as an active participant in its development together with the Medical Care Manager and Patient Care Manager. The plan should be guided by needs identified by domains from the assessment, listed below, and additional information expressed to the MCC team.

Assessment domains are based on the following:

I. Health Status
II. Quality of Life/Self-Care
III. Antiretroviral Knowledge & Adherence
IV. Medical Access, Linkage and Retention
V. Housing
VI. Financial Stability
VII. Transportation
VIII. Legal Needs/End of Life Needs
IX. Support Systems and Relationships
X. Risk Behavior
XI. Substance use and Addiction
XII. Behavioral Health

In rare cases, due to the type of treatment, immediacy of services and/or their confidential nature (e.g., mental health, legal services), the ICP may be limited to referencing, rather than detailing, a specific treatment plan and/or the patient's agreement to seek and access those specific services.

PROGRESS NOTES/MONITORING PATIENT PROGRESS

ICP implementation and evaluation involve ongoing contact and interventions with, or on behalf of, the patient to ensure goals are addressed that work towards improving a patient's health and resolving psychosocial needs. Current dated and signed progress notes, detailing activities related to implementing and evaluating, will be kept on file in the patient record.

The following documentation is required (at minimum):

- Date, type, and description of all patient contact, attempted contact and actions taken on behalf of the patient
- Changes in the patient's condition or circumstances
- Progress made towards achieving goals identified in the ICP
- Barriers identified in reaching goals and actions taken to resolve them
- Current status, results, and barriers to linking referrals and interventions
- Time spent with, or on behalf of, the patient
- Care coordination staff's signature and professional title
- Follow up within one business day with patients who miss an MCC appointment. If follow-up activities are not appropriate or cannot be conducted within the prescribed time, care coordination staff will document reason(s) for the delay.
- Collaborating with the patient's other service providers for coordination and follow-up

BRIEF INTERVENTIONS

Brief interventions are short sessions that raise awareness of risks and motivates patient toward acknowledgement of an identified behavioral issue. The goal of the brief intervention is to help the patient see a connection between their behavior and their health and wellbeing. Based on the goals and objectives identified in the patient's ICP, MCC team members shall deliver brief interventions designed to promote treatment adherence and overall wellness for MCC patients. The brief interventions are not a substitute for long-term care for patients with a high level of need; referrals to more intensive care

may be warranted in those situations. For example, patients with severe or complex behavioral health needs should be referred to the appropriate specialist.
MCC intervention activities primarily focus on:

- Promoting Antiretroviral Therapy Adherence (ART)
- Risk Reduction Counseling
- Engagement in HIV care
- Behavioral Health

PATIENT SELF-EFFICACY AND CARE

MCC teams will teach patients and their caregiver's effective HIV disease self-efficacy skills to improve self-sufficiency health outcomes with attention to meeting the cultural needs and challenges of the patients. Staff will educate clientele and caregivers about maintaining an undetectable viral load will result in little to no risk of HIV transmission. MCC teams will educate and empower clients to interact effectively with all levels of service providers and to become increasingly informed and independent consumers.

REFERRALS

Programs providing Medical Care Coordination services will actively collaborate with other agencies to maximize their capacity to provide referrals to the full spectrum of HIV-related services. Programs must maintain a comprehensive list of service providers (both internal and external), for the full spectrum of HIV-related and other services. The MCC team should refer patients to appropriate services based on needs identified in the assessment and reassessment, and described in the Integrated Care Plan.

Programs will develop written protocols, or use existing agency protocol, for referring patients to other providers, networks and/or systems. Referrals must be tracked and monitored to ensure linkage to referrals are documented. MCC teams are responsible for working with patients to increase follow through in linking referrals.

CASE CONFERENCES

Multidisciplinary case conferences, formal and informal, are a critical component of Medical Care Coordination services and help integrate the MCC team into the medical care team. Case conferences convene a patient's MCC team and other key care providers (e.g. physician, nurse practitioner, physician assistant) to assess progress in meeting the needs identified in the patient's ICP and to strategize further responses.

Case conferences are an opportunity to address major life transitions and changes in health status for the patient with other members of the care team and should be conducted when possible. Programs are expected to convene case conferences based on patient need and acuity level.

