



COMMISSION ON HIV Virtual Meeting

Thursday, September 10, 2020

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

*Meeting Agenda + Packet will be available on our
website at:

<http://hiv.lacounty.gov/Meetings>

JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/yygefidx>

**Link is for members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll

Access Code: 145 748 7222

PUBLIC COMMENTS

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

LIKE WHAT WE DO?

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

For application assistance, contact Commission Staff at (213) 738-2816 or hivcomm@lachiv.org



LOS ANGELES COUNTY
COMMISSION ON HIV



AGENDA FOR THE **VIRTUAL** MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV (COH)
MAIN (213) 738-2816 / FAX (213) 637-4748
EMAIL: hivcomm@lachiv.org WEBSITE: <http://hiv.lacounty.gov>

Thursday, September 10, 2020 | 9:00 AM – 1:30 PM

To Register/Join by Computer: <https://tinyurl.com/yygefldx>

**link is for members of the public*

To Join by Telephone: 1-415-655-0001 Access code: 145 748 7222

AGENDA POSTED: September 4, 2020

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

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

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

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

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

the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

	Call to Order and Roll Call	9:00 AM – 9:03 AM
1.	<u>ADMINISTRATIVE MATTERS</u>	
	A. Approval of Agenda MOTION #1	9:03 AM – 9:05 AM
	B. Approval of Meeting Minutes MOTION #2	9:05 AM – 9:07 AM
2.	<u>WELCOME, INTRODUCTIONS AND VIRTUAL MEETING GUIDELINES</u>	9:07 AM – 9:15 AM
3.	<u>REPORTS - I</u>	
	A. Executive Director/Staff Report	9:15 AM – 9:20 AM
	(1) County/COH Operational Updates	
	B. Co-Chair Report	9:20 AM – 9:30 AM
	(1) Meeting Management Reminders	
	(2) Welcome Back Renewing COH Members	
	(3) 2021 COH Co-Chair Open Nominations ELECTIONS 10.8.20	
	(4) Executive At-Large Member Open Nominations ONGOING	
	C. LA County Department of Public Health Report	9:30 AM – 10:00 AM
	(1) Vaccine Preventable Disease Control Program Updates	
	(2) Division of HIV/STD Programs (DHSP) Updates	
	D. California Office of AIDS (OA) Report	10:00 AM – 10:05 AM
	(1) California HIV Planning Group (CPG) Updates	
	E. Ending the HIV Epidemic (EtHE) Updates + Activities	10:05 AM – 10:10 AM
	<i>Opportunity for community partners to provide brief updates on EtHE-related activities and discuss topics for community feedback.</i>	
4.	<u>PRESENTATIONS</u>	10:10 AM – 11:45 AM
	A. Los Angeles Homeless Services Authority (LAHSA)	10:10 AM – 11:00 AM
	(1) LA County Homeless Count Updates	
	(2) Permanent Housing for People Living with HIV/AIDS	
	(3) Project Room Key	
	B. Housing Opportunities for Persons with AIDS (HOPWA)	11:00 AM – 11:45 AM
	(1) \$2.8M CARES Act Funding Overview + Public Comment	
	(2) Request for Proposals (RFP)	
	BREAK	11:45 AM – 12:00 PM

5. **REPORTS - II**

- A. Ryan White Program Parts C, D, and F Report 12:00 PM – 12:05 PM
- B. Cities, Health Districts, Service Planning Area (SPA) Reports 12:05 PM – 12:10 PM
- C. Standing Committee Reports 12:10 PM – 1:00 PM
 - (1) Planning, Priorities and Allocations (PP&A) Committee
 - (a) Ryan White Program Years (PYs) 30, 31, and 32 Service Category Prioritization **MOTION #3**
 - (b) Ryan White Program Years (PYs) 30, 31, and 32 Allocations Percentages **MOTION #4**
 - (2) Operations Committee
 - (a) Membership Management
 - (i) New Membership Application | Kevin Donnelly **MOTION #5**
 - (ii) New Membership Application | Dr. Paul Nash, CPsychol AFBPsS FHEA **MOTION #6**
 - (iii) New Membership Application | Stephanie Cipres, MPH **MOTION #7**
 - (b) Youth + Young Adult Outreach and Engagement
 - (c) Mentorship Program Implementation
 - (d) 2020 Virtual Training Schedule
 - (3) Standards and Best Practices (SBP) Committee
 - (a) Psychosocial Support Standards of Care **MOTION #8**
 - (b) Child Care Services Standards of Care | **OPEN FOR PUBLIC COMMENT 9.11.20-9.23.20**
 - (c) Universal Standards of Care | UPDATE
 - (4) Public Policy Committee
 - (a) County, State, and Federal Legislation & Policy
 - (b) County, State, and Federal Budget
- D. Caucus, Task Force and Work Group Reports 1:00 PM – 1:15 PM
 - (1) Aging Task Force | September 28, 2020 @ 9am-11am
 - (2) Black African American Community (BAAC) Task Force | September 28, 2020 @ 1-3pm
 - (3) Consumer Caucus | September 10, 2020
 - (4) Women’s Caucus | September 21, 2020 @ 9:30am-11:30am
 - (a) Special 4-Part Series | Virtual Lunch + Learn
 - (5) Transgender Caucus | September 22, 2020 @ 10am-12pm

6. **MISCELLANEOUS**

- A. Public Comment 1:15 PM – 1:20 PM

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

B. Commission New Business Items

1:20 PM – 1:25 PM

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

C. Announcements

1:25 PM – 1:30 PM

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

Adjournment and Roll Call

1:30 PM

Adjournment for the meeting of September 10, 2020.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1:	Approve the Agenda order, as presented or revised.
MOTION #2:	Approve the Minutes, as presented or revised.
MOTION #3:	Approve Ryan White Program Year (PY) 30, 31 and PY 32 Service Category Prioritization as presented or revised.
MOTION #4:	Approve Ryan White Program Year (PY) 30, 31 and PY 32 Allocations Percentages as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #5:	Approve New Member Application for Kevin Donnelly for Unaffiliated Consumer, Supervisorial District #4 seat and forward to the BOS for appointment; as presented or revised.
MOTION #6:	Approve New Member Application for Dr. Paul Nash, CPsychol AFBPsS FHEA for HIV Stakeholder Representative #2 seat and forward to the BOS for appointment; as presented or revised.
MOTION #7:	Approve New Members Application for Stephanie Cipres, MPH, for the Part D Representative seat and forward to the BOS for appointment; as presented or revised.
MOTION #8:	Approve the Psychosocial Support Standards of Care, as presented or revised.

COMMISSION ON HIV MEMBERS:

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

LEGEND:

LoA= Leave of Absence; not counted towards quorum

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

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



LOS ANGELES COUNTY COMMISSION ON HIV



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

VISION

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

MISSION

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

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



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



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TO END HIV, WE MUST END RACISM

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

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

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

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

In Solidarity,

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

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

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



2020 MEMBERSHIP ROSTER | UPDATED 8/24/20

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2022	
3	City of Long Beach representative			Vacant		July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health	July 1, 2018	June 30, 2022	
8	Part C representative	1	EXC PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2018	June 30, 2022	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2022	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4			Vacant		July 1, 2018	June 30, 2022	
15	Provider representative #5			Vacant		July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2018	June 30, 2022	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2018	June 30, 2022	
19	Unaffiliated consumer, SPA 1	1	EXC OPS	Michele Daniels	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2018	June 30, 2022	
21	Unaffiliated consumer, SPA 3			Vacant	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2018	June 30, 2022	
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	PP	Pamela Coffey	Unaffiliated Consumer	July 1, 2018	June 30, 2022	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2019	June 30, 2021	Thomas Green (SBP)
26	Unaffiliated consumer, SPA 8			Vacant		July 1, 2018	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2018	June 30, 2022	Nestor Rogel (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2018	June 30, 2022	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2018	June 30, 2022	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS	Joseph Green	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2018	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2022	
37	Representative, Board Office 2			Vacant		July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2022	
39	Representative, Board Office 4	1	SBP	Justin Valero, MA	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5	1	PP&A EXC	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	PP	Lee Kochers	Unaffiliated Consumer	July 1, 2018	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2022	
45	HIV stakeholder representative #2			Vacant		July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2018	June 30, 2022	
47	HIV stakeholder representative #4			Vacant		July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2018	June 30, 2022	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2018	June 30, 2022	
51	HIV stakeholder representative #8			Vacant		July 1, 2018	June 30, 2022	Miguel Alvarez (OPS/SBP)
TOTAL:		33						

