LOS ANGELES COUNTY
COMMISSION ON HIV

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

COMMISSION ON HIV MEETING

Thursday, December 12, 2019
9:00 AM – 12:00 PM

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

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

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VISION

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

MISSION

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

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

1. APPROVAL OF THE AGENDA:

A. Agenda **MOTION #1**
B. Code of Conduct
C. Membership Roster
D. Committee Assignments
E. Commission Member Conflict of Interest
F. December 2019-March 2020 Commission Meeting Calendar
G. Geographic Maps

LOS ANGELES COUNTY
COMMISSION ON HIV

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

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

Thursday, December 12, 2019 | 9:00 AM – 12:00 PM

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

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

AGENDA POSTED: December 9, 2019

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

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact Dina Jauregui at (213) 738-2816 or via email at djauregui@lachiv.org.

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

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

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

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

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

	Call to Order and Roll Call		9:00 A.M. – 9:02 A.M.
	I. ADMINISTRATIVE MATTERS		
1.	Approval of Agenda	**MOTION #1**	9:02 A.M. – 9:04 A.M.
2.	Approval of Meeting Minutes	**MOTION #2**	9:04 A.M. – 9:06 A.M.
	II. REPORTS		
3.	Executive Director/Staff Report		9:06 A.M. – 9:30 A.M.
	A. Welcome and Introductions		
	B. 2019 Annual Report Development		
	C. 2020 Meeting Planning		
4.	Co-Chair Report		9:30 A.M. – 9:40 A.M.
	A. Meeting Management Reminders		
	B. Recognition of Service | Leaving Commission Members		
	C. Committee Co-Chair Nominations & Election Reminder		
	D. January 2020 Executive At-Large Seat Nomination & Election Reminder		
	III. DISCUSSION		
5.	Ending the HIV Epidemic		9:40 A.M. – 10:15 A.M.
	A. 2019 Annual Meeting Evaluation and Follow Up		
	B. Review of Recommendations from the Community		
	1. Define Roles and Responsibilities		
	2. Next Steps		

IV. REPORTS

6.	Housing Opportunities for People Living with AIDS (HOPWA) Report	10:15 A.M – 10:18 A.M.
7.	Ryan White Program Parts C, D and F Report	10:18 A.M – 10:20 A.M.
8.	California Office of AIDS (OA) Report	10:20 A.M. – 10:30 A.M.
	A. California HIV Planning Group Update	
9.	LA County Department of Public Health Report	10:30 A.M. – 10:45 A.M.
	A. Division of HIV/STD Programs (DHSP) Report	

V. ANNOUNCEMENTS 10:45 A.M. – 10:50 A.M.

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

VI. BREAK 10:50 A.M. – 11:00 A.M

VII. REPORTS

11.	Standing Committee Reports	11:00 A.M. – 11:40 A.M.
	A. Planning, Priorities and Allocations (PP&A) Committee	
	(1) Ryan White Program Year 31 Service Priority Rankings	**MOTION #3**
	(2) Ryan White Program Year 32 Service Priority Rankings	**MOTION #4**
	(3) Ryan White Program Years 31-32 Service Category Allocations	**MOTION #5**
	B. Standards and Best Practices (SBP) Committee	
	(1) Non-Medical Case Management Standard of Care	**MOTION #6**
	C. Operations Committee	
	(1) Membership Management	
	(2) Policies and Procedures	
	(3) Training/Orientation	
	D. Public Policy Committee	
	(1) County, State and Federal Legislation & Policy	
12.	Caucus, Task Force and Work Group Reports	11:40 A.M. – 11:45 A.M.
	A. Aging Task Force	
	B. Black African American Community (BAAC) Task Force	
	C. Consumer Caucus	
	D. Women's Caucus	
	E. Transgender Caucus	
13.	Cities, Health Districts, Service Provider Area (SPA) Reports	11:45 A.M. – 11:48 A.M.

VIII. MISCELLANEOUS

14. Public Comment 11:48 A.M. – 11:52 A.M.

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

15. Commission New Business Items 11:52 A.M. – 11:55 A.M.

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

16. Announcements 11:55 A.M. – 12:00 P.M.

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

17. Adjournment and Roll Call 12:00 P.M.

Adjournment for the meeting of December 12, 2019

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1:	Approve the Agenda order, as presented or revised.
MOTION #2:	Approve the Minutes, as presented or revised.
MOTION #3:	Approve Ryan White Program Year 31 Service Priority Rankings as presented or revised.
MOTION #4:	Approve Ryan White Program Year 32 Service Priority Rankings as presented or revised.
MOTION #5:	Approve Ryan White Program Years 31- 32 Service Priority Allocations as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #6:	Approve Non-Medical Case Management Standard of Care as presented or revised.

COMMISSION ON HIV MEMBERS:			
Al Ballesteros, MBA, Co-Chair	Grissel Granados, MSW, Co-Chair	Susan Alvarado, MPH	Traci Bivens-Davis, MA
Jason Brown	Danielle Campbell, MPH	Raquel Cataldo	Pamela Coffey (Alasdair Burton, Alternate**)
Michele Daniels (Craig Scott, Alternate**)	Erika Davies	Susan Forrest (Alternate*)	Aaron Fox, MPM
Jerry D. Gates, PhD	Felipe Gonzalez	Bridget Gordon	Joseph Green
Karl Halfman, MA	Diamante Johnson (Kayla Walker-Heltzel, Alternate**)	William King, MD, JD, AAHIVS	Lee Kochems, MA
David P. Lee, MPH, LCSW	Abad Lopez	Miguel Martinez, MSW, MPH	Anthony Mills, MD
Carlos Moreno	Derek Murray	Katja Nelson, MPP	Miguel Alvarez (Alternate*)
Frankie Darling-Palacios	Raphael Peña (Thomas Green, Alternate**)	Mario Pérez, MPH	Juan Preciado (LoA)
Joshua Ray (Eduardo Martinez, Alternate**)	Ricky Rosales	Nestor Rogel (Alternate*)	LaShonda Spencer, MD
Martin Sattah, MD	Kevin Stalter	Maribel Ulloa	Justin Valero
Amiya Wilson	Greg Wilson		
MEMBERS:	**41**		
QUORUM:	**21**		

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

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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)**

LOS ANGELES COUNTY COMMISSION ON HIV

2019 MEMBERSHIP ROSTER| UPDATED 12/05/19

APPROVED BY COH ON 7/12/19

SEAT NO.	MEMBERSHIP SEAT	Commissioner Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			*Vacant*		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2020	
3	City of Long Beach representative	1	PP&A	Susan Alvarado	City of Long Beach Department of Health and 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, 2018	June 30, 2020	
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, 2018	June 30, 2020	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health	July 1, 2018	June 30, 2020	
8	Part C representative	1	EXC|PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2018	June 30, 2020	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2020	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2020	
13	Provider representative #3	1	EXC/PP&A	Miguel Martinez, MSW, MPH	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2020	
15	Provider representative #5			*Vacant*		July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2018	June 30, 2020	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2018	June 30, 2020	
19	Unaffiliated consumer, SPA 1	1	EXC/OPS	Michele Daniels'	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	Craig Scott (OPS/PP)
20	Unaffiliated consumer, SPA 2	1	PP&A	Abad Lopez	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	
21	Unaffiliated consumer, SPA 3	1	EXC|PP&A	Jason Brown	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	1	EXC|SBP	Kevin Stalter	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	
23	Unaffiliated consumer, SPA 5			*Vacant*		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	PP	Pamela Coffey	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7	1	PP&A	Raphael Péna	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	Thomas Green (PP&A/SBP)- LoA
26	Unaffiliated consumer, SPA 8			*Vacant*		July 1, 2018	June 30, 2020	Susan Forrest (PP&A/OPS)
27	Unaffiliated consumer, Supervisorial District 1			*Vacant*		July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2			*Vacant*		July 1, 2018	June 30, 2020	Nestor Rogel (PP)
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			*Vacant*		July 1, 2018	June 30, 2020	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	Kayla Walker-Heitzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1			*Vacant*		July 1, 2018	June 30, 2020	
33	Unaffiliated consumer, at-large #2	1	OPS	Joseph Green	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	*City of Pasadena Department of Public Health*	July 1, 2018	June 30, 2020	
35	Unaffiliated consumer, at-large #4	1	EXC/OPS	Bridget Gordon	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	EXC	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2020	
37	Representative, Board Office 2	1	EXC|OPS	Traci Bivens-Davis	Community Clinic Association of LA County	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC|PP|SBP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2020	
39	Representative, Board Office 4	1	SBP	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5			*Vacant*		July 1, 2018	June 30, 2020	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	PP	Lee Kochems	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	
43	Local health/hospital planning agency representative			*Vacant*		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2020	
45	HIV stakeholder representative #2	1	OPS	Greg Wilson	In the Meantime Men's Group	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC|OPS	Juan Preciado (LoA)	Northeast Valley Health Corporation	July 1, 2018	June 30, 2020	
47	HIV stakeholder representative #4			*Vacant*		July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2018	June 30, 2020	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	Unique Women's Coalition	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, 2018	June 30, 2020	
51	HIV stakeholder representative #8			*Vacant*		July 1, 2018	June 30, 2020	Miguel Alvarez (SBP/OPS)
	TOTAL:	39						

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

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COMMITTEE ASSIGNMENTS

Updated: December 10, 2019
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE

Regular meeting day: 4th Thursday of the Month
Regular meeting time: 1:00-3:00 PM
Number of Voting Members= 12 | Number of Quorum= 7

COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Grissel Granados, MSW	Co-Chair, Comm./Exec.*	Commissioner
Al Ballesteros, MBA	Co-Chair, Comm./Exec.*	Commissioner
Traci Bivens-Davis, MA	Co-Chair, Operations	Commissioner
Jason Brown	Co-Chair, PP&A	Commissioner
Michele Daniels	At-Large Member*	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Aaron Fox, MPM	Co-Chair, Public Policy	Commissioner
Bridget Gordon	At-Large Member*	Commissioner
Miguel Martinez	Co-Chair, PP&A	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Juan Preciado (LoA)	Co-Chair, Operations	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner

OPERATIONS COMMITTEE

Regular meeting day: 4th Thursday of the Month
Regular meeting time: 10:00 AM-12:00 PM
Number of Voting Members=-10 | Number of Quorum= 6

COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Traci Bivens-Davis, MA	Committee Co-Chair*	Commissioner
Juan Preciado (LoA)	Committee Co-Chair*	Commissioner
Miguel Alvarez	**	Alternate
Danielle Campbell, MPH	*	Commissioner
Michele Daniels (Craig Scott, Alternate)	*	Commissioner
Susan Forrest	**	Alternate
Bridget Gordon	*	Commissioner
Joseph Green	*	Commissioner
Kayla Walker-Heltzel	**	Alternate
Carlos Moreno	*	Commissioner
Greg Wilson	*	Commissioner

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE

Regular meeting day: 3rd Tuesday of the Month
Regular meeting time: 1:00-4:00 PM
Number of Voting Members= 16 | Number of Quorum= 9

COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Jason Brown	Committee Co-Chair*	Commissioner
Miguel Martinez, MPH, MSW	Committee Co-Chair*	Commissioner
Susan Alvarado	*	Commissioner
Raquel Cataldo	*	Commissioner
Susan Forrest	*	Alternate
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Abad Lopez	*	Commissioner
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Diamante Johnson (Kayla Walker-Heltzel, Alternate)	*	Commissioner
Frankie Darling Palacios	*	Commissioner
Raphael Pena (Thomas Green, Alternate- LoA)	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Maribel Ulloa	*	Commissioner
TBD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE

Regular meeting day: 1st Monday of the Month
Regular meeting time: 1:00-3:00 PM
Number of Voting Members= 10 | Number of Quorum= 6

COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Aaron Fox, MPM	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Pamela Coffey (Alasdair Burton, Alternate)	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Lee Kochems, MA	*	Commissioner
Eduardo Martinez	**	Alternate
Nestor Rogel	*	Alternate
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Craig Scott	**	Alternate

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

Regular meeting day: 1st Tuesday of the Month
Regular meeting time: 1:00-4:00 PM
Number of Voting Members = 10 | Number of Quorum = 6

COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	**Committee Co-Chair***	**Commissioner**
Erika Davies	**Committee Co-Chair**	**Commissioner**
Thomas Green	**	Alternate
Felipe Gonzalez	*	Commissioner
David Lee, MPH, LCSW	*	Commissioner
Katja Nelson, MPP	**	Commissioner
Joshua Ray (Eduardo Martinez, Alternate)	*	Commissioner
Justin Valero, MA	*	Commissioner
Amiya Wilson	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS

Regular meeting day: 2nd Thursday of Each Month
Regular meeting time: Immediately following Commission Meeting
Open membership to consumers of HIV prevention and care services*

AGING TASK FORCE (ATF)

Regular meeting day: last Tuesday of the Month
Regular meeting time: 10am-12:00pm
Open membership*

BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE

Regular meeting day/time: Contact Commission Office
Open membership*

TRANSGENDER CAUCUS

Regular meeting day/time: TBD; Contact Commission Office
Open membership*

WOMEN'S CAUCUS

Regular meeting day: 3rd Wednesday of Each Month
Regular meeting time: 10am-12:00pm
Open membership*

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 11/06/19

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
ALVARADO	**SUSAN**	Long Beach Dept. of Health and Human Services	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			HIV Biomedical Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
BROWN	**Jason**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
BIVENS-DAVIS	**Traci**	Community Clinic Association of LA County	No Ryan White or prevention contracts
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	**Danielle**	UCLA/MLKCH	HIV/AIDS Oral Health Care (Dental) Services
			HIV/AIDS Medical Care Coordination Services
			HIV/AIDS Ambulatory Outpatient Medical Services
			HIV/AIDS Medical Care Coordination Services
			nPEP Services

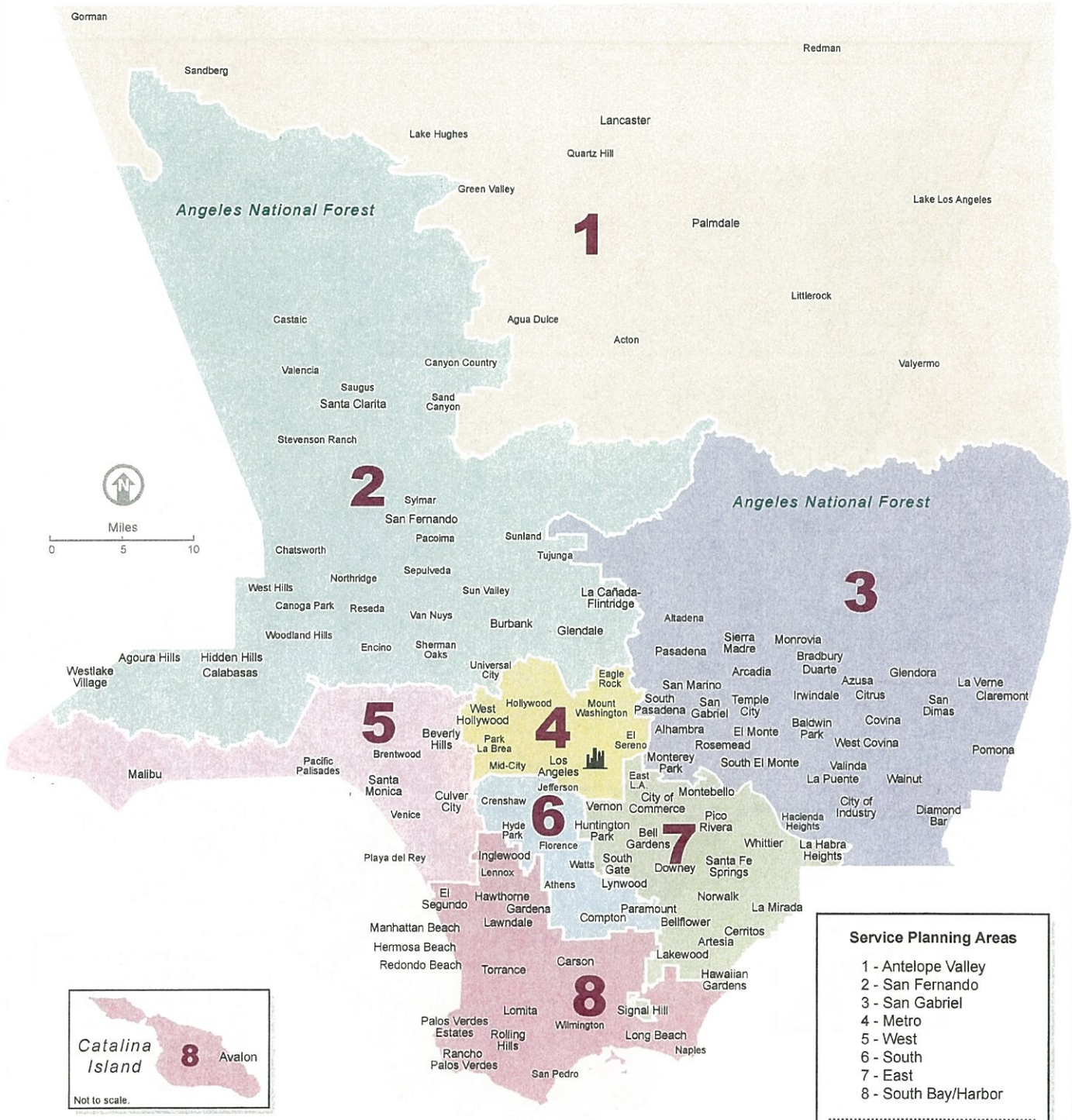
COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CATALDO	**Raquel**	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HCT - Mobile Testing Unit
			HCT - Storefront
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Substance Abuse, Transitional Housing meth)
			Transitional Case Management-Jails
			Benefits Specialty (SPA 1)
			Medical Transportation (SPA 1)
			Oral Healthcare Services (SPA1)
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)
			HCT - Routine Testing
			HCT - Storefront
			Health Education/Reduction Risk
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			STD Screening, Diagnosis and Treatment
			Promoting Healthcare Engagement Among Vulnerable Populations
DAVIES	**Erika**	City of Pasadena	HCT - Storefront
FORREST	**Susan**	Office of Division and Re-entry, Departmet of Health Services, County of Los Angeles	No Ryan White or prevention contracts
FOX	**Aaron**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HCT - Routine Testing, Storefront
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			STD Screening, Diagnosis and Treatment
			Promoting Healthcare Engagement Among Vulnerable Populations

