



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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# EXECUTIVE COMMITTEE

## Virtual Meeting

Thursday, September 23, 2021

1:00pm -3:30pm(PST) *\*extended time*

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

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## PUBLIC COMMENTS

**Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide live public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing PUBLIC COMMENT in the Chat box.** For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

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LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

Thursday, September 23, 2021 @ 1:00 P.M.– 3:30 P.M. *\*extended meeting*

To Join by Computer, please Register at:

<https://tinyurl.com/asrj2xt>

*\*link is for non-Committee members + members of the public*

To Join by Phone: +1-415-655-0001

Access code: 2597 925 6899

Executive Committee Members:			
Bridget Gordon, Chair	Erika Davies	Kevin Donnelly	Lee Kochems, MA
Carlos Moreno	Katja Nelson, MPP	Frankie Darling- Palacios	Mario J. Pérez, MPH
Juan Preciado	Kevin Stalter	Justin Valero, MPA (Exec, At large)	
<b>QUORUM:</b>	<b>6</b>		

AGENDA POSTED: September 17, 2021 (Revisions Posted September 21, 2021)

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

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission office at (213) 738-2816 or via email at [hivcomm@lachiv.org](mailto:hivcomm@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 la oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a [hivcomm@lachiv.org](mailto:hivcomm@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 at 510 S. Vermont Ave. 14<sup>th</sup> Floor, one building North of Wilshire on the eastside of Vermont just past 6<sup>th</sup> Street. Validated parking is available.

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

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

Call to Order, Introductions, and Conflict of Interest Statements 1:00 P.M. – 1:03 P.M.

#### **I. ADMINISTRATIVE MATTERS**

- |    |                             |                  |                       |
|----|-----------------------------|------------------|-----------------------|
| 1. | Approval of Agenda          | <b>MOTION #1</b> | 1:03 P.M. – 1:05 P.M. |
| 2. | Approval of Meeting Minutes | <b>MOTION #2</b> | 1:05 P.M. – 1:07 P.M. |

#### **II. PUBLIC COMMENT** 1:07 P.M. – 1:10 P.M.

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

#### **III. COMMITTEE NEW BUSINESS ITEMS** 1:10 P.M. – 1:13 P.M.

4. Opportunity for Committee 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.

#### **IV. REPORTS**

- |    |  |                       |
|----|--|-----------------------|
| 5. | <b>Executive Director's/Staff Report</b>                               | 1:13 P.M. – 1:30 P.M. |
|    | A. Commission/County Operational Updates                               |                       |
|    | • Preparation for Brown Act In-Person Meetings                         |                       |
|    | B. November 18, 2021 Annual Meeting Planning                           |                       |
|    | C. HealthHIV Assessment of COH Effectiveness   Final Report & Analysis |                       |

- 6. Co-Chair's Report** 1:30 P.M. – 1:50 P.M.
- A. "So You Want to Talk About Race?" Book Reading Activity
    - **(1) Two Minute "Excerpt"** from Chapters 12-13
    - Brief 5 Minute Discussion
  - B. COH Co Chair Open Nominations | Elections: October 14, 2021
  - C. Holiday Meeting Schedule (November-December 2021)
  - D. September 9, 2021 COH Meeting | FOLLOW UP + FEEDBACK
  - E. October 14, 2021 (Draft) COH Meeting Agenda | REVIEW + FEEDBACK
  - F. Ending the HIV Epidemic (EHE) COH Leads Report | UPDATES
  - G. Black African American Community (BAAC) Task Force | UPDATES
- 7. Division of HIV and STD Programs (DHSP) Report** 1:50 P.M. – 2:05 P.M.
- A. Fiscal, Programmatic and Procurement Updates
    - (1) Ryan White Program (RWP) Parts A & B | UPDATES
    - (2) 2020-2021 Fiscal | UPDATES
- 8. Standing Committee Reports** 2:05 P.M. – 2:30 P.M.
- A. Operations Committee
    - (1) 2021 Renewing Member Application | Ernest Walker Seat #47 **MOTION #3**
    - (2) New Member Application | Greg Wilson **MOTION #4**
    - (3) Quarterly Attendance Report | Updates
      - Involuntary Leave of Absences
      - Seat Vacate – Tony Spears **MOTION #5**
  - B. Planning, Priorities and Allocations (PP&A) Committee
    - (1) Ryan White Part A Program Year PY 33 and PY 34 Service Category Rankings
    - (2) Ryan White Part A Program Year PY 33 and PY 34 Service Category Funding Allocations
  - C. Standards and Best Practices (SBP) Committee
    - (1) Substance Use and Residential Treatment Standards | PUBLIC COMMENT
    - (2) Benefit Specialty Service Standards | REVIEW
  - D. Public Policy Committee
    - (1) County, State and Federal Policy and Legislation
      - 2021 Legislative Docket | UPDATES
      - COH Response to the STD Crisis | UPDATES
    - (2) County, State and Federal Budget
- V. PRESENTATION**
- 9. Alliance for Health Integration (AHI) Priorities** 2:30 P.M. – 3:00 P.M.
- Jaclyn Baucum, Chief Operation Officer, AHI, County of Los Angeles
- VI. REPORTS**
- 10. Caucus, Task Force, and Work Group Reports:** 3:00 P.M. – 3:15 P.M.
- A. Aging Task Force | October 5 @ 1-3PM
  - B. Consumer Caucus | October 14, 2021 @ 3:00-4:30PM
  - C. Prevention Planning Workgroup | October 27, 2021 @ 5:30-7PM
  - D. Transgender Caucus | September 28, 2021 @ 10am-12PM
  - E. Women's Caucus | October 18, 2021 @ 2-4PM

**VII. NEXT STEPS**

11. A. Task/Assignments Recap 3:15 P.M. – 3:20 P.M.  
B. Agenda development for the next meeting 3:20 P.M. – 3:25 P.M.

**VIII. ANNOUNCEMENTS**

3:25 P.M. – 3:30 P.M.

12. A. Opportunity for members of the public and the committee to make announcements

**IX. ADJOURNMENT**

3:30 P.M.

13. A. Adjournment for the meeting of September 23, 2021.

PROPOSED MOTION(s)/ACTION(s):	
<b>MOTION #1:</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2:</b>	Approve the Executive Committee minutes, as presented or revised.
<b>MOTION #3:</b>	Approve Renewal Membership Application for Ernest Walker (Seat #47), as presented or revised
<b>MOTION #4:</b>	Approve New Member Application for Greg Wilson, as presented or revised.
<b>MOTION #5:</b>	Approve to vacate seat for Tony Spears, as presented or revised



## LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748

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

### CODE OF CONDUCT

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

**All participants and stakeholders should adhere to the following:**

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

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



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 8/19/21

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

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



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



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

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

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

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



# LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Avenue, 14th Floor, Los Angeles CA 90020 • TEL (213) 738-2816  
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*Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.  
Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.*

## EXECUTIVE COMMITTEE MEETING MINUTES

August 27, 2021

COMMITTEE MEMBERS			
P = Present   A = Absent			
Bridget Gordon, Co-Chair	P	Carlos Moreno	P
David Lee, MPH, LCSW, Co-Chair	P	Katja Nelson, MPP	P
Frankie Darling-Palacios	A	Mario J. Pérez, MPH	P
Erika Davies	P	Juan Preciado	A
Kevin Donnelly	P	Kevin Stalter	A
Lee Kochems, MA	P	Justin Valero, MA	EA
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPA; Carolyn Echols-Watson, MPA; Jose Rangel-Garibay, MPH and Sonja D. Wright, BA, MSOM, LAc, Dipl. OM, PES			
DHSP STAFF			
Julie Tolentino, MPH			

\*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

\*Members of the public may confirm their attendance by contacting Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

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

**Meeting agenda and materials can be found on the Commission's website at**  
<http://hiv.lacounty.gov/LinkClick.aspx?fileticket=xSyEfWQPUB4%3d&portalid=22>

### CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Bridget Gordon and David Lee, Co-Chairs, called the meeting to order at 1:03PM, led introductions, reviewed housekeeping reminders and Code of Conduct.