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



ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

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

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

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

Committee Assignment List

Updated: August 13, 2020

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 11 Number of Quorum=6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Al Ballasteros	Committee Co-Chair*(temp.)	Commissioner
Raquel Cataldo	Committee Co-Chair*	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Diamante Johnson (Kayla Walker-Heltzel, Alternate)	*	Commissioner
Frankie Darling Palacios	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Maribel Ulloa	*	Commissioner
TBD	DHSP staff	DHSP

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

Committee Assignment List

Updated: August 13, 2020

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1 st Tuesday of the Month		
Regular meeting time: 1:00-4:00 PM		
Number of Voting Members = 12 Number of Quorum = 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair	Commissioner
Grissel Granados	*	Commissioner
Thomas Green	**	Alternate
Felipe Gonzalez	*	Commissioner
David Lee, MPH, LCSW	*	Commissioner
Katja Nelson, MPP	**	Commissioner
Joshua Ray (Eduardo Martinez, Alternate)	*	Commissioner
Harold Glenn San Agustin	*	Commissioner
Justin Valero, MA	*	Commissioner
Amiya Wilson	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

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

AGING TASK FORCE (ATF)
Regular meeting day/time: 1st Monday of Each Month @ 10am-12pm
Chair: Al Ballesteros, MBA
<i>*Open membership*</i>

BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE
Regular meeting day/time: 4 th Monday of Each Month @ 10am-12pm
Co-Chairs: Danielle Campbell, MPH & Greg Wilson
<i>*Open membership to those who reflect the Black/African American Diaspora*</i>

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

WOMEN'S CAUCUS
Regular meeting day/time: 3 rd Monday of Each Month @ 9:30am-11:30am
Co-Chairs: Shary Alonzo & Dr. LaShonda Spencer
<i>*Open membership*</i>



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 09/04/20

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

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

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

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

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

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

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



LOS ANGELES COUNTY
COMMISSION ON HIV



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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES

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

Draft

TELECONFERENCE SITE:

**California Department of Public Health, Office of AIDS
1616 Capitol Avenue, Suite 74-616, Sacramento, CA 95814**

January 9, 2020

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT (cont.)	COMMISSION MEMBERS ABSENT	DPH/DHSP STAFF
Al Ballesteros, MBA, <i>Co-Chair</i>	Abad Lopez	Jason Brown (<i>LoA</i>)	Chris Elonle
Bridget Gordon, <i>Co-Chair</i>	Anthony Mills, MD	Pamela Coffey (<i>F. to Burton</i>)	Jeffrey Gunzenhauser, MD, MPH
Susan Alvarado, MPH	Derek Murray	Michele Daniels/Craig Scott, MA	Franklin Pratt, MD, MPHTM
Miguel Alvarez (<i>Alt.</i>)	Katja Nelson, MPP	Susan Forrest (<i>Alt.</i>)	Sophia Rumanes, MPH
Traci Bivens-Davis	Raphael Peña/Thomas Green	Aaron Fox, MPM	
Alasdair Burton (<i>Alt. to Coffey</i>)	Mario Pérez, MPH	William King, MD, JD, AAHIVS	COMMISSION STAFF/CONSULTANTS
Danielle Campbell, MPH	Juan Preciado	Lee Kochems, MA	
Raquel Cataldo	Joshua Ray, RN/ Eduardo Martinez	Diamante Johnson/ Kayla Walker-Heltzel, MPH	Cheryl Barrit, MPIA
Frankie Darling-Palacios			Carolyn Echols-Watson, MPA
Erika Davies	Nestor Rogel (<i>Alt.</i>)	Carlos Moreno	Dina Jauregui
Jerry D. Gates, PhD	Ricky Rosales	Maribel Ulloa	Dawn McClendon
Felipe Gonzalez	Martin Sattah, MD	Amiya Wilson	Jane Nachazel
Grissel Granados, MSW	LaShonda Spencer, MD		James Stewart
Joseph Green	Kevin Stalter		Julie Tolentino, MPH
Karl Halfman, MS (<i>by phone</i>)	Justin Valero, MA		Sonja Wright, MS, Lac
David P. Lee, MPH, LCSW	Greg Wilson		
PUBLIC			
Ernesto A.	Darrin Alken	Sunnie Rose Berger	Miguel Bojanda
Virginia Cabrera	Josh Calderon	Steven Campa	Uriel Campho
Irene Canno	Carlos Catano	Bryton Charles	Alfonzo Coro
Phil Curtis	Carlos Delia-Zepeda	Kevin Donnelly	Dahlia Ferlito

Commission on HIV Meeting Minutes

January 9, 2020

Page 2 of 9

PUBLIC (cont.)			
Lawrence Fernandez	Robert Gamboa	Thelma Garcia	Joseph Geus
Ying Goh	Kyle Gordon	Victor Guerra-Cardoza	Steven Guy
Mathew Houston	Jo Huang	Silvia Jimenez	Damilola Jolayemi
Jackie Jones	Uyen Kao, MPH	Jeffrey Kling	Cheryl Laoz
Joseph Leahy	Gabonela Lei	Roxanne Lewis	Gabriel Maese
Miguel Martin	Menu McGrets	Martha Molina-Aviles	Johanna Padilla
Charlie Parker	Raul Quintero	Luis Ramos	Sheila Reed
Sandra Robinson, MBA	April Salavia	Glenn San Agustin, MD	Saron Selassie
Michelle Sobers	Peter Soto	Annetta Sparks	Tony Spears
Brigitte Tweddell	Panos Vageras	Octavio Vallejo, MD, MPH	Brenda Vasquez
Kevin Weiler			

CALL TO ORDER AND ROLL CALL: Ms. Gordon opened the meeting at 9:05 am.

Roll Call (Present): Alvarado, Bivens-Davis, Burton, Campbell, Cataldo, Darling-Palacios, Davies, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), Halfman, Lee, Lopez, Mills, Murray, Nelson, Pérez, Preciado, Rogel, Rosales, Sattah, Spencer, Wilson (Greg), Ballesteros, Gordon.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA:

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

2. APPROVAL OF MEETING MINUTES:

MOTION #2: Approve the 11/14/2019 Commission on HIV Meeting Minutes, as presented (*Passed by Consensus*).

II. REPORTS

3. EXECUTIVE DIRECTOR/STAFF REPORT:

A. Welcome and Introductions:

- Ms. Barrit welcomed all and thanked Dr. Mills and Ms. Bivens-Davis for their memorials of Ephraim Chacón, Kelly Trabajo, and Billy Cunningham for our adjournment as we begin 2020 in their honor and uplift their messages of love.
- She also welcomed Ms. Gordon as the Commission's new Co-Chair. She and Mr. Ballesteros previously co-chaired the Integration Advisory Board (IAB) together. She thanked Ms. Granados for her service as previous Commission Co-Chair.
- She thanked the Commission staff for their work in ensuring the Commission was ready for 2020. In particular, she recognized and thanked Dina Jauregui. A bright light on entering the Commission offices, she has helped virtually every Commissioner at some point. Ms. Jauregui has accepted a position with the Auditor-Controller. She will be missed.