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			Ambulatory Outpatient Medical (AOM)
			HCT-Storefront
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
MARTINEZ	**Miguel**	Children's Hospital, Los Angeles	Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	**Anthony**	Southern CA Men's Medical Group	Biomedical Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
MORENO	**Carlos**	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HCT-Storefront
			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
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HCT - Storefront
			Health Education/Risk Reduction (HERR)
			Health Education/Risk Reduction (HERR), Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
PEÑA	**Raphael**	Unaffiliated consumer	No Ryan White or prevention contracts
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PRECIADO	**Juan**	Northeast Valley Health Corporation	Mental Health, Psychotherapy
			Benefits Specialty
			Mental Health, Psychiatry
			Oral Health
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
RAY	**Joshua**	Unaffiliated consumer	No Ryan White or prevention contracts
ROGEL	**Nestor**	Alta Med	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HCT Mobile Testing
			HIV Biomedical Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Promoting Healthcare Engagement Among Vulnerable Populations
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Mental Health
SCOTT	**Craig**	Unaffiliated consumer	No Ryan White or prevention contracts
SPENCER	**LaShonda**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
ULLOA	**Maribel**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	**Justin**	California State University, San Bernardino	No Ryan White or prevention contracts
WALKER	**Kayla**	No Affiliation	No Ryan White or prevention contracts
WILSON	**Amiya**	Unique Women's Coalition	No Ryan White or prevention contracts
WILSON	**Gregory**	In the Meantime Men's Group, Inc.	Promoting Healthcare Engagement Among Vulnerable Populations

Los Angeles County
Service Planning Areas



Service Planning Areas

1 - Antelope Valley
2 - San Fernando
3 - San Gabriel
4 - Metro
5 - West
6 - South
7 - East
8 - South Bay/Harbor

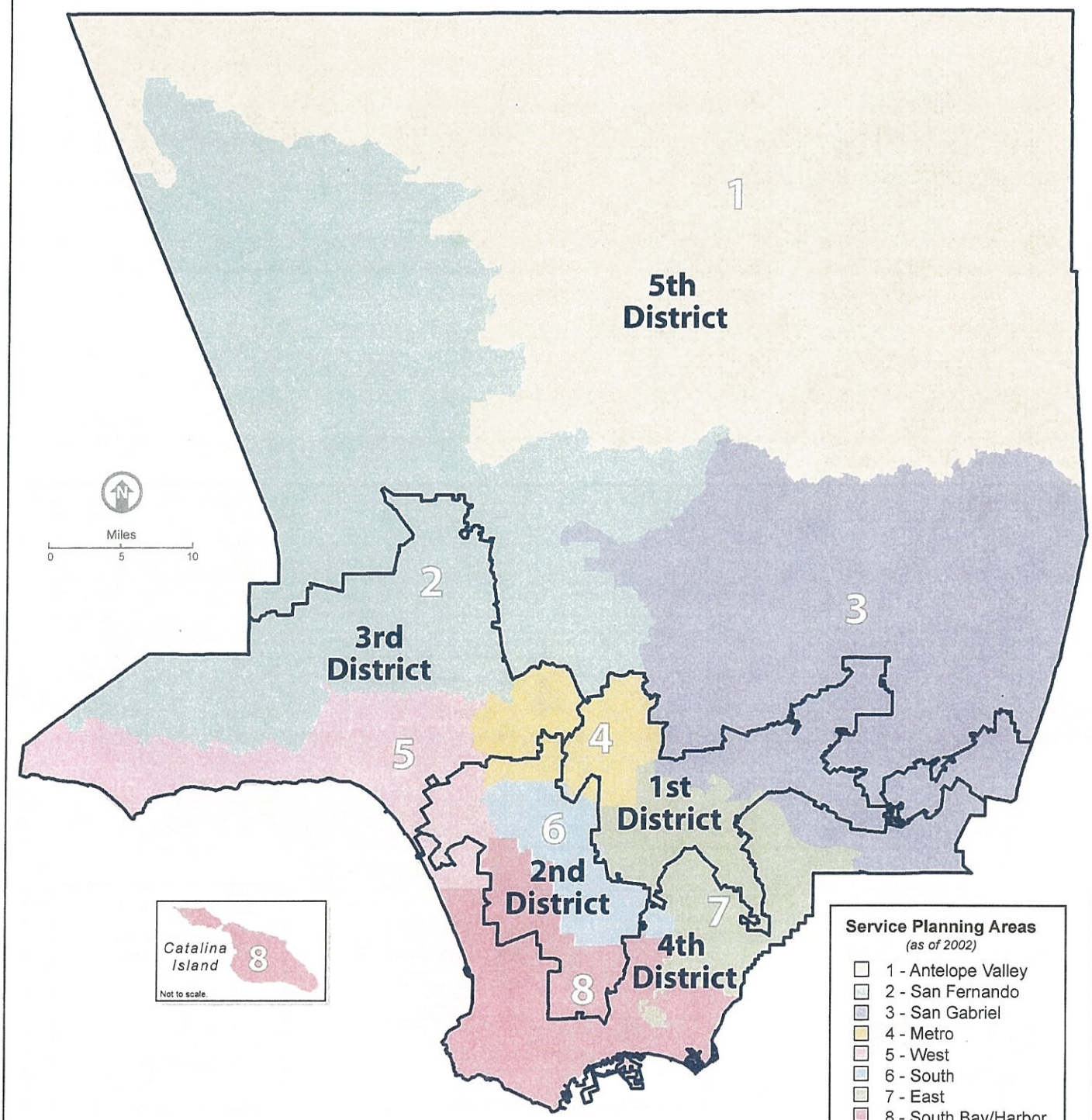
American Indian Children's Council covers all SPAs

Los Angeles County
Children's Planning Council
Improving Children's Lives

Note: City names are shown in **BLACK**.
Communities are shown in **GRAY**.

August, 2002
Los Angeles County
Children's Planning Council
Data Partnership (213) 893-0421

Los Angeles County Service Planning Areas by Supervisorial District



Los Angeles County
Children's Planning Council
Improving Children's Lives

August, 2002
Los Angeles County
Children's Planning Council
Data Partnership (213) 893-0421

HIV Calendar

December 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Week 49	2 1:00 PM - 3:00 PM Public Policy Committee	3 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	4	5 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	6	7
8 Week 50	9	10	11	12 9:00 AM - 1:00 PM Commission Meeting 1:00 PM - 3:00 PM Consumer Caucus Meeting	13	14
15 Week 51	16	17 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A)	18	19	20	21
22 Week 52	23	24	25 8:00 AM - 5:00 PM HOLIDAY - CHRISTMAS DAY | COH Office Closed	26 10:00 AM - 12:00 PM Operations Committee Meeting (CANCELLED) 1:00 PM - 3:00 PM Executive Committee Meeting (CANCELLED)	27	28
29 Week 1	30	31	1	2	3	4

HIV Calendar

January 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29 Week 1	30	31	1	2	3	4
5 Week 2	6 1:00 PM - 3:00 PM [RESCHEDULED TO 01/13/20]] Public Policy Committee	7 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	8	9 9:00 AM - 1:00 PM Commission Meeting 1:00 PM - 3:00 PM Consumer Caucus Meeting	10	11
12 Week 3	13 1:00 PM - 3:00 PM Public Policy Committee Meeting	14	15 9:30 AM - 11:30 AM Women's Caucus	16	17	18
19 Week 4	20 10:00 AM - 12:00 PM Transgender Caucus Meeting	21 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A)	22	23 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	24	25
26 Week 5	27	28 1:00 PM - 3:00 PM Aging Task Force Meeting	29	30	31	1

HIV Calendar

February 2020

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

HIV Calendar

March 2020

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

2. APPROVAL OF THE MEETING MINUTES:

A. October 10, 2019 COH Meeting Minutes **MOTION #2**

3. EXECUTIVE DIRECTOR/STAFF REPORT:

B. Annual Report Development

C. 2020 Meeting Planning

ANNUAL REPORT TEMPLATE

Each Commission is required to provide an update to the Board of Supervisors about its activities through an Annual Report. The Annual Report for Citizen's Advisory Commissions is to be completed either each Fiscal Year or each Calendar Year as determined by the Commission. The following template includes suggested sections, but is meant to be used as a guide and does not preclude a Commission from including additional information.

Part I. Cover Sheet

- Include the name of the Commission and the timeframe covered by the Annual Report
- Include the Commission's physical and website addresses, telephone and fax numbers
- Include members' names and their titles, and the name of the Executive Officer

Part II. Mission Statement

- State the mission of the Commission and any motto or vision/values, if applicable; and how mission, vision and values align with and support the County's Mission and Strategic Priorities
- List any roles and responsibilities of the Commission; this information can be extracted from the Commission ordinance, bylaws or fact sheet

Part III. Historical Background

- Provide historical information about the Commission such as when it was formed and the purpose for its formation
- Include issues of focus in past years, not including most recent past year to be discussed in Prior Year's Accomplishments
- Include significant outcomes of work by the Commission

Part IV. Annual Work Plan

- Provide goals or objectives for the upcoming year; and indicate how goals and objectives support the County's mission, vision and strategic priorities
- Include a work plan to accomplish the goals
- Include a timeline for completion of each goal

Part V. Prior Year Accomplishments

- Include accomplishments for the last year and status of each accomplishment
- Include a completion date or expected completion date

Part VI. Ongoing Long-Term Projects

- Provide any ongoing or long-term projects that the Commission is continuing to work on

LOS ANGELES COUNTY COMMISSION ON HIV

2020 Commission on HIV (COH) Meeting Planning Calendar (subject to change; Tentative; January-March 2020 only; meeting locations and time may vary)

Overarching Meeting Goals for 2020:

1. Sustain the momentum from the annual meeting and demonstrate commitment to ongoing and meaningful community engagement.
2. Focus community planning actions and conversations on meeting the goals of the updated Los Angeles County HIV/AIDS Strategy (as aligned with the national Ending the HIV Epidemic goals).
3. Periodic comprehensive reports on progress, challenges and opportunities for improvement in implementing the local plan to end HIV.
4. Remain flexible to accommodate feedback from the community, respond to opportunities and threats, and make appropriate adjustments to the plan and implementation strategies.

DATE	TOPIC(S)
December 12, 2019	• Review community engagement requirements from the CDC's Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic (EtHE) • Review Commissioner Duty Statement • Annual Meeting review • Review and discuss feedback from the community • Define specific and shared roles and responsibilities for Commissioners/COH and Division of HIV and STD Programs/Department of Public Health
January 9, 2020	• DHSP to present draft local EtHE plan submitted to the Centers for Disease Control and Prevention (CDC). • DHSP to present on EtHE Health Resources and Services Administration (HRSA), and CDC accelerated planning grant applications. • Provide overview of the CDC Program Guidance on Accelerating State and Local Planning to End the HIV Epidemic. • Solicit community feedback on updated local plan. • Discuss and seek agreement on structure, operationalization, membership and backbone organization for a steering committee to lead local EtHE plan implementation, refinement, and evaluation.
February 13, 2020	• Consumer focused/led/centered discussion on draft local EtHE plan. • National Black HIV/AIDS Awareness Day
March 12, 2020	• Creating Systems Change across the County to End HIV • Convene decision makers from Department of Public Health (DPH); Department of Health Services (DHS); Housing for Health (HFH); Department of Mental Health (DMH); Substance Abuse Prevention and Control (SAPC); Los Angeles Homeless Services Authority (LAHSA); Community Clinics Association of Los Angeles County (CCLAC); County Chief Executive Office (CEO); Housing Opportunities for Persons with AIDS (HOPWA); Prevention Through Community Engagement (PACE) Team, HRSA Region IX, etc., who attended the annual meeting to identify their role in implementing the plan. • Finalize steering committee and announce meeting dates

4. CO-CHAIR REPORT:

C. Committee Co-Chair Nominations & Elections Reminder | Duty Statement

D. January 2020 Executive At Large Seat Nomination & Election Reminder | Duty Statement

LOS ANGELES COUNTY
COMMISSION ON HIV

DUTY STATEMENT

COMMITTEE CO-CHAIR

(APPROVED 3-28-17)

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

COMMITTEE LEADERSHIP:

① Serves as Co-Chair of a standing Commission Committee, and leads those monthly meetings

② Leads Committee decision-making processes, as needed

③ Meets monthly with Executive Director, or his/her designee, to prepare the Committee meeting agendas, course of action and assists Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate

④ Assigns and delegates work to Subcommittees, task forces and work groups

⑤ Serves as a member of the Commission's **Executive Committee**.

MEETING MANAGEMENT:

① Serves as the Presiding Officer at the Committee meetings

② In consultation with other Co-Chair and senior Commission staff member(s), leads the Committee meetings,

- conducting business in accordance with Commission actions/interests
- 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
- ruling on issues requiring settlement and/or conclusion

③ Ability to put aside personal advocacy interests, when needed, in deference to role as the Committee's Presiding Officer.

REPRESENTATION:

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

① May ONLY serve as Committee spokesperson at various events/gatherings, in the public, with public officials and to the media if approved by the Commission Co-Chairs and Executive Director

② Take action on behalf of the Committee, when necessary

③ Generates, signs and submits official documentation and communication on behalf of the Committee
③ Present Committee findings, reports and other information to the full Commission, Executive Committee, and, as appropriate, other entities
⑤ Represent the Committee to the Commission, on the Executive Committee, and to other entities
⑥ Support and promote decisions resolved and made by the Committee when representing it, regardless of personal views

KNOWLEDGE:
① CDC HIV Prevention Program, Ryan White Program (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 Ryan White Program 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
⑧ **Minimum of one year active Committee 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 Take-charge, "doer", action-oriented; ability to recruit involvement and interest
⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible
⑥ Firm, decisive and fair decision-making practices

COMMITMENT AND 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

DUTY STATEMENT

AT-LARGE MEMBER, EXECUTIVE COMMITTEE

(APPROVED 3-28-17)

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

COMMITTEE PARTICIPATION:

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

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

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

REPRESENTATION:

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

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

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

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

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

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

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

KNOWLEDGE/BACKGROUND:

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

SKILLS/ATTITUDES:

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

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

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

5. ENDING THE HIV EPIDEMIC

A. 2019 Annual Meeting Evaluation and Follow Up

B. Review of Recommendations from the Community

Ending the HIV Epidemic (EtHE) Community Engagement

COMPONENT B: ACCELERATING STATE AND LOCAL HIV PLANNING TO END THE HIV EPIDEMIC, CENTERS FOR DISEASE CONTROL AND PREVENTION

LOS ANGELES COUNTY COMMISSION ON HIV

Ending the HIV Epidemic

Notice of Funding Opportunity (NOFO) PS19-1906: Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States
Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic

PROGRAM GUIDANCE

- Draft local EtHE plan to CDC by December 30, 2019.
- Final plan due September 2020.
- Ongoing community engagement and input on the plan.

