



EXECUTIVE COMMITTEE Virtual Meeting

Thursday, January 28, 2021
1:00PM - 3:00PM (PST)

*The meeting agenda and packet are available on our website at
<http://hiv.lacounty.gov/Executive-Committee>

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LOS ANGELES COUNTY
COMMISSION ON HIV



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

Thursday, January 28, 2021 @ 1:00 P.M.– 3:00 P.M.

To Join by Computer, please Register at:

<https://tinyurl.com/y4u3w82l>

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

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

Access code: 145 801 2505

Executive Committee Members:			
<i>Bridget Gordon, Co-Chair</i>	<i>David Lee, MPH, LCSW, Co-Chair</i>	Raquel Cataldo	Michele Daniels (Exec, At Large)
Erika Davies	Joseph Green	Lee Kochems, MA	Katja Nelson, MPP
Frankie Darling-Palacios	Mario J. Pérez, MPH	Juan Preciado	Kevin Stalter
Justin Valero (Exec, At large)			
QUORUM:	7		

AGENDA POSTED: January 22, 2021

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

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

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto la oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a hivcomm@lachiv.org, 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 a meeting. If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

Call to Order, Introductions, and Conflict of Interest Statements

1:00 P.M. – 1:03 P.M.

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT

1:07 P.M. – 1:10 P.M.

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

III. COMMITTEE NEW BUSINESS ITEMS

1:10 P.M. – 1:13 P.M.

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

IV. REPORTS

- | | | |
|----|---|-----------------------|
| 5. | Executive Director's/Staff Report | 1:13 P.M. – 1:50 P.M. |
| | A. IHAP Technical Assistance to Assess Planning Council Effectiveness
(1) HealthHIV Project Kick Off Presentation | |
| | B. Develop Strategies to Address Inequities/Inequalities, Biases & Isms
(1) LAC Human Relations Commission Introduction + Presentation | |
| | C. Commission/County Operational Updates
(1) Jane Nachazel-Ruck Retirement | |
| | D. 2021 COH Work Plan | |
| | E. 2020 Annual Report to Board of Supervisors | |
| | F. Ending the HIV Epidemic and Commission Activities | |

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6. **Co-Chair's Report** 1:50 P.M. – 2:05 P.M.
A. January 11, 2021 COH Meeting Follow Up & Feedback
B. COH Task Forces Review, Follow Up + Next Steps
C. 2021 Committee Open Nomination + Elections Preparation
D. At Large Executive Committee Member Open Nominations | REMINDER+ONGOING
7. **Division of HIV and STD Programs (DHSP) Report** 2:05 P.M. – 2:15 P.M.
A. Fiscal, Programmatic and Procurement Updates
(1) Emergency Financial Assistance (EFA) Updates
B. Ending the HIV Epidemic (EHE) Activities
8. **Standing Committee Reports:** 2:15 P.M. – 2:45 P.M.
A. Operations Committee
(1) Membership Management
 - New Member Applicant Interviews
 - New Member Applications:
 - Felipe Findley **MOTION #3**
 - Gerald Garth **MOTION #4**
 - Isabella Rodriguez **MOTION #5**
 - Reba Stevens **MOTION #6**
- B. Planning, Priorities and Allocations (PP&A) Committee
(1) DHSP Fiscal and Procurement Updates
(2) Prevention Planning Activities
(3) Substance Abuse Prevention and Control (SAPC) HIV/STD Related Programs
(4) Paradigms and Operating Values **MOTION #7**
- C. Standards and Best Practices (SBP) Committee
(1) Child Care Standards of Care Update
(2) Universal Standards of Care Update
(3) HIV Continuum Review
(4) Engaging Private Health Plan and Providers
- D. Public Policy Committee
(1) County, State and Federal Policy and Legislation
(2) County, State and Federal Budget
9. **Caucus, Task Force, and Work Group Reports:** 2:45 P.M. – 2:50 P.M.
A. Aging Task Force | February 2, 2021 @ 1:00-3:00PM
B. Black/African American Community (BAAC) Task Force | February 22, 2021 @ 1-3pm
C. Consumer Caucus | February 11, 2021 @ 3-4:30PM
D. Women's Caucus | February 15, 2021 @ 2-4PM
E. Transgender Caucus | February 23, 2021 @ 10am-12pm

V. NEXT STEPS

10. Task/Assignments Recap 2:50 P.M. – 2:53 P.M.
11. Agenda development for the next meeting 2:53 P.M. – 2:55 P.M.

VI. ANNOUNCEMENTS

12. Opportunity for members of the public and the committee to make announcements 2:55 P.M. – 3:00 P.M.

VII. ADJOURNMENT

13. Adjournment for the meeting of January 28, 2021. 3:00 P.M.

PROPOSED MOTION(s)/ACTION(s):

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve New Member Applicant, Felipe Findley and elevate to February 12, 2021 COH meeting for approval, as presented or revised.
MOTION #4:	Approve New Member Applicant, Gerald Garth and elevate to February 12, 2021 COH meeting for approval, as presented or revised.
MOTION #5:	Approve New Member Applicant, Isabella Rodriguez, and elevate to February 12, 2021 COH meeting for approval, as presented or revised.
MOTION #6:	Approve New Member Applicant, Reba Stevens, and elevate to February 12, 2021 COH meeting for approval, as presented or revised.
MOTION #7:	Approve PP&A Committee Paradigms and Operating Values, as presented or revised.



LOS ANGELES COUNTY COMMISSION ON HIV



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

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

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

HealthHIV IHAP-TAC 2020-2021

Planning Body Assessment Steps/ Anticipated Timeline

<u>Key Activity</u>	<u>Anticipated Start/End Date</u>
HealthHIV reviews documentation (e.g. Orientation & Membership materials, bylaws)	12/1/20 - 1/15/21
HealthHIV conducts kick-off call with LA County Commission on HIV (Commission) Executive Committee to outline objectives and intended outcomes of external assessment	1/28/21
Commission (with HealthHIV input) identifies individuals for six key informant interviews	1/28/21 - 2/5/21
HealthHIV/Commission discuss and review communication plan/strategy to engage membership and gain buy-in	1/28/21 - 2/5/21
HealthHIV adapts survey and interview guide to meet Commission's intended outcomes and objectives	1/28/21 - 2/5/21
Commission reviews adapted online survey and interview guide	2/8/21 - 2/15/21
HealthHIV/Commission disseminate online survey via email and SurveyMonkey link	2/17/21 - 3/12/21
HealthHIV conducts KIIs	2/22/21 - 3/12/21
HealthHIV analyzes survey and KII data	3/15/21 - 4/9/21
HealthHIV/Commission review and discuss initial findings with key stakeholders/leadership	4/19/21 - 4/30/21
HealthHIV finalizes written report	4/30/21
HealthHIV/Commission convene meeting (in-person or virtual) with full membership to present findings and discuss recommendations and strategies	May 2021
HealthHIV finalizes written report with detailed objectives and strategies to address areas for improvement	By 6/30/21

**Los Angeles County Commission on HIV
Commitment to Racial Justice Framework
DRAFT 1.20.21**

Purpose and Background:

To end HIV, once and for all, we must confront racism in all forms. Guided by the Los Angeles County Board motion establishing an anti-racist policy agenda, this document proposes an overarching framework to guide the Commission on HIV's efforts to advance racial justice and eliminate HIV disparities.

The principles outlined in this framework seek to challenge COH practices, behaviors, and ways of thinking to root out racism, implicit and explicit biases, and create allies from all sectors of the community. To accelerate an end to HIV, Commissioners must build alliances dedicated to ending racism. Black/African American males, female and transgender persons and American Indian/Alaskan Native males are disproportionately impacted with HIV compared to their share of the LAC population.

While the COH has grappled with its own stance and discomfort in addressing privilege and manifestations of implicit bias within the body, there continues to be a willingness amongst members to be more self-reflective and engage in trainings. While these steps may seem small, they are a starting point for engaging in a lifelong journey of unlearning and undoing racism.

I. Build skills to engage in difficult conversations

Confronting racism is an uncomfortable but a necessary ongoing conversation. It is proposed that Commissioners first engage in ongoing coaching and training on interpersonal communication skills and how to engage in difficult conversations. The ongoing training strives to normalize dialogues about race and other forms of "isms" and move the tone of the discussions from a place of silence, denial, and personal attacks to courageous and inclusive conversations.

Proposed Actions:

- Partner with the Los Angeles County Human Relations Commission for ongoing coaching, training, facilitation support, and one-on-one or small group mediation, as needed. The Human Relations Commission is committed to working with the Executive Committee and the full body in developing customized trainings for the Commission. The Board has directed the Human Relations Commission and the Chief Executive Office (CEO) to track the outcomes and progress made under the Board's motion and policies that address

racial justice. An ongoing partnership between the two Commissions would be mutually beneficial to achieve similar goals and objectives.

- Encourage self-paced learning by recommending books on racism and building alliances. Commissioners may join discussion groups in the community to help process critical information and reflect on personal commitment to racial justice.
- Consider other trainers recommended by the Black/African Community Task Force on topics such as, but not limited to, implicit bias, medical mistrust, and historical/generational trauma.

II. Embrace key areas from the Los Angeles County Board motion establishing an anti-racist policy agenda within the context of the Commission on HIV's charge and functions.

- A. Recognize, affirm, and declare that racism is a public health matter. Racism against Black people has reached crisis proportions that result in large disparities in family stability, health and mental wellness, education, employment, economic development, public safety, criminal justice, and housing.

Actions:

- Center the work of the COH around the needs of the Black community and use the Black/African American Community Task Force recommendations to help inform the body's deliberations, decisions, and priorities.
- Consider reviewing HIV and STD data in the context of other health, social, and economic issues and how overlapping data may be used to help understand and appreciate the magnitude of HIV disparities.
- Take time to read and support recommendations and issues emanating from the various COH caucuses and task forces (i.e., Women, Transgender, Consumer, Aging, Black/African) and strive to understand the role of intersectionality in the context of HIV/STD.

B. Address the eliminate racism and bias in the County.

Actions:

- Participate in trainings on implicit bias, medical mistrust, privilege, power dynamics, and other relevant topics provided by the County and partners in the academic and non-profit sectors.

- As part of the COH membership application and renewal process, consider identifying at least one concrete way Commissioners could demonstrate their commitment to racial justice as part of member responsibilities.
 - Achieve consensus on how Commissioners would name and call out racism, bigotry, and other forms of “isms” when they manifest in group discussions and deliberations. In calling out manifestations of racism, one must be thoughtful about the language used and focus must be placed on the behavior, not the individual. The Human Relations Commission may play a role in facilitating this process and teach Commissioners the skills needed to adopt attitudes of mutual acceptance and respond productively to conflicts and differences.
- C. Evaluate existing County policies, practices, operations, and programs through a lens of racial equity in order to more effectively promote and support policies that prioritize physical and mental health, housing, employment, public safety, and justice in an equitable way for African Americans.**

Actions:

- Continually assess and reflect on the composition of the COH and gauge how people of color are represented in decision-making and leadership positions.
- Prioritize the recruitment and leadership development of members who represent communities disproportionately impacted with HIV compared to their share of the LAC population (Black/African American males, female and transgender persons and American Indian/Alaskan Native males).
- Rank HIV service categories and allocate resources based on data and populations that demonstrate the greatest need for prevention and care services.
- Use racial equity lens to help shape service standards and improve service delivery systems.
- Champion public policies that dismantle structural racism and those that advance equitable access to universal healthcare, education, social services, and economic opportunities.



LOS ANGELES COUNTY COMMISSION ON HIV (COH) 2021 MASTER WORK PLAN

DRAFT/FOR REVIEW and DISCUSSION ONLY (1.5.21)

Co-Chairs: Bridget Gordon & David Lee		
Approval Date:		Revision Dates:
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021. Prioritization Criteria: Select activities that 1) represent the core functions of the COH; 2) advance the goals of the local Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.		
#	TASK/ACTIVITY	TARGET COMPLETION DATE
1	Collaborate with the Human Relations Commission and other trainers to design and implement trainings and facilitated discussions on managing conflicts, interpersonal relationships, and implicit bias.	Start February/Ongoing
2	Planning Council effectiveness evaluation technical assistance provided by HealthHIV. <ul style="list-style-type: none"> Will evaluate the effectiveness of the structure, policies and procedures, membership, and stakeholder/consumer engagement integrated HIV planning groups. 	June
3	Conduct EHE focused strategic planning for the Commission. <ul style="list-style-type: none"> Strategic planning sessions will lead to the development of an EHE operational plan for the Commission. Conduct an in-depth analysis of EHE plan and operationalize relevant activities for the Commission. Determine how to best support and supplement the work of the DHSP EHE Steering Committee. Operationalize specific roles and goals for the Commission to end the HIV epidemic in LA County in 10 years. Collaborate with Commission Liaison to the DHSP EHE Steering Committee to learn and understand how to best support and supplement each other's work. 	May-June
4	Develop an EHE Community Engagement and HIV Service Promotion Speaker's Tool Kit for Commissioners to use in community outreach and presentations. <ul style="list-style-type: none"> Toolkit seeks to increase community awareness of EHE and local services. through Commission meetings, Virtual Lunch and Learn events; HIV Connect resource website; social media; virtual and in-person (pending DPH guidance) health and resource fairs (these may be ongoing activities) 	March
5	Implement National Minority AIDS Council (NMAC) BLOC training for consumers <ul style="list-style-type: none"> Customized training aimed at supporting consumer leadership development. 	June
6	Implement activities aimed at integrated prevention and care planning, priority setting and resource allocation.	Start Jan/Ongoing
7	Review BAAC and ATF charge and implement recommendations best aligned with the purpose and capacity of the Commission	Start Jan/Ongoing
Subject to change and does not include ongoing activities for Committees and subgroups.		



The time is now.

Ending
the
HIV
Epidemic

2020: RISING ABOVE THE CHALLENGE

FINAL DRAFT | FOR REVIEW 1.28.21

ANNUAL REPORT JANUARY-DECEMBER 2020

Los Angeles County Commission on HIV

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VISION AND MISSION STATEMENTS

VISION

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

MISSION

The Los Angeles County (LAC) Commission on HIV (COH) focuses on the local HIV/AIDS epidemic and responds to the changing needs of people living with HIV/AIDS (PLWHA) within the communities of Los Angeles County. The COH provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).

ROLES AND RESPONSIBILITIES

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

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

- Setting care/treatment priorities/allocations
- Developing a comprehensive prevention and care plan
- Assessing the administrative mechanism of service delivery
- Evaluating service system effectiveness
- Service coordination
- Conducting needs assessments
- Setting minimum service standards/outcomes
- Defining ways to best meet the needs
- Resolving service system grievances
- Promoting the availability of services
- Evaluating other streams of funding
- Advising the BOS on all County HIV and STD funding
- Policy development and advocacy work
- Advising the Board on other HIV and STD-related matters

2020: RISING ABOVE THE CHALLENGE

2020 was a year like no other in the recent history of mankind. The year was marked by several global challenges, leading with the devastating impact of the novel coronavirus (COVID-19) pandemic and the nation's reckoning with the ills of racism anti-Blackness in

America and beyond. COVID-19 laid bare before our eyes what the HIV movement has recognized as the biggest wall preventing our victory over HIV - racism is the root cause of health and social disparities. The same communities of color who have overwhelmingly shouldered the burden COVID-19 infections, deaths, and hospitalizations, are the same communities that suffer from HIV and STDs the most. At the end of 2018, approximately 0.6% of the 10.3 million Los Angeles County (LAC) residents were living with HIV. The group with the plurality of people with HIV (PWH) are Latinx cisgender men who have sex with men (~40%), followed by White cisgender men who have sex with men (26%), followed by Black/African-American cisgender men who have sex with men (23%).¹ The balance of males with HIV are injection drug users of multiple racial/ethnic groups as well as cisgender American Indian/Alaskan Native, Asian or Pacific Islander men who have sex with men. Black/African American males, female and transgender persons and American Indian/Alaskan Native males are disproportionately impacted with HIV compared to their share of the LAC population.