B. 2019 Draft Commission Annual Report:

- Ms. Barrit thanked Commissioners who provided input on key highlights for the 2019 Annual Report to the Board of Supervisors (Board). Co-Chairs were reviewing the draft. After incorporating further input, the next iteration will go to the Executive Committee and then to the February Commission Meeting for approval and submission to the Board.
- Preparing the Annual Report is inspiring as the accomplishments, large and small, contribute to a healthy community.
- ➡ Ms. Barrit will email the latest draft to Commissioners for input.

C. 2020 Commission Meeting Planning:

- (1) February 13, 2020 - National Black HIV/AIDS Awareness Day (NBHAAD):** Staff have reached out to the Black/African-American Community (BAAC) Task Force to collaborate on using the meeting to focus on Ending the HIV Epidemic (EtHE) centered around the Black/African American community which shoulders the greatest burden of HIV.

4. CO-CHAIR REPORT:

- Mr. Ballesteros noted the Commission traditionally looks at new opportunities to renew its energy to impact HIV/AIDS at the start of each year. Current discussions include the success of biomedical interventions and the meaning of Undetectable Equals Untransmittable (U=U) both for PLWHAs and for prevention. Yet, despite this knowledge, there are 1,600 to 1,700 new infections annually. He felt the key to changing that lay in addressing Social Determinants of Health (SDH) including all the day-to-day pressures as well as lack of information and lack of access.
- New funds will come into Los Angeles County (LAC) through the EtHE. If used in the same way, results will be the same. The Commission needs to bring new voices to the table from communities who do not now know the Commission exists.
- After 40 years, it is time, and past time, for LAC to take a leadership role and bring this epidemic to an end.
- Ms. Gordon challenged all to think and act differently. It is unacceptable that: poverty is rampant; STIs are epidemic; homelessness is off the charts; and clients can follow referrals yet not receive services for weeks, months, or even years.
- This year, she urged all to think about what can be done differently and work collaboratively across organizations and commissions. It must be acknowledged underlying causes go beyond HIV/AIDS and are driven by discrimination and racism.
- Mr. Ballesteros welcomed Martha Molina-Aviles, Health Deputy for 5th District Supervisor Katheryn Barger.

A. Meeting Management Reminders:

- Ms. Gordon reminded all to adhere to the Code of Conduct in the packet and minimize use of, or explain, acronyms.
- The Parliamentarian tracks speaking time. Public comment is limited to one two-minute period per person for non-agendized topics and one per agenda item. It is doubled for those using an interpreter. Forms are at the sign-in table.
- Commission discussion is limited to three minutes per agenda item per Commissioner. Members may speak a second time after all have had the opportunity to speak once. A third round requires a two-thirds vote to suspend the rules. Members are asked to sit at table so the audience can identify them and Co-Chairs can see their requests to comment.
- There were vacancies for consumers, stakeholders, and providers. Applications were in the back and on the website.

B. Executive At-Large Seat Open Nominations Reminder:

- Mr. Stewart opened nominations for the three Executive At-Large seats. At-Large members serve on both the Executive and Operations Committees for one-year terms. Candidates are required to have served on the Commission for a minimum of one year prior to election as At-Large Members. The full Duty Statement was in the packet for reference.
- Mr. Stalter nominated Ms. Cataldo, but she respectfully declined.
- 🔄 Nominations, including self-nominations, may be sent to staff prior to next month's elections.

5. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORT: There was no report.

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

7. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

- Mr. Halfman, Chief, HIV Care Branch, highlighted items from the January 2020 *OA Voice* in the packet, as noted:
 - 🔄 KAI Partners management consulting and technology services firm has begun development of the schedule for Integration of OA with the Sexually Transmitted Diseases (STDs) Control Branch. (Page 1)
 - 🔄 Santa Cruz Health Services Agency (SCHSA) released a report on "Syringe Access and Disposal in Santa Cruz County" with helpful findings and recommendations. See the link to the report. (Page 3)
 - 🔄 OA released a new fact sheet with data from MSM who participated in an interview and HIV testing as part of the 2017 National HIV Behavioral Surveillance (NHBS) in San Diego, CA. "HIV Infection, Prevention, and Health Behaviors Among Sexually Active Men Who Have Sex With Men in San Diego, CA" is on the OA website and linked in the report. (Page 4)
 - 🔄 OA EtHE perspectives and Phase 1 counties work was discussed at the 11/14/2019 Commission Meeting. A preliminary plan was submitted to the Centers for Disease Control and Prevention (CDC) on 12/27/2019. Additional activities are outlined in the report including a meeting of the Steering Committee and other community input efforts. (Pages 4-5)
- Ms. Robinson, Chief, AIDS Drug Assistance Program (ADAP) Branch, highlighted additional items from the January 2020 *OA Voice* in the packet, as noted:
 - 🔄 The Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) has now expanded to 186 enrollment sites of 141 clinics serving 2,922 clients. A link to a list was in the report. (Pages 2-3)
 - 🔄 Two of the three ADAP Insurance Assistance Programs (Employer Based Health Insurance Premium Payment [EB-HIPP] and Office of AIDS Health Insurance Premium Payment [OA-HIPP]) have shown a steady enrollment increase for an average of 4.04% for the three totaling 7,416 clients. A table was in the report. (Page 3)

A. California HIV Planning Group (CPG) Update:

(1) CPG Member Open Nominations:

- Ms. Barrit noted the Commission has been represented on the CPG by Miguel Martinez, MSW, MPH, but he stepped down from the Commission as of the end of December 2019.
- A fact sheet identifying CPG functions, structure, and work products was available in the packet.
- ➡ Nominations for the Commission's representative to the CPG were opened for elections at the February meeting.
- ➡ Nomination forms for other CPG seats can be requested from Angelique.Skinner@cdph.ca.gov.

8. LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH (DPH) REPORT:

A. Division of HIV and STD Programs (DHSP) Report and Ending the HIV Epidemic (EtHE) Updates:

- Mr. Pérez, Director, noted Medical Care Coordination (MCC) was the single largest Ryan White Program (RWP) investment in the Commission's annual Priority Setting and Resource Allocation (PSRA) process.
- MCC can make a profound impact on health outcomes for PLWHA. Data continues to show increased retention in care and viral suppression from those who access and fully benefit from MCC. Progress, however, is uneven. DHSP will use supplemental CDC funds for Elevation Health Partners, a nonprofit Quality Improvement (QI) organization, to launch an HIV QI learning collaborative for all DHSP-supported MCC teams that are part of the RWP network of clinic providers.
- MCC is available to everyone seen in the RWP network of clinic providers regardless of their medical payer source.
- DHSP wants to ensure MCC teams are aware of the latest approaches to improve retention and address mental illness, Substance Use Disorders (SUD), and homelessness. There will be two webinars in 2020 and three in-person training sessions scheduled for March, August, and November. A formal announcement will be distributed shortly.
- In December 2019, the Board approved contracts for STD screening, diagnosis, and treatment; HIV testing through social networks and storefronts; and, for the first time, targeted resources to improve HIV and syphilis screening for bathhouse patrons. Contracts started in January 2020, budget negotiations have begun, and services will begin shortly.
- Ms. Nelson noted the two types of contracts each for HIV and STDs. Contracts funding the new express sexual health clinics were delayed with some community partners appealing, but that should not prevent LAC from moving contracts initially awarded and expected to start services 1/1/2020. With the STD crisis, she was concerned at the delay.
- Mr. Pérez replied all Category 1 contracts were approved after the Board action on DHSP's delegated authority and all three HIV testing subcategories were also approved. Dr. Gunzenhauser continued that Category 2 pertained to express clinics - originally two clinics at about \$750,000. The community called for more and DPH is reviewing funding options.
- Jeffrey King, Founder and Executive Director, In The Meantime, urged caution and community input in addressing any approaches to non-bathhouse sexual activity HIV testing and STD screening to ensure activities are not stigmatizing.
- Regarding EtHE, Mr. Pérez recounted the Trump Administration announced during the State of the Union address in early 2019 a commitment to reduce new HIV infections in America by 75% in five years and 90% in ten. The Administration's Plan has four pillars: diagnose PLWHA early; treat PLWHA rapidly; prevent new transmissions, particularly using PrEP and Syringe Service Programs (SSPs); and respond quickly to potential outbreaks.
- Several funding opportunities have been made available:
 - CDC, one-year planning grant to 57 areas, LAC received \$435,000 to operationalize in 2020, required draft plan by end of 2019 with robust community mobilization and engagement. Feedback expected within three months.
 - National Institutes of Health (NIH) and National Institute of Mental Health (NIMH), are offering research grants to academic partners in LAC, San Diego, and San Francisco. One of these is for regional planning by the University of California, Los Angeles (UCLA) Center for HIV Identification, Prevention and Treatment Services (CHIPTS). Uyen Kao, MPH, Executive Director, CHIPTS, related it will host all eight targeted California counties at the Dorothy Chandler Pavilion on 1/24/2020. Two other UCLA grants are to improve PrEP understanding and enrollment through technology, currently underway; and to explore readiness around long-acting injectable treatment for HIV.
 - Health Resources and Services Administration (HRSA), five-year Funding Opportunity Announcement (FOA), DHSP requested \$9 million per year for work beyond the norm, e.g.: to improve surveillance and data systems to better address trends and improve intervention responsiveness; replace HIV Casewatch; develop rapid antiretroviral therapy (ART) to ensure newly diagnosed PLWHA are engaged in treatment within one or two days; improve Linkage to Care (L2C) to stem loss to treatment after diagnosis or rapid re-engagement; multiply patient-centered options to promote HIV care, e.g., incentives and street medicine teams; Emergency Financial Assistance (EFA); emergency housing financial assistance; market RWP services more broadly; and build and support new infrastructure including leadership in the community, DHSP, and Commission. Feedback expected within six weeks.