Documentation of case conferences shall be maintained within each patient record and include:

- Date of case conference
- Names and titles of participants
- Medical and psychosocial issues and concerns identified
- Description of recommended guidance
- Follow-up plan

- Results of implementing guidance and follow-up

PATIENT RETENTION

Agencies or medical homes providing Medical Care Coordination services will develop and implement a plan that guides the agency's efforts to re-engage patients into care:

- Patients at the clinic who have fallen out of care
- Patients who are aware of their HIV status, but not in care ("unmet need")
- Patients at risk for falling out of care

Retention Outreach Specialists (ROS) are responsible for following up with patients that the MCC team has not been able to engage or re-engage through existing resources. This includes attempting to locate patients that have missed an HIV medical or MCC appointment. Locating patients may entail visiting the patient's last known address and/or sites of frequent socialization (e.g. food pantry, parks, community centers), contacting patients' other service providers, researching whether the patient is incarcerated, or other methods to bring the patient back into HIV care.

Retention Outreach Specialist will:

- Identify clinic patients not engaged in HIV medical care within the past 7 months.
- Work as an integral part of the medical care coordination (MCC) services team, including participating in team meetings.
- Act as liaison for clinic patients recently released from incarceration to ensure timely reengagement into HIV medical care.
- Work with out of care clinic patients to identify and address potential and/or existing barriers to engagement in medical care.
- Utilize motivational interviewing techniques to encourage patients to engage in and/or reengage into HIV medical care.

Programs will strive to retain patients in medical care coordination services. To ensure continuity of service and retention of patients, programs should follow existing agency specific policies regarding broken appointments. Follow-up may include telephone calls, written correspondence and/or direct contact. Programs will demonstrate due diligence through multiple efforts to contact patients by phone or by mail and document efforts in progress notes within the patient record. In addition, programs will develop and implement a contact policy and procedure to ensure that patients who are homeless or report no contact information are not lost to follow-up.

CASE CLOSURE

Case closure is a systematic process for disenrolling patients from Medical Care Coordination services. The process includes formally notifying patients of pending case closure and completing a case closure summary to be kept on file in the patient record. All attempts to contact the patient and notifications about case closure will be documented in the patient file, along with the reason for case closure. Note that cases often remain open, and should not be closed, so that the Retention Outreach Specialists can locate and rescreen patients.

Cases may be closed when the client:

- Relocates out of the service area
- Has had no direct program contact in the past six months
- Is ineligible for the service
- Discontinues the service
- Uses the service improperly or has not complied with the client services agreement
- Is deceased
- No longer needs the service

When appropriate, case closure summaries will include a plan for continued success and ongoing resources to potentially be utilized. At minimum, case closure summaries will include:

- Date and signature of both the Medical and Patient Care Managers
- Date of case closure
- Status of the Integrated Care Plan
- Status of primary health care and support service utilization
- Referrals provided
- Reasons for disenrollment and criteria for reentry into services

STAFFING REQUIREMENTS AND QUALIFICATIONS

Individuals on the Medical Care Coordination team must be in good standing and hold all required licenses, registration, and/or degrees in accordance with applicable State and federal regulations as well as requirements of the Los Angeles County Department of Public Health, Division of HIV & STD Programs. At minimum, all Medical Care Coordination staff will be able to provide timely, linguistically and culturally competent care to people living with HIV. Medical Care Coordination staff will complete orientation through their respective hiring agency, including a review of established programmatic guidelines, and supplemental trainings as required by the Los Angeles County Department of Public Health, Division of HIV and STD Programs. Staff should also be trained by their agency on patient confidentiality and HIPAA regulations, and de-escalation techniques. It is recommended that Medical Care Coordination teams across agencies convene at least once a year to discuss best practices, outcomes, and exchange ideas on how to best provide patient care through MCC.

