LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org

COMMISSION ON HIV
Virtual Meeting

Thursday, August 20, 2020

9:00AM -1:30PM (PST)

***Meeting Agenda + Packet will be available on our website at:**
http://hiv.lacounty.gov/Meetings

JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

https://tinyurl.com/y54roezk
**Link is for members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll
Access Code: 145 187 9126

PUBLIC COMMENTS

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

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Apply to become a Commissioner at **http://tinyurl.com/HIVCommApplication**
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LOS ANGELES COUNTY
COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

VISION

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

MISSION

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

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

AGENDA FOR THE **VIRTUAL** MEETING OF THE

LOS ANGELES COUNTY COMMISSION ON HIV (COH)

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

Thursday, August 20, 2020 | 9:00 AM – 1:30 PM

To Register/Join by Computer https://tinyurl.com/y54roezk
To Join by Telephone: 1-415-655-0001 Access code: 145 187 9126

AGENDA POSTED: August 14, 2020

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

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

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

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. Currently all County buildings are closed to the public due to the COVID-19 public emergency until further notice. To request information, please contact the Commission office via email at hivcomm@lachiv.org or by leaving a voicemail at 213.738.2816.

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

external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

Call to Order and Roll Call 9:00 AM – 9:03 AM

1. **ADMINISTRATIVE MATTERS**
   - A. Approval of Agenda **MOTION #1** 9:03 AM – 9:05 AM
   - B. Approval of Meeting Minutes **MOTION #2** 9:05 AM – 9:07 AM

2. **WELCOME, INTRODUCTIONS AND VIRTUAL MEETING GUIDELINES** 9:07 AM – 9:15 AM

3. **REPORTS**
   - A. Executive Director/Staff Report 9:15 AM – 9:20 AM
     - (1) County/COH Operational Updates
     - (2) Conflict of Interest Form 700 | REMINDER
   - B. Co-Chair Report 9:20 AM – 9:30 AM
     - (1) Meeting Management Reminders
     - (2) 2020 National Ryan White Conference | FEEDBACK
     - (3) COH Recruitment for New Members |ONGOING
     - (4) Executive At-Large Member Open Nominations | ONGOING
   - C. LA County Department of Public Health Report 9:30 AM – 10:30 AM
     - (1) Division of HIV/STD Programs (DHSP) Updates
       - (a) 2019 Annual Surveillance Report | Andrea Kim PhD, Chief, HIV and STD Surveillance
       - (b) Ending the HIV Epidemic (EHE) Steering Committee
   - D. California Office of AIDS (OA) Report 10:30 AM – 10:45 AM
     - (1) California HIV Planning Group Updates

4. Ending the HIV Epidemic (EHE) Updates + Activities 10:45AM – 11:45 AM

   Opportunity for community partners to provide brief updates on EtHE-related activities and discuss topics for community feedback.

   A. Center for HIV Identification, Prevention and Treatment Services (CHIPTS) Ending the HIV Epidemic Supplemental Projects | UPDATE
      - (1) Regional Response to HIV Eradication Efforts in California Counties | Steve Shoptaw, PhD
      - (2) Use of Technology-based PrEP Services to Improve Uptake, Adherence, and Persistence | Ronald A. Brooks, PhD and Dilara K. Üsküp, PhD, PhD
      - (3) Preparing for Long-Acting Injectable Treatment for HIV in Los Angeles | David Goodman-Meza, MD, MAS

5. BREAK 11:45AM – 12:00 PM
6. Housing Opportunities for People Living with AIDS (HOPWA) Report 12:00 PM – 12:05 PM
7. Ryan White Program Parts C, D and F Report 12:05 PM – 12:10 PM
8. Cities, Health Districts, Service Provider Area (SPA) Reports 12:10 PM – 12:15 PM

9. Standing Committee Reports 12:15 PM – 1:00 PM

A. Operations Committee

(1) Membership Management

(a) 2020 Membership Slate | UPDATE

(2) 2020 Virtual Training Schedule

B. Standards and Best Practices (SBP) Committee

(1) Standards of Care | UPDATE

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

(1) Ryan White Program Years 30-32 Priority Setting and Resource Allocation | UPDATE

D. Public Policy Committee

(1) County, State and Federal Legislation & Policy

(2) County, State and Federal Budget

(3) Housing and Homelessness

10. Caucus, Task Force and Work Group Reports 1:00 PM – 1:15 PM

A. Aging Task Force

B. Black African American Community (BAAC) Task Force

C. Consumer Caucus

D. Women's Caucus

E. Transgender Caucus

MISCELLANEOUS

11. Public Comment 1:15 PM – 1:20 PM

Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide live public comment, you must register and join WebEx through your computer or smartphone. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to hivcomm@lachiv.org.

12. Commission New Business Items 1:20 PM – 1:25 PM

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

13. Announcements 1:25 PM – 1:30 PM

Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.

14. Adjournment and Roll Call 1:30 PM

Adjournment for the meeting of August 20, 2020.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1:	Approve the Agenda order, as presented or revised.
MOTION #2:	Approve the Minutes, as presented or revised.

COMMISSION ON HIV MEMBERS:			
Al Ballesteros, MBA, Co-Chair	Bridget Gordon, Co-Chair	Danielle Campbell, MPH	Raquel Cataldo
Pamela Coffey (Alasdair Burton, Alternate**)	Michele Daniels	Erika Davies	Jerry D. Gates, PhD
Felipe Gonzalez	Aaron Fox, MPM	Grissel Granados, MSW	Karl Halfman, MA
Diamante Johnson (Kayla Walker-Heltzel, Alternate**)	Joseph Green	William King, MD, JD, AAHIVS	Lee Kochems, MA
David P. Lee, MPH, LCSW	Anthony Mills, MD	Carlos Moreno	Derek Murray
Katja Nelson, MPP	Miguel Alvarez (Alternate*)	Frankie Darling-Palacios	Raphael Peña (Thomas Green, Alternate**)
Mario Pérez, MPH	Juan Preciado	Joshua Ray (Eduardo Martinez, Alternate**)	Ricky Rosales
Nestor Rogel (Alternate*)	Harold San Agustin, MD	Martin Sattah, MD	Tony Spears (Alternate*)
LaShonda Spencer, MD	Kevin Stalter	Maribel Ulloa	Justin Valero
Amiya Wilson			
MEMBERS:	**37**		
QUORUM:	**19**		

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

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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

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TO END HIV, WE MUST END RACISM

On the behalf of the Los Angeles County Commission on HIV, the Black/African American Community (BAAC) Task Force recognizes that these are extremely difficult, disturbing and painful times for us and our communities. We remain steadfast in solidarity with our Black/African American communities and vehemently condemn the pervasive, systemic racism that continues to plague our communities. “Without reckoning with our history of racial injustice and violence we will continue to be haunted by its ugly and painful legacy.” (Equal Justice Initiative [EJI].)

Racism IS a public health emergency and impacts us all. Racism impacts access to and the quality of health care and it dictates when, how and by whom health care is given or withheld. Medical mistrust by our Black/African American communities and implicit biases of the health care system are rooted in historical, institutional and socialized racism. It is without question we cannot end the HIV epidemic without dismantling these systems that continue to perpetuate the injustices that result in disproportionately poorer outcomes in our Black/African American communities. Our HIV community must remain diligent and committed to actively engaging in policy and action that promote health equity, eliminate barriers and address social determinants of health such as: implicit bias; access to care; education; social stigma, i.e. homophobia, transphobia and misogyny; housing; mental health; substance abuse; and income/wealth gaps.

As HIV advocates, we cannot sit idly by and allow these inequities to continue. We must act now by centering ALL of our work and conversations around the intersection of racism and the unequal burden of HIV on our Black/African American communities. The Commission is committed to taking action.

We stand in memoriam of Breonna Taylor, George Floyd, Tony Mc Dade, Ahmaud Arbery, and all those who have lost their lives to senseless acts of violence, police brutality and HIV/AIDS. We stand with you, we hurt with you, and we will take action to address these inequities and heal with you.

In Solidarity,

Los Angeles County Commission on HIV
Black/African American Community (BAAC) Task Force

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.

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HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • *VIRTUAL WEBEX MEETING*

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote. Meeting recordings are available on the Commission website.

COMMISSION ON HIV MEETING MINUTES

June 11, 2020

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT *(cont.)*	COMMISSION MEMBERS ABSENT	DPH/DHSP STAFF
Al Ballesteros, MBA, *Co-Chair*	Anthony Mills, MD	Pamela Coffey *(F. to Burton)*	Sharon Balter, MD
Bridget Gordon, *Co-Chair*	Carlos Moreno	Michele Daniels	Becca Cohen, MD, MPH
Miguel Alvarez *(Alt.)*	Derek Murray	Frankie Darling-Palacios	Wendy Garland, MPH
Traci Bivens-Davis, MA	Katja Nelson, MPP	Susan Forrest *(Alt.)*	Andrea Kim
Alasdair Burton *(Alt. to Coffey)*	Mario Pérez, MPH	Aaron Fox, MPM	Sonali Kulkarni, MD, MPH
Danielle Campbell, MPH	Juan Preciado	Diamante Johnson	Franklin Pratt, MD, MPHTM, FACEP
Raquel Cataldo	Nestor Rogel *(Alt.)*	*(LoA, F to Walker-Heltzel)*	Sophia Rumanes, MPH
Erika Davies	Ricky Rosales	David P. Lee, MPH, LCSW	Julie Tolentino, MPH
Jerry D. Gates, PhD	Harold San Agustin, MD	Raphael Peña *(F to T. Green)*	Paulina Zamudio
Felipe Gonzalez	Martin Sattah, MD	Joshua Ray, RN *(F. to Martinez)*	
Grissel Granados, MSW	LaShonda Spencer, MD	Tony Spears *(Alt.)*	**COMMISSION STAFF/CONSULTANTS**
Joseph Green	Kevin Stalter		
Thomas Green *(Alt. to Peña)*	Maribel Ulloa		Cheryl Barrit, MPIA
Karl Halfman, MS	Justin Valero, MA		Diane Burbie
William King, MD, JD, AAHIVS	Kayla Walker-Heltzel, MPH		Carolyn Echols-Watson, MPA
Lee Kochems, MA	*(Alt. to Johnson)*		Dawn McClendon
Abad Lopez	Amiya Wilson		Jane Nachazel
Eduardo Martinez *(Alt. to Ray)*			James Stewart

PUBLIC			
Jeannie Acdan	Alejandra Aguilar-Avelino	Yan Ao	David Arutunyan
Kyle Baker	Cindy Becerra	Martin Becerra	Karen Cacal
Ana Cacao	Irene Carino	Geneviéve Clavreul, RN, PhD	Valerie Coachman-Moore
Edwin Cockrell, Jr.	Otto Corzantes	Amy Croft	Maria Diaz
Kevin Donnelly	Carolyn Du	Beatriz Espinosa	Dahlia Ferlito
Emily Franklin	Marilyn Galindez	Robert Gamboa	Martha Garcia
Thelma Garcia	Yuan Gao	Jennifer Gjurashaj	Becky Gonzalez
PUBLIC *(cont.)*			
Louis Guitron, RN, FNP, PHN	Becky Hardin	Bertha Hernandez	Oluwadamilola Jalayemi
Uyen Kao, MPH	Cheryl Lacsina	R. Lewis	Lorayne Lingat

Nido Mao	Victor Martinez	Lainie Mendoza	Kinna Mensah
Andre Molette	Karla Morales	Brent Musson	Susanna Nikolayants
Tiffany Ngo	Rachel Olumese	Angela Peavy	Meyerer Perez
Jeff Proud	Theresa Pugeda	Craig Pulsipher, MPP, MSW	Samuel Ragasa
Luis Ramos	Rosa Ramos	Jen Rangsipat	Lise Ransdell
David Raybould	Edith Recinos	Kimberly Renteria	Sandra Robinson, MBA
Sunnie Rose	Elena Rosenberg-Carlson	Ismael Salamanca	Joel Sanchez
CDR Michelle Sandoval-Rosario, DrPH, MPH	Sofya Sargisova	Ella Shimynova	Michelle Simek
	Guyana Simonyan	Peter Soto	Honey Tadina
Angelina Tambunan	Kristen Tjaden	Jennifer Torres	Octavio Vallejo, MD, MPH
Gregory Victorianne	Ruben Vidales	Lizette Villanueva	Michael Villegas
Lauren White	Hanna Woldegabriel		

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

CALL TO ORDER AND ROLL CALL: Ms. Gordon opened the meeting at 9:08 am.
Roll Call (**Present)**: Alvarez, Bivens-Davis, Burton, Campbell, Cataldo, Gates, Gonzalez, Granados, Green (Joseph), Halfman, King, Kochems, Martinez, Mills, Moreno, Murray, Nelson, Peña/Green (Thomas), Pérez, Preciado, Rogel, Rosales, Stalter, Ulloa, Wilson (Greg), Ballesteros, Gordon.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA
MOTION #1: Approve the Agenda Order, as presented ***(Passed by Consensus)***.

2. APPROVAL OF MEETING MINUTES
MOTION #2: Approve the 2/13/2020 Commission on HIV Meeting Minutes, as presented ***(Passed by Consensus)***.

II. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

3. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- Ms. Gordon reminded attendees that live public comments can only be provided by those registered with WebEx and attending via computer or smart phone. Please be mindful of on-camera activity and screen backgrounds. Attendees may choose to turn off their video. Please also refrain from making phone calls during the meeting. Use the WebEx Q&A to ask questions or make a comment about an agenda item and the Chat Box for WebEx technical issues.
- Those attending via telephone can email written comments or materials to hivcomm@lachiv.org. Please include the meeting date and agenda item. Correspondence received will become part of the meeting's official record.
- If connecting both through a computer and by telephone, please mute the computer audio to avoid echo.
- A video and audio recording of this meeting will be posted on the Commission's website at http://hiv.lacounty.gov.

III. DISCUSSION

4. RACIAL INEQUITIES, COVID-19, AND HIV: WHERE DO WE GO FROM HERE?

A. Guided Discussion - Diane Burbie, The ASPIRE Group, Inc, Facilitator:

(i) Opportunity to hold a safe and courageous space for community members to share concerns, successes, challenges, and lessons learned; brainstorm ideas; and strategize ways to rebuild our HIV movement in the face of racial inequities and COVID-19

- Ms. Gordon introduced Ms. Burbie, long-time Commission friend and expert facilitator. She was invited to open the meeting and guide this, the first of many, conversations the Commission will have to re-center its work with a focus on a truly inclusive and equitable HIV movement.
- Ms. Burbie felt honored to connect with the Commission for this focused moment of consideration while also appreciating this is the first opportunity for the full Commission to come together since the start of Safer At Home. She encouraged all to overcome this virtual space dynamic and lean into the opportunity for human connection.

- She also urged all to think about what this time represents. Many have said this is a new place of consciousness, momentum, movement. She felt that true but, unfortunately, it is also all too familiar for some who repeatedly have met emotions and challenges of the moment as optimistically as they could in the light of past frustrations.
- She invited all to meet this moment first with our humanity and, in conversations to come, with our actions. This is a listening session and opportunity to express where you are, what you think and want. What opportunities do you see? What are your expectations - for yourself and for the Commission to impact structural change?
- A suggested frame for responses was: What do I want my colleagues to know and better understand, e.g., my emotions, thoughts, ideals and expectations for our work as a collective. Themes will emerge naturally, but she encouraged everyone to attend to the unique contributions of each speaker.
- Ms. Gordon said COVID-19 felt like a freight train, especially terrifying for those with underlying conditions. She is happy COVID-19 has pulled the curtain off health care disparities in our communalities. Numbers clearly reflect how and who it impacts the most due to Social Determinants of Health (SDH). She was heartened by the movement of people becoming aware and learning about the history of race consciousness beginning in the 1400s. We need to work to understand that we are all valuable and deserve opportunity.
- Mr. Ballesteros felt COVID-19 is the hardest health issue he has seen. He witnessed the early days of AIDS. People were very afraid and many were dying. Even so, if someone was sick, there was more time to address final affairs. COVID-19, on the other hand, can take someone's life very quickly. It then became very sad for him as it rolled out and he saw it mirror those most affected by the HIV epidemic - mostly poor people, people of color, those with underlying conditions. He felt, as that became apparent, air came out of the sails and dialogue began to shift from care to re-opening the country. That, too, mirrored the early days of AIDS, as most impacted populations were identified and the response became, "Oh, it's just them." He feels that underlies much of the shift. That hurts.
- Thomas Green said COVID-19 was affecting everything for everyone of all ages, but affects Black and Brown populations more severely. That relates to racism via SDH, e.g., with poorer health and less funding for good food. At the same time, many businesses like restaurants have closed or are barely surviving. He was saddened by many young people thinking COVID-19 only affects older people, not taking it seriously, and not wearing a mask.
- Mr. Stalter felt COVID-19 laid bare inequities we address in our work, e.g., signs in the Hollywood to Santa Monica areas warn people not to touch stop signal walk buttons, but there were no signs in South Los Angeles. While their efficacy can be questioned, their distribution ignores those most at risk. Likewise, the emergency alert system has been used once for COVID-19 but multiple times, often with conflicting messages, for curfews to the extent that African American patrons at a gas station he was visiting were concerned they were being set up for arrest. This mixed messaging is unsettling in an already stressful time including the financial carnage and the burgeoning homeless population. He reported two friends of his have committed suicide and another three have overdosed.
- Mr. Moreno felt he had been balancing between selfishness and selflessness. He has been finding ways to care for his own mind, body, and soul on the one hand versus offering them up for greater causes on the other. At times that have been the most difficult, he has found the best thing to do is relinquish selfishness.
- Ms. Echols-Watson has many feelings prompted by things being highlighted in society now. First, COVID-19 has exposed existing inequities. We then watched a man murdered on television displaying what Black folks already knew despite generally being ignored. What happens to one happens to all. She hoped this flash point does not die out. It is important for people to sit in this for a time to feel the pain, anger, and anxiety of everyday life of People Of Color (POC), especially Black POC. She hoped it permeated everything because systemic racism permeates everything - health care, education, financial system. She hoped for change - not just a brief minute of awareness.
- Ms. Campbell found herself in a space of anger and bewilderment. She is always somewhat surprised when folks are surprised when we see what we see in COVID-19 and, happening around the globe, addressed sentiments of anti-blackness and racism. It has not been a secret that Black folks have been in a fight to survive, just exist and be, for hundreds of years. When we work in HIV, we know where health inequities lie, where barriers are that keep folks out of care, marginally housed, and focused on surviving first with treatment, care, and prevention last.
- Mr. Murray felt racism, poverty, and health disparities were coming together to create a disaster. He felt naive to have thought COVID-19 could unite us as a country across political differences. Historically, plagues often show the cracks in a civilization and we are now going through two: COVID-19 and racism. He did not want to see the nation crumble after so many have worked so hard to make it a better place. This breaks his heart. He hoped we could take care of each other, learn from one another, and move forward together.

- Eduardo Martinez has been in the United States 50 years. This is not new. In the 1970s, the Latino community was moving into South Central and there were many racial problems with the African American community. It is a little better now, but Latinos are still treated like second class citizens. He is not surprised they are disproportionately impacted by HIV and COVID-19 as many lack health insurance or even health education. Action occurs as response, e.g., a school shooting brings focus to gun control. Meanwhile, the administration has said bad things about Mexicans for three years and that trickles down. He was very disappointed that we cannot all live together better.
- Ms. Davies was grateful for this safe space. Many of us in paid or volunteer work cannot raise our voices and maintain a level of professionalism. She echoed others - angry, sad, disappointed. She had hoped for the best, but what is happening in her work is appalling. They have been sheltering people experiencing homelessness in hotels, ensuring they have food, and keeping them safe from COVID-19 - yet funding is being cut with accelerated re-opening. Staff are trying to help vulnerable people, but they are going back on the streets. It is overwhelming because staff feels they have failed. She finds the protests incredibly inspiring, but fears they will be blamed if there is a surge in COVID-19 cases even though the re-opening was so fast and beaches opened without curfews.
- Mr. Gonzalez was glad for this conversation. Fear and ignorance have been used through history to dominate and abuse us. We know what the problem is, but may not know how to fight back. For fear, we need to be brave and realize that inaction kills. For ignorance, we need to rely on our own people to educate us. Even among our people, we must be careful. Just as there were Jews for Hitler, now there are Blacks or Latinos for Trump. He was guilty of silence in the past, e.g., as a new Commissioner at a Consumer Advisory Board (CAB) meeting, he said nothing at criticism of those kneeling as a protest. No more. We need to let people know when they do something wrong, attend city hall meetings, make police accountable. Transform anger into action - day by day.
- Mr. Valero was glad to see everyone after these tumultuous months. He noted unintended consequences of closings, social distancing, and isolation. As a California State University, San Bernardino (CSUSB) teacher, he understands the CSU system response, but many people in their late teens and early 20s rely on community college, CSU, and University of California (UC) systems for health care. On-site clinics offer check-ups and resources such as HIV and PrEP care. Many students lost jobs with health care even as navigation to systems like Medi-Cal is hard and setting up virtual, technology dependent care can be a barrier, especially for those most in need of care. His other deep concern was outreach because it is hard to maintain connections when students are at home.
- Ms. Granados noted, while talking about two crises, POC are most impacted by COVID-19 so it is, in effect, all one racism pandemic. She is disheartened by the lack of COVID-19 information in Spanish. The Department of Public Health (DPH) is doing a good job overall, but much misinformation among non-English speakers remains, e.g., they are distrustful of a potential vaccine and feel oppressed by public health strategies set up to protect them. In another form of racism, anti-Blackness remains a leading cause of death. She was glad to see people mobilize, including many who are not Black, and hold each other accountable. She agreed that all who are not Black need to sit in the discomfort of knowing we all benefit from anti-Blackness and systemic racism against Black people. Non-Black POC will also benefit from Black liberation so should willingly center Black folks in Commission work.
- Ms. Bivens-Davis wholly supported Ms. Granados' remarks. It has been hard to navigate Blackness in this space and generationally. No time has been safe in her life nor in lives of her parents, grandparents, or great-grandparents. She underscored the trauma of a world suddenly realizing there is a problem that we speak to every day. As Ms. Campbell said, she was still surprised to find people surprised when DPH data shows POC suffering. She has heard Commissioners say, for some to succeed, others must give something up. While true, she wanted to acknowledge that what may be felt as a sacrifice has also been a privilege that allowed feeling safe and human. Regarding Mr. Murray's comments, she noted community colleges have many POC students but no Black representation on their board to advocate for Black students. She encouraged considering that when voting. Finally, she encouraged thinking about the fact that there are pandemics of HIV, COVID-19, and racism, but racism has always been there. Sit in your pain as you enter the world where she has lived, and will live, all her life. The world is catching up to where she lives. It is traumatizing, hurtful, harmful. She hopes it motivates you to do and be something different.
- Ms. Nelson thanked all who spoke. Systemic racism, white supremacy and privilege have perpetuated disparities across SDH for years and impacts our work both in ending the HIV epidemic and reducing COVID-19 disparities. She has considered her role as an individual, a Commissioner and Public Policy Committee Co-Chair, and in her organization's policy and advocacy work. This is a time for her to listen, learn, be vulnerable, show up each day, learn from mistakes, have tough conversations. We need to build a new framework that meets today's challenges and builds a better, equitable, just world. This is just the beginning. She is here to take guidance and be a true ally.

- Mr. Burton said at the beginning he found himself uncomfortable thinking in terms of Black, Brown, and White. He was not sure that is the wisest approach rather than lifting everyone up to the highest level. Media generally highlights more negative stories and ignores those that are positive though he knows people who are helping. He hoped to move away from an accusatory space and toward one where those who have privilege can share it.
- Ms. Barrit noted some have communicated support for this message, but want to leave the space for Black voices.

B. Statement of Solidarity and Moment of Silence - Danielle Campbell, MPH, Co-Chair, Black African American Community (BAAC) Task Force: Ms. Campbell read the statement on racism in the packet. She thanked all for participating today.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission Operational Updates

- Ms. Barrit thanked the Commission Co-Chairs for working to develop their virtual meeting skills. She also thanked the Commission staff which has worked hard to prepare and maintain operations during these multiple pandemics. In particular, she acknowledged Ms. Echols-Watson, Ms. McClendon, and Ms. Wright who have been holding so much more in their hearts during the last few weeks while still showing up fully to support our Commission.
- Since we last met in person, Ms. Tolentino has transitioned to join our colleagues at DHSP. We appreciate all her many contributions to the Commission. While no longer Commission staff, she will continue to be part of our HIV team.
- She thanked the Commissioners, especially the Co-Chairs, for supporting the staff. Two of our five staff are serving as Disaster Service Workers (DSWs). Ms. Wright was helping seniors who signed up for meal delivery to get those services. Ms. Barrit, herself, was serving as a site monitor on weekends at a Project Room Key site.
- She acknowledged recent Board of Supervisors (Board) discussions on the LAC budget. The estimated budget shortfall due to COVID-19 is $1.2 billion for LAC and $54.3 billion for California overall. Consequently, our Commission operating expenses will prioritize our four foundational work responsibilities.
- She hoped people have been able to participate in, or at least check out, the Commission's ongoing series of community engagement webinars. It is hoped these will keep lines of communication open and link people to services.

6. CO-CHAIR REPORT

A. Meeting Management Reminders

- Ms. Gordon asked everyone to please check the Chat Box for meeting etiquette reminders.
- Commission discussion is limited to one, three-minute comment per agenda item per Commissioner.
- Speakers are asked to be mindful of using acronyms. Please explain acronyms when used.
- Ms. Gordon also welcomed new Commissioners: Tony Spears, Alternate; and, Harold San Agustin, MD, Provider Representative. She thanked them for their service and invited them to let the Commission know how we can best support them in being successful in their roles as Commissioners.
- All comments will be taken up under the Public Comment item near the end of the agenda. Public Comments are limited to two minutes. Staff will track speaker times and announce if a speaker's time is over.

B. Recognizing Past Work and Moving Forward

- Ms. Gordon first noted we need to recognize that we need to remain flexible with how we approach our meetings and work plan. We are taking steps to recognize our past work and how to move forward.
- As you may recall, the cancelled March 2020 meeting included a panel to recognize National Women and Girls HIV and AIDS Awareness Day. Leadership is working with Women's Caucus Co-Chairs to identify a new date. This important discussion will address barriers and SDH disproportionately impacting women and girls in LAC.
- The impact of the continuing public health emergency due to COVID-19 along with national conversations on racism as the root cause of health inequities mean that we need to revisit the Commission response to LAC STD testing. This item will be on the next Executive Committee agenda. The Public Policy Committee will also revisit the policy perspective.

7. LOS ANGELES COUNTY (LAC) DEPARTMENT OF PUBLIC HEALTH (DPH) REPORT

A. COVID-19 Update

- Sharon Balter, MD, Director, Communicable Disease Control and Prevention (CDCP) Division, DPH, presented on a PowerPoint in the packet outlining the course of the pandemic in LAC since the first case was identified on 1/16/2020. Research continues, but it is likely COVID-19 entered the LAC area much earlier than the first identified case.

- Data presented was from 6/6/2020 when the slide set was developed. DPH does not have all the information it would like on all patients. The pandemic began here so quickly that many unusual ways to get testing popped up including city, LAC, and mobile sites that are new to this kind of testing and do not always collect and submit all information. Ideally, DPH wants to identify cases from the first day someone was sick, but otherwise by the date tested or reported.
- It is difficult to characterize the pandemic by the number of positive tests since testing itself is increasing. The trajectory is better understood by looking at severe disease. About 82% of cases are in those under 65, especially those 41 to 65 age group though that may reflect some testing bias. On the other hand, 77% of deaths are in those over 65.
- Race/ethnicity is not always collected, but contact tracers try to add it. The highest proportion of cases are Latinx, but fatalities do not always follow the case rate, e.g., just 4 percent of cases, but 12% of fatalities, are African American.
- Area poverty is determined by the population of households at or below the Federal Poverty Level (FPL) based on 2017 census data. Infection and death rates are disproportionately high in communities with 20% to100% of the population living at or below the FPL. That likely reflects poor health care access including high rates of diabetes and hypertension.
- Overall, fatalities are declining. Much of that is likely from the Safer-At-Home order. Rates are much higher in those over 65 which also likely reflects underlying conditions such as diabetes and hypertension which increase with age. Skilled Nursing Facilities (SNF) combine risks of age and proximity resulting in nearly half of fatalities. DPH has instituted multiple efforts to address COVID-19 spread within SNFs due to their concentration of vulnerable people.
- DPH believes the Safer-At-Home order has been effective at controlling the pandemic so is nervous at relaxing the order. Nevertheless, despite some risk, there have been helpful changes in society, e.g., increased use of masks.
- Rates of COVID-19 among PLWH are somewhat higher compared to the entire community in every age group except for those over 65 which may be due to their smaller numbers. Higher rates may reflect compromised immune systems and improved access to care. Men are likely to have a more severe course of COVID-19 and are more likely to die.
- All DPH data except that on PLWH is available in a downloadable dashboard on the DPH website.
- Regarding a question on whether we were shifting from Safer-At-Home to a focus on those most at risk, Dr. Balter said a better understanding of COVID-19 attributes like infectiousness of asymptomatic cases has generated significant changes in institutional settings like SNFs, e.g., masks, gowns, testing, and isolation. DPH would like to open some visitation again although that puts SNF residents at greater risk. Everything with COVID-19 entails balance.
- In the community, people may interact as they wish, but the DPH message is to try to protect vulnerable members.
- Mr. Murray suggested, as hypertension is a factor in COVID-19 severity, screening for it concurrent with COVID-19 testing or doing mass screening to better target resources. Dr. Balter noted hypertension is one of many factors. Better risk assessment overall would be helpful, but that is not feasible at public testing sites. Ideally, testing should move into the health care system where people can be assessed and receive care for all health risks. That, in turn, reflects the continuing access to health care issue. Meanwhile, healthy people also die and the new virus is not well understood.
- Mr. Valero asked about expanded testing in East LAC, e.g., Whittier, Downey, Diamond Bar, Pomona. Availability there is poor unless one is over 65 or symptomatic, but many there are returning to work. Dr. Balter said the Department of Health Services (DHS) is now overseeing testing to improve access. At the same time, not all need to be tested before returning to work. First, we do not have enough tests for that. Even if we did, it would not address the concern. Tests are only about 70% effective and results are not available for two to ten days. Yet, the incubation period is 14 days so a person who tests negative may be positive by the time results are received. Only daily testing would catch all cases. The goal is to be useful without prompting a false sense of security. DPH absolutely wants those with known exposures to get tested; stresses testing for those with symptoms; and suggests testing for those at high risk, e.g., those over 65. Everyone can wear a mask, social distance, try to protect the elderly, and self-isolate if they have symptoms.
- Mr. Valero expressed concern about work places with large numbers of employees. He also asked about contract tracing apps. Dr. Balter said DPH coordinates with work places to ensure they make testing available. Apps present privacy issues. States must first opt in, which California has not, and individuals must opt in so results can be used to notify others. Currently, the traditional method is used to call and request contacts for 48 hours prior to symptom onset or, if no symptoms, diagnosis. If someone was in a space with unidentified people, staff go there and try to find contacts. DPH hopes to eventually integrate an app from them for the person to fill out and return.
- In questions from Chat, Dr. Balter noted both antigen and antibody testing are available in LAC. Protective immunity cannot yet be absolutely determined and, assuming immunity, it will be a few years to know how long it will last.
- Ms. Barrit noted other questions via Chat which were forwarded to Dr. Balter. In summary, her additional responses reflected that data is reported to DPH under a mandatory reporting law. Staff then interviews cases for more

information. Age is broken out based on state and federal reporting requirements. DPH was unable to process special data requests at this time due to work load. Testing sites do not collect gender identify, but staff collect it in interviews.

- On blood types, scientific data suggest that those with certain blood types are more susceptible to COVID-19 and more likely to have a bad outcome with it. Even so, anyone may have a bad or good outcome regardless of blood type.

B. Division of HIV and STD Programs (DHSP) Updates

- Mario Pérez, MPH, Director, reported some 80% of DHSP staff are deployed in one of five COVID-19 response teams focused on: ACDC support, the homeless, death surveillance, and two focused on interviewing the newly diagnosed and doing contact tracing. DHSP staff are continuing to support the HIV and STD systems of care as well as possible.
- He acknowledged Dr. Balter's response that reflects higher rates of COVID-19 infection and mortality compared to the general population. Data did not distinguish PLWH based on viral suppression. DHSP will ensure that messaging on relaxing Safer-At-Home orders very deliberately and clearly speaks to the communities we serve.
- Most Year 29 Minority AIDS Initiative (MAI) resources will be maximized with just a small rollover of about $250,000.
- It is not possible to provide an accurate Year 30 (3/1/2020-2/28/2021) estimate. Due to the pandemic, providers have not been able to submit all their invoices starting with 3/1/2020 as yet. He expected a projection by late Summer.
- DHSP was still required to submit the Year 31 investment plan. He recommended basing it on Year 29 actuals with, of course, caveats. The impact of COVID-19 on services may also influence choices on increasing or decreasing resources.
- Julie Tolentino, MPH will serve as the Ending the HIV Epidemic (EtHE) Coordinator for DHSP. She will also serve as the primary DHSP liaison to the Commission on all EtHE-related activities.
- Community-based providers have an increasing appetite for HIV testing and STD screening. That was one of the service categories noted below which had seen a significant reduction. DHSP issued an updated guidance last week to DHSP partners interested in restarting those services. The guidance will be provided at the Executive Committee meeting.
- Mr. Pérez will report at a later time on DHSP's survey of 12 service categories to determine service levels provided.

7. CALIFORNIA OFFICE OF AIDS (OA) REPORT

- Karl Halfman, MS, Chief, HIV Care Branch, noted the June 2020 *OA Voice* in the packet with the month's updates.
- In particular, about 55 OA staff members are beginning, working on, or finishing COVID-19 appointments such as surveillance activities, contact tracing, or training contact tracers.
- OA received CARES Act supplemental funding from Congress. Funding was distributed to Ryan White providers and Housing Opportunities for Persons With AIDS (HOPWA) programs statewide.

A. California HIV Planning (CHP) Group Update

- The Spring meeting was cancelled due to COVID-19. The next meeting was tentatively planned for the Fall.
- The CHP was holding an unofficial ad hoc meeting next week to welcome new members and provide an orientation.