- ✎ Bureau of Primary Health Care, FOA directed to 16 eligible HRSA-funded Federally Qualified Health Centers (FQHCs) to build PrEP capacity and infrastructure. DHSP has spoken with Louise McCarthy, MPP, President & Chief Executive Officer, Community Clinics Association of Los Angeles County (CCLAC) to help ensure eligible FQHCs submit an application and to help identify which among the other 50 some FQHCs can also be partners.
- DHSP has also met with Valerie Gallo, MPH, Deputy Regional Administrator, Office of Regional Operations, HRSA. She works to ensure Region 9 states have the tools and support they need. Her deputy will attend the 1/24/2020 meeting.
- DHSP provided an orientation to the local HIV epidemic in December 2019 for CDR Michelle Sandoval-Rosario, DrPH, MPH, Director, and LCDR Jose Antonio Ortiz, MPH, Deputy Director and prior HRSA Project Officer, Prevention through Active Community Engagement (PACE) Program, Region 9, Los Angeles. DHSP's work with the PACE Team is ongoing.
- DHSP plans on creating three groups in the near future: 1. An internal DHSP EtHE Steering Committee to ensure all moving parts are making progress. Ms. Barrit will be invited to join. 2. A countywide EtHE Advisory Board to ensure voices of community mobilization and engagement, consumer, Commission on HIV, CCLAC, academic partners, and other health plans and key stakeholders. 3. A vehicle specific to community mobilization and engagement.
- Mr. Gonzalez felt it critical for more PLWHA to be involved at all levels of decision-making including at their providers. Many cannot attend Commission meetings because they need to work and/or cannot afford child care.
- Mr. Rogel asked if street medicine teams were meant to replace the defunded Mobile Testing Units (MTUs) for hard to reach groups. If so, he would like details, and noted other options such as text messages to reach people at sex parties.
- Mr. Pérez said street medicine teams are among a couple dozen strategies in the plan submitted to HRSA. They identify those who may be HIV+, try to engage them in care, and address a range of issues including homelessness, addiction, and mental illness. Teams take a mature clinic model to the street unlike MTUs, limited to HIV testing counselors.
- Mr. Ballesteros thought the Commission was good at taking in Parts A/B and completing the prescribed PSRA for the grant to get funding to the street. He was concerned that this new funding may be delayed due to the slow LAC Request For Proposals (RFP) process which may be needed for services largely outside existing RWP categories.
- Mr. Pérez agreed this has been a long-standing issue. It has been raised with the Chief Executive Office (CEO).
- Mr. Green asked how Mr. Pérez was considering Commission structure, e.g., based on DHSP recommendations or other jurisdiction models. Mr. Pérez said DHSP has had discussions with Ms. Barrit. He felt there was a robust, mature annual PSRA process. He suggested continuing that with a smaller group of Commissioners while a broader group addresses community mobilization and engagement to support a complementary structure focused on all the EtHE moving parts.
- Ms. Nelson requested updates on LAC funding from the Ending The Epidemics (ETE) \$5 million each for HIV, STDs, and Hepatitis C and the County Health Executives Association of California (CHEAC) \$40 million for communicable diseases.
- Mr. Pérez said that under ETE: for HIV, LAC was eligible for approximately \$499,000 and DHSP encouraged Community Based Organization (CBOs) to apply in its stead; and, for STDs, LAC received \$490,000 with the condition that half go to CBOs which was invested in the STD contracts. Dr. Gunzenhauser continued that LAC received about \$375,000 in Hepatitis C funds with half to go to CBOs. DPH was looking at expanding current contracts to facilitate fund allocations.
- Regarding CHEAC funds, Dr. Gunzenhauser reported LAC will receive \$7.4 million for infrastructure over four years or about \$1.1 million per year. DPH has not yet received the state's submission proposal, but is looking at resources to better understand epidemics in the homeless population as well as increased laboratory HIV and STD testing support.
- At Ms. Gordon's request, Mr. Pérez offered an overview of the four-section draft plan. 1. An epidemiological profile reflects the number of PLWHA, those diagnosed in 2018, and a description of those groups. Notable are the higher proportion of those 18-29 diagnosed compared to overall PLWHA and the higher recent transgender person impact.
- 2. The community engagement section highlighted current partnerships, Annual Meeting information, BAAC Task Force recommendations, U=U work, and ongoing community engagement such as today's activities.
- 3. Situational analysis describes the LAC environment with special attention to the housing and homelessness crisis, and the roles mental illness and SUD play in the LAC HIV epidemic with recommendations tied to those areas.
- 4. The plan proper addresses: service gaps/barriers; HIV work force issues; data sharing challenges; desired surveillance systems improvements; and, DHSP and Commission organizational restructuring. The final plan is due in September.
- Jeffrey King thanked the Commission for embracing the BAAC Task Force recommendations. He did feel MTUs could be used to enhance street medicine teams with additional HIV and STD testing in pertinent areas. Regarding RFPs, he appreciated the less prescriptive nature of Vulnerable Populations RFPs and urged continuing that approach across governmental levels. On community engagement, he felt it important not to silo efforts, e.g., in churches.
- ➡ Regarding development of HIV testing and STD screening for various non-bathhouse commercial site and private home parties/events: 1. Refer topic to Executive Committee for consideration; and, 2. Mr. Pérez will discuss with Dr.

Gunzenhauser the structural policy and regulatory restrictions for the current quarterly inspection of commercial sex venues in LAC, e.g., prohibition of alcohol, which does not take into account the evolution of party venues.

- Dr. Gunzenhauser will report back in the next few days on options for additional express clinics.
- DHSP will provide the draft plan to better inform the Commission.

III. DISCUSSION

9. ENDING THE HIV EPIDEMIC (EtHE):

- Ms. Barrit said there will be many moving parts and not all questions raised today can be answered now. Instead, we will take information, questions, concerns, fears, and debates in small pieces to eventually mold feedback into a consensus.
- She called attention to several items in the packet: PowerPoint, "Ending the HIV Epidemic (EtHE): Community Mobilization and Engagement;" 2019 Annual Meeting Report, "Renewed Opportunities & Collaborations in Times of Urgency to End the HIV Epidemic;" and, Institute for Healthcare Improvement article, "Go Beyond Clinical Care to Improve Health Equity." The latter was provided to help inform discussion around Co-Chair comments that highlighted issues of access to care and SDH.
- She reviewed the PowerPoint which focuses on Community Engagement and Mobilization, Section 2 of the CDC draft plan, to inform breakout sessions. She supported all to step up into transparency and honesty as they engage the questions.