### I. ADMINISTRATIVE MATTERS

#### 1. APPROVAL OF AGENDA

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

#### 2. APPROVAL OF MEETING MINUTES

**MOTION #2:** Approve the July 22, 2021 Executive Committee Meeting Minutes, as presented (✓ Passed by Consensus)

### II. PUBLIC COMMENT

- 3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION.** *There were no public comments.*

**III. COMMITTEE NEW BUSINESS ITEMS**

- 4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA:**

Kevin Donnelly requested to add the Comprehensive HIV Plan (CHP) under the Planning, Priorities and Allocations (PP&A) report as a standing item beginning at the October Executive Committee meeting. PP&A will lead the development of the CHP, in collaboration with DHSP. The plan must be submitted to federal funders in December 2022.

**V. REPORTS**

- 5. EXECUTIVE DIRECTOR/STAFF REPORT**

**A. Commission/County Operational Updates**

Cheryl Barit reminded the Committee that the Commission has now moved into their new offices at 510 S. Vermont Ave effective August 6. Additionally, she reminded the Committee that per Governor Newsom's lifting of Executive Orders related to the Brown Act, the Commission will resume in-person meetings beginning in October. The full Commission and Committees will meet in-person, with an option for the public and Commissioners to attend via videoconference. Caucuses, workgroups and taskforces will continue to meet via WebEx. She noted that Commissioners who wish to join remotely must comply with the Commission's Teleconference Policy. A detailed memo will be forthcoming.

C. Barrit requested that the Executive Committee consider keeping the October full Commission meeting short and to refrain from scheduling any presentations to allow time for members to ease into meeting in-person and acknowledge the anxieties some members may be feeling after over a year and a half of meeting remotely.

**B. November 18, 2021 Annual Meeting Planning**

C. Barrit went over the list of possible topics suggested by Commissioners and staff for the Annual Meeting. She requested that the Committee provide feedback on their top 2 choices from the list to help staff begin to reach out to potential speakers.

**C. HealthHIV Assessment of COH Effectiveness | Final Report & Analysis**

C. Barrit went over a document in the meeting packet which outlined recommended action steps for addressing the findings from the planning council effectiveness assessment conducted by HealthHIV. She reported that she provided the same document and overview to the Operations Committee and will continue to work with the various Committees to use the results of the assessment to refocus workplans for 2022. Most of the recommendations will fall under the purview of the Operations Committee.

**6. CO-CHAIR'S REPORT**

David Lee reported that he will be stepping down as Co-Chair but will remain on the Commission. He indicated that he has been accepted in a doctoral program and will need to focus on work and his academic commitments. Several Executive Committee members thanked D. Lee for his leadership and appreciated that he has decided to remain on the Commission.

C. Barrit noted that nominations for Co-Chairs will occur at the September meeting, with elections to be held the October meeting.

**A. "So You Want to Talk About Race?" Book Reading Activity**

B. Gordon led the group in a reading of excerpts from chapters 10 and 11. She encouraged members to continue reflecting on the readings as the circumstances described in the book have real intersections and implications for the HIV movement.

**B. August 12, 2021 COH Meeting | FOLLOW UP + FEEDBACK** *No feedback/comments.*

**C. September 9, 2021 (Draft) COH Meeting Agenda | REVIEW + FEEDBACK** *No feedback/comments.*

**D. Ending the HIV Epidemic (EHE) COH Lead Report | UPDATES** *No new information reported.*

**E. Black African American Community (BAAC) Task Force | UPDATES**

B. Gordon reported that the work of the BAAC will continue with the Black/African American members of the Commission who will assume the work related to the priorities identified by the Task Force.

**7. DIVISION OF HIV AND STD PROGRAMS (DHSP)**

**A. Fiscal, Programmatic and Procurement Updates**

(1) Ryan White Program (RWP) Parts A & B | UPDATES

Mario Perez reported that DHSP staff are busy working on the Ryan White Part A application in addition to multiple reports and deliverables for the Health Resources Services Administration (HRSA) and the Centers for Disease Control and Prevention.

(2) 2020-2021 Fiscal | UPDATES

M. Perez reported that DHSP provided the 2020-2021 fiscal update at the August 24 PP&A Committee meeting to help inform their decisions around the Program Year 32 service rankings and funding allocations. He is prepared to provide additional information under the PP&A Co-Chairs' report on their PY 32 funding recommendations.

**8. STANDING COMMITTEE REPORTS**

**A. Operations Committee**

(1) 2021 Renewing Member Applications

- Thomas Green Seat #15 **MOTION #3** *Approve Membership Application for Thomas Green (Seat #15), as presented or revised, and forward to the Executive Committee for approval.*

(✓ Passed by Majority, Roll Call: M. Perez, K. Nelson, C. Moreno, L. Kochems, K. Donnelly, E. Davies, D. Lee, and B. Gordon)



- Eduardo Martinez Seat #29 **MOTION #4** *Approve Membership Application for Eduardo Martinez (Seat #29) , as presented or revised, and forward to the Executive Committee for approval. (✓Passed by Majority, Roll Call: M. Perez, K. Nelson, C. Moreno, L. Kochems, K. Donnelly, E. Davies, D. Lee, and B. Gordon)*
- Alexander Fuller Seat #17 **MOTION #5** *Approve Membership Application for Alexander Fuller (Seat #17) , as presented or revised, and forward to the Executive Committee for approval. (✓Passed by Majority, Roll Call: M. Perez, K. Nelson, C. Moreno, L. Kochems, K. Donnelly, E. Davies, D. Lee, and B. Gordon)*

(2) The following members resigned from the COH:

- Maribel Ulloa. COH staff is working with Jesus Orozco to fill HOPWA representative vacancy.
- Nestor Kamurigi
- Kayla Walker-Heltzel

(3) Quarterly Attendance Report | Review + Discussion. The Committee reviewed the quarterly attendance report and placed several members on an involuntary leave of absence given the nature of their absences and agreed to have COH staff send attendance letters to others. One seat vacate was also discussed which will be on the next meeting agenda for approval.

(4) Outreach & Engagement. The COH now has an Instagram account [@hivcommla](#); all are strongly encouraged to subscribe and share widely.

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

(1) Proposed RWP PY 32 Service Category Rankings **MOTION #6** *Approve proposed RWP PY 32 Service Category Rankings, as presented or revised. (✓Passed by Majority, Roll Call: M. Perez, K. Nelson, C. Moreno, L. Kochems, K. Donnelly, E. Davies, D. Lee, and B. Gordon)*

(2) Proposed RWP PY 32 Service Category Funding Allocations **MOTION #7** *Approve proposed RWP PY 32 Service Category Funding Allocations, as presented or revised, and provide DHSP authority to adjust 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body. (✓Passed by Majority, Roll Call: M. Perez, K. Nelson, C. Moreno, L. Kochems, K. Donnelly, E. Davies, D. Lee, and B. Gordon)*

- Kevin Donnelly, Co-Chair, reported the Committee met twice in August to discuss and determine the proposed PY 32 RWP service category rankings and allocations, and thanked former Co-Chair, Miguel Martinez, for his guidance.
- Committee used the PY 31-33 rankings and allocations as its baseline and heard DHSP's presentation on last year's expenditures to help inform their decision making.
- Only two service categories were elevated in the ranking process – Psychosocial and Linkage & Retention Program (LRP)
- Committee found it difficult to identify allocations for Psychosocial which was further complicated by an undetermined timeline of when a Request for Proposal (RFP) would be released by DHSP, therefore leaving the .
- Committee discussed the Minority AIDS Initiative (MAI) allocations, however, requested additional expenditure information from DHSP.