8. ENDING THE HIV EPIDEMIC (EtHE) UPDATES AND ACTIVITIES (Opportunity for community partners to provide brief updates on EtHE-related activities and discuss topics for community feedback)

A. Prevention through Active Community Engagement (PACE) - Commander Michelle Sandoval-Rosario, DrPH, MPH, PACE Regional Director, Region 9

- CDR Sandoval-Rosario referenced the PowerPoint in the packet with activity updates, in particular related to COVID-19.
- They are aware, as Mr. Pérez reported, that many health department staff who normally focus on HIV have been redeployed to on COVID-19. Nevertheless, she wanted to ensure all know that EthE remains a top priority for the Administration and the US Department of Health and Human Services (HHS). While many activities have changed, the goal to prevent an additional 38,000 transmissions next year remains and momentum continues.
- PACE has transitioned to a 100% virtual platform, continues to engage with partners, and offers technical assistance.
- CDR Sandoval-Rosario did want to focus on how EtHE funded agencies were supporting COVID-19 response, especially for HIV and COVID-19 work. The Health Resources and Services Administration (HRSA) has disseminated funding to help jurisdictions prepare a COVID-19 response. The Ryan White HIV/AIDS Program (RWHAP) offered additional funding to help people into care. HOPWA has allocated funding to help PLWH to get into stable housing. Other specific funding streams through, e.g., Substance Abuse and Mental Health Services Administration (SAMHSA) have been allocated to most impacted communities including for HIV and Hepatitis C self-testing. The Centers for Disease Control and Prevention (CDC) funding has been flexible, e.g., for telehealth and HIV self-testing HIV kits.
- Multiple HIV resources and guidance have been released on COVID-19 around telehealth, self-testing, PrEP and PEP, and how to manage stress and coping.

- One of the slides highlights challenges raised by the partners. In particular, as has been discussed today, significant racial disparities and the intersection of HIV, STDs, COVID, and racism pandemics.
- The Presidential Advisory Council on HIV/AIDS (PACHA) was held the past week as a virtual conference. It was originally planned for LAC and they look forward to meeting here in future.
- Much of the discussion focused on how COVID-19 has impacted the momentum of addressing HIV and how we might learn from these overlapping pandemics. Focus areas included: increasing PrEP uptake; and outreach to marginalized communities, in particular, African American/Black and Latinx populations, Black women, and transgender individuals.
- The Office of the Assistant Secretary for Health will be rolling out the American's HIV Epidemic Analysis Dashboard. The virtual Dashboard will be available to everyone to track the six EtHE indicators: fewer new HIV cases, more people knowing status, more diagnoses, improved linkage to care, improved viral suppression, more people on PrEP. Initially, it will focus on the 48 prioritized counties and states, but eventually will be searchable by zip code.
- PACE was collaborating with its partners in Arizona to host a webinar on 6/25/2020 on HIV self-testing. Arizona implemented HIV self-testing over two years ago in particular to reach underserved rural communities.

B. University of California, Los Angeles (UCLA), Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) - Uyen Kao, MPH

- Ms. Kao noted the overview of three National Institute of Health (NIH) CHIPTS projects at the Commission's Annual Meeting. A formal presentation on project findings will be provided later. Meanwhile, this offers an update.
- Steven Shoptaw, PhD and Ms. Kao worked on the first project, under the respond pillar, to identify key infrastructure to better coordinate California efforts. An all-day 1/24/2020 stakeholder meeting drew some 150 attendees including representatives from eight counties. Feedback included follow-up surveys and phone calls. A recommendation report on findings was developed and under community review until 6/15/2020. Feedback included the need for dedicated funding for regional activities, workforce development, SDH, and integrating the community voice into all activities.
- The second project, under the protect pillar, assesses the feasibility of using digital technology PrEP to improve PrEP uptake and adherence. A meeting was hosted in February 2020 which included technology companies, PrEP providers and community stakeholders. There was initial enthusiasm, but there were questions about feasibility, costs, and implementation. That project's report was also under community review.
- The final project was on long-acting injectables under the treat pillar. Some 18 consumers , plus several Commissioners and stakeholders were involved in focus groups. There was enthusiasm around the concept, but multiple barriers were noted including possible side effects, cost, and medical provider visits. That report was also under community review.
- It was anticipated that all the reports will be finalized and available for distribution by the end of June 2020.
- She thanked DHSP and Commission staff as well as everyone who participated in the projects.

9. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORT

- Maribel Ulloa reported HOPWA received over $3 million in CARES Act funding. The City of Los Angeles Council and the Mayor's Office will determine spending. Potential allocations include Short-Term Rental and Utility Program and/or alternative transportation services to facilitate access for food. She will report back on decisions.
- The Housing and Community Investment Department (HCID) was working on policies and procedures with Housing and Urban Development (HUD) on several waivers. One mega-waiver was released 5/22/2020 to address crisis emergency housing. Currently, beds are limited to 60 days but, due to COVID-19, many people were reaching their time limits.
- The City of Los Angeles was expecting a budget shortfall, but HOPWA does not expect that to impact its contractors or the release of its Request For Proposals (RFP) which was scheduled for late Summer or early Fall..

10. RYAN WHITE PROGRAM PARTS C, D, AND F REPORTS: There were no reports.

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

- Mr. Murray reported the City of West Hollywood just started a pilot tenant defense program. It will provide access to an attorney for anyone served an eviction notice as a result of loss of income due to COVID-19. The attorney can provide advocacy letters or court services, as required.
- There is also an ongoing rental assistance program which can provide rent up to two times.
- ➲ Mr. Rosales posted a few highlights on Chat. Email him with any questions.

12. STANDING COMMITTEE REPORTS

A. Standards and Best Practices (SBP) Committee

- Ms. Davies noted SBP continues work on Psychosocial Support Services, Child Care, and an update of Universal SOC to include telehealth. It hopes to have all three ready for the next Commission. Meetings are first Tuesdays at 10:00 am.

(i) Emergency Financial Assistance (EFA) Standards of Care (SOC)

- Ms. Davies reported SBP has been working on this SOC since January 2019 in keeping with the Commission's decision to prioritize these services. The document has been reviewed by DHSP, subject matter experts, and has been open for public comment. Discussions addressed public health emergencies such as COVID-19.
- EFA provides limited one-time or short-term payment assistance for RWHAP clients with an urgent need for essential items or services. Payments are provided directly to an agency or voucher program, not the client.

MOTION #3: Approve the Emergency Financial Assistance (EFA) Standard of Care (SOC), as presented ***(Passed: 22 Ayes; 0 Opposed; 1 Abstention)***.

B. Public Policy Committee

(i) County, State, and Federal Legislation and Policy

(a) 2020 Draft Policy Priorities

- Ms. Nelson noted the Priorities in the packet which were approved by the Committee in March 2020.
- ➲ The Committee anticipates working with the Black African American Community (BAAC) Task Force to add language pertaining to systemic racism.

MOTION #4: Approve the 2020 Priorities Policy, as presented ***(Passed: 21 Ayes; 0 Opposed; 0 Abstentions)***.

(b) 2020 Legislative Docket

- Ms. Nelson noted about 12 bills were added since the last meeting primarily pertaining to health, housing, equity, and SDH. The Committee moved these by consensus.
- Most bills will not move forward this year due to COVID-19, but the Committee did the review work in anticipation of next year.

MOTION #5: Approve the 2020 Legislative Docket, as presented ***(Passed: 20 Ayes; 0 Opposed; 0 Abstentions)***.

(c) Presidential Advisory Council on HIV/AIDS (PACHA) Meeting Follow-Up

- Ms. Nelson attended some of the meetings. COVID-19 was a major topic regarding, e.g., isolation, telehealth challenges, improving at-home testing, and contact tracing.

(ii) County, State, and Federal Budget

- On 6/10/2020, the California Department of Insurance gave notice to disability insurance companies offering coverage in California that they must cover PrEP without cost sharing.
- Work on the statewide master plan for aging resumed at the end of May 2020. The Committee will track work.
- The LAC budget expects a $1 billion shortfall this year.
- As noted earlier, the Committee will be reviewing its STD epidemic response.
- ➲ Refer to the Executive Committee discussion of at-home testing for HIV and STDs and contact tracing.h

(a) Governor May Revise

- The expectation is for a "keep the lights on" budget on 6/15/2020. The Legislature released a budget last week that pushes back on some detrimental May Revise anticipated cuts, e.g., that impact vulnerable populations.
- Advocacy efforts were ongoing, especially to maintain HIV, Hepatitis C, and STD programs; protecting AIDS Drug Assistance Program (ADAP) from the several million dollar loan in the May Revise; as well as to fund $3 million ongoing to increase access to syringe exchange services.

(b) Coronavirus Aid, Relief, and Economic Security (CARES) Act Updates

- The house passed a new stimulus bill (HEROES Act), but the Senate will not take it up until the end of July.

(iii) Housing and Homelessness

(a) Measure H Update

- The Committee is watching Project Room Key to ensure access for PLWH. It has also requested an Update from Los Angeles Homeless Services Authority (LAHSA).

MOTION #6: Approve meeting extension to 12:45 pm ***(Passed by Consensus)***.

C. Operations Committee

- Joseph Green reported Operations has not met since 2/27/2020 when Dr. San Agustin and Mr. Spears were approved.
- They will next meet 6/25/2020 to review the work plan, address the Mentorship Program, and renew the slate for July.

(i) Membership Management Updates

- Kevin Donnelly was interviewed to return to the Commission. His application will be reviewed at the next meeting.

(ii) Community Engagement and Outreach: There was no additional information.

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

- Mr. Ballesteros reported PP&A has not met recently. The next meeting will be 6/16/2020.
- Mr. Ballesteros was acting as Co-Chair. Nominees for Co-Chair elections were Raquel Cataldo and Abad Lopez.

(i) DHSP Fiscal Reports, Program Year (PY) 29 - Update: To be addressed 6/16/2020.

(ii) Program Directives for Maximizing Ryan White (RW) Part A and Minority AIDS Initiative (MAI) Funds for PYs 30-32 - Update: To be addressed 6/16/2020.

13. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

- Ms. Barrit noted that staff was meeting with Co-Chairs to set up meetings.

A. Aging Task Force: There was no report.

B. Black/African American Community (BAAC) Task Force: There was no report.

C. Consumer Caucus:

- Mr. Moreno said the Caucus has met. It discussed the need for various resources, e.g., technical resources to connect.
- The Caucus will meet later that day from 4:00 to 6:00 pm. Mr. Gonzalez invited all to join.

D. Women's Caucus: There was no report.

E. Transgender Caucus: There was no report.

V. MISCELLANEOUS

14. PUBLIC COMMENT: OPORTUNITY TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION (To provide live public comment, register and join WebEx via computer or smartphone. Those joining via telephone cannot provide live public comment, but may submit written comments or materials via email to hivcomm@lachiv.org.)

- Mr. Cockrell asked, now that Susan Alvarado has left, who will represent the City of Long Beach? He also thanked the Commission for time to participate virtually. He felt that should be maintained. Regarding systemic racism, he felt the Commission had improved, but still had much work to do to address SDH, e.g., town halls in Black and Brown communities.
- Mr. Donnelly reported Coping With Hope Conference was coming up. It offers the ability to address many current concerns.
- Ms. Coachman-Moore provides support for We Can Stop STDs LA. She thanked the Commission for support for its grant application to the CDC. The organization was re-focusing around cisgender and transgender women of color. They hope for a renewed relationship with the Commission, especially around women of color.
- Life Group LA was doing weekly Zoom education webinars on Fridays at 2:00 pm. They are open to presenter suggestions at www.lifegroupla.org/zoom or call at 1.888.208.2081.

15. COMMISSION NEW BUSINESS ITEMS: OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR FULL BODY OR COMMITTEE DISCUSSION ON FUTURE AGENDAS, OR MATTERS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR WHERE NEED TO TAKE ACTION AROSE SUBSEQUENT TO POSTING THE AGENDA: There was no report.

16. ANNOUNCEMENTS: REGARDING COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES (Provision of announcements will follow the same protocol as that listed for public comments above.)

- Thelma Garcia said the East LA Women's Center has a 24 hr crisis hotline with services for women at 800.585/6231. Stay safe and be healthy.

17. ADJOURNMENT AND ROLL CALL: The meeting adjourned at 12:34 pm in memory of George Floyd, all Black/African Americans lost to police brutality and racial injustices, Larry Kramer, and all those lost to the COVID-19 pandemic and HIV/AIDS.
Roll Call (**Present)**: Alvarez, Bivens-Davis, Burton, Cataldo, Gates, Gonzalez, Granados, Green (Joseph), Halfman, Kochems, Martinez, Moreno, Nelson, Peña/Green (Thomas), Pérez, Preciado, Rogel, Rosales, Ulloa, Valero, Wilson (Greg), Ballesteros, Gordon.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	***Passed by Consensus***	**MOTION PASSED**

MOTION AND VOTING SUMMARY		
MOTION 2: Approve the 2/13/2020 Commission on HIV Meeting Minutes, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 3: Approve the Emergency Financial Assistance (EFA) Standard of Care (SOC), as presented.	***Ayes***: Alvarez, Burton, Campbell, Davies, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), King, Kochems, Martinez, Moreno, Murray, Nelson, Pérez, Rosales, San Agustin, Ulloa, Valero, Ballesteros, Gordon ***Opposed***: None ***Abstentions***: Halfman	**MOTION PASSED** **Ayes**: 22 **Opposed:** 0 **Abstentions**: 1
MOTION 4 Approve the 2020 Priorities Policy, as presented.	***Ayes***: Burton, Campbell, Davies, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), King, Kochems, Martinez, Murray, Nelson, Pérez, Rosales, San Agustin, Ulloa, Valero, Walker-Heltzel, Ballesteros, Gordon ***Opposed***: None ***Abstentions***: None	**MOTION PASSED** **Ayes**: 21 **Opposed:** 0 **Abstentions**: 0
MOTION 5: Approve the 2020 Legislative Docket, as presented.	***Ayes***: Burton, Campbell, Davies, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), King, Kochems, Martinez, Murray, Nelson, Rosales, San Agustin, Ulloa, Valero, Walker-Heltzel, Ballesteros, Gordon ***Opposed***: None ***Abstentions***: None	**MOTION PASSED** **Ayes**: 20 **Opposed:** 0 **Abstentions**: 0
MOTION #6: Approve meeting extension to 12:45 pm.	***Passed by Consensus***	**MOTION PASSED**

LOS ANGELES COUNTY
COMMISSION ON HIV

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HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • *VIRTUAL WEBEX MEETING*

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote. Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

COMMISSION ON HIV MEETING MINUTES

July 9, 2020

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT *(cont.)*	COMMISSION MEMBERS ABSENT	DPH/DHSP STAFF
Al Ballesteros, MBA, *Co-Chair*	Lee Kochems, MA	Raquel Cataldo	Anaif Arsenyan
Bridget Gordon, *Co-Chair*	David P. Lee, MPH, LCSW	Pamela Coffey *(F. to Burton)*	Jane Bowers
Miguel Alvarez *(Alt.)*	Eduardo Martinez *(Alt. to Ray)*	Michele Daniels	Becca Cohen, MD, MPH
Alasdair Burton *(Alt. to Coffey)*	Anthony Mills, MD	Susan Forrest *(Alt.)*	Maggie Esquivel
Danielle Campbell, MPH	Carlos Moreno	Abad Lopez	Pamela Ogata, MPH
Frankie Darling-Palacios	Derek Murray	Raphael Peña *(F to T. Green)*	Julie Tolentino, MPH
Erika Davies	Katja Nelson, MPP	Joshua Ray, RN *(F. to Martinez)*	Paulina Zamudio
Aaron Fox, MPM	Mario Pérez, MPH	Nestor Rogel *(Alt.)*	
Jerry D. Gates, PhD	Juan Preciado	Tony Spears *(Alt.)*	**COMMISSION STAFF/CONSULTANTS**
Felipe Gonzalez	Ricky Rosales	Kayla Walker-Heltzel, MPH *(Alt. to Johnson)*	
Grissel Granados, MSW	Harold San Agustin, MD		Cheryl Barrit, MPIA
Joseph Green	Martin Sattah, MD	Amiya Wilson	Carolyn Echols-Watson, MPA
Thomas Green *(Alt. to Peña)*	LaShonda Spencer, MD		Dawn McClendon
Karl Halfman, MS	Kevin Stalter		Jane Nachazel
Diamante Johnson *(F to Walker-Heltzel)*	Maribel Ulloa		David Raybould
	Justin Valero, MA		James Stewart
William King, MD, JD, AAHIVS			

PUBLIC			
Ernesto Aldana	Luis Argueta	Laurie Aronoff	Denise Barrios
Martin Becerra	Sunnie Rose Berger	Melissa Bernabe	Virginia Cabrera
Ana Cacao	Stephanie Cipres	Geneviéve Clavreul, RN, PhD	Edd Cockrell
Jennifer DeMonn	Maria Diaz	Kiana Dobson	Kevin Donnelly
Dahlia Ferlito	Thelma Garcia	Jennifer Gjurashaj	Becky Gonzalez
Yasselan Gonzalez	Jasmine Hailey	Marc Haupert	Silvia Jimenez
Shellye Jones, MSW, LCSW	Uyen Kao, MPH	Joseph Leahy	Yanie Lopez
Miguel Martinez, MPH, MSW	Mark McGrath	Wenny Nguyen	LCDR Jose Antonio Ortiz, MPH

PUBLIC *(cont.)*			
Herberth Osario	Guilmar Perdomo	Meyerer Perez	Maritza Ramirez
Luis Ramos	Rosa Ramos	George Reynolds	Sandra Robinson, MBA

Elena Rosenberg-Carlson	Natalie Sanchez, MPH	Peter Soto	Octavio Vallejo, MD, MPH
Kevin Weiler	Greg Wilson		

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

CALL TO ORDER AND ROLL CALL: Ms. Gordon opened the meeting at 9:10 am.
Roll Call (Present): Alvarez, Burton, Campbell, Darling-Palacios, Davies, Fox, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), Halfman, Johnson, King, Kochems, Lee, Martinez, Mills, Moreno, Murray, Nelson, Pérez, Preciado, Rosales, San Agustin, Sattah, Spencer, Stalter, Ulloa, Valero, Ballesteros, Gordon.

1. ADMINISTRATIVE MATTERS

A. APPROVAL OF AGENDA
MOTION #1: Approve the Agenda Order, as presented ***(Passed by Consensus)***.

B. APPROVAL OF MEETING MINUTES
MOTION #2: Approve the 6/11/2020 Commission on HIV Meeting Minutes, as presented ***(Postponed)***.

2. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- Ms. Gordon welcomed all to the meeting and noted the agenda and materials were on the Commission's website.
- She reminded attendees that live public comments can only be provided by those registered with WebEx and attending via computer or smart phone. Public comments are limited to two minutes per person and will be taken under that item.
- Please be mindful of on-camera activity and screen backgrounds or turn off video. Please also refrain from phone calls.
- Use WebEx Q&A to ask questions or make a comment about an agenda item and the Chat Box for WebEx technical issues.
- Those attending via telephone can email written comments or materials to hivcomm@lachiv.org. Please include the meeting date and agenda item. Correspondence received will become part of the meeting's official public record.
- If connecting both through a computer and by telephone, please mute the computer audio to avoid echo.
- A video and audio recording of this meeting will be posted on the Commission's website at http://hiv.lacounty.gov.
- Please refer to the Commission's Code of Conduct winch may be found in the meeting packet after the agenda. It applies to all attendees.

3. REPORTS

A. EXECUTIVE DIRECTOR/STAFF REPORT: Ms. Barrit thanked all for joining this virtual meeting. As of 9:22 am, there were 74 participants and 40 members of the public. Attendance at the 6/11/2020 Commission ranged from a low of 70 to a high of 185.

(1) County/Commission Operational Updates

- As seen in the news, Los Angeles County (LAC) COVID-19 data is problematic. Consequently, the Commission will host meetings virtually for the next few months per Department of Public Health (DPH) guidance and safety considerations.
- As LAC employees, Commission and DHSP staff continue to be re-assigned to Disaster Service Worker (DSW) activities.
- The DHSP Report will include an update on the Transitional Case Management (TCM) Program for the Jails. The update is especially pertinent for the Planning, Priorities and Allocations (PP&A) Committee which is starting annual Priority Setting and Resource Allocation (PSRA) deliberations. With all staff resources spread thin, DHSP staff cannot present the same material at multiple meetings so today's information will also inform the next PP&A meeting.
- The 8/20/2020 Commission Meeting will feature a presentation on outcomes of the three supplemental EHE research grants on: regional HIV planning, digital PrEP; and long-acting injectables. In addition, Andrea Kim, PhD, MPH, Chief, HIV and STD Surveillance, DHSP, will present on the 2019 HIV Annual Surveillance Report.
- In response to many requests, the 9/10/2020 Commission Meeting will offer a presentation by the Los Angeles Homeless Services Authority (LAHSA) on the 2020 Greater Los Angeles Homeless Count and Project Room Key.

(2) Virtual Lunch & Learn Series: Ms. Barrit noted the flyer in the packet for the next event in the Commission's Lunch and Learn series. The East Los Angeles Women's Center will present on 7/16/2020, 12:00 noon to 1:00 pm, on the intersection of sexual and domestic violence, homelessness, HIV/STDs, and women's empowerment.

B. CO-CHAIR REPORT

(1) Meeting Management Reminders: There were no additional items.

(2) August Commission Meeting Rescheduled to August 20, 2020

- The August Commission Meeting was rescheduled to facilitate attendance for Commissioners and members of the public who wish to participate in the virtual 8/11-14/2020 National Ryan White Conference on HIV Care and Treatment.
- A flyer for the new meeting date of 8/20/2020 was in the packet.

(3) Expedited DHSP Contracting Board of Supervisors (Board) Letter

- Ms. Gordon noted a copy of the 6/22/2020 letter in the packet. It stresses the need for expedited contracting to utilize Ending the HIV Epidemic (EHE) federal funding. It also highlights feedback from LAC communities frustrated with a contracting process too cumbersome for DHSP to mount a rapid response to infection rates.
- Mr. Ballesteros reported Ms. Barrit was scheduling calls with the Board Offices to follow-up on the letter. The Co-Chairs hope to engage other Commissioners for each Board Office call who are District Representatives or from the District.
- Ms. Barrit added that response to the letter has been good overall. Some Health Deputies have also been re-assigned to COVID-19 work, but proposed dates were being discussed to further address the message.
- Mr. Ballesteros recognized the impact of COVID-19 on LAC activities. At the same time, populations most affected by COVID-19 are also those the Commission serves so it is important to ensure these dollars reach the street quickly.

(4) Commission Recruitment for New Members: There are now 18 Commission vacancies. Ms. Gordon encouraged attendees to engage in outreach to bring new people to these virtual meetings to learn about the Commission. Attendees were also encouraged to consider applying or to recommend others to apply. The application form is on the Commission's website. Applications are accepted on an ongoing basis and staff are available to address any questions.

(5) Executive At-Large Member Open Nominations - ONGOING: Two of three Executive At-Large Member seats remain open. Commissioners who wish to nominate themselves or another Member should submit the name(s) to staff.

C. LOS ANGELES COUNTY (LAC) DEPARTMENT OF PUBLIC HEALTH (DPH) REPORT

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

- Mr. Pérez noted DHSP will be presenting on several topics regarding its HIV response over the next few weeks.
- Today, Dr. Cohen and Ms. Maggie Esquivel will provide an update on the situation in the LAC Jails with a focus on TCM.
- Future presentations will include an update on DHSP's survey of its network of service agencies as well as an update on Ryan White Service Utilization data. Wendy Garland, MPH, was also developing a comparison of data from the first quarters of 2019 and 2020 to gain a better sense of the COVID-19 impact on service delivery and service utilization.
- DHSP will work with Housing Opportunities for Persons With AIDS (HOPWA) on a housing update including increased investments for Housing For Health (HFH), Transitional Residential Care Facilities (TRCF), Residential Care Facilities For the Chronically Ill (RCFCI), Substance Abuse Transitional Housing, and a new investment to support housing for 22 PLWH diagnosed with mental illness. Such presentations help inform PSRA for the next Ryan White grant application.
- After services review, DHSP planned to update its contract solicitation schedule to reflect COVID-19 impacts.
- Diversion continues of 75.5% to 81% of the DHSP workforce to various COVID-19 assignments, e.g., case interviewing, contract tracing, or surveillance. DHSP continues to move HIV program pieces forward as well as possible under the circumstances. He noted the COVID-19 daily case data has increased from the 2,000 to the 3,000 range. That, in turn, increases demand on DHSP's contact tracing team which is expected to continue until cases decrease. In particular, that impacts part of the DHSP team normally responsible for solicitations and procurement. In addition to DHSP, many other DPH staff have also been diverted to COVID-19 assignments including many Contracts and Grants Division staff.
- Mr. Pérez expected expenditures for the Ryan White Program Year (PY) ending 2/29/2020 to be available by August. He also anticipated revised expenditures for the next year should also be available soon. Both sets of data can help inform Commission and DHSP deliberations on revised PY 31 allocations for the Ryan White application due in October.
- DHSP has a commitment of $3.25 million in association with the Chief Executive Office (CEO) via the DPH countywide initiative to support housing for the homeless or unstably housed. This is also tied to the Commission's housing priority.
- DHSP receives multiple grants annually from the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the State of California. It maintains investments with community-based and county-based partners tied to these long-standing grants. There is an expectation for new funding to also go out to bid so all eligible partners have the opportunity to apply. That posits the longer Request For Proposals (RFPs) process.
- Mr. Pérez noted the Commission's letter to the Board in the packet on expediting contracting for EHE funds. DHSP has negotiated a spending plan with its federal partners and anticipated the EHE funding award soon.
- The Coronavirus Aid, Relief, and Economic Security (CARES) Act also allocated funding for large, impacted jurisdictions like LAC and offers a one-time, $1 million grant being allocated for, e.g., Emergency Financial Assistance (EFA), medical

equipment like BP monitors, community engagement, and provider/consumer Personal Protective Equipment (PPE). DHSP will create LAC contracts for HIV specialty partners lacking them, but in need of assistance.

- He thanked the Medical Advisory Committee (MAC) and Sonali Kulkarni, MD, MPH, Medical Director, for allocation suggestions. He also thanked Ms. Davies, Mr. Stalter, and the Commission for developing the EFA Standards of Care (SOC). They have proven very helpful in investing resources.
- DHSP was working as quickly as possible on plans for Commission and CEO review so contracts can be amended utilizing DHSP delegated authority to increase funding. In some cases, a sole source contract may be the most expeditious way to implement a contract although LAC frowns upon them. Commission support will be very helpful.
- Dr. Cohen, Associate Medical Director, opened the presentation on the Update on Services for Clients in the Los Angeles County Jail PowerPoint. Nearly 3,000 incarcerated persons, both symptomatic and asymptomatic, have tested COVID-19-positive. In addition, 363 Sheriff Department and Correctional Health staff have also tested positive.
- Eduardo Martinez asked about medical care. Dr. Cohen replied it is provided, including nursing to monitor individuals, at the Jail. Those in need of more extensive evaluation or care are transported to LAC+USC Medical Center. Contract tracing for COVID-19-positive individuals is most likely done with internal staff for those most likely infected there. She was unsure about contract tracing for those infected prior to incarceration, but it may follow DPH protocol.
- The majority of incarcerated PLWH reside in Men's Central Jail with most dorms under quarantine most of the time since COVID-19 protocols were initiated. That makes coordination for patient services challenging.
- To improve social distancing, the general population has been reduced from about 17,000 to about 12,000 including a reduction of PLWH from about 300 to about 200. The Office of Diversion and Reentry (ODR) also led an effort in April 2020 to release vulnerable populations including 40 PLWH. Interim housing was offered, but few accepted. Staff lost track of some of those released and a few returned to the Jail. In response to a question, Dr. Cohen said releasing nonviolent offenders was part of the ODR effort along with identifying opportunities outside the correctional system.
- Correctional Health Services (CHS) sought fewer non-CHS staff entering the Jails so requested a reduction in TCM staff to just two. That impacts pre-release and other face-to-face activities. CHS staff has picked up condom distribution.
- A temporary protocol was developed with a post-release outreach focus. The TCM team is collaborating and sharing best practices with staff from ODR, Linkage and Re-engagement Program (LRP), and the HIV Fellowship Program to help specialize release plans. The Sheriff's Department provides an extensive resource guide with information on emergency housing to those leaving Jail. A DHSP handout adds the LRP client line and information on COVID-19 and sex education.
- Ms Esquivel, Chief, Direct Community Services (DCS), noted a significant proportion of DCS staff have been re-assigned to COVID-19 work. Consequently, services are limited: LRP, re-entry linkage and consultation; Partner Services, remote follow-up and CHS consultation; and, HIV/STD Screening, ongoing CHS testing and condom provision.
- Greg Wilson requested an update on Vulnerable Populations contracts. Mr. Pérez replied they were renewed 7/1/2020. The initiative was designed to enhance services, social connection, and health care system navigation skills for young gay and bisexual men, especially African American or Latino men and, separately, for transgender persons. DHSP will work with providers over the next year to maximize funds, especially for HIV prevention, for the populations.
- Mr. Stalter suggested DHSP add temporary staff and offered to help. He also urged DHSP lead Eligible Metropolitan Areas (EMAs) in requesting HRSA offer a three-year waiver to roll over unused funds to increase flexibility in services for PLWH or those at risk as EMAs address the COVID-19 pandemic. And he urged an LAC procurement process waiver.
- Mr. Pérez replied Ryan White HIV/AIDS Program (RWHAP) funding protocols are written into the legislation so require Congressional action to revise. DHSP has advocated for changes including flexibility in the administration expenses cap without result, but it could be a Public Policy Committee topic. DHSP has had more success with state general funds.
- DHSP has been looking at how it might hire staff to address Hepatitis to help with Ending The Epidemics (ETE) activities. LAC has a hard hiring freeze in effect with just a few exceptions for health professionals after an exemption review.

➲ Ms. Barrit will follow-up with Susan Forrest on release from Jail for nonviolent offenders and non-correctional options.

(a) 2019 Annual Surveillance Report: Andrea Kim, PhD, MPH, Chief, HIV and STD Surveillance will report in August.

D. CALIFORNIA OFFLICE OF AIDS (OA) REPORT

- Mr. Halfman, Chief, HIV Care Branch, noted the OA Voice report in the packet for review and highlighted key items.
- On state Strategy E: Retention in Care, pages 4-5, OA in collaboration with California Corrections Health Care Services (CHCS) applied for a CDC grant to fund pre- and post-release programming like TCM and assistance with ADAP enrollment and health insurance for PLWH leaving the prison system to maintain its high 95% HIV viral suppression rate. Post-release suppression rates now drop below pre-incarceration rates. OA will work with providers statewide if it receives the grant.

- On Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs, page 5, the CDC released interim operations guidance for Syringe Service Programs (SSPs) during the pandemic. A link is in the OA Voice.
- Ms. Robinson, Chief AIDS Drug Assistance Program (ADAP) Branch, highlighted increases in the Employer Based- and OA-Health Insurance Premium Payment (EB-HIPP and OA-HIPP) Programs seen in the page 5 table. Increases in the PrEP Assistance Program (PrEP-AP) are in the page 4 table. The PrEP-AP network has 156 clinics and 206 enrollment sites.
- Dr. Mills said the Men's Health Foundation hosts an ADAP and PrEP-AP enrollment site at its 9201 Sunset Boulevard location. It applied to open an enrolment site at its South Los Angeles location, but was informed OA was not initiating new sites. That was concerning as the agency was providing parking lot testing at the South Los Angeles site resulting in about a 13% positivity rate for COVID-19 plus many new HIV cases indicating the need for ADAP and PrEP-AP enrollment.
- He also believed a provider needed to be an ADAP provider in order to be a PrEP-AP provider. Ms. Robinson said that may have been true for PrEP-AP initially, but is no longer a requirement. There are, however, a variety of contracting requirements. Among the first steps, HRSA requires a site visit to ensure confidentiality and privacy. OA was currently reviewing how to address requirements under current conditions with most OA travel suspended.
- The Men's Health Foundation application was in line for processing once OA has developed a new process. Dr. Mills asked if clients can be enrolled through the Sunset Boulevard location. Ms. Robinson agreed they could go there for enrollment. They would then be attached to that location, but could change back to South Los Angeles once that site is approved.

(1) California Planning Group (CPG) Update

- On 6/16/2020, the CPG hosted both a New Member Orientation for the 28 members joining the CPG and a Spring Virtual Meeting for all 39 members. Edwin Cockrell was elected to a second term as CPG Community Co-Chair.
- The Spring Virtual Meeting also devoted space for members to express their feelings on the current social climate regarding racism, police brutality, and injustices against Black Americans. Member feedback found this a powerful part of the meeting that allowed them to express their voices and advocate for needed change.

E. ENDING THE HIV EPIDEMIC (EHE) UPDATES AND ACTIVITIES (Opportunity for community partners to provide brief updates on EHE-related activities and discuss topics for community feedback)

- Uyen Kao, MPH, Center for HIV Identification, Prevention and Treatment Services (CHIPTS), University of California, Los Angeles (UCLA) reported there will be an update on the three research grants at the August 2020 Commission on HIV.
- Meanwhile, final reports should be posted on the CHIPTS website by 7/10/2020.
- CHIPTS requested additional National Institutes of Health (NIH) funding in May 2020. She thanked community partners who participated in that effort. NIH has not yet made determinations, but there will also be an update at the August meeting.

F. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORT

- Ms. Ulloa reported the City of Los Angeles was launching its Emergency Renters Relief Program. Applications will be accepted from qualifying City of Los Angeles residents from 7/13-17/2020. For more information, contact the City of Los Angeles Housing + Community Investment Department.
- HOPWA will use some CARES Act funding for transportation services specifically to improve youth access to the ten food services sites maintained by AIDS Project Los Angeles (APLA) countywide.
- The City of Los Angeles was under a hiring freeze and was experiencing budget cuts. HOPWA provider contracts, however, began 7/1/2020 and no shortfalls were anticipated.
- ➲ Ms. Ulloa will update use of CARES Act funding, e.g., on youth transportation services, at the August Commission meeting.

G. RYAN WHITE PROGRAM PARTS C, D, AND F REPORTS

- *Part D*: Dr. Spencer said the Maternal Child and Adolescent/Adult (MCA) Center, Keck School of Medicine of USC, was using COVID-19 funds for care packages and gift cards for, e.g., cleaning supplies, masks, diapers, as many clients are out of work.
- *Part F*: Dr. Gates reported that a new cohort of HIV Fellows was starting this day at noon.