A. Community Engagement and Mobilization - Small Group Breakout and Discussion:

- The body engaged in discussion groups for 15 minutes and several reported out. A full report is found in the Appendix.
- Some concepts included: harness power of community leaders and peers, use funds to create community, address educational classicism with professional development programs, coordinate with existing college communities, fund full-time community organizers, improve coordination among organizations including attention to common terms, use social media to help mobilize leaders from underserved communities.

IV. ANNOUNCEMENTS

10. OPPORTUNITY TO ANNOUNCE COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES:

- Sunnie Rose Berger, Executive Director and Co-Founder, Life Group LA, announced they are celebrating 15 years of hosting three seminars in LAC and one out of state a year. The two-day January POZ Life Weekend Seminar is for PLWHA, partners, friends, family, and other service providers. The body breaks into small emotional support groups that are welcoming for those isolating or in need of information. Topics will include: U=U, Treatment as Prevention, PrEP, drug treatment options, working with your health care team, relationship building, HIV and aging. The seminar also includes complementary therapy like music and art healing, self-care, and yoga. Flyers were available on the resource table.
- Steven Campa, LA LGBT Center, welcomed all to the Grand Opening of the Center's new site in South Los Angeles on January 11, 11:00 am to 3:00 pm, at 2313 West Martin Luther King Jr. Boulevard, Los Angeles, CA. Partners at the site include Bienestar, Children's Hospital Los Angeles (CHLA), and The Wall Las Memorias.

V. BREAK

VI. REPORTS

11. STANDING COMMITTEE REPORTS:

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

- Mr. Ballesteros was Acting Co-Chair as Miguel Martinez, MSW, MPH was no longer on the Commission and Jason Brown was on a Leave of Absence due to new employment. The next meeting will be 2/18/2020 and will address elections if there are candidates. Members with one year's PP&A experience were encouraged to consider running.
- The main topics for the next meeting will be multi-year planning and PSRA Directives.

B. Standards and Best Practices (SBP) Committee:

- Ms. Davies said the last meeting was 1/7/2020. It opened with SBP Members discussing their 2020 hopes and goals, in particular, thoughts on SBP Members interests and opportunities for increased visibility and responsibility in their roles.
- SBP was working on Psychosocial Support Services and Emergency Financial Assistance (EFA) Standards of Care (SOC).
- HRSA defines Psychosocial Support to include individual and group counseling. The body sought more flexibility, e.g., online counseling, live chats, and peer support networks with incentives to peers who bring in those not linked to care. Future meetings will explore whether concepts are appropriate for Psychosocial Support or, perhaps, another SOC.

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- To help inform EFA, SBP reviewed the Department of Mental Health (DMH) Innovation Grant that offers financial help.
- EFA offers limited one-time or short-term emergency funds for essential utilities, housing, food, transportation, and medication. SBP may cap funds per year. The body hoped to open public comment at the February Commission.

C. Operations Committee:

- Ms. Bivens-Davis reported the November and December 2019 meetings were combined on 12/5/2019 due to the holidays. The next meeting will be 1/23/2020. Co-Chair nominations were open for elections at the January meeting.
- Operations began reviewing the BAAC Task Force recommendations for implementation at the January meeting. The Committee also requested the BAAC Task Force provide a more detailed presentation to the Consumer Caucus to help the Caucus best strategize how to also support the recommendations.
- After months of discussion, Operations approved an Intra-Commission Grievance and Sanctions Procedures. It will go to the January Executive Committee for review and approval to forward to the February Commission for consideration.
- In an Assessment of the Administrative Mechanism (AAM) update, Ms. Bivens-Davis noted one recommendation was for a supplemental survey of the entire Commission to assess perceptions of the efficacy of the PSRA process. The survey was distributed by AJ King, Consultant, the week of November 8th, but only 21 Commissioners have responded.
- There will also be additional key informant interviews of randomly selected DHSP providers who were not interviewed during the previous cycle of the AAM. Mr. King will conduct the interviews in the next couple of weeks.
- The Commission has approved the Mentorship Program. The Committee will take up implementation in February.
- Two new applicants were interviewed and were pending review. Commissioner Moreno has been moved from an Unaffiliated Consumer Supervisorial District 1 to a Provider Representative #1 seat due to his new CHLA employment.
- Committee assignments were under review by Commission leadership and staff to ensure reflectiveness and representation, and to accommodate requests for reassignment. Operations will review proposed changes in February.
- ➡ Commissioners wishing to change their Committee assignment should email their requests for consideration promptly.

D. Public Policy Committee:

- Ms. Nelson said the January meeting was rescheduled to 1/13/2020, 1:00 to 3:00 pm. It will include Co-Chair elections.
- Governor Gavin Newsom was expected to release his January Budget on 1/10/2020. He has already previewed a proposal for \$1 billion to jumpstart a new homeless fund and provide behavioral health services. Part of this was included under last year's CalAIM, renamed this week as Medi-Cal Healthier California For All to reform Medi-Cal.
- Another ongoing state initiative is the Master Plan for Aging. Comments were originally due by December 2019, but now there are Webinar Wednesdays and a series of committees working on the plan so HIV advocates remain engaged.
- The next ETE statewide working group call will be 1/15/2020, 2:00 to 3:00 pm. Contact her for call in information.

12. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS:

- A. **Aging Task Force:** The next meeting will be 1/28/2020, 1:00 to 3:00 pm.
- B. **Black/African American Community (BAAC) Task Force:** The February meeting was being scheduled. It will follow-up on the social media campaign, plan for the February Commission Meeting recognition of National Black HIV/AIDS Awareness Day (NBHAAD), and identify next steps for the Task Force.
- C. **Consumer Caucus:**
 - Mr. Gonzalez reported the Caucus presented a letter to the Executive Committee on 12/5/2019 regarding consumer participation in Commission leadership. The Caucus will be discussing how to better engage youth at the next meeting.
 - The Caucus will meet after this Commission Meeting and will also hold its Co-Chair elections today.
- D. **Women's Caucus:** The next meeting will be 1/15/2020 at 9:30 am.
- E. **Transgender Caucus:** The next meeting will be in February. It has not yet been scheduled.

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

- Ms. Alvarado announced the City of Long Beach 2018 HIV/STD Surveillance Report was released. It can be accessed on the City's website at LongBeach.gov under Health and Human Services.
- The City's Health Department HIV Care Clinic has a new care provider, Dr. Cliff Ocada, from AIDS Healthcare Foundation.
- The Long Beach Planning Group met on 1/8/2020. It heard an extensive PrEP presentation. The Director also provided an update on the importance of the strategy position noted below in improving coordination to meet goals. Several people recommended starting a consumer meeting as many people do not think the current meeting is attractive to consumers.

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- The next Long Beach Planning Group will be 4/8/2020.
- The City was opening a position at the end of January for an HIV/STD Strategic Implementation Specialist. The person will be a major driver of the HIV/STD Strategy Plan for the City of Long Beach. The Prevention Program will also be hiring a Health Educator and a Licensed Vocational Nurse. Both will work primarily on the MTU.
- ➡ Ms. Alvarado will forward position information for distribution once it is available.