Purpose of CDC Accelerated Planning Grant

- Support local planning efforts to end the HIV epidemic in the U.S.
- Address emerging and existing needs of the local community
- Geographic focus of Phase I of EtHE Initiative focuses on 48 counties, Washington, DC, and San Juan Puerto Rico as well as seven states with a high proportion of HIV diagnoses in rural areas
- Local grant recipient is the Division of HIV and STD Programs, Department of Public Health

Planning Highlights

- Increased and ongoing community engagement
- Concise and expedited planning documentation
- EtHE planning will add to or enhance - not replace - previous planning efforts

Plan Sections

1. **Community Engagement Process (today's focus)**
2. Epidemiologic Profile
3. Situational Analysis
4. EtHE Planning- organized by 4 pillars (diagnose, treat, prevent, and respond)
   - For each pillar, anticipated HIV workforce needs should be described.
   - Reach concurrence on the EtHE Plan with local HIV planning groups
   - Concurrence process must be inclusive of communities that are impacted by HIV and who are community stakeholders in the EtHE activities and outcomes.

Community Engagement Process

- Involves the collaboration of key stakeholders and broad-based communities who work together to identify strategies to increase coordination of HIV programs
- Collective vision that assists the jurisdiction in achieving the goals of the EtHE Initiative.
- Strategies should be flexible to ensure that the voices of the community and key stakeholders who may not be members of the existing HIV Planning Bodies are also heard.
- It is important that all voices are considered in the engagement process and reflected in the Ending the HIV Epidemic Plan

Community Engagement Process

- Engage with existing local prevention and care integrated planning bodies.
- Should include "new voices" that represent communities who have not previously participated in the planning process.
- Must include persons with HIV and persons who are at risk for acquiring HIV.
- Include working with the relevant HRSA-funded Ryan White Part A and B recipients.

Community Engagement Process

- Engage with local service provider partners who provide prevention, care and other essential services for people with HIV and at high risk for HIV
- Includes health and social service providers that engage with the communities we wish to reach (e.g., criminal justice system, youth services, addiction treatment centers, etc.).
- Harness broad community input to develop a feasible and sustainable plan.

Next Steps

- Leverage role as Commissioners to gather input from the community
- Share our work outside of our HIV "walls"
- Focus on shared values and goals
- Remain flexible to accommodate feedback from the community and respond to threats and opportunities.

LOS ANGELES COUNTY
COMMISSION ON HIV

2019 Annual Meeting Evaluation Results

Renewed Opportunities & Collaborations in Times of Urgency to End the HIV Epidemic

54 TOTAL RESPONDENTS
178 TOTAL ATTENDEES BASED ON SIGN-IN SHEET

1. What best describes you? Please check only one.

   (14) Commission Member
   (0) Representative from the Board of Supervisors' Office
   (16) Community-based organization staff
   (6) Health Agency Staff (DPH, DHS or DMH)
   (6) Community Member
   (11) Other: Community liaison, pharma community liaison, AETC, healthcare/affordable housing activist, health educator, recovery specialist, case manager, addiction specialist, unaffiliated consumer

   - 30% were from community based organizations, 26% Commissioners, 21% answered Other, 11% were community members, and 11% were staff from either DPH, DHS or DMH.
   - Note that two respondents that answered *Other* did not specify their titles.
   - 1 respondent did not answer this question

2. How would you rate the 2019 Annual Meeting?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The meeting time and place were convenient	0	1	2	22	29
The meeting covered the promised goals and objectives	0	0	5	24	25
The meeting format was an effective method for sharing information and ideas	0	0	3	27	24
Facilitators encouraged participation and questions	0	0	1	22	31

- 54% strongly agreed and 41% agreed that the meeting date and time were convenient. 4% were neutral and 2% disagreed.
- 91% strongly agreed or agreed the meeting covered the promised goals and objectives. 9% were neutral.
- 50% agreed and 44% strongly agreed the meeting format was an effective method for sharing information and ideas. 6% were neutral.
- 57% strongly agreed and 42% agreed the facilitators and presenters encouraged participation and questions. 2% were neutral.

3. How would you rate the **overview of the Federal Plan** to End the HIV Epidemic?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The information was useful in the work I do at my agency	0	1	6	23	24
The presentation increased my knowledge on the subject	1	1	7	21	24
The presentation met my overall expectations	0	0	9	28	17
I would recommend this presentation to my colleagues	0	0	7	29	18

- 87% strongly agreed or agreed the information was useful in the work they do at their agency. 11% were neutral and 2% disagreed.
- 44% strongly agreed and 39% agreed the presentation increased their knowledge on the Federal Plan. 13% were neutral, 2% disagreed and 2% strongly disagreed.
- 1 responded noted that the presentation did not increase their knowledge given they have been tracking EtHE for awhile.
- 54% agreed and 31% strongly agreed that the presentation met their overall expectations. 17% were neutral.
- 54% agreed and 33% strongly agreed that they would recommend this presentation to their colleagues. 13% were neutral.

4. How would you rate the **panel on the Leadership to End the HIV Epidemic**: Insights on Public Health and Community Partners?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The information was useful in the work I do at my agency	0	0	10	19	24
The presentation increased my knowledge on the subject matter	0	3	5	19	26
The presentation met my overall expectations	1	2	5	19	23
I would recommend the presentation to colleagues	1	0	8	24	20

- 45% strongly agreed and 36% agreed the information was useful in the work they do at their agency. 19% were neutral.
- 49% strongly agreed and 36% agreed the presentation increased their knowledge on the subject matter. 9% were neutral and 6% disagreed.
- 84% either strongly agreed or agreed the presentation met overall expectations. 10% were neutral, 4% disagreed and 2% strongly disagreed.

- 83% either strongly agreed or agreed they would recommend the presentation to their colleagues. 15% were neutral and 2% disagreed.

5. How would you rate the **breakout discussion**, Creating an Effective and Responsive Community Planning Structure to end HIV?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The information was useful in the work I do at my agency	0	1	6	22	21
The discussion increased my knowledge on the subject	0	1	8	20	20
The discussion met my overall expectations	0	1	11	20	17
I would recommend the discussion to colleagues	0	2	8	22	17

- 86% either strongly agreed or agreed the information was useful in the work they do at their agency. 12% were neutral and 2% disagreed.
- 82% either strongly agreed or agreed the breakout discussion increased their knowledge on the subject.
- 41% agreed and 35% strongly agreed the discussion met my overall expectations. 22% were neutral and 2% disagreed.
- 45% agreed they would recommend the discussion to colleagues. 35% strongly agreed, 16% were neutral and 4% disagreed.

6. What opportunities do you see to work with the Commission on community planning and engagement to achieve the goals of the federal and local plans?
    - Offering feedback and community what is happening in the field.
    - N/A
    - Increase engagement – participation especially more consumer voices
    - Monthly meetings to meet with providers in shared communities
    - Already do some
    - Get more agencies to get involved in the planning or at least for them to learn about the Commission
    - Monthly update across agencies
    - Engaging neighborhood councils, get out vote to elect leaders friendly to cause
    - Meeting other agencies
    - Prioritizing women, infants, children and youth
    - Having or attending different meetings with other community members
    - I'm curious if I can help at the State level as well. The local/COH level, continue to share my story
    - Attending and participating at Commission meetings
    - Understanding what the community wants/doesn't want
    - More involvement with local clinics and providers. The ideas are there but how will they be executed. Is it realistic?

- More transparent
- The expansion of the EtHE initiative to the community
- Changing from in person meetings to live stream/online formats (skype, periscope, google hangout). Making the Commission accessible for more folks (youth, folks working 9-5) and pay volunteers a stipend/gas mileage.
- Attend the Commission meetings
- N/A
- Commission could work on recommendation for partnerships
- Expansion on support to locate such individuals throughout the County and cross County.
- Setting up the infrastructure well past the last diagnosis to make sure new cases stay suppressed

7. What did you like most about today's event?
    - Community engagement
    - Information on rates of HIV
    - Enjoyed the diversity and engagement of the attendees.
    - The voice of the person living with HIV
    - Listening from high level officials
    - The first panel with different types of departments and research updates
    - Morning
    - People calling one another in
    - Well organized
    - Leadership to End the HIV Epidemic
    - The different panels interaction with others
    - Group activity
    - The panel discussion
    - Not parking
    - Workgroup discussion
    - Very informative
    - The panels, breakout session
    - Learning more about the barriers communities face
    - The different agencies who got together in the table today
    - The information provided
    - The opportunity that we had to share our ideas about what we think to end the HIV epidemic
    - The energy! Today was such a phenomenal event. Thank you for the people that put on the event.
    - The discussions and Q&A
    - Presentations provided
    - An overview of EtHE in LAC from multiple partners
    - Excited by large turnout; great conversation and sharing
    - I enjoyed the panel discussions and open format for public comments/questions. The USCD study was fascinating.
    - The group discussion and networking opportunities
    - Breakfast/lunch
    - The federal overview

8. What, if anything, could be improved for future meetings?
    - A bigger space
    - More voice of community
    - More updates on research being done and plans being created
    - More engagement
    - Room too cold
    - Have all presentation slides
    - Session on action items
    - Noticed some whose jobs are attached to wellness may be hesitant to speak
    - Better answers/accountability to questions asked
    - More consumer involvement
    - Having younger generation on the panel
    - Encourage the community members participation
    - Expand funding opportunities that are available
    - To be honest, I like the square/rectangle tables for this. The round table is good, but it was hard for me to be comfortable.
    - N/A
    - Facilitators for each table and more time for breakout activity
    - Much tooooo cold
    - Room temperature
    - Better time management and don't let things drag on. Also the temperature was cold.
    - N/A
    - Climate control and additional breaks
    - More collaboration opportunities to engage in partnership
    - The second panel, though informative was way long. Maybe vet some questions.

9. Any additional comments?
    - Thank you
    - N/A
    - Great program – thank you!
    - Implement social media ties in order to reach greater audience
    - More participation from schools and departments focusing on youth. "Nip stigma in the bud."
    - No
    - Thank you great meeting
    - Need to translate discussions to actionable items!
    - Engage more consumers/CAB members to be informed of the work you do for the community
    - Lots of hardwork -> appreciated
    - Maybe anonymous questions/suggestions/concerns box
    - N/A
    - Excellent logistic and time management
    - Women need to be more similar to MSM population. Show data of women living with HIV and births of exposed infants
    - Thank you
    - Thanks for inviting me to this meeting

- Try and attempt to stay on time based on agenda
- The food – breakfast, lunch and snacks were great. The vision board also is just a great way/idea for expression. Thank you!
- N/A
- The passion and commitment of DHSP and COH is noticeable and notable!
- Good first step; not all groups seemed to have an understanding of their assigned breakout question; good diversity of participants
- For leadership panel, would be better to have only one health department rep and replace with other nontraditional leaders – housing, jails, etc.
- There should be more emphasis on Asian/Pacific Islanders when it comes to vulnerable populations and allocating resources. Also there should be a transnational approach since LA is an international city.
- N/A
- Thanks for all the hard work you do!

LOS ANGELES COUNTY COMMISSION ON HIV

2019 Annual Meeting Report DRAFT

Renewed Opportunities & Collaborations in Times of Urgency to End the HIV Epidemic

On November 14, the Commission on HIV invited key stakeholders to participate in a community dialogue to discuss the federal initiative, *Ending the HIV Epidemic: A Plan for America (EtHE)*, and what it means locally for the Los Angeles County HIV/AIDS Strategy. Attendees heard County, State, Federal, and research partners present on new opportunities and resources as a result of the federal initiative and discussed how County residents and organizations can harness our collective efforts to end HIV, once and for all.

This summary reflects key takeaways from the meeting on the leadership and community partnerships necessary to end the HIV epidemic, insights on what it will take to reach the goals of the federal initiative, and the responsibility of the Commission, Department of Public Health, and community based organizations to support people living with HIV and communities at highest risk. A total of 178 attendees participated in the annual meeting.

60,946
people living with HIV in LA County

Understanding the Federal Plan

Goal: Reduce the number of new HIV infections in the U.S. by 75% in 5 years & by at least 90% in 10 years

KEY TAKEAWAYS

New funding & resources are coming to LA County

The Division of HIV & STD Programs (DHSP) applied for both HRSA and CDC funding opportunities released to support the federal initiative. Planning grants to support *Ending the HIV Epidemic* research were awarded to both UCLA (3 grants) and UCSD (1 grant).

We have the right data, right tools, and right leadership

Given the focus on HIV at the national level, the advances in treatment and biomedical prevention, and the leadership at local, state and federal levels, acknowledging leadership includes people living with HIV, we have the impetus and energy to move towards a HIV-free generation.

Multi-sector commitment is needed to achieve the federal goal

Presentations from various leaders of key organizations in the County and input from the community emphasized the importance of multi-sector partnerships and collaboration. Los Angeles County plans to collaborate across regions (Orange County, San Diego, etc.).

Innovation is vital for ending the HIV epidemic

DHSP is holding focus groups for input on the development of a Undetectable = Untransmittable marketing campaign & is looking to build workforce capacity on sex positivity, equity, and social justice to support the local LA County HIV/AIDS Strategy, in addition to new efforts from new *Ending the HIV Epidemic* funding and resources.

Guest speakers at the event:

- Division of HIV & STD Programs (DHSP)
- Prevention through Active Community Engagement (PACE) Program
- California Department of Public Health, Office of AIDS
- UCLA & UCSD
- Department of Public Health, Executive Leadership
- Community Clinics of Los Angeles County (CCLAC)

DHSP is committed to aligning LA County HIV/AIDS Strategy metrics and timeframe with EtHE and plans to develop a data to action infrastructure to increase programmatic efficiency.

CDPH will act as a pass through for EtHE funding for 6 counties separate from LA and San Francisco. Their efforts will focus on HIV, Hepatitis and STDs.

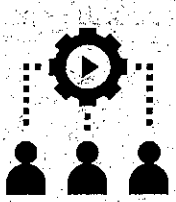
The PACE Program Team has been deployed by the Office of the Assistant Secretary for Health to LA County to support community engagement for EtHE.

CCLAC is committed to EtHE and will support outreach, identifying at-risk people, increasing HIV testing & providing PrEP at federally qualified health centers & partnering with DPH to scale up service delivery at safety net clinics across the County.

TOP INSIGHTS FROM GROUP DISCUSSION

Ongoing & meaningful community engagement is necessary

Participants stressed the importance of financial incentives/reimbursement for people living with HIV providing high level of engagement as unpaid volunteers, prioritize incentives/reimbursement; increase representation from the most impacted communities and people living with HIV; give power back to the community by reassessing systems, recruiting front-line staff & young people, creating term limits for commissioners.



Determine clear roles for the Commission & DHSP

Commission: Include broader input from the community other than Commissioners; lift-up consumer voice for policy advocacy efforts; communicate challenges in real time; track progress towards the goals.
Division of HIV & STD Programs: Share data & include transparent metrics; increase collaboration among regional partners; address policies that limit services; engage other County departments.
Shared: systems integration across County departments; multi-sector partnerships for prevention & treatment; increase consumer education, knowledge & employment.

Partners must be transparent and held accountable

Align new *Ending the HIV Epidemic* plans across neighboring jurisdictions, the State, and the Los Angeles HIV/AIDS Strategy to develop similar metrics for tracking progress towards federal goals; educate elected officials and hold gatekeepers to change accountable; ensure LA County HIV/AIDS Strategy goals are incorporated into planning and service delivery goals across sectors.

For more information on the federal plan visit
https://www.hrsa.gov/ending-hiv-epidemic or
https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

Interested in staying connected? Email HIVcomm@lachiv.org to be added to the Commission on HIV listserv.