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

- *City of Los Angeles*: Mr. Rosales reported no cuts to the AIDS Coordinator's Office budget. Last year's invoices were being finalized and contract extensions or amendments have been sent out to current contractors. There will be a decision in the next few months about additional Requests For Proposals.
- *City of Pasadena*: Ms. Davies said the City will accept emergency rental assistance applications from 7/15-29/2020. Grants for income-eligible residents who lost income due to COVID-19 will offer three months rent or past due rent up to $4,500.

- *City of West Hollywood*: Mr. Murray reported rental assistance remained available for community members who can demonstrate a loss of income or wages due to COVID-19. There were no other requirements. Applicants can receive up to two grants totaling $2,000 paid directly to the landlord.
- The City has also begun funding a legal aid program to provide both advocacy and full scope legal representation in court. This program is designed to help residents who have received a three-day notice or are experiencing harassment. Despite an eviction moratorium, some landlords were still trying to evict long-time residents who are paying low rent. The City Council was considering extending the current eviction moratorium until September 30th.
- Mr. Murray relayed that some PLWH in the City have expressed concerns about the lack of accessible COVID-19 testing. The closest locations listed on the website are at Exposition Park and Santa Monica College which can be difficult options especially for those who rely on the City's free bus pass or Lyft programs. The recommendation to contact providers was not always helpful as many were booked up or had distant laboratories.
- The City was offering a gender diversity training online through Trans Can Work on 7/28/2020.
- ➲ Mr. Murray will forward information on the 7/28/2020 gender diversity training to Ms. McClendon for distribution.

I. STANDING COMMITTEE REPORTS

(1) Operations Committee: Mr. Preciado noted Operations was updating its 2020 Work Plan in light of the Commission's Statement of Solidarity and recommendations of the Black African American Community (BAAC) Task Force.

(a) Membership Management

(i) Miguel Martinez, MPH, MSW - Planning, Priorities and Allocations Committee Member Application

MOTION #3: Approve Planning, Priorities and Allocations Committee Member Application for Miguel Martinez, MPH, MSW, as presented ***(Passed: 22 Ayes; 1 Opposed; 0 Abstention)***.

(ii) Proposed 2020 Membership Slate

- Regarding a question on Planning Council Reflectiveness, Ms. Barrit called attention to and reviewed the table in the packet updated as of 7/1/2020. Reflectiveness is required by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It is defined as the extent to which the Planning Council (Commission) membership looks like the HIV epidemic in the Eligible Metropolitan Area (EMA).
- The table is updated when a new slate is approved and throughout the year as new members are seated. The Operations Committee uses it as a regular meeting tool to assure addressing reflectiveness. HRSA requires reflectiveness include at least: race and ethnicity, gender, age, and diagnosis. Reflectiveness is required for the Planning Council as a whole and for consumer membership. HRSA defines Unaffiliated Consumers (UCs) as PLWH who receive Part A services and are not employed by or on a board of an agency receiving Part A funds.
- Reflectiveness does not mean membership identically meets the local demographic, but is an ongoing work. Within LAC, a focus is on data for the newly diagnosed to better reflect where infections are happe ningnow.
- Mr. Moreno noted the Committee was actively recruiting and seeking to engage people in the community. The application is available on the website at hivcomm@lachiv.org. Referrals are welcome.
- Ms. Granados urged an intentional and explicit recruitment effort for Black Commissioners. Although membership data appears reflective, Black members reflect a small number compared to the full body, especially in light of resignation of two prominent community leaders last month based on racism.
- Joseph Green noted the Operations Committee will be reviewing recruitment materials created prior to the pandemic to ensure they are appropriate for the Black African American community. The Committee will also focus on engagement and retention of the community. Mr. Moreno added the Committee plans to focus on reaching out to engage in existing community spaces where the Commission has not normally been involved.

MOTION #4: Approve the Proposed 2020 Membership Slate, as presented ***(Passed: 24 Ayes; 0 Opposed; 0 Abstention)***.

(2) Standards and Best Practices (SBP) Committee: All are invited to the next meeting, 8/4/2020, 10:00 am to 12:00 noon.

(a) Standards of Care - UPDATE

- Ms. Davies thanked the body for approving the Emergency Financial Assistance (EFA) last month. It was forwarded to DHSP and is posted on the Commission's website. The cover letter recommends the widest possible funding and access to help mitigate, e.g., transportation, eligibility paperwork, and outreach gaps. As with other Standards of Care (SOCs), the letter highlighted that EFA must be delivered in alignment with the Statement of Solidarity.

- The Psychosocial Support SOC will be distributed electronically for public comment from 7/13-31/2020. She encouraged all to watch for the email, review the draft, and submit any desired comments. The SBP Committee hopes to finalize comments in time to present it for approval at the August Commission Meeting.
- SBP was also working on the Child Care SOC. Recent discussion focused on how to address informal child care, e.g., by a family member. Federal regulations prohibit direct payment of funds to primary care givers. On the other hand, transportation and geographic barriers pose a problem in dropping off children at a facility. Those concerns are exacerbated by both caution and availability in the time of COVID-19. HRSA guidance has been requested.

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

- Mr. Ballesteros reported the PP&A Committee elected Raquel Cataldo as Co-Chair. One Co-Chair seat remains open.
- As voted earlier today, PP&A approved Committee Membership for Miguel Martinez, MPH, MSW.
- At its last meeting, PP&A discussed and approved Ryan White HIV/AIDS Program (RWHAP) Part A Minority AIDS Initiative (MAI) Directives for Program Years (PYs) 30, 31, and 32.
- July and August 2020 meetings will address Priority Setting and Resource Allocation (PSRA) with significant data. All are invited to the 7/21/2020, 1:00 to 4:00 pm, meeting. DHSP will present on the impact of COVID-19 on services.

(4) Public Policy Committee: Ms. Nelson reported the Committee met 7/6/2020. It revisited the Statement of Solidarity, BAAC Task Force recommendations, and reviewed reports on LAC police budgets. It is important to ensure items selected for Committee focus are actionable and include an implementation and monitoring plan. Discussion will continue in August.

(a) County, State, and Federal Legislation and Policy

- The House approved the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act, but the Senate has indicated it would not consider the bill until at least the end of July.
- The Supreme Court ruled Section 1557 of the Affordable Care Act (ACA) does not protect individuals against discrimination based on categories such as gender identity and sexual orientation. California protection remains. Lambda Legal and others have filed suit. The Board also approved a motion to send a five-signature letter to Health and Human Services (HHS) Administration on the impact of the ruling to LAC and possible options to join litigation.
- The Supreme Court did rule that sex discrimination as defined in the Civil Rights Act of 1964 does apply to work place discrimination based on sexual orientation and gender identity.
- The Supreme Court also upheld Deferred Action for Childhood Arrivals (DACA) against an administration challenge.
- The White House requested the Supreme Court overturn the ACA, but that was unlikely to be reviewed until after the November 2020 election. The Supreme Court upheld the administration's ruling that allows employers to deny birth control based on religious belief.
- The Department of Housing and Urban Development (HUD) has released a rule weakening transgender protections in emergency shelters by allowing providers to deny access to services consistent with a person's gender identity.
- The Public Policy Committee will develop a letter on health and wellbeing implications for the community of federal activity and requesting LAC leadership keep an eye on these matters.
- The California Legislature has until 8/31/2020 to pass bills. Governor Gavin Newsom has until 9/30/2020 to sign or veto the bills. The Commission passed its Legislative Docket last month and Public Policy will continue to track bills.
- ➲ Ms. Nelson will report back on the extent of reproductive health matters covered by the Supreme Court decision.
- ➲ Ms. Nelson will report back on other potential risks to DACA due to administration activity.

(b) County, State, and Federal Budget

- Ms. Nelson noted the House Appropriations Committee first main 2020-2021 bill with Labor, Health and Human Services (HHS), and Education released 7/6/2020. A first step in a long process, but an early indication of priorities.
- It includes $196.5 billion for HHS, an increase of $2.4 billion from the prior year and $20.8 billion more than President Trump's budget. NIH includes $3.1 billion for HIV/AIDS research, a $37 million increase from last year.
- CDC funding highlights public health with data surveillance, work force funding, emergency preparedness, epidemiology, and laboratory support related to COVID-19. There was also $159 million, an increase of $10 million, to support efforts to reduce new HIV infections by 90% in 10 years.
- There are some Substance Abuse and Mental Health Services Administration (SAMHSA) increases in funding for mental health resources, suicide prevention, and substance use prevention and treatment.
- HRSA saw an increase of $25 million for Ryan White over the last year. Funding also included $65 million for Community Health Centers (CHCs) and $95 million for the domestic HIV/AIDS Initiative.

- Governor Newsom signed the California budget on 6/29/2020, but revisions were expected in August after additional information is available on state tax revenue and potential federal allocations.
- The Ending The Epidemics (ETE) $5 million ongoing funding each for HIV, STDs, and Hepatitis C in the May Revise was retained. The request to augment the Syringe Exchange Clearinghouse was not met, but advocacy continues.
- The $100 million loan from the ADAP Rebate Fund was included, but language protects client access to services. PrEP-AP was also allowed to pay for an initial 30-day supply of PEP and PrEP.
- Regarding LAC, a proposed funding cut to Martin Luther King Jr. Community Hospital was rejected.

(c) Housing and Homelessness

- Ms. Nelson reported there will be a presentation at the September 2020 meeting. The 2020 Greater Los Angeles Homeless Count reflected a 12.7% increase in LAC for approximately 66,000 persons experiencing homelessness and a 14.2% increase in the City of Los Angeles for approximately 42,000 persons experiencing homelessness. People are being housed, but those falling into homelessness each day currently exceeds those housed. The data highlight sheet shows PLWH experiencing homelessness decreased by 5%, but more information would be helpful.
- The projected Measure H budget was $70.9 million with various funding streams such as HUD anticipated to fill gaps. A draft of strategies was out for public comment.
- Project Room Key, to house those at high risk for COVID-19 in hotels and motels, will be transitioned into Project Home Key. The goal is to divert those in Project Room Key from falling back into homelessness or unstable housing.
- The California Master Plan for Aging Committee expected to release recommendations for public comment in August or September. There will be more information on the recommendations at that time.
- ➲ Submit questions for the Los Angeles Homeless Services Authority (LAHSA) September presentation to staff.
- ➲ LAHSA Question: How do they ensure outreach workers are safe and protected, especially vulnerable workers?

J. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

(1) Aging Task Force:

- ➲ Ms. McClendon will distribute an invitation once the first meeting is scheduled.

(2) Black/African American Community (BAAC) Task Force:

- ➲ Ms. McClendon will distribute an invitation once the next meeting is scheduled.

(3) Consumer Caucus:

- Mr. Gonzalez said the next Caucus was that afternoon from 3:00 to 5:00 pm. He urged more participation, especially from consumers. It is very important for the community to participate in the PSRA discussions, yet many have never heard of the Commission. Mr. Moreno added Operations urged recruiting with personal providers and on social media.
- The Caucus heard a presentation on resources for the undocumented and their providers. The program was scheduled to end 6/30/2020, but some resources may not have been allocated as yet.

MOTION #5: Approve extension of meeting to 12:15 pm ***(Passed by Consensus)***.

(4) Women's Caucus: The Caucus will resume meeting on 7/10/2020 at 1:00 pm. Discussion topics will be collaboration on STD prevention and the panel that had been scheduled for the March Commission meeting that was cancelled due to COVID-19.

(5) Transgender Caucus: The Caucus will meet regularly the last Tuesday of the month starting 7/28/2020, 10:00 am to 12:00.

4. MISCELLANEOUS

A. PUBLIC COMMENT: OPORTUNITY TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION (To provide live public comment, register and join WebEx via computer or smartphone. Those joining via telephone cannot provide live public comment, but may submit written comments or materials via email to hivcomm@lachiv.org.)

- Mr. Haupert announced he was retained by the Board of Being Alive Los Angeles as Interim Executive Director following the death of Garry Bowie due to complications of COVID-19 on 4/7/2020. The entire staff was impacted by the tragic loss, but were now back at work providing wellness, counseling, ADAP and PrEP enrollment, and prevention services.
- Services were currently being provided virtually, but will soon be offered at Being Alive Los Angeles' new location at the S. Mark Taper Foundation Health Center, Saban Community Clinic, 6043 Hollywood boulevard, Los Angeles, CA 90028.
- He thanked LAC for its support during this challenging time and welcomed all to check www.beingalivela.org for updates.

- Mr. Cockrell noted he was re-elected as Community Co-Chair for the CPG. While Danielle Campbell, MPH represents the Commission on the CPG, he is also available to help. He commended the Commission's hard work during this stressful time.

B. **<u>COMMISSION NEW BUSINESS ITEMS</u>: OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR FULL BODY OR COMMITTEE DISCUSSION ON FUTURE AGENDAS, OR MATTERS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR WHERE NEED TO TAKE ACTION AROSE SUBSEQUENT TO POSTING THE AGENDA**: There were no items.

C. **<u>ANNOUNCEMENTS</u>: REGARDING COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES (Provision of announcements will follow the same protocol as that listed for public comments above.)**

- Mr. Perdomo, The Wall Las Memorias, reported the AIDS Monument in Lincoln Park began renovations in November, but work was paused due to COVID-19. Work has begun again on the memorial for those who have passed from HIV/AIDS. They hope to complete renovations and have a rededication event in approximately three months.
- The Wall Las Memorias first addressed crystal meth in 2005-2007 when one in three men testing HIV+ were using it. There has been a resurgence since the COVID-19 pandemic so The Wall was hosting a roundtable on 7/21/2020, 4:00 to 5:30 pm.
- Mr. Perdomo relayed best wishes from Richard Zaldivar, Founder, Executive Director, and former Commissioner.
- ➲ Free applications to add a name to the memorial can be completed on The Wall Las Memorias website.
- ➲ Register for the 7/21/2020 The Wall Las Memorias crystal meth roundtable on their website.
- ➲ Sunnie Rose Berger provided a flyer for Life Group los Angeles webinars offered Fridays at noon. This week's topic was how to identify and protect yourself from COVID-19 scams. To register or for more information go to www.lifegroupla.org.

D. **<u>ADJOURNMENT AND ROLL CALL</u>**: The meeting adjourned at 12:11 pm.
Roll Call (Present): Alvarez, Burton, Campbell, Davies, Fox, Gonzalez, Granados, Green (Joseph), Green (Thomas), King, Kochems, Lee, Moreno, Murray, Nelson, Pérez, Preciado, Rosales, San Agustin, Spencer, Valero, Ballesteros, Gordon.

MOTION AND VOTING SUMMARY

MOTION 1: Approve the Agenda Order, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve the 6/11/2020 Commission on HIV Meeting Minutes, as presented.	***Postponed***	**POSTPONED**
MOTION 3: Approve Planning, Priorities and Allocations Committee Member application for Miguel Martinez, MPH, MSW, as presented.	***Ayes***: Alvarez, Burton, Davies, Gonzalez, Granados, Green (Joseph), Green (Thomas), King, Lee, Martinez, Moreno, Murray, Nelson, Pérez, Preciado, Rosales, San Agustin, Spencer, Stalter, Ulloa, Valero, Gordon ***Opposed***: Mills ***Abstentions***: None	**MOTION PASSED** **Ayes**: 22 **Opposed:** 1 **Abstentions**: 0
MOTION 4 Approve the Proposed 2020 Membership Slate, as presented.	***Ayes***: Alvarez, Burton, Davies, Gonzalez, Granados, Green (Joseph), Green (Thomas), King, Lee, Martinez, Mills, Moreno, Murray, Nelson, Pérez, Preciado, Rosales, San Agustin, Spencer, Stalter, Ulloa, Valero, Ballesteros, Gordon ***Opposed***: None ***Abstentions***: None	**MOTION PASSED** **Ayes**: 24 **Opposed:** 0 **Abstentions**: 0
MOTION 5: Extend meeting to 12:15 pm.	***Passed by Consensus***	**MOTION PASSED**

LOS ANGELES COUNTY COMMISSION ON HIV

2020 MEMBERSHIP ROSTER| UPDATED 8/13/20

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	SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2020	
3	City of Long Beach representative			***Vacant***		July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2020	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC|PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2020	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health	July 1, 2018	June 30, 2020	
8	Part C representative	1	EXC|PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2018	June 30, 2020	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2020	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2020	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4			***Vacant***		July 1, 2018	June 30, 2020	
15	Provider representative #5			***Vacant***		July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2018	June 30, 2020	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2018	June 30, 2020	
19	Unaffiliated consumer, SPA 1	1	EXC/OPS	Michele Daniels	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
20	Unaffiliated consumer, SPA 2			***Vacant***		July 1, 2018	June 30, 2020	
21	Unaffiliated consumer, SPA 3			***Vacant***	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	1	EXC|SBP	Kevin Stalter	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	
23	Unaffiliated consumer, SPA 5			***Vacant***		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	PP	Pamela Coffey	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7	1	PP&A	Raphael Péna	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	Thomas Green (SBP)
26	Unaffiliated consumer, SPA 8			***Vacant***		July 1, 2018	June 30, 2020	
27	Unaffiliated consumer, Supervisorial District 1			***Vacant***		July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2			***Vacant***		July 1, 2018	June 30, 2020	Nestor Rogel (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	*Unaffilated Consumer*	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			***Vacant***		July 1, 2018	June 30, 2020	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1			***Vacant***		July 1, 2018	June 30, 2020	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS	Joseph Green	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	EXC|PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2020	
37	Representative, Board Office 2			***Vacant***		July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC|PP|SBP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2020	
39	Representative, Board Office 4	1	SBP	Justin Valero, MA	Unaffilated Consumer	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, 2020	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	PP	Lee Kochems	*Unaffiliated Consumer*	July 1, 2018	June 30, 2020	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2020	
45	HIV stakeholder representative #2			***Vacant***		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, 2020	
47	HIV stakeholder representative #4			***Vacant***		July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2018	June 30, 2020	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	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, 2020	
51	HIV stakeholder representative #8			***Vacant***		July 1, 2018	June 30, 2020	Miguel Alvarez (OPS/SBP)
	TOTAL:	**34**						

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

Planning Council Reflectiveness

(updated 7/01/20)

Race/Ethnicity	Newly Diagnosed PLWH (2018)		Living with HIV/AIDS in EMA/TGA (2018/2019)		Total Members of the Planning Council		Non- Aligned Consumers on Planning Council	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White, not Hispanic	323	19.5%	14186	27.3%	7	20.59%	3	27.27%
Black, not Hispanic	379	22.8%	10446	20.1%	9	26.40%	4	36.36%
Hispanic	817	49.2%	23351	44.9%	13	38.24%	3	27.27%
Asian/Pacific Islander	88	5.3%	1958	3.8%	3	8.82%	0	0.00%
American Indian/Alaska Native	10	0.6%	303	0.6%	0	0%	0	0.00%
Multi-Race/Not Specified	43	2.6%	1736	3.3%	2	5.88%	1	9.09%
Total	1660	100%	51980	100%	34	100%	11	100%
Gender	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Male	1445	87.1%	45313	87.2%	22	64.71%	8	72.73%
Female	180	10.8%	5777	11.1%	10	29.41%	3	27.27%
Transgender	35	2.1%	890	1.7%	1	2.94%	0	0.0%
Unknown/Other	0	0.0%	0	0.0%	1	2.94%	0	0.0%
Total	1660	100%	51980	100%	34	100%	11	100%
Age	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
13-19 years	64	3.9%	105	0.2%	0	0.0%	0	0.0%
20-29 years	637	38.4%	4056	7.8%	3	8.82%	1	9.09%
30-39 years	485	29.2%	10082	19.4%	13	38.24%	3	27.27%
40-49 years	257	15.5%	11506	22.1%	7	20.59%	3	27.27%
50-59 years	140	8.4%	15989	30.8%	9	26.47%	3	27.27%
60+ years	77	4.6%	10242	19.7%	2	5.88%	1	9.09%
Other/Unknown	0	0.0%	0	0.00%	0	0.0%	0	0.0%
Total	1660	100.0%	51980	100.00%	34	100%	11	100%

LOS ANGELES COUNTY
COMMISSION ON HIV

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

ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: August 13, 2020
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4th Thursday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 11 | Number of Quorum= 6**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Bridget Gordon	**Co-Chair, Comm./Exec.***	**Commissioner**
Al Ballesteros, MBA	**Co-Chair, Comm./Exec., PP&A (temp.)***	**Commissioner**
Raquel Cataldo	Co-Chair, PP&A	Commissioner
Joseph Green	Co-Chair, Operations	Commissioner
Michele Daniels	At-Large Member*	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Juan Preciado	Co-Chair, Operations	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4th Thursday of the Month **Regular meeting time: 10:00 AM-12:00 PM** **Number of Voting Members= 7 | Number of Quorum= 4**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Joseph Green	**Committee Co-Chair***	**Commissioner**
Juan Preciado	**Committee Co-Chair***	**Commissioner**
Miguel Alvarez	**	Alternate
Danielle Campbell, MPH	*	Commissioner
Michele Daniels	*	Commissioner
Kayla Walker-Heltzel	**	Alternate
Carlos Moreno	*	Commissioner

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 12 | Number of Quorum= 7		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Al Ballasteros	**Committee Co-Chair*** (temp.)	Commissioner
Raquel Cataldo	**Committee Co-Chair***	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Diamante Johnson (Kayla Walker-Heltzel, Alternate)	*	Commissioner
Frankie Darling Palacios	*	Commissioner
Raphael Pena (Thomas Green, Alternate)	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Maribel Ulloa	*	Commissioner
TBD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 10 | Number of Quorum= 6		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Lee Kochems, MA	**Committee Co-Chair***	Commissioner
Katja Nelson, MPP	**Committee Co-Chair***	Commissioner
Pamela Coffey (Alasdair Burton, Alternate)	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Aaron Fox, MPM	*	Commissioner
Eduardo Martinez	**	Alternate
Nestor Rogel	*	Alternate
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Tony Spears	*	Alternate

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

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

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

CONSUMER CAUCUS

Regular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting
Co-Chairs: Felipe Gonzales & Carlos Moreno
Open membership to consumers of HIV prevention and care services

AGING TASK FORCE (ATF)

Regular meeting day/time: 1st Monday of Each Month @ 10am-12pm
Chair: Al Ballesteros, MBA
Open membership

BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE

Regular meeting day/time: 4th Monday of Each Month @ 10am-12pm
Co-Chairs: Danielle Campbell, MPH & Greg Wilson
Open membership to those who reflect the Black/African American Diaspora

TRANSGENDER CAUCUS

Regular meeting day/time: 4th Tuesday of Each Month @ 10am-12pm
Chair: Frankie Darling-Palacios
Open membership

WOMEN'S CAUCUS

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

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/01/20

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	**Danielle**	UCLA/MLKCH	HIV/AIDS Oral Health Care (Dental) Services
			HIV/AIDS Medical Care Coordination Services
			HIV/AIDS Ambulatory Outpatient Medical Services
			HIV/AIDS Medical Care Coordination Services
			nPEP Services

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

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
RAY	**Joshua**	Unaffiliated consumer	No Ryan White or prevention contracts
ROGEL	**Nestor**	Alta Med	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HCT Mobile Testing
			HIV Biomedical Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Promoting Healthcare Engagement Among Vulnerable Populations
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Mental Health
SAN AGUSTIN	**Harold**	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
SPENCER	**LaShonda**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
SPEARS	**Tony**	Capitol Drugs	No Ryan White or prevention contracts
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
ULLOA	**Maribel**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	**Justin**	California State University, San Bernardino	No Ryan White or prevention contracts
WALKER	**Kayla**	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
WILSON	**Amiya**	Unique Women's Coalition	No Ryan White or prevention contracts

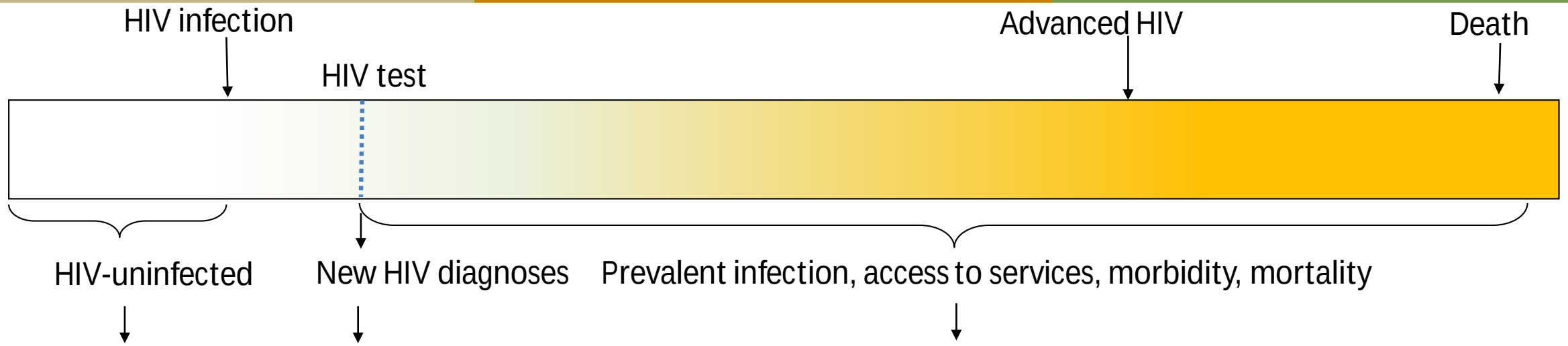
Data in Action: Using the Right Data to End the HIV Epidemic in Los Angeles County

2019 Annual HIV Surveillance Report

Andrea Kim, PhD, MPH
Division of HIV and STD Programs
Los Angeles County Department of Public Health

Presentation to the Commission on HIV, Thursday, August 20, 2020

What does a strong HIV case surveillance system tell us?



Information on uninfected persons	Information on newly diagnosed HIV+ persons	Information among HIV+ persons	Mortality among HIV+ persons
Number at risk Characteristics Risk behaviors Use of prevention interventions Location Accessibility	Number acute/early infections Characteristics (age, sex, location) Mode of transmission Risk behaviors Use of services Exposed partners and children	Characteristics (age, sex, location) Risk behaviors Disease stage Linkage to treatment Viral load Opportunistic infections Treatment toxicity HIV drug resistance Treatment adverse events Retention in care Exposed partners and children	Vital statistics for HIV and non-HIV causes

Ending the HIV Epidemic in Los Angeles County

By utilizing the right data, right tools & right leadership

The five-year federal initiative, *Ending the HIV Epidemic: A Plan for America*, focuses on four key pillars to end the epidemic: (1) Diagnose people as early as possible, (2) Treat people rapidly and effectively, (3) Prevent new HIV transmissions, and (4) Respond quickly to HIV outbreaks. Through collaboration with key stakeholders and community partners, the Los Angeles County Department of Public Health, Division of HIV & STD Programs, plans to implement activities in Year 1 that enhance the current HIV portfolio, align with the four pillars, improve HIV-related health outcomes, and prevent new transmissions.

57,700 people living with HIV in LA County

1,700 new transmissions per year

6,400 are unaware of their HIV positive status

50,660 Black & Latinx people who would benefit from PrEP

72,700 MSM*, transwomen, ciswomen & injection drug users would benefit from PrEP

Diagnose

- Increase routine opt out HIV testing in healthcare & institutional settings
- Increase HIV testing programs in non-healthcare settings including home testing
- Increase client's yearly HIV re-screening

Prevent

- Utilize data to better identify persons with indication for PrEP and link to services
- Expand PrEP service delivery & provider options, including telehealth and pharmacies
- Improve PrEP retention in care through provider and consumer programming
- Expand Syringe Services Programs

Treat

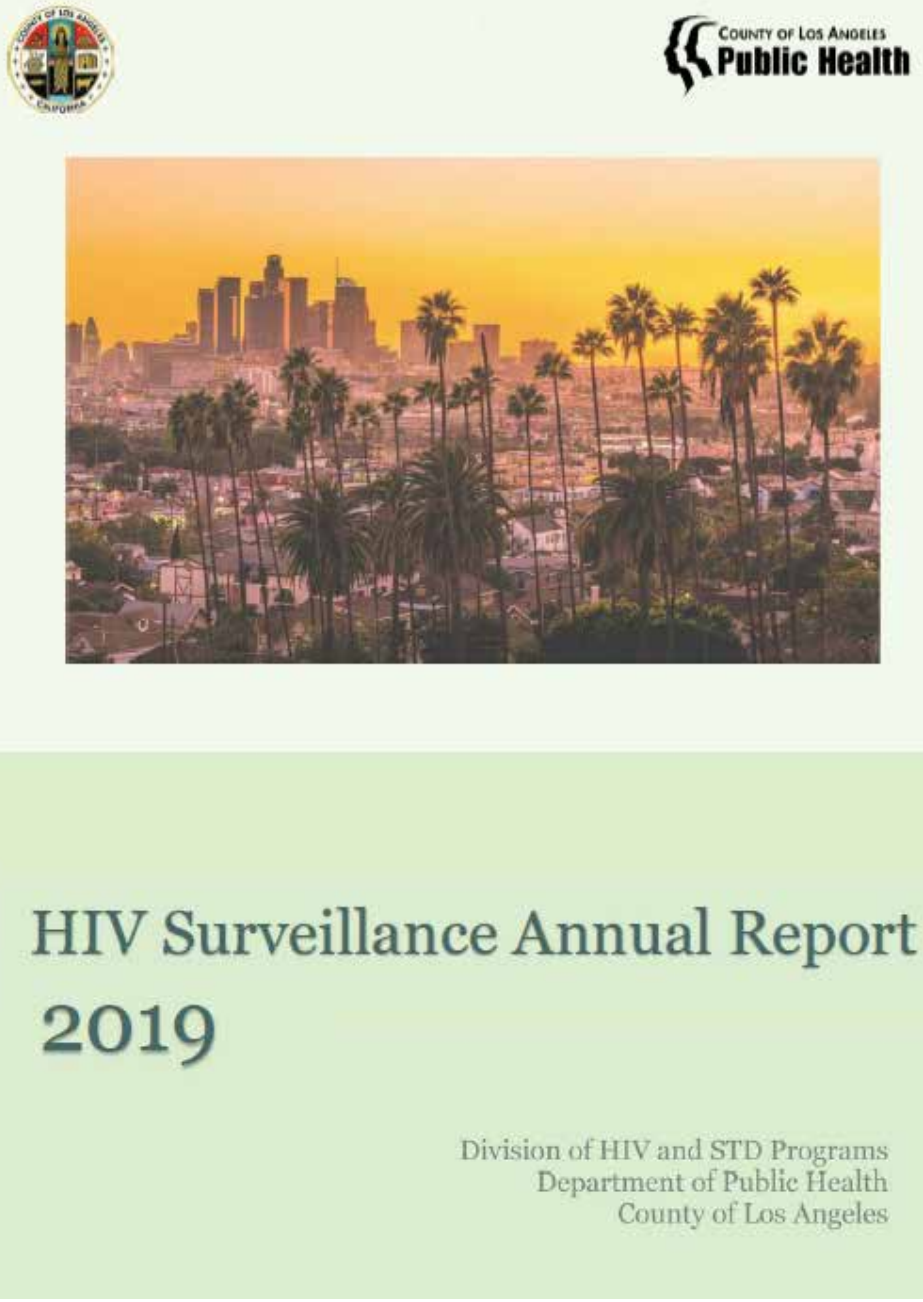
- Expand partner services to facilitate rapid ART and linkage to care
- Increase knowledge of and access to HIV services
- Assess mental health services to identify gaps in care
- Improve client experience by working with clinical staff
- Increase opportunities for telehealth
- Develop programming that provides services related to housing and emergency financial assistance

Respond

- Facilitate real-time cluster detection and response through protocol development and trainings
- Implement routine epidemiological analysis of new infections in hot spots and subpopulations
- Monitor and assess clusters identified through recency testing
- Continue to build surveillance infrastructure at the public health department

Key indicators being tracked:

- Annual number of new infections
- Annual number of reported HIV diagnoses
- Estimated percentage of persons living with HIV and aware of HIV-positive status
- Percentage of persons diagnosed with HIV and linked to care within 1 month
- Percentage of persons diagnosed with HIV and virally suppressed
- Percentage of persons in priority populations prescribed PrEP



New look and feel

- Main findings summarized in an Executive Summary
- Data in Action box presented at end of each section to contextualize programmatic and policy implications
- More timely data: data presented through 12/2019 for persons living with HIV and through 12/2018 for persons newly diagnosed with HIV
- More visualizations for easier application of results

Report Additions

- HIV among children, persons experiencing homelessness
- Estimates of new infection, HIV incidence, undiagnosed HIV
- Timeliness of HIV diagnosis
- HIV treatment coverage and treatment adherence
- Gap analysis of the continuum of HIV care
- HIV mortality

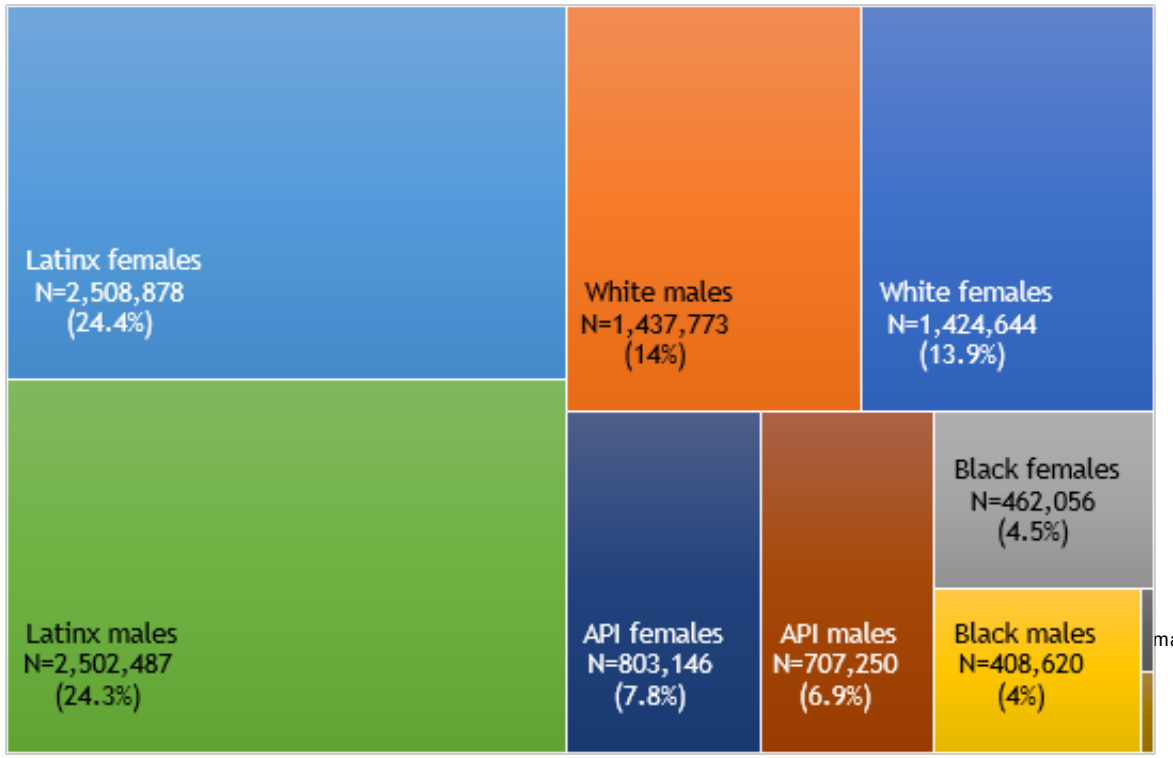
HIV Surveillance Annual Report 2019

Section 1: Epidemiology of HIV Infection

Population dynamics, Los Angeles County, 2018-2019

County of Los Angeles Public Health

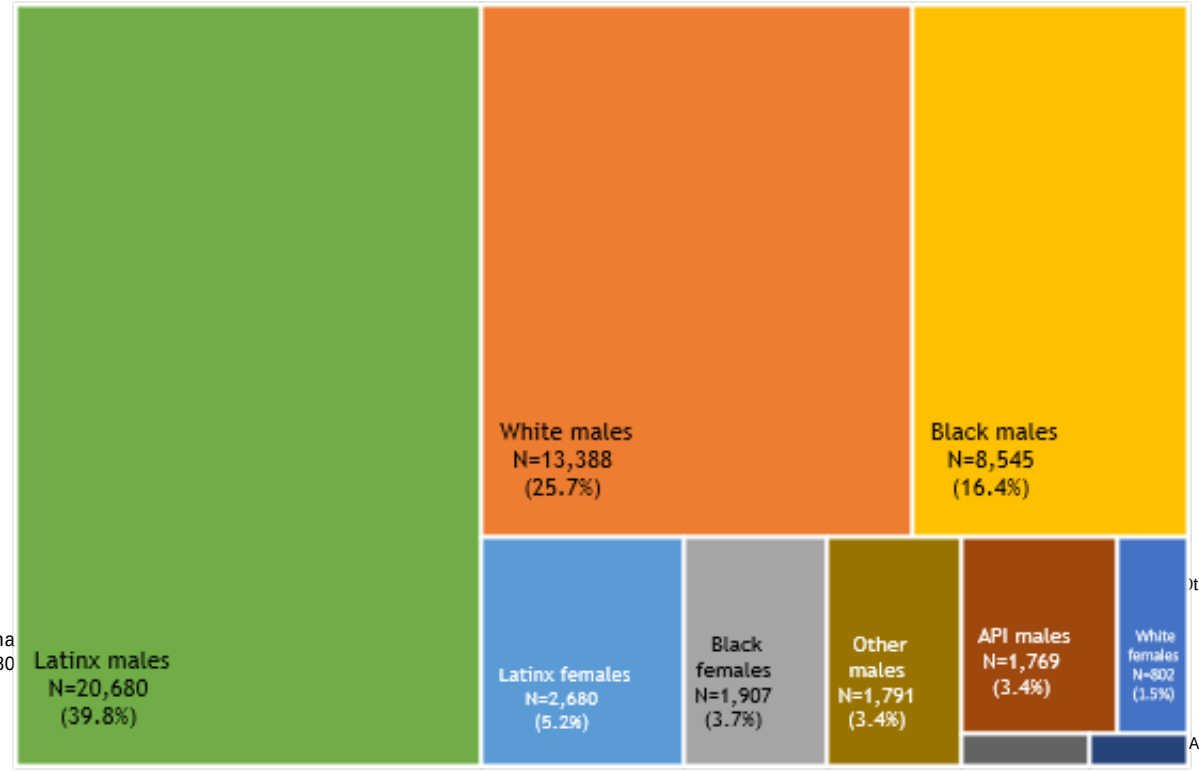
Distribution of sex[1] and race/ethnicity among Los Angeles County (LAC) residents in 2018 (N=10,278,834)[2]



[1] Population estimates are not currently available for transgender persons.
[2] Based on the 2018 population estimates provided by LAC internal Services Department and contracted through Hedderson Demographic Services.

