



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



Visit us online: <http://hiv.lacounty.gov>

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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# COMMISSION ON HIV

## Virtual Meeting

Thursday, February 10, 2022

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

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

In commemoration of National Black HIV/AIDS Awareness Day, the meeting will feature a presentation on "Black Women & HIV and the Black Men Who Support Them."

**REGISTER + JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:**

<https://tinyurl.com/mr284a37>

*\*link is for members of the public only*

**JOIN VIA WEBEX ON YOUR PHONE:**

1-415-655-0001 US Toll    Access Code: 2599 900 9550

For a brief tutorial on how to use WebEx, please check out this video: <https://www.youtube.com/watch?v=iQSSJYcrglk>

*\*For those using iOS devices - iPhone and iPad - a new version of the WebEx app is now available and is optimized for mobile devices. Visit your Apple App store to download.*

## PUBLIC COMMENTS

Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission.

To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) -or- submit your Public Comment electronically via [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](https://www.surveymonkey.com/r/PUBLIC_COMMENTS).

All Public Comments will be made part of the official record.

**LIKE WHAT WE DO?**

Apply to become a Commissioner at <http://tinyurl.com/HIVCommApplication>



510 S. Vermont Ave., 14<sup>th</sup> Floor, Los Angeles CA 90020  
MAIN: 213.738.2816 EML: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) WEBSITE: <https://hiv.lacounty.gov>

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

Thursday, February 10, 2022 | 9:00 AM – 1:30 PM

<https://tinyurl.com/mr284a37>

To Register + Join by Computer:

To Join by Telephone: 1-415-655-0001 Access code: 2599 900 9550

AGENDA POSTED: February 3, 2022

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California's Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx.

**PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission.** To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) -or- submit your Public Comment electronically via [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](https://www.surveymonkey.com/r/PUBLIC_COMMENTS) . All Public Comments will be made part of the official record.

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

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

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

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



**1. ADMINISTRATIVE MATTERS**

- |   |                  |                   |
|---|------------------|-------------------|
| A. Call to Order, Roll Call & Introductions |                  | 9:00 AM – 9:10 AM |
| B. Meeting Guidelines and Code of Conduct   |                  | 9:10 AM – 9:15 AM |
| C. Approval of Agenda                       | <b>MOTION #1</b> | 9:15 AM – 9:17 AM |
| D. Approval of Meeting Minutes              | <b>MOTION #2</b> | 9:17 AM – 9:20 AM |

**2. REPORTS - I**

- |  |                  |                     |
|--|------------------|---------------------|
| A. Executive Director/Staff Report   |                  | 9:20 AM – 9:30 AM   |
| a. 2021 Annual Report  | <b>MOTION #3</b> |                     |
| b. 2022-2026 Comprehensive HIV Plan Overview   AJ King, Next Level Consulting  |                  |                     |
| B. Co-Chairs' Report   |                  | 9:30 AM – 9:45 AM   |
| a. Vision and Mission Statements Review  |                  |                     |
| b. Executive At-Large Member   OPEN NOMINATIONS & ELECTIONS  |                  |                     |
| C. National Black HIV/AIDS Awareness Day (NBHAAD) Presentation   |                  | 9:45 AM – 10:45 AM  |
| <i>Black Women and HIV and the Black Men who Support Them</i>  |                  |                     |
| Danielle M. Campbell, MPH, Faculty, Charles R. Drew University of Medicine and Science,<br>Clinical Research Manager, David Geffen School of Medicine at UCLA.<br>Gerald Garth, Director of Diversity, Equity, and Inclusion, LA LGBT Center |                  |                     |
| D. California Office of AIDS (OA) Report   |                  | 10:45 AM – 10:50 AM |
| E. LA County Department of Public Health Report  |                  | 10:50 AM – 11:05 AM |
| a. Division of HIV/STD Programs (DHSP) Updates   |                  |                     |
| • Programmatic and Fiscal Updates  |                  |                     |
| • Ryan White Program (RWP) Parts A & B   |                  |                     |
| F. Housing Opportunities for People Living with AIDS (HOPWA) Report  |                  | 11:05 AM – 11:10 AM |
| G. Ryan White Program Parts C, D, and F Report   |                  | 11:10 AM – 11:15 AM |

**3. BREAK**

- |  |  |                     |
|--|--|---------------------|
| H. Cities, Health Districts, Service Planning Area (SPA) Reports |  | 11:15 AM – 11:30 AM |
|  |  | 11:30 AM – 11:35 AM |

**4. REPORTS - II**

- |  |  |                     |
|--|--|---------------------|
| A. Standing Committee Reports  |  | 11:35 AM – 12:15 PM |
| (1) Operations Committee   |  |                     |
| a. 2022 Training Plan Preview  |  |                     |
| b. Attendance & Membership Reflectiveness Review                                 |  |                     |
| c. Membership Application Process/Interview Questions Workgroup                  |  |                     |
| d. PLANNING CHATT Recruitment and Retention Learning Collaborative Participation |  |                     |
| e. Social Media Initiatives  |  |                     |



- (2) Planning, Priorities and Allocations (PP&A) Committee
  - a. DHSP Program Directives | UPDATES
  - b. Minority AIDS Initiative (MAI) & Emergency Financial Assistance (EFA) Expenditure & Demographics
  - c. 2022-2026 Comprehensive HIV Plan (CHP) Development
- (3) Standards and Best Practices (SBP) Committee
  - a. Benefit Specialty Service Standards | UPDATES
  - b. Special Populations Best Practices Project
  - c. Oral Health Service Standard: Dental Implants Inclusion | UPDATES
- (4) Public Policy Committee
  - a. Policy Priorities Community Consultation/Public Hearing Preparation
  - b. County, State and Federal Policy and Legislation
    - i. 2022 Legislative Docket | UPDATES
    - ii. COH Response to the STD Crisis | UPDATES
  - c. County, State and Federal Budget

B. Caucus, Task Force and Work Group Report 12:15 PM – 12:25 PM

- (1) Aging Task Force | March 1 @ 1pm
- (2) Black/ African American Workgroup
- (3) Consumer Caucus | Feb 10 @ 3pm
- (4) Prevention Planning Workgroup | Feb. 23 @ 5:30pm
- (5) Transgender Caucus | Feb. 22 @ 10am
- (6) Women’s Caucus | Feb. 21 @ 2pm

**5. DISCUSSION**

A. Los Angeles County Human Relations Commission Training & 12:25 PM – 1:00 PM  
Guided Discussion | Disclosing, Part 2: Presenting Different Facts or Perspectives

**6. MISCELLANEOUS**

A. Public Comment 1:00 PM – 1:15 PM

*Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment, you may do so in-person, virtually by registering via WebEx or submit in writing at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).*

B. Commission New Business Items 1:15 PM – 1:20 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, or where the need to act arose after the posting of the agenda.*



**C. Announcements**

1:20 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.*

**D. Adjournment and Roll Call**

1:30 PM

*Adjournment for the meeting of February 10, 2022.*

**PROPOSED MOTION(s)/ACTION(s):**

<b>MOTION #1:</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2:</b>	Approve the meeting minutes, as presented or revised.
<b>MOTION #3:</b>	Approved the 2021 Annual Report, as presented or revised.



**COMMISSION ON HIV MEMBERS:**

<i>Danielle Campbell, MPH, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Miguel Alvarez	Everardo Alvizo, LCSW
Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Mikhaela Cielo, MD	Pamela Coffey (Reba Stevens, **Alternate)
Michele Daniels (*Alternate) (LoA)	Erika Davies	Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS
Alexander Luckie Fuller	Gerald Garth, MS	Jerry D. Gates, PhD	Grissel Granados, MSW
Joseph Green	Thomas Green	Felipe Gonzalez	Karl Halfman, MA
William King, MD, JD, AAHIVS	Lee Kochems, MA	Anthony Mills, MD	Carlos Moreno
Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Jesus "Chuy" Orozco
Frankie Darling Palacios	Mario J. Pérez, MPH	Juan Preciado	Joshua Ray, RN (LoA) (Eduardo Martinez, **Alternate)
Mallery Robinson (*Alternate)	Isabella Rodriguez, MA (*Alternate)	Ricky Rosales	Harold Glenn San Agustin, MD
Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter (René Vega, MSW, MPH, **Alternate)	Damone Thomas (*Alternate)
Guadalupe Velazquez, (LoA)	Justin Valero, MPA	Ernest Walker, MPH	
<b>MEMBERS:</b>	<b>43</b>		
<b>QUORUM:</b>	<b>21</b>		



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**LEGEND:**

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



## LOS ANGELES COUNTY COMMISSION ON HIV



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

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

### CODE OF CONDUCT

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

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

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

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





## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 2/4/22

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

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
GARTH	Gerald	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
Promoting Healthcare Engagement Among Vulnerable Populations			
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
Transportation Services			
Nutrition Support			
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
RAY	Joshua	Unaffiliated consumer	No Ryan White or prevention contracts
ROBINSON	Mallery	We Can Stop STDs LA	No Ryan White or prevention contracts
RODRIGUEZ	Isabella	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	Reba	No Affiliation	No Ryan White or prevention contracts
THOMAS	Damone	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	Unaffiliated consumer	No Ryan White or prevention contracts
VEGA	Rene	Unaffiliated consumer	No Ryan White or prevention contracts
VELAZQUEZ	Guadalupe	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	Ernest	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services



**ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE**

## COMMITTEE ASSIGNMENTS

Updated: February 4, 2022  
\*Assignment(s) Subject to Change\*

EXECUTIVE COMMITTEE		
Regular meeting day: 4 <sup>th</sup> 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
Danielle Campbell	Co-Chair, Comm./Exec.*	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Alexander Fuller	Co-Chair, Operations	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Frankie-Darling Palacios	Co-Chair, PP&A	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero	Co-Chair, Operations	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 <sup>th</sup> Thursday of the Month		
Regular meeting time: 10:00 AM-12:00 PM		
Number of Voting Members= 8   Number of Quorum= 5		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Alexander Luckie Fuller	Committee Co-Chair*	Commissioner
Justin Valero	Committee Co-Chair*	Commissioner
Miguel Alvarez	*	Commissioner
Everardo Alvizo, LCSW	*	Commissioner
Michele Daniels	*	Alternate
Joseph Green	*	Commissioner
Carlos Moreno	*	Commissioner
Juan Preciado	*	Commissioner



**Committee Assignment List**

Updated: February 4, 2022

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<b>PLANNING, PRIORITIES &amp; ALLOCATIONS (PP&amp;A) COMMITTEE</b>		
Regular meeting day: 3 <sup>rd</sup> Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 14   Number of Quorum= 8		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
<i>Vacant</i>		
Kevin Donnelly	Committee Co-Chair*	Commissioner
Al Ballesteros	*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus "Chuy" Orozco	*	Commissioner
Frankie-Darling Palacios	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Damone Thomas	*	Alternate
Guadalupe Velazquez (LOA)	*	Commissioner
TBD	DHSP staff	DHSP

<b>PUBLIC POLICY (PP) COMMITTEE</b>		
Regular meeting day: 1 <sup>st</sup> Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 10   Number of Quorum= 6		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Alasdair Burton	*	Alternate
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Gerald Garth, MS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Eduardo Martinez	**	Alternate
Isabella Rodriguez	*	Commissioner
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner

**Committee Assignment List**

Updated: February 4, 2022

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<b>STANDARDS AND BEST PRACTICES (SBP) COMMITTEE</b>		
Regular meeting day: 1 <sup>st</sup> Tuesday of the Month		
Regular meeting time: 10:00AM-12:00 PM		
Number of Voting Members = 14   Number of Quorum = 8		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Grissel Granados	*	Commissioner
Thomas Green	**	Alternate
Mark Mintline, DDS	*	Committee Member
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Katja Nelson, MPP	**	Commissioner
Joshua Ray – (LOA) (Eduardo Martinez, Alternate)	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Reba Stevens	*	Alternate
Rene Vega	*	Alternate
Ernest Walker	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

**CONSUMER CAUCUS**Regular meeting day/time: 2<sup>nd</sup> Thursday of Each Month; Immediately Following Commission Meeting

Co-Chairs: Alasdair Burton, Jayda Arrington, &amp; Ishh Herrera

*\*Open membership to consumers of HIV prevention and care services\****AGING TASK FORCE (ATF)**

Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm

Co-Chairs: Al Ballesteros, MBA &amp; Joe Green

*\*Open membership\****TRANSGENDER CAUCUS**Regular meeting day/time: 4<sup>th</sup> Tuesday of Every Other Month @ 10am-12pm

Co-Chairs: Frankie Darling-Palacios &amp; Luckie Fuller

*\*Open membership\****WOMEN'S CAUCUS**Regular meeting day/time: 3<sup>rd</sup> Monday of Each Month @ 9:30am-11:30am

Co-Chairs: Shary Alonzo &amp; Dr. Mikhaela Cielo

*\*Open membership\**

**Committee Assignment List**

Updated: February 4, 2022

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**PREVENTION PLANNING WORKGROUP**

Regular meeting day/time: 4<sup>th</sup> Wednesday of Each Month @ 5:30pm-7:00pm

Chair: Miguel Martinez

*\*Open membership\**



# 2022 MEMBERSHIP ROSTER | UPDATED 2.4.22

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			<b>Vacant</b>		July 1, 2021	June 30, 2023	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
3	City of Long Beach representative	1	OPS	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2021	June 30, 2023	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2020	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2021	June 30, 2023	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	EXC PP&A	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2021	June 30, 2023	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2021	June 30, 2023	
12	Provider representative #2			<b>Vacant</b>		July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2021	June 30, 2023	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2020	June 30, 2022	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2021	June 30, 2023	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	EXC OPS	Alexander Luckie Fuller	Antioch University	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1			<b>Vacant</b>		July 1, 2021	June 30, 2023	Damone Thomas (PP&A)
20	Unaffiliated consumer, SPA 2			<b>Vacant</b>		July 1, 2020	June 30, 2022	
21	Unaffiliated consumer, SPA 3			<b>Vacant</b>		July 1, 2021	June 30, 2023	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4			<b>Vacant</b>		July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6			<b>Vacant</b>		July 1, 2020	June 30, 2022	Reba Stevens (SBP)
25	Unaffiliated consumer, SPA 7			<b>Vacant</b>		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			<b>Vacant</b>		July 1, 2021	June 30, 2023	Michele Daniels (OPS)
28	Unaffiliated consumer, Supervisorial District 2			<b>Vacant</b>		July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray (LOA)	Unaffiliated Consumer	July 1, 2021	June 30, 2023	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			<b>Vacant</b>		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			<b>Vacant</b>		July 1, 2021	June 30, 2023	
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez (LOA)	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2021	June 30, 2023	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	EXC OPS SBP	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
40	Representative, Board Office 5			<b>Vacant</b>		July 1, 2020	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2021	June 30, 2023	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			<b>Vacant</b>		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	PP	Gerald Garth, MS	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2021	June 30, 2023	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2020	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS SBP	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
<b>TOTAL:</b>		<b>37</b>						

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

LOA: Leave of Absence

Overall total: 45



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

**COMMISSION ON HIV VIRTUAL MEETING MINUTES**  
**January 13, 2022**

COMMISSION MEMBERS									
P=Present   A=Absent   EA=Excused Absence									
Miguel Alvarez	P	Kevin Donnelly	P	Karl Halfman, MA	P	Jesus "Chuy" Orozco	P	Kevin Stalter	P
Everardo Alvizo, MSW	P	Felipe Findley, PA-C, MPAS, AAHIVS	P	William King, MD, JD, AAHIVS	P	Mario J. Perez, MPH	P	Reba Stevens (Alt)	P
Al Ballesteros, MBA	P	Alexander Luckie Fuller	A	Lee Kochems	P	Juan Preciado	P	Damone Thomas (Alt)	P
Alasdair Burton (Alt)	P	Gerald Garth	EA	David Lee, MPH, LCSW	P	Joshua Ray, RN (LoA)	EA	Justin Valero, MPA	P
Danielle Campbell, MPH	P	Jerry Gates, PhD	P	Eduardo Martinez (Alt)	P	Mallery Robinson	A	Guadalupe Velasquez (LoA)	EA
Mikhaela Cielo, MD	P	Felipe Gonzalez	P	Anthony Mills, MD	P	Isabella Rodriguez (Alt)	P	Rene Vega (Alt)	A
Pamela Coffey	A	Bridget Gordon	P	Carlos Moreno	P	Ricky Rosales	P	Ernest Walker	P
Michele Daniels	A	Grissel Granados, MSW	EA	Derek Murray	P	H. Glenn San Agustin, MD	P		
Frankie Darling-Palacios	EA	Joseph Green	P	Dr. Paul Nash, CPsychol, AFBPsS, FHEA	P	Martin Sattah, MD	P		
Erika Davies	P	Thomas Green	P	Katja Nelson	P	LaShonda Spencer, MD	P		

COMMISSION STAFF & CONSULTANTS
Cheryl Barrit, MPIA, Executive Director; Carolyn Echols-Watson, MPA; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; Sonja Wright, BA, MSOM, LAc, Dipl.OM, PES; and Catherine Lapointe
Robert Sowell and April Johnson, MA (LAC Human Relations Commission)
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF
S. Rumanes, J. Tolentino, T. Beck, I. Perez, M. Haymer

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

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

**Meeting agenda and materials can be found on the Commission's website at:**  
[http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Packet/Pkt\\_COH\\_011322\\_Final.pdf?ver=BI3mBg9VI5hRmpcCjsuFg%3d%3d](http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Packet/Pkt_COH_011322_Final.pdf?ver=BI3mBg9VI5hRmpcCjsuFg%3d%3d)

**CALL TO ORDER AND ROLL CALL:** Bridget Gordon, Chair, opened the meeting at 9:05am. Cheryl Barrit, Executive Director, conducted roll call.

**ROLL CALL (PRESENT):** M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, , M. Cielo, P. Coffey, R. Stevens, E. Davies, K. Donnelly, F. Findley, J. Gates, J. Green, T. Green, K. Halfman, W. King, L. Kochems, D. Lee, E. Martinez, A. Mills, C.

## Commission on HIV Meeting Minutes

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Moreno, D. Murray, P. Nash, K. Nelson, J. Orozco, M. Perez, J. Preciado, I. Rodriguez, M. Robinson, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, K. Stalter, D. Thomas, J. Valero, E. Walker, B. Gordon, and D. Campbell

### 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 November 18, 2021 Commission on HIV Annual Meeting Minutes, as presented ore revised (*✓Passed by Consensus*).

#### C. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- B. Gordon welcomed all attendees, provided the standard reminders and meeting guidelines, and recited the Commission's Code of Conduct and Vision statement.

### 2. REPORTS - I

#### A. EXECUTIVE DIRECTOR/STAFF REPORT

##### a. County & Commission Operational Updates

- Cheryl Barrit, MPIA, Executive Director reported Governor Newsom authorized the extension of virtual meetings for public agencies (as permitted under AB 361) through March 31, 2022. Hence, all Commission meetings will continue to be held virtually until further notice.

##### b. Draft 2021 Annual Report

- C. Barrit is developing the Commission annual report and will present a draft to the Executive Committee at their meeting on Jan. 27. An email was sent to Commissioners on 12/13/21 requesting thoughts on the top 3 accomplishments of the Commission for the year. Suggestions may be emailed by January 21 for inclusion in the draft document.

##### c. 2022 COH and Committee Workplans

- The committees and subgroups are developing their workplans and the overall workplan reviewed by the Executive Committee at their meeting on Dec. 9, 2021 was referenced in the packet. The main priorities of the Commission leadership and the entire body are:
  1. Developing the Comprehensive HIV Plan (CHP) 2022-2026 – the development of the CHP is a collaborative effort between DHSP and the Commission.
  2. Address areas of improvement from the HealthHIV Planning Council Effectiveness Assessment
  3. Strengthen core planning council responsibilities such as priority setting and resource allocations (PSRA), planning, membership recruitment and retention, and service standards development.
  4. Continue to advocate for an effective County-wide response to the sexually transmitted diseases (STD) epidemic
- **2022-2026 Comprehensive HIV Plan Overview | AJ King, Next Level Consulting**

C. Barrit introduced AJ King to provide an overview of the CHP, one of the key priorities of the Commission and DHSP for 2022. AJ King is a former Commissioner and chaired several committees and subgroups during his service on the Commission. He led the previous CHP Task Force and is well positioned to help the Commission and DHSP in tackling the 2022-2026 CHP. He is a professional consultant with extensive experience working in a variety of public health, social services, cross-sector and nonprofit settings. He has diverse skill sets, including training and facilitation skills; strategic and program planning; guiding collaborative processes; assessment and evaluation design and implementation; curriculum development; and grant proposal writing.