- Lastly, HRSA's guidance on the HIV Prevention and Care Integrated Plan has been released for FY 2022-2026. The Committee seeks to form a task force to assist in drafting the plan and encouraged members to participate.

### **C. Standards and Best Practices (SBP) Committee**

#### **(1) Substance Use and Residential Treatment Standards Review**

- Erika Davies, Co-Chair, reported the Committee reviewed the initial feedback received for the Substance Use and Residential Treatment service standards and made modifications accordingly.
- The service standard is now available on the COH's website for public comment until September 22, 2021 and can be accessed [here](#).

#### **(2) Service Standards Development Trainer Recommendations for Improvements**

- Co-Chairs will follow up with DHSP to assess what type of information and/or feedback is collected from providers when service standards are released as this information will help guide the Committee in its continuous improvement process.
- At its next meeting, Co-Chairs will discuss a proposal to all Committees and working groups for feedback in developing best practices for service providers. Additionally, the Committee will begin to review the Benefit Specialty service standard.

### **D. Public Policy Committee (PPC)**

#### **(1) County, State and Federal Policy and Legislation**

- 2021 Legislative Docket | UPDATES
  - Katja Nelson reported that there are no updates, however the Committee continues to track the bills.
  - State legislature has until September 10, 2021 to pass the bills and the Governor has until October 10, 2021 to sign. However, should Governor Gavin Newsom be recalled, it will be the new elected Governor who will sign the bills (versus Governor Newsom as previously reported).
- COH Response to the STD Crisis
  - K. Nelson reminded the group that the COH's letter in response to the STD crisis was transmitted to the BOS Health Deputies, the three health agencies (DPH, DHS and DMH) copying a number of community partners. Additionally, COH members have made public comments at Health Deputy meetings championing the letter.
  - To date, no formal response from the BOS, its Health Deputies or the three health agencies have been received.
  - C. Barrit shared that staff and the COH BOS District 2 representative – Danielle Campbell – have been meeting with District 2's Health Deputy, Yolonda Vera, and discussed the STD letter at their last meeting. Y. Vera agreed to review the letter in more detail and requested suggestions on a more concrete recommendation on how District 2 can support COH's efforts given its limited staffing capacity. Additionally, D. Campbell agreed to work with Y. Vera in reenergizing the former STD stakeholder workgroup in District 2.
  - C. Barrit noted that she is anticipating hearing from District 3's Health Deputy, Elan Schultz after his return from vacation, as he is a long-standing supporter of COH's initiatives.

- K. Nelson suggested that a follow-up email requesting acknowledgement of receipt of the COH's letter be sent.

(2) County, State and Federal Budget *No updates.*

## 9. Caucus, Task Force, and Work Group Reports

### A. Aging Task Force (ATF)

- Al Ballesteros presented the ATF's Proposed HIV Care Framework for Older Adults Living with HIV in preparation of the panel presentation scheduled for September 9, 2021; see PowerPoint (PPT) slides in meeting packet.
- The presentation included an update on the work and activities of the ATF, key issues affecting aging population and the ATF recommendations. Feedback included having Dr. Paul Nash present at the Annual Meeting on HIV & Aging since he will not be available for the panel presentation on September 9th.
- A. Ballesteros will facilitate/moderate the September 9, 2021 panel presentation which will include subject matter expert presenter Meredith Greene, MD, Assistant Professor of Medicine, Associate Director, Golden Compass Program at Ward 86, and client experts Maria Scott and Isabella Rodriguez.

### B. Black African American Community (BAAC) Task Force

Restorative Action Plan **MOTION #8** *Approve 90-day pause extension until the end of the year to allow for a workgroup to be formed, comprised of the COH's Black/African American members to finalize activities agreed to by DHSP and the BAAC Task Force regarding: (1) PrEP marketing campaign for the Black community and its subpopulations; (2) revise RFP language to be more inclusive to yield more successful solicitation awards to Black/AA led organizations; (3) technical assistance for Black/AA led organizations to provide a more equitable playing field to successfully compete for solicitations; (4) and establishment of PrEP Centers of Excellence for women. It is recommended that this workgroup convene until the end of 2021 to perform these very specific tasks* (✓ Passed by Majority, Roll Call: M. Perez, K. Nelson, C. Moreno, L. Kochems, K. Donnelly, E. Davies, and B. Gordon)

### C. Consumer Caucus

Jayda Arrington, Co-Chair, noted the next Caucus meeting is Thursday, September 9, 2021 @ 2-4PM and encouraged all interested to attend.

### D. Prevention Planning Workgroup (PPW)

The PPW met on August 26, 2021 and heard a brief presentation from Drs. Nina Harawa and LaShonda Spencer regarding missed opportunities in linking women to PrEP. The COH and other stakeholders will work with Paulina Zamudio (DHSP) to continue the conversation to ensure women are referred to PrEP.

### E. Transgender Caucus

At its last meeting on July 27, 2021, the TG Caucus brainstormed topics for the Annual Meeting. The next meeting is scheduled for September 28, 2021.

### F. Women's Caucus

The Caucus meeting was rescheduled to August 30, 2021 at which time, nominations for Co-Chair will open.

**VI. NEXT STEPS**

**10. TASK/ASSIGNMENTS RECAP**

- Approved motions will elevate to the September 9, 2021 COH meeting for final approval.
- Committee updates on follow up items will be reported at the next Executive Committee meeting.
- Refer to foregoing action items in red.

**11. AGENDA DEVELOPMENT FOR NEXT MEETING** *No new items.*

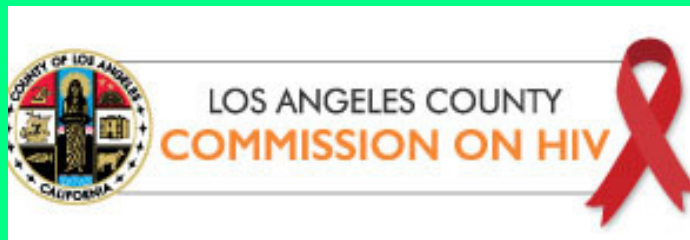
**VII. ANNOUNCEMENTS**

**12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS.**

C. Moreno announced that the LGBT Center, South, will be hosting an event on August 30, 2021, in commemoration of HIV & Faith Awareness Day. Food and Sunday services will be provided.

**VIII. ADJOURNMENT**

**13. ADJOURNMENT.** *The meeting adjourned at 3:28PM.*



*We have a  
new address!*

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510 S. Vermont Avenue, 14th Floor, Los Angeles, CA 90020  
Offices remain closed to the public but you may continue to reach  
us at MAIN (213) 738-2816 / FAX (213) 637-4748  
EMAIL: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) WEBSITE: <http://hiv.lacounty.gov>



## LOS ANGELES COUNTY COMMISSION ON HIV



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

**August 31, 2021**

**To:** Commission on HIV (COH) Members and Alternates  
**From:** Cheryl Barrit, Executive Director  
**Re:** Resumption of Commission In-Person Meetings, COVID-19 Vaccination Mandate and Safety Protocols

This memorandum serves to communicate important information pertaining to the Commission on HIV (COH) meeting procedures and business operations. Please take a moment to read the document.