LOS ANGELES COUNTY COMMISSION ON HIV

Ending the HIV Epidemic Summary Matrix Collaboration Ideas from Annual Meeting

Organization	What support do you need from the community at large to be successful?	What do you see as opportunities to work with the Commission on HIV?
Division of HIV and STD Programs	DHSP cannot End the HIV Epidemic in LAC alone and financial resources are not the only thing we need to End the HIV Epidemic in Los Angeles County. To End the HIV Epidemic in LAC we need unwavering commitment from traditional and non-traditional service providers, government leadership at the local and State-levels, activism from the community-at-large, innovative thinking and problem solving and agreement that Ending the HIV Epidemic is a public health priority. We cannot End the HIV Epidemic in LAC without addressing the meth epidemic, uncontrolled number of syphilis infections, mental health disorders and lack of affordable housing.	The Commission can engage non-traditional partners, obtain feedback from PLWH and persons at risk for new services development, inform County leadership about system and infrastructure challenges and barriers and their impact on access and quality of public health services, advocate for change and empower the community.
University of California Los Angeles, Center to HIV Identification, Prevention, and Treatment Services (CHIPTS)	We need participation and feedback from the community-at-large for each of the three projects: 1. A regional meeting on 1/24/20 in Los Angeles, in which stakeholders and community partners/members from LAC and other CA counties will be invited to in order to discuss and develop a plan for regional coordination. Group interviews will be conducted with county representatives to inform the regional coordination plan. 2. A community consultation meeting on 2/10/20 at St. Anne's Conference Center, in which community partners and members as well as technology-developers will be invited. It will include breakout sessions to discuss challenges and barriers of implementing technology-based PrEP delivery services by key populations. 3. Six focus groups to be conducted on 1/8/20, 1/13/20, and 2/3/20. Two sessions each will be conducted with a) clinical/nonclinical providers, b) policy makers and agency partners, c) consumers.	• COH participation in the 1/24/20 regional meeting. For Cheryl Barrit and co-chairs to provide feedback and suggestion on the agenda and format to ensure engagement from community, COH, and other county stakeholder. • COH involvement and assistance on soliciting community feedback when developing, reviewing, and revising the products/deliverables from each project. • Participation from COH members in the consultation meeting and focus groups, where appropriate and feasible. • COH assistance in disseminating or implementing recommendations as a result from the projects (supporting regional coordination, facilitating PrEP uptake, and supporting implementation recommendations for LAI ART).
Department of Public Health, Office of AIDS	There is a critical need for community input as the plans are developed in order to accurately address community specific needs. Your sharing thoughts and suggestions for effective, innovative, and radically different approaches is essential, as well as your seeking the input of others in your communities. Submit thoughts to ETE@cdph.ca.gov	• Collaborate in hosting community listening sessions. • COH reviewing drafts as the plan is developed. • Providing concurrence on the final plan that will be submitted to the CDC .

UCSD Center for AIDS Research (CFAR)	We will need assistance from the community at large to identify culturally acceptable approaches to engaging with those who could benefit most from this project. As a part of this process, we look to the community to help us be cognizant of community concerns, preferences, and priorities.	• Assistance getting community feedback as we develop the protocol for out project, especially with members of the Transgender Caucus. • Assistance identifying providers with whom we can reach out to propose partnering with for our social network recruitment study. The ideal partners would (i) be accepted and utilized by the community (ii) have a small space for us to administer a short survey, (iii) provide rapid HIV testing, and (iv) provide PrEP if this test is negative. • Assistance increasing awareness about the project in the community and disseminating findings.
Region 9 Prevention through Active Community Engagement (PACE) Program	The PACE Program will be looking into the community at large for further engagement, partnerships, and collaboration efforts to identify resources within the community to amplify and extend this initiative locally, regionally and nationwide.	The PACE team would like to collaborate with the Commission on HIV to reach out to community organizers to identify hardest hit communities and provide support to the areas with the greatest needs. In addition, the PACE team will work with the COH to mobilize community members and engage with partners across the state and region to support a strategic plan for ending the HIV epidemic.
Los Angeles County Department of Public Health	1. Support from community partners is critical to engage at-risk community members, especially those hard to reach, to provide testing and linkage to/maintenance in care. 2. Promote awareness of the County's goals and efforts to support a Collective Impact approach.	1. Remain informed and support Commission on HIV activities which target the End the HIV Epidemic and facilitate health service integration. 2. Share information with the Commission on HIV on the breadth of activities supported by the Los Angeles County Department of Public Health that align with the End the HIV Epidemic goal and streamline services across the Departments of Public Health, Health Services, and Mental Health.

Community Clinics Association of Los Angeles County (CCALAC)	There are many opportunities for community-based organizations to partner with community clinics and health centers on supporting our common clients. For example, partnerships in legal services, housing, food security and transportation can enhance the services offered by clinics and address social needs expressed by patients.	We'd love to continue to work with the commission to explore the promising practices being done in the clinics and work to scale them together. Several CCALAC members participate actively in the commission, in addition to one CCALAC staff member on the Commission.

LOS ANGELES COUNTY
COMMISSION ON HIV

DUTY STATEMENT

COMMISSIONER

Candidates for membership on the Commission on HIV must complete a membership application and are evaluated/scored by the Commission's Operations Committee, consistent with Policy/ Procedure #09.4205 *(Commission Membership Evaluation and Nomination Process).* The Operations Committee recommends candidates for membership to the Commission, which, in turn nominates them to the Board of Supervisors by a majority vote. The Board of Supervisors is responsible for appointing members to the Commission.

DUTIES AND RESPONSIBILITIES:

In order to be an effective, active member of the Commission on HIV, an individual must meet the following demands of Commission membership:

1. **Representation and Accountability:**
   - Possess a thorough knowledge of HIV/AIDS/STI issues and affected communities, and the organization or constituency the member represents;
   - Continually and consistently convey two-way information and communication between the organization/constituency the member represents and the Commission;
   - Provide the perspective of the organization/constituency the member represents and the Commission to other, relevant organizations regardless of the member's personal viewpoint;
   - Participate and cast votes in a manner that is best for the entire County, regardless of the personal opinions of the member personal or the interests/opinions of the organization/constituency the member represents.

2. Commitment/Participation:

- Commitment to fill a full two-year Commission term.
- A pledge to:
    - respect the views of other members and stakeholders, regardless of race, ethnicity, sexual orientation, HIV status or other factors;
    - comply with "Robert's Rules of Order, Newly Revised", the Ralph M. Brown Act, the Commission's Code of Conduct and applicable HIPAA rules and requirements;
    - consider the views of others with an open mind;
    - actively and regularly participate in the ongoing decision-making processes; and
    - support and promote decisions resolved and made by the Commission when representing the Commission.
    - A commitment to devote a minimum of ten hours per month to
    - Commission/committee attendance, preparation and other work as required by your Commission membership.
- Each year of the two-year term, the Commissioner is expected to attend* and participate in, at a minimum, these activities:
    - Two all-day Commission orientation meetings *(firstyear only)* and assorted orientations and trainings of shorter length throughout the year;
    - One to two half-day County commission orientations *(alternate years);*
    - One half- to full-day Commission meeting monthly;
    - One two- to three-hour committee meeting once a month;
    - All relevant priority- and allocation-setting meetings;
    - One all-day Commission Annual Meeting in the Fall;
- Assorted voluntary workgroups, task forces and special meetings as required due to committee assignment and for other Commission business.

**Stipulation: Failure to attend the required meetings may result in a Commissioner's removal from the body.*

3. Knowledge/Skills:

- A commitment to constantly develop, build, enhance and expand knowledge about the following topics:
    - general information about HIV/STIs and its impact on the local community;
    - a comprehensive HIV/STI continuum of care/prevention services, low-income support services, and health and human service delivery;
    - the Commission's annual HIV service priorities, allocations and plans;
    - the Ryan White Program, County health service and Medicaid information and other information related to funding and service support.

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

LOS ANGELES COUNTY
COMMISSION ON HIV

Ryan White HIV/AIDS Program Parts

The Ryan White HIV/AIDS Program is divided into five Parts, following from the authorizing legislation. Note that all Parts utilize the same service categories.

- PART A provides grant funding for medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are population centers that are the most severely affected by the HIV/AIDS epidemic.

- PART B provides grant funding to states and territories to improve the quality, availability, and organization of HIV health care and support services. Grant recipients include all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the 5 U.S. Pacific Territories. In addition, Part B also includes grants for the AIDS Drug Assistance Program (ADAP).

- PART C provides grant funding to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. Part C also funds planning grants, which help organizations more effectively deliver HIV care and services.

- PART D provides grant funding to support family-centered, comprehensive care to women, infants, children, and youth living with HIV.

- PART F provides grant funding that supports several research, technical assistance, and access-to-care programs. These programs include:

  - The Special Projects of National Significance Program, supporting the demonstration and evaluation of innovative models of care delivery for hard-to-reach populations;

  - The AIDS Education and Training Centers Program, supporting the education and training of health care providers treating people living with HIV through a network of eight regional centers and three national centers;

  - The Dental Programs, providing additional funding for oral health care for people with HIV through the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program; and

  - The Minority AIDS Initiative, providing funding to evaluate and address the impact of HIV/AIDS on disproportionately affected minority populations.

Retrieved from: https://hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program.
October 2016.

8. CALIFORNIA OFFICE OF AIDS (OA) REPORT

California Department of Public Health

Office of AIDS

ADAP Update for Stakeholders

October 2019, Notice #79

Contact Information
ADAP Call Center Open 8 a.m. to 5 p.m. Monday through Friday Toll-Free Phone: (844) 421-7050 Fax: (844) 421-8008 Mailing Address: CDPH P.O. Box 997426 Mail Stop 7704 Sacramento, CA 95899
Magellan Call Center Open 24 hours a day, 7 days a week. Toll-Free Phone: (800) 424-5906
Pool Administrators Inc. (PAI) Open 8 a.m. to 5 p.m. Monday through Friday. Toll-Free Phone: (877) 495-0990

Updates

The California Department of Public Health (CDPH) is committed to providing excellent customer service to its ADAP clients. Thank you for all of your hard work ensuring clients receive their life-saving medication.

Clients Opting Out of Employer Sponsored Insurance

On October 1, all Enrollment Workers received Management Memorandum 2019-21: Clients Opting Out of Employer Sponsored Insurance as an update to the policy issued in Management Memorandum 2015-02, informing Enrollment Workers that effective October 1, 2019 clients whose employer-sponsored health coverage is deemed unaffordable will now have the option to opt out of

their employer-sponsored health insurance, enroll into any on or off exchange health plan of their choice, and enroll into the Office of AIDS, Health Insurance Premium Payment program (OA-HIPP).

ADAP is not encouraging clients to forego their employer-sponsored insurance. This policy clarification provides another option for clients who have extremely high premiums and/or deductibles or who have concerns regarding their confidentiality.

Additionally, beginning in 2020, employer-sponsored health coverage will be deemed unaffordable for clients if the premium exceeds 9.78 percent of their annual household income.

Medicare Part D Open Enrollment

On October 13, ADAP released Management Memorandum 2019-23: Medicare Part D Open Enrollment, informing Enrollment Workers of the Medicare Part D Open Enrollment period as well as its requirements. The Medicare Part D Open Enrollment period for 2020 coverage is October 15, 2019 through December 7, 2019. On October 7, CDPH mailed letters to clients enrolled in the Medicare Part D Premium Payment (MDPP) program informing them of the open enrollment period.

Covered California Open Enrollment and OA-HIPP Program Requirements

On October 21, ADAP released Management Memorandum 2019-25: Covered California Open Enrollment and OA-HIPP Program Requirements, which provided information about the Covered California open enrollment period and OA-HIPP program requirements. The Covered California open enrollment period is October 15, 2019 through January 31, 2020. CDPH is in the process of sending letters to:

1. OA-HIPP clients who are currently enrolled in a Covered California health plan in order to inform them of Covered California's renewal process and subsequent OA-HIPP requirements.
2. ADAP-only clients (those who have no other form of healthcare coverage, and for whom ADAP is paying the full cost of their ADAP Formulary prescriptions) in order to inform them of their Covered California healthcare options and how to apply. Clients who are not eligible for Covered California will be informed that they may be able to obtain insurance directly through certain health insurance plans.

Off-Exchange Health Plan Open Enrollment and OA-HIPP Program Requirements

On October 21, ADAP released Management Memorandum 2019-26: Off-Exchange Health Plan Open Enrollment and OA-HIPP Program Requirements, which provided information about the Off-Exchange open enrollment period and OA-HIPPs program requirements. ADAP has established an off-exchange process with Anthem Blue Cross, Blue Shield of California, and Kaiser Permanente. ADAP strongly recommends that clients contact the health plan directly regarding open enrollment dates if enrolling in a plan other than the ones listed above since different plans may have varying open enrollment dates. Over the next few weeks, CDPH will send a letter to clients who are currently

enrolled in OA-HIPP and an Off-Exchange health plan to remind them of the OA-HIPP requirements during open enrollment.

ADAP Formulary Update

On September 25, ADAP released Management Memorandum 2019-19: Addition of Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate (Symfi Lo) to the ADAP Formulary. This memorandum informed Enrollment Workers of OA's update to the ADAP formulary with the addition of Symfi-Lo.

On October 14, ADAP released Management Memorandum 2019-22: Addition of Pitavastatin Magnesium (Zypitamag™) to the ADAP Formulary, which informed Enrollment Workers of OA's update to the ADAP formulary with the addition of Zypitamag™.

On October 18, ADAP released Management Memorandum 2019-124: Addition of Naloxone to the ADAP Formulary. This memorandum informed Enrollment Workers of OA's update to the ADAP formulary with the addition of Naloxone.

Medicare Part B and Private Insurance Premiums

CDPH clarified with HRSA that ADAP funds can be used to pay health insurance premiums for clients who cannot afford their Medicare Part B, until they are age 65. The client cannot be receiving Part B, Part D, or any other third-party coverage while CDPH is paying for their private insurance premiums. Once they turn 65, and are no longer eligible for private insurance, they would also no longer be eligible for private insurance premium assistance.

However, CDPH is not encouraging clients to forego their Medicare Part B and Part D coverage. In most cases, if a client does not sign up for Part B and Part D when first eligible, they will be required to pay late enrollment penalties for as long as they have Part B and Part D. Additional penalties may be added for each 12-month period a client does not enroll. CDPH is unable to assist with paying for these penalties. Clients are advised to research each option carefully.

This policy clarification provides another option for clients who cannot afford Medicare Part B premiums and/or deductibles.

Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) Updates

As of October 11, there are 186 PrEP-AP enrollment sites covering 131 clinics that currently make up the PrEP-AP Provider Network. To view a map of the clinics that are a part of the PrEP-AP Provider Network, click here.

If you have any questions, please email PrEP.Support@cdph.ca.gov.

Thank you for your partnership and commitment to the health and safety of Californians living with HIV. With your assistance, we strive to ensure all eligible ADAP clients receive the life-saving medication they need. We not only welcome but also value your feedback. Please contact me with any suggestions, questions, or concerns.

Marisa Ramos, Ph.D.
Acting Chief, Office of AIDS
Marisa.Ramos@cdph.ca.gov

HIV Viral Suppression Rates by Medi-Cal Managed Care Plan, 2015-2017

The California Department of Health Care Services (DHCS), in collaboration with the California Department of Public Health (CDPH) Office of AIDS (OA), calculated the annual HIV viral load suppression indicator by Medi-Cal managed care plan for the years 2015-2017.

Sustained HIV viral suppression virtually eliminates HIV transmission to sexual partner(s), improves the health of people living with HIV, and is used as a marker for health care quality. The HIV viral load suppression indicator[1] calculates the number and percentage of HIV-positive Medi-Cal beneficiaries age 18 and older who were virally suppressed among those who had received a medical visit during a given calendar year (CY) and were confirmed to be HIV positive by CDPH HIV surveillance data.

For the data presented in this fact sheet, DHCS provided to OA a list of all Medi-Cal HIV-positive beneficiaries age 18 years or older along with a variable indicating whether the patient received a medical visit during the given CY and variables necessary for matching to CDPH's HIV surveillance data.

Using a probabilistic matching algorithm, OA matched the Medi-Cal beneficiaries with HIV-positive individuals in the CDPH HIV surveillance system to confirm HIV infection and determine whether patients were virally suppressed. This Fact Sheet reports HIV viral suppression rates by Medi-Cal managed care plan among enrollees age 18 years or older who received a medical visit. Viral suppression rates of Medi-Cal enrollees age 18 years and older with HIV stratified by race/ethnicity and gender can be found at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx.

Background about Medi-Cal's managed care plans and reporting units can be found on pages 16-20 of the *Medi-Cal Managed Care External Quality Review Technical Report* found at https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2017-18_EQR_Technical_Report_F1.pdf.\

[1]Specifications defined in the Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) Technical Specifications and Resource Manual for Federal Fiscal Year 2018 Reporting.