~10 million people reside in LAC. The Latinx population represents the largest group, followed by the White population. Black men and women represent 8% of the total LAC population.

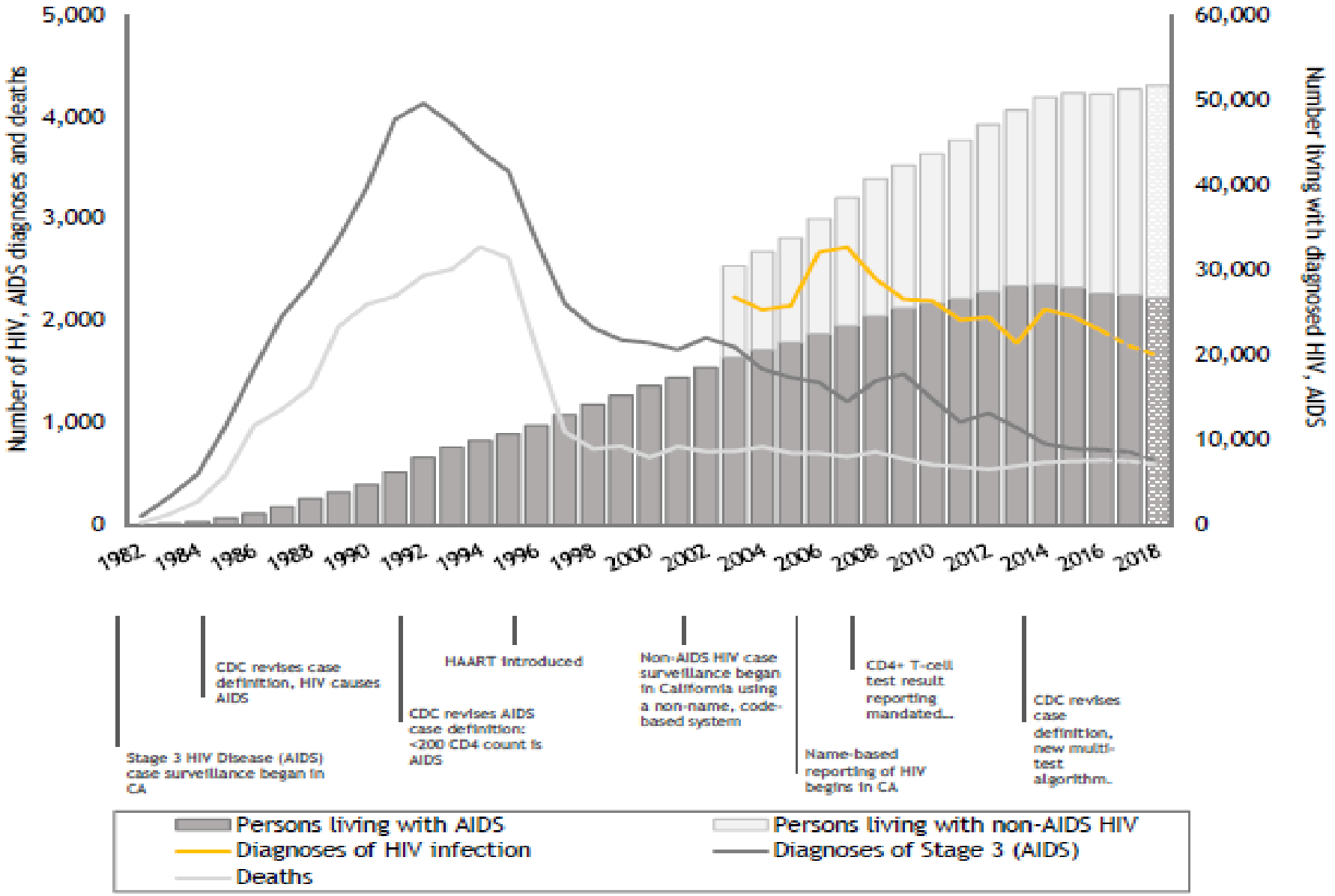
Distribution of sex[1] and race/ethnicity among persons living with diagnosed HIV at year-end 2019, LAC (N=52,004)



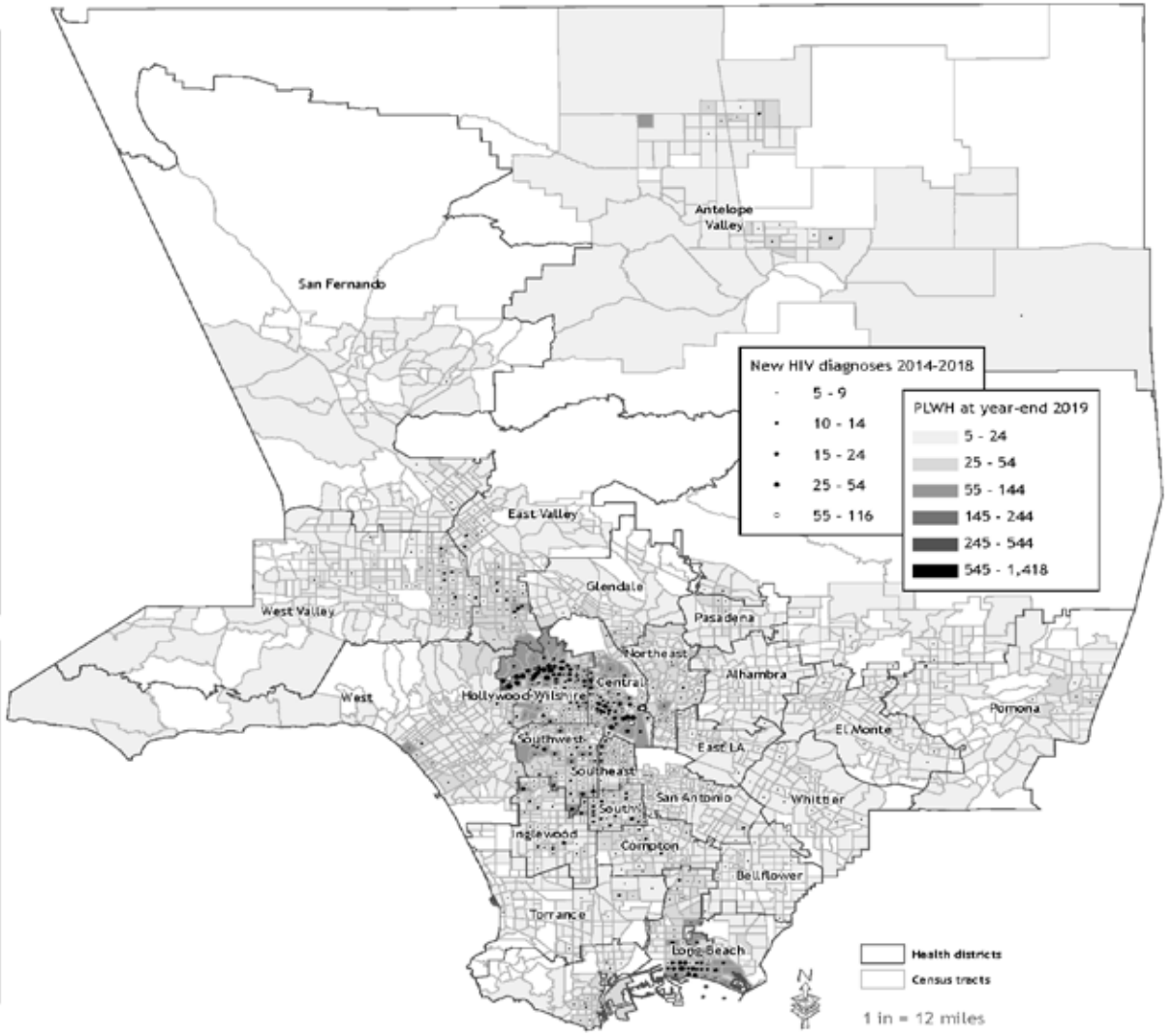
1. Population estimates are not currently available for transgender persons, therefore male and female categories are based on biological sex at birth.

Latinos represent 40% of persons living with diagnosed HIV (PLWDH) followed by White (26%) and Black males (16%). These groups represent >80% of PLWDH in LA County.

History of the HIV epidemic in Los Angeles County, 1982-2018

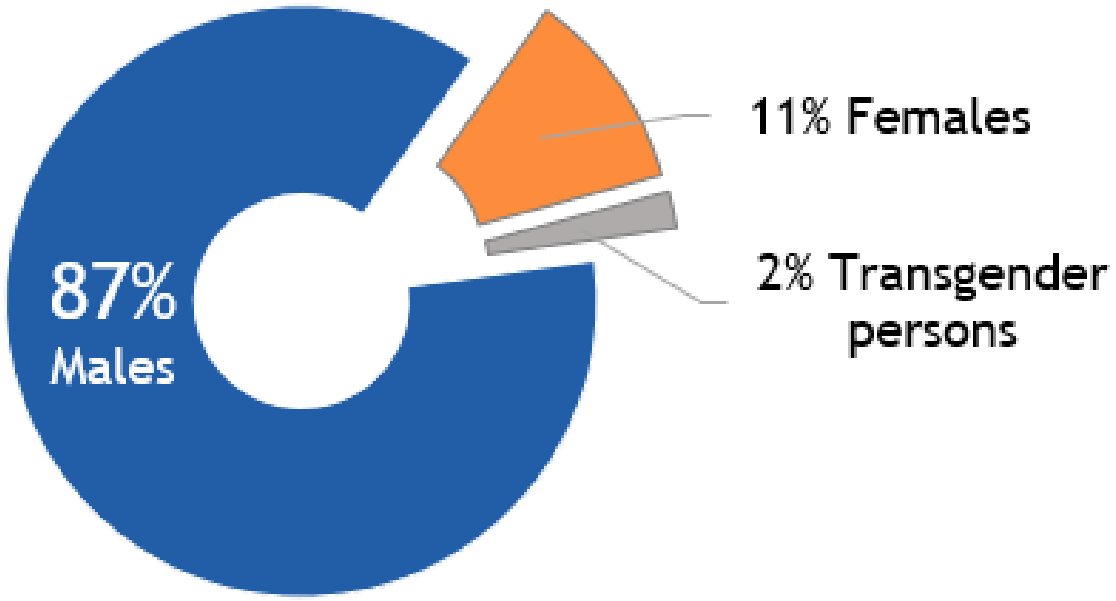


Geographic distribution of persons living with diagnosed HIV and persons newly diagnosed with HIV, 2018-2019



[1]Census HIV Surveillance data as of December 31, 2019; U.S. Department of C
2018 was used for HIV diagnoses 2014-2018 and 4th quarter 2019 was used for PLWDH at year-end 2019.

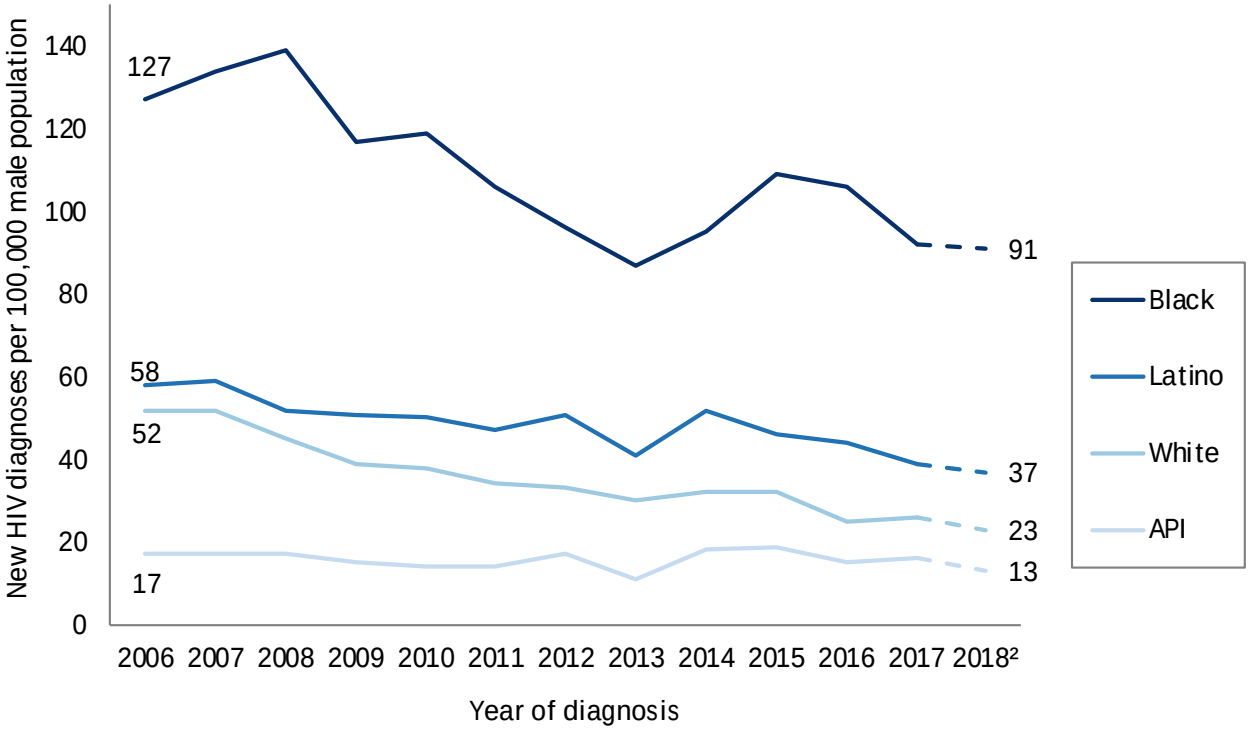
New HIV diagnoses by gender among persons aged ≥ 13 years, LAC 2018



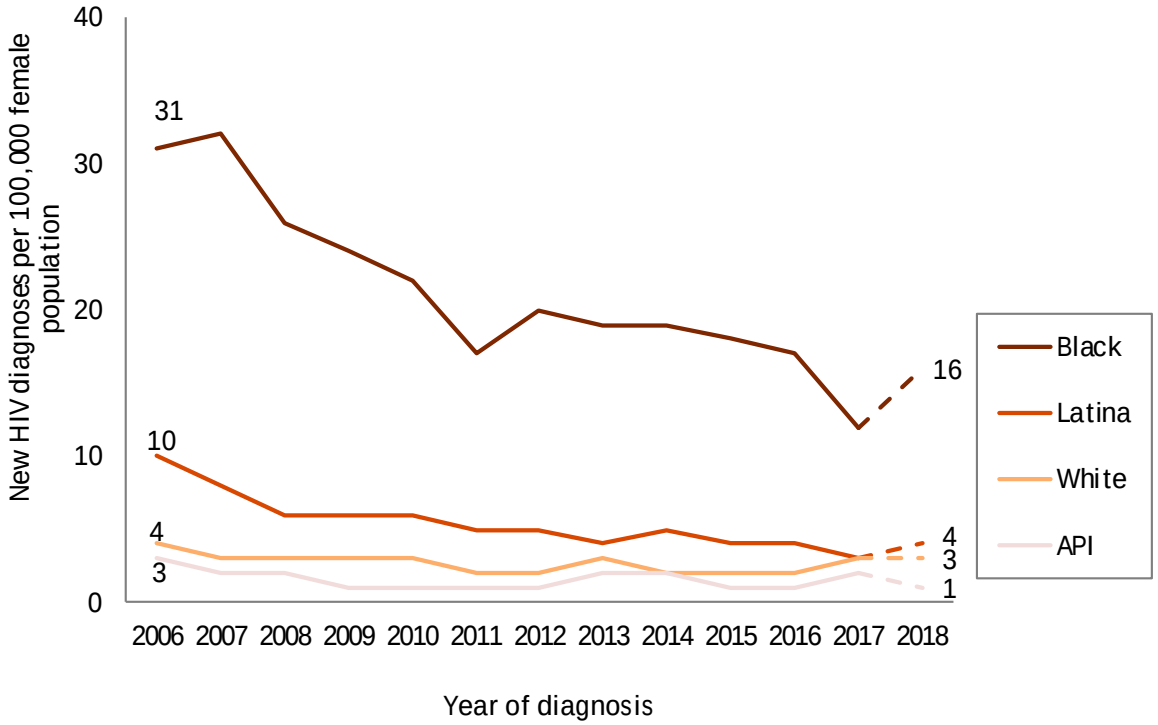
Data in context: Among the 35 transgender persons newly diagnosed with HIV in 2018, 28 of these were among transgender women.

HIV diagnoses rates among males and females aged ≥13 years by race/ethnicity, LAC 2006-2018

Males



Females

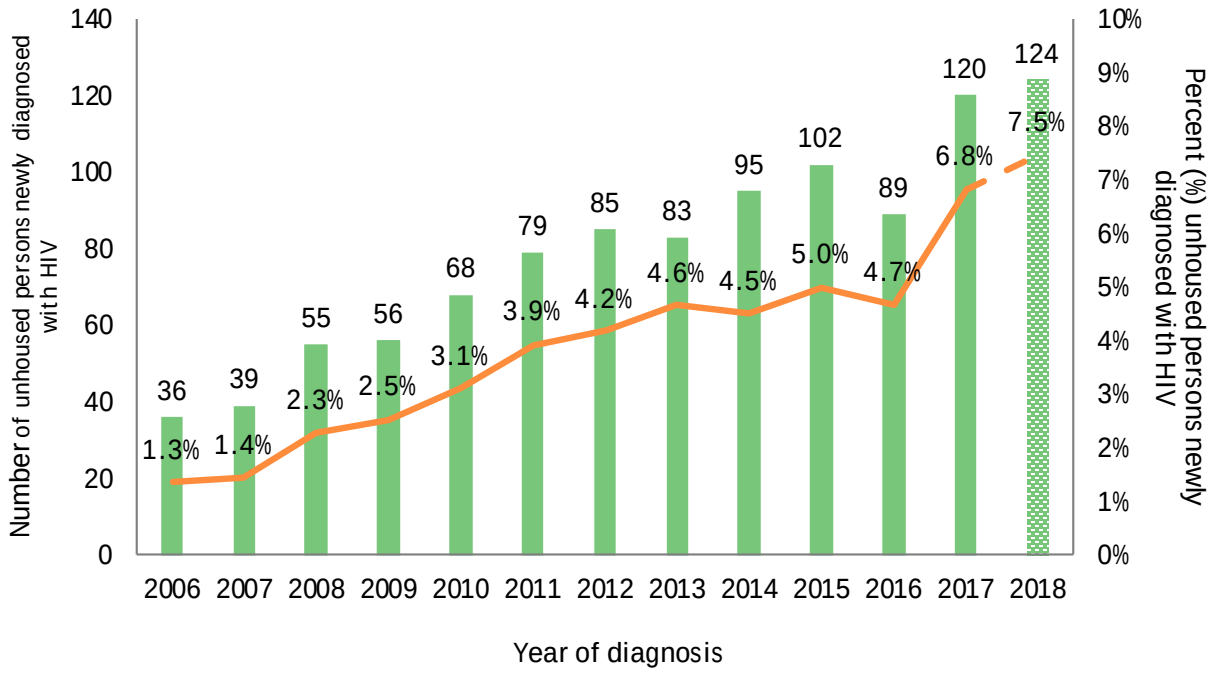


[1]American Indians, Alaskan Natives and persons of multiple race/ethnicities were not included in the analysis because of unstable results due to small numbers.

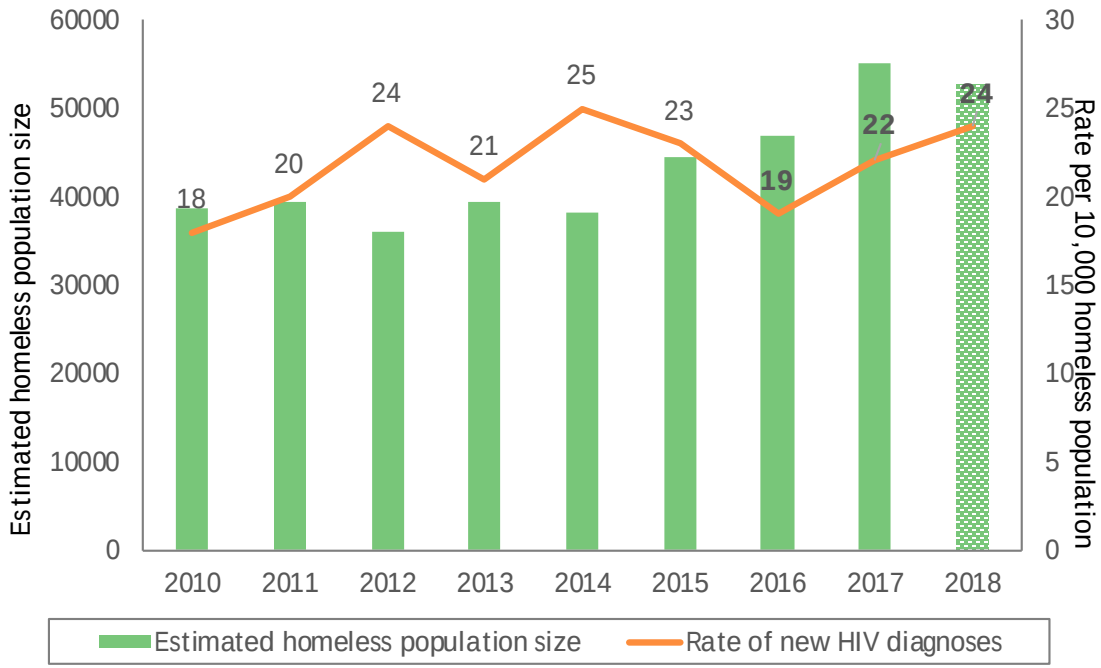
HIV among persons experiencing homelessness, LAC 2010-2018

County of Los Angeles Public Health

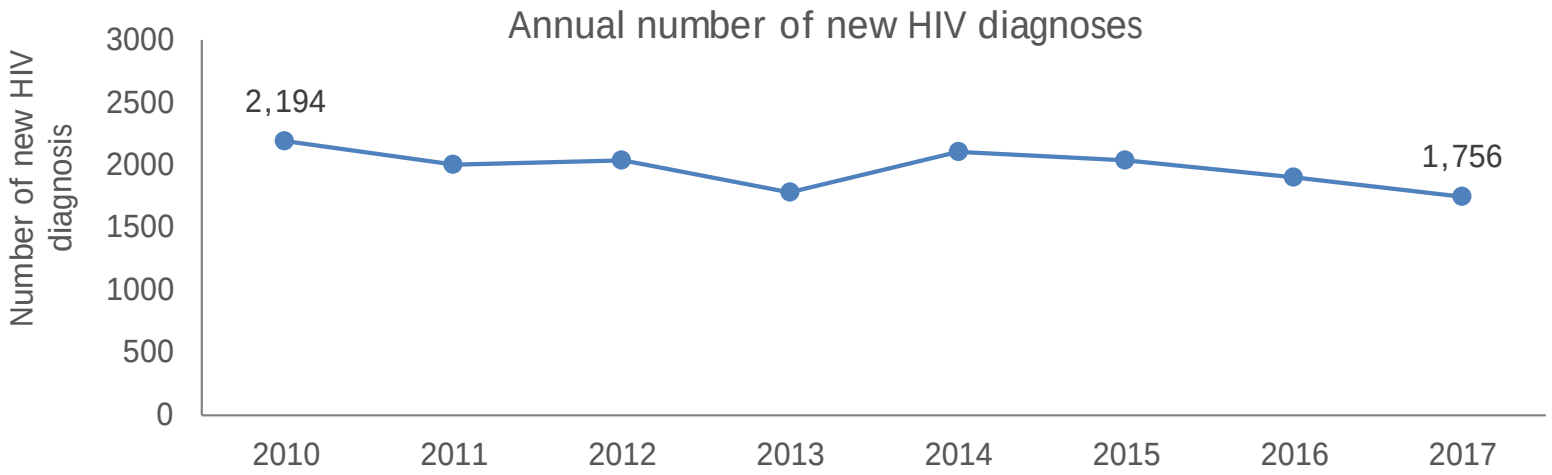
Number and percentage of persons aged ≥ 13 years newly diagnosed with HIV and unhoused at the time of diagnosis

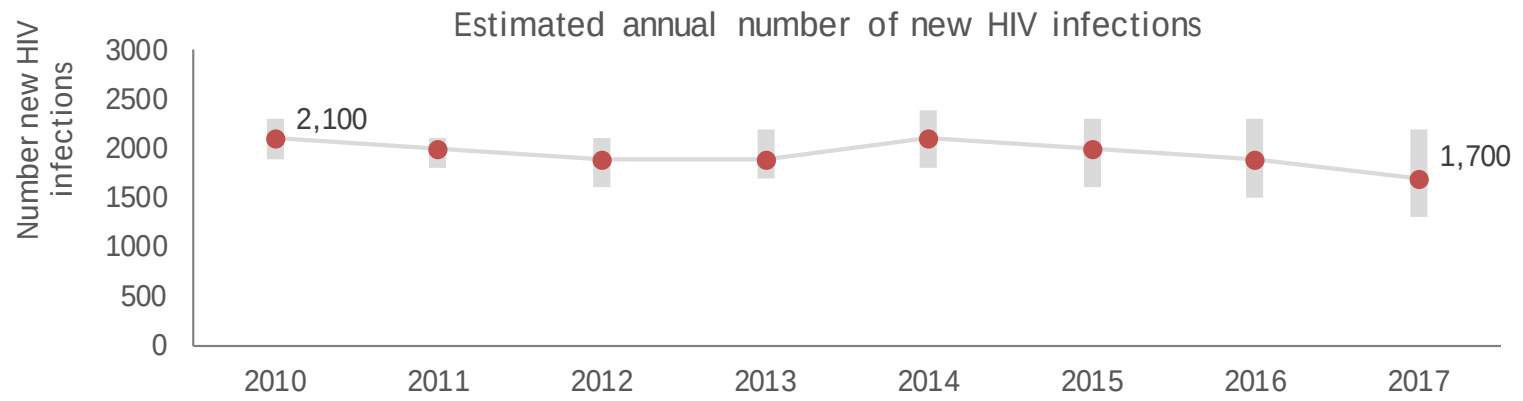


HIV diagnoses rates among persons aged ≥ 13 years experiencing homelessness



Number of persons newly diagnosed with HIV compared with the estimated number newly infected with HIV among persons aged ≥ 13 years, LAC 2010-2017

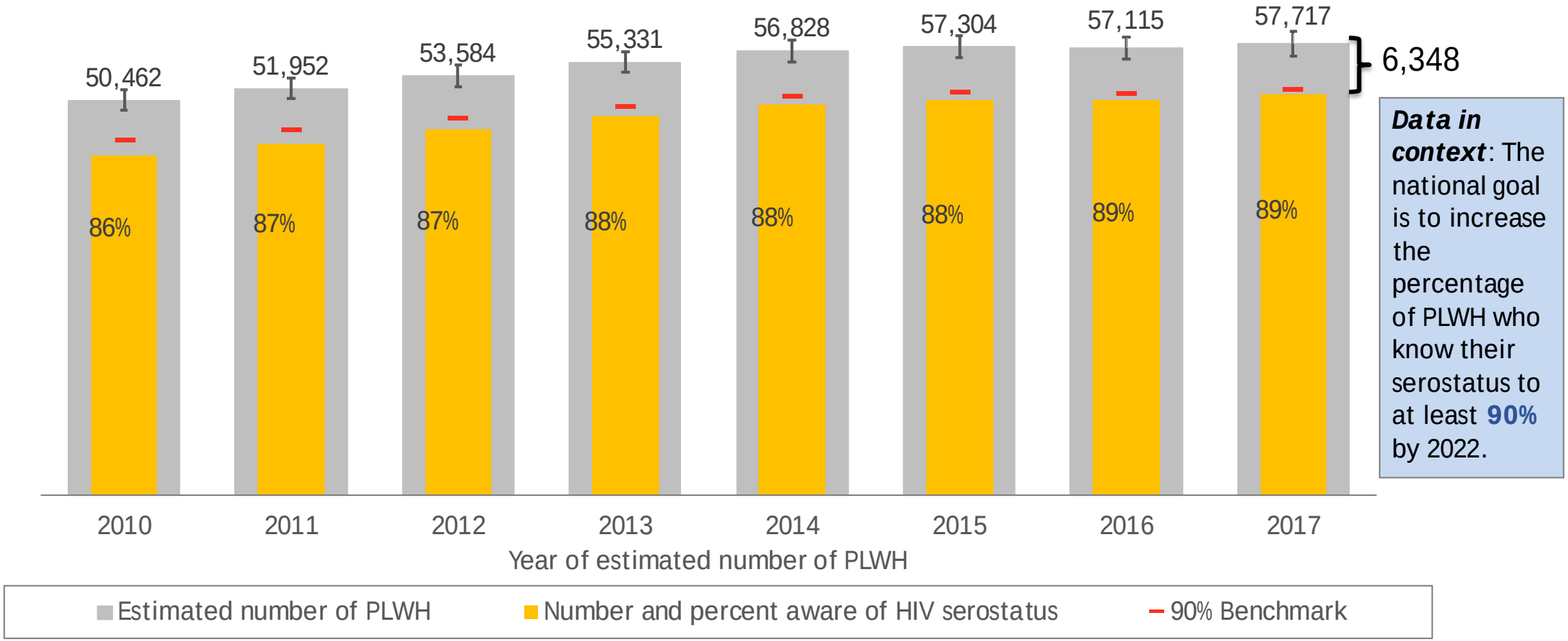




Data in context: The annual number of **new HIV diagnoses** is the number of persons who received a HIV diagnosis in a calendar year. It does not provide information on when the infection occurred. This information is used to quantify the need for HIV care.