AJ King provided the following highlights on the CHP:

- The plan is a vehicle to identify needs, resources, barriers and gaps and outline strategies to address them
- The planning and development of the plan necessitates engagement from a wide range of stakeholders

## Commission on HIV Meeting Minutes

January 13, 2022

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- The plan must be aligned with national goals but reflective of local vision, values and needs.
- The Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) permits local health jurisdictions to submit/use portions of other plans such as the Ending the HIV Epidemic (EHE) Plan developed by DHSP.
- The plan is due to federal funders on December 9, 2022. Total document is limited to 100 pages
- Sections of the plans will be written and reviewed by the Commission and community at large.
- The first section on synthesis of existing will be completed in April. AJ will conduct consultation with HIV stakeholders and Commissioners throughout the plan development process to harness feedback and ensure that the contents of the plan are reflective of community strengths and needs.
- AJ King began consultations in December-January with City representatives, Office of AIDS partners, and DHSP leadership and various stakeholders. Based on these initial conversations, the following themes have emerged: HIV workforce capacity; leverage partners to address social determinants of health; systems and services integration; harm reduction and needle exchange; stigma; unstable housing; messaging for the Latinx community; aging population; transgender community and people who use crystal methamphetamine.
- AJ King provided his e-mail AJ King [ajking@next-levelconsulting.org](mailto:ajking@next-levelconsulting.org) and encouraged meeting attendees to provide feedback directly.
- E. Alvizo, extended an invitation to AJ King to attend the Long Beach Comprehensive HIV Planning Group to harness community input from stakeholders in the Greater Long Beach area.
- Ballesteros noted the importance of HIV and aging in the CHP; aging should be an area of focus and highlight issues and needs not addressed in the previous CHP and other existing plans.
- M. Perez, DHSP Director, stated adding the impact of CalAIM to the bucket of key issues and importance of understanding how it will impact the financing of HIV and STD prevention and care services in Los Angeles County. HIV workforce development capacity must explore very specific areas of gaps such as, but not limited to mental health clinical expertise and geriatric care. In addition, the plan should seek to address relaxation of federal rules in order to support housing. Citing the Emergency Financial Assistance program for instance, permitting local agencies to provide housing/rental assistance to individuals (e.g., roommates) whose names are not on rental agreements would assist a greater number of PLWH and those at risk remain stably housed.
- J. Preciado extended an invitation for AJ King to attend the Service Planning Area2 consortium for community engagement.
- K. Stalter recommended integrating ideas from the Consumer Caucus and conducting a listening session in the Antelope Valley/Lancaster area.
- R. Stevens recommended working with other County commissions and service planning area (SPA) meetings, especially in SPA 6. There remains lack of community education and awareness about HIV, STDs and associated resources and services. She is available to help with outreach, education and sharing resources.
- K. Donnelly stated the importance of informing community members that the CHP is plan for them, for the entire County.
- Gordon noted that the plan should address racism and racial inequity. She stated that providers and HIV-negative individual cannot truly understand the challenges faced by people living with HIV (PLWH). She noted the importance of addressing the needs of young people who are sexually active.
- F. Findley noted there needs to be activism, protests and march on the streets, not just writing plan.
- J. Orozco stated the HOPWA program sees the same high turnover rate amongst their housing providers which makes for a very challenging environment to plan and delivery services with constrained capacities.
- It was recommended targeting low income and communities of color through faith-based community organizations. It was indicated many youth could be engaged using this method.
- Los Angeles County will coordinate goals with the State Office of AIDS Integrated Plan.
- It was recommended that race and racial inequities as they relate to HIV healthcare be included in the CHP. The plan should speak to the trials, difficulties barriers and trauma that people of color living with HIV are experiencing in the healthcare system. Barriers for people of color to receive services should be identified with recommendations for removal.

- Sex education for youth and elderly should be highlighted. It was noted, currently those 50 and over are increasing in HIV diagnosis rate.
- It was noted, the current workforce has been pushed to their limit by the pandemic and being able to create a stable workforce capacity will be key in keeping experienced and knowledgeable staff to help with reaching the goals that are set in the CHP.
- It was recommended, the plan address the increase and retention of the workforce, eradication of educational debt, equitable salary and advancement to address gender and racial inequities, training, burnout and mental health need, and equitable distribution of resources.

## **B. Co-Chairs' Report**

### **a. 2021 Annual Meeting Feedback**

- B. Gordon directed the attendees' attention to the summary of evaluations completed for the 2021 Annual Meeting held on November 18, 2021 in the packet. The overall feedback on the topics and speakers was positive. She encouraged the various Committees and subgroups to discuss how to use the information from the annual meeting to help shape 2022 workplan priorities.
- For instance, the Public Policy Committee will review policy and legislative proposals that aim to make street medicine reimbursable under Medicare. While the California Department of Health Care Services (DHCS) now permits the use of Place of Service (POS) Code 16, Temporary Lodging, to be used for reimbursement of street medicine services for fee-for-service Medi-Cal, street medicine is not reimbursable under Medicare, the federal program that provides health coverage if you are 65+ or under 65 and have a disability, no matter your income.
- Another example is from the Aging Task Force, where they will use the presentation on HIV, aging, and stigma as a tool to help improve service standards.
- B. Gordon noted that the Commission looks forward to supporting the Division of HIV and STD Programs (DHSP) in exploring the formation of a cluster detection community advisory board to ensure that data collection processes and policies are sensitive to community concerns around privacy and stigma.

### **b. 2022 Elected Committee & Subgroup Co-Chairs**

B. Gordon recognized and extended gratitude to Committee Co-Chairs who have been elected for 2022.

- Public Policy: Katja Nelson and Lee Kochems
- Standards and Best Practices: Erika Davies and Kevin Stalter
- Operations: Justin Valero and Luckie Alexander
- Aging Task Force: Al Ballesteros and Joe Green
- Women's Caucus: Dr. Mikhaela Cielo and Shary Alonzo

Upcoming nominations and elections for the remaining committees and subgroups during the month of January/February include:

- Planning, Priorities and Allocations: Kevin Donnelly was nominated as Co-Chair and elections will be held at PP&A's January 18 meeting.
- Consumer Caucus
- Transgender Caucus
- Prevention Planning Workgroup
- Black African American Community Workgroup

### **c. Executive-At-Large Member | OPEN NOMINATIONS & ELECTIONS**

- B. Gordon encouraged Commissioners to assume leadership positions in the body by nominating themselves or other members to the Executive-at-Large seats. To provide effective direction and guidance for the Commission on HIV, there are three At-Large members of the Executive Committee, elected annually by the body. Executive At-Large members are assigned to the Operations and Executive Committee and as standing members of the Executive Committee, fill a critical leadership role for the Commission.



- A copy of the Executive At-Large duty statement in the packet. Nominations will start at the February Commission meeting and will remain open year-round until the seats are filled.
- Consumers on the body are strongly encouraged to consider running for the At-Large seats.

**d. 2022 Member Commitment, Role & Responsibility**

- B. Gordon read the Commissioner duty statement and highlighted some specific duties:
  - Participate and cast votes in a manner that is best for the entire County, regardless of the personal opinions of the member personal or the interests/opinions of the organization/constituency the member represents.
  - Commission/committee attendance, preparation and other work as required by your Commission membership.
  - Completion of trainings to gain knowledge of:
    - the impact of HIV/STDs in Los Angeles County
    - a comprehensive HIV/STD continuum of care/prevention services, low-income support services, and health and human service delivery
    - the Commission's annual HIV service priorities, allocations and plans
    - the Ryan White Program, County health service and Medicaid information and other information related to funding and service support.
- She asked members to read the entire document and contact C. Barrit for questions.
- B. Gordon reported that staff are working with the Operations Committee to launch a training plan that allows for multiple learning opportunities throughout the year.
- She referred to the 2022 Workplan Priorities discussed by the Executive Committee on December 9, 2021.
- While each committee and subgroups are developing workplans with specific activities aimed at fulfilling their charge, the Commission, as a body, will be working on the Comprehensive HIV Plan; implementing recommendations from the HealthHIV Planning Council Effectiveness Assessment; strengthening core planning council responsibilities; and following through on advocacy for an effective County-wide response to the STD epidemic

**C. CALIFORNIA OFFICE OF AIDS (OA) REPORT**

- Karl Halfman, MA, Chief, HIV Care Branch, and Chris Unzueta, ADAP Eligibility and Operations Section Chief, referred Commissioners to the [OA Voice January 2022](#) issue in the packet and highlighted the following items from the newsletter:
  - On December 20, 2021, CDPH released the *Hepatitis C Testing and Linkage to Care Demonstration Projects, California—2016-2018*, Evaluation Report. This report describes outcomes from five hepatitis C virus (HCV) testing and linkage to care demonstration projects working in six counties--Butte, Los Angeles, Monterey, San Luis Obispo, San Francisco, and San Diego--from March 1, 2016 – June 30, 2018. These were the first state-funded projects of their kind and were intended to identify opportunities to enhance HCV testing and linkages to care in local health jurisdiction, clinical, and community settings.
  - Since Fall of 2020, the Office of AIDS Ryan White HIV/AIDS Program Part B Clinical Quality Management (CQM) program has been implementing a quality improvement project to improve comprehensive healthcare coverage (CHC) enrollment for clients receiving HIV Care Program non-medical case management (NMCM) services and/or ADAP. Through various improvement activities, the percentage of clients receiving NMCM who are enrolled in CHC increased from 68% in September 2020 to 81% in December 2021.
  - The increase in methamphetamine use has prompted the California Planning Group (CPG) to form a methamphetamine and other stimulants task force to address HIV, STD and meth use intersections/syndemics in California
  - As of January 3, 2022 there are 200 PrEP-AP enrollment sites covering 174 clinics that currently make up the PrEP-AP Provider network.

- As of January 3, 2022, there at 8,894 number of ADAP clients enrolled in each respective ADAP Insurance Program.
- W. King inquired if OA funds contingency management programs and activities. K. Halfman will follow-up with OA leadership for additional information.

#### **D. LOS ANGELES COUNTY (LAC) DEPARTMENT OF PUBLIC HEALTH (DPH) REPORT**

##### **(1) Division of HIV/STD Programs (DHSP) Updates**

###### **(a) Programmatic and Fiscal Updates**

- Mario J. Pérez, MPH, Director (DHSP), suggested a presentation from the Substance Abuse Prevention and Control (SAPC) Division, Department of Public Health on medication assisted treatment (MAT) services and contingency management. M. Perez will coordinate with C. Barrit for securing a speaker from SAPC.
- A new language services contractor, Focus International, has been identified and the contract is on the Board of Supervisors' agenda for approval.
- DHSP recently released a letter to contractors aligning the annual eligibility recertification process with the new HRSA guidance. The letter articulates annual eligibility screenings for PLWH based on their date of birth allowing providers the ability to screen once a year versus twice a year; changes are being made to the HIV Case Watch system accordingly.
- DHSP team is preparing a response to the Board's STD motion passed last year and M. Perez will provide additional update once the response is presented to the Board. His office is consulting with very broad set stakeholders (such as, but not limited to pharmacists, academic partners, policy makers, etc.) to shape the memo to the Board.
- DHSP sent a letter to all contractors regarding the Board's directive on mandatory COVID vaccination. An overwhelming percentage of County employees and contractors are vaccinated.
- DHSP is continuing to work on a comprehensive systemwide assessment of mental health services, capacity, staff skills, and hiring challenges in the County. The study will also assess options for telehealth services for mental health. DHSP has procured the consulting services of Health Management Associates to conduct the assessment. M. Perez indicated that his office is attempting to understand how to best utilize Ryan White resources under an increasingly complex financing environment for mental health services—a growing number of Ryan White eligible clients are also eligible for Medi-Cal. These are complex issues to understand given that Ryan White is the payor of last resort.
- R. Stevens requested M. Perez speak to the Mental Health Commission about the assessment.
- policy issued last year that allows providers the ability to screen once a year versus twice a year.

#### **E. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORT:**

- J. Orozco, City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Representative, highlighted selected statistics from their Performance Report for 2020-2021:
  - Housing Assistance Households Served - 831 Total
  - Permanent Housing - 420
  - Short-term and Transitional - 358
  - HOPWA Households receiving Supportive Services – 2,998
  - Household Area Median Income (AMI). The 2021 AMI for Los Angeles County is \$80,000.
    - 85% of HOPWA clients had an AMI of below 30%
    - 11% of HOPWA clients had an AMI between 31% - 50%
    - 4% of HOPWA clients had an AMI between 85% - 51%
  - Number of Homeless Individuals Placed into Housing - 182
    - 54% were chronically homeless
    - 7% were veterans
  - Age Range of HOPWA Clients

- 18 - 30 year old 9%
- 31 - 50 year old 47%
- 51 and older 44%
- Gender
  - Female 17%
  - Male 80%
  - Transgender 3%
- Race and Ethnicity
  - Latino/Latinx - 39%
  - Am Indian/Alaskan Native .72%
  - Asian 1.09%
  - Black/African American 39.86%
  - White 56.28%
  - Multiracial 1%
- D. Thomas shared challenges he has experienced with HOPWA services, specifically how some providers are underperforming and poor treatment of clients.
- J. Orozco reported that HOPWA some programs have a one-year limit such as rental assistance. They are looking into other services to achieve sustainability and longer-term support for eligible clients.

**F. RYAN WHITE PROGRAM PARTS C, D, AND F REPORT:**

- Part C *No report provided.*
- Part D Dr. Mikhaela Cielo reported that the LAC+USC Maternal Child and Adolescent Clinic is seeing higher number of cases of women and children with COVID. While the symptoms appear mild, COVID illness is a significant stressor for the women and their families. Her clinic is working on their Part D grant application which is due at the end of January. Access to health services remain a key issue for women and the MCH clinic is looking at using mobile vans to bring health and wellness services in the field. Dr. Cielo noted that she is working with the Department of Public Health to help reboot the Department's HIV perinatal prevention stakeholder group given the increasing cases of congenital syphilis.
- Part F/AETC *No report provided.*

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

- City of Pasadena. Erika Davies reported that the City of Pasadena Public Health Department is facing staffing shortages due to the Omicron surge, however, the Department is managing and remains committed to ensuring continuity of services for the Pasadena community. The City of Pasadena has opened its winter shelter and mass COVID shelters using motels. There are over 900 beds that will remain open through the winter season.
- City of West Hollywood (CWH). Derek Murray reported that the City of West Hollywood is applying for funding to acquire and refurbish the Holloway Motel for housing services. If approved by the City Council, the site will also be equipped with a resource center to connect unhoused community members to a variety of health and social services. CWH is also working on securing a behavioral health mobile unit for unhoused individuals to reduce law enforcement contact. 204 people have entered CHWs Eviction Dissent and Right to Housing Program; 178 individuals have been successful in keeping their housing; the remaining cases are pending. This has been a very helpful and important program for the unstably housed, especially older adults living with HIV.
- City of Long Beach (CLB). Everardo Alvizo is collaborating with J. Orozco and the HOPWA team to improve and expand housing services in the CLB. The City applied for federal funding to support services for pregnancy planning, pregnant women, family planning and STI prevention and treatment. The Long Beach Comprehensive HIV Planning Group met on 1/12/22 where LB HIV Strategy 2019-2022 progress report was presented. For more information, visit <https://www.lbchpg.com/meetings/meeting-agendas-and-minutes>
- City of Los Angeles (CLA): Ricky Rosales, AIDS Coordinator, reported that his office is working with County and City officials to possibly open a syringe consumption site in Skid Row. He noted that there is strong support

from Los Angeles City Council officials for safe syringe consumption sites, however, the task at hand is figuring out the implementation and program operationalization. His office is working with elected officials to potentially declare a public health emergency, the approach used by the City in establishing the needle exchange program. The overall goal is to establish safe consumption sites in 2022. The Department of Disability launched a Durable Medical Equipment Program to assist residents in need of durable medical equipment for in-home use at no charge. The program is prioritizing people experiencing homelessness and those with limited income. Delivery service is available. For more information, visit <https://disability.lacity.org/DurableMedicalEquipment>

### **3. BREAK**

### **4. REPORTS – II**

#### **A. STANDING COMMITTEE REPORTS**

##### **(1) Operations Committee (Next Meeting January 27 @ 10:00AM-12PM)**

##### **• MEMBERSHIP MANAGEMENT:**

- Operations welcomed Luckie Fuller and Justin Valero as its new 2022 Co-Chairs and extended a sincere thank you to Carlos Moreno and Juan Preciado for serving as its 2021 Co-Chairs.
- Operations welcomed Everardo Alvizo to the Operations Committee
- Operations created an Application Interview Questions Work Group to update and revise the interview questions and to strategize ways to streamline the application interview process. The primary focus of the work group is (1) consumer retention: simplifying the questions; being accessible not a roadblock; (2) resigned/returning commissioners: incorporating question(s) that address why the applicant left the commission and why they are returning, and (3) renewing applicants: incorporating an opportunity for self-reflection and self-assessment. The work group held its first meeting on Tuesday, January 11<sup>th</sup> and the next meeting will be held Tuesday, January 18, 2022 at 9:30 am. The work group is anticipating having the updated application interview questions available for the upcoming renewal slate in June.
- At its meeting held on December 9, 2021, the Operations Committee voted to approve conducting the Assessment of the Administrative Mechanism (AAM) as an internal process administered anonymously via Survey Monkey. The purpose of the AAM is to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Health Resources Administration (HRSA) expects planning councils to complete the AAM on an annual basis. The Operations Committee in conjunction with COH staff will look for opportunities to use the resources saved from conducting an internal survey versus hiring an outside consultant to expand upon commissioner learning and development (ex: supporting their attendance at conferences and trainings).
  - C. Barrit will follow-up and discuss with the COH Co-Chairs, on which Committee is responsible for conducting the AAM; the bylaws written for the establishment of the integrated body in 2013 gave the charge to Operations. Historical records as far back as 2001 show that the AAM has been under Operations Committee.
- Operations will discuss the following at their January 27 meeting: 2022 work plan development; 2022 training plan; 2021 attendance and membership reflectiveness review; and continuing outreach efforts and strategies. Staff member Catherine Lapointe will present and discuss the Commissions' social media campaign.

##### **(2) Planning, Priorities & Allocations (PP&A) Committee (Next Meeting January 18 @ 1-4PM)**

##### **a. Motion #3 – Approve Proposed Ryan White Part A and MAI Program Year PY 33 and 34 Service**

##### **Category Rankings, as presented or revised (✓Passed by Majority, Roll Call Vote)**

Kevin Donnelly presented background and information related to motions 3 and 4.

- The PP&A Committee last met on November 16, 2021. At that meeting the following recommendations were approved by the Committee and subsequently by the Executive Committee and are now before the full Commission for approval. Ryan White Program Year (PY) 32 service rankings were approved by the full

Commission in September 2021. K. Donnelly reminded Commissioners the reason for multiyear planning is to develop allocations and standards and establish programs with funds that are manageable within the County's contracting restraints.

- Housing continues to rank as #1 service category because the Committee recognizes housing as a significant need among those living with HIV. The Committee will use directives to address disparities in obtaining housing by recommending program changes/corrections. Service category rankings for PYs 33 and 34 mirror the approved rankings for PY 32. The approval was made with the understanding the Committee can revisit and make modifications to recommendations as more information is obtained on service utilization and performance.

**b. Motion #4 - Approve proposed Ryan White Part A and MAI Program Year PY 33 and 34 Service Category Funding Allocations, as presented or revised, and provide DHSP authority to adjust 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body (✓Passed by Majority, Roll Call Vote)**

- PY 33 recommendation mirrors the PY 32 allocations approved by the Commission in September 2021. The Committee makes this recommendation with the understanding the percentages can and will be modified going forward as more information is obtained on expenditures and performance.
- PY 34 recommendations mirror PY 33 allocations with the following exceptions: an allocation reduction in Medical Care Coordination (MCC) services to 28% and Oral Health services allocation reduced to 17.48%. Those decreases provided for an increase in Psychosocial Support Services to an allocation of 1%.
- PP&A will meet Tuesday, January 18, 2022, 1-3pm and will discuss the following:
  - Co-Chair elections; currently K. Donnelly is the only nominee.
  - DHSP will present a report on service utilization by Minority AIDS Initiative (MAI) subpopulations.
  - The Committee will review/update/modify DHSP Directives for the use of Part A and MAI funds. The Committee will create separate directives for each funding source.
  - The Committee will continue its discussion on the CHP.
  - The State Office of AIDS will provide a presentation on their planning process.

**(3) Standards and Best Practices (SBP) Committee (Next Meeting February 1 @ 10AM-12PM)**

**a. Motion #5 – Approve the Substance Use and Residential Treatment Service Standards, as presented or revised (✓Passed by Majority, Roll Call Vote)**

- Erika Davies and Kevin Stalter reported that they were reelected as SBP Committee Co-Chairs for 2022.
- At the November 2, 2021 meeting, the SBP Committee placed a temporary hold on approving the substance use disorder (SUD) service standards pending further review of the California Advancing and Innovations Medi-Cal (CalAIM) implementation in 2022. At the December 7th meeting, COH staff provided an overview of the CalAIM proposal and shared that the Board of Supervisors approved a motion authorizing contract extensions and other mechanisms to ensure continuation of care recognizing that will take up to 2 years to fully work out the details and understanding how stakeholders will respond to the new changes in the Medi-Cal system of care. The SBP Committee determined that having updated standards in place for Ryan White clients dual-enrolled in Medi-Cal would prevent interruption of care and allow more time to understand the implications of CalAIM on Ryan White SUD services. The SBP Committee approved the SUD service standards on 12/7/2021 and on 12/9/21 the Executive Committee approved the SUD service standards as well.