MCP Name	Reporting Unit*	2015			2016			2017		
		Number of HIV+ members	Number of HIV+ members who had a medical visit	% virally suppressed among those with medical visit	Number of HIV+ members	Number of HIV+ members who had a medical visit	% virally suppressed among those with medical visit	Number of HIV+ members	Number of HIV+ members who had a medical visit	% virally suppressed among those with medical visit
Alameda Alliance for Health	Alameda	1042	975	84.1%	1066	992	85.5%	1036	964	85.1%
Anthem Blue Cross Partnership Plan	Alameda	266	244	85.7%	296	267	80.5%	315	285	82.5%
	Contra Costa	34	28	75.0%	46	45	80.0%	46	42	88.1%
	Fresno	177	158	74.1%	226	202	75.2%	228	210	77.1%
	Kings	12	-	-	15	14	71.4%	18	18	77.8%
	Madera	12	11	72.7%	17	17	88.2%	16	16	87.5%
	Sacramento	734	706	78.5%	786	741	85.3%	756	710	81.1%
	San Benito	-	-	-	-	-	-	-	-	-
	San Francisco	501	470	84.7%	477	461	83.3%	442	423	85.8%
	Santa Clara	87	80	75.0%	104	96	82.3%	113	108	82.4%
	Tulare	41	32	65.6%	49	40	65.0%	54	47	68.1%
	Region 1*	63	59	76.3%	67	59	79.7%	62	59	69.5%
	Region 2*	87	85	61.2%	112	106	77.4%	110	106	77.4%
California Health & Wellness Plan	Imperial	36	35	82.9%	41	39	79.5%	56	51	88.2%
	Region 1*	57	56	73.2%	53	51	82.4%	59	54	87.0%
	Region 2*	37	32	53.1%	58	53	69.8%	57	50	66.0%
CalOptima	Orange	1535	1444	78.8%	1421	1335	80.6%	1426	1349	77.7%
CalViva Health	Fresno	392	372	73.9%	513	474	76.4%	521	485	79.8%
	Kings	23	22	18.2%	28	25	80.0%	30	28	89.3%
	Madera	28	25	60.0%	31	26	69.2%	29	28	75.0%

MCP Name	Reporting Unit*	2015			2016			2017		
		Number of HIV+ members	Number of HIV+ members who had a medical visit	% virally suppressed among those with medical visit	Number of HIV+ members	Number of HIV+ members who had a medical visit	% virally suppressed among those with medical visit	Number of HIV+ members	Number of HIV+ members who had a medical visit	% virally suppressed among those with medical visit
Blue Shield of California Promise Health Plan**	San Diego	669	617	79.9%	788	739	84.7%	853	809	77.8%
CenCal Health	San Luis Obispo	94	84	51.2%	97	88	42.0%	100	87	66.7%
	Santa Barbara	142	139	85.6%	149	134	85.8%	160	151	88.7%
Central California Alliance for Health	Merced	116	103	41.7%	132	122	58.2%	134	128	67.2%
	Monterey/ Santa Cruz	392	378	83.3%	416	390	80.3%	409	383	83.0%
Community Health Group Partnership Plan	San Diego	893	824	62.3%	887	829	80.7%	849	794	72.7%
Contra Costa Health Plan	Contra Costa	419	388	79.1%	467	424	81.6%	477	439	83.6%
Gold Coast Health Plan	Ventura	272	238	45.4%	275	252	84.9%	264	250	86.0%
Health Net Community Solutions, Inc.	Kern	108	98	59.2%	124	105	61.0%	111	99	15.2%
	Los Angeles	2302	2127	83.2%	2739	2496	81.5%	2792	2570	82.6%
	Sacramento	66	52	53.8%	88	78	74.4%	110	102	71.6%
	San Diego	120	104	79.8%	142	128	80.5%	133	121	80.2%
	San Joaquin	51	44	43.2%	45	37	54.1%	44	37	56.8%
	Stanislaus	89	82	53.7%	111	97	55.7%	113	92	68.5%
	Tulare	81	73	65.8%	93	81	67.9%	84	75	74.7%

MCP Name	Reporting Unit*	2015			2016			2017		
		Number of HIV+ members	Number of HIV+ members who had a medical visit	% virally suppressed among those with medical visit	Number of HIV+ members	Number of HIV+ members who had a medical visit	% virally suppressed among those with medical visit	Number of HIV+ members	Number of HIV+ members who had a medical visit	% virally suppressed among those with medical visit
Health Plan of San Joaquin	San Joaquin	264	250	51.2%	292	273	52.0%	297	272	50.7%
	Stanislaus	102	96	60.4%	135	118	69.5%	153	141	75.2%
Health Plan of San Mateo	San Mateo	297	277	58.1%	274	255	52.9%	229	218	66.1%
Inland Empire Health Plan	Riverside/San Bernardino	2342	2182	78.6%	2750	2516	75.8%	2999	2795	80.3%
Kaiser NorCal	KP North*	97	87	87.4%	117	112	79.5%	122	117	86.3%
Kaiser SoCal	San Diego	86	85	89.4%	98	97	57.7%	95	91	83.5%
Kern Family Health Care	Kern	238	222	71.6%	301	276	66.3%	300	281	51.2%
L.A. Care Health Plan	Los Angeles	6782	6432	82.5%	8086	7531	84.8%	8596	7993	85.7%
Molina Healthcare of California Partner Plan, Inc.	Imperial	22	19	94.7%	27	23	78.3%	27	24	83.3%
	Riverside/San Bernardino	214	191	62.8%	245	215	66.5%	223	203	74.4%
	Sacramento	20	14	14.3%	31	21	47.6%	32	29	72.4%
	San Diego	415	368	66.0%	545	494	83.2%	577	534	75.7%
Partnership HealthPlan of California	Northeast*	141	130	80.8%	164	154	87.0%	149	138	87.7%
	Northwest*	111	107	75.7%	123	119	83.2%	118	111	84.7%
	Southeast*	421	393	86.3%	439	413	83.8%	405	381	85.8%
	Northwest*	739	722	87.1%	760	729	91.5%	761	740	92.2%
San Francisco Health Plan	San Francisco	1824	1732	85.6%	1921	1822	85.1%	1943	1838	86.2%
Santa Clara Family Health Plan	Santa Clara	464	436	85.3%	537	489	80.4%	541	509	85.3%

MCP Name	Reporting Unit*	2015			2016			2017		
		Number of HIV+ members	Number of HIV+ members who had a medical visit	% virally suppressed among those with medical visit	Number of HIV+ members	Number of HIV+ members who had a medical visit	% virally suppressed among those with medical visit	Number of HIV+ members	Number of HIV+ members who had a medical visit	% virally suppressed among those with medical visit
AIDS Healthcare Foundation	Los Angeles	757	742	88.7%	700	681	90.3%	631	606	95.0%
SCAN Health Plan	Los Angeles, Riverside, San Bernardino	-	-	-	-	-	-	-	-	-
Fee-For-Service		5789	5443	85.2%	5888	5486	88.3%	5729	5360	88.3%
Other***		-	-	-	-	-	-	-	-	-
Less than 11 mos in a single plan		17596	15744	73.4%	18092	15672	74.3%	16206	14391	75.4%
Grand Total		49705	45872	77.9%	53494	48549	79.8%	52158	47960	80.7%

*Reporting Unit generally refers to a county, with the following exceptions:

Region 1: Butte, Colusa, Glenn, Plumas, Sierra, Sutter, Tehama

Region 2: Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, Yuba

KP North: Sacramento, Amador, El Dorado, Placer

Southwest: Lake, Mendocino, Marin, Sonoma

Southeast: Napa, Solano, Yolo

Northwest: Del Norte, Humboldt

Northeast: Lassen, Modoc, Shasta, Siskiyou, Trinity

**Known as Care1st Partner Plan prior to January 1, 2019.

***AltaMed Health Sr. Buena Care/LA, Central Valley Medical Services Corp, and OnLok Senior Health, SF.

"-" indicates data were suppressed due to small numbers, to protect confidentiality

State of California—Health and Human Services Agency
California Department of Public Health

SONIA Y. ANGELL, MD, MPH
State Public Health Officer & Director

GAVIN NEWSOM
Governor

Office of AIDS (OA)	Management Memorandum
Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)	Memorandum Number: 2019-33

DATE: November 25, 2019

TO: PREP-AP ENROLLMENT WORKERS AND CLINICAL PROVIDERS

SUBJECT: HOW CLIENTS ACCESS NON-OCCUPATIONAL POST-EXPOSURE PROPHYLAXIS (nPEP) THROUGH PREP-AP

The purpose of this management memo is to clarify the current process for accessing nonoccupational post-exposure prophylaxis (nPEP) through PrEP-AP.

Background

nPEP involves taking antiretroviral medication after potential exposure to HIV to prevent HIV acquisition. nPEP must be started within 72 hours after a possible HIV exposure and should be initiated as soon as possible.

nPEP Benefits Available Through PrEP-AP

PrEP-AP can provide assistance with nPEP medications and associated medical services including healthcare provider fees and testing for acute HIV infection, sexually transmitted infections, renal function, and pregnancy. Clinical providers are able to bill the PrEP-AP using the same ICD-10 and billing codes found on the Allowable PrEP Related Medical Services document. The PrEP-AP drug formulary currently lists the following nPEP regimens for people with normal renal function (including pregnant women):

1. Dolutegravir 50mg once daily (Tivicay®) ***plus*** tenofovir disoproxil fumarate 300mg/ emtricitabine 200mg once daily (Truvada®) is the preferred first line regimen for nPEP per the Centers for Disease Control and Prevention's (CDC) Updated nPEP Guidelines. Both pills should be taken daily for 28-days[i].

[i] Although nPEP is prescribed for 28 days, antiretroviral medications are often pre-packaged in 30-day bottles that cannot be redistributed by the pharmacy into a smaller number of doses. PrEP-AP will cover a 30-day supply of medication. PrEP-AP clients can discuss with their healthcare provider what to do with any medication leftover from a 28-day course.

2. Raltegravir (Isentress®) ***plus*** Truvada® (once daily) is also a preferred first line regimen for nPEP in CDC's Updated nPEP Guidelines. This regimen is preferred in people who are early in pregnancy or who may become pregnant while receiving nPEP because of concerns of an increased risk of neural tube defects associated with exposure to dolutegravir at conception. Raltegravir can be dosed 1200mg (HD formulation: two 600 mg pills) once daily or 400mg twice daily. The 400mg twice daily dosing is recommended in pregnancy.
3. Darunavir 800 mg once daily (Prezista®) and ritonavir 100 mg once daily (Norvir®) ***plus*** Truvada® (once daily) is an alternative regimen in CDC's Updated nPEP Guidelines.
4. Bictegravir 50mg/tenofovir alafenamide 25mg/emtricitabine 200mg once daily (Biktarvy®) is a preferred regimen in the Pacific AIDS Education & Training Center (PAETC) HIV Essentials and Quick Clinical Guides.

Tenofovir alafenamide 25mg/emtricitabine 200mg (Descovy®) can be substituted for Truvada®.

Please Note: PrEP-AP clients must access Truvada® and Biktarvy® for PEP through a Gilead assistance program, if eligible. For uninsured clients, Gilead will pay for the full cost of Truvada® or Biktarvy® and PrEP-AP will pay for the full cost of dolutegravir, raltegravir, darunavir and ritonavir. For clients with prescription drug coverage, PrEP-AP will provide copayment assistance for dolutegravir, raltegravir, darunavir and ritonavir, and Gilead will pay for up to $7,200 in Truvada® or Biktarvy® copayments (PrEP-AP will provide wrap-around coverage after the Gilead copayment benefit of $7,200 is exhausted).

Process for Existing Clients

Clients currently enrolled in the PrEP-AP and a Gilead assistance program are able to access nPEP immediately if clinically indicated. Existing PrEP-AP clients who have discontinued PrEP and had a potential exposure to HIV within 72 hours should be evaluated by their healthcare provider for nPEP. CDC and PAETC guidelines should be used to determine if nPEP is clinically indicated. If the indications for nPEP are unclear, healthcare providers can also call the National Clinician's Post-Exposure Prophylaxis Hotline at 888-448-4911 for expert advice.

Enrolled clients who meet nPEP criteria must receive a prescription for nPEP from their provider, or if they are uninsured, from a clinical provider in the PrEP-AP Clinical Provider Network. Uninsured clients currently enrolled in the PrEP-AP can access a Truvada®-based nPEP regimen immediately due to their enrollment in the manufacturer assistance program for Truvada®. Clients with insurance should be able to access Truvada® and Biktarvy® under their current Gilead copayment assistance benefit.

Process for New Clients

Step 1: Enroll into PrEP-AP via the CDPH Call Center

- Contact the CDPH Call Center at (844) 421-7050
- The Call Center is available Monday through Friday, 8:00 a.m. – 5:00 p.m.
- Clients can call directly or with the assistance of an Enrollment Worker
- Call Center staff will:
    - Screen the client for PrEP-AP eligibility
    - Enroll the client into PrEP-AP on a 30-day Temporary Access Period (TAP), if eligible

Step 2: Consult with a PlushCare Doctor

- CDPH Call Center staff will assist the client with contacting PlushCare
- PlushCare will:
    - Schedule a same-day doctor's appointment – appointments occur by phone or video-chat
    - After the doctor's appointment, PlushCare will enroll insured clients who are prescribed Truvada® or Biktarvy® into the Gilead Copayment Assistance Program, and uninsured clients prescribed Truvada® or Biktarvy® will be enrolled into the Gilead Patient Assistance Program with short-term (30-day) eligibility
    - PlushCare will then refer the client to a local Quest laboratory for HIV/STI testing and send the client's nPEP prescription to a local Magellan Rx Network Pharmacy

Step 3: Visit a Magellan Rx Network Pharmacy

- Clients can access nPEP through a Magellan Rx Network Pharmacy immediately after consulting with a PlushCare provider
- PlushCare will provide the client's preferred Magellan Rx pharmacy with prescription details prior to the client arriving
- The client will not be required to pay out of pocket for nPEP

Step 4: Fully enroll into PrEP-AP

- CDPH staff will follow-up with the client 1-2 business days after the PlushCare appointment to provide instruction on how to fully enroll into PrEP-AP
- Clients will be referred to a local enrollment site of choice where a certified Enrollment Worker will assist the client with fully enrolling into PrEP-AP

Process for New Kaiser Clients

Step 1: Enroll into PrEP-AP via the CDPH Call Center

- Contact the CDPH Call Center at (844) 421-7050
- The Call Center is available Monday through Friday, 8:00 a.m. – 5:00 p.m.
- Clients can call directly or with the assistance of an Enrollment Worker
- Call Center staff will:
    - Screen the client for PrEP-AP eligibility
    - Enroll the client into PrEP-AP on a 30-day Temporary Access Period (TAP), if eligible

Step 2: Consult with a Kaiser Doctor

- Kaiser clients must see a Kaiser clinician and receive any nPEP-related medical services through Kaiser

Step 3: Visit a Magellan Rx Kaiser Pharmacy

- Clients must access nPEP through a Kaiser pharmacy that is in the Magellan Rx Pharmacy Network
- The client will provide the pharmacy with their Kaiser card, PrEP-AP client ID number, BIN, PCN, and group number
- The client will not be required to utilize the Gilead Copayment Coupon Card or pay out of pocket for nPEP copayments

Step 4: Fully enroll into PrEP-AP

- CDPH staff will follow-up with the client 1-2 business days after their doctor's appointment to provide instruction on how to fully enroll into PrEP-AP
- Clients will be referred to a local enrollment site of choice where a certified Enrollment Worker will assist the client with fully enrolling into PrEP-AP

After Hours Access

PrEP-AP is currently working on developing a process new clients can use for accessing nPEP after hours and on weekends. Enrollment Workers and PrEP-AP Providers will be notified once a process is in place.

Questions

If you have any questions regarding the information provided in this memo, please contact the PrEP Assistance Program by phone at (844) 421-7050 or by email at PrEPSupport@cdph.ca.gov.