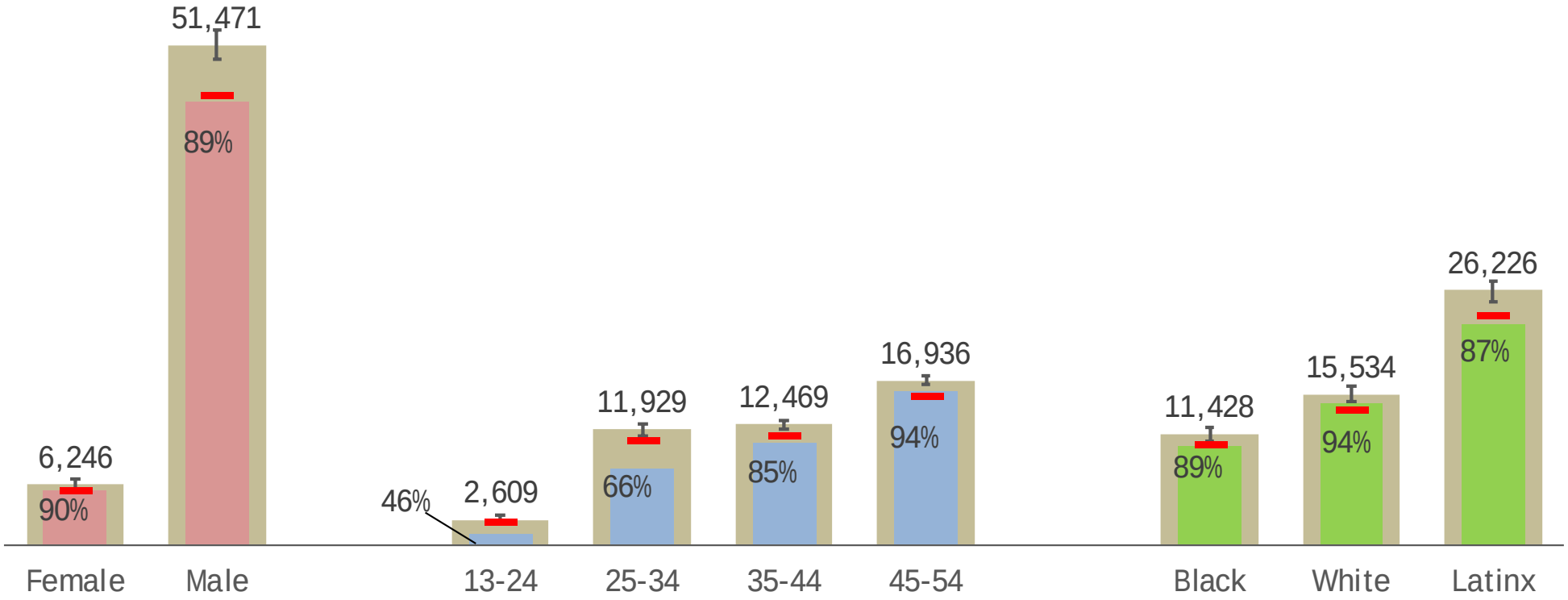
The estimated annual number of **new HIV infections** is the number of persons newly infected with HIV in a calendar year, whether or not they received an HIV diagnosis. This information is used to monitor transmission and impact of HIV prevention services.

Awareness of HIV-positive serostatus among PLWH aged ≥ 13 years, LAC 2010-2017



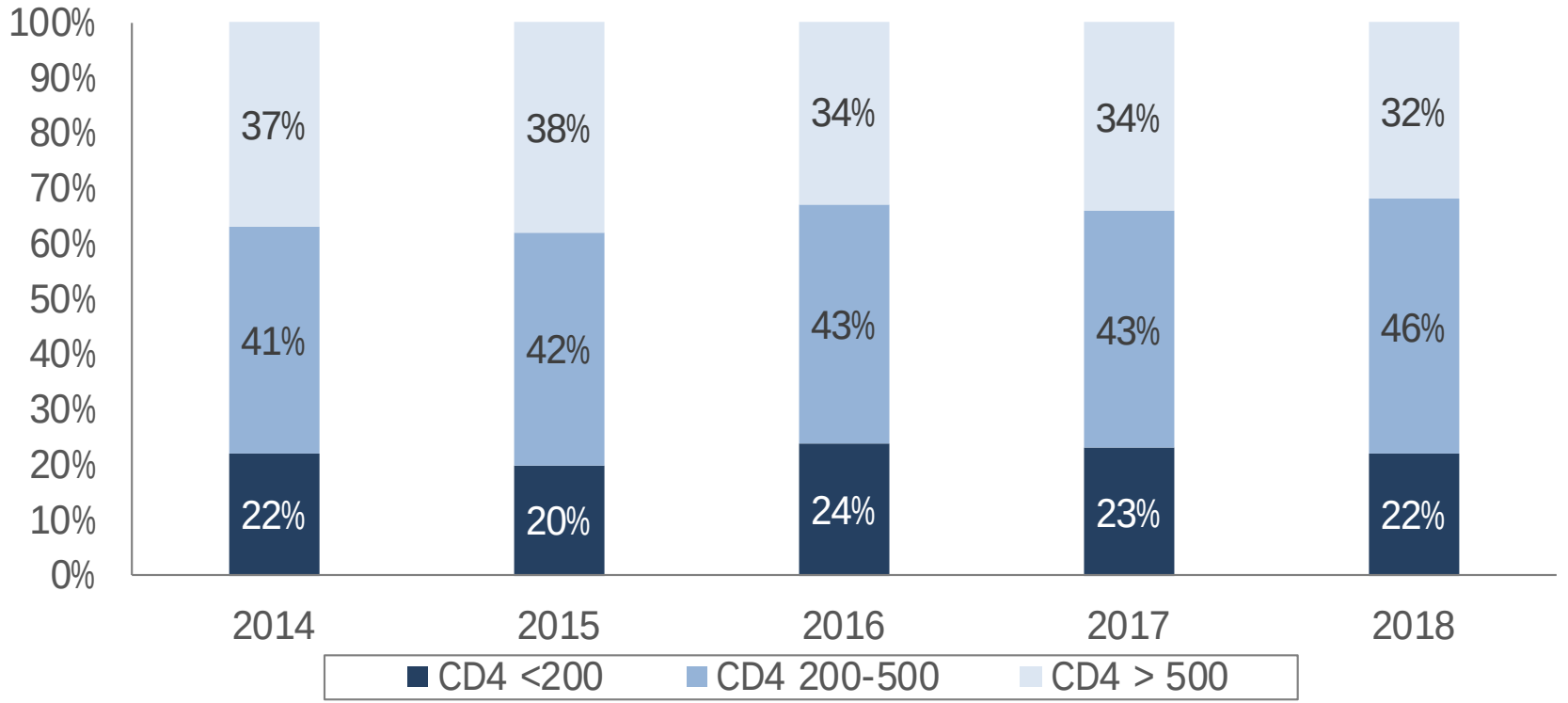
Data in context: The national goal is to increase the percentage of PLWH who know their serostatus to at least **90%** by 2022.

Awareness of HIV serostatus[1] among PLWH aged ≥ 13 years by gender, age group, and race/ethnicity, LAC 2017



[1] Transgender persons, Asian/Pacific Islanders, American Indians, Alaskan Natives and persons of multiple race/ethnicities were not included in the analysis because of unstable results due to small numbers.

CD4+ T-cell count[1] within 1 month of HIV diagnosis, LAC 2014-2018



Data in context:
LA County's goal is to increase the percentage of persons diagnosed with early HIV disease (CD4>500) to 75% by 2025 and 90% by 2030

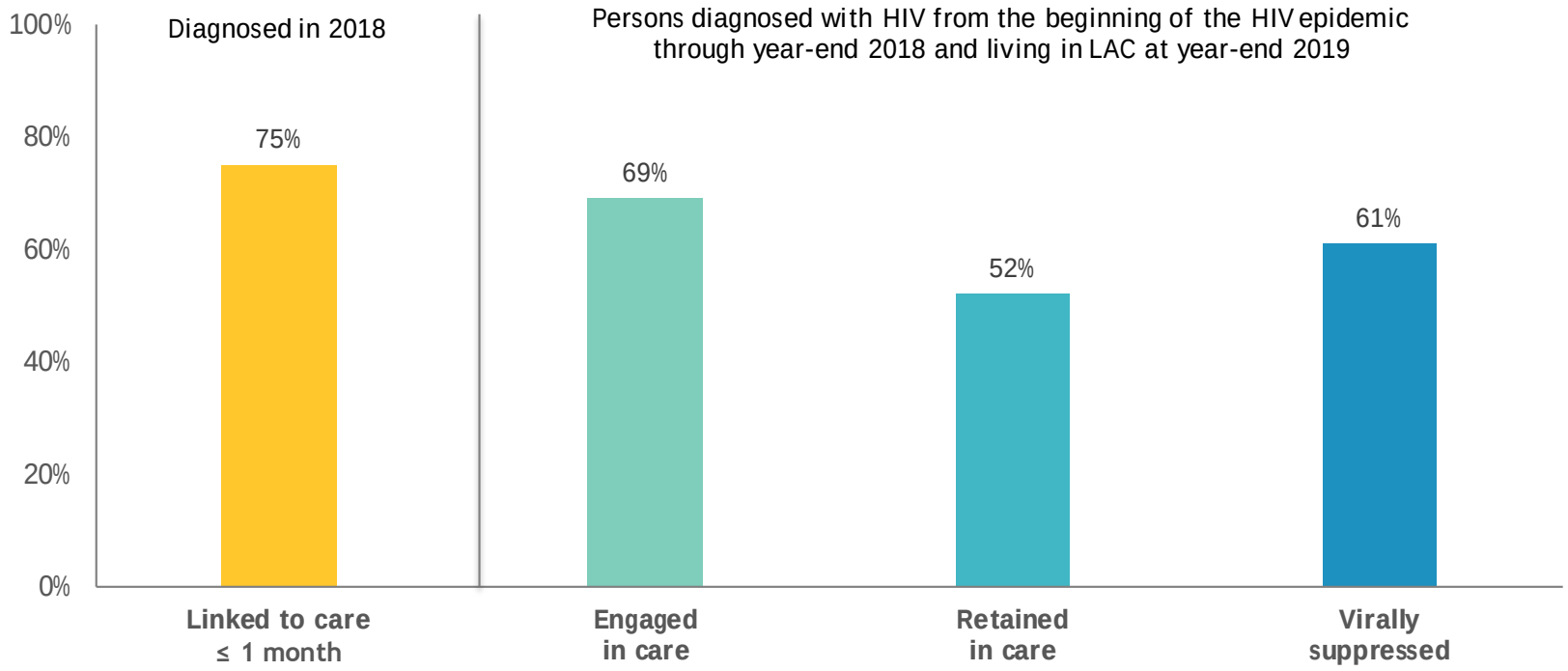
[1]Based on first CD4 within 1 month of HIV diagnosis. Among persons newly diagnosed with HIV between 2014-2018, 48% had a CD4 test within this period.

COUNTY OF LOS ANGELES
Public Health

HIV Surveillance Annual Report 2019

HIV Care Continuum

HIV Care Continuum[1] among persons aged ≥ 13 years, LAC 2018-2019



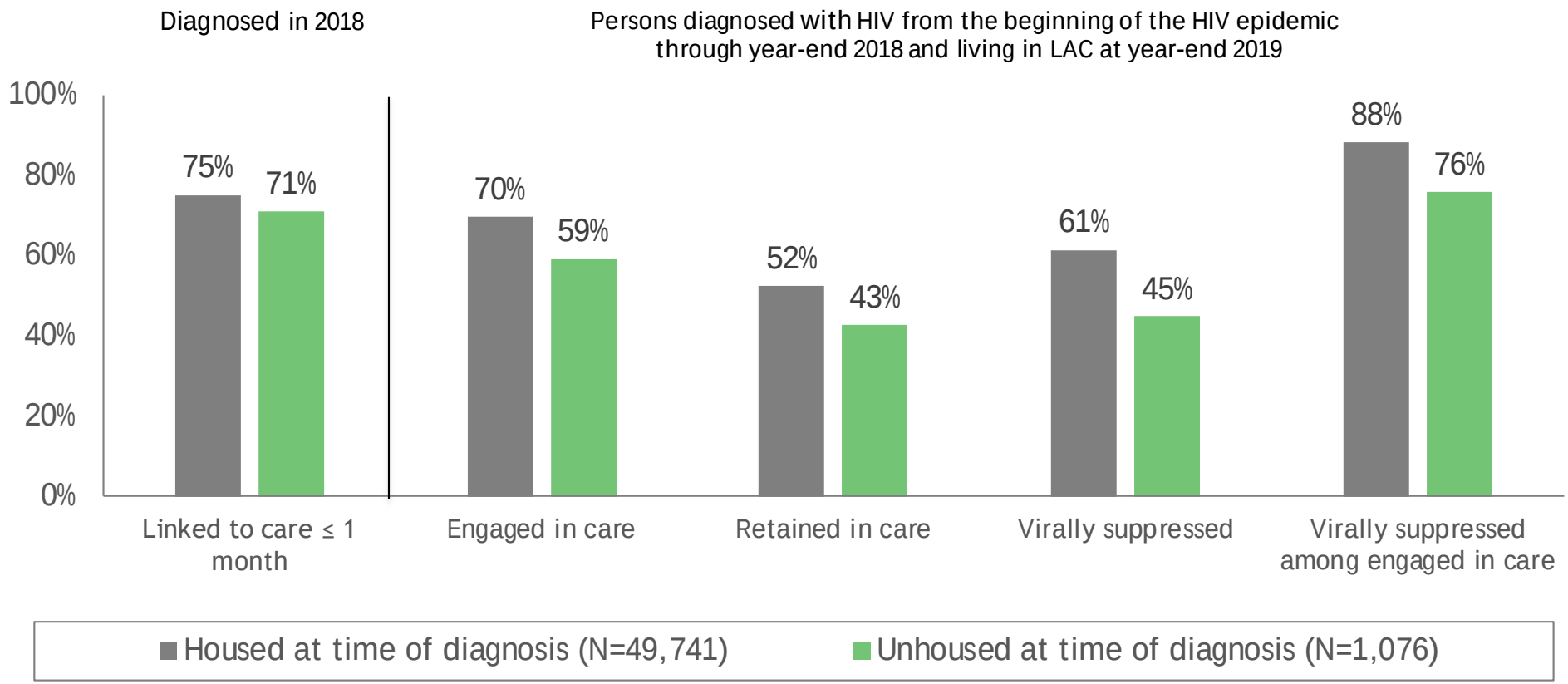
National goals

By 2020:

- Increase the % of newly diagnosed persons linked to care within 1 month to ≥ **85**%
- Increase the % of persons with diagnosed HIV infection who are retained in care to ≥ **90%**
- Increase the % of persons with diagnosed HIV infection who are virally suppressed to ≥ **80%**

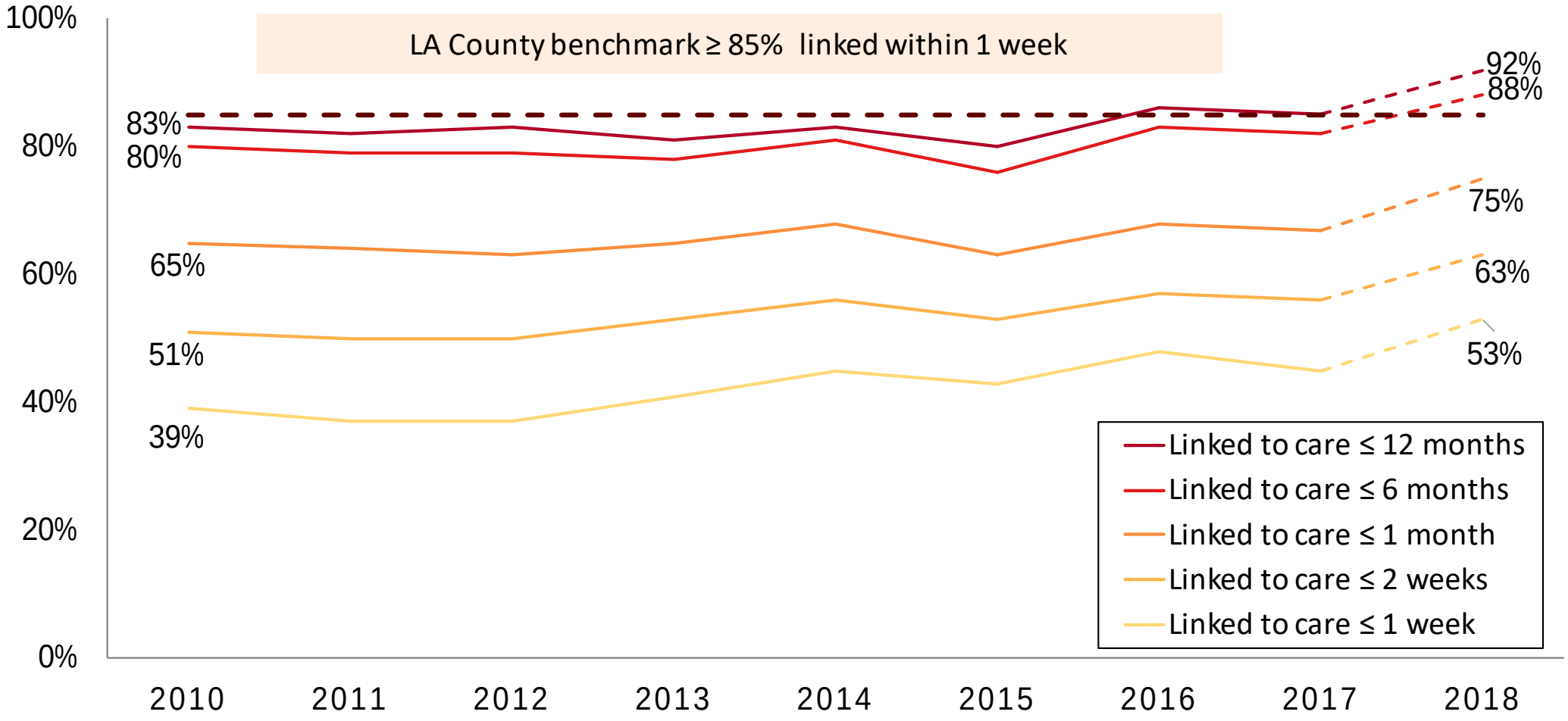
[1]Linkage to care: numerator includes persons newly diagnosed with HIV in 2018 with ≥1 CD4/VL/Genotype test reported within 1 month of HIV diagnosis; denominator includes persons who were diagnosed with HIV in 2018.
Engaged in care: numerator includes PLWDH with ≥1 CD4/VL/Genotype test in 2019; denominator includes PLWDH diagnosed through 2018 and living in LAC at year-end 2019 based on most recent residence.
Retained in care: numerator includes PLWDH with ≥2 CD4/VL/Genotype tests at least 3 months apart in 2019; denominator includes PLWDH diagnosed through 2018 and living in LAC at year-end 2019 based on most recent residence.
Virally suppressed: numerator includes PLWDH whose last VL test in 2019 was suppressed (HIV-1 RNA < 200 copies/mL); denominator includes PLWDH diagnosed through 2018 and living in LAC at year-end 2019 based on most recent residence. For the purposes of this analysis, PLWDH without a VL test in 2019 were categorized as having unsuppressed viral load.

HIV care continuum[1] among persons aged ≥ 13 years who experienced homelessness at the time of HIV diagnosis, LAC 2018-2019



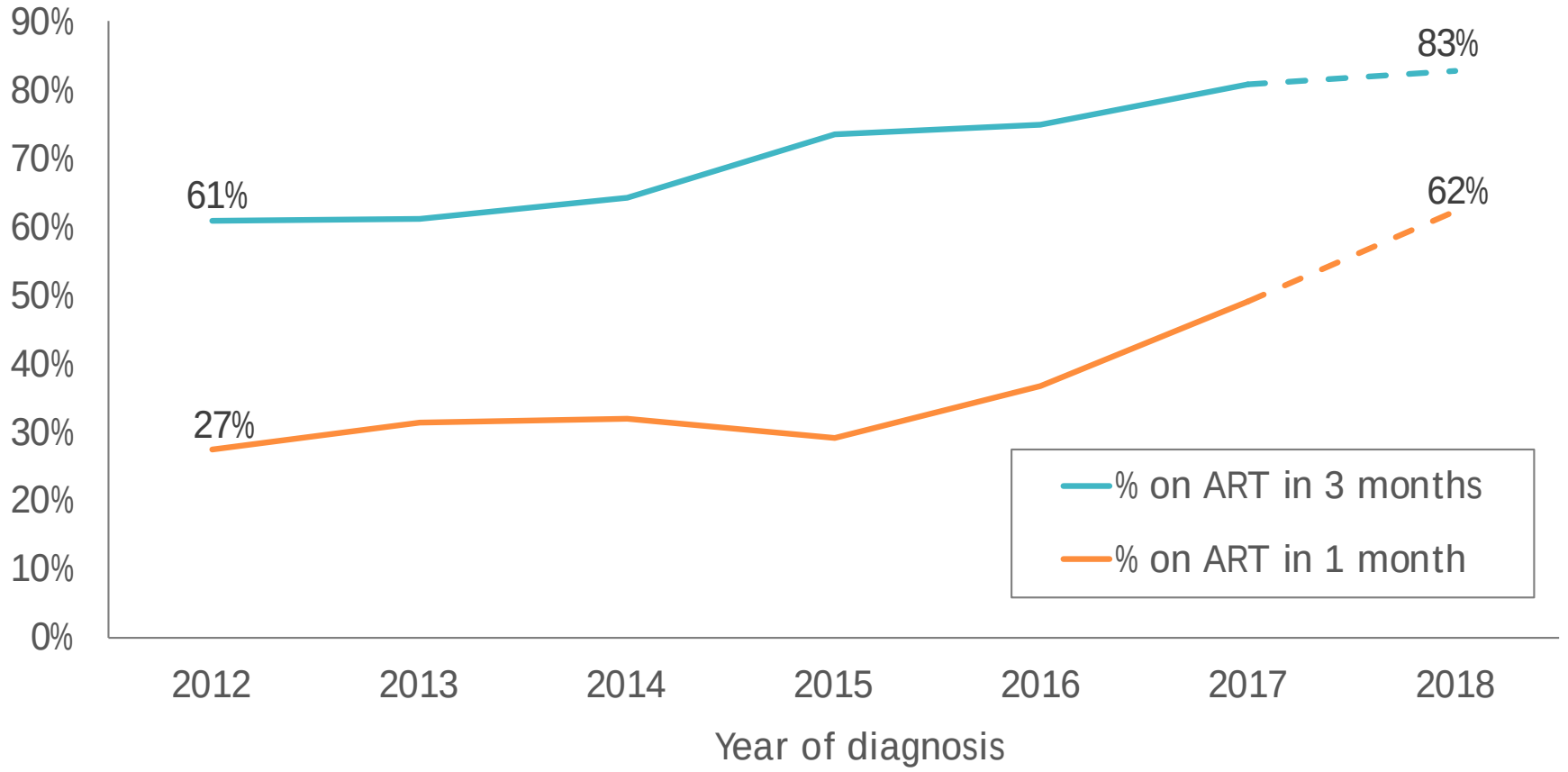
[1]Linkage to care: numerator includes persons newly diagnosed with HIV in 2018 with ≥1 CD4/VL/Genotype test reported within 1 month of HIV diagnosis; denominator includes persons who were diagnosed with HIV in 2018.
Engaged in care: numerator includes PLWDH with ≥1 CD4/VL/Genotype test in 2019; denominator includes PLWDH diagnosed through 2018 and living in LAC at year-end 2019 based on most recent residence.
Retained in care: numerator includes PLWDH with ≥2 CD4/VL/Genotype tests at least 3 months apart in 2019; denominator includes PLWDH diagnosed through 2018 and living in LAC at year-end 2019 based on most recent residence.
Virally suppressed: numerator includes PLWDH whose last VL test in 2019 was suppressed (HIV-1 RNA < 200 copies/mL); denominator includes PLWDH diagnosed through 2018 and living in LAC at year-end 2019 based on most recent residence. For the purposes of this analysis, PLWDH without a VL test in 2019 were categorized as having unsuppressed viral load

Time from HIV diagnosis to linkage to care among persons aged ≥ 13 years newly diagnosed with HIV by year of HIV diagnosis, LAC 2010-2018[1]



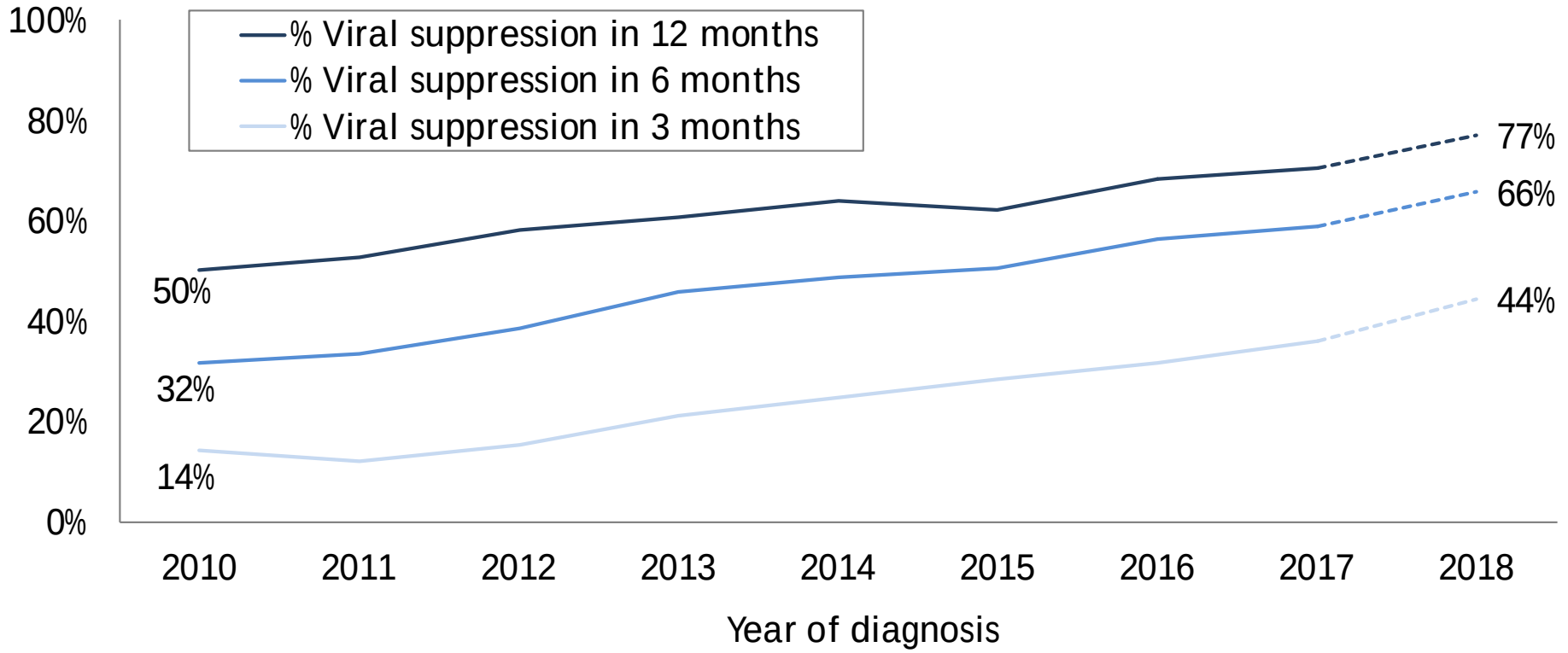
[1]Includes persons diagnosed with HIV in each calendar year and living through the following 12 months with ≥1 CD4/VL/Genotype test reported within 1 and 2 weeks, as well as 1, 3, 6, and 12 months of diagnosis.

Time from HIV diagnosis to treatment initiation among persons aged ≥ 13 years newly diagnosed with HIV by year of diagnosis, LAC 2012-2018[1]



[1]Data represent a subset of persons newly diagnosed with HIV and reported in LAC. It includes 3,737 persons newly diagnosed with HIV between 2012 and 2018 for whom ART initiation date are complete. The analysis excludes 9,567 persons newly diagnosed with HIV between 2012 and 2018 for whom ART initiation date in incomplete.

Time from HIV diagnosis to viral suppression by year of diagnosis, LAC 2010-2018[1]



[1]Analysis includes persons newly diagnosed with HIV in each calendar year and living in LAC at year-end 2019 with or without VL testing. Numerator includes persons achieved viral suppression within 3, 6, or 12 months of diagnosis. Denominator includes persons newly diagnosed with HIV in select calendar year, with or without a viral load test result in the observed months.

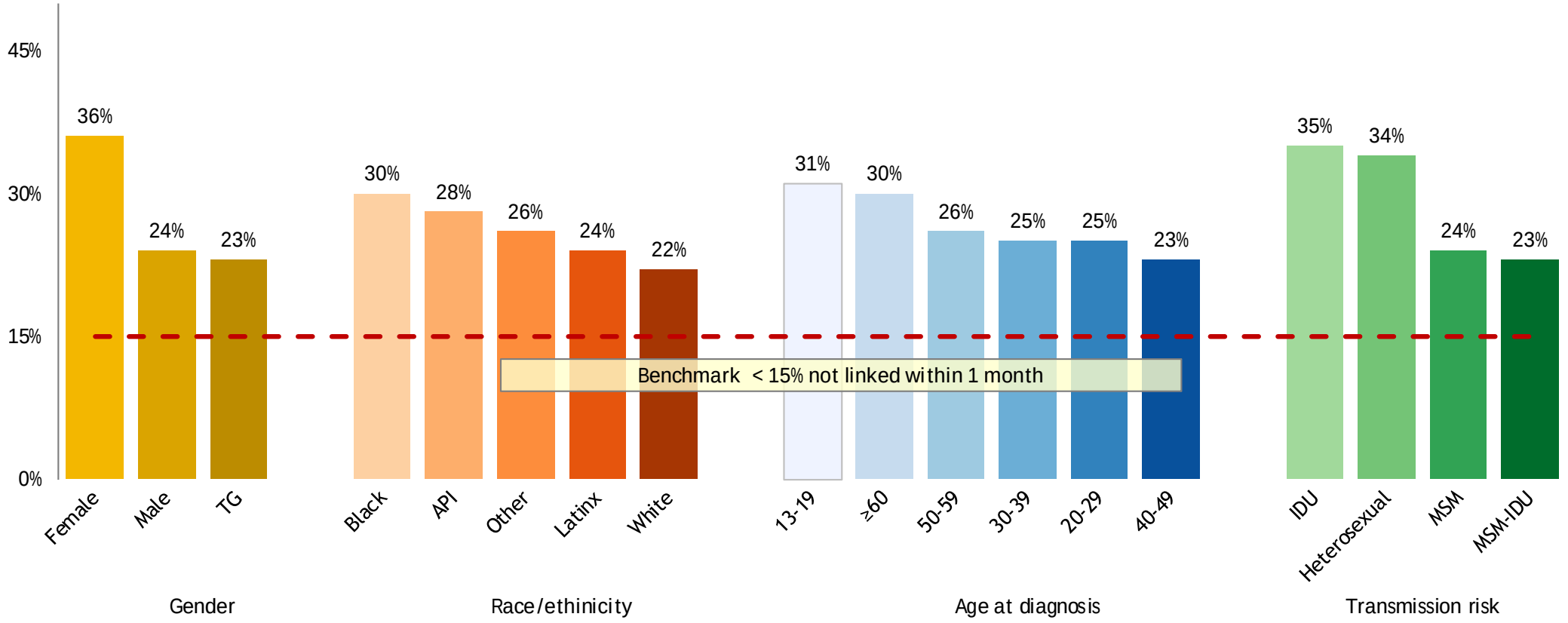
County of Los Angeles Public Health

HIV Surveillance Annual Report 2019

Gaps in Linkage, HIV treatment, and viral suppression

Considerations for Data Use: Know who you are missing…

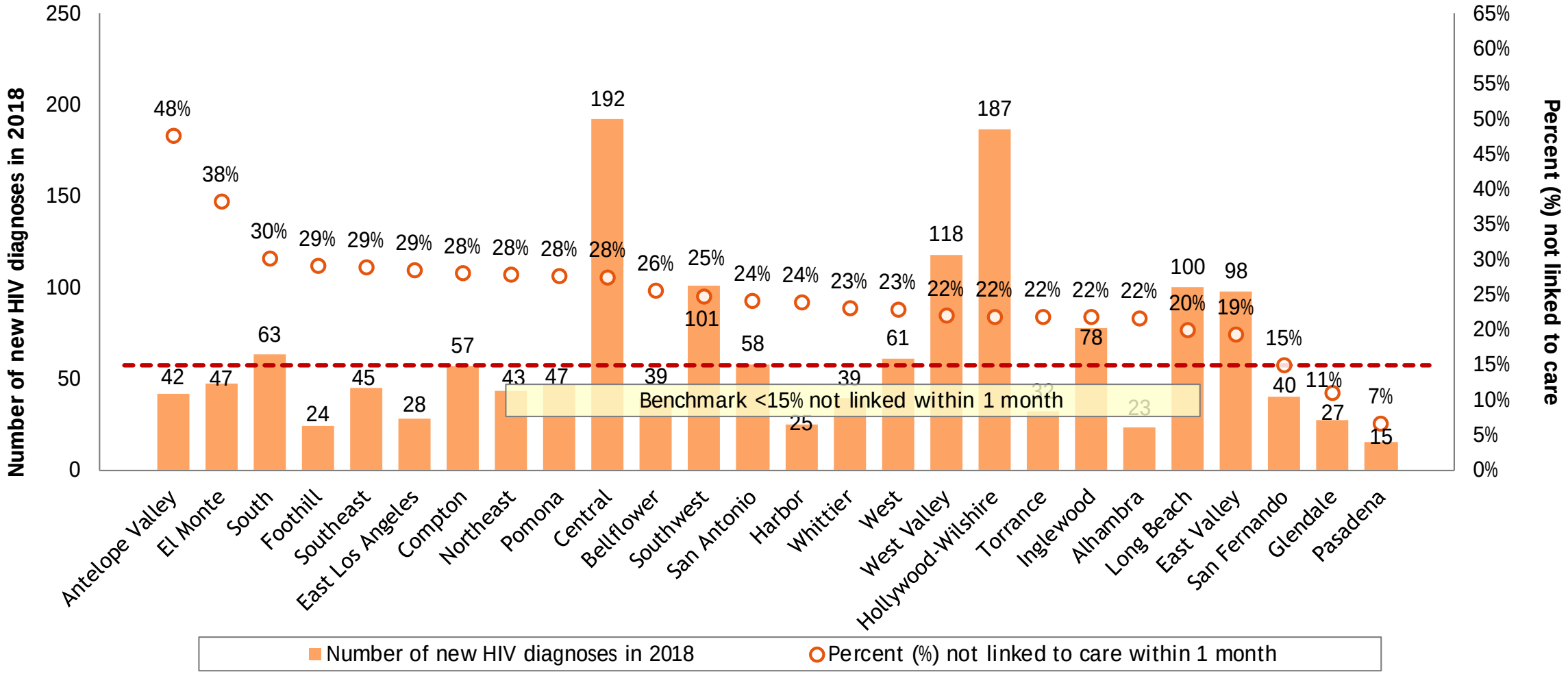
Persons aged ≥ 13 years newly diagnosed with HIV that were not linked to care[1] within 1 month of diagnosis by selected demographic[2] and risk characteristics, LAC 2018



[1]Not linked to care: numerator includes persons newly diagnosed with HIV in 2018 with no CD4/VL/Genotype test reported within 1 month of HIV diagnosis; denominator includes persons who were diagnosed with HIV in 2018
[2]Other race/ethnicity includes American Indians, Alaskan Natives and persons of multiple race/ethnicities.