**New Office and Meeting Location:**

Please be aware that the COH offices have moved to the County-owned Vermont Corridor facility located at 510 S. Vermont Avenue 14<sup>th</sup> Floor, Los Angeles, CA 90020.

**Resumption of Full Commission and Standing Committee Meetings Starting on October 1, 2021:**

On March 17, 2020, the Governor issued Executive Order N-29-20 to control the spread of corona virus. This order allowed local agencies to address emergent pandemic conditions by allowing local officials, and the public, to participate in public meetings via virtual platforms. On June 11, 2021, the Governor issued Executive Order N-08-21, which extends the flexibility of conducting public meetings via virtual platforms through September 30, 2021.

Executive Order N-08-21 means that the **COH will resume in-person meetings beginning on October 1, 2021** for the following meetings covered by [Ralph M. Brown Act](#) as defined in the COH's Policy #08.1102 Subordinate Commission Working Units:

- **Monthly full council/Commission meetings**
- **Monthly standing committee meetings (Operations; Executive; Planning, Priorities and Allocations; Standards and Best Practices; and Public Policy)**

Caucuses, Task Forces and Workgroups **will continue to meet virtually via WebEx.**

Commissioners and Alternates who wish to join the full council and standing committee meetings remotely, **must comply** with the COH's Teleconference Policy (see attachment). The procedures and requirements described in the Teleconference Policy are legally mandated under section 54953 of the Brown Act. **Please read the Teleconference Policy** so that you are fully aware of your responsibilities if you elect to participate in full Commission and standing committee meetings remotely.

Full Commission and standing committee meetings will be held at the new COH offices located at 510 S. Vermont Avenue, Terrace Level, Los Angeles, CA 90020. Free parking is available and the building is within walking distance from the Metro Red Line Wilshire and Vermont station.

**Safety Protocols for In-Person Meetings:**

Protecting staff and the community's health is of utmost importance to the County and Commission staff will enforce public health guidelines to reduce the risk of COVID transmission. The following safety measures will be enforced:

- Masks/face coverings are required for all in-person meetings and in all County offices and facilities.
- Complimentary masks will be provided for those who arrive without them.
- Hand sanitizers will be available.
- Commissioner and public access to the Vermont Corridor building will be restricted to the parking structure, elevators, ground level, and Terrace level only. All other floors are for County employees only.
- To the extent possible, conference room setup and occupancy will be limited to allow for social distancing.
- WebEx will be made available to allow the public to access the Commission's Brown Act meetings remotely. Commissioners and Alternates who wish to join the full council and standing committee meetings remotely must comply with the COH's Teleconference Policy (see attachment).

**County COVID-19 Vaccination Mandate Applies to Commissioners:**

On August 4, 2021, Supervisor Hilda Solis issued an Executive Order to establish a mandatory vaccination policy, effective immediately, requiring all County employees to provide proof of full vaccination by October 1, 2021, which was ratified by the Board of Supervisors on August 10, 2021. This mandate requires all County employees to be vaccinated and show proof of vaccination by October 1, 2021. **The vaccination mandate applies to** all County workers (including all full-time, part-time, recurrent, temporary, and as-needed County employees regardless of appointment status), **Commissioners**, Board members, interns, and volunteers.

The County has partnered with Fulgent, a leader in laboratory testing services and an existing vendor with the County, to maintain vaccination records and conduct required testing. The Executive Office Human Resources Unit is partnering with Fulgent to ensure that all Commissioners are added to the vaccination verification system. We anticipate that this information will be uploaded within the next week. Additional information be provided once Commissioners are added to the system.

Below are additional resources:

- **Digital COVID-19 Vaccine Record.** The California State Department of Public Health provides easy access to your vaccination record. [Visit the CDPH portal to get started.](#)



- **Los Angeles County Department of Public Health (DPH) COVID-19 Vaccine and Vaccination Records website.** LA County COVID-19 Vaccine - LA County Department of Public Health provides reliable information on the pandemic, state and local health orders, and vaccinations.
- **DPH COVID-19 Testing sites** - <https://covid19.lacounty.gov/testing/>

I fully recognize the range of emotions that you may have about the COH's reconvening of in-person meetings. Please know that the COH team is committed to supporting you in this transition period and I will reach out to each one of you confirm receipt and understanding of the information discussed in this memorandum. Feel to email me at [cbarrit@lachiv.org](mailto:cbarrit@lachiv.org) or call me at 213-618-6164 for questions and concerns.



# LOS ANGELES COUNTY COMMISSION ON HIV

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www.hiv.lacounty.gov

<b>POLICY/ PROCEDURE:</b>	<b>NO. 08.2203</b>	<b>Teleconference Meetings</b>	<b>Page 1 of 1</b>
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**APPROVED 7/14/16**

**SUBJECT:** Define policy and procedures on Commissioners' participation at meetings via teleconference.

**POLICY:** Commission and Committee meetings are subject to the Brown Act and must adhere to requirements contained in Government Code section 54953. If the legislative body elects to use teleconferencing equipment, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body.

## **PROCEDURES:**

1. The Executive Director reserves the right to determine if participation via teleconference call is appropriate depending on the meeting agenda and suitability of the teleconference locations for public access.
2. Commissioners must declare their intent to participate via teleconference to staff at least two weeks before the meeting. Notification to staff must be communicated in writing via email or a faxed letter.
3. The Commissioner electing to participate via teleconference shall be responsible for ensuring that the procedures noted in this policy are met.
4. The Commissioner elected to participate via teleconference must make available to the public hard copies of the meeting agenda and materials.
5. A quorum of the Commission must participate in the meeting from locations within their jurisdiction.
6. The agenda must identify the teleconference location(s).
7. The agenda must be posted at all teleconference locations at least 72 hours before a regular meeting.
8. The teleconference location must be open and accessible to the public, including to those with disabilities.
9. If members of the public are at the teleconference location, they must be able to hear the proceedings and they must be given the right to comment.
10. All votes taken during a teleconference meeting must be by roll call vote, and the vote must be publicly reported.

**NOTED AND APPROVED:**

*Cheryl A. Barritt*

**EFFECTIVE DATE:** 7/14/16

Revisions: 6/20/16

Original Approval: 7/14/16



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**2021 Annual Meeting Draft (Revised 9.20.21)**  
**Unfinished Conversations: Continuing the Commitment to Ending the HIV Epidemic**  
**November 18, 2021**  
**9:00AM-3:00 PM**

<b>Roll Call, Welcome and Co-Chair's Remarks</b>	<b>9am-9:15am</b>
<b>Human Relations Commission (HRC) session on listening without judgement</b>	<b>9:15am-9:45am</b>
<b>Division of HIV and STD Programs State of HIV/AIDS in Los Angeles County Report</b>	<b>9:45-10:45am</b>
<b>BREAK</b>	<b>10:45am-11:00am</b>
<b>Cluster Detection and Response Presentation and Community Discussion</b> <ul style="list-style-type: none"><li>• Invite DHSP and State OA representatives to present</li><li>• What is HIV cluster detection and response?</li><li>• Discuss sources of data</li><li>• Discuss ethical considerations</li><li>• Discuss concerns and answer questions from community on cluster detection?</li></ul>	<b>11am-12noon</b>
<b>LUNCH</b>	<b>12noon to 1pm</b>
<b>Street Medicine (USC Keck School of Medicine)</b> Brett J. Feldman, MSPAS, PA-C Corinne T. Feldman, MMS, PA-C	<b>1:00pm-1:45pm</b>
<b>HIV, Aging, and Stigma</b> Dr. Paul Nash CPsychol AFBPsS FHEA	<b>1:45pm-2:15pm</b>
<b>Public Comments</b>	<b>2:15-2:30pm</b>
<b>Adjourn</b>	<b>2:30/3:00pm</b>