**b. Benefit Specialty Service Standards | UPDATES**

- The SBP Committee extended the Public Comment period by 2 weeks for the Benefits Specialty service standards. The SBP committee and COH will accept comments through Friday January 21, 2022.

**c. Best Practices Template**

- COH staff is working with the Aging Task Force to utilize the best practices template and identify best

practices related to the HIV Care for People living with HIV 50+. COH staff will also review recommendations from the Transgender Caucus, Black African American Caucus, and the Women's Caucus to compile best practices.

**d. Other items:**

- The Oral Health service standards workgroup will meet on January 11<sup>th</sup> to plan and elaborate details for holding a subject matter expert panel proposed for late January/February to address provider practice of using exclusion criteria for dental implants and develop guidance to amend the oral health service standards.
- Currently reviewing the Home-based Case Management (HBCM) service standards. Wendy Garland from DHSP presented a HBCM summary document detailing service utilization information for Ryan White Years 29-30 to help inform the discussion. COH staff and SBP Co-chairs will engage more with all COH committee and subgroups (e.g., attending meetings to explain proposed changes) to harness feedback on the service standards being reviewed by the SBP committee.

**(4) Public Policy Committee (PPC) (Next Meeting February 7 @ 1-3PM)**

Katja Nelson and Lee Kochems were elected to serve as PPC Co-Chairs for 2022. PPC has scheduled a public hearing for the March 7, 2022 PPC meeting. The meeting time will be extended, and non-urgent business will be suspended. The Committee is developing an agenda to include the purpose of the hearing, which is to provide information for the development of Commission priority policy goals.

**a. County, State, and Federal Legislation & Policy**

**2021 Legislative Docket and County, State and Federal Budget | UPDATE**

- The legislative session has begun. The PPC is gathering and reviewing bills for this session's legislative docket. The Committee's bill review will include The BREATHE Act. The inclusion of S.854 - Methamphetamine Response Act of 2021, AB 1400 Guaranteed Health Care for All, PrEP Access and Coverage Act of 2021 as well as bills pertaining to street medicine.
- Jesus "Chuy" Orozco will attend the February PPC meeting to provide an overview of the Housing Opportunities for Persons with AIDS (HOPWA) program and its policies.
- The Drug Policy Alliance will host a webinar to discuss safe consumption sites on January 18th.
- Governor's FY 2022-23 Proposed Budget has been released and the County has prepared an Executive Summary. The budget bills are AB 1624 and SB 840. It is currently estimated the State will have a \$45 billion dollar surplus. This could provide funding to address the STD epidemic as well as expand Medi-Cal eligibility.
- M. Perez noted the State requested DHSP participate in the review of the California Public Health proposal to allocate STD resources statewide. It was noted the State has approximately \$14 million to allocate.
- It was noted 2022 is an election year and will include various elections for federal and local seats.
- Act Now Against Meth (ANAM) Coalition is working on finalizing their report and the PPC has included the document review and support on its workplan.

**Commission Letter Re: STD Response and Appeal to the Board of Supervisors**

- Los Angeles County report on the STD motion is anticipated in the next few weeks.

**B. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS**

**(1) Aging Task Force (ATF): (Next Meeting February 1 @ 1-3PM)**

- The Aging Task Force (ATF) met on January 4<sup>th</sup> and Al Ballesteros and Joe Green were elected as Co-Chairs.
- The Task Force discussed how to contribute to the development of the Comprehensive HIV Plan and the compilation of best practices being led by the Standards and Best Practices Committee. Members of the ATF noted the importance of folding in the ATF recommendations and HIV and aging care framework in the CHP and best practices document. The group would like to see aging as a focus of the new CHP and speak to the growing population of older adults living with HIV.
- The group developed their 2022 workplan and discussed focusing on ensuring that service standards developed

by the Commission are responsive to the needs of the aging population. The ATF recommendations and HIV and aging care framework provide a good starting point for integrating specific health assessments/screening tools in service standards.

- The ATF discussed carving out time at their February meeting to prepare for a presentation on their accomplishments and recommendations on the future structure of the group to the Executive Committee. Preparations for this report will take place at the February ATF meeting. The ATF agreed to aim to have this report ready for the March Executive Committee meeting.

**(2) Black/African American Workgroup | UPDATE**

- Danielle Campbell report that the Black/AA Workgroup wrapped up its activities for 2021, successfully addressing and/or completing each task in collaboration with DHSP, as assigned by the Executive Committee.
- The BAAWG leads will be providing a full report on activities and help lead a discussion at the January 27 Executive Committee meeting on next steps.

**(3) Consumer Caucus: (Next Meeting January 13 @ 3-4:30pm)**

- Jayda Arrington reported that the Consumer Caucus hosted an all-Caucus special meeting on December 8<sup>th</sup> welcoming Mario Perez, Director, DHSP, to discuss and identify improvement strategies around DHSP's Grievance Program. She stated that the meeting was successful and appreciated Mario and the DHSP staff for their participation. The meeting resulted in constructive feedback on how the Grievance Program can be improved which DHSP has committed to incorporating. She noted that the Caucus looks forward to ongoing collaborative opportunities with DHSP and progress updates on the Grievance Program to help improve the system of care for people living with and impacted by HIV.
- She reminded participants that the Caucus is meeting on 1/13/21 from 3-4pm and that the meeting agenda and packet are available on the Commission's website. She stated that the meeting will focus on the 2022 workplan development and will include a brief overview presentation from AJ King, Consultant, on the Comprehensive HIV Plan (CHP) to help the Caucus identify workplan activities that align with the CHP. She strongly encouraged all those who are living with or impacted by HIV to attend the meeting. Alasdair Burton, Co-Chair, thanked J. Arrington for being Co-Chair with him along with Ish Herrera.

**(4) Prevention Planning Workgroup (PPW): (Next Meeting January 26 @ 5:30-7PM)**

- K. Donnelly reported on behalf of PPW. PPW last met in September 2021 and will resume their meeting on January 26 when the group will discuss the CHP and provide input on prevention strategies.
- The PPW is still looking to fill 2 vacant Co-Chair seats.
- The January 26 PPW meeting will also discuss the FDA's approval of long-acting injectable biomedical prevention treatments; CDC's new PrEP guidelines; and California's expanded requirements to cover the cost of PrEP treatments and at-home STI and HIV test kits.

**(5) Transgender Caucus (TG): (January 26 @ 10am)**

- The Transgender Caucus will have their first meeting of 2022 on January 25 at 10am and will nominate and elect Co-Chairs.
- The Caucus will also develop its 2022 workplan and start planning virtual educational sessions to help increase the visibility of the trans community. The Caucus will develop a calendar of virtual events for implementation in 2022. The key topics identified include:
  - Sex work and sexual violence
  - Mental health
  - Trans youth panel, sexual health and working with school districts
  - Infectious diseases
  - Discrimination related to access to PrEP and PEP

- The Caucus discussed supporting and participating in the legal services needs assessment currently being led by Laurie Aronoff.
- The Caucus will also discuss ways to contribute to the Comprehensive HIV Plan (CHP) and best practices project.

**(6) Women's Caucus: (Next Meeting January 24 @ 2-4PM )**

- The Women's Caucus has been on hiatus since its October 2021 meeting to allow space and time for a brief reprieve before hitting the ground running in 2022.
- The January Caucus meeting has been rescheduled to January 24<sup>th</sup> @ 2-4PM due to the January 17 MLK, Jr. holiday; meeting agenda notification has been distributed and is available on the Commission's website.
- Caucus Co-Chairs and COH leadership met on January 4<sup>th</sup> to discuss planning for 2022 to ensure women-centric programming is prioritized in all aspects of Commission planning, with emphasis on perinatal HIV and Syphilis prevention.
- The Caucus is planning to continue pushing forward to expand Child Care Services and standards to allow for more flexibility in childcare options (i.e., in home daycare or relative/friend care), as well as address any unfinished tasks/business from last year. They would also like to invite new ideas and goals from the group, including Lunch and Learn topics.

**5. DISCUSSION**

**A. Los Angeles County Human Relations Commission Guided Discussion & Training: Part I Disclosing--Affirming Shared Views**

- Robert Sowell, Assistant Executive Director, Los Angeles County Human Relations Commission (HRC), presented on first part of disclosing, "Affirming Shared Views"; refer to PPT presentation in meeting packet.

**6. 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](mailto:hivcomm@lachiv.org).)**

- Jayda Arrington provided commentary on the COH book reading for *So You Want to Talk about Race* in 2021. She feels that a person's race, color or religion do not define who they are. Racism is a learned behavior. She noted that as a person of color, she feels that the word "racist" sounds harsh. She hopes that if individuals have issues with others, the differences would be resolved not a matter of race, but of improving relationships.
- Kevin Donnelly shared that he attended the Mental Health Task Force meeting in December and a participant made a comment that there is a perception in the community that the COH is broken. He wanted to speak to that comment. He feels that the Commission is not broken. He feels that the COH is an effective and powerful body and seeks to connect individuals to services through its role as a planning body. He observes that Commissioners give so much of themselves and cited the feedback provided to DHSP's Grievance Process as an example of how the COH is helping individuals remain healthy. He also cited the COH annual report for examples of how much the COH accomplished in 2021 despite the pandemic.

**B. 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.**

- Derek Murray asked DHSP what Ryan White providers are doing to reduce the burden of paperwork for individuals with disability such as those (but not limited to) low vision. Are there efforts to review administrative barriers from the perspectives of a person with disability? Request DHSP to address at a future report.



**C. 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.):**

- J. Orozco announced that Leslie Monroy, patient advocate for the St. John’s Transgender Health Program passed away on December 27, 2021. He requested that the meeting be adjourned in her honor.

**D. ADJOURNMENT AND ROLL CALL:** The meeting adjourned at approximately 1:00 PM in honor of Leslie Monroy and Darrin Aiken.

**Roll Call (Present):** M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, J. Gates, T. Green, W. King, L. Kochems. D. Lee, , C. Moreno, D. Murray, K. Nelson, M. Pérez, J. Preciado, E. Martinez, I. Rodriguez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, D. Thomas, J. Valero, E. Walker and B. Gordon

MOTION AND VOTING SUMMARY		
<b>MOTION 1:</b> Approve the Agenda Order, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 2:</b> Approve the July 8, 2021 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 3:</b> Approved proposed RWP & MAI PY 33 and 34 Service Category Rankings, as presented or revised.	<i>Passed by Majority Roll Call Vote</i> <b>Ayes:</b> Alvarez, Alvizo, Ballesteros, Burton, Cielo, Davies, Donnelly, Stevens, Findley, Gates, J. Green, T. Green, King, Kochems, Lee, Mills, Moreno, Murray, Nelson, Orozco, Perez, Preciado, Martinez, Rodriguez, Rosales, San Agustin, Sattah, Spencer, Thomas, Valero, Walker, Campbell, Gordon <b>Opposition:</b> None <b>Abstentions:</b> Halfman	<b>MOTION PASSED</b> <b>AYES: 33</b> <b>OPPOSED: 0</b> <b>ABSTENTIONS: 1</b>
<b>MOTION 4:</b> Approve proposed RWP & MAI PY 33 and 34 Service Category Funding Allocations, as presented or revised, and provide DHSP authority to adjust 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.	<i>Passed by Majority Roll Call Vote</i> <b>Ayes:</b> Alvarez, Alvizo, Ballesteros, Burton, Cielo, Davies, Donnelly, Stevens, Findley, Gates, J. Green, T. Green, King, Kochems, Lee, Mills, Moreno, Murray, Nelson, Orozco, Perez, Preciado, Martinez, Rodriguez, Rosales, San Agustin, Sattah, Spencer, Thomas, Valero, Walker, Campbell, Gordon <b>Opposition:</b> None <b>Abstentions:</b> Halfman	<b>MOTION PASSED</b> <b>AYES: 33</b> <b>OPPOSED: 0</b> <b>ABSTENTIONS: 1</b>
<b>MOTION 5:</b> Approve the Substance Use and Residential Treatment Service Standards, as presented or revised.	<b>Ayes:</b> Alvarez, Alvizo, Ballesteros, Burton, Cielo, Davies, Donnelly, Stevens, Findley, Gates, J. Green, T. Green, King, Kochems, Lee, Mills, Moreno, Murray, Nelson, Orozco, Perez, Preciado, Martinez, Rodriguez, Rosales, San Agustin, Sattah, Spencer, Thomas, Valero, Walker, Campbell, Gordon <b>Opposition:</b> None <b>Abstentions:</b> Halfman	<b>MOTION PASSED</b> <b>AYES: 33</b> <b>OPPOSED: 0</b> <b>ABSTENTIONS: 1</b>



# ENDING THE HIV EPIDEMIC: EQUITABLE ACCESS, EVERYONE'S VOICE

## ANNUAL REPORT JANUARY-DECEMBER 2021



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES



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## VISION AND MISSION STATEMENTS

### VISION

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

### MISSION

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

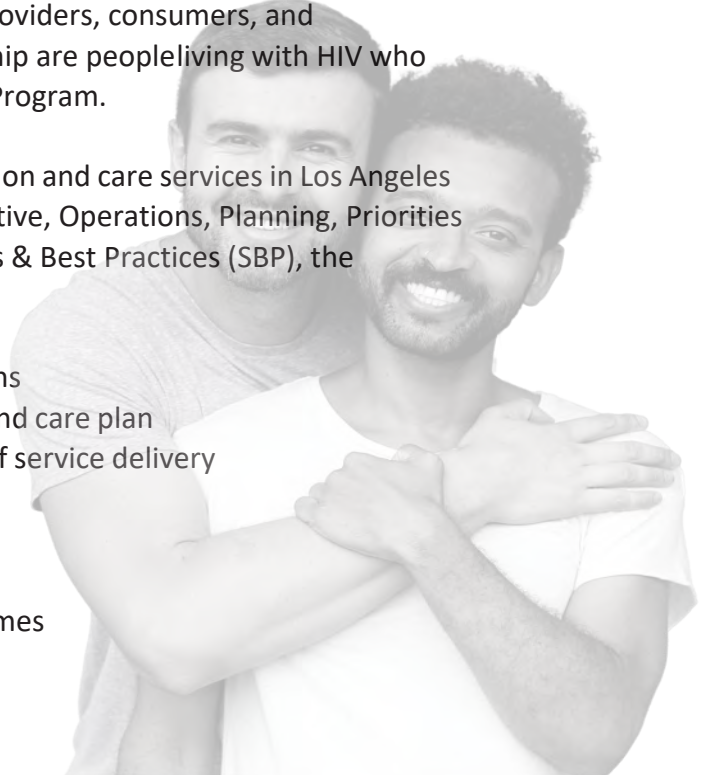
### ROLES AND RESPONSIBILITIES

The Commission serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Diseases (STD) services.

The Commission is composed of 51 members appointed by the Board of Supervisors (BOS) and represent a broad and diverse group of providers, consumers, and stakeholders. Thirty-three percent of the membership are people living with HIV who are consumers of the federally funded Ryan White Program.

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

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



## YEAR IN REVIEW | KEY ACCOMPLISHMENTS

As the world continues to battle the COVID pandemic, let us remember that the HIV epidemic has claimed millions of lives around the world. June 5, 2021 marked 40 years since the first official reporting, in CDC's *Morbidity and Mortality Weekly Report (MMWR)*, of five cases describing what later became known as Acquired Immune Deficiency Syndrome (AIDS) and what is now HIV Stage III.

As 2021 marked 40 years of the HIV pandemic, we remember the more than 32 million people who have died from HIV worldwide since the start of the global epidemic, and the 38 million people currently living with HIV. In Los Angeles County there are approximately 58,000 people living with HIV (PLWH). Now, more than ever, we must redouble our efforts to ensure equitable access to services and prevention strategies, especially for those disproportionately affected by HIV, so that we may end the HIV epidemic in Los Angeles County, the United States, and around the world.

Despite the ongoing challenges brought upon by the COVID pandemic, the year 2021 was marked with unwavering resolve and commitment of Commissioners to focus on ending the HIV epidemic and advancing health equity and social justice in Los Angeles County and beyond.

**The key accomplishments of the Commission for 2021 include:**

### Sounding the Alarm Bells on the STD Crisis

The Commission mobilized the community to bring attention to the ongoing Sexually Transmitted Disease (STD) crisis in Los Angeles County. The Commission appealed to the Board of Supervisors (BOS), through a letter and public testimonies at Board meetings, to marshal a coordinated and well-resourced response to stem the rising cases of STDs in the County. Community advocacy and the Board's commitment to health and wellness, led to the unanimous passing of a [motion](#) aimed at establishing a County-wide approach for an effective response to the STD crisis.

### Courageous Conversations

To help advance equity, the Commission partnered with the Los Angeles County Human Relations Commission (HRC) to deliver a customized and interactive training on constructive conversations around racism, misogyny, ageism and other forms of "isms." HRC facilitated the trainings during monthly Commission meetings by presenting a principle or technique followed-up with teaching an application using content from the book, *So you Want to Talk about Race* by Ijeoma Oluo. Committees further engaged in reading selected chapters from the book followed by a brief reflection and discussion. This customized and interactive training program seeks to build confidence and courage to engage in constructively candid conversations with peers. This is being accomplished through facilitated dialogue, interactive activities, and teaching six important skills:

- 1) empathy
- 2) self-management
- 3) managing implicit biases (what it is and how it works)
- 4) inquiry
- 5) stages of relationships
- 6) valuing diversity, to apply in their interactions with each other

Acquiring these six skills through workshops and training, cultivates the effective practice of equitable inclusiveness and mitigates power imbalances based on race, education, age, and socioeconomic status. The desired outcome of implementing these facilitated trainings is to further promote equity and provide Commissioners with solutions to respond positively to intergroup conflict, support resilience, and encourage intergroup solidarity. The HRC-led training will continue into 2022 with additional booster sessions and coaching to sustain knowledge and skills developed over the course of the year.

The Commission's efforts around equity were highlighted in a national webinar on [Fostering Equity in HIV Planning](#) on August 4, 2021. Panelists discussed ways in which power imbalances can manifest in HIV planning bodies; how their planning bodies have sought ways to promote equity; and strategies that can be implemented to foster equity and mitigate power imbalances based on race, education, age, and socioeconomic status.

### **Leading with Black Excellence**

In honor of National Black History Month and Black HIV/AIDS National Awareness Day, the Commission took the national stage in addressing HIV in the Black community. *Stop HIV Together: A Virtual Panel Discussion with Black American Community Leaders* was hosted by the U.S. Department of Health and Human Services, Office of the Secretary for Health (OASH) Region IX Prevention through Active Community Engagement (PACE) Program. The Commission and the Black/African American Community Task Force Co-Chairs joined Black leaders in Southern California to increase awareness, spark conversations, and highlight missed opportunities to reduce HIV within the Black American communities.

### **Nothing About Us Without Us | Consumer Leadership**

The Commission strengthened consumer leadership by sponsoring a specially curated, nationally recognized training delivered by the National Minority AIDS Council (NMAC). The Building Leaders of Color (BLOC) Program trains people of color living with HIV and allies to be full, active, and engaged participants on planning bodies, medical and support care teams, boards of directors, and other efforts to address the goals of the National HIV/AIDS Strategy. The BLOC Program also provides community members leadership skills to empower and to advocate for themselves and their communities, while providing opportunities where they can apply these skills on a local, state or national platform. The intensive virtual four-day BLOC Bootcamp training aimed to increase awareness and competency as well as fine-tune the leadership capacity of up-and-coming leaders from the People of Color and allies living with HIV communities. Through the BLOC Bootcamp training, participants learned how to become more formally engaged in the planning, implementation, and evaluation of HIV-related services. Sixteen consumers completed the training and all graduates rated the training as "excellent." This training held the week of September 13 has resulted in greater involvement and presence of consumers in Commission meetings.

Consumers occupied a significant number of leadership positions on the Commission. In 2021, 7 of the 15 co-chair seats on the full council, committees, and subgroups were occupied by unaffiliated consumers. The Health Resources and Services Administration (HRSA) defines an unaffiliated consumer as a person living with HIV, using Ryan White-funded HIV services, and does not serve in a decision-making capacity (including but not limited to an employee, consultant and/or board member) at any funded organization or agency receiving [Ryan White Part A](#) contracts from the County. A strong consumer leadership is tantamount to the success and effectiveness of the Commission and ultimately, in ending the HIV epidemic.