Thank you,

Sandra Robinson, MBA
ADAP Branch Chief
California Department of Public Health

Enclosures:
1) Process Flow: How Clients Access PEP via PrEP-AP

How Clients Access PEP via PrEP-AP

Receives initial call, enrolls client into PrEP-AP with 30-days of eligibility, transfers caller to PlushCare (Kaiser clients will be referred to Kaiser Member Services or Kaiser emergency room)

Performs assessment, enrolls client into a Gilead assistance program, sends labs to Quest, sends Rx to Magellan pharmacy

Follows-up with client and PlushCare in 1-2 business days (to determine if PEP/PrEP was prescribed and, if so, what regimen, & to refer client to enrollment site for full enrollment into PrEP-AP, if desired)

11. STANDING COMMITTEE REPORTS:

A. Planning, Priorities and Allocations (PP&A) Committee
   (1) Ryan White Program Year 31 Service Priority Rankings **MOTION #3**
   (2) Ryan White Program Year 32 Service Priority Rankings **MOTION #4**
   (3) Ryan White Program Years 31-32 Service Category Allocations **MOTION #5**

B. Standards and Best Practices (SBP) Committee
   (1) Non-Medical Case Management Standard of Care **MOTION #6**

LOS ANGELES COUNTY
COMMISSION ON HIV

FOR 12/12/19 COH APPROVAL

Planning, Priorities and Allocations Committee
Service Category Rankings for PY 31 (FY 2021-22)
Recommendations

COH 2021-22 Ranking		Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
Rec'd PY 31[1]	App'd PY 30			
1	2	Housing	S	Housing
		Permanent Support Housing		
		Transitional Housing		
		Emergency Shelters		
		Transitional Residential Care Facilities (TRCF)		
		Residential Care Facilities for the Chronically Ill (RCFCI)		
2	1	Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
		Medical Subspecialty Services		
		Therapeutic Monitoring Program		
3	10	Non-Medical Case Management	S	Non-Medical Case Management Services
		Linkage Case Management		
		Benefit Specialty		
		Benefits Navigation		
		Transitional Case Management		
		Housing Case Management		
4	8	Emergency Financial Assistance	S	Emergency Financial Assistance
5	12	Psychosocial Support Services	S	Psychosocial Support Services
6	4	Medical Care Coordination (MCC)	C	Medical Case Management (including treatment adherence services)
7	3	Mental Health Services	C	Mental Health Services
		MH, Psychiatry		
		MH, Psychotherapy		
8	9	Medical Transportation	S	Medical Transportation

COH 2021-22 Ranking		Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
Rec'd PY 31[1]	App'd PY 30			
9	7	Early Intervention Services	C	Early Intervention Services
10	5	Outreach Services (LRP)	S	Outreach Services
		Engaged/Retained in Care		
11	13	Nutrition Support	S	Food Bank/Home Delivered Meals
12	11	Oral Health Services	C	Oral Health Care
13	14	Child Care Services	S	Child Care Services
14	21	Other Professional Services	S	Other Professional Services
		Legal Services		
		Permanency Planning		
15	15	Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
16	18	Substance Abuse Outpatient	C	Substance Abuse Outpatient Care
17	6	Health Education/Risk Reduction	S	Health Education/Risk Reduction
18	16	Home Based Case Management	C	Home and Community Based Health Services
19	17	Home Health Care	C	Home Health Care
20	19	Referral	S	Referral for Health Care and Support Services
21	20	Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost-Sharing Assistance for Low-income individuals
22	22	Language	S	Linguistics Services
23	23	Medical Nutrition Therapy	C	Medical Nutrition Therapy
24	24	Rehabilitation Services	S	Rehabilitation Services
25	25	Respite	S	Respite Care
26	26	Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance
27	27	Hospice	C	Hospice

[1]PY31: Represents PY 31 service category ranking recommendations.
PY30: Represents PY 30 approved service category rankings.

LOS ANGELES COUNTY
COMMISSION ON HIV

FOR 12/12/19 COH APPROVAL

Planning, Priorities and Allocations Committee
Service Category Rankings for PY 32 (FY 2022-23)
Recommendations

COH 2022-23 Ranking		Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
Rec'd PY 32[1]	App'd PY 30			
1	2	Housing	S	Housing
		Permanent Support Housing		
		Transitional Housing		
		Emergency Shelters		
		Transitional Residential Care Facilities (TRCF)		
		Residential Care Facilities for the Chronically Ill (RCFCI)		
2	1	Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
		Medical Subspecialty Services		
		Therapeutic Monitoring Program		
3	10	Non-Medical Case Management	S	Non-Medical Case Management Services
		Linkage Case Management		
		Benefit Specialty		
		Benefits Navigation		
		Transitional Case Management		
		Housing Case Management		
4	8	Emergency Financial Assistance	S	Emergency Financial Assistance
5	12	Psychosocial Support Services	S	Psychosocial Support Services
6	4	Medical Care Coordination (MCC)	C	Medical Case Management (including treatment adherence services)
7	3	Mental Health Services	C	Mental Health Services
		MH, Psychiatry		
		MH, Psychotherapy		
8	9	Medical Transportation	S	Medical Transportation

COH 2022-23 Ranking		Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
Rec'd PY 32[1]	App'd PY 30			
9	7	Early Intervention Services	C	Early Intervention Services
10	5	Outreach Services (LRP)	S	Outreach Services
		Engaged/Retained in Care		
11	13	Nutrition Support	S	Food Bank/Home Delivered Meals
12	11	Oral Health Services	C	Oral Health Care
13	14	Child Care Services	S	Child Care Services
14	21	Other Professional Services	S	Other Professional Services
		Legal Services		
		Permanency Planning		
15	15	Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
16	18	Substance Abuse Outpatient	C	Substance Abuse Outpatient Care
17	6	Health Education/Risk Reduction	S	Health Education/Risk Reduction
18	16	Home Based Case Management	C	Home and Community Based Health Services
19	17	Home Health Care	C	Home Health Care
20	19	Referral	S	Referral for Health Care and Support Services
21	20	Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost-Sharing Assistance for Low-income individuals
22	22	Language	S	Linguistics Services
23	23	Medical Nutrition Therapy	C	Medical Nutrition Therapy
24	24	Rehabilitation Services	S	Rehabilitation Services
25	25	Respite	S	Respite Care
26	26	Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance
27	27	Hospice	C	Hospice

[1]PY32: Represents PY 32 service category ranking recommendations.
PY30: Represents PY 30 approved service category rankings.

Los Angeles County Commission on HIV Allocation Recommendations for PY 31 and 32	Approved FY 2020 (PY 30)	Recommendations FY 2021 (PY 31)	FY 2022 (PY 32)	Variance from
Ryan White Program (RWP) Service Category	Total Part A/ MAI %	Total Part A/ MAI %	Total Part A/ MAI %	Approved PY 30 Allocation
Outpatient/Ambulatory Health Services	28.29%	28.30%	28.30%	-0.01%
AIDS Drug Assistance Program (ADAP) Treatments	0.0%	0.00%	0.00%	0.00%
AIDS Pharmaceutical Assistance (local)	0.0%	0.00%	0.00%	0.00%
Oral Health	19.05%	12.00%	12.00%	7.05%
Early Intervention Services	1.25%	1.25%	1.25%	0.00%
Health Insurance Premium & Cost Sharing Assistance	0.0%	0.00%	0.00%	0.00%
Home Health Care	0.0%	0.00%	0.00%	0.00%
Home and Community Based Health Services	5.91%	5.91%	5.91%	0.00%
Hospice Services	0.0%	0.00%	0.00%	0.00%
Mental Health Services	0.0%	0.00%	0.00%	0.00%
Medical Nutritional Therapy	0.05%	0.05%	0.05%	0.00%
Medical Case Management (MCC)	27.17%	25.60%	25.60%	1.57%
Substance Abuse Services Outpatient	0.0%	0.00%	0.00%	0.00%
Case Management (Non-Medical) BSS/TCM/CM for new positives/RW clients	5.77%	8.60%	8.60%	-2.83%
Child Care Services	0.0%	1.00%	1.00%	-1.00%
Emergency Financial Assistance	0.0%	2.50%	2.50%	-2.50%
Food Bank/Home-delivered Meals	5.27%	5.27%	5.27%	0.00%
Health Education/Risk Reduction	0.0%	0.00%	0.00%	0.00%
Housing Services RCFCI/TRCF/Rental Subsidies with CM	5.02%	5.00%	5.00%	0.02%
Legal Services	0.69%	1.00%	1.00%	-0.31%
Linguistic Services	0.0%	0.00%	0.00%	0.00%
Medical Transportation	1.52%	1.52%	1.52%	0.00%
Outreach Services (LRP)	0.0%	0.00%	0.00%	0.00%
Psychosocial Support Services	0.0%	2.00%	2.00%	-2.00%
Referral	0.0%	0.00%	0.00%	0.00%
Rehabilitation	0.0%	0.00%	0.00%	0.00%
Respite Care	0.0%	0.00%	0.00%	0.00%
Substance Abuse Residential	0.0%	0.00%	0.00%	0.00%
Treatment Adherence Counseling	0.0%	0.00%	0.00%	0.00%
Overall Total	**100.0%**	**100.0%**	**100.0%**	-0.01%

Footnote:

(1) - Percentages for PY 31 and 32 represent funding allocations by RWP service categories. Allocations by funding source were not defined by the Committee.

(2) - Variance between Approved PY 30 allocations and PY 31 & 32 Recommended Allocations.

LOS ANGELES COUNTY
COMMISSION ON HIV

NON-MEDICAL CASE MANAGEMENT STANDARDS OF CARE

FOR COMMISSION REVIEW & APPROVAL 12/12/19
MOTION #6

EXECUTIVE COMMITTEE APPROVED 12/5/19
SBP APPROVED 12/3/19

LOS ANGELES COUNTY COMMISSION ON HIV

NON-MEDICAL CASE MANAGEMENT STANDARDS OF CARE

INTRODUCTION

Standards of Care for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies should offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Non-Medical Case Management Standards of Care to establish the minimum standards of care necessary to achieve optimal health among people living with HIV (PLWH), regardless of where services are received in the County. The development of the Standards includes guidance from service providers, consumers, and members of the Los Angeles County Commission on HIV, Standards and Best Practices Committee.

All contractors must meet the Universal Standards of Care in addition to the following Non-Medical Case Management Standards of Care.[1]

NON-MEDICAL CASE MANAGEMENT OVERVIEW

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet clients' health and human services needs. It is characterized by advocacy, communication, and resource amendment and promotes quality and cost-effective interventions and outcomes.[2] The Health Resources and Services Administration (HRSA) defines Non-Medical Case Management Services (NMCM) as a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible. The objective of NMCM is to improve client access to services.

Non-Medical Case Management Services (NMCM) includes all types of case management models such as intensive case management, strengths based case management, and referral case management (Appendix A). An agency may offer a specific type of case management model depending on its capacity and/or the contract from the DHSP. Depending on the type of case management offered, NMCM may also involve assessing the client's support network, key family members, and other individuals that play a direct role in the client's health and well-being.

Service components include:

- Initial assessment of service needs
- Development of a comprehensive, Individual Service Plan

[1] Universal Standards of Care can be accessed at http://hiv.lacounty.gov/Projects

[2] Introduction to the Case Management Body of Knowledge. Commission for Case Manager Certification (CCMC). https://www.cmbodyofknowledge.com/content/introduction-case-management-body-knowledge

- Timely and coordinated access to needed health and support services and continuity of care
- Client specific advocacy and review of utilization of services
- Continuous client monitoring to assess Individual Service Plan progress
- Revisiting the Individual Service Plan and adjusting as necessary
- Ongoing assessment of client needs and, if appropriate based on the case management model offered, other key individuals in the client's support network

In the past, the Los Angeles County Department of Public Health, Department of HIV & STD Programs (DHSP) has contracted Linkage Case Management and Transitional Case Management for Youth and Post-Incarcerated Populations under NMCM Services.

KEY COMPONENTS

Non-Medical Case Management coordinates services for people living with HIV to improve health outcomes and facilitate client self-sufficiency. Case managers at provider agencies are responsible for educating clients on available HIV non-medical support services as well as serving as liaisons in improving access to services. Case managers are responsible for understanding HIV care systems and wrap around services, advocating for clients, and assessing and monitoring client progress on an ongoing basis. Case managers identify client service needs in all non-medical areas and facilitate client access to appropriate resources such as health care, financial assistance, HIV education, mental health, substance use prevention, harm reduction, and treatment, and other supportive services. Non-Medical Case Management services should be client-focused, increase client empowerment, self-advocacy and medical self-management, as well as enhance their overall health status.

CLIENT ASSESSMENT & REASSESSMENT

All Non-Medical Case Management providers must complete an initial assessment, within 30 days of intake, through a collaborative, interactive, face-to-face process between the Case Manager and client with the client as the primary source of information. With client consent, assessments may also include additional information from other sources such as service providers, caregivers, and family members to support client well-being and progress. Staff members must comply with established agency confidentiality policies (Refer to Universal Standards, Section 1) when soliciting information from external sources. The initial assessment may be scalable based on client need and the type of case management offered by the agency. Accommodations may be made for clients who are unable to attend an appointment within the 30-day timeframe due to health reasons.

It is the responsibility of staff at the provider agency to conduct reassessments with the client as needed and based on contract guidelines from the Department of HIV & STD Programs (DHSP). If a client's income, housing status, or insurance status has changed since assessment or the most recent reassessment, agencies must ensure that the data on the Client Information Form is updated accordingly.

The client assessment identifies and evaluates the medical, non-medical, physical, environmental, and financial strengths, needs and resources. It is conducted to determine:

- Client needs for treatment and support services
- Client capacity to meet those needs
- Ability of the client social support network to help meet client need
- Extent to which other agencies are involved in client care
- Areas in which the client requires assistance in securing services

Assessment and reassessment topics may include, but are not limited to:

- Client strengths and resources
- Medical care
- Mental health counseling/therapy
- Substance use, harm reduction, and treatment
- Nutrition/food
- Housing or housing related expenses
- Family and dependent care
- Transportation
- Linguistic services
- Social support system
- Community or family violence
- Financial resources
- Employment and education
- Legal needs
- Knowledge and beliefs about HIV
- Agencies that serve client and household

Case managers will identify medical and non-medical service providers and make appointments as early as possible during the initial intake process for clients that are not connected to primary medical care. Services provided to the client and actions taken on behalf of the client must be documented in progress notes and in the Individual Service Plan, which is developed based on the information gathered in the assessment and reassessments.

INDIVIDUAL SERVICE PLAN

The purpose of the Individual Service Plan is for the client and case manager to collaboratively develop an action plan that includes short-term and long-term client goals based on needs identified in the assessment. The Individual Service Plan should include specific service needs, referrals to be made, clear timeframes and a plan for follow up.

Individual Service Plans will be completed for each client within two weeks after the comprehensive assessment or reassessment. Similar to the assessment process, the service plan is an ongoing process and working document. It is the responsibility of case managers to review and revise Individual Service Plans as needed, based on client need.

As part of the Individual Service Plan, case managers must ensure the coordination of the various services the client is receiving. Coordination of services requires identifying other staff or service providers with whom the client may be working. As appropriate and with client consent, program staff acts as a liaison among clients, caregivers, and other service providers to obtain and share information that supports optimal care and service provision. If a program is unable to provide a specific service, it must be able to make immediate and effective referrals. Staff is responsible for facilitating the scheduling of appointments, transportation, and the transfer of related information.

Individual Service Plans (ISP) will, at minimum, include the following:

- Client and case manager names
- Client and case manager signatures and date on the initial ISP and on subsequent, revised ISPs
- Description of client goals and desired outcomes
- Timeline for when goals are expected to be met
- Action steps to be taken by client and/or case manager to accomplish goals
- Status of each goal as client progresses

CLIENT MONITORING

Implementation, monitoring and follow-up involve ongoing contact and interventions with, or on behalf of, the client to achieve the goals on the Individual Service Plan (ISP). Staff is responsible for evaluating whether services provided to the client are consistent with the ISP, and whether there any changes in the client's status that require a reassessment or updating the ISP. Client monitoring ensures that referrals are completed and needed services are obtained in a timely, coordinated fashion.

Programs shall strive to retain clients in Non-Medical Case Management services to ensure continuity of medical and support services care. Follow-up strives to maintain a client and family participation in care and can include telephone calls, written correspondence and/or direct contact. Such efforts shall be documented in the progress notes within the client/family record.

In addition, programs will develop and implement a contact policy and procedure to ensure that clients/families that are homeless or report no contact information are not lost to follow-up.

STAFFING REQUIREMENTS AND QUALIFICATIONS

Staff will have the knowledge, skills, and ability to fulfill their role including striving to maintain and improve professional knowledge related to their responsibilities, basing all services on assessment, evaluation, or diagnosis of clients, and providing clients with a clear description of services, timelines and possible outcomes at the initiation of services. Staff are responsible for understanding the importance of educating clients on the importance of adhering to treatment and staying engaged in care.