Despite the unprecedented events of 2020, the COH rose above the challenges of the pandemic and made notable accomplishments in moving closer to ending the HIV epidemic, once and for all. The Commissioners showed exemplary leadership in their courageous counter-response to the novel coronavirus. In the midst of the COVID-19 pandemic, the fight to end the HIV/AIDS pandemic which started in the 1980s, continues to ravage communities. With the biomedical and treatment advances accrued over the years to fight HIV, we can no longer excuse another day and another case of HIV. We have the tools to prevent HIV and keep those living with HIV, healthy and thriving. The COH 2020 Annual Report reflects upon its key 2020 accomplishments in acknowledgement of the core values that have sustained the HIV movement.

#StrongerTogether: Rapid Mobilization and Response to the COVID-19 Public Health Emergency

The COH cancelled its March 13, 2020 in-person meeting out of abundance of caution due to the growing cases of the novel coronavirus. Commissioners, staff, and stakeholders swiftly mobilized to care for themselves and connected with friends and community members to ensure their safety and access to essential supplies for the duration of the shelter in place order. Commissioners affiliated with medical clinics, acted quickly to protect their staff, and maintain critical services for PWH and communities at risk for HIV, STD, and COVID-19. Collectively, the Commission contributed to a stronger public health response as evidenced by the following key accomplishments:

- The COH, in partnership and consultation with the DHSP and local HIV service organizations, developed a letter to the community offering medical advice and resources to help promote and protect the health and safety of people living with HIV (PLWH) in response to the novel coronavirus pandemic. The letter, published in English and Spanish, was much needed and reached over 6,000 individuals through the COH's listserv, website and social media platforms. ([Novel Coronavirus, COVID-19 and People Living with HIV A Message to the Community and Our Partners March 16, 2020](#))

¹ Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2019. Published May 2020. <http://publichealth.lacounty.gov/dhsp/Reports.htm>. Accessed 1/5/21.

- Service calls for maintaining access HIV medicines and care increased around the initial rounds of shelter in place orders. In response, staff reorganized the [COH](#) and [HIV Connect](#) websites to publish a series of COVID-19 information bulletins to keep the community informed of critical resources, such as medical care, social services, and other public health messages. ([Information and Resource Updates from the Commission on HIV: Sustaining the HIV Movement Amidst the COVID-19 Public Health Emergency](#))
- Rapidly transitioned from in-person to virtual meetings using WebEx. Staff and Commissioners are to be commended for quickly learning and adapting to the WebEx videoconferencing platform. Despite technical challenges, the COH saw an increase in meeting participants due to the ease of participating through videoconferencing technology.
- The COH's number of GovDelivery subscribers grew from 6,000 to over 14,000 by the end of 2020, an indication of increased community participation in the Commission's work and activities.
- Answering the call for duty, COH staff served as Disaster Service Workers (DSWs) to support the COVID-19 contact tracing teams, Project Room Key, food delivery calls for seniors, and the general elections. Staff maintained full business operations and responded to calls for service referrals while teleworking and with staff deployed to DSW assignments.

Compassion in Time of COVID-19

Without question, COVID-19 has affected people from all walks of life and with even more profound impact on communities of color and people experiencing poverty and homelessness. Many individuals have lost their jobs, social support networks, and access to care. In response, the COH used its Board-directed charge and resources to demonstrate compassion in the following ways:

- Increased stipends for unaffiliated consumer members from \$100 to \$150 as allowed by the COH bylaws in recognition of the economic hardships faced by PWH due to the pandemic.
- In collaboration with DHSP, the COH conducted a communitywide bilingual COVID-19 Impact Survey to assess and understand the impact of the novel coronavirus on Commissioners, PWH, service providers, and individuals at high risk for HIV and STDs. The survey was administered mid-March to May and nearly 300 individuals responded. Of those, 219 were PLWH, and 12% completed the survey in Spanish. Service providers reported transitioning most clinical services to telehealth and working longer and more intense hours to balance work and family commitments. Some indicated that they had been furloughed at the time of the survey and feared losing their jobs. In addition, service providers reported challenges of being supportive from a distance, lack of personal protective equipment (PPE), and surge capacity (resources and staffing). For consumers, they reported feelings of anxiety, isolation, and stress. Some reported complete loss of income. Consumers and providers reported an increase in demand for food, ride sharing transportation, financial assistance, mobile phones, mental health services, childcare, home delivered food and medicines. For some, their housing situation became more

unstable. Lack of access to high-speed and broad band internet and reliable computers was also reported. To respond to these community needs, the COH worked with DHSP to increase food pantry services, ensured that access to HIV medications and core medical services were maintained, and PPE kits were made widely available PWH using a network of HIV service sites throughout the County.

- The Aging Task Force (ATF) developed the recommendations to the COH, DHSP, and other County and City partners to address the unique needs of older adults (individuals who are aged 50 and older) population. According to the Health Resources and Service Administration (HRSA), the Ryan White program client population is aging. Of the more than half a million clients served by Ryan White program, 46.1 percent are aged 50 years and older and this continues to grow. While Ryan White clients in LAC show higher engagement and retention in care, and viral suppression rates, within the 50+ population there exists disparities by racial/ethnic, socioeconomic, geographic, and age groups stratification. The ATF recommendations were centered around the core issues of ongoing research and needs assessment, workforce and community education and awareness, and expansion of HIV/STD prevention and care services for older adults.
- Under the leadership of the Planning, Priorities and Allocations (PP&A) Committee, the COH worked with DHSP to allocate and shift funding as appropriate, to critical medical and support services including but not limited to emergency financial assistance, housing, and mental health. PP&A continued to lead the COH's multi-year priority setting and resource allocation process to avoid interruption of care for PWH.
- A most notable achievement for the COH was the accelerated pace at which the service standards for the [Emergency Financial Assistance \(EFA\)](#) was completed and approved. In June 2020, the COH, approved the EFA service standards and requested that DHSP move expeditiously to put in place the contractual mechanisms to implement EFA services especially during these economically challenging times. The Standards and Best Practices (SBP) Committee worked diligently with providers, consumers, subject matter experts, and DHSP staff to develop the EFA standards. EFA provides limited one-time or short-term payments to assist a Ryan White Part A client with an urgent need for essential items or services due to hardship. The purpose of EFA is to ensure clients can pay for critical services that play a role on whether a client is able to stay engaged in medical care and/or adhere to treatment. By the end of 2020, DHSP implemented training for Medical Care Coordination (MCC) teams on how to provide EFA to eligible clients and enacted contracts with 2 agencies to administer the program. The COH continues to work with DHSP to troubleshoot, improve the program, and minimize barriers to services.
- The COH updated and approved the [psychosocial support](#) services standards in September to keep PWH in care and maintain their quality of life. The purpose of psychosocial support services is to remove or lessen barriers to care and treatment through counseling services and mental health support. The implementation of psychosocial services would help in meeting the increase in demand for mental health services and social support during the pandemic and the recovery phase of the County's emergency response.
- COVID-19 has deeply impacted women and families with school-aged children. To support women living with HIV, the SBP Committee updated the childcare service

standards and harnessed feedback from key partners such as local HIV providers that serve a large number of women of child-bearing age and the Women's, Consumer, and Transgender Caucuses. The childcare standards are slated for approval in early 2021.

Commitment to Allyship and Racial Justice: To End HIV, We Must End Racism

Institutionalized racism affects general health care as well as HIV/AIDS health intervention and services in communities of color. The overrepresentation of Black individuals in various disease categories, including HIV/AIDS/STDs, is rooted in racism. To accelerate an end to HIV, communities from across the County and the nation must build alliances dedicated to ending racism. While the COH has grappled with its own stance and discomfort in addressing privilege and manifestations of implicit bias in the body, there continues to be willingness for members to be more self-reflective and engage in trainings. While these steps may seem small, they are a starting point for engaging in the lifelong journey of unlearning and undoing racism.

- On February 12, the Black/African American Community Task Force (BAAC TF) in commemoration of the National Black HIV/AIDS Awareness Day led a [panel](#) composed of Black/African American medical providers who shared their experiences and best practices in serving Black/African Americans impacted by HIV/AIDS and STDs in LAC, how to address barriers and social determinants of health that disproportionately affect Black/African Americans, and solutions in ending the HIV epidemic.
- Under the leadership of the BAAC TF, the COH released a [Statement Solidarity](#) to acknowledge that the Black community shoulders the unequal and unacceptable burden of HIV and STDs. Racism is the root cause health, social, economic and inequities, injustice and generational trauma in the United States. The unacknowledged history of the colonization of Native Americans, slavery, and the sustained forms of structural racism in the United States, continue to manifest in police brutality, generational poverty and trauma, and anti-Blackness. The COH joined the Board of Supervisors, Department Directors, and leaders across the country in condemning the killing of George Floyd and the far too many Black men, women, and children that have perished in the hands of police for engaging the daily rituals of life and for simply breathing and living.
- The BAAC TF submitted recommendations aimed at expanding access to the County's contracting process to Black-led organizations to [Prosper LA](#). The Task Force advocated for an inclusive contracting process to identify agencies who have a track record of proven and effective grassroots/community empowerment efforts that reach specified Black/African American audiences. A strong network of County-funded organizations that are Black-led and serve the Black community would improve trust, outreach, linkages to care, retention in care, and other interventions that are effective in reducing new HIV cases.
- Under the leadership of the Public Policy Committee, the COH's 2020 Policy Priorities sought to advance health equity, reduce HIV-related stigma, and address social determinants of health such as poverty, education, violence, substance use, food insecurity, and transportation in order to improve health outcomes for PLWHA and special populations at highest risk for contracting HIV. The PP Committee worked with the BAAC TF, Transgender Caucus and other subgroups of the COH to facilitate more cross-collaborations on policy actions.

- The COH submitted comments to the Housing and Urban Department (HUD) opposing a proposed rule change that would deny affordable housing to transgender individuals and leave them even more vulnerable to HIV disease acquisition and progression. In LAC, transgender individuals shoulder a disproportionate burden of HIV, with poorer health outcomes across the HIV continuum.
- The COH supported community mobilization efforts that led to the passage of AB2218 Transgender Wellness and Equity Fund. AB2218 opens the way for the California Department of Public Health to establish funding grants to organizations serving people that identify as transgender, gender nonconforming, or intersex (TGI), to create or support TGI-specific housing programs and partnerships with hospitals, health care clinics, and other medical providers to provide TGI-focused health care, and related education programs for health care providers.

Community Engagement

One of the hallmarks of the HIV movement is sustaining a robust community engagement in ending HIV. Throughout 2020, the COH worked diligently to convene virtual spaces for meaningful deliberations and forums about ending HIV in the context of COVID-19.

- In an effort to continue community engagement and connect individuals to services during the COVID-19 pandemic, the COH launched the [Virtual Lunch and Learn \(VLL\)](#) series to hear from service providers how the public health crisis has affected services and programs they offer, and share challenges, successes and lessons learned during these unprecedented times. In addition, the series provided a virtual space for participants to share insights and recommendations on how to sustain the HIV movement in LAC amidst the COVID-19 pandemic. From May through November, the COH held 11 virtual panels and educational series featuring speakers and experts in the HIV field and community health. Approximately 300 individuals attended these series and provided a critical space for community support in time of physical distancing and sheltering in place.
- The Operations Committee led the recruitment efforts and training for new and returning Commissioners. The community interest in serving on the COH remained strong as evidenced by the recruitment of 11 new Commissioners. Six [virtual training sessions](#) were completed between September through November with strong participation including members of the public.
- The COH launched the Mentorship/Peer Collaborator Program in October and held a virtual orientation for participants in November. The goal of the program is to nurture leadership by providing one-on-one support for each new Commissioner. Peer collaboration fosters a culture of understanding and decision making where each member appreciates their unique contribution to the group.
- Young gay and bisexual men, especially those who come from Black, Latinx, and Native communities, are disproportionately represented in the HIV epidemic. Active and sustained involvement is an integral part of an inclusive community planning process. To that end, the COH engaged with youth serving organizations and youth receiving HIV/STD prevention and care services in developing recommendations for outreach, engagement and retention on the COH and HIV community advisory boards. Consultations youth

stakeholders led to the development of youth-friendly social media content for the COH's Facebook and Twitter messages.

Ending the HIV Epidemic in the Context of COVID-19

The U.S. Department of Health and Human Services has set a national agenda, the [Ending the HIV Epidemic](#) (EHE): A Plan for America initiative to reduce new HIV cases by at least 90% by 2030. The 2020 theme for World AIDS Day (WAD) was "Ending the HIV/AIDS Epidemic through Resilience and Impact". The theme was especially poignant as the HIV community had been newly challenged by, and often led the response to, COVID-19 in communities around the globe. COVID-19 not only forced us to adapt our response to HIV/AIDS in communities to ensure continuity of services, but also reinforced the urgency of ending the HIV/AIDS epidemic in the U.S. and around the world. The theme was a reminder of what we can achieve together when we focus on impact by using data to deliver high quality, people-centered HIV prevention and treatment services to those most in need, tackling stigma and discrimination, and empowering communities. It reaffirmed the essential role of resilience, which enables individuals and communities to meet the challenge of HIV/AIDS even in times of adversity.

- The COH forged ahead with its commitment to ending HIV by hosting several meetings for ongoing community input in shaping local strategies aimed at addressing HIV health inequities and elevating consumer voices in all aspects of service delivery, community planning, and policy development.
- Promoted the DHSP EHE Townhall meetings in English and Spanish in September and October and reached over 6,000 subscribers to the COH information network. The townhalls aimed to engage the community at large in developing the local EHE plan. COH created a standing agenda item at meetings to ensure ongoing flow of communication and feedback on the plan and ideas for service enhancements. The COH formally submitted recommendations on the draft EHE plan to DHSP during the public comment period.

The COH dedicated for community dialogues and presentations around EHE to facilitate information sharing and coordination of services across multiple key stakeholders and service delivery partners.

- The University of California Center for HIV Identification, Prevention and Treatment Services (CHIPTS) presented their EHE-related research at the August COH Meeting. The topics were: (1) Regional Response to HIV Eradication Efforts in California Counties presented by Steve Shoptaw, PhD; 2) Use of Technology-based PrEP Services to Improve Uptake, Adherence, and Persistence presented by Ronald A. Brooks, PhD and Dilara K. Üsküp, PhD; and 3) Preparing for Long-Acting Injectable Treatment for HIV in Los Angeles presented by David Goodman-Meza, MD, MAS
- The Los Angeles Homeless Services Authority (LAHSA) joined the September COH meeting to provide an update on the County's Homeless Count, Project RoomKey and permanent housing for PLWH.
- The City of Los Angeles Housing Opportunities for Persons with AIDS (HOPWA) provided information on the \$2.8 million in funding they received under the CARES Act and solicited input from Commissioners and the community on how to use those resources.