Los Angeles County Commission on HIV (COH)  
HIV Planning Body Assessment  
Responses to Recommendations for Improvement  
(For Discussion/Review)  
(8-19-21)

Member Recruitment and Retention		
Reported Areas for Improvement	Strategies Discussed at May COH Meeting	Staff Notes and Recommendations for Action
<ol style="list-style-type: none"> <li>1. Recruiting to get more representation of populations impacted by HIV in LAC</li> <li>2. Orientation/mentoring of new members</li> <li>3. Improving retention of new members</li> </ol> <p><b>Staff Notes and Recommendations for Action:</b></p> <ul style="list-style-type: none"> <li>• Operations Committee prioritizes recruitment of populations that reflect the HIV epidemic in LAC.</li> <li>• Staff hold welcome orientations for new members, 1:1 support, and direct members to the online training materials. However, attendance at orientations and training have been a challenge, even with training materials now being online. Training sessions are also agendaized at Committee and subgroups as determined by members.</li> <li>➡ Continue annual and ongoing training and 1:1 coaching/support</li> <li>➡ COH staff collaborate with all Co-Chairs to hold “drop-in virtual hours” for members and interested applicants to answer questions and conduct ongoing mini-training about the functions of the COH.</li> </ul>	<ol style="list-style-type: none"> <li>1. Host COH meetings in South LA to prioritize participation from Black and Brown communities.</li> <li>2. Utilize a hybrid virtual / in-person model for meetings (when safe to do so) to alleviate transportation or technology barriers as needed.</li> <li>3. Re-evaluate the timing of meetings and consider hosting meetings on weeknights or weekends.</li> <li>4. Continue to make the website more user friendly by making relevant information easily accessible.</li> <li>5. Expand orientation efforts with a more rigorous mentorship model</li> </ol>	<ol style="list-style-type: none"> <li>1. COH hosted several meetings in various service planning areas to promote the LAC HIV/AIDS Strategy in 2017 which offers a model for conducting call to action meetings. <ul style="list-style-type: none"> <li>➡ Work with Executive Committee to plan the year ahead and designate which months to hold COH meetings in various locations</li> </ul> </li> <li>2. Beginning October 1, 2021, per the order of the Governor, public meetings subject to the Brown Act will resume in-person meetings. <ul style="list-style-type: none"> <li>➡ Full body and Committees will meet in-person beginning 10/1/21.</li> <li>➡ Caucuses, workgroups and task forces will meet virtually. Staff will follow protocol from the EO/BOS providing a teleconference option for members of the public and guests. Commissioners who elect to join remotely must adhere to the COH’s policy on teleconferencing. Commissioners must</li> </ul> </li> </ol>

	<p>6. Set clear expectations for mentors</p>	<p>understand that if they choose to join remotely, the address from where they will virtually attend the meeting must be reflected on the agenda, that the location of the attendee must be accessible to all members of the public, and that the agenda must be physically posted for public view 72 hours ahead of the meeting. Access to remote locations must comply with the ADA.</p> <p>3. Prevention Planning Workgroup meets on the 4<sup>th</sup> Weds of the month from 5:30-7:00pm and has attracted 20-25 attendees, offering a model for other COH groups to hold meetings in the evenings or weekends.</p> <ul style="list-style-type: none"> <li>➔ Work with the Executive Committee to plan in advance which full body meetings to hold in the evening or weekends.</li> <li>➔ Work with Committees and subgroups to determine which meetings to hold in the evenings or weekends.</li> </ul> <p>4. COH website refresh project in progress and staff are working with IRM to complete changes before the end of 2021.</p> <p>5/6. COH adopted Mentorship/Peer Collaborator Guide with expectations for</p>
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		<p>mentor and mentee. Virtual meet and greet hosted in 2020 for new pairs.</p> <ul style="list-style-type: none"> <li>➔ Need more members to volunteer as mentors.</li> <li>➔ Work with Operations Committee to review the Mentorship Guide annually for clarity and assess bandwidth for members to participate in the program.</li> <li>➔ Establish schedule for staff to send reminders for pairs to reconnect and maintain relationships.</li> </ul>
<b>Community Engagement / Representation</b>		
<b>Reported Areas for Improvement</b>	<b>Strategies Discussed at May COH Meeting</b>	<b>Staff Notes and Recommendations for Action</b>
<ol style="list-style-type: none"> <li>1. Encouraging trust between the community and Commission</li> <li>2. Increasing visibility of the LAC COH in the community</li> <li>3. Normalizing education on HIV and STIs in healthcare and school-based settings</li> </ol>	<ol style="list-style-type: none"> <li>1. Prioritize marketing of the COH on social media and in community clinics and organizations</li> <li>2. Plan proactive outreach activities in public places</li> <li>3. Increase opportunities to hear from community members during and between meetings</li> <li>4. Re-evaluate the best timing and format for</li> </ol>	<ol style="list-style-type: none"> <li>1. COH social media toolkit has been completed and reviewed by the Operations Committee. The toolkit will be integrated in the updated COH website.</li> <li>➔ Send periodic reminders to members about using the toolkit. Host tutorials on how to use the toolkit.</li> <li>➔ Collaborate with provider members on the COH to promote COH to their clients and stakeholders.</li> <li>➔ Purchase print and social media ads to promote COH as budget permits.</li> </ol>

	<p>public comment during meetings</p> <ol style="list-style-type: none"> <li>5. Engage more youth voices in planning</li> <li>6. Increase outreach to high schools, activism / LGBTQIA oriented school clubs, community colleges and universities</li> <li>7. Work with DHSP to require that informational brochures or posters about the LAC COH be displayed at contracted agencies</li> <li>8. Encourage providers to share information about the LAC COH with their patients</li> </ol>	<ol style="list-style-type: none"> <li>2. Revisit pre-COVID outreach plan to host informational tables at health fairs and special events (Taste of Soul). ➔ Ask for members to volunteer to assist with public outreach</li> <li>3. Create online form on COH website for ongoing public comments and testimonies on improving HIV/STD services and other topics within the jurisdiction of the COH. Work with Co-Chairs to remind attendees that the public may comment on all agenda items. Disseminate opportunity for ongoing public comments via GovDelivery at least quarterly.</li> <li>4. Revisit timing of public comments (PC) with Executive Committee. PC in full body meetings was previously at the beginning of the meeting but was moved to the end of the meeting at request of the DHSP.</li> <li>5. Work with members to attend youth CAB meetings to hear their perspectives/feedback on HIV services.</li> <li>6. Re-connect with LBUSD contact.</li> <li>7/8. Work with DHSP to revisit requiring contracted agencies to promote COH to their clients and post meeting flyers in clinics.</li> </ol>
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Streamlining the LAC COH's Work		
Reported Areas for Improvement	Strategies Discussed at May COH Meeting	Staff Notes and Recommendations for Action
<ol style="list-style-type: none"> <li>1. Streamline priorities and meeting agendas</li> <li>2. Strengthen relationships between members</li> <li>3. Reduce barriers for participation in meetings (increase accessibility and training for new members)</li> </ol> <p><b>Staff Notes and Recommendations for Action</b></p> <ul style="list-style-type: none"> <li>• Each year, staff work with Committees and Co-Chairs to streamline and select 3 priorities for their annual workplans.</li> <li>➡ Continue to work with the Executive Committee and all Co-Chairs to discuss and agree on a standardized process for shortening full and Committee meetings.</li> </ul>	<ol style="list-style-type: none"> <li>1. Clarify the purpose and objectives for caucuses, task forces, and committees</li> <li>2. Consider integrating caucuses and task forces into the committees</li> <li>3. Continue to prioritize the use of plain language in meetings and written materials</li> <li>4. Eliminate unnecessary protocols for participation</li> <li>5. Prioritize social time for members to get to know each other</li> <li>6. Ensure consumers have dedicated spots in COH leadership and are taken seriously in planning efforts</li> </ol>	<ol style="list-style-type: none"> <li>1. Caucus and task force's purpose are reviewed at least annually and as requested by members. <ul style="list-style-type: none"> <li>• Subgroups develop workplans to set priorities and deliverables.</li> <li>➡ Conduct more frequent reviews/refresher training on the purpose, goals, and expected deliverables of the caucuses and task forces.</li> <li>➡ Consider going back to basics and develop stronger caucus presence and participation at Committee meetings. For example, all caucuses can put on their workplans providing formal feedback on service standards for SBP; participating in the multi-year priority setting and resource allocation process.</li> </ul> </li> <li>2. Collaborations are happening and can be strengthened further. Examples of collaborations include ATF and WC co-hosting a virtual event on Women Living with HIV and Aging; SBP looking for ways to integrate recommendations from ATF and BAAC in service standards; PP&amp;A integrating WC and BAAC recommendations in directives;</li> </ol>