VII. MISCELLANEOUS

14. PUBLIC COMMENT: OPORTUNITY TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:

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

16. OPPORTUNITY TO ANNOUNCE COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES:

- Alfonso Coro, Director, Clinical Research Operations, Men's Health Foundation, announced clinical research trials with new medications for HIV. He left cards at the resource table for anyone who would like information on more treatment options.
- Dr. Mills added two very exciting new agents were being developed. One was extremely long-acting and may eventually be implanted though it is now in an oral formulation lasting several weeks. The other was the most powerful agent seen to date. Both trials reduce the number of drugs, have longer dosing intervals, and higher safety levels. Men and women of all ages, both naive and treatment experienced, can participate. Trials will begin in the next couple of weeks.
- Ms. Granados announced that the Center for Trans Youth Health and Development launched its 2020 Angels of Change Calendar. It is the Center's annual calendar highlighting trans and genderqueer youth. There were a few copies on the resource table. If you would like larger quantities for your agency, contact Miguel Martinez, MSW, MPH.

17. ADJOURNMENT AND ROLL CALL: The meeting adjourned at 12:30 pm in memory of:

- Ephraim Chacón, leader, HIV prevention, Men's Health Foundation (MHF), transitioned on 12/19/2019 leaving this world less bright and less inspired. A guiding star, he led all around him to be better, more loving, and more compassionate.
- Born in Mexico 40 years ago in a house with dirt floors, his family migrated to America and settled outside Seattle where Mr. Chacón came to engage in HIV prevention, behavioral health, and organizing events, in particular, for the transgender community. He continued supporting those events from Los Angeles. He worked at Behavioral Health Case Management before joining MHF some six years ago. His focus on prevention continued, including early support biomedical prevention support. He had a special focus on the Latinx population and was a plenary speaker at the 2019 Latinx Prevention Meeting.
- He initiated a ground-breaking PrEP support group with outreach to populations ranging from those unfamiliar with PrEP, to those using it, PLWHA, and all communities including the transgender community. The CDC flew him to Atlanta to address their team. It was the only PrEP support group they knew of nationwide.
- At his recommendation, a few years ago a member of MHF's PrEP team began seeing each of its 2,000 PrEP patients at each office visit. MHF has the highest persistence on PrEP of every PrEP Center of Excellence due to Mr. Chacón and his team.
- A shy and humble man, he was still always quick to offer help in any circumstance and an inspiring speaker in English and Spanish in multiple venues such as men's conferences, the United States Conference on AIDS (USCA), and the PrEP Summit.
- He leaves behind a husband with whom he remained married to facilitate his admission to the United States as well as a loving partner and the partner's three boys who he adopted as his own. The City of West Hollywood is planning a memorial.
- April Salavia added the monthly men's group he created would honor him on 1/23/2020 at The Gateway Room.
- Kelly Trabajo gave Ms. Bivens-Davis a foundation when she first began in prevention services and taught her new lessons in relationship each time they met. Those lessons inform how she talks with those struggling for inclusion, and love, and faith.
- Ms. Trabajo was royalty. She set the foundation for many daughters to blossom. She taught agencies to change attitudes, beliefs, and behaviors towards inclusion of trans and non-binary gender individuals. She hugged, and loved, and created space and place for people to grow, and be better, and to love one another.
- Ms. Trabajo was kind to Ms. Bivens-Davis, funny, loving, and accepting. Though Ms. Bivens-Davis had not seen her for years, she was proof people come into your life for a season and teach you things that change the fabric of who you might be.
- Queen Sheila Demure and Valerie Spencer were hosting a celebration in her honor at Unity Fellowship on 1/12/2020. All were invited to come, join, sing, dance, love her, celebrate her, and honor her as she did for us when she was here.

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- Billy Cunningham, 60, UCLA School of Medicine, School of Public Health, was the Principal Investigator for so many revolutionary studies involving youth and adults. Ms. Bivens-Davis recounted he was quiet, unassuming, and kind. He often attended the Commission and an awesome academic. UCLA will be honoring him in the coming weeks.
- She offered her condolences to his wife and children who lost their loved one during the holiday season.

Roll Call (Present): Alvarado, Alvarez, Bivens-Davis, Burton, Campbell, Cataldo, Darling-Palacios, Davies, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), Halfman, Lee, Lopez, Mills, Murray, Nelson, Pérez, Preciado, Ray/Martinez, Rogel, Rosales, Sattah, Stalter, Valero, Wilson (Greg), Ballesteros, Gordon..

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve the 11/14/2019 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	MOTION PASSED



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

COMMISSION ON HIV MEETING MINUTES

August 20, 2020

Draft

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT (cont.)	COMMISSION MEMBERS ABSENT	DPH/DHSP STAFF
Al Ballesteros, MBA, <i>Co-Chair</i>	Anthony Mills, MD	Danielle Campbell, MPH	Becca Cohen, MD, MPH
Bridget Gordon, <i>Co-Chair</i>	Carlos Moreno	Raquel Cataldo	Sophia Rumanes, MPH
Miguel Alvarez (<i>Alt.</i>)	Katja Nelson, MPP	Pamela Coffey (<i>F. to Burton</i>)	Julie Tolentino, MPH
Alasdair Burton (<i>Alt. to Coffey</i>)	Mario Pérez, MPH	Michele Daniels	
Frankie Darling-Palacios	Nestor Rogel (<i>Alt.</i>)	Aaron Fox, MPM	COMMISSION STAFF/CONSULTANTS
Erika Davies	Ricky Rosales	Diamante Johnson	
Jerry D. Gates, PhD	Harold San Agustin, MD	(<i>F to Walker-Heltzel</i>)	Cheryl Barrit, MPIA
Felipe Gonzalez	Martin Sattah, MD	William King, MD, JD, AAHIVS	Carolyn Echols-Watson, MPA
Grissel Granados, MSW	LaShonda Spencer, MD	Derek Murray	Jane Nachazel
Joseph Green	Kevin Stalter	Raphael Peña (<i>F to T. Green</i>)	David Raybould
Thomas Green (<i>Alt. to Peña</i>)	Maribel Ulloa	Juan Preciado	James Stewart
Karl Halfman, MS	Justin Valero, MA	Joshua Ray, RN (<i>F. to Martinez</i>)	
Lee Kochems, MA	Kayla Walker-Heltzel, MPH (<i>Alt. to Johnson</i>)	Tony Spears (<i>Alt.</i>)	
David P. Lee, MPH, LCSW			
Eduardo Martinez (<i>Alt. to Ray</i>)	Amiya Wilson		
PUBLIC			
Luis Argueta	Alejandra Aguilar-Avelina	Carolyn Beltan	Melissa Bemabe
Sunnie Rose Berger	Ronald A. Brooks, PhD	Leopoldo Cabral	Virginia Cabrera
Regelio Caro	Alberto Cartegena	Alice Castellanos	Stephanie Cipres
Geneviève Clavreul, RN, PhD	Manny Comejo	Amy Croft	Maria Diaz
Jennifer DeMorin	Kevin Donnelly	Dahlia Ferlito	Emily Franklin
Robert Gamboa	Tyreik Gaffney-Smith	Thelma Garcia	Jennifer Gjurashaj
Becky Gonzales	Yosselin Gonzalez	David Goodman	Becky Hardin
Marc Hauptert	Jaylen Hibbert	Damikila Jolayemi	Uyen Kao, MPH
Andrea Kim, PhD	Raphael J. Landovitz, MD, MSc	Joseph Leahy	Roxanne Lewis
Miguel Martinez, MPH, MSW	Raymond Martinez	Daniel Medina	Hazel Mendoza

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PUBLIC (cont.)			
Karla Morales	Donta Morrison	Omar Nieto	LCDR Jose Antonio Ortiz, MPH
Meyerer Perez	Luis Ramos	Rosa Ramos	Tara Raouti
Rosario Rivas	Sandra Robinson, MBA	Elena Rosenberg-Carlson, MPH	Natalie Sanchez, MPH
CDR Michelle Sandoval-Rosario, DrPH, MPH	Steve Shoptaw, PhD	Christopher Smith	Preeti Sodhi
	Kristen Tjaden	Dilara K. Úskúþ, PhD, PhD	Octavio Vallejo, MD, MPH
Lizette Villanueva			

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

CALL TO ORDER AND ROLL CALL: Mr. Stewart opened the meeting with roll call at 9:03 am.