- In response to the community's interest and concerns about the impact of COVID-19 on PLWH, Dr. Eric S. Daar, M.D., Chief, Division of HIV Medicine Harbor-UCLA Medical Center, Investigator, Lundquist Institute discussed the Intersection of COVID-19 and HIV at the October COH meeting.
- The theme for the Annual Meeting, held in November, was "Continuing the Commitment to End HIV, Once and For All" and demonstrated the Commission's commitment community and engagement to end HIV. Guest speaker, Harold Phillips, Senior HIV Advisor and Chief Operating Officer of Ending the HIV Epidemic: A Plan for America. US Department of Health and Human Services, Office of Infectious Disease and HIV/AIDS Policy (OIDP), shared federal updates on what to expect in 2021 and insights on building an inclusive HIV movement. DHSP colleagues provided an overview of EHE funding awards received by the Division and status of program expenditures. Staff also shared common themes and feedback received from the community on the draft EHE plan. Examples of general feedback include focusing on highly impacted communities and vulnerable populations (communities of color, youth, transgender population, people who inject drugs (PWID)/substance users, people experiencing homelessness, etc.) and creating an overarching strategy or goal specific to anti-racism, supporting communities of color, racial justice.
- Given the importance of prevention and linkage to care, DHSP also provided an overview of the Take Me Home HIV Self-Testing program and their plans to expand the program throughout the County. TakeMeHome is a national platform for ordering home HIV test kits that helps public health departments to expand testing access to community members who might hesitate about walking into a clinic. According to the DHSP 2019 Annual HIV Surveillance Report, among the estimated 57,700 persons aged ≥ 13 years living with HIV at yearend 2017, approximately 11% or 6,400 persons were unaware of their infection. Knowing one's HIV status is a critical strategy for ending HIV.
- The Annual Meeting also featured Naina Khanna, Executive Director, Positive Women's Network, USA who presented on how HIV planning councils can engage in more intentional work on achieving health equity. The group's discussion on racism and privilege elicited an uncomfortable, yet necessary conversation on authentic forms inclusivity and racial and social justice.

Los Angeles County has been a national pace setter in developing and implementing responsive and innovative programs to curb the HIV/STD epidemics. With the continued support and revitalized commitment to ending HIV, resilience and optimism, the COH looks forward to working the Board of Supervisors and County leadership to finally end HIV, once and for all. **The time to end HIV is now and to end HIV, we must end racism.**

COMMISSIONERS (JANUARY - DECEMBER 2020)

Miguel Alvarez, Alternate

Everardo Alvizo, MSW, City of Long Beach Representative

Alvaro Ballesteros, MBA, Co-Chair, Supervisorial Board Office 1 Representative

Traci Bivens-Davis, MA, Supervisorial Board Office 2 Representative (resigned 6/16/20)

Alasdair Burton, Alternate

Danielle Campbell, MPH, Supervisorial Board Office 2 Representative

Raquel Cataldo, Supervisorial Board Office 5 Representative

Pamela Coffey, Unaffiliated Consumer, Service Planning Area 6
 Michele Daniels, Unaffiliated Consumer, Service Planning Area 1
 Frankie Darling-Palacios, Provider Representative
 Erika Davies, City of Pasadena Representative
 Kevin Donnelly, Unaffiliated Consumer, Service Planning Area 8
 Aaron Fox, MPM, Ryan White Part C Representative
 Jerry D. Gates, PhD, Ryan White Part F Representative
 Felipe Gonzalez, Unaffiliated Consumer, At-Large
Bridget Gordon, Co-Chair, Unaffiliated Consumer, At-Large
 Grissel Granados, MSW, HIV Stakeholder Representative
 Joseph Green, Unaffiliated Consumer, At-Large
 Thomas Green, Alternate
 Karl Halfman, MA, Ryan White Part B Representative
 Diamante Johnson, Unaffiliated Consumer Supervisorial District 5
 William King, MD, JD, AAHIVS, HIV Stakeholder Representative
 Lee Kochems, MA, Behavioral/Social Scientist Representative
 David P. Lee, MPH, LCSW, Provider Representative
 Eduardo Martinez, Alternate
 Anthony Mills, MD, Provider Representative
 Carlos Moreno, Provider Representative
 Derek Murray, City of West Hollywood Representative
 Paul Nash, PhD, HIV Stakeholder Representative
 Katja Nelson, MPP, Supervisorial Board Office 3 Representative
 Mario Pérez, MPH, Ryan White Part A Representative
 Juan Preciado, HIV Stakeholder Representative
 Joshua Ray, Unaffiliated Consumer Supervisorial District 3
 Nestor Kamurigi, Alternate
 Ricky Rosales, City of Los Angeles Representative
 Harold Glenn San Agustin, MD, Provider Representative
 Martin Sattah, MD, Provider Representative
 Tony Spears, Alternate
 LaShonda Spencer, MD, Provider Representative
 Kevin Stalter, Unaffiliated Consumer, Service Planning Area 4
 Maribel Ulloa, Housing Opportunities for People with AIDS (HOPWA) Representative
 Justin Valero, Supervisorial Board Office 4 Representative
 Kayla Walker-Heltzel, Alternate
 Amiya Wilson, HIV Stakeholder Representative
 Greg Wilson, HIV Stakeholder Representative (resigned 6/11/20)

STAFF

Cheryl A. Barrit, Executive Director
 Dawn P. McClendon, Assistant Director
 Carolyn Echols-Watson, Senior Staff Analyst
 Jane Nachazel-Ruck, Administrative Assistant
 Sonja Wright, Senior Board Specialist
 Yeghishe Nazinyan, Epidemiologist/COH-DHSP Liaison



Please know that need-based and short-term financial assistance is available to assist
Ryan White Program-eligible individuals.

All financial assistance is made through confidential payments made on behalf of the client and
that protect personal health information.

Expenses other than rent can be covered as well (please see the list below.)

Individuals can apply for a maximum total of \$5,000 over a 12-month period.

Eligibility Requirements:

- o Los Angeles County Resident
- o HIV-positive
- o Current income \leq 500% FPL
- o Not currently receiving any other form of emergency financial assistance

Eligible Services include:

- o Housing assistance
 - Move-in assistance (including security deposit and first month's rent)
 - Short-term rental assistance (including assistance with late rental payments)
- o Utilities (including electricity, water and gas, Wi-Fi, cell phone)
- o Food and Transportation

How to Apply:

Please contact your DHSP-supported Medical Care Coordination Team for assistance
(MCC Teams are part of the HIV Medical Specialty Provider network (contact list on back)

-OR-

Please contact the contracted EFA Program partner agencies if you are not part of MCC:

Housing for Health

Ana Rios: (323) 274-3791 or anrios@dhs.lacounty.gov

Alliance for Housing and Healing

Yesenia Akers: (323)246-2142 or yakers@alliancehh.org

Angie Rubio: (323) 394-0115 or arubio@alliancehh.org

ASISTENCIA FINANCIERA DE EMERGENCIA



El programa de asistencia financiera temporal es basada en las necesidades de emergencia y está disponible para ayudar a las personas del programa Ryan White que califican. Esta ayuda incluye la asistencia de pagos de renta y otra asistencia enumeradas a continuacion. Las personas pueden solicitar un total máximo de \$5,000 durante un período de 12 meses.

Requisitos de Elegibilidad:

- Residente del Condado de Los Angeles
- VIH-positivo
- Ingreso anual de menos de $\leq 500\%$ FPL
- Actualmente no recibiendo otro tipo de asistencia de emergencia

Servicios Elegibles Incluye:

- o Ayuda a la vivienda
 - Asistencia de mudanza (incluyendo depósito de seguridad y alquiler del primer mes)
 - Asistencia de alquiler a corto plazo (incluida la asistencia con pagos atrasados del alquiler)
- o Servicios públicos (incluyendo electricidad, agua y gas, Wi-Fi, teléfono celular)
- o Comida y Transportacion

Cómo Solicitar:

Comuníquese con su Equipo de Coordinación de Cuidado Médico (MCC) apoyado por el DHSP a través de su proveedor médico y su equipo determinará la elegibilidad y enviará una solicitud a Housing for Health o Alliance for Housing and Healing.

Medical Care Coordination Supervisor Contact List				
Agency	Supervisor/ Coordinator	Adress	Contact Information	Coordinator's Email
AIDS Healthcare Foundation	Jennifer Gjurashaj	6255 W. Sunset Blvd, 21st Floor	(323) 860-5316	Jennifer.Gjurashaj@ahf.org
	Amy Croft	Los Angeles, CA 90028	(323) 793-5275	amy.croft@ahf.org
APLA Health & Wellness Center	Scott Blackburn	3743 S. La Brea Ave Los Angeles, CA. 90016	(213) 201-1422	sblackburn@apla.org
AltaMed Health Services	Sarah Campbell	5427 Whittier Boulevard	(323) 869-5319	scampbell@altamed.org
	Franciso Valdez	Los angeles, CA 90022	(323) 869-5414	fvaldes@altamed.org
Children's Hospital Los Angeles	Miguel Martinez	5000 Sunset Boulevard, 4th Fl Los Angeles, Ca 90027	(323) 361-3908	mimartinez@chla.usc.edu
City of Long Beach Department of Health and Human Services	Marina Ohlson-Smorick	2525 Grand Avenue, Long Beach, CA,	(562) 570-4329	Marina.Ohlson-Smorick@longbeach.gov
	Iris Gibbs	90815	(562) 570 - 4544	Iris.Gibbs@longbeach.gov
East Valley Community Health Center	Debbie Lara Rivera, LCSW	420 South Glendora Avenue West Covina, Ca 91790	(909) 620-8088 ext. 3202	dlara@evchc.org
El Proyecto del Barrio, Inc.	Leopoldo Cabral	9140 Van Nuys Boulevard, #207 Panorama City, Ca 91402	(818) 830-7181	lcabral@elproyecto.us
JWCH Institute, Inc.	Michael Johnson	522 South San Pedro Street	(626) 744-6140	mjohnson@jwch.org
	Sandra Valdivia	Los Angeles, Ca 90013	(323) 423-3215	svaldivia@jwchinstitute.org
Los Angeles LGBT Center	Louis Guitron	1625 North Schrader Boulevard	(323) 993-7517	lguitron@lalgbtcenter.org
	Kyle Eberly	Los Angeles, Ca 90028	(232) 993-7447	keberly@lalgbtcenter.org
St. Mary's Medical Center	Randy Hope	1043 Elm Avenue Long Beach, Ca 90813	(562) 624-4934	randy.hope@dignityhealth.org
Tarzana Treatment Center	Raquel Cataldo	320 East Palmdale Avenue Palmdale, Ca 93550	(661) 729-9000 ext 4326 (818) 654-3885	Rcataldo@tarzanatc.org
	Gina Larco	7101 Baird Avenue Reseda, CA 91335	(818) 342-5897 ext. 2203	glarco@tarzanatc.org
Venice Family Clinic	Arron Barba	622 Rose Ave	(310) 664-7611	abarba@mednet.ucla.edu
	Julie Garcia	Venice, CA 90291	(310) 664-7613	juliegarcia@mednet.ucla.edu
Watts Healthcare Corp.	Yvette Wells	10300 Compton Avenue	(323) 564-4331 ext. 3311	yvette.wells@wattshealth.org
	Rosalynd Williams	Los Angeles, CA 90002	(323) 564-4331 ext. 3321	rosalynd.williams@wattshealth.org
LA County-Harbor UCLA	Claudia Murray	1000 W. Carson St. Torrance, CA 90509	(424) 306-4347	cmurray@dhs.lacounty.gov
LA County-High Desert – Hope Clinic	Paul Paras Timothy Moore	335 East Ave. I Lancaster, CA 93535	(661) 471-4393 (661) 471-4212	pparas@dhs.lacounty.gov tmoore@dhs.lacounty.gov
LA County-HHH – Main Street Clinic	Marvin Nevins	5850 S. Main Street Los Angeles, CA 90003	(323) 897-6364	mnevins@dhs.lacounty.gov
LA County Long Beach Compehensive Health Center	Patricia Serna	1333 Chestnut Ave. Long Beach, CA 90813	(562) 753-2455	pserna@dhs.lacounty.gov
LA County-MLK – OASIS Clinic	Collins Nwadiogbu Christopher Arevalo	1807 E. 120th St. Los Angeles, CA 90059	(424) 338-1005 (424) 338-2945	cnwadiogbu@dhs.lacounty.gov carevalo@dhs.lacounty.gov
LA County-Olive View	Jessica Kuo	14445 Olive View Drive Sylmar, CA 91342	(424) 306-6337	jkuo@dhs.lacounty.gov
LA County+USC Healthcare Network	Gregory Keeler	1300 N. Mission Rd. Los Angeles, CA. 90033	(323) 409-8324	gkeeler@dhs.lacounty.gov
Men's Health Foundation	Rob Lester	9201 W. Sunset Blvd, STE 812 Los Angels, CA 90069	(310) 550-1010 x3466	Rob.Lester@menshealth.foundation
Northeast Valley	Jose Paredes	14624 Sherman Way, STE 600	(818) 988-6335 ext. 50702	JoseParedes@nevhc.org
	Nick Rocca	Van Nuys, CA 91405	(818) 998-6335 ext 50701	NickRocca@nevhc.org
Saban Community Clinic	Chassity Griffin	8405 Beverly Boulevard Los Angeles, Ca 90048	(323) 330-1654	cgriffin@sabancommunityclinic.org
St. John's Well Child and Family Center	Victor Martinez	808 W. 58th Street LA, CA. 90037	(323) 541-1600 ext 1079	vimartinez@wellchild.org
T.H.E. Clinic, Inc.	Tracy Horn	3834 S. Western Ave Los Angeles, CA 92262	(323) 730-1920 ext. 3225	thorn@tohelpeveryone.org
University of California, Los Angeles	Jeannie Acdan	1399 S. Roxbury Dr., STE 100, Los Angeles, CA 90035	(310) 843-2014	JAcdan@mednet.ucla.edu



2021 MEMBERSHIP ROSTER | UPDATED 01.14.21

SEAT NO.	MEMBERSHIP SEAT	Commissioners 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	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2022	
3	City of Long Beach representative	1	PP&A	Everardo Alvizo	Long Beach Health & Human Services	July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health	July 1, 2018	June 30, 2022	
8	Part C representative			Vacant		July 1, 2018	June 30, 2022	
9	Part D representative	1	PP&A	Frankie Darling Palacios	Los Angeles LGBT Center	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, 2022	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	EXC	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2018	June 30, 2022	
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, 2022	
17	Provider representative #7	1	PP&A	Alexander Luckie Fuller	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2018	June 30, 2022	
19	Unaffiliated consumer, SPA 1	1	EXC OPS	Michele Daniels	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2018	June 30, 2022	
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2018	June 30, 2022	
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	Damontae Hack
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	Unaffiliated Consumer	July 1, 2018	June 30, 2022	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2019	June 30, 2021	Thomas Green (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2018	June 30, 2022	
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, 2022	Nestor Kamurigi (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, 2022	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez	Unaffiliated Consumer	July 1, 2018	June 30, 2022	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2018	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2022	
37	Representative, Board Office 2	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2022	
39	Representative, Board Office 4	1	EXC OPS SBP	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5	1	PP&A EXC	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	Unaffiliated Consumer	July 1, 2018	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2018	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5			Vacant		July 1, 2018	June 30, 2022	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	Unaffiliated Consumer	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, 2022	
51	HIV stakeholder representative #8			Vacant		July 1, 2018	June 30, 2022	Miguel Alvarez (OPS/SBP)
TOTAL:		38						

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

LOA: Leave of Absence

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	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input checked="" type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input checked="" type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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 ☐ Female ☐ Trans (Male to Female) ☐ Trans (Female to Male) ☐ Unknown

- 5b. Race/Ethnicity: (Check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> African- American/Black,not Hispanic | <input checked="" type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Multi-Race |
| <input type="checkbox"/> Anglo/White, not Hispanic | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Asian/ Pacific Islander | <input type="checkbox"/> 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:
- | | | |
|--|---|--|
| <input type="checkbox"/> 13 – 19 years old | <input type="checkbox"/> 20 – 29 years old | |
| <input type="checkbox"/> 30 – 39 years old | <input checked="" type="checkbox"/> 40 – 49 years old | <input type="checkbox"/> 50-59 years old |
| <input type="checkbox"/> 60+ years old | <input type="checkbox"/> 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?