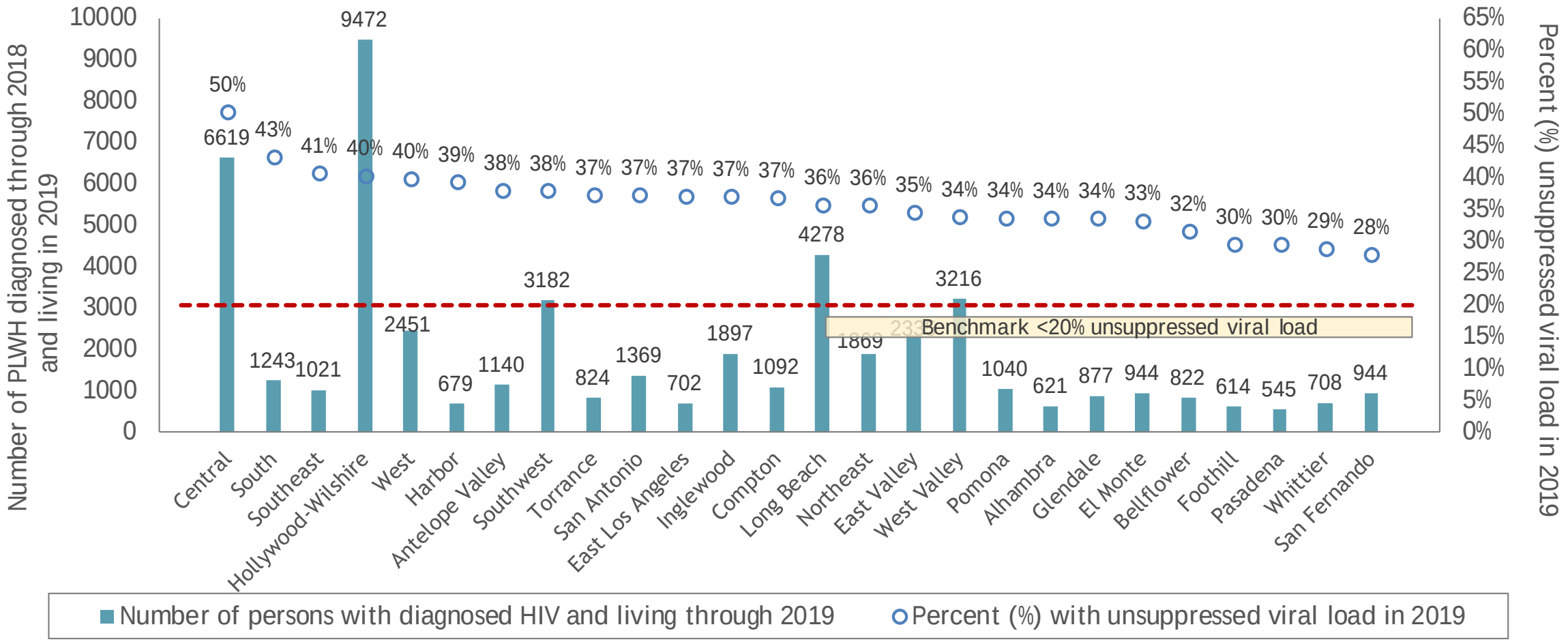
Drilling down to lower geographic levels to identify greatest need

Persons aged ≥ 13 years newly diagnosed with HIV and not linked to care[1] within 1 month of diagnosis by health district[2], LAC 2018



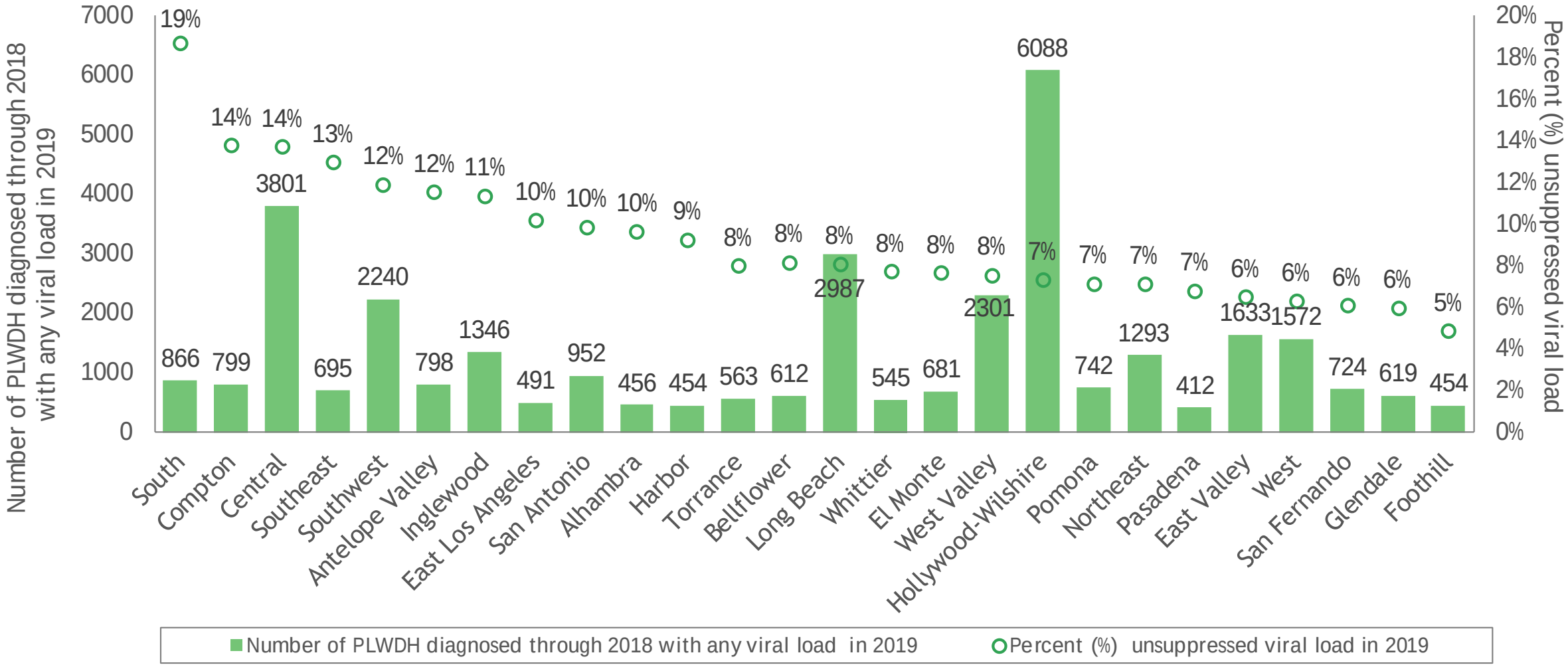
[1]Not linked to care: numerator includes persons newly diagnosed with HIV in 2018 with no CD4/VL/Genotype test reported within 1 month of HIV diagnosis; denominator includes persons who were diagnosed with HIV in 2018.
[2]Health Districts are based on 2012 boundaries.

Unsuppressed viral load[1] by health district[2] among persons aged ≥ 13 years diagnosed through 2018 and living in LAC at year-end 2019



[1]Unsuppressed viral load: numerator includes PLWDH whose last VL test in 2019 was unsuppressed (HIV-1 RNA ≥ 200 copies/mL); denominator includes PLWDH diagnosed through 2018 and living in LAC at year-end 2019 based on most recent residence. For the purposes of this analysis, PLWDH without a VL test in 2019 were categorized as having unsuppressed viral load.
[2]Health Districts are based on 2012 boundaries.

Unsuppressed viral load[1] among persons aged ≥13 years who had any viral load test in 2019 by health district[2], LAC

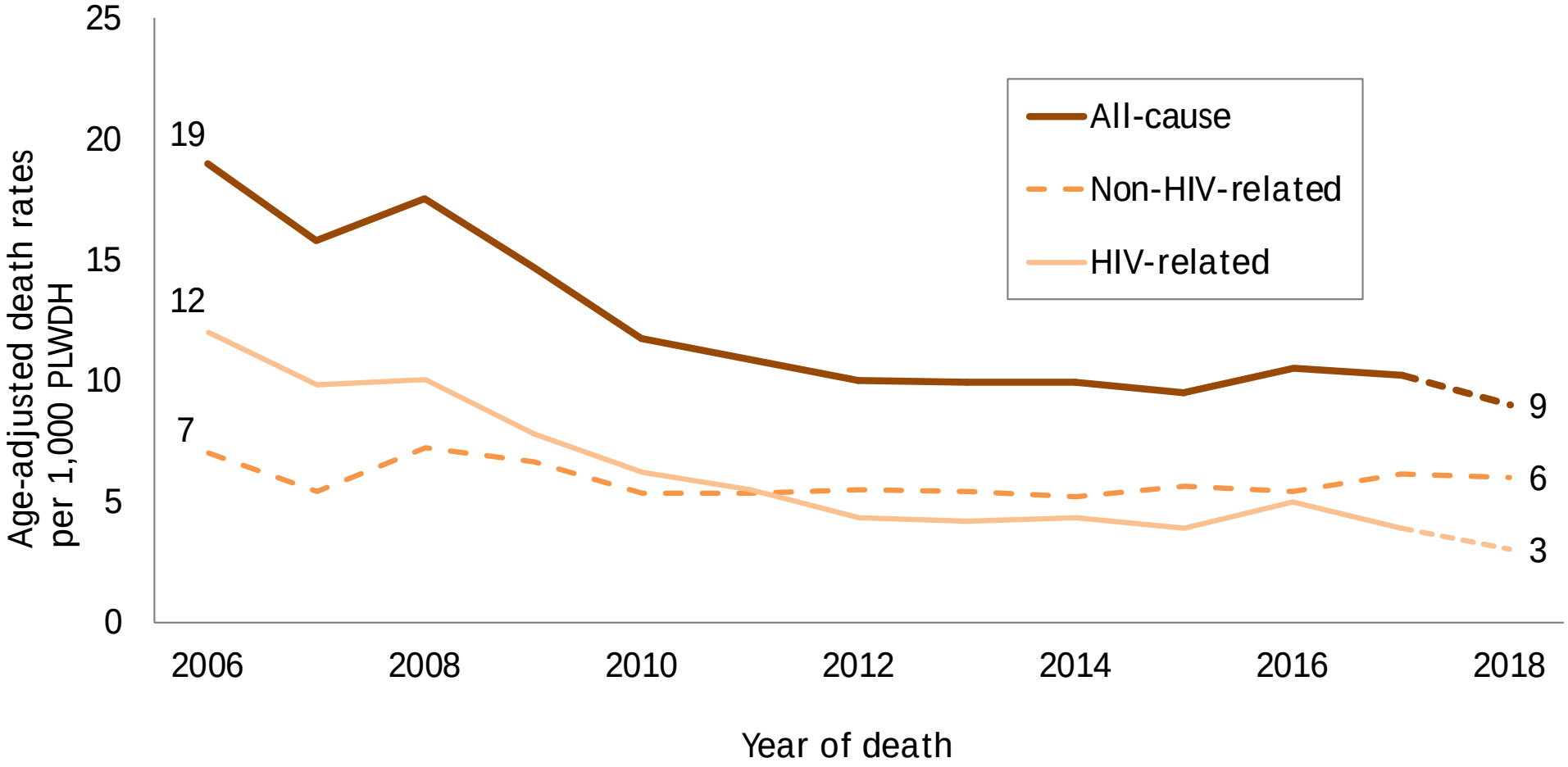


[1]Unsuppressed viral load: numerator includes PLWDH whose last VL test in 2019 was unsuppressed (HIV-1 RNA ≥ 200 copies/mL); denominator includes PLWDH diagnosed through 2018 and living in LAC at year-end 2019 based on most recent residence. For the purposes of this analysis, PLWDH without a VL test in 2019 were categorized as having unsuppressed viral load. [2]Health Districts are based on 2012 boundaries.

HIV Surveillance Annual Report 2019

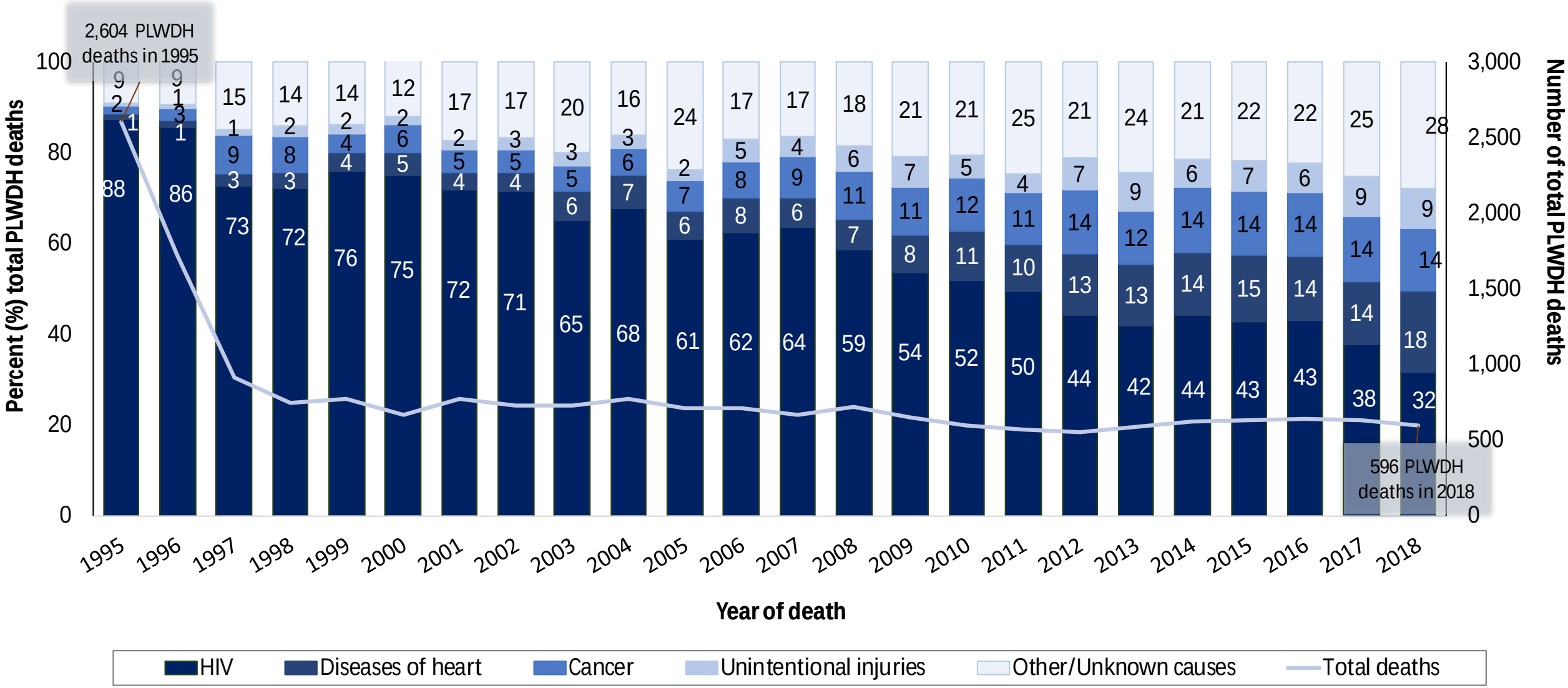
HIV Mortality

Age-adjusted death rates[1] among persons aged ≥ 13 years living with diagnosed HIV, by HIV-related and non-HIV related cause of death, LAC 2006-2018



[1]Age-adjusted to the LAC 2010 population estimates. Persons newly diagnosed with HIV at death were excluded from the numerator. Includes persons with unknown cause of death (2.9% of all deaths).

Main causes of death among persons aged ≥ 13 years living with diagnosed HIV, LAC 1995-2018[1]



[1]Annual percentages may not add to 100% due to rounding error.

Ending the Ending the HIV Epidemic Indicators for Los Angeles County

	EHE Targets for 2025	EHE Targets for 2030	LAC current
Number of new infections	380	150	1,700 (2017)
Number of new HIV diagnosis	450	180	1,660 (2018)
Knowledge of HIV-status among HIV-infected persons	95%	95%	89% (2017)
Linkage to HIV care among PLDWH	95%	95%	75% (2019)
Viral Suppression among PLDWH	95%	95%	61% (2019)

Data in Action: Sample of Summary Points and Program Implications

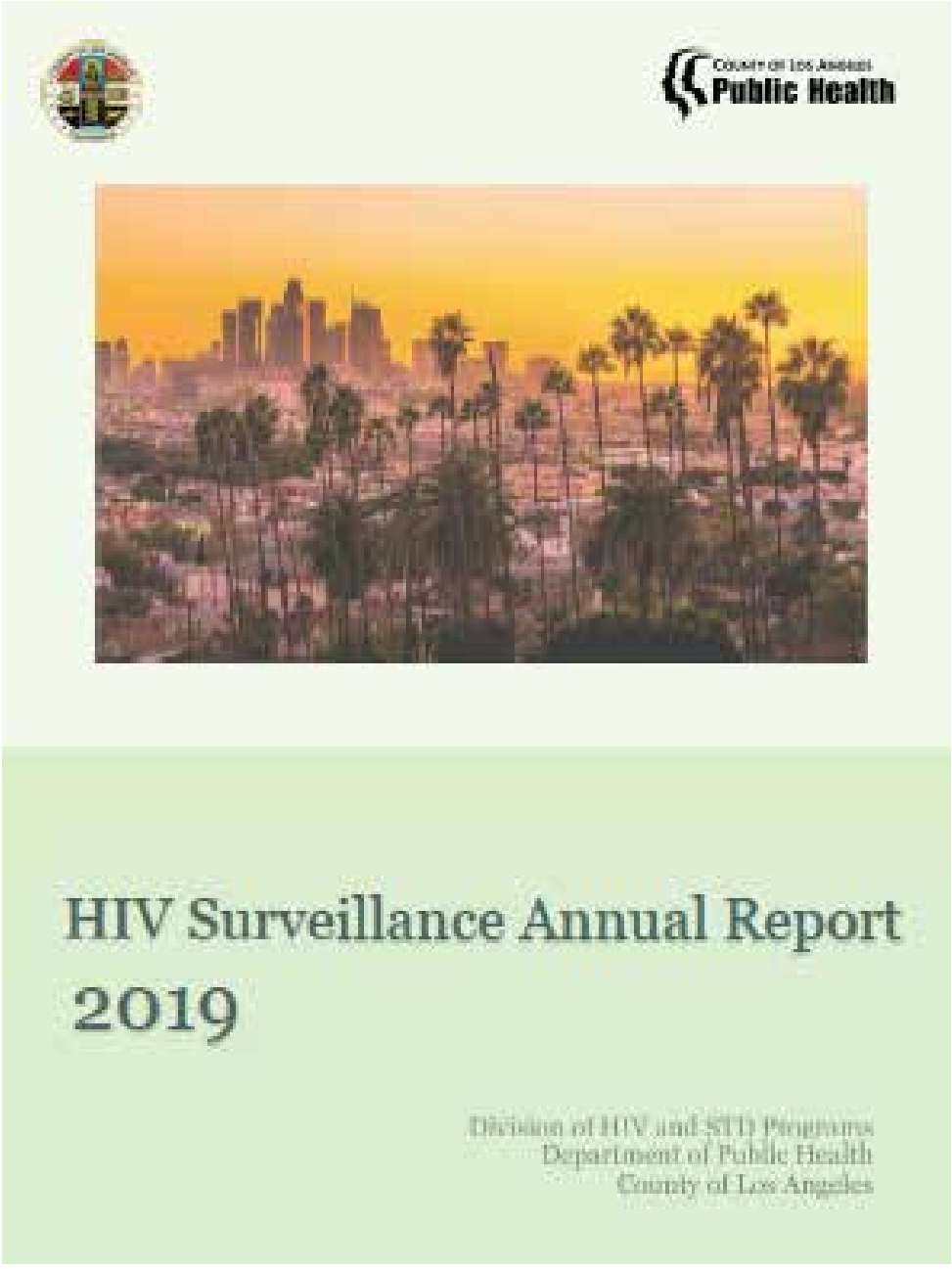
	Summary finding	Data in Action
Epidemic Monitoring	Largest gaps in awareness of HIV-positive status existed for persons <35 years, where over 50% of HIV-infected persons aged 13-24 years and one-third of HIV-infected persons aged 25-34 years were unaware of their infection. Disparities also existed for persons who inject drugs (PWID), with over one-third of HIV-infected PWID unaware of their HIV-positive status and only 55% having been tested for HIV in the past 12 months.	Testing programs need to be scaled for young persons aged < 35 years and persons who inject drugs who reflect groups with highest levels of undiagnosed HIV.
HIV Care Continuum	In 2018, 77% of persons newly diagnosed with HIV were virally suppressed within 12 months of diagnosis. However only 44% of persons newly diagnosed with HIV reached viral suppression within 3 months and 66% within 6 months.	Rapid ART programs should be scaled so that viral suppression can be achieved quicker for persons newly diagnosed with HIV. Populations with lower treatment coverage (e.g., Black populations) and Health Districts that have low linkage to care and viral suppression levels should be prioritized in Rapid ART program scale-up.

For a copy of the Annual HIV Surveillance Report 2019 please visit:

http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2019HIVSurveillanceReport_%20051920Final.pdf

Download the full 2019 HIV Surveillance Report at

http://publichealth.lacounty.gov/dhsp/Reports/HIV/2019HIVSurveillanceReport_%20051920Final.pdf



CHIPTS 2020 EHE Supplement Projects

Regional response to HIV eradication efforts in California counties

Use of technology-based PrEP services to improve uptake, adherence, and persistence

Preparing for long-acting injectable antiretroviral therapy for HIV in Los Angeles

Los Angeles County Commission on HIV
August 20, 2020 Virtual Meeting

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

Regional response to HIV eradication efforts in California counties

Steve Shoptaw, PhD
Uyen Kao, MPH
Elena Rosenberg-Carlson, MPH

Los Angeles County Commission on HIV
August 20, 2020 Virtual Meeting

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

Collaborators

- NIMH P30MH058107
- California Department of Public Health, Office of AIDS and California HIV/AIDS Research Program (CHRP)
- Los Angeles County Division of HIV and STD Programs (DHSP)
- Health departments and HIV planning councils from Alameda, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Francisco, and San Diego Counties
- Federal, regional, and community partners who participated in the regional stakeholder meeting and shared ideas for the regional response
- CHIPTS Community Advisory Board
- CHIPTS meeting planning and support team: Jenn Baughman, Damilola Jolayemi, Raphael Landovitz, Michael Li, Omar Nieto, Adenike Omomukuyo, and Dilara Üsküp
- Study team: Tom Donohoe, Alex Dubov, Wendy Garland, Pamina Gorbach, Uyen Kao, Elena Rosenberg-Carlson, Steve Shoptaw, Dallas Swendeman

Goal

- Engage a regional effort for coordinated EHE response in California by:

Bringing together stakeholders from the eight California EHE priority counties

Assessing key needs, collaborative opportunities, and existing resources

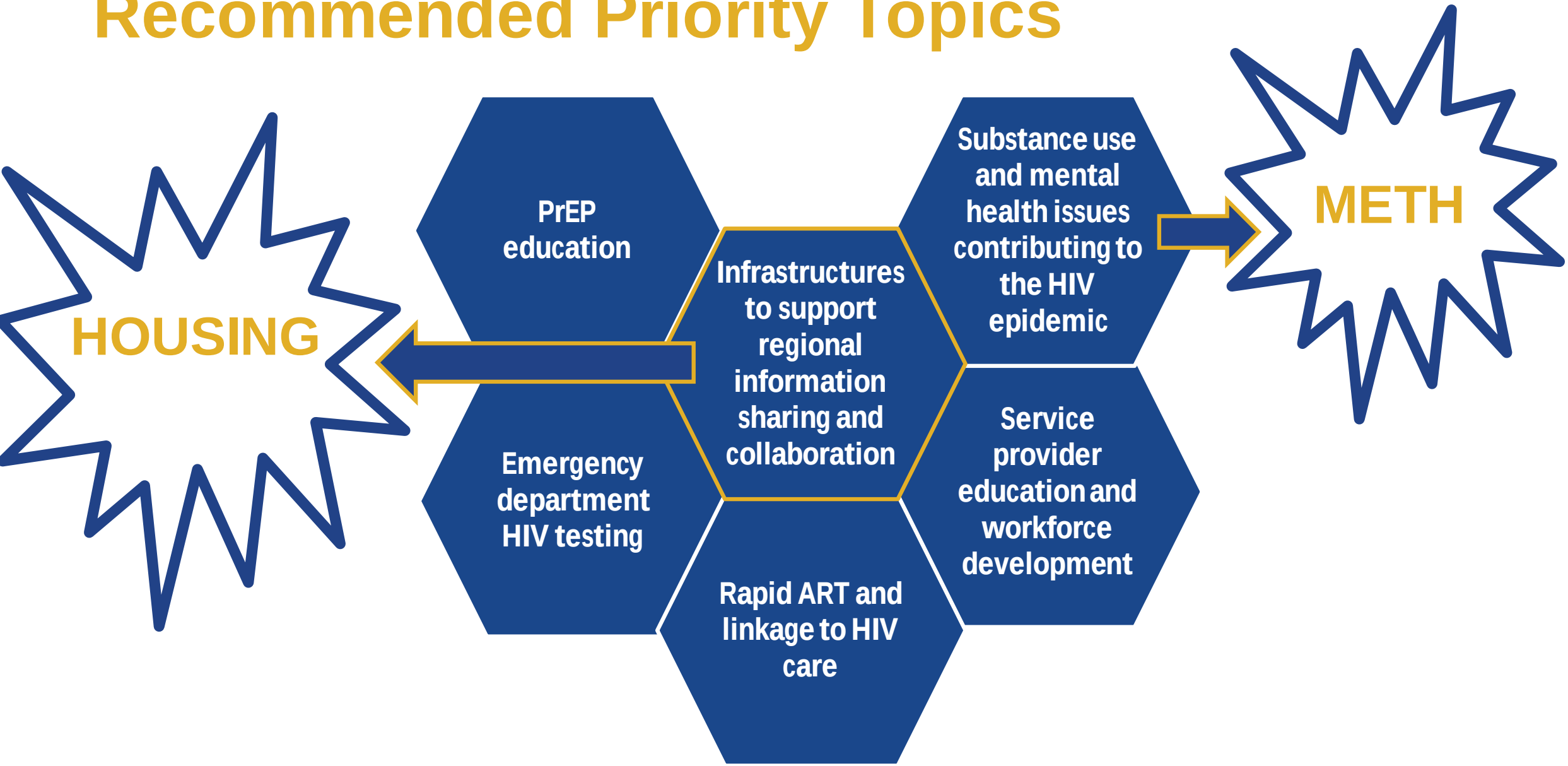
Compiling findings and recommendations to help facilitate a regional EHE response

Activities

January 24, 2020 Regional Stakeholder Meeting:

Key Areas of Need

Recommended Priority Topics



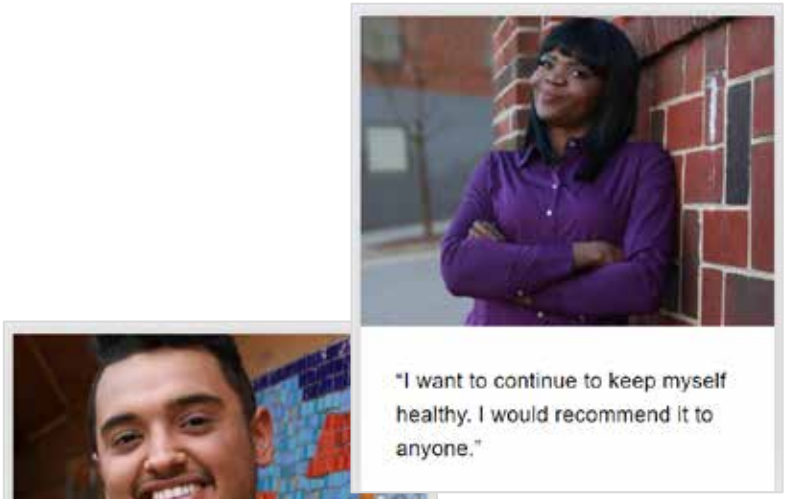
Infrastructures to Support Regional Information Sharing and Collaboration

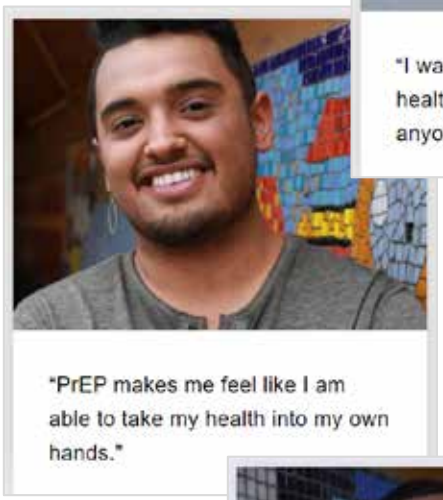
1	Implement steering committee and working group infrastructure to determine regional EHE goals, implement activities to address those goals, and monitor progress on the regional EHE response.
2	Implement learning collaborative infrastructure to share best practices and resources across priority counties.
3	Support implementation of statewide HIV surveillance data dashboard.
4	Implement inter-county/regional data sharing agreements.

PrEP Education

1. Implement regional/statewide PrEP social marketing campaign focused on sharing PrEP information and increasing PrEP acceptability among priority populations.

2. Scale up provider-patient PrEP education in clinics across priority counties through provider training on PrEP messaging strategies.

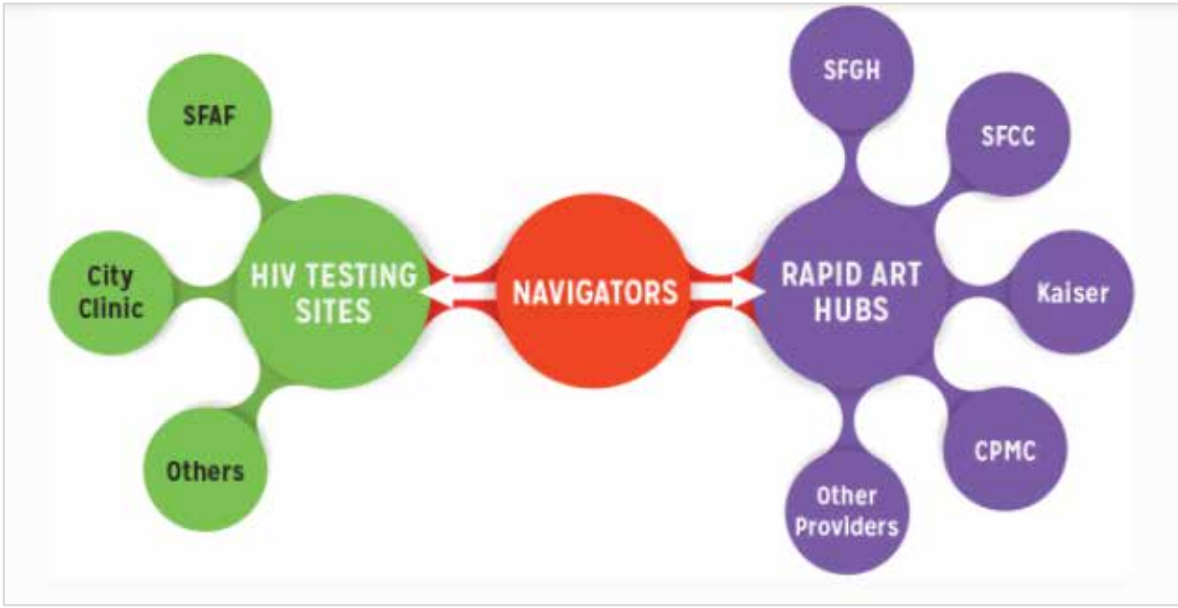




PleasePrEPMe.org

Rapid ART and Linkage to HIV Care

Implement or scale up Rapid ART protocols in the eight priority counties to target immediate treatment initiation and linkage to care among newly diagnosed individuals.



Emergency Department HIV Testing

Implement or scale up universal HIV testing in emergency department settings across the eight priority counties.

Substance Use and Mental Health Issues Contributing to the HIV Epidemic

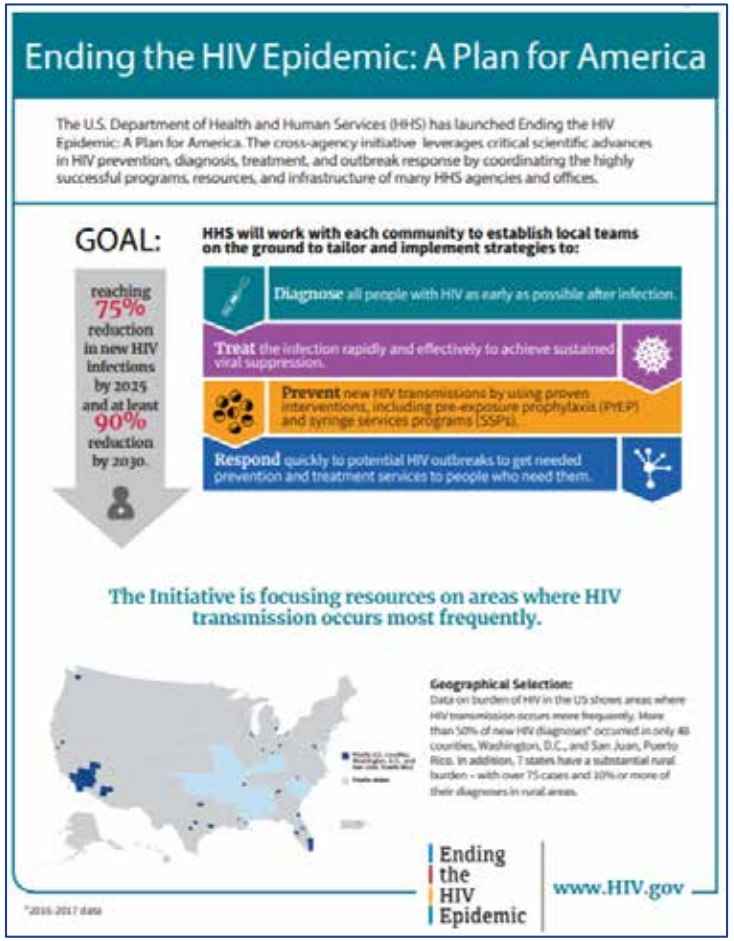
1. Implement TREATMENTS to address **methamphetamine** misuse across the region.