Roll Call (Present): Alvarez, Burton, Darling-Palacios, Davies, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), Halfman, Kochems, Lee, Martinez, Mills, Moreno, Nelson, Pérez, Rogel, Rosales, San Agustin, Sattah, Spencer, Stalter, Ulloa, Valero, Walker-Heltzel, Wilson, Ballesteros, Gordon.

1. ADMINISTRATIVE MATTERS

A. APPROVAL OF AGENDA

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

B. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 6/11/2020 and 7/9/2020 Commission on HIV Meeting Minutes, as presented (***Passed by Consensus***).

2. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

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

3. REPORTS

A. EXECUTIVE DIRECTOR/STAFF REPORT

- Ms. Barrit thanked Mr. Ballesteros and Ms. Gordon for their leadership and everyone for the strong meeting participation.
- The virtual training schedule was emailed to all Commissioners earlier that week, was in the packet, and will be posted on the Commission's website. The Commission on HIV Overview will open the 2020 schedule on 9/2/2020, 2:00 to 3:30 pm.
- Engaging in annual training is part of Commissioners' responsibilities to ensure they are well-versed in the role of the local Planning Council, in this case the COH. Registration links for trainings are on the schedule. Commissioners are encouraged to invite others who may be interested, especially consumers. Trainings will be recorded and posted on the COH website.
- The 9/10/2020 COH meeting will include: Los Angeles Homeless Services Authority (LAHSA) presentation, 2020 Greater Los Angeles Homeless Count; Project Room Key update; expanded HOPWA report including spending plan for its \$2.8 million Coronavirus Aid, Relief, and Economic Security (CARES) Act grant; and, PP&A Committee Priority Setting and Resource Allocation (PSRA) recommendations for Program Years (PYs) 30, 31, and 32.

(1) County/Commission Operational Updates: There is as yet no information on when Los Angeles County (LAC) offices might re-open. It will depend on public safety.

- (2) **Conflict of Interest Form 700 - REMINDER:** Staff sent out email reminders to all Commissioners in July and August 2020 on completing this Form. A few Commissioners did not submit a Form 700 before the deadline. They will be contacted directly by the Executive Office of the Board of Supervisors (Board) which will walk them through the process to avoid penalties.

B. CO-CHAIR REPORT

- (1) **Meeting Management Reminders:** There were no additional reminders.

(2) **2020 National Ryan White Conference - FEEDBACK**

- Ms. Gordon noted this meeting had been rescheduled to facilitate attendance at the virtual 8/11-14/2020 National Ryan White Conference on HIV Care and Treatment. She opened the floor to Conference feedback from attendees.
- Joseph Green commented that this was his first Ryan White Conference. He found it interesting and felt LAC was doing well in some areas, but not others, e.g., San Francisco and New York were addressing the aging population better.
- He also listened to a lot of the rapid engagement and Ending the HIV Epidemic (EtHE) information. He hoped the Steering Committee being created by DHSP and the Commission work closely together so as not to re-invent the wheel. For example, the Black/African American Community (BAAC) Task Force has already made recommendations.
- He especially liked the closing plenary. Laura Cheever, MD, ScM, Associate Administrator, HIV/AIDS Bureau (HAB), Health Resources and Services Administration (HRSA), held a conversation with 70 People Living With HIV (PLWH).
- A major focus of the Conference overall was Quality Management (QM). He felt LAC could improve in that area as well.
- Ms. Gordon recommended a presentation on engaging youth which pertained to a recurring Commission issue.
- Dr. Spencer said a recent HRSA email reported some delay in uploading the videos, but most PowerPoints should already be available. She urged everyone to identify topics that interest them among the many great presentations.
- The Uganda trip in which she participated was represented in a poster session, but she felt live sessions were better.
- ➡ Ms. Barrit expected Conference session recordings will be on the Target website in three weeks. She will report back.
- ➡ Recommendations based on Conference information may be emailed to Ms. Barrit or Dawn McClendon.

- (3) **Commission Recruitment for New Members - ONGOING:** Ms. Gordon noted a few Members left in the past few months. She urged everyone to invite guests who may be interested to attend virtual meetings and learn more about the body.

(4) **Executive At-Large Member Open Nominations - ONGOING**

- ➡ Commissioners were asked to identify themselves or other nominations for the two remaining open seats.

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

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

- Mr. Pérez reported >80% of the DHSP workforce is still deployed to COVID-19-related assignments. Dr. Andrea Kim was one of the first deployed due to her surveillance and epidemiology expertise. Her presentation today is a reminder that the HIV response in LAC has benefitted from a long-standing investment in HIV surveillance and epidemiology capacity. Among those mobilized to help with COVID-19, many DHSP staff are in the lead with Dr. Kim leading most surveillance activities. That reflects how HIV infrastructure investment has also benefitted emerging infectious disease response.
- Meanwhile, regular DHSP activities like helping PLWH return to care, ensuring treatment for those with syphilis, or partner services have slowed. DHSP hoped to return more staff to regular duties, but it is difficult during a pandemic.
- DHSP sent out two letters to providers in the last week or so. The first affirms that funded providers may now bill for previously ineligible costs. One newly covered area for Ambulatory Outpatient Medical (AOM) provider contracts is durable medical equipment for clients who can no longer visit providers as frequently, e.g., monitors for blood pressure, glucose, and/or oxygen. Personal Protective Equipment (PPE) is also covered for agency staff at all supported providers. PPE kits for consumers is available at 12 sites in LAC. DHSP is also paying for home HIV test kits primarily for the HIV testing and biomedical prevention contracts. Some providers may need to re-arrange their physical footprint to maintain social distancing so DHSP will review requests for minor reconstruction costs.
- The second DHSP letter was to HIV/STD testing providers to share updates to contracts making them more holistic. A key change is DHSP support for use of trichomonas testing to differentiate from a Chlamydia diagnosis. This testing panel addition is especially important for women to ensure trichomonas is not under-reported or misdiagnosed.
- DHSP was still awaiting DPH guidance on use of the four-year HRSA 078 EtHE grant received earlier in the year. While it was likely funds could be rolled forward to some extent, DPH has appealed to Health and Human Services (HHS) for the option of using some of the funds to offset COVID-19 costs. DHSP hoped for an update that week.
- DHSP has moved forward with contract amendments to invest the \$1 million from the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Funds must be spent by 2/28/2021. DHSP plans to use funds for PPE, emergency food - largely home-delivered, and food-related equipment. Word was received 8/19/2020 that more funds may be available.