~~David Lee of Drew Cares, cochair of Commission and Yvette Wells, Director of HIV at Watts Health~~

7b. If recommended, what seat, if any, did he/she/they recommend you fill? *ERROR They did not ask me to represent them FB*

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:

My goal on the Commission is to best represent the interests of the South Los Angeles community where I live and work. I hope to continue to build bridges and bonds between clinicians, support staff, patients and communities most impacted by HIV. Systemic racism, trans/homophobia impacts clinical work environments, impacts medical trust and are key drivers of health disparities. I will continue to strongly advocate for the wellness of all marginalized groups.

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:

see attachment

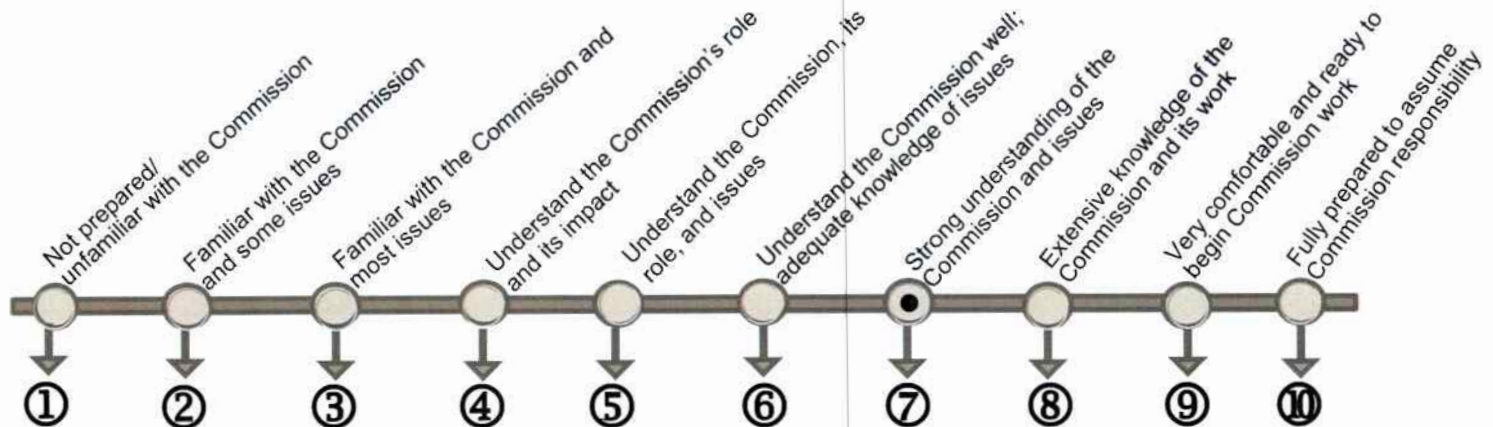
12. **Additional Information:** In this section, please provide any additional information about yourself—or update information from your original or renewal application—that you feel will enhance the application review. If you choose not to include any additional information, indicate it here with "N/A".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

N/A

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")



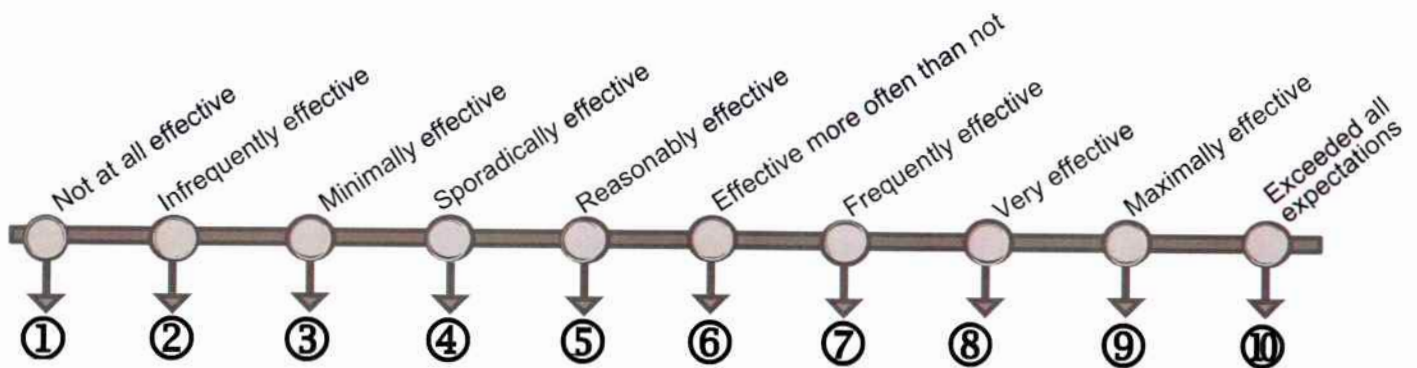
17. Which of your strengths do you feel will enhance your Commission performance? What skills will you need to develop further for optimal Commission performance? Continue on an additional page if necessary.

I am passionate and committed. I work well in a team. I believe and support leadership of those most marginalized. I am a clinician and also from a marginalized community and background and so bring these perspectives which will be useful for the Commission.

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.

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.**

I think my bio and CV describe well my personal and professional experience. Having said that, I think that I work well in a team and am able to collaborate well with others across social/personal identities. One concrete example of the melding of my personal and professional experience has been my role as a founding member of Frontline Wellness Network which has been working tirelessly on a series of social justice campaigns to stop jail construction and move LA County toward a Care First, Jails Last paradigm of addressing social problems. Over a 1.5 year period, to make this fight relevant to the HIV community, I researched and created a presentation on the intersections of HIV and incarceration, nationally and locally, and presented that to a number of HIV service organizations such as APAIT, HOPICS, LA CADA, SoCal Club and the PEP and PrEP Working Group. I believe this work exemplifies my commitment to the Commission's fight against HIV and its social determinants as well as my ability to work with numerous organizations and individuals.

-
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.**

I imagine there will inevitably be a number of political and personal differences that may arise in the context of discussions and planning etc. Personally, I think honest disagreement with dialogue is where positive change comes from. So if difficulties arise, I will plan to be an active listener and rely on my fellow Commissioner 's as well. There are current members of the Commission that I know well so certainly reach out to them for guidance.

-
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.**

As I've stated earlier, my plan is to best represent the interests of those living in South Los Angeles where I live and work, which also is the community hardest hit by HIV and STD 's. I come from a working class, Latinx background and while I do not completely represent the racial-gender-sexual groups most impacted by HIV and STD 's, I have and will continue to strongly advocate for the wellness of those most impacted. As an example, I am the clinician for Watts Healthcare 's first PrEP clinic and I have developed closer ties with Arming Minorities Against Addiction and Disease (AMAAD) Institute and through this partnership, creating a dual referral service for young Black and Latinx gay and transgender individuals seeking PrEP or HIV services. I hope to continue this work of bridge building across LA County.

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..

NA

-
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.

NA

-
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.

NA

-
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?

NA

Section 4: Biographical Information #11

Name: Felipe Findley

11. Biography/CV is attached

I was born and raised in the South Lawndale, a predominantly Latinx and Black community of Chicago, Illinois. Like many urban communities, while also having a rich culture and vibrancy, it was also a community rife with gang and police violence, sexism, homophobia and transphobia. Our most significant landmark was Cook County Jail and Courthouse which was three blocks from my home. I was indelibly shaped by both my community's virtues and vices and while I knew of no childhood role model in the medical field, I did know that I wanted to be of service to my community. It wasn't until I joined the US Army as a medic that I felt a sense of purpose and learned about the role of the Physician Assistant. After 4 years in the military, I went to Malcolm X College and ultimately graduated from the Physician Assistant program in 2005. On my last clinical rotation, I worked with a physician who helped build HIV clinics for women in Rwanda, Africa after the genocide. Both her local and international work inspired me to choose to work in the field of HIV which I have been doing ever since. In fact, I have long viewed this work to be the crossroads of medicine, public health, and social justice. This work has also shaped me into being the best version of myself. On the wards of my first clinic position I happened to care for a longtime neighborhood friend who was admitted to my team with a new diagnosis of HIV and Neurosyphilis. On another occasions, the transgender partner of a patient I admitted happened to be an elementary school classmate of mine. Both of these encounters reminded me of the homophobia, transphobia and bullying that exists in my community and on the importance of being a strong advocate for the most marginalized within communities of color. I currently work at Watts Health Center (WHCC) a community similar to the one I grew up in. I provide HIV primary care services, started our Pre-Exposure Prophylaxis clinic and Hepatitis C clinic. My social justice work is detailed in my CV attached here but briefly, I am a founding member of *Frontline Wellness Network*, on the community advisory board for *Center for HIV Identification, Prevention, and Treatment Services* (CHIPTS) active in the *American Public Health Association* (APHA) and a founding member of *Say Their Names Los Angeles*. In summary, I am committed and passionate about the fight against HIV and would be honored to join the Commission as we enter the phase of "Ending the Epidemic."

Name: Felipe Findley

Former Business/Professional Experience for the past 10 years

- | | |
|---|--------------------------------|
| 1. Men's Health Foundation, Los Angeles, CA | July 2019 to July 2020 |
| 2. Charles R. Drew University Physician Assistant Program | August 2017 – July 2019 |
| 3. Martin Luther King Jr. – Oasis Clinic | July 2014 – May 2019 |
| 4. AIDS Healthcare Foundation | January 2011 – July 2014 |
| 5. Hektoen Institute (John H. Stroger Hospital) | September 2006 – December 2010 |

FELIPE FINDLEY,
PA-C, MPAS, AAHIVS



FFINDLEY7@GMAIL.COM
FELIPE.FINDLEY@WATTSHHEALTH.ORG



CELL: 213-440-2999



LINKEDIN URL

[LINKEDIN.COM/IN/FELIPE-
FINDLEY-78661829](https://www.linkedin.com/in/felipe-findley-78661829)

OBJECTIVE

Become a Commissioner for the Los Angeles County Commission on HIV

CLINICAL EXPERIENCE

PHYSICIAN ASSISTANT/WATTS HEALTHCARE CORPORATION

July 2020 – Present

Provide culturally appropriate HIV treatment and prevention services to the underserved community of South Los Angeles, Watts/Compton areas including LGBTQ+ and Spanish speaking patients. In addition, started the Pre-Exposure Prophylaxis (PrEP) clinic at WHCC as well as started Hepatitis C treatment clinic. Provide lectures and in-services on HIV, PrEP, and Hepatitis C to staff and students. Involved in developing partnership with Arming Minorities Against Addiction and Disease Institute (AMAAD) in gaining HIV, STI testing, treatment and PrEP services for young MSM and transgender high risk negative individuals.

**PHYSICIAN ASSISTANT/MEN'S HEALTH FOUNDATION -
SOCAL CLUB**

July 2019 – July 2020

Provide culturally appropriate HIV treatment and prevention services to the underserved community of South Los Angeles with focus on Black and Brown LGBTQ+ young men and transgender women of color. Also involved in community outreach creating partnerships with neighboring pediatric clinics as well as high schools and school-based clinics. Organizer and educator for social justice trainings at SoCal Club.

PHYSICIAN ASSISTANT/OASIS CLINIC-MLK JR. OPC

July 2014 – May 2018

Provide primary care services and HIV treatment and prevention services to the underserved community of South LA, Watts and Compton area including LGBTQ and Spanish speaking patients. Administrative co-lead for the "Care Improvement Team" creating projects to improve patient care services and team building for clinic staff. Provide lectures and in-services for Oasis and Charles R. Drew staff. Mentor and teach PA students as well as high school students through partnership with Charles R. Drew University and King-Drew Magnet high school.

CLINICAL RESEARCHER/CHARLES R. DREW UNIVERSITY

August 2014 – September 2016

Site Provider for 48-week Pre-Exposure Prophylaxis study of high-risk men who have sex with men (MSM) and transgender women. Performed patient consents per IRB standards at Screening visit and at subsequent visits (Baseline, Weeks 4, 8, 12, 24, 36 and 48) obtained medical history, performed physical exams, evaluated patients for adverse drug reactions, provided patient education and measured drug levels of Truvada components to determine adherence to study medication. Phlebotomy at each visit, performed rapid HIV testing and complete STI screening.

PHYSICIAN ASSISTANT/AIDS HEALTHCARE FOUNDATION

December 2010 – July 2014

Provided primary care services and HIV treatment and preventative services to the underserved community of Downtown, Hollywood and South LA including LGBTQ and Spanish speaking patients.



PHYSICIAN ASSISTANT/JOHN H. STROGER JR. HOSPITAL

September 2006 - December 2010

Provided in-patient medical care to the underserved HIV positive patients of Chicago admitted to HIV service of John H. Stroger Hospital. Contributed to daily rounds, coordinating the medical management with attending physician and clinical pharmacists and rotating residents of the HIV service. Monthly lecturer on HIV 101 topics and orientation of rotating residents, medical and PA students.

PHYSICIAN ASSISTANT/RUTH M. ROTHSTEIN CORE CENTER

September 2006 - December 2010

Provided out-patient primary care and HIV treatment and preventative services to the underserved community of Chicago including LGBTQ and Spanish speaking patients at the Ruth M. Rothstein CORE Center. Educator with Communities in School program teaching HIV and STI prevention in numerous Chicago public high schools.

PHYSICIAN ASSISTANT/HOUSE CALL PHYSICIANS

March 2006 – August 2006

Provided consultations and primary care home visitations with responsibilities including but not limited to medication management, phlebotomy and lab review, wound care assessment and treatment.

EMT-PARAMEDIC/SUPERIOR AMBULANCE COMPANY

December 2001 – August 2002

Provided routine and emergency advanced pre-hospital medical care, operating and maintaining Type 2 ambulance.

MEDICAL SPECIALIST/UNITED STATES ARMY

September 1997 – September 2001 (Honorably Discharged)

Administered emergency and routine outpatient and inpatient medical treatment under supervision of nurse, physician and physician assistant while attached to field artillery units and while rotating through Fort Bliss medical clinic and at William Beaumont Army Medical Center. In addition, I participated in military exercises while on deployment to South Korea and Kuwait working in base clinics, in the field, and on mass casualty exercises. Obtained EMT-B, EMT-I and EMT-P certifications while in the US Army.