The minimum requirements for MCC staff are:

- **Medical Care Manager** must possess a valid license as a registered nurse (RN) in the state of California.
- **Patient Care Manager** must possess a Master's degree in one of these disciplines: Social Work, Counseling, Psychology, Marriage and Family Counseling, and/or Human Services.
- **Case Worker(s)** must possess a Bachelor's degree in Nursing, Social Work, Counseling, Psychology, Human Services; OR possess a license as a vocational nurse (LVN), or have demonstrated experience working in the HIV field.
- **Retention Outreach Specialist** shall possess the following requirements: 1) Experience in conducting outreach to engage individuals; and 2) Shall have good interpersonal skills; experience providing crisis intervention; knowledge of HIV risk behaviors, youth development, human sexuality, or substance use disorders; ability to advocate for clients; and be culturally and linguistically competent.

TRANSLATION/LANGUAGE INTERPRETERS

Federal and State language access laws (Title VI of the Civil Rights Act of 1964 and California's 1973 Dymally-Alatorre Bilingual Services Act) require health care facilities that receive federal or state funding to provide competent interpretation services to limited English proficiency patients at no cost, to ensure equal and meaningful access to health care services. MCC staff must develop procedures for the provision of such services, including the hiring of staff able to provide services in the native language of limited English proficiency patients and/or staff reflective of the population they serve.

TABLE: MEDICAL CARE COORDINATION SERVICES STANDARDS

STANDARD	DOCUMENTATION
PATIENT ELIGIBILITY	
Eligibility determined by provider	Patient file includes: • Los Angeles County resident • Age 12 years or older • Household income equal to or below 500% FPL • HIV status
Required forms are discussed and completed	Signed and dated forms: • Release of information • Limits of confidentiality • Consent to receive services • Rights and Responsibilities • Grievance procedures • Notice of privacy practices (HIPAA)
PATIENT ASSESSMENT/REASSESSMENT	
Acuity level assigned to patient based on assessment results	Completed tool kept on file in patient record. Patient acuity level assigned as: • Self-managed • Moderate • High • Severe
Reassessments are conducted based on patient need, but annually at minimum to update patient acuity.	Program monitoring and reassessment on file
Patients unable to actively participate in Medical Care Coordination services will be referred to home-based case management, skilled nursing, psychiatric services, or hospice care	Documentation of linked referral on file in patient record
INTEGRATED CARE PLAN	
Integrated Care Plan will be developed collaboratively with the patient within 30 days of completing the assessment	Integrated Care Plan on file includes: • Patient Name • Patient Care Manager (PCM) Name • Medical Care Manager (MCM) Name • Date and patient signature • Date and PCM and MCM (Care Team) signatures

PROGRESS NOTES/MONITORING PATIENT PROGRESS	
MCC team will monitor: • Implementation of Integrated Care Plan (ICP) and progress made toward achieving goals • Changes in the patient's condition or circumstances • Lab results • Adherence to medication • Completion of referrals • Delivery of brief interventions • Barriers to care and engagement	Progress notes on file include: • Date, type, and description of all patient contact, attempted contact and actions taken on behalf of the patient • Changes in the patient's condition or circumstances • Progress made toward achieving goals • Barriers to reaching goals and actions taken to resolve them • Current status and results of recommended referrals • Current status and results of recommended interventions • Time spent with the patient • Care Team signatures
BRIEF INTERVENTIONS	
Brief interventions may focus on: • Promoting Antiretroviral Therapy Adherence (ART) • Risk Reduction Counseling • Engagement in HIV care • Behavioral Health	Documentation of recommended interventions in progress notes
PATIENT SELF-EFFICACY AND CARE	
MCC Team will educate patients on the importance of maintaining an undetectable viral load, the importance of adhering to care, and increase their capacity to engage their own care	Documentation of education on file in patient record
REFERRALS	
MCC team will provide referrals as needed based on assessment and reassessments. Agency or medical care home will maintain a comprehensive list of providers for full spectrum HIV-related and other service referrals	Identified resources for referrals at provider agency (e.g. lists on file, access to websites)
If needed, engage additional providers for specific support services (e.g. behavioral health, substance abuse)	Memoranda of Agreement (MOU) on file
CASE CONFERENCES	
MCC team will convene case conferences, formal and informal, to ensure coordination of care for patient	Documentation on file includes: • Date • Name/Titles of participants • Identified medical and psychosocial issues and concerns • Description of recommended guidance • Follow-up plan • Results of implemented guidance