Case Managers and Case Manager Supervisors should have experience in or participate in trainings on:

- HIV/AIDS and related issues
- Effective interviewing and assessment skills
- Appropriately interacting and collaborating with others
- Effective written and verbal communication skills
- Working independently
- Effective problem-solving skills
- Responding appropriately in crisis situations

Table 1. NON-MEDICAL CASE MANAGEMENT SERVICES STANDARDS OF CARE

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Staff Requirement and Qualifications	Case Managers with experience in clinical and/or case management in an area of social services. Bachelor's degree in a related field preferred and/or experienced consumer preferred.	Staff resumes on file
	Case Management Supervisors with experience in clinical and/or case management in an area of mental health,	Staff resumes on file

SERVICE COMPONENT	STANDARD	DOCUMENTATION
	social work, counseling, nursing with specialized mental health training, psychology. Master's degree in a related field preferred and/or experienced consumer preferred.	
Client Assessment and Reassessment	Assessments will be completed within 30 days of the initiation of services and at minimum should assess whether the client is in care. Accommodations may be made for clients who are unable to attend an appointment within the 30-day timeframe due to health reasons.	Completed assessment in client chart signed and dated by Case Manager
	Staff will conduct reassessments with the client as needed and in accordance with DHSP contract guidelines.	Completed reassessment in client chart signed and dated by Case Manager.
Individual Service Plan (ISP)	ISPs will be developed collaboratively between the client and Case Manager within two weeks of completing the assessment or reassessment and, at minimum, should include: • Description of client goals and desired outcomes • Action steps to be taken and individuals responsible for the activity • Anticipated time for each action step and goal • Status of each goal as it is met, changed or determined to be unattainable ISPs should be completed as soon as possible given case management services should be based on the ISP.	Completed ISP in client chart, dated and signed by client and Case Manager
	Staff will update the ISP every six months, or as needed based on client progress or DHSP contract requirements, with client outcomes or ISP revisions based on changes in access to care and services.	Updated ISP in client chart, dated and signed by client and Case Manager
Client Monitoring	Case Managers will ensure clients are accessing needed services and will identify and resolve any barriers clients may have in following through with their ISP. Responsibilities include, at minimum:	Signed, dated progress notes on file that include, at minimum: • Description of client contacts and actions taken • Date and type of contact • Description of what occurred

SERVICE COMPONENT	STANDARD	DOCUMENTATION
	• Monitor changes in the client's condition • Update/revise the ISP based on progress • Provide interventions and follow-up to confirm completion of referrals • Ensure coordination of care among client, caregiver(s), and service providers • Advocate on behalf of clients with other service providers • Empower clients to use independent living strategies • Help clients resolve barriers to completing referrals, accessing or adhering to services • Follow up on ISP goals • Maintain client contact at minimum one time per year, as needed, or based on DHSP contract requirements. • Follow up missed appointments by the end of the next business day	• Changes in the client's condition or circumstances • Progress made toward ISP goals • Barriers to ISPs and actions taken to resolve them • Linked referrals and interventions and current status/results of same • Barriers to referrals and interventions/actions taken • Time spent • Case manager's signature and title

APPENDIX A

Case Management Models

Referral (Brokerage) Case Management
This is the first formally articulated approach to case management. Focuses on assessing needs, referring to services, and coordinating and monitoring on-going treatment. The case manager coordinates services provided by a variety of agencies and professionals. Similar to Linkage Case Management, a previously funded contract by DHSP, where the case management is short-term and primarily focused on linking clients to primary HIV medical care.

Strengths-based Case Management
Developed in response to concerns that services and systems focus mainly on limitations and impairments vs. strengths and capabilities, this model focuses on individual strengths, the helping relationship as essential, contact in the community, and a focus on growth, change and consumer choice. Case managers provide direct services.

Intensive Case Management
Developed to meet the needs of high service users, focuses on low staff to client ratios, outreach, services brought to the client, and practical assistance in a variety of areas. May include outreach and counseling services, including skill-building, family consultations and crisis intervention. Caseloads are not normally shared.

Retrieved from https://www.homelesshub.ca/resource/step-step-comprehensive-approach-case-management

ACKNOWLEGEMENTS

The Los Angeles County Commission on HIV would like to thank the following people for their contributions to the development of the Universal Standards of Care.

Standards & Best Practices Committee Members

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Miguel Fernandez, MS
Los Angeles Homeless Services Authority (LAHSA)

12. STANDING COMMITTEE REPORTS:

E. Transgender Caucus: UCSD Molecular Epidemiology Social Network Recruitment

Responding to HIV molecular transmission clusters comprising transgender women in Los Angeles County

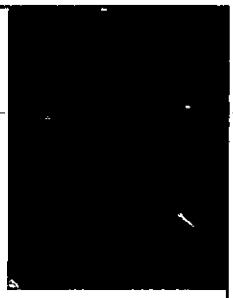
Ending the HIV Epidemic (EHE) CFAR Supplement

Project Director: Joel O. Wertheim

PROJECT GOAL

Use molecular epidemiology to direct social network recruitment to provide HIV-testing and PrEP provision to transgender women and their social contacts

Who am I?



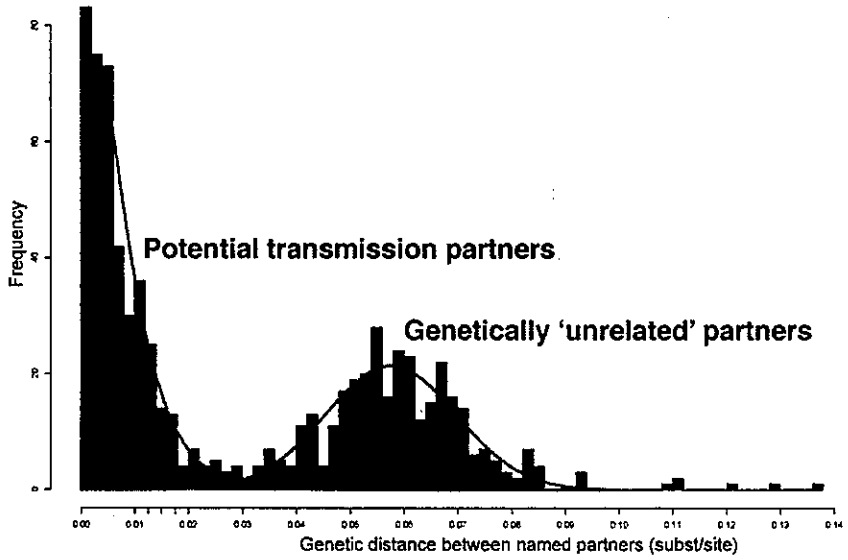
- Assistant Professor of Medicine at UC San Diego
- Consultant for CDC on HIV surveillance activities
- Collaborator with Health Departments in LA, NYC, Chicago, Houston, Wisconsin
- Previously funded by California HIV Research Program (CHRP) to understand HIV transmission clusters in LA County

Pronouns: he, him, his

HIV Surveillance in California

- In 2006, California instituted name-based HIV surveillance
- Provides accurate tracking of trends in the HIV epidemic
- Permits public health officials to determine whether individuals living with HIV are linked and retained in care
- Links individuals to demographic, risk factor, and laboratory data (viral load, CD4 count, and viral genotype)

How does molecular epidemiology work?



Interpretation Clustering of transgender women and the observed tendency for linkage with cisgender men who not identify as MSM, shows the potential to use molecular epidemiology both to identify clusters that are likel include undiagnosed transgender women with HIV and to improve the targeting of public health prevention treatment services to transgender women.

Funding California HIV and AIDS Research Program and National Institutes of Health–National Institute of All and Infectious Diseases.

- Among reported risk groups, transgender women were most likely to be clustered in the network
- Transgender women tended to be found in the same genetic cluster
- Cis-individuals who clustered with 1 transwoman were 9x more likely to link to a second transwoman

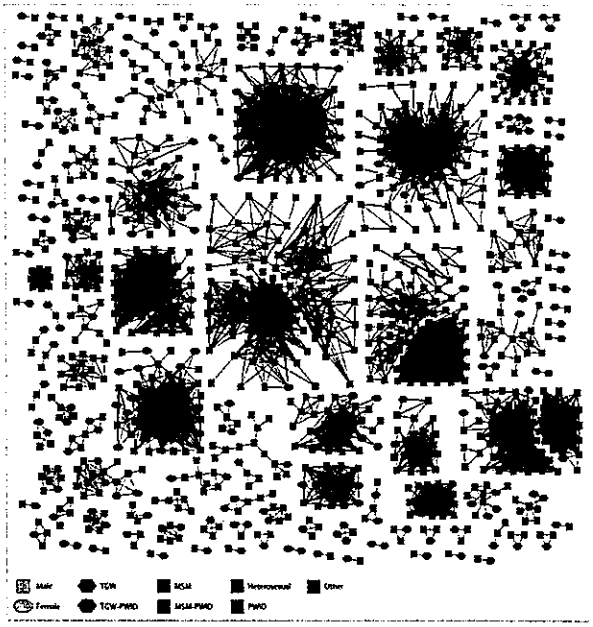
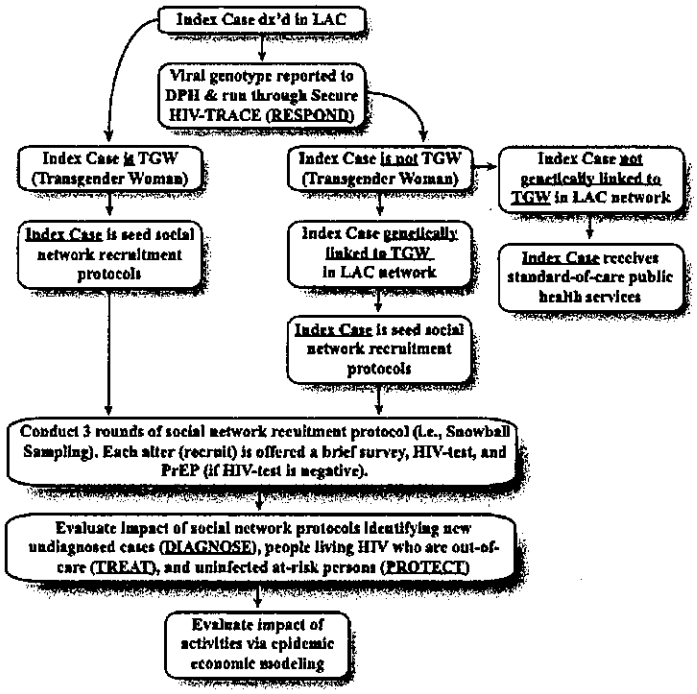


Figure 1: Molecular transmission clusters in Los Angeles County with at least one transgender woman

Project Overview

- 1-year NIH-NIAID supplement grant
- $100,000 awarded to UC San Diego to plan for larger project
- Funded through March 2020
- Partnered with LA County DPH and LA COH

Study Design



Social Network Recruitment Outcomes

- Brief survey
  - Demographics; transmission risk
- Rapid HIV test
- Immediate PrEP provision (if HIV test is negative)
- Referral of 10 social contacts

Proposed Social Network Recruitment Compensation Structure

- $$ for taking survey/HIV test
- $$ for referral of social contacts who take survey and test for HIV
- $ for contacts of social contacts who take survey and test for HIV

Approaching Partner Clinics

- Ideal partners:
  - Have space for performing survey
  - Can perform rapid HIV tests
  - Can provision PrEP on-site
- We are interested in covering % salaried effort of testers
- Need clinics that are trans-friendly
  - Including sub-groups among transwomen
- Also need clinic(s) that serve non-LGBT cis-partners of transwomen

Next Steps

- Hire Project Coordinator to work within LA County DPH to work with surveillance data to seed social network recruitment
- Establish arrangements with partner clinics
- Apply for next round of funding: expected mid-2020

Feedback

- Additional outcomes?
- Additional considerations?
- Partner clinic suggestions?

16. ANNOUNCEMENTS

LOS ANGELES COUNTY COMMISSION ON HIV

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

COMMISSION MEMBERSHIP APPLICATION

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LOS ANGELES COUNTY COMMISSION ON HIV

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

COMMISSION MEMBERSHIP APPLICATION

PART I: MEMBERSHIP APPLICATION INTRODUCTION

BACKGROUND

Consistent with federal Ryan White legislation, guidance from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), and Los Angeles County Code, Title 3—Chapter 29 (Code 3.29), the Los Angeles County Commission on HIV advises LA County's Board of Supervisors (BOS) on a range of issues related to HIV and STDs and the delivery of HIV/STD services countywide. In accordance with legislative mandate, the Commission must prioritize various types of HIV and STD care, treatment and prevention services; allocate federal funding and recommend local funding for those purposes; evaluate service effectiveness; assess the administrative structure's ability to use and expedite the use of funding and other relevant system of care issues; develop, implement and monitor a countywide continuum of HIV/STD services and comprehensive HIV/STD plan; and many other responsibilities.

DESCRIPTION

This Commission Membership Application is divided into two parts, and is intended to be used for both "new member" and "renewal" membership applications:

- PART I:Membership Application Introduction—overview and background of the application and membership process/expectations; a roster of membership seats and accompanying seat-specific qualifications; and instructions for completing the application; and
- PART II: Membership Application Form—the actual, formal application sections that must be completed and submitted to the Commission by applicants for Commission membership.

COMMISSION MEMBERSHIP

There are 51 member seats on the Commission. Candidates must demonstrate that they are able to meet the qualifications of at least one seat in order to be eligible for membership. Members of the Commission represent the range and diversity of interests, opinions, knowledge and experiences of the HIV stakeholder community: from HIV care/prevention patients/clients ("consumers"), service and medical providers, government agencies, academia, and other stakeholders who contribute to and/or are affected by the County's overall HIV and STD service response. Guided by federal law and local policy, the membership is divided into four categories of representation: 17 "unaffiliated" consumers (someone with HIV who uses the services, but does not work for or is otherwise affiliated with any contracted agencies), providers (11), stakeholders (9), and institutional representatives (14). The Commission is also required to ensure that both its consumer and total membership reflect the gender and ethnic diversity of the local HIV epidemic.

TERMS of SERVICE

All member terms are two years long. Commission members are appointed to specific seats with terms of two years' duration. Membership terms are static, and are not determined nor shaped by the Commission member's appointment or its timing. Depending on when a member is appointed, s/he may be able to serve the full two years (if appointed before or as the term begins), or may serve in the seat for less than the full term if his/her service begins as the term is underway ("mid-term"). Appointments are renewable if the member is re-nominated—requiring members to apply for re-appointment in order to serve subsequent terms. Half of the membership terms expire in June of each year, the remainder the following year. There are no limits on the number of terms a Commission member may serve.

MEMBERSHIP EXPECTATIONS

Once appointed, Commission members are expected to, at a minimum, attend and participate in:

① regular monthly and special Commission (usually half-day) meetings,
② the all-day Annual Meeting and the half-day "Annual Report to the BOS" (both in the Fall/Winter),
③ monthly and special meetings of the committee to which the member has been assigned ("primary")
④ one-time only Commission and County commission orientations, in addition to other, periodic trainings.

Members may also be asked to assume—or volunteer for—additional assignments and/or work. Failure to at-tend a combination of six regular Commission meetings and/or meetings of the committee(s) to which the member has been assigned during a one-year period may be cause for removal or failure to be re-appointed.

MEMBER COMMITMENT

Past experience indicates that members' meeting attendance is a critical factor in their effectiveness on the Commission: regular meeting attendance exposes Commission members to an expansive array of HIV and STD issues and increases individual members' comfort level and HIV/STD and health literacy and fluency. However, participation is also key: only with the active involvement and engagement from the entire spectrum of local, representative HIV voices can the Commission realize its full scope of responsibility and effectiveness, and can it ensure that it fully incorporates the collective wisdom of impacted stakeholders and communities in LA County's HIV/STD community planning effort. Consistent with that purpose, members are expected to be prepared for and familiar with the information agendized and discussed at Commission, committee and other, related working group meetings. The amount of time members devote individually to study and preparation outside of meetings is difficult to estimate, but a consensus of members reports spending at least 5 -10 additional hours a month, on average, in content and meeting preparation, follow-up and/or travel to and from meetings and related activities.

OPEN NOMINATIONS PROCESS

The Commission conducts an annual "Open Nominations Process" during which Commission members are recruited, nominated and appointed to fill vacant or soon-to-become vacant seats on the Commission. The Membership Drive generally runs from March through June—in time for the Board of Supervisors (BOS) to appoint (new or returning) members in July—when half of the membership terms expire. For the remainder of the year—outside of the Membership Drive months—the Commission's Operations Committee manages membership recruitment, evaluation and nomination activities at its monthly meetings. During those months, any stakeholder who would like to serve on the Commission may submit an application to fill a vacant seat for which s/he thinks s/he is qualified.

The Commission welcomes all perspectives and encourages anyone who is considering Commission membership to submit an application. Multiple candidates for multiple membership seats best serve the Commission and the community by ensuring a diverse representation of thought, opinion, and viewpoints concerning HIV/STD and related issues, and by providing the Commission with increased opportunity to identify and configure a varied membership that most accurately reflects LA County and its HIV stakeholder community. Both new member and renewal candidates are encouraged to apply during the Membership Drive, because it offers applicants the greatest chance that their membership applications will be favorably recommended for nomination by the Operations Committee.
Parity, Inclusion, and Representation (PIR): these principles seek to ensure that all Commission members can participate equally, that the planning process actively includes a diversity of views, perspectives and stakeholder inclusion & that members represent the ethnicities, gender, backgrounds and other characteristics of people affected by HIV.