### Striving for Better Performance

The Commission continued its commitment to learning and introspection by completing the HIV Planning Body Effectiveness Assessment. In January 2021, HealthHIV, a national technical assistance provider, began an assessment process to evaluate the effectiveness of the Commission's structure, bylaws, responsibilities, and function. The HIV planning body assessment process involved reviewing records and documents, implementing a survey and interviews with members, and presenting the information back to the Commission membership to discuss improvements to the Commission's structure and function.

With support from the Commission leadership, HealthHIV managed the engagement and communication with members during the six-month assessment process. The survey included 49 questions related to: impact on the HIV Epidemic in Los Angeles County; successes and areas for improvement; structure and efficiency of meetings; recruitment and orientation activities; relationship with external stakeholders; and membership demographics and skills. Examples of recommendations for improvement include 1) further fine-tuning membership recruitment strategies, training, and recruitment and retention plans; 2) increasing and diversifying social media presence for community visibility and engagement; and 3) streamlining the work of the Commission for maximizing resources, focus and effectiveness.

### Maintaining a Strong HIV Care System

The Commission engaged consumers, providers, and public health partners in revising the Ryan White [childcare](#), [universal service standards](#) (USS), and the [Patient/PLWH Bill of Rights and Responsibilities](#) to have a stronger provider responsibility on facilitating client access to a more responsive and culturally sensitive high quality HIV services. In addition, the USS were revised to include agency responsibilities to provide technical support and training to clients on how to use telehealth. Moreover, the USS further recognized the patient's right to accept or decline a telehealth visit. The ultimate decision on the mode of service delivery, whether in-person or telehealth, must be determined by the client first before an appointment is made. The updated USS also set expectations for contractors to have stronger policies in place to protect personal information when using services in-person or via telehealth.

### Unequal Burden | Women and Childcare

COVID has dealt a major blow to women as household work, childcare and the care of older adults have disproportionately fallen on them. Women of color tend to be most affected since they often shoulder the burden of family caregiving. Although white-collar workers have had the option to work from home or call in sick during the pandemic, those working in service industry jobs without sick leave, paid family and medical leave benefits have not had the same option.

The Commission collaborated with Ryan White Part D partners, Women's Caucus, Division of HIV and STD Programs (DHSP), and other stakeholders to develop the childcare service standards to improve retention to care and viral suppression among women. Lack of childcare is a major barrier to using care or supportive services for women living with HIV. The Commission will continue to work with County partners to identify mechanisms to fund informal childcare provided by friends or family members to maximize opportunities for women living with HIV to seek care in a manner that is responsive to their lived experiences and the responsibilities of motherhood and caring for extended family members.

### Empowering Women through Education and Solidarity

The Women's Caucus continued their commitment to amplifying the HIV/STD prevention and treatment needs of women by hosting well attended and highly popular virtual educational sessions. Topics tackled by expert panels and consumers included:

- Embodying Meaningful Involvement of People Living with HIV Nothing About us Without Us!
- Women Living with HIV and Mental Health and Wellness
- Women Living with HIV and Aging (co-hosted with the Aging Task Force)
- History of Women Living with HIV, Mother-to-Child Transmission and Similarities Between the COVID and Early HIV Pandemics, A Special Virtual Panel Presentation in Commemoration of the 40th Anniversary of the HIV Epidemic

### HIV and Aging | Rethinking HIV Outcomes Beyond Viral Suppression

Under the leadership of the Aging Task Force (ATF), the Commission hosted an age sensitivity training in collaboration with SCAN Independence at Home Community Program called Trading Ages. Trading Ages™, is a SCAN trademarked senior sensitivity training, designed to help professionals who work with older adults.

The ATF also developed the HIV and aging care framework to focus attention on the needs of older adults living with HIV, a growing population served by the Ryan White care program and other health systems such as Medicare and Medicaid. The ATF was formed to address the broad health needs of those over 50 years living with HIV and long-term survivors. The HIV and aging framework is centered around four strategies aimed at building upon the local Ryan White care network. The framework seeks to:

1. facilitate medical wellness examinations and offer a flexible and adaptable guide to customizing care for all older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, experience aging-related issues earlier in life (before age 50)
2. leverage and build upon medical care coordination teams and ambulatory outpatient medical services
3. integrate a geriatrician in medical home teams
4. establish a coordination process for specialty care

### Service Prioritization and Funding Allocations

The Planning, Priorities and Allocations (PP&A) Committee leads the multi-year priority and allocation setting process for the Commission. Despite the continued profound impact of COVID on the community and the deployment of DHSP staff to COVID response activities, the Commission engaged in a thoughtful deliberation to rank Ryan White service categories and allocate funding in accordance with data and community needs. PP&A used feedback from the various caucuses, workgroups, task forces, and providers to understand unique impacts on communities of color and other highly impacted populations.

The Commission ranked the following as the top ten Ryan White Part A service categories: 1) housing; 2) non-medical case management; 3) ambulatory outpatient medical; 4) emergency financial assistance; 5) psychosocial support; 6) medical care coordination; 7) mental health; 8) outreach; 9) substance abuse outpatient; and 10) early intervention. The service rankings were determined under the assumption that the impact of the COVID public health crisis will persist and continue to have profound impact on the Ryan White service delivery system, and that the pandemic will increase risks for homelessness, financial



instability, and increase demand for culturally competent mental health services. Furthermore, the ongoing methamphetamine crisis in Los Angeles County will likely compound substance use conditions. As women with children have assumed the unequal burden of home schooling and childcare, the Commission allocated funds to childcare services to enable patients to remain in care. These recommendations were approved by the full body on September 9, 2021 with the understanding that the Commission will need to work with DHSP to continually track and monitor service needs and respond accordingly. Regular and timely sharing of expenditures and service utilization information is a critical piece of the resource allocation process.

### **Confronting Structural Racism and Bias**

The Black/African American Community Workgroup continued to address the disproportionate impact of HIV/STDs on the Black community by collaborating with DHSP to develop a medical mistrust training for service providers and reviewed the County's minimum mandatory requirements for solicitations from a racial equity lens to ensure that Black-led and Black-serving agencies are able to compete for County contracts. Black HIV leaders have expressed concerns that the County's procurement process favors larger organizations, while small highly qualified Black agencies, face structural barriers in competing for County-funded services.

### **Evolving Conversations | Continuing the Commitment to End HIV**

The Commission held another successful [annual meeting](#) on November 18, 2021, attracting over 150 attendees. The annual meeting focused on the following topics: Ending the HIV Epidemic (EHE) Initiative Updates from DHSP; Cluster Detection and Response; Street Medicine; and HIV, Aging and Stigma. Eighty seven percent of participants who completed the post-event survey indicated a high level of satisfaction with the event and appreciated the quality of the speakers and the interactive nature of the discussion.

### **Community Service**

To commemorate World AIDS Day (December 1), Commission staff volunteered for the rededication of The Wall Las Memorias AIDS Monument at Lincoln Park. The Wall Las Memorias AIDS Monument is the first publicly funded AIDS monument in the nation and continues to bring solace and healing to a community who lost their loved ones to AIDS. In addition, the Commission was recognized by The Wall Las Memorias at their 2021 Honoring Caregivers event for supporting policies and programs that provide compassionate care for PLWHA for 40 years.

### **Teamwork and Stewardship**

The Commission staff provided programmatic, administrative, and technical support to the Commission's monthly meetings for 5 standing committees, 3 caucuses, 2 task forces, 1 workgroup, and the full council, totaling over 144 meetings per year.

The Commission achieved over \$78,000 in cost savings related to parking, office space, and meeting room rental by moving to a smaller, newer and more energy efficient County-owned building in August 2021. To maximize space and reduce environmental footprint, staff now share workstations and utilize a hybrid in-office/telework model while maximizing the open-space environment for cross-departmental collaborations and partnerships. The Vermont Corridor is equipped with state-of-the-art meeting rooms with free parking and short walking distance from the Wilshire/Vermont Metro station. The close proximity of the new office location to public transit will facilitate greater access to Commission meetings.

and events. Virtual meetings saved an additional cost savings of \$30,000 in audiovisual and food expenses.

## KEY PRIORITIES FOR 2022

The Commission on HIV enters the year 2022 with an even stronger commitment and energy to end the HIV epidemic and advance health equity and social justice. The impact of COVID in our lives has been profound. On our shared journey to recovery, the Commission looks forward to its continued partnership with the Board of Supervisors in creating and maintaining a supportive community for people living with and at-risk for HIV/STDs.

### Expanding Harm Reduction, Overdose Prevention and Syringe Exchange Services

Preventing HIV transmission and Hepatitis infection among people who use drugs remains an urgent public health issue. Despite the strong scientific evidence supporting the life-saving impact of harm reduction and syringe access services, funding and political will to embrace such programs remain inadequate. The County and the Cities of Los Angeles and West Hollywood currently fund various agencies to provide syringe exchange and harm reduction services, critical supplies, education, and addiction and recovery support groups in specific areas of the community. However, there remain challenges and barriers that hamper the creation of a comprehensive network of prevention and care services for people at highest risk for HIV. Examples of challenges includes stigma related to drug use and people who use drugs; policy restrictions; resistance from local businesses; hesitation from elected officials; outdated and inconsistent data collection and processing; and lack of support from law enforcement. The Commission will continue to partner with State and local stakeholders and decision-makers to sustain well-funded harm reduction services including safe consumption sites that cover the entire County.

Harm reduction strategies aim to lessen harms associated with drug use and related behaviors that increase the risk of HIV infection. Sharing needles and syringes raises the risk of blood-borne HIV transmission. Drug use is associated with risky sexual behaviors including unprotected sex and the exchange of sex for drugs or money, which are linked to an increased risk of HIV infection. Harm reduction strategies can reduce behaviors resulting in elevated risk of HIV infection among injecting and non-injecting drug users. Research has shown that many people receiving treatment for substance use disorders stop or reduce their drug use and related behaviors, including unsafe sex. Needle exchange and safe consumption programs contribute to decreased needle sharing, more hygienic injection practices, and reduce the number of overdose deaths. Numerous studies have indicated that such programs effectively reduce the number of new HIV infections.

### Confronting the Methamphetamine Surge | The Crisis Continues

Methamphetamine use disproportionately accelerates HIV transmission and compromises the ability of users to manage HIV and their overall health. Heightened awareness of these negative outcomes, and increased adoption of effective interventions, can help advance the goals of the Ending the HIV Epidemic initiative. The Commission applauds the Department of Public Health, Substance Abuse Prevention and Control (SAPC) for launching the [MethFree LACounty](#) campaign - an important community level intervention for raising awareness about the dangers of methamphetamine use and connecting individuals to treatment and harm reduction services. The Commission will continue to collaborate with DHSP, SAPC,

Center for HIV Identification, Prevention and Treatment Services (CHIPTS), and The Wall Las Memoria’s Act Now Against Meth coalition, to end meth use and its debilitating impact in our communities.

### Aligning Local Efforts with National HIV Goals

The federal government’s attention and additional investments in HIV prevention and care is encouraging. The national [Ending the HIV Epidemic](#) (EHE) is a bold plan announced in 2019 that aims to end the HIV epidemic in the United States by 2030. Additionally, President Biden reaffirmed the Administration’s commitment to ending HIV with the release of the new [National HIV/AIDS Strategy](#) (NHAS) to provide the framework and direction for the Administration’s policies, research, programs, and planning through 2025 and lead us toward ending the HIV epidemic in the United States by 2030. The new National HIV/AIDS Strategy:

- Incorporates the latest data on HIV incidence, prevalence and trends
- Expands the focus on addressing the social determinants of health that influence an individual’s HIV risk or outcomes
- Encourages reform of state HIV criminalization laws
- Adds a new focus on opportunities to engage the private sector in novel and important ways in the nation’s work to end the HIV epidemic.

Landmark biomedical and scientific research advances have led to the development of many successful HIV treatment regimens, prevention strategies, and improved care for persons living with HIV. On December 20, 2021, the U.S. Food and Drug Administration (FDA) announced its first approval of a long-acting HIV prevention medication. Developed by ViiV Healthcare, the medicine is long-acting cabotegravir injected once every two months. FDA has approved the medicine for use by adults and adolescents weighing at least 35 kilograms who are at risk of sexually acquiring HIV. This milestone marks a vital expansion of biomedical HIV prevention options available to people in the United States. This injection, given every two months, will be critical to addressing the HIV epidemic in the U.S., including helping high-risk individuals and certain groups where adherence to daily medication has been a major challenge or not a realistic option.

However, HIV/AIDS can only be ended as a public health threat by 2030 if we collectively continue to strive for equality, protection of human rights and zero discrimination. Thus, equity and racial justice must remain the HIV movement’s north stars to guide its path towards realizing the NHAS vision:

*“The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment, lives free from stigma and discrimination, and can achieve their full potential for health and well-being across the lifespan.”*

### Comprehensive HIV Plan (CHP) 2022-2026 | A Local Roadmap for Reimagining HIV/STD Prevention and Care Services

The Commission and DHSP will develop the Comprehensive HIV Plan for 2022-2026, a federally required plan that presents a blueprint for HIV services along the entire spectrum of HIV prevention and care. The CHP will serve as a vehicle to identify needs, resources, barriers and gaps and outline strategies to address them. Recognizing the unique challenges and assets of Los Angeles County, the CHP will be aligned with national goals but reflective of local vision, values and needs.

### HealthHIV Planning Council Effectiveness Assessment | Implementation of Recommendations for Improvement

The Commission will begin operationalizing improvement strategies identified in the Planning Council Effectiveness Assessment. The key areas of focus for improving the Commission's efficiency are member recruitment and retention; community engagement and better representation of unaffiliated consumers from disproportionately impacted populations; and streamlining the Commission's work toward better integration and harmonization across the 12 committees and subgroups.

### Strengthen Core Functions | Uniqueness and Value of Planning Councils

One of the important aspects of the Ryan White HIV/AIDS Program (RWHAP) is its focus on community health planning for HIV prevention, care, and treatment. Community health planning is a deliberate effort to involve diverse community members in an open public process designed to improve the availability, accessibility, and quality of healthcare services in their community. The process involves identifying community needs, assessing capacity to meet those needs, allocating resources, and resolving conflicts. The Commission plays this important role for Los Angeles County. For 2022 and beyond, the Commission will continue to improve its prevention and care multi-year planning process and decision-making; modernize service standards with a stronger focus on consumer satisfaction with County-funded services; complete the annual Assessment of Administrative Mechanism; and implement a more comprehensive training and learning plan to improve member recruitment, retention, and leadership development.

### Curb the STD Crisis in Los Angeles | Mobilize for Sustained Action

The Commission thanks the Board of Supervisors for their unanimous support of Supervisor [Hilda Solis'](#) 2021 motion on addressing the ongoing STD crisis in Los Angeles County. The Commission also applauds Governor Newsom signing of Senate Bill (SB) 306 which expands access to testing at home and in the community, increases access to treatment, and boosts congenital syphilis screening. SB 306 is an important step to addressing this ongoing public health crisis and achieving greater health equity statewide. The bill will expand access to testing and treatment by:

- Requiring health plans to cover at-home test kits for HIV and Sexually Transmitted Infections (STIs)
- Increasing the number of providers that can provide STI testing in the community
- Supporting the delivery of expedited partner therapy, which allows patients to obtain STI treatment for their partners
- Requiring syphilis screening during both the first and third trimester of pregnancy

The Commission will continue to engage the community in harnessing broad support and investments in STI-related public health infrastructure and comprehensive sexual and reproductive health services.

## COMMISSIONERS (JANUARY - DECEMBER 2021)

**Bridget Gordon, Co-Chair, Unaffiliated Consumer, At-Large**

**David P. Lee, MPH, LCSW, Co-Chair, Provider Representative** (*resigned as Co-Chair August 2021*)

**Danielle Campbell, MPH, Co-Chair, Supervisorial Board Office 2 Representative** (*elected October 2021*)

Miguel Alvarez, Alternate

Everardo Alvizo, MSW, City of Long Beach Representative

Alvaro Ballesteros, MBA, Supervisorial Board Office 1 Representative

Alasdair Burton, Alternate

Raquel Cataldo, Supervisorial Board Office 5 Representative (*resigned May 2021*)

Mikhaela Cielo, MD, Ryan White Part D Representative

Pamela Coffey, Unaffiliated Consumer, Service Planning Area 6

Michele Daniels, Unaffiliated Consumer, Service Planning Area 1

Frankie Darling Palacios, Ryan White Part C Representative

Erika Davies, City of Pasadena Representative

Kevin Donnelly, Unaffiliated Consumer, Service Planning Area 8

Felipe Findley, PA-C, MPAS, AAHIVS, HIV stakeholder representative

Alexander Luckie Fuller, Provider Representative

Jerry D. Gates, PhD, Ryan White Part F Representative

Felipe Gonzalez, Unaffiliated Consumer, At-Large

Grissel Granados, MSW, HIV Stakeholder Representative

Joseph Green, Unaffiliated Consumer, At-Large

Thomas Green, Alternate

Damonte Hack, Alternate (*resigned August 2021*)

Karl Halfman, MA, Ryan White Part B Representative

Diamante Johnson, Unaffiliated Consumer, Supervisorial District 5 (*resigned March 2021*)

William King, MD, JD, AAHIVS, HIV Stakeholder Representative

Lee Kochems, MA, Behavioral/Social Scientist Representative

Eduardo Martinez, Alternate

Anthony Mills, MD, Provider Representative

Carlos Moreno, Provider Representative

Derek Murray, City of West Hollywood Representative

Paul Nash, PhD, HIV Stakeholder Representative

Katja Nelson, MPP, Supervisorial Board Office 3 Representative

Jesus "Chuy" Orozco, Housing Opportunities for People with AIDS (HOPWA) Representative

Mario Pérez, MPH, Ryan White Part A Representative

Juan Preciado, HIV Stakeholder Representative

Joshua Ray, Unaffiliated Consumer Supervisorial District 3

Mallery Robinson, Alternate

Isabella Rodriguez, Alternate

Nestor Rogel, Alternate (*resigned July 2021*)

Ricky Rosales, City of Los Angeles Representative

Harold Glenn San Agustin, MD, Provider Representative

Martin Sattah, MD, Provider Representative

Tony Spears, Alternate (resigned October 2021)  
LaShonda Spencer, MD, Provider Representative  
Kevin Stalter, Unaffiliated Consumer, Service Planning Area 4  
Reba Stevens, Alternate  
Damone Thomas, Alternate  
Maribel Ulloa, Housing Opportunities for People with AIDS (HOPWA) Representative (*resigned August 2021*)  
Justin Valero, Supervisorial Board Office 4 Representative  
Guadalupe Velasquez, Unaffiliated consumer, At-Large  
Rene Vega, Alternate  
Ernest Walker, HIV Stakeholder Representative  
Kayla Walker-Heltzel, Alternate (*resigned August 2021*)  
Amiya Wilson, HIV Stakeholder Representative (*resigned October 2021*)

## STAFF

Cheryl A. Barrit, Executive Director  
Dawn P. McClendon, Assistant Director  
Carolyn Echols-Watson, Senior Staff Analyst  
Jane Nachazel-Ruck, Administrative Assistant\*  
Jose Rangel-Garibay, Health Program Analyst  
Sonja Wright, Senior Board Specialist  
Yeghishe Nazinyan, Epidemiologist/DHSP-Commission Liaison  
Catherine Lapointe, Student Professional Worker  
*\*Retired March 2021*



LOS ANGELES COUNTY COMMISSION ON HIV  
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(213) 738-2816  
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**EXECUTIVE OFFICE**



BOARD OF SUPERVISORS  
**COUNTY OF LOS ANGELES**



## LOS ANGELES COUNTY COMMISSION ON HIV



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

### **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).





## **LOS ANGELES COUNTY COMMISSION ON HIV**

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<http://hiv.lacounty.gov>

# **DUTY STATEMENT**

## **AT-LARGE MEMBER, EXECUTIVE COMMITTEE**

(APPROVED 3-28-17)

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

### **COMMITTEE PARTICIPATION:**

- ① Serve as a member of the Commission's Executive and Operations Committees, and participates, as necessary, in Committee meetings, work groups and other activities.
- ② As a standing member of the Executive Committee, fill a critical leadership role for the Commission; participation on the Executive Committee requires involvement in key Commission decision-making:
  - Setting the agenda for Commission regular and special meetings;
  - Advocating Commission's interests at public events and activities;
  - Voting and determining urgent action between Commission meetings;
  - Forwarding and referring matters of substance to and from other Committees and to and from the Commission;
  - Arbitrating final decisions on Commission-level grievances and complaints;
  - Discussing and dialoguing on a wide range of issues of concern to the HIV/AIDS community, related to Commission and County procedure, and involving federal, state and municipal laws, regulations and practices.