ACADEMIC EXPERIENCE

GUEST LECTURER/UNIVERSITY OF SOUTHERN CALIFORNIA

November 2020 - Present

Guest lecturer of Psychosocial Dynamics in Healthcare course discussing the clinical approach to addressing the psychosocial factors impacting HIV treatment and prevention.

GUEST LECTURER/MARSHALL B. KETCHUM UNIVERSITY

September 2019 - Present

Guest lecturer of Psychosocial Dynamics in Healthcare course discussing the clinical approach to addressing the psychosocial factors impacting HIV treatment and prevention.

ASSISTANT PROFESSOR/CHARLES R. DREW UNIVERSITY

June 2018 – July 2019

Assistant Professor for Charles R. Drew University (CDU) Physician Assistant program. Courses include Principles of Medicine III, providing a comprehensive review of the etiology, epidemiology, pathophysiology, history & physical presentation/findings, differential diagnosis, diagnostic methods, treatment, prevention and follow-up care of various internal medicine disorders. Teaching clinical medicine topics Ophthalmology and Nephrology in addition to Patient Interview course and Physical Diagnosis course, Psychosocial Dynamics in Health course as well as co-developer of Social Justice Curriculum.

CLINICAL COORDINATOR/CHARLES R. DREW UNIVERSITY

February 2019 – July 2019

Establishing and maintaining Supervised Clinical Practice Experiences (SCPE) clinical sites, responsible for developing Standard Operating Procedures, onboarding processes for second year PA students on clinical rotations in accordance with the Accreditation Review Commission on Education for the Physician Assistant standards. Creating and overseeing End of Rotation (EOR) examinations and case presentations along with setting 2-day agenda with guest speakers and trainings.

CLINICAL SITE PRECEPTOR/CHARLES R. DREW UNIVERSITY

January 2018 – June 2019

Site preceptor at Oasis Clinic - Martin Luther King Jr. Outpatient Center providing clinical instruction in both HIV and primary care for 2018 and 2019 PA cohorts on clinical rotations.

ADJUNCT INSTRUCTOR/CHARLES R. DREW UNIVERSITY

August 2017– June 2018

Adjunct Instructor of Patient Interview course for first year PA cohort leading small group interactive seminars introducing PA students to the fundamental skills necessary to conduct a medical interview with a patient and to be able to present the information in oral and written formats to other medical professionals. Instructional techniques include role-playing, small group discussion, observation and evaluation by instructors, students and simulated patient models.

GUEST LECTURER/CHARLES R. DREW UNIVERSITY

July 2017

Guest lecturer of Psychosocial Dynamics in Healthcare course discussing the psychosocial factors impacting HIV treatment and prevention for both 2018 and 2019 cohorts.

GILEAD SCIENCES SPEAKER'S BUREAU

March 2017 – Present

Speaker for Gilead Sciences Inc. covering three sections: HIV, Community and Pre-Exposure Prophylaxis, providing lectures and education to health professionals and community members on HIV related topics that are both branded (Gilead products) and unbranded that are related to HIV infection, complications, treatment, community impact and prevention.

PACIFIC AIDS EDUCATION AND TRAINING CENTER PROGRAM, CHARLES R. DREW UNIVERSITY - OASIS CLINIC

November 2016 – August 2017

Speaker at the HIV/STI & PrEP [Pre-Exposure Prophylaxis] Summit in South Los Angeles hosted by CDU and sponsored by PAETC. Speaker for PAETC certificate training on Police Violence & Brutality: It's an HIV Public Health Issue.

EDUCATION

**MASTER IN PHYSICIAN ASSISTANT STUDIES
BRIDGE PROGRAM (MPAS)
UNIVERSITY OF TEXAS RIO GRANDE VALLEY**
GPA 3.5

**BACHELOR IN BIOMEDICAL SCIENCES
CHARLES R. DREW UNIVERSITY**
GPA 4.0, Summa Cum Laude
Recipient of Dr. Charles W. Buggs Award

**PHYSICIAN ASSISTANT CERTIFICATE OF COMPLETION
ASSOCIATE OF APPLIED SCIENCE
JOHN H. STROGER HOSPITAL-MALCOLM X COLLEGE**
GPA 3.78

**ASSOCIATE OF SCIENCE
MALCOLM X COLLEGE**
Co-Valedictorian
USA Today All-USA Academic Team 2003
GPA 4.0

LICENSES AND CERTIFICATIONS

National Commission on Certification of Physician Assistants
State of California Licensed Physician Assistant
State of California Licensed Control Substance
HIV Specialist (AAHIVS)
National Registry of EMT's – Basic, Intermediate and Paramedic (not active)
Army Military Operational Specialty: Medical Specialist 9I-W (not active)

PROFESSIONAL MEMBERSHIPS

Physician Assistant Education Association (PAEA)
California Academy of Physician Assistants (CAPA)
International AIDS Society (IAS)
American Academy of HIV Medicine (AAHIVM)
GLMA: Health Professionals Advancing LGBTQ Equality
American Public Health Association (APHA)
Community Advisory Board for Center for HIV Identification, Prevention, and
Treatment Services (CHIPTS)
Street Medicine Institute


SOCIAL JUSTICE WORK

One of the founding members of *Frontline Wellness Network* a collective of social justice health professionals organizing to end the public health crises of criminalization and incarceration in LA county. Our members include nurses, physician assistants, social workers, acupuncturists, phlebotomists, physicians and students. We see criminalization and incarceration as urgent issues of racial and gender and economic justice and driving forces of health disparities including HIV. For the last 3 years we joined a coalition that successfully defeated LA's plan to build three new jails and that put forward an alternative, Care-First, Jail-Last budget for the city. As part of our organizing campaign I gave lectures to HIV service organizations on the intersections of HIV and mass incarceration including LA CADA, SoCal Club, Men's Health Foundation, APAIT and HOPICS, and the LA County PEP and PrEP Working Group. Now, in response to the police killing of Nick Burgos while hospitalized at Harbor UCLA by LA Sheriff's we are building a campaign to remove law enforcement from hospitals and to commit resources to providers so that they can respond to patient crises in safe and dignified ways.

On the community advisory board for *Center for HIV Identification, Prevention, and Treatment Services (CHIPTS)* which is committed to eliminating new HIV infections by promoting collaborative research, fostering networking, and supporting capacity building, with an emphasis on key populations who face comorbidities both domestically and globally since May 2018. Our current campaign is *Addressing Systemic Racism and its impact on HIV disparities and PrEP uptake*

As part of *American Public Health Association (APHA)* collaborated for over two years with public health professionals and students in the ultimate passing of the resolution "Addressing Police Violence as a Public Health Issue" at the annual APHA conference in November 2018 in San Diego. This resolution has provided evidence-based support for grassroots organizations like the Black Lives Matter Movement among others who are campaigning on issues addressing racism and police violence in this country.

Developed partnership with Charles R. Drew University's Global Health Initiative and *Refugee Health Alliance* arranging medical mission day-trips to Tijuana, Mexico addressing the health needs of the migrant community.



Member of *Say Their Names Los Angeles* which formed in response to the nationwide protests following the killings of George Floyd and Breonna Taylor and through work with dozens of families impacted by police violence in the Los Angeles area, on October 24, 2020, we organized a family speak out with hundreds of families and supporters and debuted 626 tombstones representing the lives lost to law enforcement in Los Angeles since Jackie Lacey took office in December 2013. We created a podcast to continue amplifying the voice, message, demands of families directly impacted by police violence in an effort to forward the social justice movement.

REFERENCES

Available upon request

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: Gerald Garth

(Please print name as you would like it to appear in communications)

2. Organization: AMAAD Institute
(if applicable)

3. Job Title: Director of Programs and Operations

4. Mailing Address: 2930 W. Imperial Hwy #300

5. City: Inglewood State: CA Zip Code: 90303

6. Provide address of office and where services are provided (if different from above):

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

7. Tel.: (323) 569-1610

Fax: _____

8. Email: gerald@amaad.org

(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: _____

Gerald Garth

Print Name

10/23/2020

Date

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	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input checked="" type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input checked="" type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input checked="" type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input checked="" type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input checked="" type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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 ☐ Female ☐ Trans (Male to Female) ☐ Trans (Female to Male) ☐ Unknown

- 5b. Race/Ethnicity: ☒ African- American/Black,not Hispanic ☐ Hispanic
(Check all that apply)
☐ 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?**

n/a

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

n/a

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:

As a Commissioner, my personal mission is to serve and represent Black and Latinx LGBTQ+ communities of South Los Angeles. I will prioritize and amplify needs and experiences while building community rapport on behalf of the Commission, as it relates to people living with HIV and those at highest risk.

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:

Biography and resume are attached.

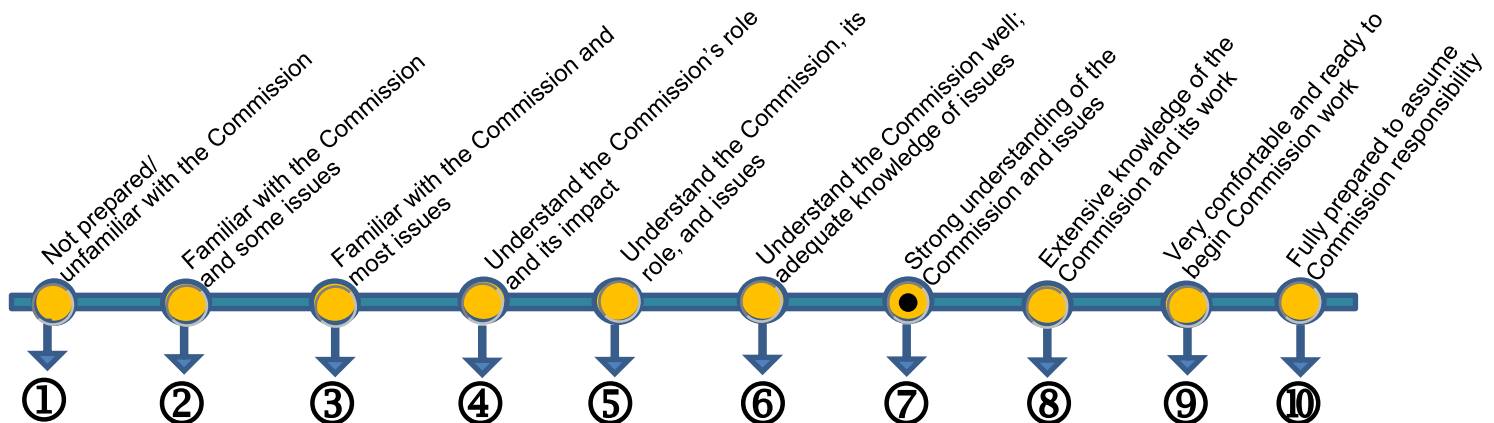
-
12. **Additional Information:** In this section, please provide any additional information about yourself—or update information from your original or renewal application—that you feel will enhance the application review. If you choose not to include any additional information, indicate it here with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

Supplemental materials are included with biography and resume.

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.**

I currently serves as Director of Programs and Operations with the AMAAD Institute (Arming Minorities Against Addiction and Disease) to provide programs and services to LGBTQ+ communities of color in South Los Angeles with a focus in HIV prevention, mental health, reentry services, and substance recovery support. In my role, I develop, implement, and evaluate processes, programs, policies, and strategies to address the uniqueness of the LGBTQ+ experience for people of color (POC).

AMAAD proudly serves and represents South Los Angeles, a geography that is underserved and underrepresented. I am confident in being able to collaborate with and advocate for South LA as a Commissioner.

-
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.**

I do not foresee my acclimation as a hurdle, but an opportunity. I recognize that the Commission is a well-intended body set to be of service to the community at large. I pride myself on diplomacy, but also determination. I am confident and committed to the matters at hand as well as being able to advocate respectfully and resolutely by creating and upholding the culture of respect and leading with facts and tact.

I am looking forward to contributing my skills, strengths, and interests to the Commission, recognizing the value I will bring in standing for the communities, agencies, and organizations I represent well.

-
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.**

Simply put, representation matters. Having representation that not only represents oneself but is connected to as well is key. This strengthens relationships, builds community, and creates leadership opportunities.

Along with that, the messenger matters, by prioritizing the needs of impacted communities as well as exploring innovative ways to engage, I am confident that my role as a Commissioner while bring the resources, education, and access to the communities who need them most. With that as well, I look forward to building and strengthening new leaders and advocates as well. But one of benefit I look forward to most is the opportunity to lead by example. To lead and liaise, not just for community, but to help strengthen community confidence in the Commission as well.

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.**

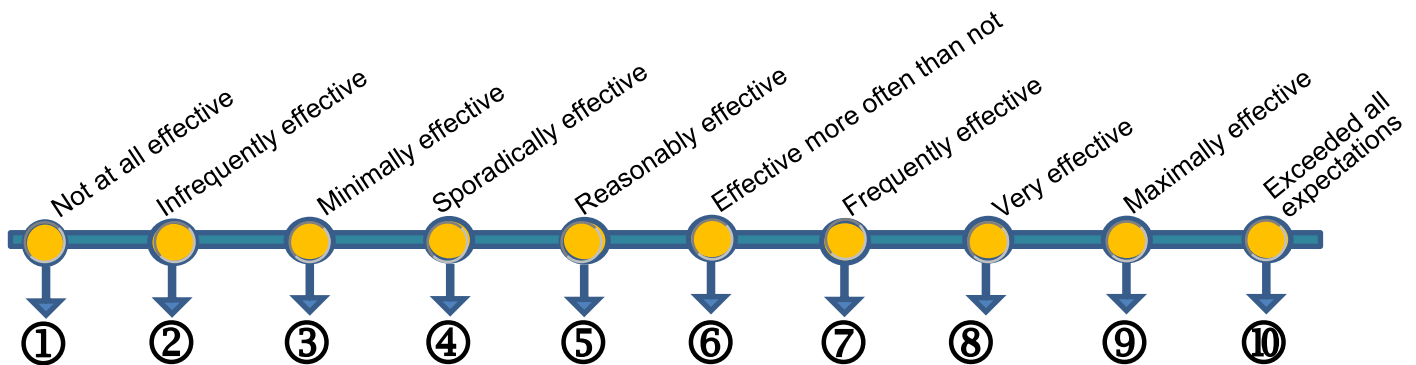
I am excited to bring strengths in critical thinking, relationship building, community relations, strategic planning and development, reporting, evaluation, and presentation and overall reimagining authority and accountability.

By bringing these diverse strengths and skills, I'm confident in enhancing the operations and organization of the Commission. In the role, I will be committed to growing skills in Commission administration.

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.**

n/a

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..
n/a

-
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.
n/a

-
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.
n/a

-
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?**
n/a

GERALD R. GARTH, JR.

PROFESSIONAL SUMMARY

Dynamic, motivated, and experienced strategist with a passion for leadership development, policy and advocacy, and research, evaluation, and training, particularly for underserved communities including Black people, Black LGBTQ+ people, women, youth, people living with HIV, people experiencing homelessness, people experiencing mental health concerns, people experience substance use, reentry community, and faith communities. With a proven record of managing projects from concept to completion, leadership ability, organizational skills, flexibility, and skilled in building cross-functional teams and critical decision-making. Adaptable and transformational leader with the ability to work independently, developing opportunities that further establish organizational goals.