GENERAL INFORMATION Part I provides basic information about membership on the Commission (e.g., terms of service, seats, application process); summarizes the Commission's membership requirements and the Commission's expectations of its members; briefly describes the Commission's Open Nominations Process; and instructs applicants how to complete and submit a membership

application. Beyond the introductory information these sections offer, the applicant does not need to submit them with the final application nor keep a record of them, but may want to keep copies of them in case later questions arise.

APPLICATION FORM Part II comprises the forms of the application that candidates must complete and submit in order to be considered for Commission membership. Unless otherwise indicated [for example, as "optional," or only need be answered by certain applicants (e.g., unaffiliated consumers)], applicants are expected to complete all relevant sections and answer all questions. Staff is required to contact any applicant who has not or does not appear to have answered a question(s), so neglecting to respond in full may delay or could preclude review of the application.

COMPLETING THE APPLICATION

Sections 1 - 4, along with Section 5 or 6 and any attachments, constitute the formal application that candidates must complete and submit in order to be considered for Commission membership.

- Sections 1 - 4 of the Application Form are those sections that every candidate—both "new member" and "renewal" applicants—must complete. These sections request contact, demographic, constituency/representative capacity, experience/ knowledge, and biographical information. Section 1 is used for internal organizational purposes only, and if an applicant is recommended for approval, it is omitted from the package.
- Section 5 or Section 6 should be completed by the applicant, consistent with the type of application s/he is submitting: as a "new member" (not a current Commission member) or a "renewal" (a current Commission member seeking a re-appointment to his/her seat) applicant. "Renewal" and "new member" applications are mutually exclusive; NO application can be labelled as both "new member" and "renewal," so no applicant should complete both Sections 5 and 6. If an applicant is unclear if s/he should submit a renewal or new member application, s/he should contact the Commission office for clarification.

ATTACHMENTS

- All applicants are invited to include their resumes or curricula vitae (CVs) with their applications, although neither resumes nor CVs are required.
- Additionally, certificates of completion or other proofs of training, if available, requested in response to Section 3, #9 a) - c) may be included.
- Questions in Sections 5 and 6 instruct the applicants to attach additional pages, if necessary, to complete their responses.
- Letter(s) of reference or support may be attached, although they, like resumes, are not required.

TRANSPARENCY and PUBLIC DOCUMENTS

The Commission is a public entity that complies with the California's transparency and public meeting laws and requirements. In particular, the Ralph M. Brown Act ("Brown Act") dictates how public bodies, such as the Commission, must conduct themselves in prescribed ways to ensure openness, transparency and opportunities for public input. Since the Operations Committee and Commission meetings are open to the public, any information reviewed or provided during Commission or committee meetings is considered a "public document" (the public can see it, reference it, use it, and/or request copies). However, since applications are offered by individuals in their private capacity to become future member of the HIV Commission, the completed applications are not subject to the Brown Act.

However, if an applicant is recommended for approval, all sections of the application form excluding Section 4 will become a public document during the Open Nominations Process. Therefore, applicants are informed to not divulge any information on the application form that the applicant would not want to be known publicly.

APPLICATION SUBMISSION

This membership application (and the application form herein) is available in print or electronically. Potential candidates may request applications by contacting the Commission office at (213) 738-2816,

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

PART II: MEMBERSHIP APPLICATION FORM
Section 1: Contact Information

1. Name: _____
   (Please print name as you would like it to appear in communications)
2. Organization: (if applicable) _____
3. Job Title: _____
4. Mailing Address: _____
5. City: _____ State: _____ Zip Code: _____
6. Provide address of office and where services are provided (if different from above):
   Mailing Address: _____
   City: _____ State: _____ Zip Code: _____

7. Tel.: _____ Fax: _____
8. Email: _____
   (Most Commission communications are conducted through email)
9. Mobile Phone #: (optional): _____

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

Signature: _____ Date _____

Print Name _____

Section 2: Demographic Information

1. **Can you commit to the Commission's minimum expectations of active participation, regular attendance and sustained involvement?** ☐ **Yes** ☐ **No**

2. **In which Supervisorial District and SPA do you work?** Check all that apply.

District 1	❑	SPA 1	❑	SPA 5	❑
District 2	❑	SPA 2	❑	SPA 6	❑
District 3	❑	SPA 3	❑	SPA 7	❑
District 4	❑	SPA 4	❑	SPA 8	❑
District 5	❑				

3. **In which Supervisorial District and SPA do you live?**

District 1	❑	SPA 1	❑	SPA 5	❑
District 2	❑	SPA 2	❑	SPA 6	❑
District 3	❑	SPA 3	❑	SPA 7	❑
District 4	❑	SPA 4	❑	SPA 8	❑
District 5	❑				

4. **In which Supervisorial District and SPA do you receive HIV (care or prevention) services?** Check all that apply.

District 1	❑	SPA 1	❑	SPA 5	❑
District 2	❑	SPA 2	❑	SPA 6	❑
District 3	❑	SPA 3	❑	SPA 7	❑
District 4	❑	SPA 4	❑	SPA 8	❑
District 5	❑				

5. **Demographic Reflectiveness and Representation:**
Federal funders require that the Commission report the following demographic information annually to ensure its conformity with reflection/representation rules.

5a. **Gender:** ❑ Male ❑F emale ❑T rans (Male to Female) ❑ Trans (Female to Male) ❑ Other_____

5b. **Race/Ethnicity:** (Check all that apply)

❑ African- American/Black,not Hispanic	❑ LatinX/Hispanic
❑ American Indian/Alaska Native	❑ Multi-Race
❑ Anglo/White, not Hispanic	❑ Other :_____
❑ Asian/ Pacific Islander	❑ Decline to State/Not Specified

5c. **Are you a parent/guardian/direct caregiver to a child with HIV under 19?** ❑ Yes ❑ No

6. **FOR APPLICANTS LIVING WITH HIV:**

6a. **Are you willing to publicly disclose your HIV status?** ❑ Yes* ❑ No
*DO NOT CHECK YES HERE if you do not want your HIV status known publicly. There is NO requirement that someone with HIV must disclose his/her status to the Commission or publicly.

6b. **Age:**

❑ 13 – 19 years old	❑ 20 – 29 years old	
❑ 30 – 39 years old	❑ 40 – 49 years old	❑ 50-59 years old
❑ 60+ years old	❑ Unknown	

6c. **Are you a "consumer" (patient/client) of Ryan White Part A services?** ❑ Yes ❑ No

6d. **Are you "affiliated" with a Ryan White Part A-funded agency?** ❑ Yes ❑ No

By indicating "affiliated," you are a: ❑ board member, ❑ employee, or ❑ consultant at the agency. A volunteer at an agency is considered an unaffiliated consumer.

Section 3: Experience/Knowledge

7. **Recommending Entities/Constituency(ies):** "Recommending Entities" are the individuals/ organizations who may have suggested or asked you to represent them on the Commission.

7a. **What organization/Who, if any/anyone, recommended you to the Commission?**

_____

7b. **If recommended, what seat, if any, did he/she/they recommend you fill?**

_____

8. **Please check all of the boxes that apply to you:**

1 ❑ I am willing to publicly disclose that I have Hepatitis B or C.
2 ❑ I am an HIV-negative user of HIV prevention services and who is a member of an identified high-risk, special or highly impacted population.
3 ❑ I am a member of a federally-recognized American Indian tribe or Native Alaskan village.
4 ❑ I am a behavioral or social scientist who is active in research from my respective field.
5 ❑ I am involved in HIV-related research in the following capacity(ies) (Check all that apply):
❑ scientist, lead researcher or PI, ❑ staff member, ❑ study participant, or ❑ IRB member.
6 ❑ A health or hospital planning agency has recommended that I fill that seat on the Commission.
7 ❑ I am an HIV specialty physician or an Infectious Disease (ID) doctor with HIV- positive patients.
8 ❑ The agency where I am employed provides mental health services.
9 ❑ The agency where I am employed provides substance abuse services.
10 ❑ The agency where I am employed is a provider of HIV care/treatment services.
11 ❑ The agency where I am employed is a provider of HIV prevention services.
12 ❑ The agency where I am employed is provider of ❑ housing and/or ❑ homeless services.
13 ❑ The agency where I am employed has HIV programs funded by Federal sources (other than Ryan White).
14 ❑ I work for or am otherwise affiliated with a health care provider that is a Federally Qualified Health Center (FQHC) or a Community Health Clinic (CHC).
15 ❑ As someone who is employed as an advocate for incarcerated PWLH and/or as a PWLH who has been incarcerated in the past three years, I can represent the interests of incarcerated PWLH.
16 ❑ I am able to represent the interests of Ryan White Part C grantees.
17 ❑ I am able to represent the interests of Ryan White Part D grantees.
18 ❑ I am able to represent the interests of Ryan White Part F grantees given my affiliation with:
❑ one of LA County's AETC grantees/sub-grantees ❑ a HRSA SPNS grantee
❑ Part F dental reimbursement provider ❑ HRSA-contracted TA vendor
19 ❑ As an HIV community stakeholder, I have experience and knowledge given my affiliation with: (Check all that apply)
❑ union or labor interests
❑ provider of employment or training services
❑ faith-based entity providing HIV services
❑ organization providing harm reduction services
❑ an organization engaged in HIV-related research
❑ the business community
❑ local elementary-/secondary-level education agency
❑ youth-serving agency, or as a youth.

9. **Training Requirements:** The Commission requires all members to complete the following trainings, which can be fulfilled if the trainings were provided by other institutions. Applicants will not be penalized for no prior training, but must take it once appointed.

9a. **Have you completed an "Introduction to HIV/STI,""HIV/STI 101," or a related basic informational HIV/STI training before? (If so, include Certificate of Completion; if not, the Commission provides the training)** ☐ Yes ☐ No

9b. **Have you completed a Health Insurance Portability and Accountability Act (HIPAA) training before?** (If so, please include Certificate of Completion; if not, the Commission will provide the training) ☐ Yes ☐ No

9c. **Have you completed a "Protection of Human Research Subjects" training before?** (If so, please include Certificate of Completion; if not, the Commission will provide the training) ☐ Yes ☐ No

Section 4: Biographical Information

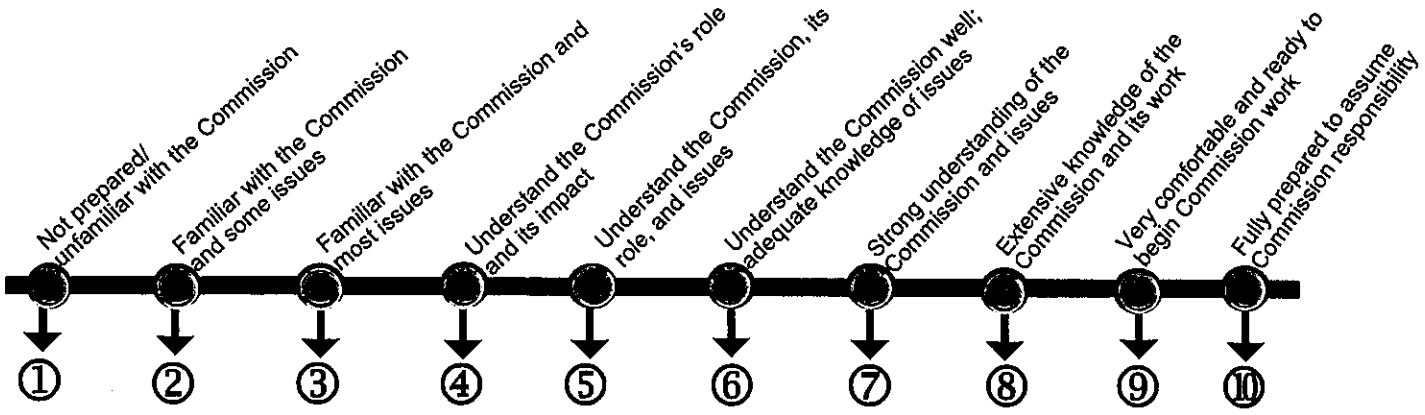
10. **Personal Statement:** The "personal statement" is a snapshot of your goals of your Commission participation, against which you can measure your effectiveness as a Commission member. This statement may be included on the Commission's website in the member section. Provide a short (50-word maximum) statement expressing why you want to be a Commission member:

11. **Biography/Resume:** If you would like, you can indicate below that you are updating this section from your original or renewal application, or simply write a new paragraph. You may—but it is not required —attach a new/updated resume. You may continue on an additional page, if necessary. As you feel appropriate, please provide a short biography detailing your background, and how it has prepared you for service on the Commission:

12. **Additional Information**: In this section, please provide any additional information about yourself—or update information from your original or renewal application—that you feel will enhance the application review. If you choose not to include any additional information, indicate it here with "N/A". Your additional information may continue on an additional page, if necessary:

Section 5: New Member Applicant (Only to be completed by new member applicant)

13. **How prepared do you feel you are to serve as a member of the Commission, if appointed?** A candidate's "preparedness" for Commission service is assessed—for this response—according to the 10-point scale located on the next page, which indicates that those who are the "least" prepared ("1" on the scale) are "not familiar" with the Commission and the issues that it reviews. The more prepared a candidate is—as indicated on the scale (moving towards "10" from "1")—s/he should demonstrate increased familiarity with the Commission and its content, evolving into "understanding" and "comfort" with the role of the Commission and its practices, and "limited" to "extensive" knowledge about the topics it addresses. Mark the circle that represents where you feel you fall on this scale of "preparedness" ("1" is "not prepared" ➡ "10," "fully prepared")



14. **Describe any personal/professional experience that you believe has prepared you to perform effectively as a member of the Commission. Continue on an additional page if necessary.**

15. **What do you anticipate your greatest hurdles will be acclimating to your new role on the Commission? How do you think you will overcome them? Continue on an additional page if necessary.**

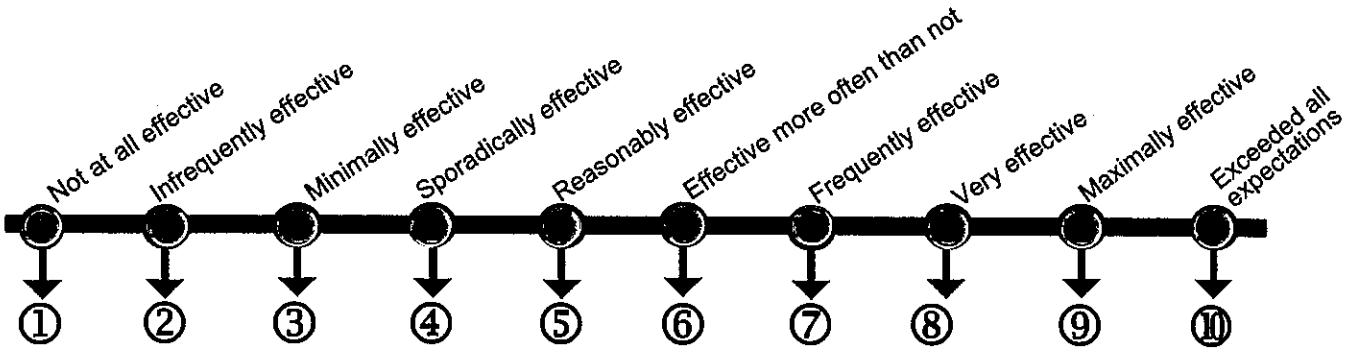
16. **How will your Commission membership benefit the lives of LA County residents with HIV/STDs and/or who are at high-risk of HIV-/STD-infection? Continue on an additional page if necessary.**

17. **Which of your strengths do you feel will enhance your Commission performance? What skills will you need to develop further for optimal Commission performance? Continue on an additional page if necessary.**

18. **Candidates are also nominated to fill Alternate seats as well: if you were nominated for an Alternate seat, would you be willing to serve in that capacity?** ☐ Yes ☐ No

Section 6: Renewal Applicant (Only to be completed by renewal applicant)

19. **How effective do you feel you were during your most recent term on the Commission?** Mark the circle that you feel is the best assessment of your Commission participation and engagement in the last term (1 is least effective ➡ 10 is most effective)



20. **Explain why you rated yourself the way you did in Question #16. Continue on an additional page, if necessary.**

21. **In your last term, what would you have done differently and what would you have improved, if anything (e.g., quality, communication skills, participation)?** Continue on an additional page, if necessary..

22. **In your last term, what, if any, barriers and/or obstacles prevented you from fully carrying out your Commission responsibilities as you would have liked?** Continue on an additional page, if necessary.

23. **What can the Commission do to help improve your effectiveness and/or level of contribution/accomplishment in your next term?** Continue on an additional page, if necessary.

24. **Candidates are also nominated to fill Alternate seats as well: if you were nominated for an Alternate seat, would you be willing to serve in that capacity?**

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