### **REPRESENTATION:**

- ① Understand and voice issues of concern and interest to a wide array of HIV/AIDS and STI-impacted populations and communities
- ② Dialogue with diverse range perspectives from all Commission members, regardless of their role, including consumers, providers, government representatives and the public
- ③ Contribute to complex analysis of the issues from multiple perspectives, many of which the incumbent with which may not personally agree or concur
- ④ Continue to be responsible and accountable to the constituency, parties and stakeholders represented by the seat the member is holding
- ⑤ As a more experienced member, with a wider array of exposure to issues, voluntarily mentor newer and less experience Commission members
- ⑥ Actively assist the Commission and Committee co-chairs in facilitating and leading Commission discussions and dialogue
- ⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

## **Duty Statement: Executive Committee At-Large Member**

Page 2 of 2

### **KNOWLEDGE/BACKGROUND:**

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

### **SKILLS/ATTITUDES:**

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

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

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

**IN COMMEMORATION OF NATIONAL  
BLACK HIV/AIDS AWARENESS DAY  
#NBHAAD**

# **BLACK WOMEN & HIV AND THE BLACK MEN WHO SUPPORT THEM**

A data presentation on **BLACK WOMEN & HIV** followed by a **CANDID CONVERSATION** on how **BLACK MEN & WOMEN** living with/impacted by HIV can better **SUPPORT ONE ANOTHER** through the principles of **UJIMA**



## **DANIELLE M. CAMPBELL, MPH**

Faculty, Charles R. Drew  
University of Medicine and  
Science, Clinical Research  
Manager, David Geffen School of  
Medicine at UCLA.



## **GERALD GARTH**

Director of Diversity, Equity,  
and Inclusion, LA LGBT  
Center

**THURSDAY, FEBRUARY 10, 2022  
9:30AM-10:30AM\* (PST)**

**\*THIS PRESENTATION WILL BE  
PART OF THE FULL  
COMMISSION MEETING**

**REGISTER HERE:**

**[HTTPS://TINYURL.COM/MR284A37](https://tinyurl.com/mr284a37)**



## SPEAKER BIOGRAPHIES

### BLACK WOMEN & HIV AND THE BLACK MEN WHO SUPPORT THEM

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**Danielle M. Campbell, MPH** is a sociobehavioral scientist, activist, public health strategist, and experienced researcher who integrates implementation science, biomedical and biobehavioral sciences in HIV treatment, prevention and cure research. She has extensive experience in infectious disease-related work, and was recently funded to conduct research to examine impacts of SARS-CoV-2 among historically marginalized populations. Danielle is currently a member of the faculty at Charles R. Drew University of Medicine and Science, School of Medicine in the Division of Preventive and Social Medicine and Clinical Research Manager in the David Geffen School of Medicine at UCLA. Recently, Danielle began her doctoral studies in public health. The focus of her work has been examining the influence of structural systems and paradigms of power on the production of health inequities among racial/ethnic and sex/gender minority populations living with and affected by HIV/AIDS and other marginalized populations with an emphasis on women and girls. Danielle is a community organizer for HIV/AIDS and sexual and reproductive health, rights, and justice awareness. She dedicates her energy to serving as a member of a community scientific subcommittee for a global HIV/AIDS research network, and Chairwoman and Commissioner of the Los Angeles County Commission on HIV.

**Gerald Garth** currently serves as the Director of Diversity, Equity, and Inclusion with the Los Angeles LGBT Center. He most recently served as the Chief Operations Officer of the AMAAD Institute (Arming Minorities Against Addiction & Disease), overseeing all elements of organizational and program success. Gerald also previously served as the Manager of Prevention & Care with the Black AIDS Institute and was a Fellow with the California HIV/AIDS Policy Research Centers. Gerald is vice-president of LA Pride, co-chair of the LGBTQIA2-S subcommittee of the Los Angeles Department of Mental Health, and co-chair of the Hub for Health Intervention, Policy, and Practice (HHIPP) with UCLA Luskin School of Public Affairs. Gerald was also recently appointed to the advisory board of UC Santa Barbara. Gerald is currently pursuing his Master's in Business Administration from California Intercontinental University. Gerald is currently an appointed Commissioner on the Los Angeles County Commission on HIV, where he co-chairs the Black and African American Workgroup.

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](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) 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](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf).

## In This Issue:

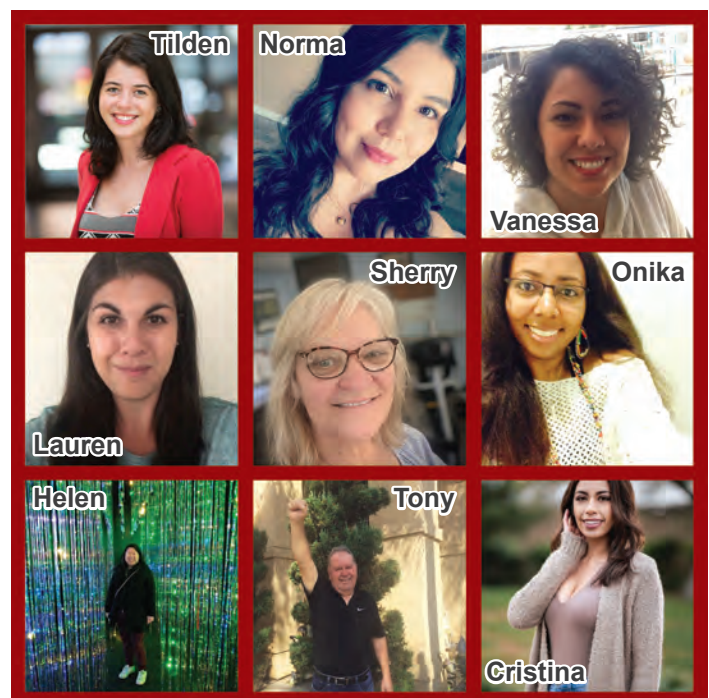
- Strategy A
- Strategy B
- Strategy D
- Strategy J
- Strategy K
- Strategy N

## Staff Highlight:

Please join us in congratulating the **Medical Monitoring Project (MMP) Team** for going above and beyond their benchmark goals so far in our 2021 cycle. MMP is a surveillance activity that collects rich data annually on 500 randomly selected people living with HIV/AIDS (PLWHA) in California. MMP is designed to gather information about the experiences and needs of PLWHA. Supported by the Centers for Disease Control and Prevention (CDC), MMP is conducted by 23 project areas nationally by state and local health departments.

California MMP has met its initial and an early secondary CDC benchmark for interviews for the 2021 cycle. MMP started the 2021 cycle June 1st, with a list of 500 PLWHA to interview or determine ineligible. The targeted final benchmark involves interviewing  $\geq 50\%$  of the determined eligible sample which currently stands at 233, and  $\geq 95\%$  of the interview target for medical record abstractions (MRAs), currently at 221. The CDC had set 3 major benchmarks for us to meet throughout the cycle. In October we are required to meet 60% of interviews and 30% of MRAs. In January, the secondary benchmark is 80% interviews and 60% MRAs. The final 100% benchmark for interviews is in April and May for MRAs.

The team already met several benchmarks months in advance of both the October 15th,



2021, and January 15th, 2022, deadlines. In October, the team surpassed both initial benchmarks interviewing 162 persons (70% of the eligible sample) and abstracting records of 85 persons or (38%). MMP has surpassed the January benchmark with 217 sampled persons (94%) interviewed and abstracted 159 (72%) medical records. The team currently is hard at work on the final interview benchmark due mid-April with only 9 interviews left to go!

The MMP team consists of **Sheryl Williams**, Principal Investigator, **Onika Chambers**, Project Coordinator, **Lauren Granillo**, Data Manager and 5 data collectors: **Helen Hwang**, **Tony**

**Gonzalez, Tilden Remerleitch, Norma Huerta, and Vanessa Craviotto-Guzman.** This talented and dedicated group have gone above and beyond during this 2021 cycle to surpass the target benchmarks for our sample. Despite being short staffed and weathering a few turbulent years during these “unprecedented times,” we grew closer. Now, we are a close-knit and more productive team, despite teleworking and being physically further apart.

The MMP team has also received some valuable assistance from ADAP enrollment workers Joshua Bunao, Adriana Fernandez, and Rachel Garduque, California Department of Public Health (CDPH) Quality Management Unit staff Blair Hock and Ron Ramos, and several Local Health Jurisdictions who have searched for updated contact information on the sampled persons. Thanks to those areas for the essential help.

Again, congratulations to the Medical Monitoring Project Team for surpassing their initial benchmark for the 2021 cycle! We applaud this achievement and look forward to the celebration of future milestones. Thanks for all you do!

### **HIV Awareness:**

**February 7th is National Black HIV/AIDS Awareness Day (NBHAAD).** NBHAAD was established in 1999 as a grassroots-education effort to raise awareness about HIV and AIDS education, prevention, care and treatment in the Black/African American community and other communities of color. This day is observed to educate people about HIV, prevention and encourage HIV testing. Black/African American communities are significantly impacted by social and structural determinants of health resulting in lack of information to include such lifesaving measures such as Pre-exposure prophylaxis (PrEP) and HIV treatment and care.

According to CDPH HIV Surveillance data, in 2019 Black/African Americans make up

approximately 6% of California’s population however, they account for 17% of living HIV cases and 17% of newly diagnosed cases. A factsheet depicting demographics and health outcomes for this community is located at [HIV and Black/African Americans](#).

### **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](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx), to stay informed.

#### **Racial Justice and Health Equity**

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout the CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

The OA RHE workgroup recognizes Black History Month, 2022. “Black Health and Wellness” is the theme acknowledging the legacy of Black scholars and medical practitioners in Western medicine and bringing attention to how the American health system continues to underserve the African American community.

#### **HIV/STD/HCV Integration**

As the lead state department in the COVID-19 response, CDPH has re-directed hundreds of staff to this effort. Because of this, the integration

efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention are postponed indefinitely. Please refer to our [OA website](#) at [www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx), to stay informed.

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

### **National Clinician Consultation Center**



The [California Substance Use Line](#) is a unique partnership between [California Poison Control System](#) and the National Clinician Consultation Center's national [Substance Use Warmline](#). Experienced pharmacists and physicians are available 24/7 to provide free, individualized support and guidance to clinicians on evaluation and management of substance use disorders – including questions regarding opioid overdose, withdrawal, and medication initiation for opioid use disorder.

Inquiries regarding stimulants, alcohol, safer opioid prescribing, and other substances are also welcome. Any California provider in any health care setting can reach a consultant by calling 844-326-2626. Non-health care providers seeking information on substance use can visit the California Department of Health Care Services, [Directories for Substance Use Disorder Services](#) located at <https://www.dhcs.ca.gov/provgovpart/Pages/sud-directories.aspx>.

### **PrEP-Assistance Program (AP)**

As of January 31, 2022, there are 199 PrEP-AP enrollment sites covering 174 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 three tables displayed on page 4 of this newsletter.

## **Strategy B: Increase and Improve HIV Testing**

OA's HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. The program, [TakeMeHome®](#), (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In the first 16 months, between September 1, 2020 and December 31, 2021, 2379 tests were distributed, including 110 tests distributed in December. While initially only oral HIV tests were available, TakeMeHome® has expanded its services to allow jurisdictions to offer self-collected dried blood spot HIV, STI, and Hepatitis C lab tests that users mail in for processing. In December, two jurisdictions, Riverside and San Bernardino, began offering mail-in lab-based tests, accounting for 14 orders.

Of individuals ordering a test in December, 40.9% reported never before receiving an HIV test, and 50.9% were 18 to 29 years of age. Among individuals reporting ethnicity, 34.9% were Hispanic/Latinx, and of those reporting sexual history, 40.9% indicated 3 or more partners in the past 12 months. To date, 334 recipients have filled out an anonymous follow up survey, with 94.6% indicating they would recommend TakeMeHome® HIV test kits to a friend. The most common behavioral risks of HIV

### 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	295	6%	---	---	---	---	45	1%	340	7%
25 - 34	1,279	28%	1	0%	---	---	423	9%	1,703	37%
35 - 44	1,065	23%	---	---	1	0%	285	6%	1,351	29%
45 - 64	796	17%	1	0%	19	0%	181	4%	997	22%
65+	47	1%	---	---	153	3%	10	0%	210	5%
<b>TOTAL</b>	<b>3,482</b>	<b>76%</b>	<b>2</b>	<b>0%</b>	<b>173</b>	<b>4%</b>	<b>944</b>	<b>21%</b>	<b>4,601</b>	<b>100%</b>

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	161	3%	---	---	37	1%	23	0%	---	---	100	2%	4	0%	15	0%	340	7%
25 - 34	940	20%	2	0%	160	3%	96	2%	4	0%	403	9%	14	0%	84	2%	1,703	37%
35 - 44	847	18%	4	0%	107	2%	69	1%	2	0%	272	6%	7	0%	43	1%	1,351	29%
45 - 64	722	16%	2	0%	37	1%	24	1%	3	0%	193	4%	---	---	16	0%	997	22%
65+	48	1%	1	0%	2	0%	4	0%	---	---	154	3%	---	---	1	0%	210	5%
<b>TOTAL</b>	<b>2,718</b>	<b>59%</b>	<b>9</b>	<b>0%</b>	<b>343</b>	<b>7%</b>	<b>216</b>	<b>5%</b>	<b>9</b>	<b>0%</b>	<b>1,122</b>	<b>24%</b>	<b>25</b>	<b>1%</b>	<b>159</b>	<b>3%</b>	<b>4,601</b>	<b>100%</b>

### Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	536	12%	---	---	7	0%	14	0%	---	---	15	0%	---	---	2	0%	574	12%
Male	2,042	44%	9	0%	317	7%	199	4%	8	0%	1,082	24%	23	0%	144	3%	3,824	83%
Trans	129	3%	---	---	14	0%	2	0%	1	0%	10	0%	2	0%	3	0%	161	3%
Unknown	11	0%	---	---	5	0%	1	0%	---	---	15	0%	---	---	10	0%	42	1%
<b>TOTAL</b>	<b>2,718</b>	<b>59%</b>	<b>9</b>	<b>0%</b>	<b>343</b>	<b>7%</b>	<b>216</b>	<b>5%</b>	<b>9</b>	<b>0%</b>	<b>1,122</b>	<b>24%</b>	<b>25</b>	<b>1%</b>	<b>159</b>	<b>3%</b>	<b>4,601</b>	<b>100%</b>

All 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: 01/31/2022 at 12:02:02 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.



exposure reported in the follow up survey were being a man who has sex with men (74.0%) or having had more than one sex partner in the past 12 months (61.7%).

**Strategy D: Improve Linkage to Care**

The HIV Care Branch is presenting in a session entitled ***Housing As The Foundation Of Public Health: Working With Those Who Are Unstably Housed***. This one-hour session is sponsored by the California Prevention Training Center and will predominantly be attended by disease investigation specialists throughout California. This session will explore the broad background of why people are homeless/unstably housed and the wide variety of challenges they face. The presenters will examine the impact housing has on health outcomes and look at ways providers might support their clients.

**Date: February 15, 2022**

**Time: 10:00 – 11:00 a.m.**

To register, please visit [Class Information - CA PTC](https://stdhivtraining.org) | (stdhivtraining.org).

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

**ADAP’s Insurance Assistance Programs**

As of January 31, 2022, the number of ADAP

clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

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

**Harm Reduction Kits in Medical Settings**

California law allows physicians to provide their patients sterile syringes and other harm reduction supplies without a prescription. Whenever possible, harm reduction supplies should be provided to patients who use drugs. [The California Bridge Project](#) created a resource sharing an example of the harm reduction kits distributed at Highland General Hospital.

[Harm Reduction Kit Guide](https://cabridge.org/resource/harm-reduction-kit/) available at https://cabridge.org/resource/harm-reduction-kit/.

**The Hep Elimination Report Card: High Marks for California!**

[The National Viral Hepatitis Roundtable](#) published their [state report cards](#) grading each state on their efforts to eliminate hepatitis C. California received an “A” grade (42 out of 50 possible points). Harm reduction strategies, budget allocations and public education was included in the grading process. The rubric was developed in consultation with more than 40 stakeholders including advocates, clinicians, government partners, and people who have lived

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from December
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	517	-7.51%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,900	-7.40%
Medicare Part D Premium Payment (MDPP) Program	1,832	-6.67%
<b>Total</b>	<b>8,249</b>	<b>-7.25%</b>

experience with viral hepatitis.

View [California's report card](https://eliminatehep.org/states/california/) at <https://eliminatehep.org/states/california/>.

## **Contingency Management for Stimulant Use Disorder Pilot in California**

The California Department of Health Care Services (DHCS) is inviting [Organized Delivery System](#) (DMC-ODS) counties to participate in a pilot program to provide contingency management (CM) services for people experiencing stimulant use disorder. CM provides motivational incentives for non-use of stimulants as evidenced by negative drug tests. Research repeatedly demonstrates positive outcomes that include reduction of drug use and longer retention in treatment.

The [request for applications](#) (RFA) is available on the DHCS website at <https://www.dhcs.ca.gov/Documents/Contingency-Management-County-RFA.pdf>.

**County applications are due February 15th.**

## **Strategy N: Enhance Collaborations and Community Involvement**

**To: OA Community Partners and Stakeholders**

**Re: ADAP Medical Advisory Committee Recruitment**

OA is presently recruiting for people interested in taking part in the Acquired Immunodeficiency Syndrome (AIDS) Drug Assistance Program (ADAP) Medical Advisory Committee (MAC) as a voting member. The MAC consists of health care professionals or individuals including Human Immunodeficiency Virus (HIV)-specialized physicians, pharmacists, psychiatrists, treatment advocacy representatives, and community representatives who contribute expertise and/or experience to benefit the program and the population it serves.

The primary role of the MAC is to review the program formulary, evaluate available HIV/AIDS related drugs in addition to medications used in the treatment of opportunistic infections, and make recommendations for changes to the program formulary. The established vision for the MAC is: "ADAP will make available, in an effective and timely manner to people living with HIV, pharmaceutical and other treatments which are reliably expected to increase survival, reduce mortality, and improve quality of life."

CDPH is committed to ensuring the composition of our MAC membership is reflective of the communities impacted by HIV. CDPH seeks to add at least two or more committee members living with HIV and encourages those who identify as HIV-positive to apply to serve as a community advocate. Those who wish to apply must be aware that their HIV-positive status may become known due to their participation on the MAC and are required to sign an Applicant Acknowledgement and Consent Form, agreeing to hold CDPH/OA harmless for any disclosures.

Community advocates are an integral part of the ADAP MAC as they represent the voices and perspectives of people impacted by HIV in California. The MAC is critical in making informed decisions that impact the ADAP formulary through a collaborative effort of HIV-specialized professionals, community members, and state representatives. In order to ensure that the membership reflects the principles of parity, inclusion, and representation on a statewide basis, while at the same time promoting connection and collaboration, CDPH/OA requests that members serve a two-year or four-year membership term.

MAC members will be expected to meet four times a year, in person or virtually. If necessary to meet legal requirements, presence is expected at additional meetings to vote on adding medications that receive Food and Drug Administration approval in between scheduled MAC meetings.

If you are [interested in applying for membership in the ADAP MAC](#), please email your request for an application to [CDPHADAPMedicalAdvisoryCommittee@cdph.ca.gov](mailto:CDPHADAPMedicalAdvisoryCommittee@cdph.ca.gov).

For [more information regarding the ADAP MAC](#),

please see our webpage at [www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_ADAP\\_MAC\\_Medical\\_Advisory\\_Committee.aspx](http://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_MAC_Medical_Advisory_Committee.aspx).

For [questions regarding this issue of \*The OA Voice\*](#), please send an e-mail to [angelique.skinner@cdph.ca.gov](mailto:angelique.skinner@cdph.ca.gov).