		<p>Operations working with CC to recruit consumers; PPC working with Caucuses to review legislative bills of interest.</p> <ul style="list-style-type: none"> <li>➡ Continue collaborations.</li> <li>➡ Designate a Committee member to serve as a liaison to caucuses and task forces.</li> </ul> <p>3. Practice use plain language techniques in all materials  (<a href="https://www.plainlanguage.gov/resources/checklists/checklist/">https://www.plainlanguage.gov/resources/checklists/checklist/</a>).</p> <p>4. Seek clarification from members on providing specific examples of what they define as unnecessary protocols for participation.</p> <p>5. Get to Know You activity has been successful in SBP. Socializing was more evident pre-pandemic and prior to shift to virtual meeting format.</p> <ul style="list-style-type: none"> <li>➡ New meeting facilities at the Vermont Corridor would be more amenable for socializing before and after meetings.</li> <li>➡ Agendize “Get to Know You” at all COH meetings (virtual and in-person)</li> <li>➡ Members must consider balance between shortening meeting duration and accommodating time for socializing.</li> </ul>
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# **DUTY STATEMENT**

## **COMMISSION CO-CHAIR**

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

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

### **SPECIFIC:**

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

### **ORGANIZATIONAL LEADERSHIP:**

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

### **MEETING MANAGEMENT:**

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

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

Page 2 of 3

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

### **REPRESENTATION:**

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

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

### **KNOWLEDGE/BACKGROUND:**

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

### **SKILLS/ATTITUDES:**

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

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

Page 3 of 3

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

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



LOS ANGELES COUNTY  
COMMISSION ON HIV



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

**Thursday, October 14, 2021 | 9:00 AM – 12:45 PM**

**510 S. Vermont Avenue, Los Angeles, CA 90020  
TERRACE LEVEL**

***Complimentary parking available at 523 Shatto Place, Los Angeles CA 90020***

**Notice of Teleconferencing Site:**

**TBD**

**To Register + Join by Computer:**

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

**AGENDA POSTED: TBD**

**IN-PERSON-HYBRID MEETINGS:** The Commission on HIV is conducting hybrid in-person/virtual format meetings, with a limited number of in-person attendees. Safety protocols will be enforced including physical distancing, facial coverings, COVID-19 symptoms screening, and temperature check. **Virtual participation for members of the public is highly encouraged. Per the Board's Executive Order, Commissioners must be vaccinated for COVID-19 effective October 1, 2021.**

We are committed to doing our part in creating a healthier, paperless environment. No printed meeting agendas or packets will be available. We encourage everyone to bring tablets or laptops to meetings to access the meeting agenda and packet. Wi-Fi is available at the meeting site.

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

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

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



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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

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

Call to Order and Roll Call		9:00 AM – 9:05 AM
<b>1. <u>ADMINISTRATIVE MATTERS</u></b>		
A. Approval of Agenda	<b>MOTION #1</b>	9:05 AM – 9:07 AM
B. Approval of Meeting Minutes	<b>MOTION #2</b>	9:07 AM – 9:10 AM
<b>2. <u>WELCOME, INTRODUCTIONS AND MEETING GUIDELINES</u></b>		9:10 AM – 9:20 AM
<b>3. <u>REPORTS - I</u></b>		
A. Executive Director/Staff Report		9:20 AM – 9:35 AM
(1) Safety Precautions		
(2) Rekindling Connections and Relationships Exercise		
B. Co-Chairs' Report		9:35 AM – 9:50 AM
(1) COH Co-Chair Open Nomination & Elections		
• Current Co-Chair Term 2021-2023	<b>MOTION #3</b>	
• Co-Chair Term 2022-2024	<b>MOTION #4</b>	
(2) Ending the HIV Epidemic COH Leads Report		





LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**3. REPORTS – I (cont'd)**

- C. California Office of AIDS (OA) Report 9:50 AM – 9:55 AM  
D. LA County Department of Public Health Report 9:55 AM – 10:15 AM  
    (1) Division of HIV/STD Programs (DHSP) Updates  
        (a) Programmatic and Fiscal Updates  
            • Ryan White Program (RWP) Parts A & B  
E. Housing Opportunities for People Living with AIDS (HOPWA) Report 10:15 AM – 10:20 AM  
F. Ryan White Program Parts C, D, and F Report 10:20 AM – 10:25 AM  
G. Cities, Health Districts, Service Planning Area (SPA) Reports 10:25 AM – 10:30 AM

**4. BREAK**

10:30 AM – 10:45 AM

**5. REPORTS - II**

10:45 AM – 11:30 AM

H. Standing Committee Reports

(1) Operations Committee

- 2021 Renewing Member Application | Ernest Walker Seat #47 **MOTION #5**
- New Member Application | Greg Wilson **MOTION #6**
- Seat Vacate – Tony Spears **MOTION #7**

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

- Proposed RWP PY 33-34 Service Category Rankings
- Proposed RWP PY 33-34 Service Category Funding Allocations

(3) Standards and Best Practices (SBP) Committee

- Substance Use and Residential Treatment Standards | UPDATES
- Benefit Specialty Service Standards | REVIEW

(4) Public Policy Committee

A. County, State and Federal Policy and Legislation

- 2021 Legislative Docket | UPDATES
- COH Response to the STD Crisis | UPDATES

B. County, State and Federal Budget

I. Caucus, Task Force and Work Group Report

11:30 AM – 11:45 AM

- (1) Aging Task Force | November 2, 2021 @ 1-3PM  
(2) Black African American Community (BAAC) Task Force | UPDATE  
(3) Consumer Caucus | October 14, 2021 @ 3:00-4:30PM *\*immediately following COH meeting*  
(4) Prevention Planning Workgroup | September 22, 2021 @ 5:30-7PM  
(5) Transgender Caucus | October 27, 2021 @ 10am-12PM  
(6) Women's Caucus | October 18, 2021 @ 2-4PM