SKILLS

-
- | | |
|---|---|
| <ul style="list-style-type: none">• Leadership and organizational skills• Communication, team building, mentorship,• Risk management• Cost management• Critical thinking• Project management | <ul style="list-style-type: none">• Policy Research and Data Analysis• Government, legislative Affairs and Advocacy• Training and Presentation• Creativity and attention to detail |
|---|---|
-

WORK HISTORY

[October 2017-present] [Arming Minorities Against Addiction & Disease (AMAAD) Institute] [Los Angeles, CA]

[Director of Operations and Policy]

[Manager of Policy and Training]

[Manage development of programs; ensure strategic objectives; oversee the production of policy positions; coordinates activities; represent organization at public meetings and forums; responsible for public relations initiatives; develop work plans and plans of action; develop and maintain research, monitoring, and evaluation; oversee media and communications, training and development, strategic partnerships]

[Manager of Program Operations]

[Organizational and team development & management; program delivery; quality control and compliance; monitoring and evaluation; develop/ implement organizational strategies—recruitment, retention, professional development, communications]

[November 2013-June 2017] [Black AIDS Institute] [Los Angeles, CA]

[Manager of Prevention and Care]

[Oversee, develop, and manage organizational policies, procedures, and protocols; manage program monitoring and evaluation, HIV prevention, testing, linkage, support services, and communications; led national initiatives; hire, train, monitor and evaluate staff]

[Training & Capacity Building Coordinator/ Outreach Coordinator]

[Develop, effectively implement, brand, design, manage CDC community programs; led contacts management, monitoring, and analytics; led organizational content creation and information dissemination—online and print; led national program recruitment and retention]

[Program/ Communications Specialist]

[Work interdepartmentally with Training and Capacity Building, Mobilization, Communications, and the Office of President in program planning, implementation, reporting, and evaluation, et al; led all organization's social media, print, web, and media messaging and contributions]

EDUCATION

[Antioch University]

[Master of Nonprofit Management]

[December 2016] [University of Phoenix]

[Bachelor of Arts in English]

POSITIONS AND HONORS

1. Black LGBTQ+ Activists for Change (BLAC), Co-Founder (2020)
2. Young Black Gay Men's Taskforce, Chair (2018-current)
3. Black LGBTQ+ Action Coalition, Creator (2018)
4. Leadership of Christopher Street West (2017-current)
 - a. Director of Finance for LA Pride
 - b. Chair of Finance Committee with Board of Directors
 - c. Co-chair of Community Advisory Board
 - d. Co-chair of Programs Committee
 - i. Program development
 - ii. Monitoring and evaluation
 - e. Board Development Committee Member of CSW
5. Director of Partnerships and Community Relations, Vision Church Los Angeles (2019- current)
6. Equality California Leadership Academy, Fellow (2017)
7. California HIV Policy Research Centers, Fellow (2018)
8. Out Again Big Tobacco, Policy Committee Chair (2019-current)
9. Black Treatment Advocates Network Los Angeles, Advocacy Committee Chair (2013-2015)
10. Independent Development Programs Advocate Award (2019)
11. Most Outstanding New Magazine, Chill Magazine editor in chief, Eddie and Ozzie Award (2018)
12. Member of NABJLA, National Association of Black Journalists Los Angeles (2019)

A. Personal Statement

My personal mission has always been to serve and represent the most underrepresented beginning from my many years of volunteerism and leadership with my church. Over the years, my professional development began to reflect that same heart for service.

My work began to reflect my growing passion for addressing community need. Having worked in tax accounting for seven years, I developed many strengths and skills in administration, yet my inspiration has strengthened and evolved.

After years of working in accounting, I felt it was important to align my skills and strengths with work that was in step with my values: to help people, to make a difference in our communities, and to impact lives through individual and structural change, particularly recognizing that most of the nation's most affected groups are ones either I myself or a loved one represent—more particularly, Black people.

My community-based organizational work began with Black AIDS Institute in finance and administration. Very shortly after, I shifted from administration to programs as a programs specialist. In the role, I was responsible for the coordination and organization of programs, events, and outreach.

Through my commitment to service and a number of grateful opportunities, I was promoted 5 times in 3 years (the most in organizational history) from programs specialist to communications coordinator to outreach coordinator to training coordinator to Manager of Prevention and Care.

In my roles, I am proud to have trained and developed many staff—including first time HIV tester/ counselors, recent high school and college graduates, formerly incarcerated individuals, and other individuals that others might deem “hard to employ.” By building, adapting, and applying tools and resources, and creating unique, yet evidence-based approaches, in these key roles, I was able to create new opportunities and develop curricula that empowered, educated, and equipped the individuals and communities that were anecdotally undereducated and underresourced.

As the organization's scope grew from mobilization, information dissemination, and training to include a more continued focus in providing culturally appropriate and adequate care for many of the most underserved groups in Los Angeles and the nation, most particularly Black people living with HIV/AIDS (PLWHA) and those at highest risk, including gay and bisexual men, youth, and women, I am proud to have successfully launched and led the Black AIDS Institute's first HIV testing program in its nearly 20 year existence.

Over the course of our initial testing program, our team served over 1000 individuals, linking individuals to treatment and prevention tools as well as education through materials, workshops, and trainings. Not only did I lead the project of building, developing, and managing the Black AIDS Institute's first ever direct services and testing, linkage, and navigation program, I served as lead for the six-organization partnership:

1. JWCH Institute, HIV testing and care and other supportive services
2. Men's Health Foundation, providing gay men's health services, including PrEP
3. T.H.E Clinic, for uninsured, underinsured, and/or undocumented clients
4. The Wellness Station, with a particular focus in Black women's testing and care needs
5. REACH LA, specializing in Black and Latinx youth services

Reinforcing the power of collaboration, as Training and Capacity Building Coordinator, I led BTAN (Black Treatment Advocates Network), a national network of HIV/AIDS stakeholders including service providers, community members and leaders, educators, and people living with HIV/AIDS to mobilize Black communities across the country to confront HIV, responsible for 12 cities across the country.

In the African American HIV University (AAHU), a yearlong national fellowship to increase HIV knowledge, advocacy, and science literacy among community leaders while also building organizational capacity. I am proud to have been the only Black AIDS Institute staff member to have ever completed the program.

Completing as salutorian, my experience as a Fellow compelled me to work with leadership to rework and advance the program to be meet the growing needs of working adults and other nontraditional studies to include virtual learning and including modules that developed public speaking skills. After my completion of as Fellow, the following year, I served as lead leading recruitment, Fellows management, curriculum management, and one of our team of two.

My first year leading AAHU was the highest recruitment (30 active Fellows, up from 5 the previous year) and the strongest Fellows competence and satisfaction data in the history of the program. This is no coincidence. Strong leadership by example that represents lived experience and those committed to the process are necessary elements of any program.

As Outreach and Communications Coordinator, I was responsible for creating, developing, and evaluating programs and events tailored for individual communities around HIV treatment, prevention, education, and stigma, recognizing the necessity of not only building skills, but building leadership is key in regard to programs that serve unrepresented, yet most impacted communities.

I created Revolution in Color, a sexual health and leadership development program designed for young Black and Latinx GBTQ+ men ages 18-35 centered around HIV testing, prevention, education, and healthy decision making.

Stay UP: Unapologetically Positive was a spin-off of Revolution in Color, uniquely designed for the young men living with HIV of the group. These group sought to build empowerment, increase education, and create a safe and affirming space to share experiences and build skills specific to their lives on such matters like treatment, disclosure, managing life, and healthy relationships.

Other programs included the Peer Mentor Program which was designed to provide support and development based on lived experiences of individuals living with HIV and WomenAWARE (Advocating for Wellness, Awareness, Reduction, and Empowerment), a series of trainings that looked at the intersectional needs of women and HIV.

After nearly 4 years with the Black AIDS Institute, I was excited to accept the role of Manager of Programs Operations with the AMAAD Institute (Arming Minorities Against Addiction & Disease).

Recognizing the continued need for structural work to address HIV in Black communities, that is, working to shift and inform policy, advocacy, and education, I began to broaden my work beyond direct services. My work began to address inequity and disparities from multiple lenses, largely structural oppression, such as implicit bias in care, racism, classism, and other types of oppression, and their impacts on the care and wellness of Black people.

In my growing function at AMAAD, now serving as Director of Operations, I oversee all of the organization's programs and public policy efforts. This work includes addressing intersectional needs-- homelessness, substance use, employment, incarceration, and mental health concerns—and their impact on HIV treatment and prevention.

Through marries these passions and skills, I am proud to have forged the growth of AMAAD from 2 staff members to now almost 20 in my 2 and a half years with the organization. I have recognized that ongoing opportunities to include individuals in their own development and the development of their communities through leadership opportunities is paramount.

In my role, I consistently build create protocols, procedures, and policies to help grow and prepare the organization for growth. I have developed, implemented, and evaluated processes, programs, and strategies that address the uniqueness of the Black experience, particularly among youth, LGBTQ+, and other underserved communities through trainings, public policy efforts, advocacy, and team oversight as well as overseeing monitoring and evaluation, media and communications, staffing and training, and strategic partnerships and initiatives.

More ongoing initiatives that I am proud of include my commitment to acknowledging the role of media, messaging, and marketing in community health and wellness. Many of my media roles include: former editor of the Black AIDS Weekly, a national weekly newsletter serving as the premier voice for Black HIV content; contributing editor to Plus Magazine; contributing writer for the Advocate and Message magazine, addressing stigma, miseducation, and highlighting new voices in the fight against HIV; "Positive" columnist for Heart & Soul Magazine, showcasing Black women and their experiences addressing HIV; and former editor in chief for Chill Magazine, a print and social brand addressing the unique experiences of millennial men of color.

Knowing the necessary skill of strong writing and public speaking skills as a part of leadership development, I founded Your Story, Your Words, a writing workshop series for young Black gay and bisexual men. In partnership with the California HIV Policy Research Centers, this effort set to hone technical and creative writing skills for these men to use their own experiences in their own voice to inform policy change. From that,

another proud creation, W.O.R.D. (Writing Our Reality Down), began as a quarterly event originated to showcase the works of these developing voices.

My personal commitment to ongoing has compelled me to higher education as well. In my second year at Antioch University Los Angeles for a Masters of Nonprofit Management, I have begun to explore other, more competitive programs to enhance and advance myself as a leader of leaders.

B. Positions and Honors

1. Black LGBTQ+ Activists for Change (BLAC), Co-Founder (2020)
2. Young Black Gay Men's Taskforce, Chair (2018-current)
3. Black LGBTQ+ Action Coalition, Creator (2018)
4. Leadership of Christopher Street West (2017-current)
 - a. Director of Finance for LA Pride
 - b. Chair of Finance Committee with Board of Directors
 - c. Co-chair of Community Advisory Board
 - d. Co-chair of Programs Committee
 - i. Program development
 - ii. Monitoring and evaluation
 - e. Board Development Committee Member of CSW
5. Director of Partnerships and Community Relations, Vision Church Los Angeles (2019- current)
6. Equality California Leadership Academy, Fellow (2017)
7. California HIV Policy Research Centers, Fellow (2018)
8. Out Again Big Tobacco, Policy Committee Chair (2019-current)
9. Black Treatment Advocates Network Los Angeles, Advocacy Committee Chair (2013-2015)
10. Independent Development Programs Advocate Award (2019)
11. Most Outstanding New Magazine, Chill Magazine editor in chief, Eddie and Ozzie Award (2018)
12. Member of NABJLA, National Association of Black Journalists Los Angeles (2019)

D. Additional Information: Research Support and/or Scholastic Performance

Press (not exhaustive):

1. <http://laindependent.com/amaad-institute-offers-sense-of-community-to-lgbt-people/>
2. <https://medium.com/@blackaids.org/nmac-national-prep-summit-600d96959453>
3. <http://wavenewspapers.com/amaad-institute-offers-sense-of-community-to-lgbt-people/>
4. <https://blackpressusa.com/amaad-institute-offers-sense-of-community-to-lgbt-people/>
5. https://blackpressusa.com/amaad-institute-offers-sense-of-community-to-lgbt-people/?fbclid=IwAR2BVSvR6dlalxO8xxowNeF7Bq_malc974Avcv-ZvN3CPix62Mnw00inQ90
6. <https://dallasvoice.com/prepping-prep/>
7. <https://www.hivlawandpolicy.org/resources/pjp-update-january-2017> (CHRC)
8. <https://www.antioch.edu/los-angeles/?name>
9. <https://www.hivplusmag.com/stigma/2018/11/29/what-does-world-aids-day-mean-2018#media-gallery-media-14>
10. <https://www.hivplusmag.com/my-health-my-way/2018/7/09/gerald-garth>
11. https://issuu.com/heredia/docs/plus_128_jan_feb_digital
12. <https://www.hivplusmag.com/together-we-know/2016/12/01/world-aids-day-2016-years-biggest-hiv-developments>

13. <https://defendernetwork.com/lifestyle/health/30-days-hiv-campaign-hopes-raise-awareness/>
14. <http://faithaidsday.com/faithletter/>
15. <http://events.r20.constantcontact.com/register/event?oeidk=a07ecbj970l8005e243&llr=kbgbkheab>
16. <https://hivdatf.wordpress.com/trainings/past/hiv-criminalization/>
17. <https://www.eqca.org/wp-content/uploads/Fair-Share-for-Equality-Report-2017.pdf>
18. <https://www.hivplusmag.com/my-health-my-way/2018/3/22/whole-body-health>
19. <https://www.microsoft.com/en-us/microsoft-365/customer-stories/789574-amaad-non-profit-m365>

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	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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 ☐ Female ☐ Trans (Male to Female) ☐ Trans (Female to Male) ☐ Unknown

- 5b. **Race/Ethnicity:** (Check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> African- American/Black,not Hispanic | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Multi-Race |
| <input type="checkbox"/> Anglo/White, not Hispanic | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Asian/ Pacific Islander | <input type="checkbox"/> 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:**
- | | | |
|--|--|--|
| <input type="checkbox"/> 13 – 19 years old | <input type="checkbox"/> 20 – 29 years old | |
| <input type="checkbox"/> 30 – 39 years old | <input type="checkbox"/> 40 – 49 years old | <input type="checkbox"/> 50-59 years old |
| <input type="checkbox"/> 60+ years old | <input type="checkbox"/> 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:

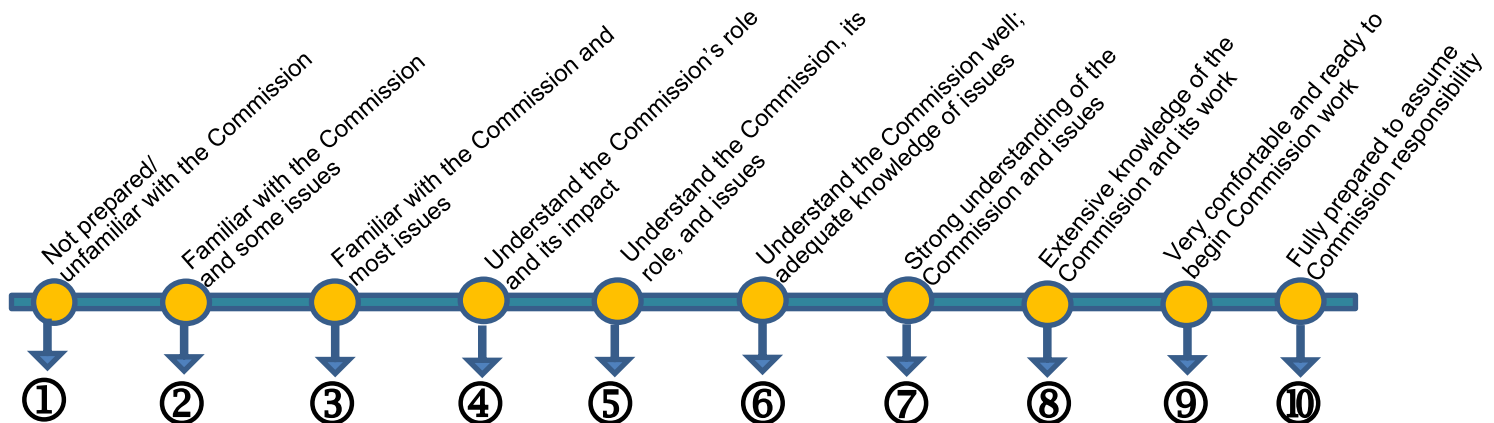
11. **Biography/Resume:** If you would like, you can indicate below that you are updating this section from your original or renewal application, or simply write a new paragraph. You may—but it is not required—attach a new/updated resume. You may continue on an additional page, if necessary. As you feel 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.**

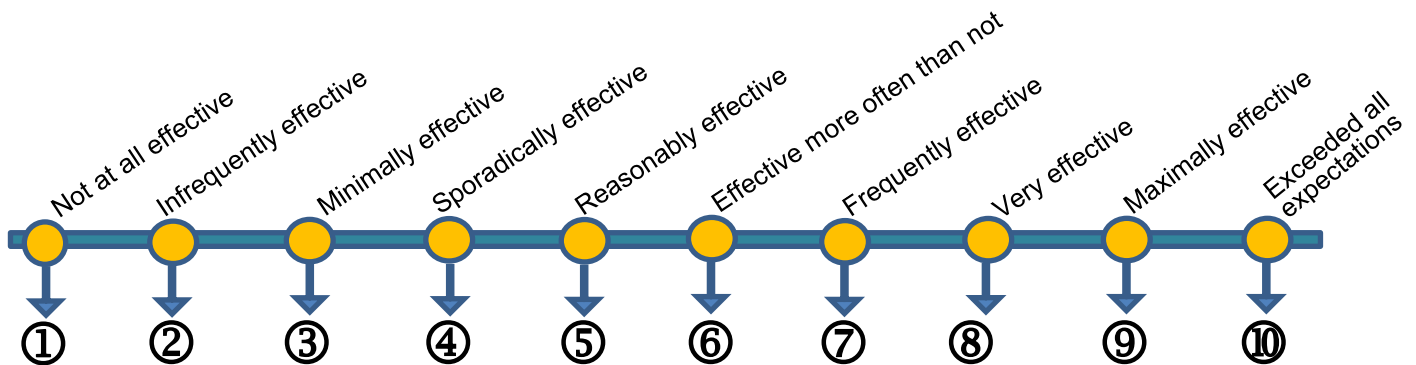
-
16. **How will your Commission membership benefit the lives of LA County residents with HIV/STDs and/or who are at high-risk of HIV-/STD-infection? Continue on an additional page if necessary.**

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?**

ISABELLA V. RODRIGUEZ

515 E. 6th Street Apt 11 | Long Beach, CA | 90802 | Mobile: 323.301.9550 | Email: valentina4isabella@gmail.com

EXPERIENCE

Transgender Law Center

Los Angeles, CA

03/2011 – 10/2013*

Community Organizer

- Mobilize the transgender community to advocate for state legislation.
- Organize various projects and committees with health clinics and the Los Angeles Homeless Services Authority to create policies that include gender identity language.
- Manage the Los Angeles division and oversee planning and program implementation.
- Lead Organizer/Coordinator for annual Leadership Conference.
- As part of the engagement with the community, I was part of the Transgender Service Provider Network, and the HIV Drug and Alcohol Task Force.

Asian Pacific AIDS Intervention Team

Los Angeles, CA

01/2009 – 3/2011

Health Educator

- Provide HIV Education to At Risk Transgender Women
- Coordinate bi monthly events for the Transgender Community
- Provide Comprehensive Risk Counseling and Services
- Coordinate and facilitate information sessions for Trans Community and the Department of Public Health-Office of AIDS Programs and Policy.
- Responsible for submitting monthly reports and meeting the objectives of contract with the county of LA.

Hallworth Design

Los Angeles, CA

5/2007 – 1/2009

Project Manager

- Provide HIV Education to At Risk Transgender Women
- Coordinate bi monthly events for the Transgender Community
- Provide Comprehensive Risk Counseling and Services
- Coordinate and facilitate information sessions for Trans Community and the Department of Public Health-Office of AIDS Programs and Policy.
- Responsible for submitting monthly reports and meeting the objectives of contract with the county of LA.

Donna Ferrato Archives

New York, NY

01/2005 - 04/2007

Administrative/Personal Assistant

- Independently contracted to create and implement a filing system for her body of work.
- Organize four successful art shows previewing new work.
- Implement marketing plans and manage sales of photography collections.
- Monitor and maintain financial records for her non-profit organization and personal business.

SCO Family of Services

Brooklyn, New York

04/2002 – 12/2004

Executive Assistant to the Director of Foster Care Services

- Responsible for inputting Payroll and Accounts Receivable.
- Maintain personnel and client files.
- Implement agency wide tracking system for employee data.
- Maintain calendar for executive team.
- Work closely with youth to organize mentorship programs.

EDUCATION

California State University | Long Beach, CA

06/2014 – 1/2020

Master of Arts, English Literature

Antioch University | Los Angeles, CA

06/2010 – 8/2012

*The gap in unemployment is due to a Medical Emergency in 2015, and as a result of my disability I went back to school to pursue a Master of Arts.

Bachelor of Liberal Arts, Creative Writing Concentration

INTERNSHIPS

Research Intern for Talia Mae Bettcher, Ph. D. Professor of Philosophy at CSULA

06/2012 – 12 /2012

LANGUAGES

Fluent in Spanish

SKILLS

Proficient in Microsoft Office; MS Word, MS Outlook, MS Excel, MS PowerPoint as well as proficiency in Macintosh Software, Internet Research Skills, above average computer literacy.

*The gap in unemployment is due to a Medical Emergency in 2015, and as a result of my disability I went back to school to pursue a Master of Arts.

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	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input checked="" type="checkbox"/>
District 2	<input checked="" type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input checked="" type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input checked="" type="checkbox"/>	SPA 8	<input checked="" type="checkbox"/>
District 5	<input type="checkbox"/>				

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

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input checked="" type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input checked="" type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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 ☒ Female ☐ Trans (Male to Female) ☐ Trans (Female to Male) ☐ Unknown

- 5b. Race/Ethnicity: ☒ African- American/Black,not Hispanic ☐ Hispanic
(Check all that apply)
☐ 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?**

Bridget Gordon

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

Unaffiliated Stakeholder

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:

As a community member and advocate who is a from a population identified as high-risk, living in SPA 6 which is a community that is highly impacted by HIV and STI's, I am very committed to ensuring systems are responsive and accessible to those who need them the most. I am active in the homeless count every year and have noted the rising numbers of HIV positive people who are unhoused and endure the fear, trauma and vulnerability associated with being homeless. My community has both the highest rates of homelessness and also the highest rates of HIV and STI's in Los Angeles County.

I am a strong advocate, adept at analysing data and the results of our system, my goal is making sure policies and programs actually serve those who are living with HIV and especially those who are HIV and homeless.

Through dedicated service on key leadership bodies within the County of Los Angeles, I strive to make sure the voices of those who need help are authentically heard and taken seriously. I am often the only voice speaking from the perspective of "real life experience" and actual contact with key systems under review.

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:

I am dedicated to using my real life experience to advocate for community members who are in dire need of effective support, solutions, care systems and programs that "give a hand up and educate" when dealing with system-wide programs that in many cases have failed them.

Prior to being diagnosed with a mental illness and starting my personal road to recovery & sobriety, I lived on and off the streets of Los Angeles for 21 years. The experience and feelings of overwhelming stress, anxiety, feelings of shame, remorse, stigma and incomprehensible demoralization are a part of who I am, memories of those years give me the drive to collaborate and participate in forging solutions that uplift my own community and raise the standards in how we treat and support overlooked and underserved residents into opportunities for health, healing and growth.

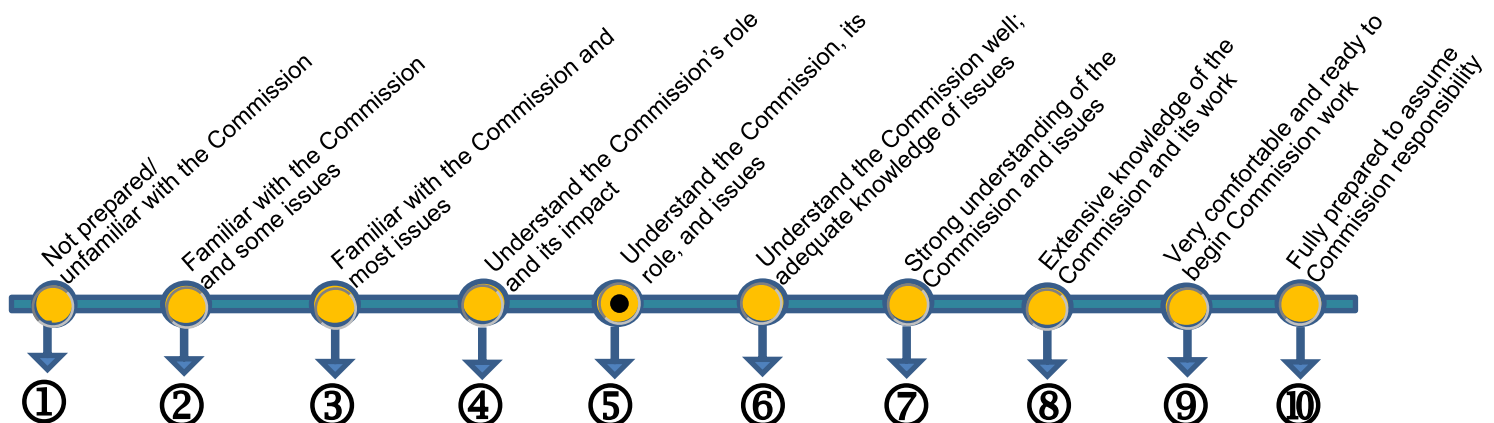
12. **Additional Information:** In this section, please provide any additional information about yourself—or update information from your original or renewal application—that you feel will enhance the application review. If you choose not to include any additional information, indicate it here with “N/A”.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

NA

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.**

Currently I am a member of the LGBT Center South, Community Advisory Board from 2019 to present, I am learning about specific needs for people living with HIV and preventing HIV transmission in the surrounding communities.

Currently I am a member of the Los Angeles County Mental Health Commission, 2018 - present, it is critical to address the mental health needs and traumatic experiences of people living with, newly diagnosed and at risk for HIV and STI's.

My participation on Los Angeles County's Integration Advisory Board 2015 -2018, provided a broad view of how the county health systems operates, the need for "whole person" integrated health care and the importance of prioritizing the needs, quality and ease of access to county residents that are in most need of health and supportive services.

-
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.**

My greatest hurdle will be learning and understanding the complexities of this commission. It operates much differently than most commissions. I enjoy being an "A" student, studying to understand and asking a lot of questions about the scope and limitations of the commission and how each of the standing committees relate to the objectives of the commission. I always work to understand the details and the underlying implications of how the decisions and policies impact the consumer and residents of Los Angeles County who utilize public health services.

-
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.**

Well, I am able to participate with a different perspective and mindset based on my varied experiences. I believe "new eyes" provide opportunities to uncover issues and/or solve challenges that may not otherwise be recognized by those deeply immersed in the work.

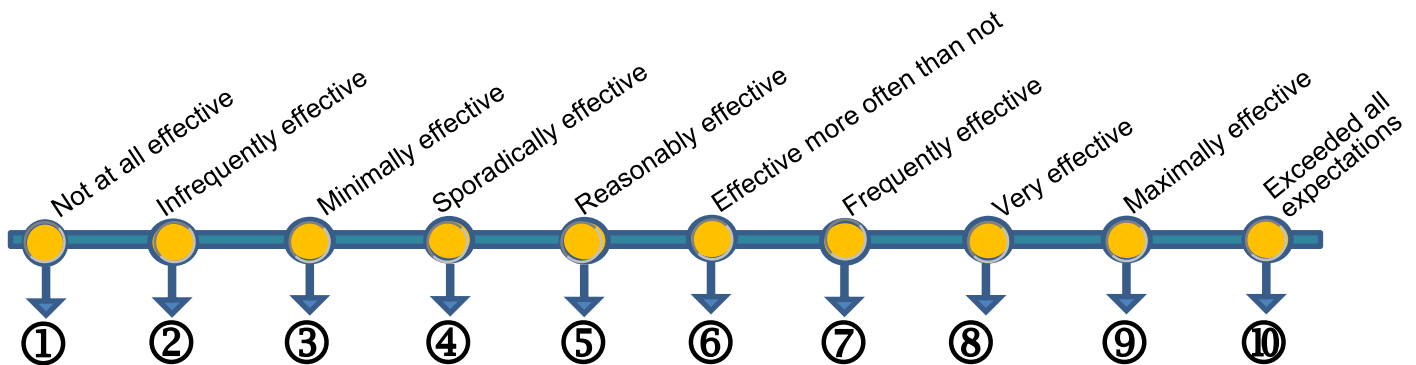
17. **Which of your strengths do you feel will enhance your Commission performance? What skills will you need to develop further for optimal Commission performance? Continue on an additional page if necessary.**

My attention to detail, my willingness to speak up and ask questions and my commitment to participate fully in the opportunities and obligations I am blessed to accept. Again, this is a more complex commission so I will need to study and understand how the commission works from the federal, state and local levels - and who is impacted by the decisions that come out of this commission.

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.**

NA

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..
NA

-
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.
NA

-
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.
NA

-
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?**
Not at this time.

Reba Stevens
BIO

Reba Stevens is dedicated to using her real life experience to advocate for community members who are homeless, as well as for residents who need or use mental health services in Los Angeles County.

She is powerfully committed to ensuring systems are responsive and accessible to those who need them the most.

Prior to being diagnosed with mental illness and beginning her personal road to recovery, Ms. Stevens lived on and off the streets of Los Angeles for 21 years. She recalls the many fears and trauma associated with being homeless; overwhelming depression, stress, anxiety, feelings of shame, remorse and incomprehensible demoralization. Her understanding of the mental health system in L.A. County, together with her experience and deep knowledge and empathy for those who are homeless, deeply inform her unwavering conviction that solutions must be based on an individual's needs and experiences. Ms. Stevens pursues these solutions relentlessly.