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# Recruitment and Retention Learning Collaborative

Session One: Introduction to Planning CHATT's Recruitment and Retention Learning Collaborative

January 20, 2022



# Agenda

- Welcome and Introductions
- Our Time Together
- Our LC Journey
- Planning CHATT Website
- Break- Out Session Discussion
- Wrap-Up

# Welcome and Introductions



# HRSA Welcome



**Lennwood Green, Project Officer  
Division of Metropolitan  
HIV/AIDS Programs  
HIV/AIDS Bureau, HRSA**

## Community HIV/AIDS Technical Assistance and Training (Planning CHATT) Project

- ❑ Planning CHATT builds the capacity of Ryan White HIV/AIDS Program (RWHAP) Part A planning councils and planning bodies (PC/PB) across the U.S.
- ❑ Our goal is to help PC/PB to meet legislative requirements, strengthen consumer engagement, and increase the involvement of community providers in HIV service delivery planning
- ❑ Planning CHATT: A HRSA-supported Cooperative Agreement (U69HA30795)





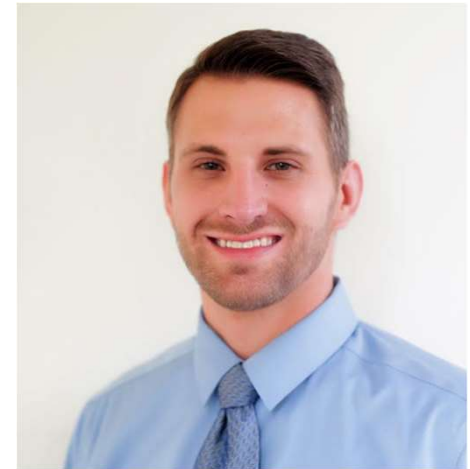
# LC Facilitators



Eddie Wiley  
Principle Consultant  
Maverick Consulting



Christina Bontempo  
Project Manager/Community Liaison  
Miami-Dade HIV/AIDS Partnership



Ryan McConnell  
Planning Council Member  
Indianapolis TGA Ryan White  
Planning Council

# LC Support Team



Chanel Richmond  
Planning CHATT  
Learning Collaborative Lead,  
JSI



Carrie Jones  
Planning CHATT  
Learning Collaborative Coordinator,  
JSI



Michelle Dawson  
JSI Breakout Session Liaison



# LC Participants

1. Baton Rouge Transitional Grant Area Advisory Council
2. Boston EMA RW Planning Council
3. Cuyahoga Regional HIV Prevention and Care Planning Council
4. Greater Hartford Ryan White Part A Planning Council
5. Inland Empire HIV Planning Council
6. Los Angeles County Commission on HIV
7. Minnesota Council for HIV/AIDS Care and Prevention
8. Nashville Regional HIV Planning Council
9. Nassau Suffolk HIV Services Planning Council
10. North Central Texas HIV Planning Council
11. Palm Beach County (PBC) HIV CARE Council
12. Portland Area HIV Planning Council



# Session One Learning Objectives

1. List the learning collaborative participant expectations
2. Describe how to access the Planning CHATT website and resources



# Our Time Together



# Comfort and Safety Agreements

- Right to pass
- Be curious, open, and respectful
- Make space and take space
- Take care of ourselves
- Explain jargon, acronyms, and industry language
- It is OK to ask for a learning moment

# Learning Collaborative Participant Expectations

- Embrace a mindset of continuous assessment and learning
- Attend all scheduled sessions
- Use relevant Planning CHATT resources to reach PC/PB goals
- Meet regularly with your team between LC sessions and advance your recruitment and retention strategy
- Share your experiences, including progress and challenges
- Actively engage in sessions and with other participants

# Our LC Journey





# Learning Collaborative Content Overview

Six Sessions  
4:00 - 5:30 PM Eastern

Date	Session Topic
January 20	Session One: Introduction to Planning CHATT's Recruitment and Retention Learning Collaborative
February 24	Session Two: Recruitment Strategy - Audience
March 24	Session Three: Recruitment Strategy - Messaging and Promotion
April 21	Session Four: New Member Engagement, Orientation, and Training
May 19	Session Five: Leadership Development and Mentorship
June 23	Session Six: Putting it all Together: Close Out Session



# Learning Collaborative Session Structure



Brief presentation—new content and review of last session



PC/PB Member and PCS break-out discussion



Implementation Team assignment

## Learning Collaborative Goals

By the end of the learning collaborative each implementation team will have:

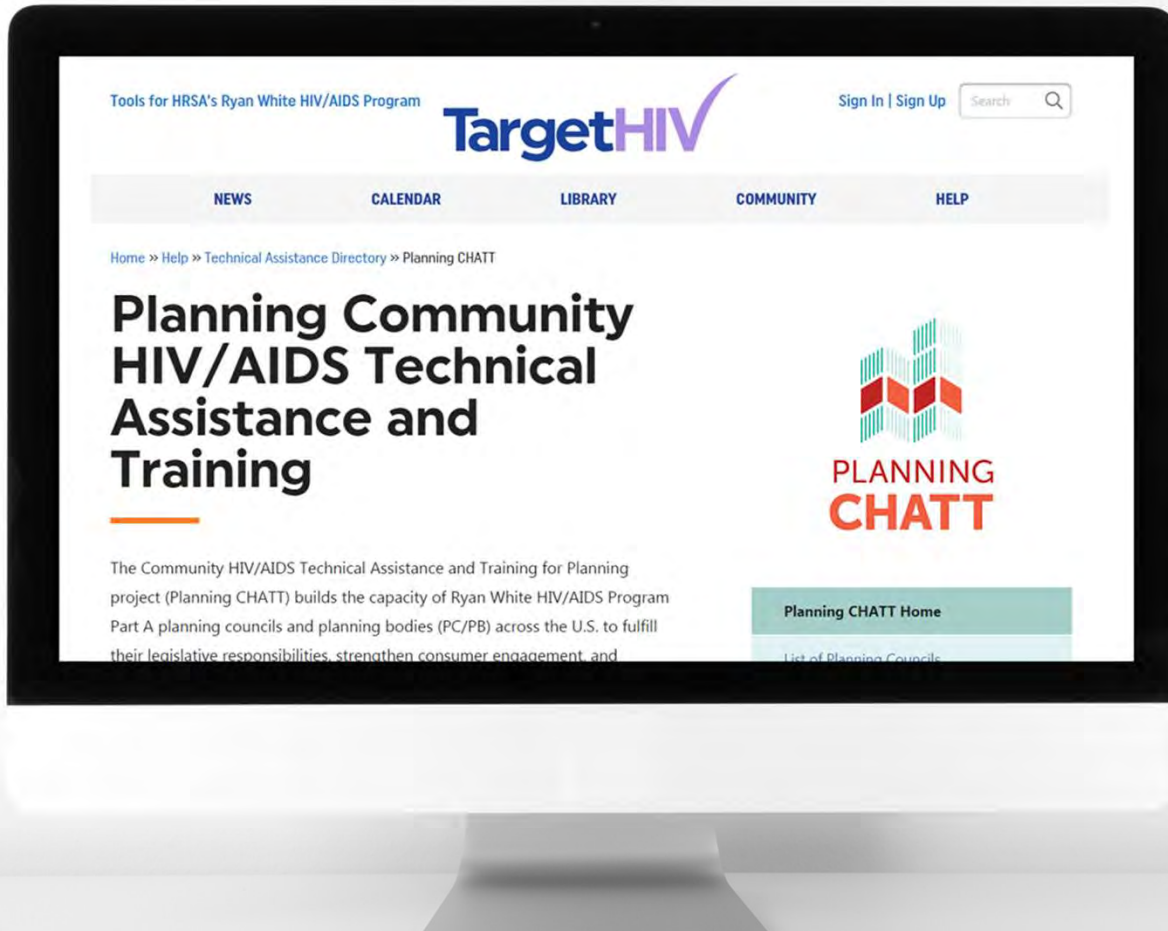
1. Developed a recruitment and retention strategy that prioritizes consumers and people of color
2. Assessed and determined which recruitment and retention activities can be integrated into your PC/PB's work plans
3. Identified at least one recruitment or retention activity that can be implemented in the next three months

# Team Assignment Break-Out Instructions

- ❑ Three (3) small groups
- ❑ Teams will have an opportunity to 1) meet your peers 2) have a candid discussion
- ❑ 20 minutes

## Breakout Session

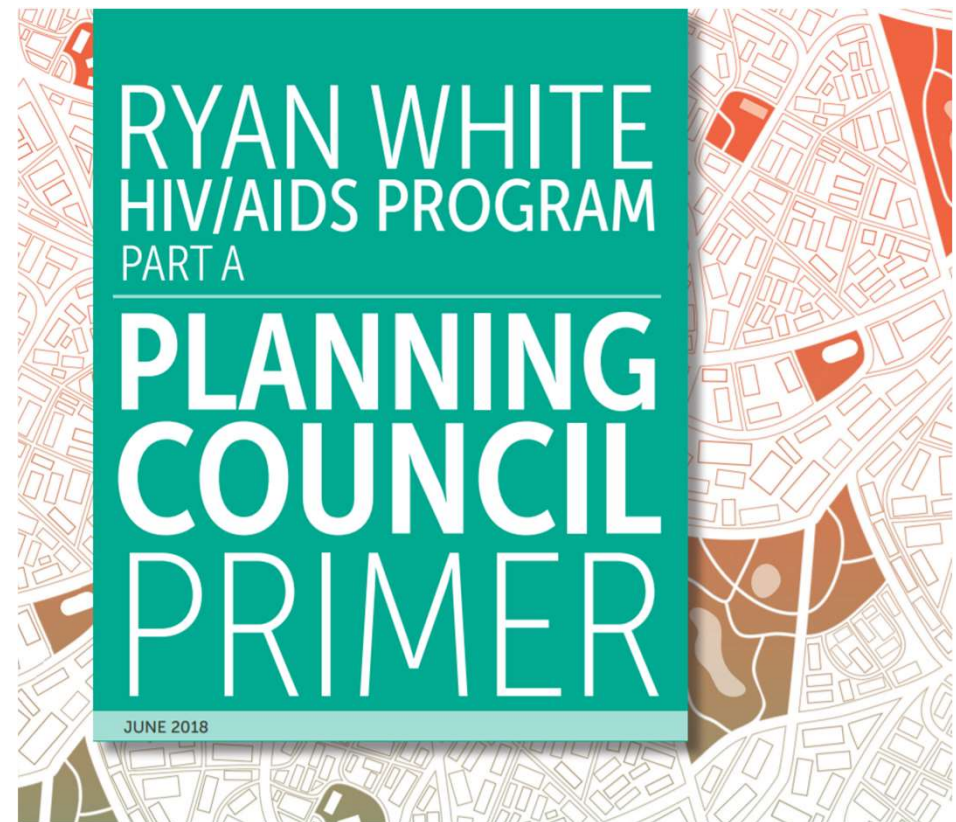
1. What's your biggest challenge with recruitment?
2. After hearing the overview, what session are you looking forward to the most?



[www.targetHIV.org/planning-CHATT](http://www.targetHIV.org/planning-CHATT)

## Resources

- ❑ RWHAP Part A Planning Council Primer
- ❑ Training Guide for RWHAP Part A Planning Councils/Planning Bodies: A Member's First Planning Cycle



## Our LC Journey

January 20	Introduction to Planning CHATT's Recruitment and Retention Learning Collaborative
February 24	<b>Recruitment Strategy - Audience</b>
March 24	Recruitment Strategy - Messaging and Promotion
April 21	New Member Engagement, Orientation, and Training
May 19	Retention Strategy: Leadership Development and Mentorship
June 23	Putting it all Together: Close Out Session







LOS ANGELES COUNTY  
**COMMISSION ON HIV**



# Strategies to Increase Social Media Engagement

Catherine Lapointe,

Student Professional Worker, LA County Commission on HIV

# Purpose

- The purpose of this project is to increase the Commission's social media presence on our Facebook, Instagram, and Twitter pages.
- Facebook: @HIVCommissionLA
- Twitter: @HIVCommissionLA
- Instagram: @HIVCommLA

# Strategy #1: “Did You Know?” Posts

- Purpose: Spread valuable information from reputable sources.
- Weekly posts to highlight an important HIV-related fact or service offered in LA County.

# Example



## DID YOU KNOW?

Early detection and treatment of HIV improves an individual's quality of life by reducing the risk of developing HIV-related complications and reducing the amount of virus in their blood stream to undetectable levels.



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



# Strategy #2: Commissioner Testimonials

- Purpose: Highlight individual commissioners and the work that they do.
- Testimonials can help the public understand more about what the Commission does and who is behind the work.
- Testimonials are voluntary and open to all commissioners who want to share.
- Testimonials will be posted on the Commission's Facebook, Twitter, and Instagram pages.

# Example

- Photo of the commissioner
- Occupation
- Role in the Commission
- Reason for joining the Commission
- Any additional information they would like to share

If you are interested in being featured on our social media pages, please email me at [clapointe@lachiv.org](mailto:clapointe@lachiv.org).

Thank you! 😊



## 2022 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

Committee Name: <b>PLANNING, PRIORITIES AND ALLOCATION COMMITTEE (PP&amp;A)</b>			Co-Chairs: Kevin Donnelly	
Committee Approval Date: January 18, 2022			Revision Dates:	
<b>Purpose of Work Plan:</b> To focus and prioritize key activities for COH 2022				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Develop the Comprehensive HIV Plan 2022-2026	The Committee will gather, discuss, develop and provide planning priorities for inclusion in the plan.	10/2022	PP&A will continue to agendaize the CHP. The Committee is the conduit for information obtained from all Commission Committees and subgroups.
2	Address Areas of Improvement from the HealthHIV Planning Council Effectiveness Assessment	The Committee will engage the broader community in developing and shaping the CHP.	Ongoing	PP&A is discussing activities to enhance community representation/engagement of underserved populations impacted by HIV in LAC.
3	Strengthen Core Planning Council Responsibilities	The Committee will continue to improve the Commission’s prevention and care multi-year planning process and decision-making	Ongoing	PP&A has increased the scope and frequency of data reviewed in the decision-making process to optimize services offered.
4	Develop Strategies for Maximizing Part A and MAI Funding	Monitor, assess and create directives for DHSP to effectively expend Part A and MAI funds to meet the needs of the underserved with specific focus on minority communities.	03/2022 - Ongoing	The Committee has used data provided by DHSP, Ending the HIV Epidemic (EHE) Plan, Transgender, Women and Consumer Caucuses; Black African American Community (BAAC) and Aging Taskforces (TF) recommendations in multi-year planning efforts.  PP&A will create specific DHSP Directives for the use of MAI funding to fully expend funds within the allocation program year.



## 2022 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

	<b>TASK/ACTIVITY</b>	<b>DESCRIPTION</b>	<b>TARGET COMPLETION DATE</b>	<b>STATUS/NOTES/OTHER COMMITTEES INVOLVED</b>
5	Review, discuss and understand financial information from DHSP	Review and monitor fiscal reports on all HIV funds supporting LAC HIV Care and Prevention services.	Ongoing	The Committee has requested DHSP provide this information on a monthly basis.
6	Annual Progress Report (APR)	Review progress report prepared for Health Resources and Services Administration (HRSA) by DHSP	08/2022	
7	Rank Service Categories for PY 33-35 (FY 2023-24; 2024-2025; 2025-26)	Rank (HRSA) Ryan White services numerically and obtain Commission approval to provide service rankings to DHSP for program implementation.	08-2022	This is part of the integrated prevention and care multi-year planning task required for the receipt Ryan White funding. The Committee leads the process for the Commission. PP&A dedicates several meetings to reviewing data and deliberating on findings before ranking services.
8	Allocations for PY 33-35 (FY 2023-24; 2024-2025; 2025-26)	Determine financial resource allocation percentages for HRSA ranked services and obtain Commission approval to provide to DHSP for program implementation.	08/2022	This is part of the integrated prevention and care multi-year planning task required for the receipt Ryan White funding. The Committee leads the process for the Commission. PP&A dedicates several meetings to reviewing data and deliberating on findings before determining funding allocations.
9	Prevention Planning	Develop integrated prevention and care planning strategies. Participate in the CDC prevention application process by recommending strategies for inclusion in the CDC prevention plan.	Ongoing	The committee established a Prevention Planning Workgroup to prepare short- and long-term prevention activities for recommendation to DHSP; DHSP to provide prevention data

**BACKGROUND**

As a Ryan White Program (RWP) Part A recipient, the Division of HIV and STD Programs (DHSP) at the Los Angeles County (LAC) Department of Public Health receives supplemental Minority AIDS Initiative (MAI) resources from the federal Health Resources and Services Administration (HRSA) to increase access to core medical and related support services and reduce disparities in health outcomes among persons of color living with HIV. The amount of the award is based on the number of people of color living with diagnosed HIV residing within a jurisdiction. *MAI funds represent approximately 8.3% of the \$43.9 million combined MAI (\$3.6 million) and Part A (\$40.3 million) award for FY 2021.*

HRSA requires that each eligible metropolitan area and transitional grant area (EMA/TGA) identify MAI subpopulations of focus based on local epidemiologic and programmatic data. For LAC, there are three MAI subpopulations:

1. Cisgender men of color aged 30 or older who have sex with men (MSM of color ≥ age 30)
2. Cisgender men of color aged 18- 29 years who have sex with men (YMSM of color), and
3. Transgender persons (Trans clients)

Additional important minority subpopulations impacted by HIV (but who are not included in the defined MAI subpopulations include) cisgender women of color, heterosexual cisgender men of color, and people who use injection drugs (PWID).

This report is a follow-up to a presentation on RWP service utilization by MAI subpopulations at the October 19, 2021 meeting of the Planning, Priorities and Allocation (PP&A) Committee of the Los Angeles County Commission on HIV (COH). That presentation described who was being served through LAC RWP overall and among the three MAI subpopulations. This report expands on that presentation by:

1. *Including cisgender women of color, heterosexual cisgender men of color and PWID as subpopulations of importance (in addition to the three MAI subpopulations).*
2. Providing service utilization data that includes total service units used and service units per client for selected RWP service categories to determine whether there are differences in how services are used among MAI subpopulations compared to all RWP clients and other subpopulations.
3. Estimating expenditures per client and subpopulation for the selected service categories to determine the amount spent to provide services to MAI and other minority subpopulations and all RWP clients.

The service categories for initial evaluation will include:

Top Funded Services (all funding sources)	Services Supported with MAI Funds	Service Used by Largest Percent of MAI Subpopulations
Ambulatory Outpatient Medical	<b>Non-Medical Case Management:</b> Transitional Case Management – Jails	Mental Health
Medical Care Coordination		
Benefit Specialty	<b>Housing:</b> Permanent Supportive Housing [Housing for Health]	
Oral Health		

**INDICATORS**

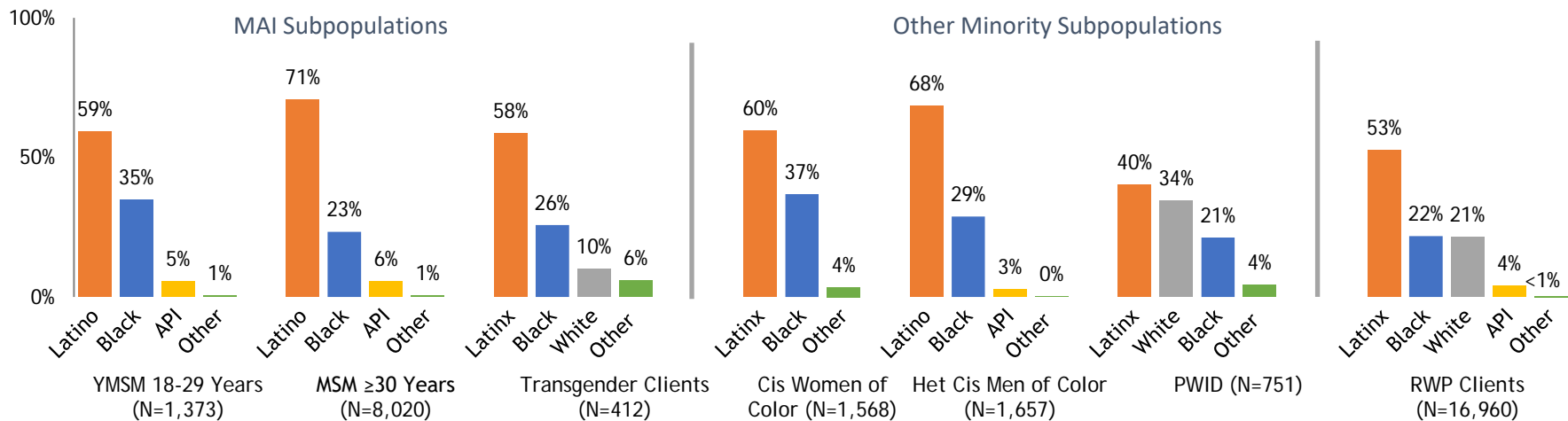
The following indicators will be used to describe service utilization and estimate expenditures. Service units vary by service category and may include visits, hours, procedures, days, or sessions and are indicated in each table below.

- Total service units=Number of service units paid for by DHSP in the reporting period (Year 30)
- Percent of service units=Total service units/number of service units per subpopulation
- Service units per client=Total service units/Number of clients
- Expenditure per service unit=Total expenditures/Total service units
- Expenditures per Client=Service units per client \* Expenditure per service unit
- Expenditures per Subpopulation=Total service units\*Expenditure per service unit

**SUBPOPULATIONS**

As shown below, the largest subpopulation in Year 30 was MSM of color ≥30 years who represent nearly half of all RWP clients. Latinx and Black clients make up most of each subpopulation, except PWID, where the majority was Latinx and White. Latinx and White clients also represented the majority of the total RWP client population.