PATIENT RETENTION	
Agency or medical home will develop procedures or follow existing agency-specific policies to work with patients: • At the clinic who have fallen out of care • Who are aware of HIV status, but not in care • At risk for falling out of care	Documentation of attempted patient contact on file
CASE CLOSURE	
MCC team will follow up with patients who have missed appointments and may be pending case closure	Number of attempts to contact and mode of communication documented in patient file
Cases may be closed when the patient: • Relocates out of the service area • Has had no direct program contact in the past six months • Is ineligible for the service • Discontinues the service • Uses the service improperly or has not complied with the client services agreement • Is deceased • No longer needs the service	Justification for case closure documented in patient file
STAFFING REQUIREMENTS	
Medical Care Coordination (MCC) team will include: • Medical Care Manager • Patient Care Manager • Case Worker(s) • Retention Outreach Specialist	Documentation of required licenses on file: • Medical Care Manager: RN license in State of CA • Patient Care Manager: Master's degree in Social Work, Counseling, Psychology, Marriage and Family Counseling, and/or related Human Services field • Case Worker(s): Bachelor's degree in Nursing, Social Work, Counseling, Psychology, Human Services OR possess a license as a vocational nurse (LVN) OR have demonstrated experience working in the HIV field • Retention Outreach Specialist: 1) Experience in conducting outreach to engage individuals; and 2) Shall have good interpersonal skills; experience providing crisis intervention; knowledge of HIV risk behaviors, youth development, human sexuality, or substance use disorders; ability to advocate for clients; and be culturally and linguistically competent.
TRANSLATION/LANGUAGE INTERPRETERS	
MCC Programs will develop, or utilize existing agency-specific, policies to provide interpretation services to patients at no cost	Policies on file at agency

ACKNOWLEDGEMENTS

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Content Expert Reviewers

Daisy Martinez
El Proyecto del Barrio – Esperanza Clinic

Deborah Owens Collins
City of Long Beach Health Department

Julie Garcia
Venice Family Clinic – Common Ground

LaShonda Spencer
LAC+USC Medical Center

Noah Kaplan
The Los Angeles LGBT Center

Norma Franco Perez
Harbor UCLA Medical Center

Phil Curtis
APLA Health

Rosalynd Williams
Watts Healthcare Corporation

Standards & Best Practices Committee Members

Joseph Cadden, MD *Co-Chair*
Ace Robinson, MPH *Former Co-Chair and Commissioner*
Bradley Land
Erika Davies
Felipe Gonzalez
Kevin Stalter
Wendy Garland, MPH

REFERENCES

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DEFINITIONS AND DESCRIPTIONS

Assessment is a cooperative and interactive face-to-face interview process during which the patient's medical, physical, psychosocial, environmental and financial strengths, needs and resources are identified and evaluated.

Intake determines a person's eligibility for Medical Care Coordination services.

Medical Care Coordination (MCC) integrates the efforts of medical and social service providers by developing and implementing an integrated care plan.

Medical Care Managers will be licensed RNs and be responsible for the patient's clinical needs and will directly track and address all medical components of the Integrated Care Plan.

Retention Outreach Specialists promote the availability of and access to Medical Care Coordination services to service providers and patients at higher risk of falling out of continuous care or are lost to care.

Patient Care Managers will hold a Master's degree in social work (MSW) or related degree (e.g., psychology, human services, counseling) and are responsible for the patient's psychosocial needs ad will track, address and or supervise these components of the Integrated Care Plan.

Case Workers must possess either a Bachelor's degree in Nursing (BSN), Social Work, Counseling, Psychology, Marriage and Family Counseling (requires a Master's degree), Human Services, a license as a vocational nurse (LVN) or demonstrated experience working in the HIV field. Case workers address the patient's socioeconomic needs and assists with patient monitoring and tracking outcomes. Case Workers are the liaison between HIV Counseling and Testing sites and the medical clinic to ensure that new patients are enrolled in medical care in a timely fashion.

Reassessment is a periodic assessment of a patient's needs and progress in meeting the objectives as established within the Integrated Care Plan.

Case closure is a systematic process of disenrolling patients from active Medical Care Coordination.