LOS ANGELES COUNTY  
COMMISSION ON HIV



## 6. **DISCUSSION**

- A. "So You Want to Talk About Race" by Ijeoma Oluo Reading Activity 11:45 AM – 12:25 PM
- (1) two-minute excerpt of Chapters 14-15
  - 5-minute debrief discussion
- B. Los Angeles County Human Relations Commission Guided Discussion & Training
- "Inquiry: A Learning Orientation; Productive Questions"

## 7. **MISCELLANEOUS**

- A. Public Comment 12:25 PM – 12:35 PM  
*Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment, you may do so in-person, virtually by registering via WebEx or submit in writing at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).*
- B. Commission New Business Items 12:35 PM – 12:40 PM  
*Opportunity for Commission members to recommend new business items for the full body or a Committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.*
- C. Announcements 12:40 PM – 12:45 PM  
*Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.*
- Adjournment and Roll Call 12:45 PM  
*Adjournment for the meeting of October 14, 2021.*

PROPOSED MOTION(s)/ACTION(s):	
<b>MOTION #1:</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2:</b>	Approve the September 9, 2021 COH meeting minutes, as presented or revised.
<b>MOTION #3:</b>	Approve the COH Co-Chair for the current term of 2021-2023, as elected.
<b>MOTION #4:</b>	Approve the COH Co-Chair for the term of 2022-2024, as elected.
<b>MOTION #5:</b>	Approve Renewal Membership Application for Ernest Walker (Seat #47), as presented or revised
<b>MOTION #6:</b>	Approve New Member Application for Greg Wilson, as presented or revised.
<b>MOTION #7:</b>	Approve to vacate seat for Tony Spears, as presented or revised



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**COMMISSION ON HIV MEMBERS:**

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



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**LEGEND:**

LoA = Leave of Absence; not counted towards quorum

Alternate\*= Occupies Alternate seat adjacent a vacancy; counted toward quorum

Alternate\*\*= Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member

DRAFT



## 2021 MEMBERSHIP ROSTER | UPDATED 09.09.21

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			<b>Vacant</b>		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
3	City of Long Beach representative	1	PP&A	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2020	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	PP&A EXC	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	EXC OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	EXC	David Lee, MPH, LCSW	Charles Drew University	July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2020	June 30, 2022	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	OPS	Alexander Luckie Fuller	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1			<b>Vacant</b>		July 1, 2019	June 30, 2021	Damone Thomas (PP&A)
20	Unaffiliated consumer, SPA 2			<b>Vacant</b>		July 1, 2020	June 30, 2022	Amiya Wilson (SBP)(LOA)
21	Unaffiliated consumer, SPA 3			<b>Vacant</b>		July 1, 2019	June 30, 2021	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5			<b>Vacant</b>		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	Unaffiliated Consumer	July 1, 2020	June 30, 2022	Reba Stevens (SBP)
25	Unaffiliated consumer, SPA 7			<b>Vacant</b>		July 1, 2019	June 30, 2021	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			<b>Vacant</b>		July 1, 2019	June 30, 2021	Michele Daniels (OPS)-LOA
28	Unaffiliated consumer, Supervisorial District 2			<b>Vacant</b>		July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			<b>Vacant</b>		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			<b>Vacant</b>		July 1, 2019	June 30, 2021	
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez (LOA)	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
33	Unaffiliated consumer, at-large #2		OPS PP&A	Joseph Green	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	EXC OPS SBP	Justin Valero, MA	No affiliation	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5			<b>Vacant</b>		July 1, 2020	June 30, 2022	
41	Representative, HOPWA			<b>Vacant</b>		July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			<b>Vacant</b>		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	PP	Gerald Garth, MS	AMAAD Institute	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	OPS	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2020	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS SBP	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
TOTAL:		38						

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

LOA: Leave of Absence

Overall total: 47



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



# Renewal Application

## Ernest Walker, Seat #47

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



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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# Greg Wilson

Application on file at Commission office

Interview panel: Carlos Moreno, Luckie Alexander, and Justin Valero

# SUMMARY - RWP EXPENDITURE REPORT

As of April 8, 2021

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

RYAN WHITE PART A, MAI YR 31 AND PART B YR 31 EXPENDITURES BY RWP SERVICE CATEGORIES

Expenditures reported by September 16, 2021

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

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





## LOS ANGELES COUNTY COMMISSION ON HIV



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August 3, 2021  
Board of Supervisors  
Los Angeles County  
313 N. Figueroa Street, Room 806  
Los Angeles, CA 90012

Dear Board of Supervisors:

Los Angeles County is in an ongoing STD crisis that has seen rates explode over the last six years. As the Board of Supervisor's designated HIV and sexually transmitted diseases (STD) prevention and care planning council for Los Angeles, the Commission on HIV (Commission) is extremely concerned about the sharp increase in STD rates in the last three years, especially the startling increase of syphilis and congenital syphilis cases<sup>1</sup>, and the ability of the County's existing STD programs and resources to respond to this crisis.

While we sincerely appreciate that the COVID-19 pandemic necessitated an immediate and acute public health response, the effects of compounded public health crises are evident in the most recent surveillance data and what providers and community see on the ground. As the County entered lockdown, a new syndemic of HIV, STDs, and COVID-19 emerged, exacerbating the STD crisis and laying bare gaps in our local public health system. The data speaks for itself, and the voices of the community must be heard even louder – **we need to act now to prevent the STD crisis from getting worse**. We are calling on the Board and Alliance for Health Integration (AHI) leadership to immediately take bold, concrete actions to expand resources and build public health infrastructure so that we can end this crisis.

The Commission first raised the alarm in 2018 and over the last three years has continued to express our dismay as the STD crisis grows. We have examined annual surveillance data and reports, held forums and discussions to mobilize at the community level, supported concerns raised at a provider meeting with DPH leadership in February 2020, and have monitored the Board and DPH's engagement with this crisis through the November 2018 Board Motion and subsequent Quarterly STD reports. It is evident that there is a clear pattern of additional factors contributing to the crisis including and not limited to methamphetamine use, undiagnosed and untreated mental illness, little to no access to prenatal care, homelessness as well as a devastating lack of concise and consistent public understanding regarding this overwhelming and preventable crisis. Three years later, the Commission and the broader STD and HIV

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<sup>1</sup> DHSP surveillance data shows a 450% increase of syphilis among females and 235% increase among males in the last decade (2009-2019), with 113 congenital syphilis cases in 2020.

advocacy community feel that there has been little movement in combatting this crisis, we have done everything we can and advocated with leadership at all levels, but have been met with silence all around.

Our concern has only grown as the COVID-19 pandemic exacerbated gaps in an already overstressed public health system that was not prepared for the pandemic. With the onset of the COVID-19 pandemic, HIV and STD testing and treatment rates sharply declined while new transmissions continued. Particularly concerning is, the same communities disproportionately impacted by STDs, including men who have sex with men (MSM), transgender individuals, women, communities of color, and now youth, have also been disproportionately impacted by COVID-19, exacerbating existing health and social inequities.

Moreover, in our County, an already understaffed and under-resourced STD response was made worse by the redeployment of nearly all staff to COVID-19 work. As reflected in DPH's Quarterly STD reports over the last year, staff had to quickly pivot to address the overwhelming demands of COVID-19 work with the existing STD crisis, and the majority of County and community programming for STDs was severely reduced in capacity or entirely put on hold. The diversion of most staff to COVID-19 work resulted in a significant reduction in the timely surveillance work necessary to identify clusters and outbreaks, missed opportunities to treat individuals and their partners because County clinics were closed or at reduced capacity, and overburdened public health staff with a large COVID-19 caseload on top of their STD caseload. The service capacity of public and private sector partners was also impacted, as providers had to close or reduce STD services to focus on COVID-19.