Figure 1. Minority AIDS Initiative Subpopulations by Race/Ethnicity compared to Other Minority Subpopulations and Ryan White Clients aged ≥ 13 years, LAC, Year 30 (March 1, 2020-February 28, 2021)<sup>1,2</sup>



<sup>1</sup>Other race/ethnicity may include American Indian, Alaskan Natives, Asian/Pacific Islander (API) and persons of multiple race/ethnicities; <sup>2</sup>Total percentage may exceed 100% due to rounding

**MEDICAL CARE COORDINATION (MCC)**

Year 30 Funding Sources: RWP Part A (99%), MAI (<1%)  
 Percentage of RWP Clients Accessing MCC in Year 30: 49%  
 Unit of Service: Hours

Table 1 Highlights

- *Population Served:* Over half of clients using MCC services in Year 30 were MSM of color (55%) - 45% were MSM of color ≥ age 30 and 11% were YMSM of color.
- *Service Utilization:*
  - Over half of the total MCC hours were used by MSM of color ≥ age 30 (56%).
  - Hours per client were highest among PWID (21.3 hours per client) and heterosexual women of color (21.3 hours per client) compared to total MCC clients and other subpopulations.
  - Despite representing the largest percentage of MCC clients, MSM of color ≥ age 30 used the lowest number of MCC hours per client.
- *Expenditures:* While estimated expenditures per client were highest among PWID, the largest estimated expenditure by subpopulation was among MSM of color ≥ age 30.

Table 1: MCC Hours per Ryan White Program Client, RWP Year 30 (March 1, 2020-February 28, 2021), Los Angeles County

	<i>Clients, N</i>	<i>Clients, %<sup>a</sup></i>	<i>Total Hours</i>	<i>% of Hours</i>	<i>Hours Per Client</i>	<i>Estimated Expenditures per Client<sup>d</sup></i>	<i>Estimated Expenditures by Subpopulation<sup>d</sup></i>
<b>Total MCC Clients</b>	<b>8,350</b>	<b>100%</b>	<b>118,793</b>	<b>100%</b>	<b>14.2</b>	<b>\$1,550.93</b>	<b>\$12,950,275.00</b>
Cisgender MSM of Color age 18-29 (YMSM)	893	11%	12,891	11%	14.4	\$1,573.65	\$1,405,271.58
Cisgender MSM of Color ≥ age 30	3,720	45%	49,782	42%	13.4	\$1,458.87	\$5,427,002.79
Transgender Clients <sup>b</sup>	263	3%	5,364	5%	20.4	\$2,223.38	\$584,748.09
Cisgender Women of Color	569	7%	12,040	10%	21.2	\$2,306.71	\$1,312,515.76
Heterosexual Cisgender Men of Color <sup>b</sup>	628	8%	10,705	9%	17.0	\$1,858.31	\$1,167,016.08
People Who Inject Drugs (PWID)	397	5%	8,475	7%	21.3	\$2,327.21	\$923,902.86

<sup>a</sup>Describes percent among total clients in service category.

<sup>b</sup>Includes clients who identify as transgender women (n=258) or transgender men (n=5).

<sup>c</sup>Heterosexual orientation estimated from HIV risk category and may be subject to incomplete reporting.

<sup>d</sup>Based on cost per hour estimated at \$109 (total hours divided by total estimated expenditures).

**AMBULATORY OUTPATIENT MEDICAL (AOM)**

Year 30 Funding Source: RWP Part A (100%), MAI (0%)

Percentage of RWP Clients Accessing AOM in Year 30: 33%

Service Unit: Visits

Table 2 Highlights

- *Population Served:* Approximately half of clients accessing AOM services were MSM of color ≥ age 30 (54%).
- *Service Utilization:*
  - Over half of the total AOM visits were attended by MSM of color ≥ age 30 (56%).
  - Visits per client were highest among PWID (3.4 visits per client) and lowest among YMSM of color (2.7 visits per client) compared to total AOM clients and other subpopulations.
- *Expenditures:* While estimated expenditures per client were highest among PWID compared to total AOM clients and other subpopulations, the largest estimated expenditure by subpopulation was among MSM of color ≥ age 30.

Table 2: AOM Visits per Ryan White Program Client, RWP Year 30 (March 1, 2020-February 28, 2021), Los Angeles County

	<b>N</b>	<b>%<sup>a</sup></b>	<b>Total Visits</b>	<b>% of Total Visits</b>	<b>Visits Per Client</b>	<b>Estimated Expenditures per Client<sup>d</sup></b>	<b>Estimated Expenditures by Subpopulation<sup>d</sup></b>
<b>Total AOM Clients</b>	<b>5,653</b>	<b>100%</b>	<b>16,973</b>	<b>100%</b>	<b>3.0</b>	<b>\$1,635.00</b>	<b>\$9,252,137</b>
Cisgender MSM of Color age 18-29 (YMSM)	422	8%	1,157	7%	2.7	\$1,471.50	\$630,565
Cisgender MSM of Color ≥ age 30	3,044	54%	9,578	56%	3.1	\$1,689.50	\$5,220,010
Transgender Clients <sup>b</sup>	96	2%	302	2%	3.1	\$1,689.50	\$164,590
Cisgender Women of Color	625	11%	1,884	11%	3.0	\$1,635.00	\$1,026,780
Heterosexual Cisgender Men of Color <sup>b</sup>	773	14%	2,219	13%	2.9	\$1,580.50	\$1,209,355
People Who Inject Drugs (PWID)	110	2%	377	2%	3.4	\$1,853.00	\$183,665

<sup>a</sup>Describes percent among total clients in service category.

<sup>b</sup>Includes clients who identify as transgender women (n=94), transgender men (n<5).

<sup>c</sup>Heterosexual orientation estimated from HIV risk category and may be subject to incomplete reporting.

<sup>d</sup>Based on cost per visit estimated at \$545 (total visits divided by total estimated expenditures).

**BENEFITS SPECIALTY SERVICES (BSS)**

Year 30 Funding Sources: RWP Part A (100%), MAI (0%)

Percentage of RWP Clients Accessing BSS in Year 30: 27%

Unit of Service: Hours

Table 3 Highlights

- **Population Served:** Half of BSS clients in Year 30 were MSM of color ≥ age 30 (50%) followed by heterosexual cisgender men of color (9%).
- **Service Utilization:**
  - Nearly half of the total BSS hours were used by MSM of color ≥ age 30 (45%).
  - Hours per client were highest among PWID (7.4 hours per client) and transgender clients (6.5 hours per client) compared to total BSS clients and other subpopulations.
  - Despite representing the largest percentage of BSS clients, utilization by hours per client was lowest among MSM of color ≥ age 30.
  - PWID represented 4% of BSS clients however they accounted for 8% of total service hours.
- **Expenditures:** While estimated expenditures per client were highest among PWID, the largest estimated expenditure by subpopulation was among MSM of color ≥ age 30.

Table 3: BSS Hours per Ryan White Program, RWP Year 30 (March 1, 2020-February 28, 2021), Los Angeles County

	<b>N</b>	<b>%<sup>a</sup></b>	<b>Total Hours</b>	<b>% of Hours</b>	<b>Hours Per Client</b>	<b>Estimated Expenditures per Client<sup>d</sup></b>	<b>Estimated Expenditures by Subpopulation<sup>d</sup></b>
<b>Total BSS Clients</b>	<b>4,542</b>	<b>100%</b>	<b>16,353</b>	100%	<b>3.6</b>	<b>\$296</b>	<b>\$1,345,389</b>
Cisgender MSM of Color age 18-29 (YMSM)	333	7%	1,135	7%	3.4	\$280	\$93,371
Cisgender MSM of Color ≥ age 30	2,287	50%	7,392	45%	3.2	\$266	\$608,135
Transgender Clients <sup>b</sup>	73	2%	472	3%	6.5	\$532	\$38,846
Cisgender Women of Color	384	8%	1,910	12%	5.0	\$409	\$157,159
Heterosexual Cisgender Men of Color <sup>b</sup>	426	9%	2,021	12%	4.7	\$390	\$166,243
People Who Inject Drugs (PWID)	186	4%	1,369	8%	7.4	\$606	\$112,629

<sup>a</sup>Describes percent among total clients in service category

<sup>b</sup>Includes clients who identify as transgender women (n=73), transgender men (n=0).

<sup>c</sup>Heterosexual orientation estimated from HIV risk category and may be subject to incomplete reporting

<sup>d</sup>Based on cost per hour estimated at \$82.27 (total hours divided by total estimated expenditures).

**ORAL HEALTH**

Year 30 Funding Sources: RWP Part A (100%), MAI (0%)

Percentage of RWP Clients Accessing Oral Health in Year 30: 20%

Unit of Service: Procedures

Table 4 Highlights

- *Population Served:* Half of clients accessing Oral Health services in Year 30 were MSM of color ≥ age 30.
- *Service Utilization:*
  - Nearly half of total Oral Health procedures were used by MSM of color ≥ age 30 (45%).
  - Transgender clients had the highest number of procedures per client (9.5) compared to all Oral Health clients and other subpopulations.
- *Expenditures:* While estimated expenditures per client were highest among Transgender clients, the largest estimated expenditure by subpopulation was among MSM of color ≥ age 30.

Table 4: Oral Health Procedures per Ryan White Program, RWP Year 30 (March 1, 2020-February 28, 2021), Los Angeles County

	<b>N</b>	<b>%<sup>a</sup></b>	<b>Total Procedures</b>	<b>% of Procedures</b>	<b>Procedures Per Client</b>	<b>Estimated Expenditures per Client<sup>d</sup></b>	<b>Estimated Expenditures by Subpopulation<sup>d</sup></b>
<b>Total Oral Health Clients</b>	<b>3,377</b>	<b>100%</b>	<b>29,424</b>	<b>100%</b>	<b>8.7</b>	<b>\$1,951</b>	<b>\$6,587,521</b>
Cisgender MSM of Color age 18-29 (YMSM)	107	3%	889	3%	8.3	\$1,860	\$199,032
Cisgender MSM of Color ≥ age 30	1,736	51%	15,436	52%	8.9	\$1,991	\$3,455,851
Transgender Clients <sup>b</sup>	67	2%	638	2%	9.5	\$2,132	\$142,837
Cisgender Women of Color	352	10%	2,975	10%	8.5	\$1,892	\$666,051
Heterosexual Cisgender Men of Color <sup>b</sup>	303	9%	2,693	9%	8.9	\$1,990	\$602,916
People Who Inject Drugs (PWID)	135	4%	1,143	4%	8.5	\$1,896	\$255,898

<sup>a</sup>Describes percent among total clients in service category.

<sup>b</sup>Includes clients who identify as transgender women (n=66), transgender men (n<5).

<sup>c</sup>Heterosexual orientation estimated from HIV risk category and may be subject to incomplete reporting.

<sup>d</sup>Based on cost per procedure estimated at \$223.88 (total procedures divided by total estimated expenditures).

**PERMANENT SUPPORTIVE HOUSING (Housing)**

Year 30 Funding Sources: RWP Part A (0%), MAI (100%)

Percentage of RWP Clients Accessing Housing in Year 30: <1%

Unit of Service: Days

*Table 5 Highlights*

- **Population Served:** The largest percentages of RWP clients accessing Housing Services in Year 30 were MSM of color ≥ age 30 (20%) and PWID (17%).
- **Service Utilization:**
  - Over half of the total Housing days were used by MSM of color ≥ age 30 (56%).
  - Days per client were higher among Heterosexual Cisgender Men of Color (298 days per client) and MSM of color ≥ age 30 (294 days per client) compared to total Housing clients and other subpopulations.
- **Expenditures:** While estimated expenditures per client were highest among PWID, the largest estimate expenditure by subpopulation was among MSM of color ≥ age 30.

Table 5: Permanent Supportive Housing Days per Ryan White Program, RWP Year 30 (March 1, 2020-February 28, 2021), Los Angeles County

	<b>N</b>	<b>%<sup>a</sup></b>	<b>Total Days</b>	<b>% of Days</b>	<b>Days Per Client</b>	<b>Estimated Expenditures per Client<sup>d</sup></b>	<b>Estimated Expenditures by Subpopulation<sup>d</sup></b>
<b>Total Housing Clients</b>	<b>147</b>	<b>100%</b>	<b>39,839</b>	<b>100%</b>	<b>271</b>	<b>\$19,818</b>	<b>\$2,913,290</b>
Cisgender MSM of Color age 18-29 (YMSM)	3	2%	745	2%	248	\$18,160	\$54,479
Cisgender MSM of Color ≥ age 30	29	20%	8,515	21%	294	\$21,471	\$622,673
Transgender Clients <sup>b</sup>	17	12%	4,343	11%	255	\$18,682	\$317,589
Cisgender Women of Color	18	12%	4,382	11%	243	\$17,802	\$320,441
Heterosexual Cisgender Men of Color <sup>b</sup>	19	13%	5,658	14%	298	\$21,776	\$413,750
People Who Inject Drugs (PWID)	25	17%	4,487	11%	179	\$13,125	\$328,119

<sup>a</sup>Describes percent among total clients in service category

<sup>b</sup>Includes clients who identify as transgender women (n=15) or transgender men (n<5)

<sup>c</sup>Heterosexual orientation estimated from HIV risk category and may be subject to incomplete reporting

<sup>d</sup>Based on expenditure per day estimated at \$73.13 (total procedures divided by total estimated expenditures).



**TRANSITIONAL CASE MANAGEMENT – JAILS (TCM-JAILS)**

Year 30 Funding Sources: RWP Part A (0%), MAI (100%)

Percentage of RWP Clients Accessing TCM-Jails in Year 30: 3%

Unit of Service: Days

*Table 6 Highlights*

- **Population Served:**
  - The largest percentages of RWP clients accessing TCM Jails in Year 30 were MSM of color ≥ age 30 (25%) and Heterosexual Cisgender Men of Color (17%).
  - The low percentage of Cisgender Women of Color using TCM-Jails may reflect limited access to TCM-Jails services in the Women’s jails given lower service need compared to men. Historically, Transitional Case Managers have been based at the men’s jails versus the women’s jail (Century Regional Detention Facility (CRDF)) given the low number of women living with HIV identified at CRDF. This service arrangement merits additional review.
- **Service Utilization:**
  - Approximately a quarter of the total TCM-Jails hours were used by MSM of color ≥ age 30 (26%).
  - Hours per client were highest among Transgender clients (4.7 hours per client) and lowest among Cisgender Women of Color (2.8 hours per client) compared to total TCM-Jails clients and other subpopulations.
- **Expenditures:** While estimated expenditures per client were highest among Transgender clients, the largest estimated expenditure by subpopulation was among MSM of color ≥ age 30.

Table 6: Transitional Case Management-Jails Hours per Ryan White Program, RWP Year 30 (March 1, 2020-February 28, 2021), Los Angeles County

	<b>N</b>	<b>%<sup>a</sup></b>	<b>Total Hours</b>	<b>% of Hours</b>	<b>Hours Per Client</b>	<b>Estimated Expenditures per Client<sup>d</sup></b>	<b>Estimated Expenditures by Subpopulation<sup>d</sup></b>
<b>Total TCM Jails Clients</b>	<b>476</b>	<b>100%</b>	<b>1,648</b>	<b>100%</b>	<b>3.5</b>	<b>\$1,377</b>	<b>\$655,294</b>
Cisgender MSM of Color age 18-29 (YMSM)	42	9%	154	9%	3.7	\$1,455	\$61,092
Cisgender MSM of Color ≥ age 30	120	25%	436	26%	3.6	\$1,444	\$173,301
Transgender Clients <sup>b</sup>	18	4%	84	5%	4.7	\$1,850	\$33,295
Cisgender Women of Color	22	5%	61	4%	2.8	\$1,106	\$24,322
Heterosexual Cisgender Men of Color <sup>b</sup>	82	17%	281	17%	3.4	\$1,364	\$111,879
People Who Inject Drugs (PWID)	56	12%	205	12%	3.7	\$1,456	\$81,538

<sup>a</sup>Describes percent among total clients in service category.

<sup>b</sup>Includes clients who identify as transgender women (n=18), transgender men (n=0).

<sup>c</sup>Heterosexual orientation estimated from HIV risk category and may be subject to incomplete reporting

<sup>d</sup>Based on expenditure per hour estimated at \$397.55 (total procedures divided by total estimated expenditures).

**MENTAL HEALTH SERVICES (MH)**

Year 30 Funding Sources: RWP Part A (99%), other (<1%), MAI (0%)

Percentage of RWP Clients Accessing MH in Year 30: 2%

Unit of Service: Sessions

Table 7 Highlights

- *Population Served:* Over half of RWP clients accessing MH Services in Year 30 were MSM of color ≥ age 30 (56%)
- *Service Utilization:*
  - Over half of the total MH sessions were used by MSM of color ≥ age 30 (56%).
  - Cisgender women of color represented 9% of the clients accessing MH services however they received 16% of total sessions
  - Sessions per client were highest among cisgender women of color (17.1 sessions per client) compared to total Housing clients and other subpopulations.
  - Despite representing the largest percentage of MCC clients, utilization by hours per client was lowest among MSM of color ≥ age 30.
- *Expenditures:* While estimated expenditures per client were highest among cisgender women of color, the largest estimate expenditure by subpopulation was among MSM of color ≥ age 30.

Table 7: MH Sessions per Ryan White Program, RWP Year 30 (March 1, 2020-February 28, 2021), Los Angeles County

	<b>N</b>	<b>%<sup>a</sup></b>	<b>Total Sessions</b>	<b>% of Sessions</b>	<b>Sessions Per Client</b>	<b>Estimated Expenditures per Client<sup>d</sup></b>	<b>Estimated Expenditures by Subpopulation<sup>d</sup></b>
<b>Total Mental Health Clients</b>	<b>312</b>	<b>100%</b>	<b>3,168</b>	<b>100%</b>	<b>10.2</b>	<b>\$1,317</b>	<b>\$410,978</b>
Cisgender MSM of Color age 18-29 (YMSM)	27	9%	112	4%	4.1	\$538	\$14,530
Cisgender MSM of Color ≥ age 30	174	56%	1,762	56%	10.1	\$1,314	\$228,581
Transgender Clients <sup>b</sup>	12	4%	105	3%	8.8	\$1,135	\$13,621
Cisgender Women of Color	29	9%	495	16%	17.1	\$2,214	\$64,215
Heterosexual Cisgender Men of Color <sup>b</sup>	24	8%	230	7%	9.6	\$1,243	\$29,837
People Who Inject Drugs (PWID)	17	5%	260	8%	15.3	\$1,984	\$33,729

<sup>a</sup>Describes percent among total clients in service category.

<sup>b</sup>Includes clients who identify as transgender women (n=12) or transgender men (n=0).

<sup>c</sup>Heterosexual orientation estimated from HIV risk category and may be subject to incomplete reporting.

<sup>d</sup>Based on cost per session estimated at \$129.73 (total sessions divided by total estimated expenditures).

### KEY FINDINGS

Service use and expenditures vary by subpopulation within each service category. This variation may be influenced by the subpopulation size, underlying characteristics within each subpopulation such as health status, income, housing status or neighborhood of residence, service need or service access. While unmet service need is not reported directly by clients, it can be indirectly estimated as demonstrated need by looking at higher use relative to population size (percentage of subpopulation using the service compared to percentage of total service hours received by that subpopulation) and service units used per client. Key findings for each subpopulation are highlighted below.

- YMSM of color
  - YMSM of color represent 8% of total RWP clients
  - MCC, AOM and BSS were used by the largest numbers of YMSM color however they had some of the lowest per client service utilization of these services compared to other subpopulations or all RWP clients.
  - Service utilization was low among YMSM of color for OH and Housing services.
  - While 9% of MH clients were YMSM of color, they only accounted for 4% of MH services provided and had the lowest per client service units and expenditures.
  - Reasons for low service utilization are unclear but may reflect poor service engagement, low service access, effective service provision, low acuity, stigma or other client, provider or system-level determinants.
  
- MSM of color  $\geq$  age 30
  - The highest number of clients served in each service category and total estimated expenditures by subpopulation was among MSM of color  $\geq$  age 30. This is consistent with them being the largest subpopulation representing 42% of all RWP clients.
  - Despite their population size, MSM of color  $\geq$  age 30 generally represented lower expenditures per client compared to other subpopulations or all RWP clients suggesting lower utilization of services.
  
- Transgender clients
  - Despite making up a small percentage (2%) of the total RWP client population, transgender clients had some of the highest per client utilization of MCC, BSS and TCM. This utilization is consistent with data presented in the previous MAI presentation that higher percentages of transgender clients experienced poverty and recent incarceration in Year 30 compared to other MAI subpopulations.
  - The previous MAI presentation reported that 25% of transgender clients experienced homelessness in Year 30 compared to 11% for all RWP clients. Approximately 12% of Housing clients were transgender suggesting increased need for these services. Despite the demonstrated need, transgender clients received fewer housing days per client compared to all RWP clients.

- Cisgender women of color
  - Cisgender women of color were high utilizers of MCC and BSS as demonstrated by the percentage of total service hours they received and the number of service hours per client.
  - They were the highest utilizers of MH services – while 9% of MH clients were cisgender women of color, they used 16% of total service hours provided and they had the highest per client utilization of and expenditures for MH services compared with other subpopulations and all RWP clients.
  - Low use of TCM-jails services may be due to low numbers of cisgender women of color living with HIV in these facilities rather than low service need.
  