2. Implement or scale up integrated care models that simultaneously address ART adherence and mental health disorders across the region.

Service Provider Education and Workforce Development

1. Implement basic EHE education and training for all staff at organizations providing HIV services across the eight priority counties.

2. Implement or scale up primary care provider education on key topics related to HIV prevention and care across the region.



Key Partners

PACE

CDPH Office of AIDS

PAETC

CAI/TAP-IN

Community members

HIV service orgs

Health care providers

HIV planning councils

County health departments

CA PTC

CHIPTS

STS4HIV

CHRP

Next Steps

1

Regional EHE response learning collaborative

2

Regional planning with LA County DHSP, other jurisdictions, CDPH Office of AIDS, and CHRP

Get Involved

Contact Us

- Elena Rosenberg-Carlson, MPH
  erosenberg-carlson@mednet.ucla.edu
  310-794-0464

Learn More

- http://chipts.ucla.edu/features/a-regional-response-to-end-the-hiv-epidemic-in-ca/

- https://chipts.ucla.edu/news/new-chipts-ehe-supplement-project-reports/

Use of technology-based PrEP services to improve uptake, adherence, and persistence among Black and Latino MSM, Black and Latina Transgender Women, Black and Latina Cisgender Women, and Persons Who Inject Drugs in Los Angeles County

Ronald A. Brooks, PhD
Dilara Üsküp, PhD, PhD

Los Angeles County Commission on HIV
August 20, 2020 Virtual Meeting

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

Collaborators

- NIMH P30MH058107
- CHIPTS Community Advisory Board
- LA County DHSP
- Community consultation participants
- NURX, PlushCare, e2PrEP, Healthvana, and iTAB digital technology services
- Event support team: Uyen Kao, Damilola Jolayemi, and Adenike Omomukuyo
- Study team: Ronald A. Brooks, Sonali Kulkarni, Sung-Jae Lee, Norweeta Milburn, Omar Nieto, Elena Rosenberg-Carlson, and Dilara Üsküp

Goal

Assess the acceptability and feasibility of utilizing technology-based PrEP delivery to facilitate greater PrEP uptake, adherence, and persistence among LA County's priority populations

Activities

February 10, 2020 Community Consultation:

- Morning session: introduced participants to various digital technology products available to support PrEP delivery and maintenance

PrEP-Related Digital Technology Products	
NURX	Stand-Alone Telehealth
PlushCare	Stand-Alone Telehealth
e2PrEP	Clinically Integrated Telehealth
Healthvana	Clinically Integrated Telehealth
iTAB	Text Messaging Service

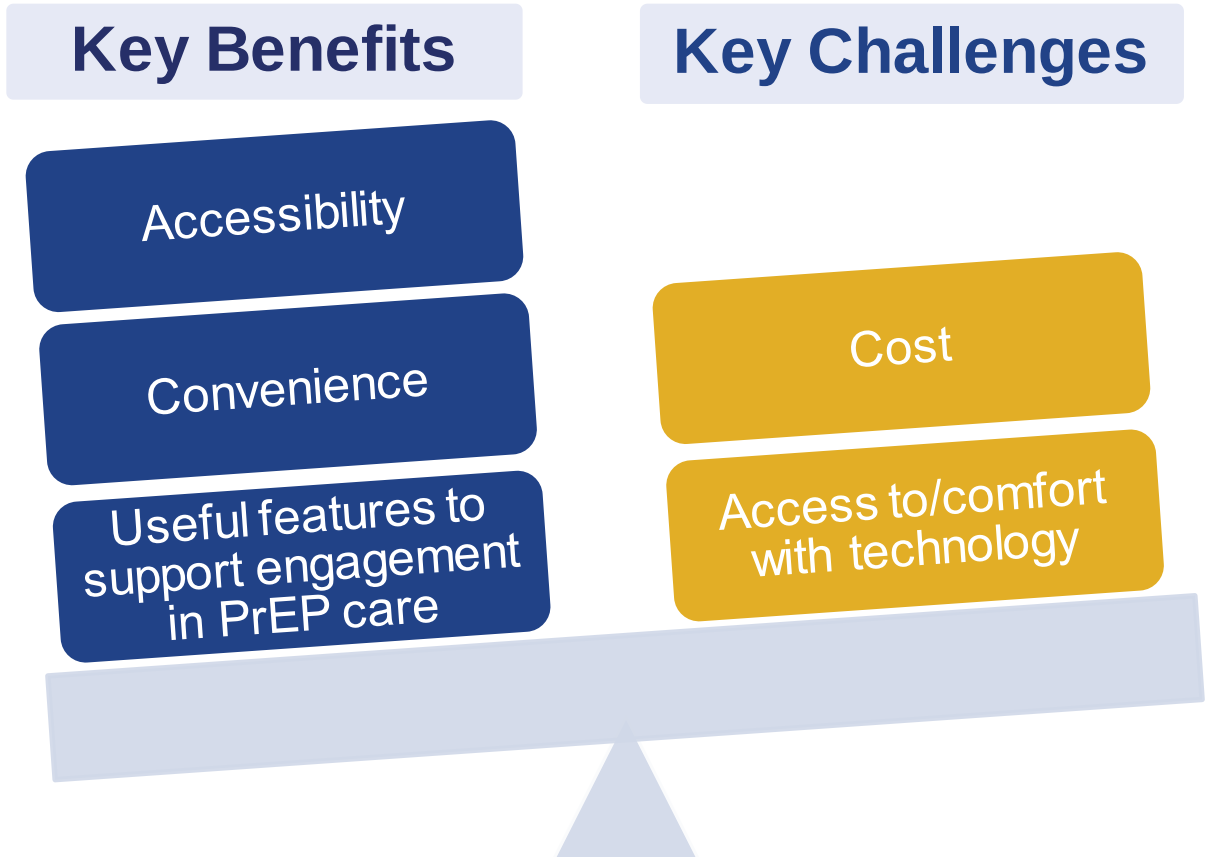
- Afternoon session: conducted breakout groups focused on the acceptability and feasibility of using digital technologies to deliver PrEP services to each respective priority population

Participants

- 67 stakeholders attended from community-based organizations and clinics, hospitals, academic institutions, prevention networks, and the LA County Commission on HIV
- Participants included senior leadership at agencies, program staff, HIV health educators, outreach and testing specialists, PrEP navigators, and digital technology representatives

Perceived Acceptability Among Priority Populations

- Overall, digital PrEP technology was perceived as an acceptable and beneficial strategy to improve PrEP uptake, adherence, and persistence among LA County's priority populations

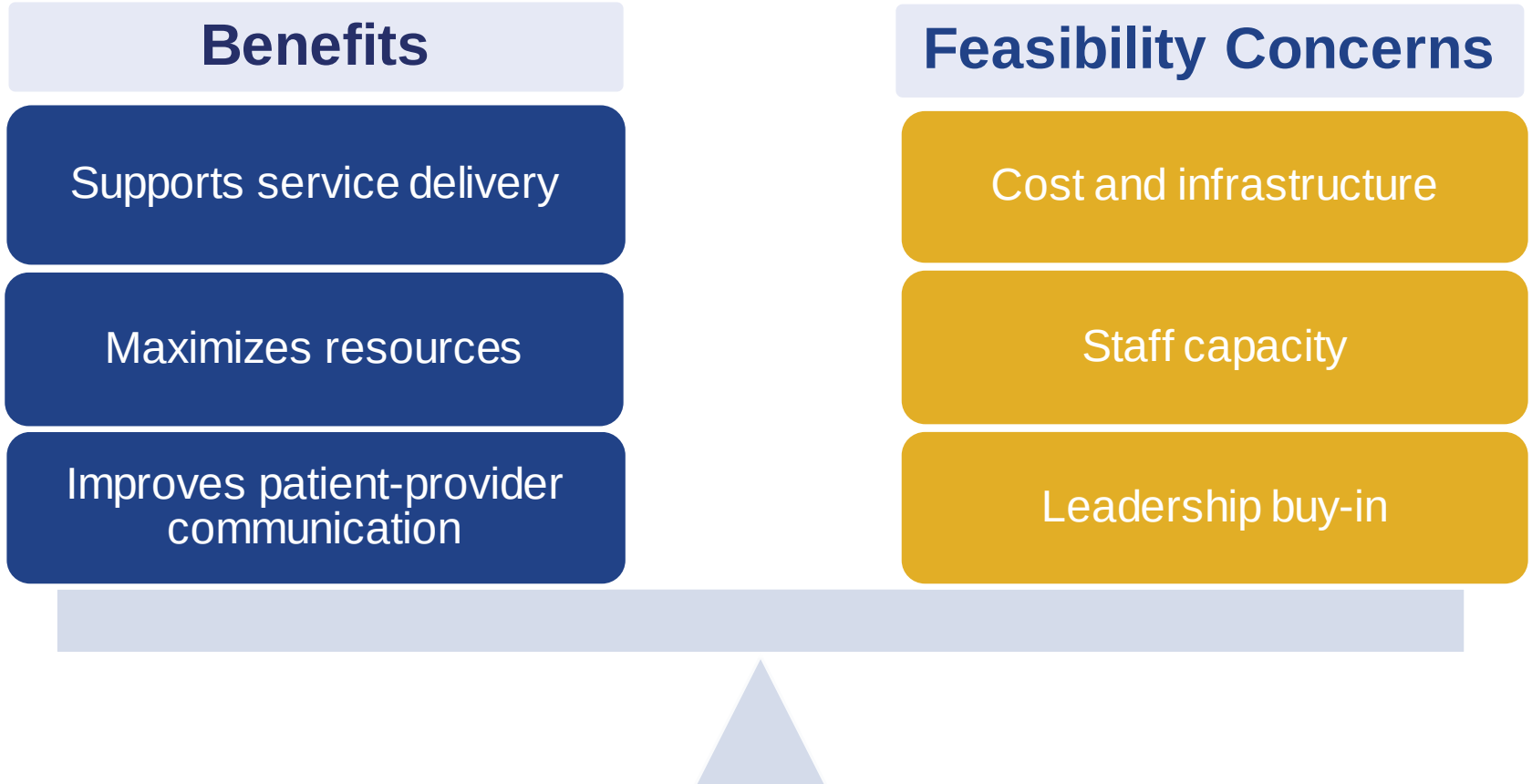


Tailoring Recommendations

Recommendation	Benefits for Priority Populations
Expand customization options	Helps meet individual needs and preferences for managing PrEP care
Offer online access to services	Addresses barriers to phone-based services
Provide incentives for adherence	Supports sustained PrEP engagement

Acceptability and Feasibility Among Agencies

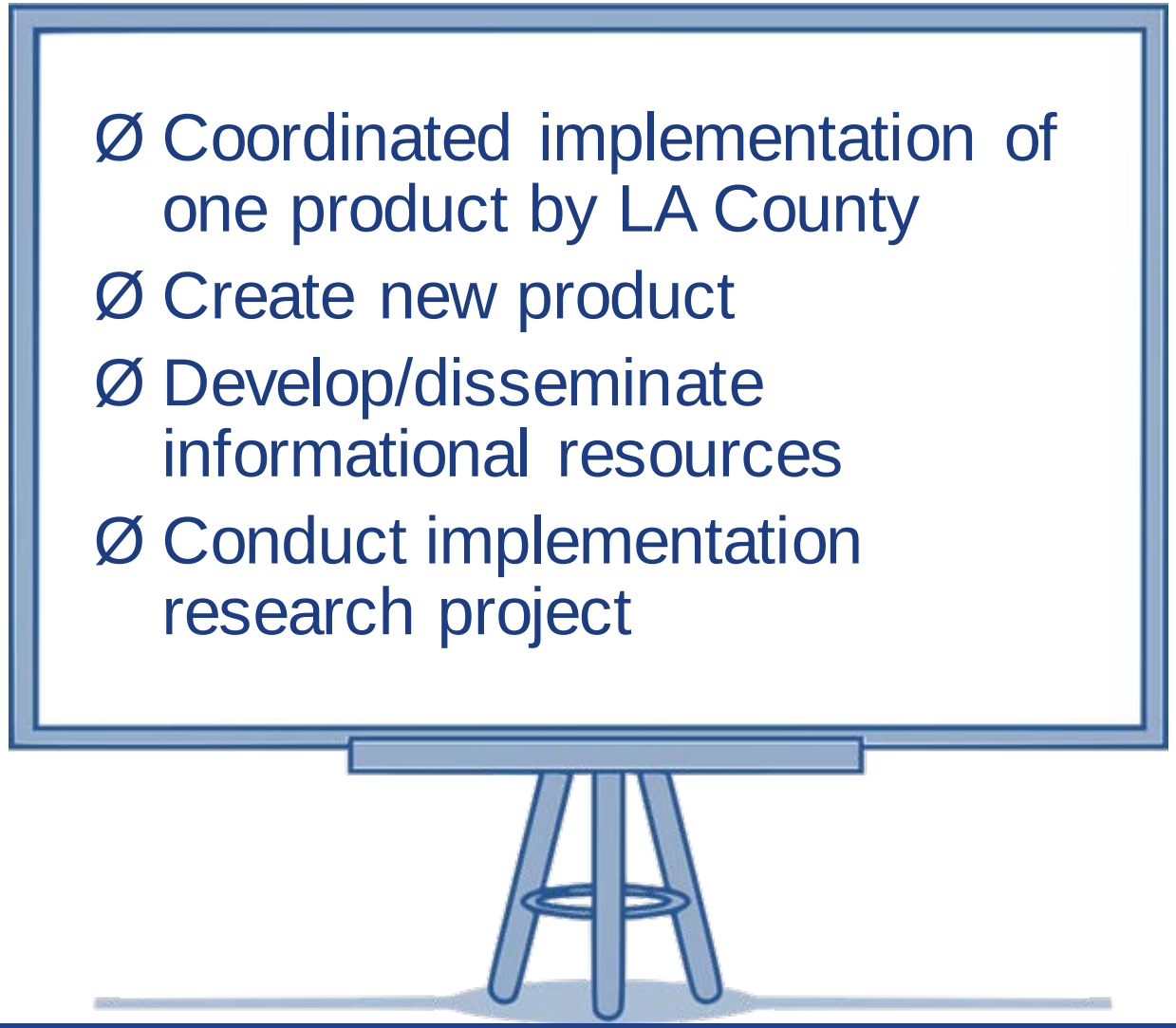
- Digital PrEP technology was generally perceived as an acceptable strategy to improve the delivery of PrEP services from an agency perspective, but significant feasibility concerns emerged



Feasibility Facilitators

Feasibility Concern	Feasibility Facilitator
Cost/infrastructure	Financial support from public and private funders to build and maintain necessary infrastructure
Staff capacity	Training for staff and clients
Leadership buy-in	Engage senior leadership in discussions of digital PrEP products and work to shift “tech-shy” culture

Recommendations for Implementation



Next Steps

Develop/disseminate informational resources on digital PrEP products for community stakeholders

Conduct new EHE implementation research study to assess implementation of PlushCare to optimize PrEP delivery among Black and Latina cisgender women

Preparing for long-acting injectable antiretroviral therapy for HIV in Los Angeles

David Goodman-Meza, MD, MAS
Raphael J. Landovitz, MD, MSc

Los Angeles County Commission on HIV
August 20, 2020 Virtual Meeting

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

RAND CORPORATION

Collaborators

- NIMH P30MH058107
- CHIPTS Community Advisory Board
- LA County DHSP
- Study participants
- Study team:
  - Laura Bogart
  - Rebecca Cohen
  - David Goodman-Meza
  - Damilola Jolayemi
  - Raphael J. Landovitz
  - Elena Rosenberg-Carlson
  - Steve Shoptaw
  - Erik Storholm

Financial Disclosures

- Dr. Goodman-Meza received research and salary support for an unrelated, non-medication based Hepatitis C study from Gilead

Long-Acting Injectable ART

S. Swindells et al. 2020

The Bad (the ugly?)

- LAI ART has the potential to revolutionize HIV treatment but also to widen disparities
- Implementation could significantly burden healthcare systems
- Many knowledge gaps remain around how to optimally implement this novel intervention to address these challenges

EHE Supplement Study Aims

Conduct a formative study to support successful implementation of LAI ART in Los Angeles County by:

Strengthening and developing partnerships and building capacity in partners to support research on implementation of LAI ART as part of a strategy to optimize viral suppression in Los Angeles County

Assessing the policy, systems, financial, operational and clinical level barriers to and facilitators of the rollout and scale-up of LAI ART in Los Angeles County

Assessing the end-user (consumer) perceived barriers to and facilitators of LAI ART use in Los Angeles County

Activities

- Focus groups and semi-structured interview
  - Two focus groups with consumer participants
  - Two focus groups and one semi-structured interview session with clinical and non-clinical stakeholders
  - Held in February 2020 at three sites in Los Angeles

Participants

Consumers (n=18)

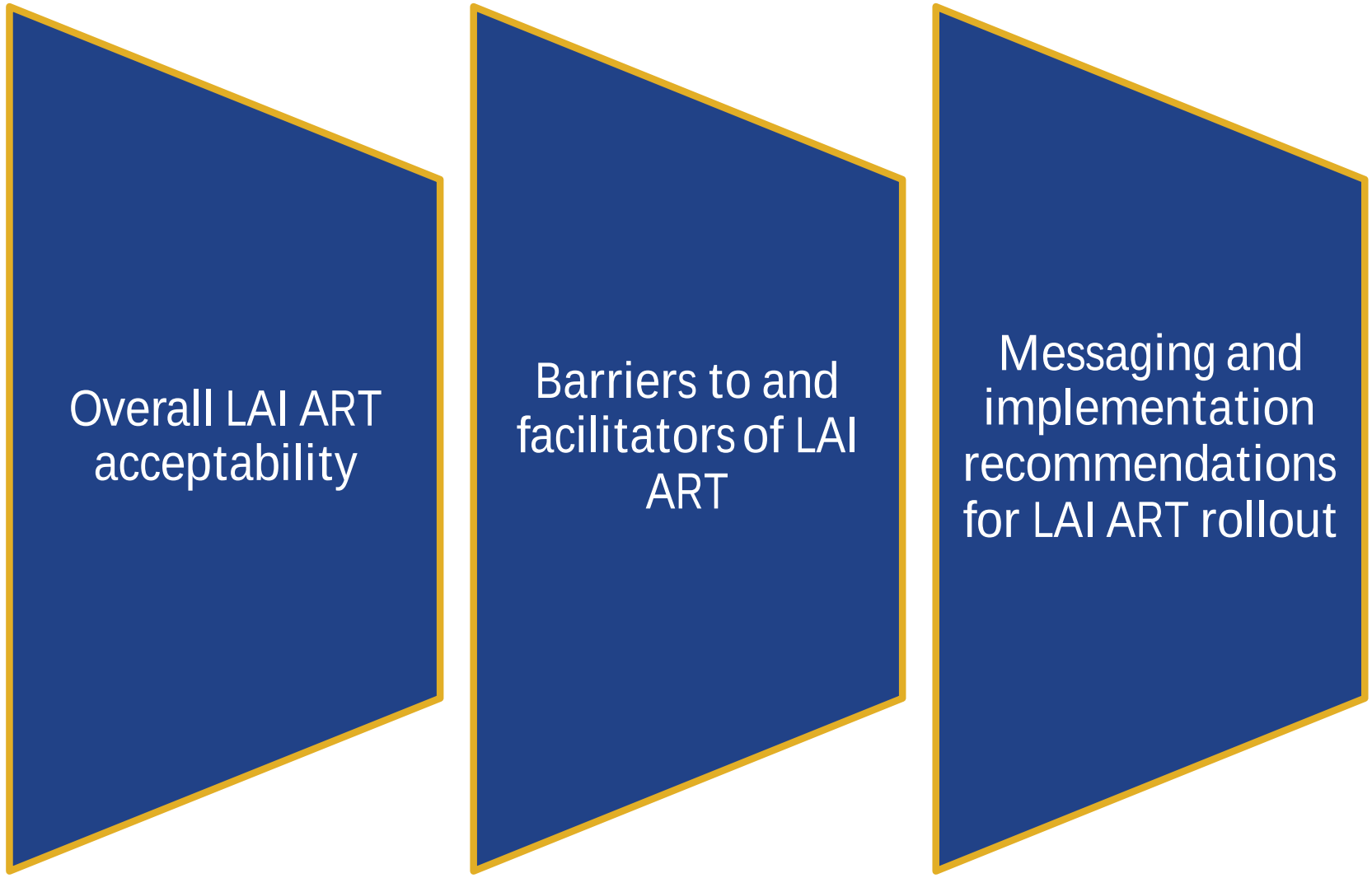
	Cisgender Male		Cisgender Female	
	Gay/Lesbian	Bisexual	Straight/ Heterosexual	Bisexual
Black/African American	2 (11%)		4 (22%)	1 (6%)
Hispanic/Latinx	6 (33%)	2 (11%)		
White, Non-Hispanic/Latinx	2 (11%)			
Other: Afro Latino	1 (6%)			

Other Stakeholders (n=23)

14 clinical; 9 non-clinical

	Cisgender Male	Cisgender Female
Black/African American	7 (30%)	1 (4%)
Hispanic/Latinx	3 (13%)	
White, Non-Hispanic/Latinx	2 (9%)	3 (13%)
Asian	3 (13%)	1 (4%)
More than One Race	2 (9%)	1 (4%)

Domains


Overall LAI ART acceptability
Barriers to and facilitators of LAI ART
Messaging and implementation recommendations for LAI ART rollout

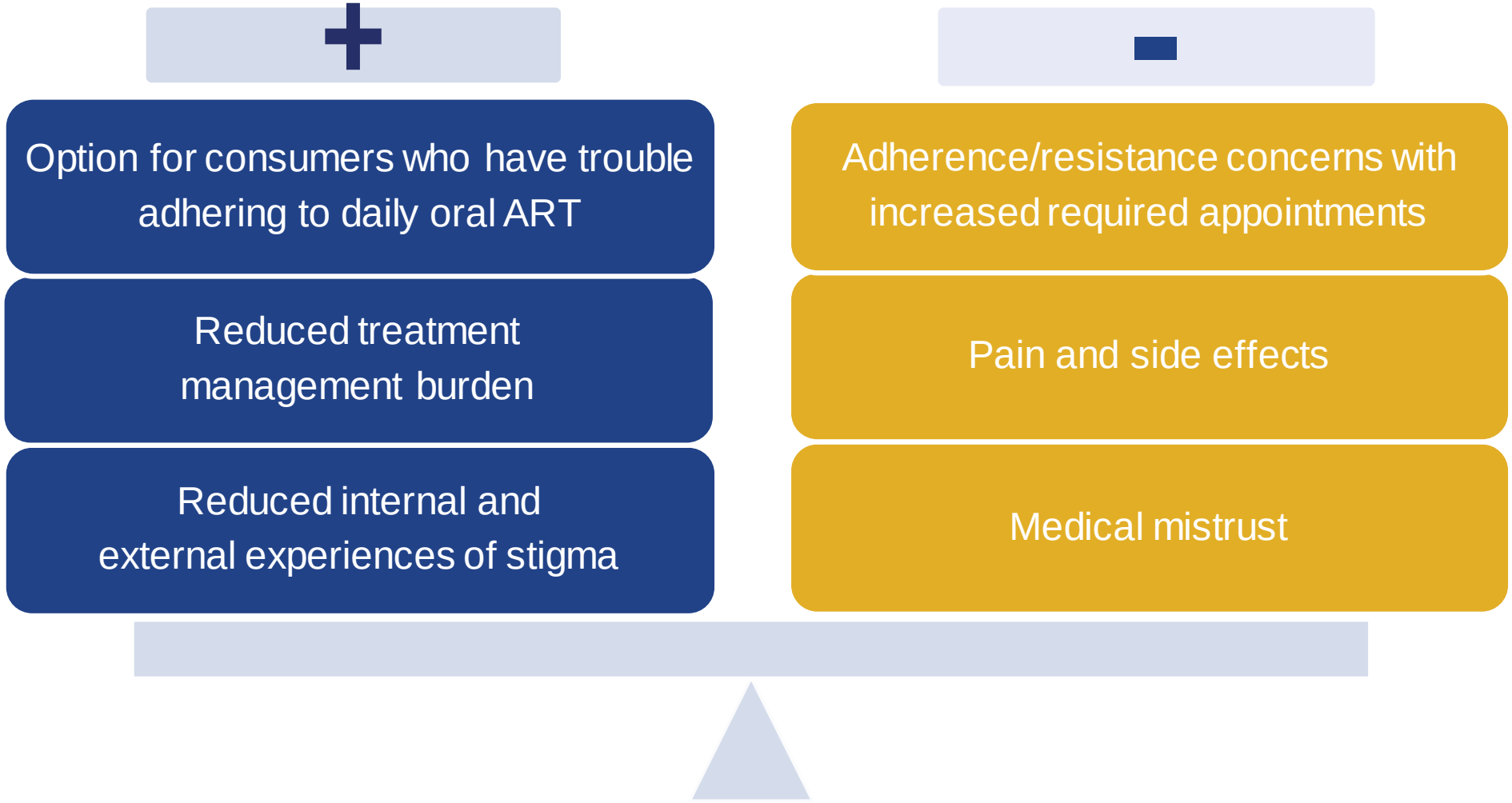
LAI ART Acceptability

Participants were generally enthusiastic about LAI ART and its potential to benefit patient care

Participants were disappointed LAI ART will not be available to virally unsuppressed consumers who could benefit most from new options

Participants expressed significant concerns about barriers to LAI ART implementation and uptake

Key Consumer-Level Facilitators and Barriers



Key Clinic-Level Facilitators and Barriers

- High provider support/willingness to implement LAI ART
- Several anticipated barriers:
  - New financial procedures
  - Staff capacity challenges
  - Need for staff training/education
  - New physical infrastructure and supply management requirements

“I think it's going to be a huge paradigm shift for every clinic…”
(focus group participant)

Recommendations for LAI ART Rollout

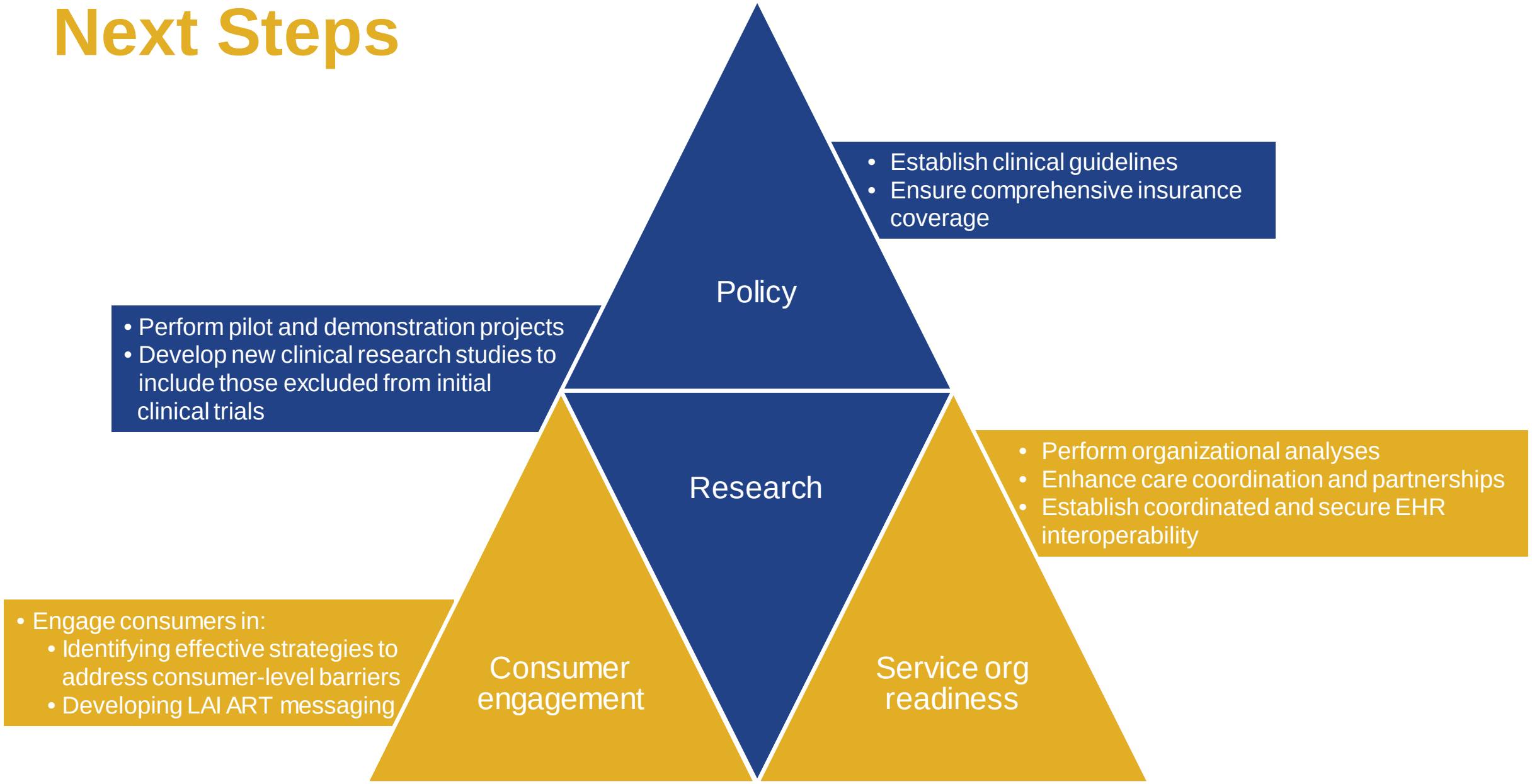
Messaging

- Engage consumers in message development and implementation
- Promote via TV, billboards, bus stops, waiting room flyers, social media, community presentations, and direct outreach
- Use simple, short messages that highlight LAI ART benefits

Implementation

- Nurse/pharmacist delivery
- Treatment education and adherence support
- Further research and pilot/demonstration projects
- Exploring innovative strategies
  - Alternative delivery locations
  - Alternative anatomic sites
  - Self-injection
  - Learning from implementation of other injectable therapies

Next Steps


Policy
• Establish clinical guidelines
• Ensure comprehensive insurance coverage
Research
• Perform pilot and demonstration projects
• Develop new clinical research studies to include those excluded from initial clinical trials
Consumer engagement
• Engage consumers in:
• Identifying effective strategies to address consumer-level barriers
• Developing LAI ART messaging
Service org readiness
• Perform organizational analyses
• Enhance care coordination and partnerships
• Establish coordinated and secure EHR interoperability

Questions?

Regional Response Project:

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  sshoptaw@mednet.ucla.edu
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  ukao@mednet.ucla.edu

Digital PrEP Project:

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- Dilara Üsküp, PhD, PhD
  duskup@ucla.edu

LAI ART Project:

- Raphael J. Landovitz, MD, MSc
  rlandovitz@mednet.ucla.edu
- David Goodman-Meza, MD, MAS
  DGoodman@mednet.ucla.edu

For more information:

CHIPTS EHE Coordinator:

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

Project Reports:

- https://chipts.ucla.edu/news/new-chipts-ehe-supplement-project-reports/

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

the OA Voice
Issue: August 2020

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

In This Issue:

Staff Highlight:

OA is pleased to welcome **Brett AugsJoots** to his new position. As many of you may know, Brett worked as a Health Educator 3 for the past five years in the Sexually Transmitted Disease Control Branch (STDCB). During those years, Brett was responsible for providing training and technical assistance to Disease Intervention Specialist (DIS), case managers, and service providers working with people with STDs and/or HIV.

Brett will now serve as the Disease Outbreak Intervention and Field Investigation Unit Chief in the HIV Prevention Branch, where he will be providing management and supervision over a team that will be responsible for using surveillance data to identify HIV/STD prevention priority areas and developing tools and reports to guide HIV planning and intervention. Part of his new role is to build capacity and provide tools for providers who work with vulnerable populations.

Prior to his role in STDCB, Brett worked as an evaluator at API Wellness (now San Francisco Community Health) where he worked with two programs – one serving people living with HIV who are multiply diagnosed with substances abuse or mental health disorders and experiencing homelessness and the other with transgender women of color living with HIV. While working with API, Brett was responsible for interviewing clients and enrolling them in studies.

Brett has a Master of Public Health degree in Maternal and Child Health and a Bachelor of Arts Degree in Planned Studies: The Politics of Sexuality.

In his spare time Brett likes to cook, garden, spend time with his family, and practice martial arts. He has two children Oliver (4) and Azalea (1). He currently spends most of his free time chasing Ollie in circles around the driveway. One fun fact about Brett is that he is a 4th degree black belt in Indonesian martial arts.

Brett joined OA on June 1, however he is currently redirected for COVID-19 response so he will begin working in his new role once his reassignment concludes.

Welcome Brett!! We are excited to have you join the OA team.

General Office Updates:

COVID-19:

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

HIV/STD/HCV Integration Update:

As the lead state department in the COVID-19 response, the California Department of Public Health (CDPH) has re-directed hundreds of staff to this effort. Because of this, there is a temporary pause on the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention until the Department gets back to normal. We have made tremendous progress in the past few months, establishing numerous action teams to define a future integrated organization. We do not want to lose this momentum, and we will not. We have the commitment of our contractor, who greatly understands the Department's predicament, to continue right where we are pausing, as soon as the COVID-19 related workload on our staff lets up.

Ending the Epidemics:

OA has been awarded funding from CDC-RFA-PS20-2010, which is funding the Prevention Activities within the federal Ending the HIV Epidemic in America initiative. This funding will be distributed to the six Phase I designated counties assigned to CDPH OA: Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego. Los Angeles and San Francisco also received PS20-2010 funding directly. The activities to be implemented were developed under the one-year CDC-RFA-PS19-1906 Accelerated Planning Grant from which an Ending the HIV Epidemic in America plan was developed by the six Phase I counties with the assistance of OA and Facente Consulting. The Ryan White Planning Councils in each county reviewed and gave concurrence to the plan. PS20-2010 is a five year grant, and the plan is a living document that will be adjusted throughout the implementation to insure activities are reaching the prioritized populations effectively.