Even before the COVID-19 pandemic began, the County faced significant challenges that have made it difficult to combat exploding STD rates, including inadequate infrastructure, suboptimal access to a fragmented local system of care, and decades of limited resources. Combatting the STD crisis requires a robust infrastructure for County-funded services with a fully-staffed surveillance team, comprehensive and up-to-date public health lab capacity, adequate contact tracers and disease intervention specialists (DIS), timely partner services, a strong network of County and community providers who offer access to culturally competent STD testing and treatment, and adequate resources to support all of this programming. Yet the County's resources to support STD public health infrastructure remain woefully inadequate, this fact continues compounding the crisis for decades to come.

As noted in 2018, STD resources have been impacted by a 40% decrease in purchasing power caused by federal STD allocations remaining level since 2003 and the minimal annual support received from the State. In 2018 the Division of HIV and STD Programs (DHSP) estimated that an additional baseline investment of \$30 million annually is necessary to support adequate programming and access to STD prevention, testing, and treatment, and as STD morbidity has increased in the last three years, that estimated resource need has also increased significantly.

While the Commission thanks the Board for the \$5 million allocation for STDs in 2018, we remain steadfast in our belief that an annual investment based on DHSP's estimated need is vital to effectively control and treat STDs in LA County. While one-time funding sources are helpful, having to advocate for piecemeal allocations each year at every single level, allows the

STD crisis to continue to grow uncontained. We are encouraged that this year's State budget will include an additional \$4 million ongoing investment for STDs, and a large investment in public health infrastructure in 2022, some of which must be directed to STDs. However, since years of fierce advocacy nationwide has not secured truly adequate federal and State resources, the County must recognize that it has to step up to identify a long-term, sustainable funding source commensurate to the magnitude of the county's STD crisis.

The COVID-19 pandemic has highlighted the core function of public health departments and how they are able to mobilize when given adequate resources. The Board of Supervisors and AHI leaders can make a real impact and be champions in combatting our STD crisis, as they have demonstrated in their strong efforts to combat the COVID-19 pandemic in our County. DHSP, with support from the Commission, has developed and implemented responsive and innovative programs to curb the HIV epidemic, and these efforts are well supported with federal, state, and local resources proportional to the magnitude of the HIV epidemic in Los Angeles. Yet the County lacks a comparable, robust infrastructure to address the STD crisis. Our policies and resource allocations reflect our values and priorities; with strengthened support and a revitalized commitment to ending HIV, we must respond with comparable urgency and resources to curb the STD epidemic and successfully end HIV by 2030. The Commission requests the following actions from the Board of Supervisors and the Directors of Public Health, Health Services, and Mental Health:

#### *Board of Supervisors*

- Allocate additional tobacco settlement funds to strengthen the County's STD public health infrastructure and DPH-funded STD services provided by community partners and mandate a minimum annual allocation to address the STD crisis.
- Increase DPH's STD net county cost (NCC) annual allocation to support the additional staff necessary to expand surveillance capacity.
- Re-engage with AHI leaders on program, policy, and resource issues highlighted in the Quarterly STD reports. Request a timeline to complete key activities.
- Work with the Health Officer to declare the STD crisis a local public health crisis and direct the Health Officer to work with other counties to request that the Governor declare a statewide STD public health crisis.
- Work with DPH and community partners to develop short and long-term policy, structural, and community engagement interventions to alleviate the crisis, including advocating for STD-related legislative and budget proposals and exploring changes to the County's healthcare system that facilitate access to STD testing, community education and treatment.
- In alignment with the Board's Anti-Racism, Diversity and Inclusion Initiative, we request the Board to support strategies aimed at uplifting the health and wellness of the Black community such as, but not limited to:
  - 1) provide technical assistance to aid Black agencies in obtaining funds for culturally sensitive services;

- 2) provide cultural sensitivity and education training to include addressing implicit bias and medical mistrust within the Black community for all County-contracted providers and adopt cultural humility into the local HIV/STD provider service delivery framework; and
- 3) provide resources to Community-Based Organizations (CBOs) to develop, implement and evaluate primary prevention interventions which are culturally appropriate and relevant to needs and strengths of the Black community.

*Departments of Public Health, Health Services, and Mental Health (AHI)*

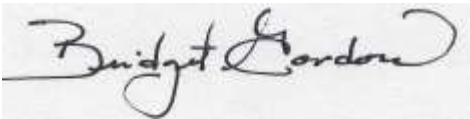
- Identify a concrete timeline to end the County's STD crisis, including key immediate and long-term activities, and approximate funding allocations necessary to achieve activities.
- Develop clear action steps for collaboration between departments and leverage resources to efficiently and effectively marshal a coordinated and synchronized response to the local STD crisis.
- Implement additional action steps to combat the STD crisis which have been clearly outlined in documents including STD Quarterly Reports, responses to federal Requests for Information (RFI), presentations at the Commission, and the provider meeting with DPH leadership, and ensure the response is conducted through a health equity lens.
- Clearly identify all existing funding streams and allocations at all levels for STDs and explore other local health funding streams to identify areas with unspent funds that can be shifted to the STD response. Explore how to better align with other public health programs and resources where issues overlap with STDs (SAPC, etc.).
- Identify all unused COVID-19 public health financial and human resources that can be immediately mobilized and reinvested in competing public health crises, including STDs.
- Call on California's STD Control Branch (CDPH) and the Department of Health and Human Services (DHHS) to advocate with the Governor, and appeal to the federal HHS, for additional federal and state resources to combat the STD crisis, mirroring the County's advocacy efforts that successfully secured additional support for COVID-19.
- Reinvest in existing and establish new partnerships with community health centers (CHCs) and other agencies to expand capacity for community outreach, education, STD testing, and treatment. Collaborate with CHCs, hospitals, and other clinics, including in non-traditional settings, to integrate and routinize STD testing and care for clients.
- Create a public-facing STD data dashboard to track in real-time the County's progress towards reducing the crisis. Establish performance metrics.
- Release all available DPH staff from their COVID-19 assignments to refocus efforts on the uncontrolled STD crisis in Los Angeles County.

We kindly request a meeting with Board representatives and DPH, DHS, and DMH leadership within the next 30 days (or at the earliest possible opportunity given the need to respond to COVID-19) to discuss the concerns and opportunities outlined in this letter. Community engagement and collaboration are critical components of a healthy and well-functioning public health system. We urge leadership in DPH, DHS, and DMH to be transparent in their

communication process with the community and to work with Commissioners and other key stakeholders to identify solutions to our common concerns around STDs and HIV.

The Board of Supervisors must seize the opportunity to show leadership and a very public commitment to ending the *decades long* crisis of the (HIV/STD epidemics) that continues to *severely traumatize our communities* and impact the health and well-being of tens of thousands of Angelenos and *their families*. With the scientific advances in HIV and STD treatment, we truly have a chance at ending HIV and curbing the STD epidemic. Let us not waste this opportunity of a lifetime by remaining inactive and ignoring community voices and strengths and focus instead on transparency, investment and authentic collaboration. We look forward to coordinating a meeting shortly and ensuring an immediate response to our concerns. Thank you.

Sincerely,



Bridget Gordon and David Lee,  
Co-Chairs, Commission on HIV

cc:

Health Deputies

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Essential Access Health

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Coachman Moore & Associates (We Can Stop STDs LA)

Connect to Protect LA (C2PLA)