- Heterosexual cisgender men of color
  - Heterosexual cisgender men of color were the highest utilizers of Housing services using the highest number of days per client. As a result, they also reflected the highest per client expenditures even though they only represented 13% of Housing clients.
  - The second largest subpopulation using TCM-jails was heterosexual cisgender men of color, however they received the lowest per client service hours after cisgender women of color.
  
- PWID
  - Despite accounting for 4% of total RWP clients, PWID were the highest utilizers of MCC and BSS compared to other subpopulations or total RWP clients. They also had the highest expenditures per client and total expenditure per subpopulation for these services.
  - For AOM services, PWID accounted for 2% of total AOM clients but had the highest per client utilization and expenditures.
  - PWID were lower utilizers of OH services compared to all RWP clients.
  - While a large percentage of Housing services clients were PWID in Year 30 (17%), service utilization was low. They accounted for only 11% of total housing days and had the lowest per client utilization of all subpopulations. The reason for lower utilization despite demonstrated service need is not clear but may be eligibility criteria related to substance use in the program or housing facilities or clients dropping out of services due to substance use.

**Emergency Financial Assistance Program Totals  
MARCH 1, 2021 - NOVEMBER 30, 2021**

Total Applications	Received	Pending	Approved	Referred Out	Withdrawn	Returned Unprocessed	Denied	2nd Requests
Housing for Health	126	11	102	4	15	9	0	17
Alliance for Housing and Healing	374	130	244	0	11	15	2	
<b>TOTAL</b>	<b>500</b>	<b>141</b>	<b>346</b>	<b>4</b>	<b>26</b>	<b>24</b>	<b>2</b>	

Primary Type of Assistance (indicate number of)	Rent	Utilities	Food	Transportation	Medication	Total
HFH	102	22	2	0	0	126
AHH	187	52	5	0	0	244
<b>TOTAL</b>	<b>289</b>	<b>74</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>370</b>
%	<b>78.11%</b>	<b>20.00%</b>	<b>1.89%</b>			

Report having experienced additional financial instability that prevent them from covering monthly living expenses (indicate number of clients answering Y/N)	HFH	AHH
YES	126	187
NO		

DEMOGRAPHIC INFORMATION (Unduplicated)	TOTAL HFH	TOTAL AHH	TOTAL	%
<b>Gender</b>				
Male	70	320	390	81.76%
Female	27	49	76	15.93%
Transgender	6	4	10	2.10%
Missing		1	1	0.21%
<b>TOTAL</b>	<b>103</b>	<b>374</b>	<b>477</b>	
<b>Age</b>				
18-29	8	14	22	4.62%
30-39	22	67	89	18.70%
40-49	26	86	112	23.53%
50+	46	207	253	53.15%
<b>TOTAL</b>	<b>102</b>	<b>374</b>	<b>476</b>	
<b>Race</b>				
American Indian or Alaskan Native	0	0	0	0.00%
Asian	5	14	19	3.99%
Black or African American	34	99	133	27.94%
Native Hawaiian or Other Pacific Islander	1	1	2	0.42%
White	62	213	275	57.77%
Missing	0	47	47	9.87%
<b>TOTAL</b>	<b>102</b>	<b>374</b>	<b>476</b>	
<b>Ethnicity</b>				
Hispanic/Latinx	36	167	203	42.47%
Non Hispanic/Latinx	62	197	259	54.18%
Don't know	5	0	5	1.05%
Refused	1	10	11	2.30%
<b>TOTAL</b>	<b>104</b>	<b>374</b>	<b>478</b>	



**LOS ANGELES COUNTY COMMISSION ON HIV 2022  
STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)**

<b>Co-Chairs: Erika Davies, Kevin Stalter</b>				
<b>Approval Date: 2/1/22</b>				
<b>Purpose of Work Plan:</b> To focus and prioritize key activities for COH Committees and subgroups for 2022.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2022 workplan	COH staff to review and update 2021 workplan monthly	Ongoing	Workplan revised/updated on: 12/22/21, 1/6/2022, 1/19/22, 1/26/22; <b>2/1/22</b>
2	Update Substance Use Outpatient and Residential Treatment service standards	Continuation of SUD service standards review from 2021.	Jan 2022 <b>COMPLETED</b>	During the November meeting, the committee placed a temporary hold on approving the SUD service standards pending further review of the implications of CalAIM. COH staff will provide CalAIM updates and allow the committee to determine to approve or extend the hold on approving the SUD service standards. At the December 7 <sup>th</sup> meeting, the committee approved the SUD service standards and moved them to the Executive Committee for approval. Approved by the Executive Committee on 12/9/21 and on the Commission agenda for approval on 1/13/22  <b>Approved by Commission on 1/13/22. COH staff sent transmittal letter to DHSP on 1/26/22.</b>
3	Update Benefits Specialty service standards	Continuation of BSS service standards review from 2021.	Early 2022	Committee extended the public comment period and now ends on January 21, 2022. <b>The Committee will review public comments received at the February 2022 meeting.</b>
4	Update Home-based Case Management service standards	SBP prioritized HBCM for 2022 based on recommendations from ATF and DHSP. 84% of HBCM clients are ages 50+	<b>TBD</b>	DHSP presented a HBCM service utilization summary document at the January 2022 SBP Committee meeting



**LOS ANGELES COUNTY COMMISSION ON HIV 2022  
STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)**

				Committee will continue review at February 2022 meeting.
5	Conduct a targeted review of the oral health service standards and developing guidance for specialty dental providers related to dental implants.	Mario Perez (DHSP) recommended that the SBP committee conduct this specific addendum to the oral health standards for 2022	June 2022	COH staff scheduled a planning meeting to elaborate details for an expert panel. The meeting is scheduled January 11, 2022.  COH staff to identified Jeff Daniels as facilitator for Subject Matter Expert (SME) panel. COH staff requested service utilization summary document for Oral Health service standards from Wendy Garland [DHSP]. Dr. Younai provided literature review materials and COH staff will prepare an annotated bibliography. Paulina Zamudio provided list of dental providers contracted with DHSP. COH staff will draft SME panel invite letter. SME panel to convene in late February 2022.
6	Update Transitional Case Management service standards	Recommendation from DHSP	Late 2022	
7	Provide feedback on and monitor implementation of the local Ending the HIV Epidemic (EHE) plan	Develop strategies on how to engage with private health plans and providers in collaboration with DHSP	Ongoing, as needed	
8	Collaborate with the Planning, Priorities and Allocations Committee and AJ King (consultant) to shape the Comprehensive HIV Plan (CHP)	Contribute to the development of the CHP and advance the goals of the Comprehensive HIV Plan and Los Angeles County HIV/AIDS Strategy	Ongoing/ Late 2022	Added “CHP discussion” item for all SBP Committee meetings in 2022.  COH staff and AJ King to provide updates on CHP progress and submit requests for information for the SBP Committee to address.
9	Engage private health plans in using service standards and RW services		TBD	



## 2022 WORK PLAN – PUBLIC POLICY

Committee Name: <b>PUBLIC POLICY COMMITTEE (PPC)</b>			Co-Chairs: Katja Nelson, Lee Kochems	
Committee Adoption Date: January 3, 2022			Revision Dates:	
<b>Purpose of Work Plan:</b> To focus and prioritize key activities for COH Committees and subgroups for 2022				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Develop the Comprehensive HIV Plan 2022-26	The Committee will gather, discuss and provide policy issues for inclusion in the plan.	10/2022	The Committee will agendize the CHP and information will flow to the consultant on an ongoing basis.
2	Address Areas of Improvement from the HealthHIV Planning Council Effectiveness Assessment	The Committee will hold public hearing(s) to encourage community engagement and representation in Commission legislative policy making. Public Policy priorities will be streamlined and barriers for community participation reduced.	06/2022	The Committee is scheduled to hold a public hearing in February or March of 2022.
3	Continue to advocate for an effective County-wide response to the STD epidemic. Assess and monitor federal, state, and local government policies and budgets that impact HIV, STD, STIs, Hep C and other sexual health issues.	The Committee will better inform the development of legislative and policy priorities with public hearings. The Committee will review government actions that impact funding and implementation of sexual health and HIV services.	Ongoing	The Committee has included Public Hearing preparation as a standing item on their meeting agenda.
4	Prepare Policy Priorities for 2022 to include the alignment of priorities with the Black/African American Community (BAAC) Task Force, Women Caucus, Aging Task Force, Consumer Caucus, Prevention Workgroup and Trans-gender Caucus recommendations.	The Committee will discuss and craft policy priorities for 2022, ensuring policy efforts prioritize recommendations.	04/2022	Once established policy recommendations are submitted to the Commission for approval





## 2022 WORK PLAN – PUBLIC POLICY--Draft

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
5	Develop 2022 Legislative Docket	Review legislation aligned with information gathered from public hearing(s) as well as recommendations from Commission taskforces, caucuses and workgroups to develop the Commission docket, and discuss legislative position for each bill.	5/2022	The Committee will begin legislative bill review in 2/2022. Once the docket is established it will be submitted to the Commission for approval.
6	Monitor and support the City of Los Angeles safe consumption site project.	Coordinate with the City of LA AIDS Coordinator's Office	03/2022 - Ongoing	The Committee is scheduling a presentation with the City of Los Angeles Safe Consumption site providers.



**LOS ANGELES COUNTY COMMISSION ON HIV  
AGING TASK FORCE 2022 WORKPLAN (REVISIONS 12.15.21; 1.10.22; 2.1.22)**

Task Force Name: Aging Task Force		Co-Chairs: Al Ballesteros and Joe Green		
Task Force Adoption Date: 2/1/22				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2022 workplan		Ongoing	Initial draft presented to ATF 1/4/22.
2	Develop the Comprehensive HIV Plan 2022-2026	<ul style="list-style-type: none"> <li>All Committee and subgroup will contribute to shaping the CHP</li> <li>Commission, committees and subgroup activities should aim to align with the CHP and support the EHE goals</li> <li>Comprehensive HIV Plan 2022-2026 – integrating elements of ATF recommendations and care framework</li> </ul>	<b>October 2022</b>	Per ATF request, staff sent recommendations, HIV and aging care framework, and HealthHIV planning council effectiveness assessment report to CHP consultant to begin review and analysis of integrating key elements into the CHP.  Address prevention in older adults in CHP.
3	Present accomplishments, recommendations and structure of the ATF to Executive Committee	Executive Committee (January 2021) approved 1-year extension of the ATF until March 2022. The ATF discussed continuing the work as Caucus.	2/24/22	ATF discussed (Dec 2021) meeting to transition into a caucus.
4	Ensure service standards are reflective of and address the needs of PLWH 50+	Provide feedback on service standards SBP will update for 2022 and future years	-Benefits specialty services (BSS) early 2022 -Home-based case management (HBCM) late 2022 -Oral health dental implants June 2022	SBP 2022 standards workplan and target completion dates are: benefits specialty services (BSS) (early 2022) Home-based case management (HBCM) TBD-- SBP prioritized HBCM for 2022 based on recommendations from ATF and DHSP. 84% of HBCM clients are ages 50+ targeted review of the oral health service standards and developing guidance for specialty dental providers related to dental implants (June 2022) Transitional case management – jails, youth, older PLWH transitioning out of Ryan White



**LOS ANGELES COUNTY COMMISSION ON HIV  
AGING TASK FORCE 2022 WORKPLAN (REVISIONS 12.15.21; 1.10.22; 2.1.22)**

			TCM	into Medicare ( completion date to be determined by SBP)
5	Use ATF recommendations and care framework to inform Ryan White allocations	Infuse aging lens in the multi-year service ranking and funding allocations exercise conducted by PP&A	Ongoing @ PP&A meetings (3 <sup>rd</sup> Tues of each month)	J. Green and A. Ballesteros, ATF Co-Chairs are on PP&A Committee and may help shepherd the allocations debate to include PLWH 50+. ATF members attend PP&A meetings to lend additional voices in support of the 50+ PLWH community.
6	Complete best practices project in collaboration with SBP	SBP is working with all Caucuses and workgroups/task forces to develop a compilation of best practices resources for special populations.	Started	
	Continue to work with DHSP to implement recommendations		Ongoing	Maintaining ongoing communication with Dr. Green and W. Garland to assess what is realistic for DHSP to implement.
	Continue to work with DHSP to implement HIV care framework for PLWH 50+		Ongoing	Per Dr. Green, DHSP to provide feedback on the framework and what is realistic for DHSP to implement at the 2/1/22 ATF meeting.
	Review HEDIS measures used by LA CARE Health Plan   Caring for older adults			Carried over from 2021 workplan. Al Ballesteros to contact LA CARE. Per A. Ballesteros, keep activity in the workplan to revisit/review at a later date.
	Review, track and revisit Master Plan on Aging		Ongoing	Carried over from 2021 workplan.
	Determine key priorities for implementation and possible integration to COH Committee work.		STARTED DISCUSSION COMPLETED 1/4/22. 2022 Workplan revised to include standards review and	Carried over from 2021 workplan. Co-Chair, Al Ballesteros, asked COH staff to determine what is feasible to implement from list of recommendations at COH meeting on 5/13/21. Standards and Best Practices Committee – integrating ATF recommendations and care framework in “Best Practices” document for special populations



**LOS ANGELES COUNTY COMMISSION ON HIV  
AGING TASK FORCE 2022 WORKPLAN (REVISIONS 12.15.21; 1.10.22; 2.1.22)**

			SBP collaboration.	Planning, Priorities and Allocations Committee – using recommendations and care framework to inform multi-year priority setting decisions and program directives Comprehensive HIV Plan 2022-2026 – integrating elements of ATF recommendations and care framework Public Policy Committee – supporting policy initiatives and legislative bills that address HIV and aging
	Encourage the Division of HIV and STD Programs (DHSP) to collaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better understanding of the following issue: Understand disparities in health outcomes within the 50+ population by key demographic data points such as race/ethnicity, gender, geographic area, sexual orientation, and socioeconomic status.	Collaborate with DHSP to provide data on HIV continuum and quality of life indicators by race/ethnicity, gender, geographic area, sexual orientation, and socioeconomic status. Addressing disparities within the 50+ population is in line with the DHSP EHE Plan Overarching Strategy: Ensure that Los Angeles County Ending the HIV Epidemic pillars of interventions address and eliminate health inequities, address and dismantle racial inequities that are at the root of HIV and related syndemics, focus on the communities most impacted by HIV, and adopts a client-centered, people first approach.	Ongoing STARTED & ONGOING	Carried over from 2021 workplan. Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting. W. Garland presented MCC Performance At-a-Glance, 2013-2017 Patients 50 and Over at ATF meeting October 2021.  Dr. Green reported at 1/4/22 meeting that DHSP is reviewing data to determine disparities within the 50+ PLWH population. Analysis will take time and report findings to ATF accordingly.
	Encourage the Division of HIV and STD Programs (DHSP) to collaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better understanding of the following issue: Conduct analysis of best practices on serving	The Standards and Best Practices (SBP) Committee developed special guidelines for special populations (youth, women, and transgender) in 2007. The ATF may want to approach the SBP Committee to develop best practices/guidelines for 50+ PLWH. It is	STARTED Activity is being integrated in priority #6	Carried over from 2021 workplan.  Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting. Standards and Best Practices Committee – integrating ATF recommendations and care



**LOS ANGELES COUNTY COMMISSION ON HIV  
AGING TASK FORCE 2022 WORKPLAN (REVISIONS 12.15.21; 1.10.22; 2.1.22)**

<p>older adults in non-HIV settings and adapt key strategies for a comprehensive and integrated model of care for the population. Examples of best practices to explore are National Association of Area Offices on Aging (<a href="https://www.n4a.org/bestpractices">https://www.n4a.org/bestpractices</a>) and Substance Abuse and Mental Health Services Administration and Health Resources and Services Administration, Growing Older: Providing Integrated Care for an Aging Population. HHS Publication No. (SMA) 16-4982. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.</p>	<p>suggested that the ATF Co-Chair and ATF members bring up ideas and report back to the Executive Committee at their monthly meetings.</p>	<p>framework in “Best Practices” document for special populations</p>
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<b>HIV and Aging Champions – ATF members and committee assignments</b>	
<b>ATF MEMBER</b>	<b>COMMITTEE ASSIGNMENT</b>
Joseph Green (ATF Co-Chair)	Planning, Priorities and Allocations
Al Ballesteros (ATF Co-Chair)	Planning, Priorities and Allocations
Kevin Donnelly	Planning, Priorities and Allocations
Katja Nelson	Public Policy, Standards and Best Practices, and Executive Committee
Lee Kochems	Public Policy, Standards and Best Practices, and Executive Committee
Alasdair Burton	Public Policy
Paul Nash	Standards and Best Practices

# LA County Commission on HIV

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# Constructively Candid Conversations Session 9



County of Los Angeles Department of Workforce Development, Aging, and Community Services  
**Commission on Human Relations**  
April Johnson, [AJohnson@wdacs.lacounty.gov](mailto:AJohnson@wdacs.lacounty.gov) Robert Sowell, [RSowell@wdacs.lacounty.gov](mailto:RSowell@wdacs.lacounty.gov)



**End-in-mind:** Commissioners will know, and feel confident to apply, principles and techniques for engaging in Constructively Candid Conversations with Peers.

## Plan

30-minute sessions in monthly Commission meetings: presentation of principle or technique and practice/application

One special 90-minute training on what Implicit Bias is and how it operates

## Schedule:

- 1) Why Some Conversations are Uncomfortably Difficult
- 2) Stages of Relationships
- 3) Words Matter
- < Special 90-minute training on what Implicit Bias is and how it operates >
- 4) Self-Management
- 5) Empathy
- 6) Inquiry
- 7) Listening without Judging
- 8) Disclosing, Part 1 - affirming Shared Views
- 9) Disclosing, Part 2 - presenting Different Facts or Perspective**
- 10) Disclosing, Part 3 - requesting Different Behavior

*prejudice* → acceptance, *inequity* → justice, *hostility* → peace

# Interaction Agreements

*Engage Fully* – avoid distractions

*Represent Yourself* – don't claim to speak for others

*Share the Space* – give room for others to speak

*Receive Generously* – don't attribute motives

*Assume Alliance* – we may disagree on issues, but we don't attack people

*Protect Confidentiality* – take learning with you, leave stories behind





# Review – Essential Skills for Constructively Candid Conversations

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- Self-Management, including Self-Awareness and Self-Control
- Empathy, imagining what another person is experiencing
- Inquiry, learning with open-ended questions
- Listening without judging to Understand
- Disclosing, begin with shared view



*prejudice* ➔ acceptance, *inequity* ➔ justice, *hostility* ➔ peace

# Today – 5<sup>th</sup> of 5 Skills for Constructively Candid Conversations: ***Disclosing*** (Part 2)

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***Conversations are 2-way communications,  
so, after we listen, we need to respond***

*prejudice* → acceptance, *inequity* → justice, *hostility* → peace

Today – 5<sup>th</sup> of 5 Skills for  
Constructively Candid Conversations: ***Disclosing*** (Part 2)

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***Conversations are 2-way communications,  
so, after we listen, we need to respond***

WHAT we disclose and HOW we disclose it

*prejudice* → acceptance, *inequity* → justice, *hostility* → peace

	Calling Out	Calling In
WHAT	Denouncing harmful words or behavior	Invitation to discuss harmful words or behavior
WHEN	Urgent need to prevent further harm and express disagreement	Safety is not threatened
	Severe power imbalance that makes conversation unlikely or unsafe	Relationship with potential for influence
	Previous unsuccessful attempts for conversation	Evidence of openness to conversation and learning

“Interrupting Bias: Calling Out vs. Calling In” by Dr. Rebecca Eunmi Haslam, Seed the Way, LLC

“Calling In and Calling Out Guide,” Harvard Diversity Inclusion & Belonging

*prejudice* → acceptance, *inequity* → justice, *hostility* → peace



Today – 5<sup>th</sup> of 5 Skills for  
Constructively Candid Conversations: ***Disclosing*** (Part 2)

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***Disclosing, Part 2***



Calling In by Presenting  
Different Facts or Perspective

*prejudice* → acceptance, *inequity* → justice, *hostility* → peace

# Today – 5<sup>th</sup> of 5 Skills for Constructively Candid Conversations: **Disclosing** (Part 2)

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## Calling In by Presenting Different Facts or Perspective



“We all believe...” (shared value)

“And yet, we know...” (facts) OR “My view is...” (perspective)

“We could...” (opportunity, specific action)

“Would you consider working on that with me?”

## Practice

“We would get further if we focused more on class than race. Surely, if we improve things for the lower classes, we improve things for minorities.”

(see *So you want to talk about race* by Ijeoma Oluo, pages 8 and 9)



“We all believe...” (shared value)

“And yet, we know...” (facts) OR “My view is...” (perspective)

“We could...” (opportunity, specific action)

“Would you consider working on that with me?”

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# LA County Commission on HIV

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# Constructively Candid Conversations Session 9



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