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

PrEP Assistance Program (PrEP-AP):

As of June 29, 2020, there are 206 PrEP-AP enrollment sites covering 156 clinics that currently make up the PrEP-AP Provider network. A comprehensive list of the PrEP-AP Provider Network can be found at https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2.

Data on active PrEP-AP clients can be found in the tables at the top of page three.

California PrEP Assistance Program and In-Home HIV testing:

As we all continue to respond to the COVID-19 pandemic, it has been challenging to provide HIV and sexually transmitted disease (STD) testing and prevention. Many programs and providers are working to expand telehealth and in-home testing options including the provision of home-use oral HIV tests for people on PrEP who cannot easily access in-person testing. To support this option and to help ensure the safety of people during the COVID-19 pandemic, California's PrEP Assistance Program (PrEP-AP) will temporarily cover the cost of an in-home HIV test for enrolled clients as a pharmacy benefit with no out-of-pocket charge. Further considerations are outlined in the attached documents and additional information is located here: https://cdphprep-ap.magellanrx.com/provider/external/commercial/caprep/doc/en-us/CDPH_PrEP-AP_provider_notice_20200702.pdf.

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	168	4%	---	---	---	---	165	4%	333	8%
25 - 34	1,195	28%	3	0%	1	0%	925	22%	2,124	50%
35 - 44	669	16%	---	---	4	0%	386	9%	1,058	25%
45 - 64	298	7%	---	---	25	1%	247	6%	570	13%
65+	7	0%	---	---	123	3%	13	0%	143	3%
TOTAL	**2,337**	**55%**	**3**	**0%**	**153**	**4%**	**1,736**	**41%**	**4,228**	**100%**

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

Current Age	Latinx		White		Black or African American		Asian		American Indian or Alaskan Native		Native Hawaiian/ Pacific Islander		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	136	3%	93	2%	31	1%	40	1%	---	---	4	0%	9	0%	20	0%	333	8%
25 - 34	950	23%	651	15%	161	4%	223	5%	1	0%	6	0%	37	1%	93	2%	2,122	50%
35 - 44	506	12%	346	8%	74	2%	76	2%	3	0%	3	0%	9	0%	39	1%	1,056	25%
45 - 64	228	5%	247	6%	40	1%	39	1%	2	0%	1	0%	3	0%	8	0%	568	13%
65+	14	0%	118	3%	4	0%	4	0%	1	0%	---	---	1	0%	---	---	142	3%
TOTAL	**1,834**	**43%**	**1,455**	**34%**	**310**	**7%**	**382**	**9%**	**7**	**0%**	**14**	**0%**	**59**	**1%**	**160**	**4%**	**4,221**	**100%**

Both PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 07/31/2020 at 12:15:55 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

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

ADAP's Insurance Assistance Programs:

As of July 28, 2020, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart on the top of page four.

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

Harm Reduction Unit Update:

OA is excited to announce $12.2 million in awards to 37 of California's 58 syringe service programs (SSPs), through the California Harm Reduction Initiative (CHRI) (https://harmreduction.org/california-harm-reduction-initiative-chri/). CHRI represents the largest state investment in harm reduction programs in ten years and is a collaboration between OA's Harm Reduction Unit and the National Harm Reduction Coalition (HRC) (https://harmreduction.org/). The three-year initiative aims to strengthen California's SSPs and deepen linkage and engagement with other social service programs for people who use drugs through grant-making and technical assistance.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from June
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	679	-1.88%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,125	-1.78%
Medicare Part D Premium Payment (MDPP) Program	1,966	+0.10%
Total	**8,770**	**-1.37%**

Funded projects will center around the voices of people who use drugs through increased participant involvement with program development and service delivery and paid program positions, and will establish strategies and action to address racial and health inequities affecting people of color who use drugs. OA is proud to add CHRI to our prevention strategies and increase California's harm reduction efforts to address the continued racial and social discrimination that California residents who use drugs experience. Contact Loris A. Mattox at loris.mattox@cdph.ca.gov for additional information.

The American Medical Association released a report on the alarming increases in opiate and other drug overdose in 2020 (https://www.ama-assn.org/system/files/2020-07/opioid-task-force-progress-report.pdf). The AMA's highlights include:

The epidemic has grown more deadly. The nation is unequivocally facing a much deadlier and more potent drug overdose and death epidemic fueled by illicit fentanyl, methamphetamine, cocaine and heroin than one driven by prescription opioids…

The increasingly complicated and more deadly nature of the epidemic requires meaningful action to remove barriers to evidence-based treatment for substance use disorders, pain and harm reduction. It also requires meaningful action to enforce mental health and substance use disorder parity and remove arbitrary restrictions (https://searchlf.ama-assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-6-16-Letter-to-Dowell-re-Opioid-Rx-Guideline.pdf) on access to prescription opioids as well as additional surveillance efforts to accurately track overdose and mortality trends to provide equitable public health interventions.

People living with HIV may be at elevated risk for opiate overdose. A 2019 study found that although the death among people living with HIV between 2011 and 2015 decreased by 12 percent in the United States, deaths attributed to opioid overdose in this population rose by more than 42% during the same time period (https://www.croiconference.org/abstract/opioid-overdose-deaths-among-persons-hiv-infection-united-states-2011-2015/).

Strategy M: Improve Usability of Collected Data

OA has released a new report, titled "Behavioral and Clinical Characteristics of People Living with Diagnosed HIV in California, 2015-2017," presenting Medical Monitoring Project data from the California Project Area (Los Angeles and San Francisco conduct separate Medical Monitoring Projects). With the invaluable assistance of health care providers and medical records staff

throughout the state, the OA Behavioral and Clinical Surveillance staff conducted interviews and medical record abstractions among over 600 people living with diagnosed HIV in California. The multi-site Medical Monitoring Project is funded by the Centers for Disease Control and Prevention. The report and the appendix can be found at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/MMP_Report_2015-17_ADA.pdf and https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/MMP_Report_2015-17_Appendix_ADA.pdf, respectively.

Strategy N: Enhance Collaborations and Community Involvement

California Planning Group (CPG):

OA has appointed Matthew Willis as the CPG State Co-Chair, replacing Keshia Lynch who has accepted employment with Lifelong Medical Care in the Bay Area, where she will be the HIV Program Manager. (Congratulations, Keshia!). Matt will serve with Tiffany Woods, the other State Co-Chair. Matt has been with OA for more than 14 years and has experience throughout the spectrum of HIV, from HIV test and prevention through Care Services including working with the Bridge Project, Minority AIDS Initiative, and the Ryan White funded Health Care Programs. To his vast experience he adds an appreciation of the needs of different communities throughout California. This combination provides OA and now also the CPG, with practical and effectual HIV program development and implementation.

The CPG Youth Committee is requesting your assistance. The Youth Committee was formed in 2019 to provide advice, guidance, and recommendations to the OA regarding programs, policies, and initiatives needed to promote effective treatment, prevention and care of HIV/STD/HCV services for youth up to age 29. One of the identified areas of interest is the possible development of population standards for adolescents and young adults related to HIV and/or STD treatment and prevention. To this end we would appreciate any assistance in identifying standards you may be aware of in your area or others. Thank you in advance for your support. Should you have any questions or information to share please contact Miguel Martinez at mimartinez@chla.usc.edu.

Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living With HIV in California

OA has submitted an application for funding to the Centers for Disease Control and Prevention (CDC) in response to their Notice of Funding Opportunity CDC-RFA-PS20-2011, Strategies to Maintain HIV Viral Suppression Among State Prison Inmates Released to the Community. If funded, the grant will provide people living with HIV being released home with case management and necessary services to ensure expeditious linkage to HIV care in order to sustain viral suppression achieved while in state prison. Overall viral suppression rate among PLWH in California prison is 95 percent, exceeding the state rate of 61 percent and the National HIV AIDS Strategy (NHAS) goal of 80 percent. Viral suppression rates are similar for all racial/ethnic and gender groups while being treated in the correctional system. However, after release, viral suppression rates drop to levels less than the pre-incarceration rates. Clients participating in the program will be provided assistance during their pre-release phase and for 18 months after return to the community. The funding amount floor was $650,000 and the ceiling was $850,000. The funding duration is for four years, and the CDC expects to fund 3 recipients.

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

LOS ANGELES COUNTY
COMMISSION ON HIV

Ryan White HIV/AIDS Program Parts

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

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

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

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

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

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org

Virtual Training Schedule for Commissioners and Community Members

These trainings are **highly recommended.** The Ryan White HIV/AIDS Program Part A Manual stipulates the provision of a thorough orientation to new and returning planning council members and ongoing formal training to attain skills necessary to perform their duties.

September 2 @ 2pm to 3:30pm REGISTER HERE: https://tinyurl.com/y4rdbl6u	**Commission on HIV (COH) Overview** | Learn about the purpose of the COH, its ordinance and bylaws, and structure. Learn about integrated HIV prevention and care community planning.
September 14 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/yxnnleq5	**Ryan White CARE Act Legislation Overview** | Learn about the landmark law that establishes lifesaving care for people living with HIV in the United States.
October 1 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/yyl8gu9r	**Membership Structure and Responsibilities |** Learn about the duties of a Commissioner, the 51 seats on the body, and the functions of the Operations Committee. Learn how different member perspectives help facilitate a sound integrated HIV/STD prevention and care planning process. Understand the concepts of Parity, Inclusion, Reflectiveness, and Representation.
October 29 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/yyhgv8sb	**Priority Setting and Resource Allocation (PSRA) Process |** Ryan White HIV/AIDS Program resources are limited and need is severe. Learn about the responsibility of planning councils to use sound information and a rational decision-making process when deciding which services and other program categories are priorities (priority setting) and how much to fund them (resource allocation).
November 5 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/y3c7f632	**Service Standards Development Process** | Learn why the COH develops service standards for HIV services, the functions of the Standards and Best Practices Committee, and how community members help shape standards of care in Los Angeles County.
November 19 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/yyh64om6	**Policy Priorities and Legislative Docket Development Process** | Learn about the functions of the Public Policy Committee and how the COH's policy priorities and legislative positions are developed. Learn about the Board of Supervisors guidance for Commissions on taking positions on legislative bills.

Summary: Impact of COVID-19 on HIV/STD Prevention, Testing, Treatment and Care Services Delivery among DHSP Contracted Service Providers in Los Angeles County, May 2020

Background

The Los Angeles County Department of Public Health Division of HIV and STD Programs (DHSP) conducted a survey of contracted HIV/STD service providers to assess the extent of COVID-19 impact on operations and service provision in order to: 1) Provide context for provider capacity for service continuity during COVID-19; and, 2) Inform the investment of new HRSA CARES Act and other funding to respond to service and resource needs created by COVID-19.

Methods

- Data Collection: Online survey distributed via SoGo Survey to 60 contracted agencies May 7-18, 2020
- Sample: Fifty agencies (83%) that represent over 70 HIV/STD prevention, testing and treatment service sites across LAC responded to the survey
- Survey questions assessed COVID-19 impact on: 1) overall agency operations; 2) adoption and use of telehealth modalities; and 3) access to and continuity of 12 selected service categories (see right).
  - Approximately one hour to complete
- Interpretation of findings: Results presented reflect 1) activities reported in May 2020 and may differ from current practices resulting from LAC Health Officer orders; and 2) experience of contracted agencies participating in the survey and may differ from those of other HIV/STD testing, prevention and treatment services in LAC.

Selected Service Categories

RYAN WHITE CORE MEDICAL
- Ambulatory Outpatient Medical (AOM)
- Oral Health Services
- Medical Care Coordination (MCC)
- Mental Health Services
- Home-Based Case Management (HBCM)

RYAN WHITE SUPPORT SERVICES
- Benefits Specialty Services (BSS)
- Residential Services (RCFCI, TRCF, and Substance Abuse Transitional Housing)
- Transitional Case Management (TCM) – Jails
- Nutritional Support

HIV/STD TESTING AND PREVENTION
- Biomedical Prevention (PrEP/PEP)
- HIV Testing and STD Screening, Diagnosis and Treatment Services
- Prevention Services (Vulnerable Populations and Health Education/Risk Reduction)

Results

Impact of COVID on Operations

Of the 50 participating agencies, 47 (94%) reported their operations had been moderately or severely affected by COVID-19. Over half (54%) of agencies reported at least some of their facilities were temporarily closed and 12 agencies had to lay off staff.

Nine of 12 service categories (75%) were impacted by full or partial reassignment of staff to COVID-related work. AOM was most impacted by staff reassignment with 48% of the 27 participating agencies reporting reassignment of staff.

Only half of the assessed services were being provided by all contracted agencies with AOM and MCC being least impacted (≥95% agencies providing) and Oral Health and Testing Services being most impacted (73% and 63% of agencies, respectively).

During COVID-19 all agencies reported increases in operating expenses for the purchase of personal protective equipment (PPE) and other protective equipment such as gloves and cleaning supplies. All agency contracted for 'fee-for-service' services (AOM, Oral health, Biomedical Prevention and Testing Services) reported a decrease in billable visits/hours following COVID-19.

Across most services categories, agencies reported increased costs associated with telehealth infrastructure development and implementation of physical distancing measures to protect clients and staff. Agencies contracted for Nutritional Support services reported higher food and transportation costs and with fewer donations during COVID-19 have resulted in increased operating costs.

Capacity and Use of Telehealth

Forty-nine of the 50 agencies surveyed responded to question related to telehealth. **Ninety percent (90%) of agencies reported having telehealth capacity at the time of the survey. The most commonly used telehealth modalities reported were telephone**

(93%) and live/real-time two-way interaction between patient and provider using video/audiovisual communication technologies (68%), followed by mobile health (20%), store-and-forward (9%) and remote patient monitoring technologies (7%).

While telehealth modalities were not appropriate for all the selected services categories (Residential Substance Abuse or Nutritional Support), it did support service continuity for most core Ryan White services (AOM, HBCM, MCC, and Mental Health). Prevention Services (Biomedical and Prevention). Oral Health and Testing services were the least adaptable to telehealth.

At the agency-level, lack of a robust telehealth infrastructure was reported as a main barrier to engaging clients using telehealth modalities. Across service categories commonly reported barriers to telehealth were: 1) limited access to privacy and/or a reliable device; 2) clients preferring in-person to telehealth services; and 3) locating and engaging clients without phone or internet access.

Key Findings by Service Category

Ambulatory Outpatient Medical Services (AOM)

All 21 surveyed agencies were continuing to provide services and 20 (95%) were providing viral load testing. Most agencies (15 of 21) reported no changes to hours of operation for routine in-person visits and **17 of 21 reported prioritizing patients for in-person visits who include those with newly diagnosed HIV and those with unsuppressed viral load (VL) and comorbid conditions.** To promote ART access and continuity, **all agencies were helping patients with prescription home delivery** and most (19 of 21) were extending ART and other medication refills.

Oral Health

Of the 11 surveyed agencies, eight were continuing to provide services during COVID-19. Clients with emergency oral health needs were prioritized for in-person visits at seven of eight agencies. Seven agencies reported telehealth capacity and of these, three were providing oral health consultations via telehealth.

Medical Care Coordination

Twenty-one of the 22 surveyed agencies were continuing to provide MCC services. Fifteen of the 21 agencies reported no changes to hours of operation for routine in-person visits and **11 of 21 reported prioritizing patients for in-person visits who include those newly diagnosed HIV, those with unsuppressed VL and comorbid conditions and those experiencing homelessness.** Twenty agencies reported telehealth capacity and of these, 19 (95%) were providing MCC via telehealth. **Most clients receiving telehealth services with those with suppressed VL and complex comorbidities and those with mental health and/or substance use issues.**

Mental Health (MH)

All eight surveyed agencies were continuing to provide services during COVID-19. Most agencies (6 of 8) reported no changes to hours of operation for routine in-person visits and **half reported prioritizing patients for in-person visits who include those in crisis, with substance use issues or experiencing homelessness.** All eight agencies reported providing services via telehealth. Six of eight agencies reported increased need for MH services among clients during COVID-19.

Home-Based Case Management (HBCM)

All five surveyed agencies were continuing to provide services during COVID-19. Most agencies (3 of 5) reported changes to hours of operation for in-person visits. Four agencies reported telehealth capacity and of these all were providing HBCM via telehealth. **Most clients receiving telehealth services were those experiencing complex comorbidities (regardless of VL suppression) or acute/new health issues.** Two of five agencies reported increased need for HBCM services among clients during COVID-19.

Benefits Specialty Services (BSS)

All nine surveyed agencies were continuing to provide services during COVID-19. Most agencies (5 of 9) reported changes to hours of operation for in-person visits. Nearly all agencies were continuing to enroll new clients (8 of 9). Four agencies reported telehealth capacity and of these all were providing HBCM via telehealth. **Most clients receiving telehealth services with those complex comorbidities (regardless of VL suppression) or acute/new health issues.** Two of five agencies reported increased need for BSS services among clients during COVID-19.

Summary: Impact of COVID-19 on HIV/STD Prevention, Testing, Treatment and Care Services Delivery among DHSP Contracted Service Providers in Los Angeles County, May 2020

Residential Services

All five surveyed agencies were continuing to provide services during COVID-19. **Most agencies (4 of 5) reported no changes to hours of operation for in-person visits and were continuing to enroll new clients (3 of 5).** Surveyed agencies reported a vacancy rate of 25% or less and only one of the five agencies reported increased need for Residential Services during COVID-19.

Transitional Case Management (TCM)-Jails

Two of the four surveyed agencies were continuing to provide TCM. Both agencies reported changes to hours and days of operation and only one agency was continuing to enroll new clients during COVID-19. One agency reported telehealth capacity and was currently providing TCM via telehealth. **Both agencies reported increases in the number of clients needing TCM during COVID-19.**

Nutritional Support Services (NSS)

All three surveyed agencies were continuing to provide services during COVID-19 (food pantry n=2; home-delivered meals n=1). No agencies reported changes to hours of operation for in-person visits and reported providing walk-in pantry and food bank services consistent with social distancing guidelines. All agencies were continuing to enroll new clients, two of which reported conducting intakes and nutritional consults by phone. **All agencies reported increased need for NSS** (more bags of food/more meals per client) during COVID-19.

Biomedical Prevention (PrEP/PEP)

Of the 11 surveyed agencies, 10 were continuing to provide services during COVID-19. Most agencies (6 of 10) reported no changes to hours of operation for routine in-person visits and 7 of 10 reported prioritizing clients with new or acute health issues for in-person visits. All agencies reported enrolling new clients and providing services via telehealth. To promote PrEP access and continuity, **all agencies were helping clients with prescription home delivery and most (9 of 10) were extending PrEP and other medication refills.**

HIV and STD Testing Services

Of the 27 surveyed agencies, 17 (63%) were continuing to provide services during COVID-19. Nearly half of agencies (8 of 17) reported changes to hours and days of operation for routine in-person visits and most (13 of 17) reported prioritizing clients who were experiencing symptomatic STDs, new or acute health issues or homelessness for in-person visits. **Sixteen agencies reported telehealth capacity however only six (38%) were providing services via telehealth** that included presumptive treatment for symptomatic STDs and risk assessments.

Prevention Services (Vulnerable Populations and Health Education/Risk Reduction)

Of the 19 surveyed agencies, 17 (90%) were continuing to provide Prevention Services during COVID-19. Nearly all agencies (15 of 17) reported changes to hours and days of operation for in-person services and three of 17 were prioritizing clients experiencing new or acute health issues or homelessness or requesting an HIV test for in-person services. **Sixteen agencies reported telehealth capacity and 14 (88%) were currently providing services via telehealth** that included linked referrals to HIV/STD testing and/or PrEP/PEP, individual assessments, group meetings and workshops/trainings.

Summary of Key Findings

- Operations at all agencies, across service categories, have been impacted by COVID-19. The most disruption in service continuity was reported for Oral Health, TCM-jails and Testing Services.
- Telehealth, particularly through telephone and video contact, has been critical for continued delivery of most contracted services however there have been increased costs for agencies to build up infrastructure to support these service modalities.
- Additional costs to agencies during COVID-19 include the purchase of protective equipment and implementation of physical distancing protocols needed to keep both staff and clients safe and reduce COVID-19 transmission.

The full report is available on the DHSP website: http://www.publichealth.lacounty.gov/dhsp/COVID-19/Impact_of_COVID-19_on_Contracted_HIV_and_STD_Services_in_LA_County_May2020.pdf

Summary: Impact of COVID-19 on HIV/STD Prevention, Testing, Treatment and Care Services Delivery among DHSP Contracted Service Providers in Los Angeles County, May 2020

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This document summarizes the presentation made to the Los Angeles County Commission on HIV Priorities, Planning and Allocations Committee, July 21, 2020. The presentation highlighted key findings from supplemental data tables shared with attendees "RWP Utilization Report Year 29 – Supplemental Table 1" and "RWP Utilization Report Year 29 – Supplemental Table 3."

Data Sources, Interpretation and Limitations

The utilization report combines external service data reported by DHSP Ryan White Program (RWP) subrecipients (HIV Casewatch and monthly reports) and internal service data collected by DHSP for direct services (Linkage and Re-engagement program [LRP], Partner Services). HIV surveillance data is also used to estimate HIV care continuum (HCC) outcomes (engagement in care, retention in care and viral suppression). In addition, expenditure reports are used to determine how efficiently funding is used and to identify funding source (Part A, B or C, CDC, MAI or net county costs [NCC]).

In previous years, the service data was limited to only those services paid for by DHSP. To provide a more expansive understanding of RWP service utilization and impact on providers and agencies, this report now includes data for all services that were eligible to be paid for by DHSP regardless final payment determination.

These data can be used to describe the number and characteristics of clients who accessed RWP services in the reporting year, type(s) of services used, and units of service used. Using laboratory tests (viral load, CD4 and genotype tests) reported HIV surveillance data, they can also be used to estimate **engagement in care** (one or more laboratory test in the past 12 months), **retention in care** (two or more laboratory tests at least 90 days apart in the past 12 months), and **viral suppression** (most recent viral load test in the past 12 months is less than 200 copies/mL) for RWP clients. Each of these indicators can be compared with data from previous years to identify any changes in utilization patterns (which clients, how many clients, which services, and how many service units) and HCC outcomes.

These data cannot describe what services clients need, if clients are unable to get needed services (service gaps), or why the number of clients may change from year-to-year. In addition, the HCC outcomes may not be directly attributed to the RWP service but rather serve to describe the health status of the client accessing that service.

Some important limitations to these data are that they may not be representative of PLWH outside of the RWP and that reporting delays and/or incomplete reporting may impact the timeliness or quality of the data. In addition, expenditure reports for Year 29 are provisional and are expected to be finalized by the end of August 2020.

Socio-demographic Characteristics of RW Clients

Approximately **21,397 unduplicated clients received at least one RWP core or support service** Ryan White Year 29 (March 1, 2019 - February 28, 2020). Of these, **97% were engaged in medical care** and 31% received at least one RWP-supported medical care visit in the reporting period. The number of clients served in Year 29 increased 5% from 20,469 in Year 26.

The supplemental "RWP Utilization Report Year 29 – Supplemental Table 1" presents RWP clients by race/ethnicity, gender, age group, primary language, income, insurance, housing status, incarceration history, HIV transmission category, health district of residence and HIV care continuum outcomes.

In Year 29, the majority of RWP clients were Latinx (50%) and Black (24%), male (86%) and aged 40-59 (50%). Sixty-two percent of clients (62%) were living at or below the federal poverty level (FPL), 35% were uninsured, 26% were primarily Spanish-speaking, 10% were experiencing homelessness and 8% were recently incarcerated. The top three HD of residence were Hollywood-Wilshire (16%), Central (12%) and Southwest (7%).

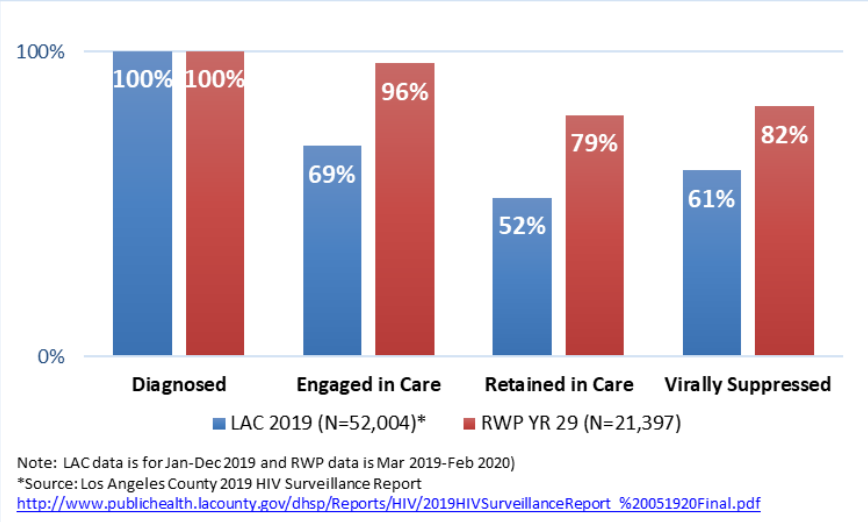
From Year 26 to Year 29, the proportion of RWP clients aged 40-49 decreased from 27% to 22% while those aged 60 and older increased from 12% to 15%. The proportion of clients experiencing homelessness increased from 7% in Year 26 to 10% in Year 29. Little change was observed from Year 26 through Year 29 in the proportion of clients by race/ethnicity, gender, income, uninsured status, language, incarceration history.

HIV Care Continuum for RW Clients

In Year 29, 96% of the 21,397 RWP clients were engaged in care and 84% were retained in care in the past 12 months, and 79% achieved viral suppression. From Year 26 to Year 29, the proportion of RWP clients engaged in care has remained high at 96%. **While the proportion of RWP clients retained in care increased slightly (82% to 84%) from Year 26 to Year 29, the proportion of RWP clients achieving viral load suppression decreased slightly from 82% to 79%.**

RWP clients represent approximately 40% of the 52,004 PLWH in LAC in 2019. **Compared to all PLWH in LAC, higher proportions of RWP clients were engaged in care, retained in care and achieved viral suppression.**

Figure 1: HIV Care Continuum Comparing People Living with Diagnosed HIV (2019) and Ryan White Program Clients (Year 29), Los Angeles County



Note: LAC data is for Jan-Dec 2019 and RWP data is Mar 2019-Feb 2020)
*Source: Los Angeles County 2019 HIV Surveillance Report
http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2019HIVSurveillanceReport_%20051920Final.pdf

RWP Service Utilization by Service Category

The majority utilized Ambulatory Outpatient Medical services (AOM; 70%), followed by Medical Case Management (called Medical Care Coordination [MCC] in LAC; 34%), and non-Medical Case Management

(NMCM; 22%) . From Year 26 to 29, decreases in utilization were observed for AOM from 75% to 70% and NMCM from 32% to 22%. Utilization of MCC increased from 23% to 34% from Year 26 to 29.

The supplemental "RWP Utilization Report Year 29 – Supplemental Table 3" presents the number of unique clients utilizing each service category and the proportion of the overall unduplicated clients they represent for Years 26-29. Highlights from this table are presented below with the estimated expenditure data.

The **top five core RWP services in order of Year 29 funding allocation are listed below**. For each service category the number of clients utilizing the service, the proportion of total RWP clients they represent, the estimated expenditure amount, the amount invested per client and funding sources are presented.

MCC was utilized by 7,356 clients in Year 29 representing 34% of all RWP clients. The total estimated expenditures were $10,965,202 at an investment of $1,491 per client. Funding sources are Part A, MAI and NCC.

AOM was utilized by 15,013 clients in Year 29 representing 70% of all RWP clients. The total estimated expenditures were $9,633,451 at an investment of $642 per client. Funding source is Part A.

Oral Health (General and Specialty) was utilized by 4,448 clients in Year 29 representing 21% of all RWP clients. The total estimated expenditures were $5,821,872 at an investment of $1,309 per client. Funding source is Part A.

- General Oral Health was utilized by 4,115 clients in Year 29 representing 19% of all RWP clients. The estimated expenditures were $5,294,795 at an investment of $1,287 per client.
- Specialty Oral Health was utilized by 3,678 clients in Year 29 representing 17% of all RWP clients. The total estimated expenditures were $527,077 at an investment of $143 per client.

Home-Based Case Management (HBCM) was utilized by 302 clients served in Year 29 representing 1.4% of all RWP clients. The total estimated expenditures were $2,581,739 at an investment of $8,549 per client. Funding source is Part A.

Early Intervention Services (EIS) utilization is reported as tests administered rather than clients served. While EIS utilization data are not yet available for Year 29, a total of 37,279 tests were administered in Year 28. The total estimated expenditures were $1,088,678 and approximately $1,491 per client. Funding sources are Part A, CDC, NCC.

The top five RWP support services in order of Year 29 funding allocation are listed below. For each service category the number of clients utilizing the service, the proportion of total RWP clients they represent, the estimated expenditure amount, the amount invested per client and funding sources are presented.

Housing (all categories): Utilized by 227 clients in Year 29 representing 1% of all RWP clients. The total estimated expenditures were $6,995,894 at an investment of $30,819 per client. Funding sources are Part A, MAI, Part B.

- Permanent Supportive Housing was utilized by 108 clients in Year 29 representing 0.5% of all RWP clients. No data is available from the previous year as this is a new service category. The estimated expenditures were $2,238,934 at an investment of $20,731 per client.

- Residential Care for the Chronically Ill (RCFCI) was utilized by 90 clients in Year 29 representing 0.4% of all RWP clients and consistent with Year 28 numbers. The total estimated expenditures were $3,306,120 at an investment of $36,735 per client.
- Transitional Residential Care Facility (TRCF) was utilized by 35 clients in Year 29 representing 0.2% of all RWP clients and consistent with Year 28 numbers. The total estimated expenditures were $1,450,840 at an investment of $41,452 per client.

NMCM (all categories): Utilized by 4,688 clients in Year 29 representing 22% of all RWP clients. The total estimated expenditures were $2,394,486 at an investment of $511 per client. Funding sources are Part A and MAI.

- Benefits Specialty was utilized by 3,897 clients in Year 29 representing 18% of all RWP clients. The number of clients served increased 49% from 2,617 in Year 28. The estimated expenditures were $1,564,020 at an investment of $401 per client.
- Transitional Case Management (TCM) – Incarcerated Program was utilized by 805 clients in Year 29 representing 4% of all RWP clients. The total estimated expenditures were $163,474 at an investment of $203 per client.
- TCM – Youth Program was utilized by 67 clients in Year 29 representing 0.3% of all RWP clients. The number of clients decreased 42% from 115 in Year 28. The total estimated expenditures were $666,661 at an investment of $9,950 per client.

Outreach Services (all categories): Year 29 utilization and expenditure data is not available for all categories.

- Linkage and Re-engagement Program (LRP) was utilized by 688 clients in Year 29 representing 3% of all RWP clients. Number of clients has decreased 4% from 712 in Year 28. The number of clients served increased 49% from 2,617 in Year 28. The estimated expenditures were $1,564,020 at an investment of $401 per client.
- Partner Services: Year 29 utilization and expenditure data is not currently available. Not funded in Year 28.

Nutrition Support (all categories) was utilized by 2,012 clients in Year 29 representing 9% of all RWP clients. The total estimated expenditures were $2,117,073 at an investment of $1,052 per client. Funding source is Part A.

- Delivered Meals were utilized by 554 clients in Year 29 representing 3% of all RWP clients. The number of clients served increased 16% from 476 in Year 28. The estimated expenditures were $849,453 at an investment of $1,533 per client.
- Food Bank/Groceries were utilized by 1,637 clients in Year 29 representing 8% of all RWP clients. The number of clients served increased 11% from 1,481 in Year 28. The estimated expenditures were $849,453 at an investment of $1,533 per client.

Medical Transportation (all categories): Utilized by 3,901 clients in Year 29 representing 18% of all RWP clients. Year 28 utilization data is not currently available. The total estimated expenditures were $643,950 at an investment of $165 per client. Funding source is Part A.

- Taxi was utilized by 1,054 clients in Year 29 representing 5% of all RWP clients. The estimated expenditures were $257,966 at an investment of $245 per client.
- MTA/TAP: In Year 29, MTA was utilized by 2,247 clients representing 11% of all RWP clients and TAP was utilized by 600 clients representing 3% of all RWP clients. The estimated expenditures were reported together totaling $385,954. Investment per client cannot be calculated because clients may use both MTA and TAP.

Summary

In Year 29, approximately **21,397 clients** received at least one RWP service. The number of clients served in Year 29 increased 5% from 20,469 in Year 26.

While the sociodemographic characteristics of RWP clients have remained relatively stable from Year 26 to Year 29, **increasing numbers of clients are aged 60 and older, experiencing homelessness and residing in the Hollywood-Wilshire and Southwest HDs**.

RWP clients represent approximately 40% of the 52,004 PLWH in LAC in 2019. Compared to all PLWH in LAC, higher proportions of RWP clients were engaged in care (69% vs 96%), retained in care (52% vs 79%) and were virally suppressed (61% vs 82%). **From Year 26 to Year 29, engagement in care has been stable, retention in care increased by 2% and viral suppression decreased by 4%. Improvements in care continuum outcomes are needed to meet the 90% targets established in the recently launched "Ending the HIV Epidemic" (EHE) initiative.**

The top three utilized services were AOM (70%), MCC (34%), and NMCM (22%). From Year 26 to 29, there were decreases in utilization of AOM (by 7%) and NMCM (by 31%) and an increase in MCC utilization of 48%. Compared to the previous year, the number of clients using Oral Health, Nutrition Support, Housing Services and Benefits Specialty increased in Year 29.

Among services with estimated expenditure data for Year 29, the five reporting the largest expenditures were MCC, AOM, Oral Health, Housing, NMCM and HBCM. The services reporting the highest investment per client were Housing ($14,454), HBCM ($8,549), Outreach Services- LRP ($1,735), MCC ($1,491) and Oral Health ($1,309).

These data suggest that the allocations made based on the Year 28 data are still appropriate, however additional resources may be needed to support the growing number of RWP aged 60 and older and to address homelessness among RWP clients. In addition, innovative service models and community engagement supported by the EHE initiative are needed to update and supplement the RWP service portfolio. Finally, evaluation of preliminary Year 30 data will be critical to monitor the impact of COVID-19 on access to and utilization of services by RWP clients and to support their health and wellbeing.

Acknowledgements

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