Today Ms. Stevens is a fierce advocate, adept at analyzing the results of our system. Her goal is making sure policies and programs actually serve those who are homeless and/or in need of mental health services, and that they also address long neglected and now dire needs. Through dedicated service on key leadership bodies within the Los Angeles County, she makes sure the voices of those who need help are heard seriously and authentically. Often she is the only voice speaking from the perspective of "real life experience" and actual contact with the key systems under review.

Ms. Stevens is an appointee to the following governmental advisory bodies:

- Los Angeles County, Health Agency Integration Advisory board (IAB), 2015 - 2018
- Los Angeles Homeless Services Authority, (LAHSA) Homeless Advisory Board, 2015 - present
- Los Angeles Regional Homeless Advisory Council, (RHAC), 2017 - present
- Los Angeles County Department of Mental Health, Service Area, 6 Advisory Committee (SAAC), 2010 - present
- Los Angeles City, LA Door Housing Committee, 2017 - present
- Los Angeles City, Mayor's Homeless Cabinet, 2018 - present
- Los Angeles City & County Office of Diversion and Reentry Prop 47 Steering Committee, 2017 - present
- LAHSA Ad Hoc Committee on Black People Experiencing Homelessness, 2018 - present

Reba Stevens
BIO

- Los Angeles County, Department of Mental Health Commission, 2018 - present
- LGBT South Community Advisory Board, 2019 – present
- Project RoomKey - The 100 Day Challenge May 2020
- SPA 6 Homeless Coalition, 2015 – present

In 2017, Ms. Stevens served as an appointee to the Los Angeles County Measure H Revenue Planning Committee Process and design sessions. She has regularly testified at the Los Angeles County Board of Supervisors and LAHSA Board of Commissioners in support of ending homelessness.

Ms. Stevens has been a mental health consumer with the Los Angeles County Department of Mental Health (DMH) since 1999. Her keen insight, sharp analysis and personal experience give her a deep understanding of opportunities for improving systems, structures and services for all.

Her advocacy has received coverage in print and broadcast media:

- Los Angeles Times
- Los Angeles Daily News
- Free Your Mind Projects Radio Show, KABC-AM (AM790)
- Hope On The Horizon MHSOAC News Publication
- LACDMH and Jackie Lacey Discuss Jail Diversion Program
- Making Sense of Measure H: Dr. Mitch Katz and Reba Stevens in conversation with Pat Prescott (94.7 The Wave)
- Unsheltered... New Possibilities Tedx Crenshaw (Ted Talk)
- Strategic Concepts in Organizing & Policy Education (SCOPE)
- Empowerment Congress Mental Health Committee
- Empowerment Congress Human Services Committee

Reba is a sought after public speaker.

Reba's motto is:

“Hope is the Application of Humanness where there is Hopelessness, that only a life lived for others is a life worthwhile”.

SUMMARY - RWP EXPENDITURE REPORT
As of January 18, 2021

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS

RYAN WHITE PART A, MAI YEAR 30 AND PART B YR 2 (2020) EXPENDITURES BY SERVICE CATEGORIES

1	2	3	4	5	6
SERVICE CATEGORY	TOTAL FULL YEAR ESTIMATED EXPENDITURES PART A AND MAI	TOTAL FULL YEAR ESTIMATED EXPENDITURES PART B	TOTAL FULL YEAR ESTIMATED EXPENDITURES (Total Columns 2+3)	COH 2020 ALLOCATION PERCENTAGE APPLIED TO GRANT AWARD DIRECT SRVC PLUS PART B DIRECT SRVC	VARIANCE BETWEEN ALLOCATED BUDGETS AND TOTAL FULL YEAR ESTIMATED EXPENDITURES (Columns 5 - 4)
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	\$ 7,945,599	\$ -	\$ 7,945,599	\$ 9,584,184	\$ 1,638,585
MEDICAL CASE MGMT (Medical Care Coordination)	\$ 12,706,536	\$ -	\$ 12,706,536	\$ 10,513,048	\$ (2,193,488)
ORAL HEALTH CARE	\$ 5,345,911	\$ -	\$ 5,345,911	\$ 4,960,976	\$ (384,935)
MENTAL HEALTH	\$ 392,786	\$ -	\$ 392,786	\$ 211,105	\$ (181,681)
HOME AND COMMUNITY BASED HEALTH SERVICES	\$ 2,777,014	\$ -	\$ 2,777,014	\$ 2,346,788	\$ (430,226)
EARLY INTERVENTION SERVICES (HIV Testing Services)	\$ 174,758	\$ -	\$ 174,758	\$ 207,587	\$ 32,829
NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services and Transitional Case Management)	\$ 1,954,394	\$ -	\$ 1,954,394	\$ 2,291,134	\$ 336,740
HOUSING (RCFCI, TRCF, and Permanent Supportive)	\$ 3,173,492	\$ 3,714,800	\$ 6,888,292	\$ 7,397,513	\$ 509,221
OUTREACH (Linkage and Re-engagement Program and Partner Services)	\$ 751,855	\$ -	\$ 751,855	\$ 1,959,762	\$ 1,207,907
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	\$ -	\$ 785,200	\$ 785,200	\$ 785,200	\$ -
MEDICAL TRANSPORTATION	\$ 490,385	\$ -	\$ 490,385	\$ 664,982	\$ 174,597
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	\$ 3,089,755	\$ -	\$ 3,089,755	\$ 2,093,462	\$ (996,293)
LEGAL	\$ 115,197	\$ -	\$ 115,197	\$ 56,295	\$ (58,902)
SUB-TOTAL DIRECT SERVICES	\$ 38,917,682	\$ 4,500,000	\$ 43,417,682	\$ 43,072,036	\$ (345,646)

RYAN WHITE PART A SUMMARY
COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
SUMMARY REPORT

DRAFT

GRANT YEAR 30 RYAN WHITE PART A FUNDING EXPENDITURES THROUGH FEBRUARY 2021 (as of January 11, 2021 and invoicing up to December 2020)

1	2	3	4	5	6
PRIORITY RANKING	SERVICE CATEGORY	PART A COH ALLOCATIONS	PART A TOTAL YTD EXPENDITURES	PART A FULL YEAR EXPENDITURES	VARIANCE BETWEEN COH ALLOCATIONS AND TOTAL FULL YEAR ESTIMATED EXPENDITURES (Columns 3-5)
1	OUTPATIENT/AMBULATORY MEDICAL CARE	27.24%	5,491,681	7,945,599	\$ 1,638,585
4	MEDICAL CASE MGMT (Medical Care Coordination)	29.88%	8,172,381	12,706,536	\$ (2,193,488)
11	ORAL HEALTH CARE	14.10%	3,857,293	5,345,911	\$ (384,935)
3	MENTAL HEALTH	0.60%	286,399	392,786	\$ (181,681)
16	HOME AND COMMUNITY BASED HEALTH SERVICES	6.67%	2,143,826	2,777,014	\$ (430,226)
7	EARLY INTERVENTION SERVICES (HIV Testing Services)	0.59%	171,865	174,758	\$ 32,829
10	NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services)	5.92%	998,080	1,310,893	\$ 772,013
2	HOUSING (RCFCI, TRCF)	1.42%	400,225	470,225	\$ 29,391
5	OUTREACH SERVICES (Linkage and Re-engagement Program and Partner Services)	5.57%	252,870	751,855	\$ 1,207,907
15	SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	0.00%	0	0	\$ -
9	MEDICAL TRANSPORTATION	1.89%	229,914	490,385	\$ 174,597
13	FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	5.95%	2,311,439	3,089,755	\$ (996,293)
21	LEGAL	0.16%	976	115,197	\$ (58,902)
	SUB-TOTAL DIRECT SERVICES	100%	24,316,949	35,570,914	\$ (390,202)
	QUALITY MANAGEMENT	1,330,192	278,474	769,901	\$ 560,291
	ADMINISTRATION (Includes COH Budget) (10% of Part A award)	4,057,158	2,936,611	4,057,097	\$ 61
	GRAND TOTAL	\$ 40,571,580	\$ 27,532,034	\$ 40,397,912	\$ 173,668

Year 30 Grant funding for Part A is \$40,571,580

RYAN WHITE MAI SUMMARY

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

GRANT YEAR 30 RYAN WHITE MAI FUNDING EXPENDITURES THROUGH FEBRUARY 2021 (as of January 11, 2021 and invoicing up to December 2020)

1	2	3	4	5	6
PRIORITY RANKING	SERVICE CATEGORY	TOTAL ALLOCATION MAI FY 30	MAI FISCAL YEAR 30 TOTAL YTD EXPENDITURES	MAI FISCAL YEAR 30 FULL YEAR EXPENDITURES	VARIANCE BETWEEN COH ALLOCATIONS AND TOTAL FULL YEAR ESTIMATED EXPENDITURES (Columns 3-5)
1	OUTPATIENT/AMBULATORY MEDICAL CARE	0.00%			\$ -
4	MEDICAL CASE MGMT (Medical Care Coordination)	0.00%			\$ -
11	ORAL HEALTH CARE	0.00%			\$ -
3	MENTAL HEALTH	0.00%			\$ -
16	HOME AND COMMUNITY BASED HEALTH SERVICES	0.00%			\$ -
7	EARLY INTERVENTION SERVICES (HIV Testing Services)	0.00%			\$ -
10	NON-MEDICAL CASE MANAGEMENT (Transitional Case Management)	6.14%	458,614	643,501	\$ (435,274)
2	HOUSING (Permanent Supportive Housing/Housing for Health Program)	93.86%	1,351,633	2,703,267	\$ 479,830
5	OUTREACH (Linkage and Re-engagement Program and Partner Services)	0.00%			\$ -
15	SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	0.00%			\$ -
9	MEDICAL TRANSPORTATION	0.00%			\$ -
13	FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	0.00%			\$ -
21	LEGAL	0.00%			\$ -
	SUB-TOTAL DIRECT SERVICES	100%	1,810,247	3,346,768	\$ 44,556
	ADMINISTRATION (10% of MAI Year 30 award)	376,813	192,582	376,813	\$ -
	GRAND TOTAL	\$ 3,768,137	\$ 2,002,829	\$ 3,723,581	\$ 44,556

The total MAI funding for Year 30 is \$3,768,137 plus \$285,908 from Year 29 approved roll over funding. However, this table only reflects the base award without the carryover funds

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

GRANT YEAR 30 RYAN WHITE PART B FUNDING EXPENDITURES THROUGH MARCH 2021 (as of January 12, 2021 and invoicing through December 2020)

1	2	3	4	5	6
PRIORITY RANKING	SERVICE CATEGORY	PART B BUDGET	PART B TOTAL YTD EXPENDITURES	PART B FULL YEAR ESTIMATED EXPENDITURES	VARIANCE TOTAL BUDGET VS. FULL YR. ESTIMATED EXPENDITURES (Columns 3-5)
1	OUTPATIENT/AMBULATORY MEDICAL CARE				\$ -
4	MEDICAL CASE MGMT SVCS (Medical Care Coordination)				\$ -
11	ORAL HEALTH CARE				\$ -
3	MENTAL HEALTH				\$ -
16	HOME AND COMMUNITY BASED HEALTH SERVICES				\$ -
7	EARLY INTERVENTION SERVICES (HIV Testing Services)				\$ -
10	NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services and Transitional Case Management)				\$ -
2	HOUSING (RCFCI, TRCF)	3,714,800	3,372,409	3,714,800	\$ -
5	OUTREACH (Linkage and Re-engagement Program and Partner Services)				\$ -
15	SUBSTANCE ABUSE TREATMENT- RESIDENTIAL	785,200	734,325	785,200	\$ -
9	MEDICAL TRANSPORTATION				\$ -
13	FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT				\$ -
21	LEGAL				\$ -
	SUB-TOTAL DIRECT SERVICES	\$ 4,500,000	\$ 4,106,734	\$ 4,500,000	\$ -
	QUALITY MANAGEMENT	\$ -	\$ -	\$ -	\$ -
	ADMINISTRATION (10% of Part B award)	\$ 500,000	\$ 207,097	\$ 500,000	\$ -
	GRAND TOTAL	\$ 5,000,000	\$ 4,313,831	\$ 5,000,000	\$ -

Year 2 State allocation for Part B is \$5,000,000.



**PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
PARADIGMS AND OPERATIONG VALUES
(APPROVED JANUARY 19, 2021)**

PARADIGMS (Decision-Making)

- Compassion: response to suffering of others that motivates a desire to help
- Equity: Allocate resources in a manner that address avoidable or curable differences among groups of people, whether those groups are defined by ethnicity, socially, economically, demographically, or geographically. ⁽¹⁾

OPERATING VALUES

- Efficiency: accomplishing the desired operational outcomes with the least use of resources
- Quality: the highest level of competence in the decision-making process
- Advocacy: addressing the asymmetrical power relationships of stakeholders in the process
- Representation: ensuring that all relevant stakeholders/constituencies are adequately represented in the decision-making process
- Humility: Acknowledging that we do not know everything and need to listen carefully to others.

¹ Based on the World Health Organization's (WHO) definition of equity.



LOS ANGELES COUNTY
COMMISSION ON HIV



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BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE SOCIAL MEDIA TOOL KIT (February 2021)

PURPOSE: To bring awareness to and call for community participation in joining the efforts of the Los Angeles County Commission on HIV, Black African American Community (BAAC) Task Force in addressing HIV racial justice to improve health outcomes in our Black/African American communities. Please join us in mobilizing our efforts – nothing about us, without us.

Commitment Statement:

https://www.canva.com/design/DAESm2SazGY/xPWH2EhAsZzwb4o0T1ZopA/view?utm_content=DAESm2SazGY&utm_campaign=designshare&utm_medium=link&utm_source=homepage_design_menu

Statement of Solidarity:

https://www.canva.com/design/DAESm3iPqZc/hsEHMUz-sfDMKTbLQ6JOg/view?utm_content=DAESm3iPqZc&utm_campaign=designshare&utm_medium=link&utm_source=homepage_design_menu

Task Force Interest Form:

<https://www.dropbox.com/t/QOskBuwvfeFES7vB> (temp link; will update once final)

Hashtags:

#nothingaboutuswithoutus
#BAAC
#NBHAAD

Social Media Images for Posting:

https://www.canva.com/design/DAESliP91Fo/JKozMAC05CPxPLng2KiFLA/view?utm_content=DAESliP91Fo&utm_campaign=designshare&utm_medium=link&utm_source=homepage_design_menu

https://www.canva.com/design/DAEPZltTqwk/2XJkJKhzVPm0-bCys5Xg5g/view?utm_content=DAEPZltTqwk&utm_campaign=designshare&utm_medium=link&utm_source=homepage_design_menu

https://www.canva.com/design/DAESmdA2-fY/8MyWyYVMQI4TSrHgQU8FCQ/view?utm_content=DAESmdA2-fY&utm_campaign=designshare&utm_medium=link&utm_source=homepage_design_menu

https://www.canva.com/design/DAESmFkr9Sw/UE0qhUv0Yew6iV6kkCOLLQ/view?utm_content=DAESmFkr9Sw&utm_campaign=designshare&utm_medium=link&utm_source=homepage_design_menu

https://www.canva.com/design/DAEPYiXPR6g/IVrKkYWASM6Cs-mDcp13DA/view?utm_content=DAEPYiXPR6g&utm_campaign=designshare&utm_medium=link&utm_source=homepage_design_menu