16. ANNOUNCEMENTS

Los Angeles
Pacific AIDS Education and Training Center

AETC Pacific — AIDS Education & Training Center Program

LAST TUESDAY TRAINING

Integrating Gender and Sexual Orientation into Inclusive Client-Centered Care

February 26, 2019
9:00am-10:30am

Please arrive 10-15 minutes early to sign in

LOCATION:

Charles Drew University
COBB Building Boardroom 281
1731 East 118th
Los Angeles, CA 90059

Blue and Green Metro Lines

Parking
Free Parking at CDU structure on 118th St
Parking Lot Address: 1740 E. 118th St
Los Angeles CA 90059

- This is a **FREE** training
- This course is geared towards medical professionals who work with HIV+ patients.
- **1.5 CEs** available for LCSWs, MFTs and RNs
- Certificates of completion available to all participants and provided immediately at the end of training.
- For disability accommodations or to submit grievances please contact Kevin-Paul at:

kevinpaul@HIVtrainingCDU.org

For more information:
Kevin-Paul Johnson, CDU PAETC
kevinpaul@HIVtrainingCDU.org

Facilitated by

Erika Alfaro, MPH
CBA Advisor, Housing

Bennett Reagan
CBA Advisor

SHARED ACTION HD

REGISTER ONLINE:

https://tinyurl.com/InclusiveClient-CenteredCare

By the end of this training participants will be able to:

- Define sexuality, gender expression, and gender identity.
- Self-reflect how bias and micro-aggression can impact Health and relationship building.
- Utilize self-managing techniques to provide client centered care.

Continuing LCSW and MFT Education Credit. Courses meet the qualifications for 1.5 Hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences. Provider #PCE 128280.

Continuing Nursing Education Credit. These courses are approved for 1.5 Contact Hours by the California Board of Registered Nursing. Provider #15484. *Pharmacists registered in CA may use BRN CEs as per their governing board.

The LA PAETC Last Tuesday HIV Training Series is a free event for providers who serve patients living with HIV.

TRANSCANWORK + ST. JOHN'S TRANSGENDER HEALTH PROGRAM'S

FIRST EVER SOUTH LOS ANGELES

TRANSGENDER JOB FAIR

TRANSCEND

A CAREER FAIR FOR THE TRANSGENDER COMMUNITY

WEDNESDAY, MARCH 13TH 2019 | 1PM-4PM

Los Angeles Trade-Tech College

400 W. Washington Blvd Los Angeles, CA 90015

OVER 60 EMPLOYERS INCLUDING

Paramount Pictures | Anschutz Entertainment Group
Center Theater Group | CA LGBT Arts Alliance
Starbucks | Vintage Grocers | UCLA
AIDS Healthcare Foundation | The Trevor Project

And More!

RSVP at: http://bit.ly/TransJobFair

Free Lunch & Validated Parking Provided | Contact: JHill@wellchild.org

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TransCanWork
California Trans Workplace Project
www.TransCanWork.org

St. John's Well Child & Family Center
LEADING CHANGE THROUGH HEALTH
WWW.WELLCHILD.ORG WELLCHILDORG

Vernon-Central/LATTC
WorkSource Center
A proud partner of America's Job Center of California™ Network
Operated by
LOS ANGELES TRADE-TECH LATTC A Community College

CRCD COALITION for RESPONSIBLE COMMUNITY DEVELOPMENT

LOS ANGELES LGBT CENTER®

FORWARD FOR 50

WEHO FOCUS GROUP

Are you a West Hollywood Community member? If you live in West Hollywood, own property, own a business, or attend school, we want to hear from you!

Please join us for lunch and a discussion about LGBT Senior Services.

WEDNESDAY, FEBRUARY 20

12:30 P.M. | Event #0203

RSVP to 323-860-5830
seniors@lalgbtcenter.org

The Village at Ed Gould Plaza
1125 N. McCadden Place
Los Angeles, 90038

WEST HOLLYWOOD

The LA County Commission on HIV is pleased to announce HIV Connect, an online tool for community members and providers looking for resources on HIV and STD testing, prevention and care, service locations, and housing throughout LA County.