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- The CDC EtHE award was also received for \$3.3 million per year for four years starting 8/1/2020. A solicitation was being drafted to support resources for community engagement and mobilization, with 25% mandatory for the latter.
 - Minority AIDS Initiative (MAI) carryover will be lower due to increased resources for housing, food, addiction services.
 - Dr. Mills had follow-up questions from the Planning, Priorities and Allocations (PP&A) Committee on prioritized service categories not allocated this year, e.g., Child Care and Emergency Financial Assistance (EFA). It also seemed HRSA 078 EtHE funds were being used for items funded by Part A. He asked for clarity on the Commission's role in allocations.
 - Mr. Pérez noted PP&A reviewed three Ryan Years ending 2/29/2020, 2/28/2021, and 2/28/2022 which is tied to the annual application currently being developed. The Commission sets Part A priorities and allocations annually. There are also Part B, CDC, HIV Net County Cost (NCC) funds, as well as several supplemental grants. There is an ebb and flow of spending tied to the various grants. In any given year, planned spending may differ from what is used, e.g., if AOM is allocated \$10 million and only spends \$9 million then those funds will be shifted to another category.
 - It is very hard to expend funds for a service category until there is a Standard of Care (SOC) so, e.g., the Child Care SOC was still under development. Once done, DHSP can move to identify providers to deliver the service consistent with the SOC and then contract services. In the interest of making resources available quickly he recommended, and PP&A approved, moving \$400,000 from Oral Health to Child Care for the period ending 2/28/2021 in expectation of the SOC.
 - The Commission just approved the EFA SOC on 6/11/2020. DHSP was negotiating two EFA contracts for \$750,000 each using HRSA 078 EtHE which complements resources from the Cities of Los Angeles and West Hollywood, and HOPWA.
 - Mr. Pérez feels housing PLWH in many ways is a pre-cursor to them thriving. DHSP has increased its investment in housing-related services to keep people from becoming homeless or housing them if they are unhoused.
 - Mr. Stalter had hoped to add into the EFA SOC holding a PLWH's apartment while the person undergoes Substance Use treatment. He felt it was key to freeing someone to seek treatment by ensuring a stable environment once treatment was done. Mr. Pérez agreed that made sense and can be part of negotiations with the two EFA partner providers.
 - Ms. Nelson asked about COVID-19 relief to LAC. Mr. Pérez replied that LAC has received about \$1 billion in overall COVID-19-related relief including to the Department of Health Services (DHS). DPH has received about \$177 million.
 - Mr. Ballesteros commented that the Commission is responsible for Priority Setting and Resource Allocation (PSRA). He felt the Commission should have been informed by DPH if it wished to seek authority to divert HIV funds.
 - ➡ DHSP will forward a flyer showing consumer PPE distribution sites to Commission staff for dissemination.
 - ➡ Mr. Pérez will report back on COVID-19-related funding coming into LAC and being expended. This information can provide context to understanding how other grant funds might be used to fund part of the COVID-19 response.
- (a) 2019 Annual HIV Surveillance Report - Andrea Kim, PhD, Chief, HIV and STD Surveillance**
- Dr. Kim expressed gratitude to the Commission for its work to ensure public health programs respond effectively to communities with greatest need. She presented on data highlighted in the 2019 HIV Surveillance Report. At the population level, HIV surveillance tracks disease transmission patterns to inform prevention and control programs. At the individual level, it informs actions to improve a person's health and prevent person-to-person spread.
 - The Report has been revised to enhance timeliness and value including an Executive Summary and Data In Action boxes for each section to help contextualize use of data for program and policy decisions. Other additions include: children; persons experiencing homelessness; estimates of new infection, incidence, the undiagnosed; timeliness of diagnosis; treatment coverage and adherence; gap analysis; HIV mortality. PLWH data is included through December 2019. Due to reporting delays, newly diagnosed data is only included through December 2018.
 - The PowerPoint presentation is part of the meeting packet and the full report is on DHSP's website.
 - In questions, there was an appetite for more causative information, e.g., for disparities underlying HIV diagnoses for Black males who represent 4% of the LAC population but 16% of HIV diagnoses. Likewise, estimated awareness of HIV serostatus among those 13-24 is only 46% and 66% among those 25-34. Dr. Kim pointed to the National HIV Behavioral Surveillance (NHBS) for more in-depth examination of such topics among those populations it studies.
 - Mr. Valero said the data indicated many cities do not appear to have large gaps but, e.g., in the East San Gabriel Valley, providers are spread out so he felt a regional approach would offer a more accurate picture. Young people aged 18-25 may have insurance coverage through their parents and find lack of provider choice a barrier.
 - Dr. Kim said data can be sliced in various ways. DHSP divided it by the 26 Health Districts (HDs) to show variability.
 - Mr. Valero also noted many people in areas like Whittier, Bellflower, and Hacienda Heights have lost employment and associated health insurance due to COVID-19. There are few Ryan White-funded clinics in such areas so he expressed concern about continuity of both prevention services like PrEP and care services.

- Mr. Pérez noted the importance in comparing like geographical units in LAC, i.e., there are five Supervisorial Districts, eight Service Planning Areas (SPAs), 26 HDs, 88 cities, as well as dozens of neighborhoods within the City of Los Angeles like South Los Angeles. DHSP can assist off-line in developing a picture, e.g., of the East San Gabriel Valley area, which might include both incorporated cities and unincorporated parts of LAC.
- He acknowledged there are pockets in LAC where HIV impact has outpaced the HIV infrastructure and service capacity. DHSP was encouraging more Community-Based Organization (CBO) engagement including new providers to help diagnose people, initiate medication, and retain them in care.
- DHSP has been sharing service delivery utilization data with the COH in the last month. Several categories, including PrEP, reflect stagnant or lower than expected client numbers mostly due to COVID-19 and Safer At Home.
- Ms. Granados asked about data on success of rapid start patients achieving long-term viral suppression. Retention data only reflects office visits. She was concerned new patients need time to process their life-changing diagnoses.
- Dr. Kim replied that population is not separated out, but durable viral load suppression was analyzed in the Report. Viral Load (VL) suppression rates are based on the last VL. About 90% are suppressed within the initial year, but the overall rate is 70% reflecting a fall-off of 20%. Largest gaps were among transgender persons, 54%; Black populations; Alaska Native/American Indian, 57%; and those ages 20-40.
- Ms. Gordon agreed it takes time to come to terms with the diagnosis. New patients need to be well supported to come to care, understand why they need to take their medications, and receive support to do so. For comparison, she had no support here in Los Angeles, but her family in Seattle did receive weekly support at their home.
- Dr. Spencer affirmed the crucial need for wrap-around services. Just yesterday she had a new patient who was diagnosed in 2014 and was placed on medications right away, but then dropped out of care.
- Dr. Kim agreed with the need for support. HRSA-centered interventions need to be tailored to reach specific populations, e.g., Slide 23 highlights disparities in Linkage to Care (L2C) such as for youth.
- Dr. Sattah recalled from a presentation last year on LA Care and HealthNet that those patients were achieving viral suppression in the 80% range. He asked if surveys glean stigma and misinformation data to better target gaps.
- Dr. Kim replied about 90% of those in care achieve viral suppression, but only about 66% of those diagnosed are virally suppressed, often because they are not linked to care. Other surveillance work provides more in-depth information on gaps, e.g., NHBS and the Medical Monitoring Project (MMP).
- Regarding a data question, this Report reflects the LAC general population, not just the Ryan White population, including the City of Long Beach. New infections and awareness modeling was developed by the Centers for Disease Control and Prevention (CDC), known for using older data such as the 2017 data here. DHSP was working with the CDC to encourage use of more recent data. Meanwhile, DHSP used data through December 2019 for, e.g., viral suppression rates and Continuum of Care. DHSP hopes to release the next Report by the end of March 2021.
- Mr. Kochems felt Substance Use (SU) and methamphetamine contributed to barriers for populations and geographic areas not meeting the benchmarks. Dr. Kim said there was a lack of information on SU in the Report, but questions were added to the form about six months to improve data collection going forward.
- Mr. Pérez highlighted Dr. Kim's new Report approach which looks at data and then creates a bridge to action.
- He affirmed the importance of post-diagnosis support for psychosocial and other issues. Medical Care Coordination (MCC) teams should help facilitate that support though they operate at different levels of capacity and responsiveness based on staffing patterns. There are also issues around how young people navigate the health care system. DHSP is trying to build social connectedness and improve navigation skills to access current systems. That is part of the spirit of the Vulnerable Populations contract, but SU also impacts those patterns.
- Concerning impact of HIV among PLWH >50, a recent graph showed non-HIV-related health issues are having a far greater impact on the health of PLWH >50 than is HIV. On the flip side, a growing number of PLWH <30 are being diagnosed late or not at all, are not receiving L2C quickly, and are not being virally suppressed. Sonali Kulkarni, MD, MPH, Medical Director, was developing a financial incentive program to engage and retain young people in care.
- ➡ DHSP will work with Commission leadership on linking presentations of data points with programmatic responses.

(b) Ending the HIV Epidemic (EtHE) Steering Committee

- Mr. Pérez was pleased to report DHSP has received 83 applications in response to its call for EtHE Steering Committee members. Application review has started with final decisions expected by early September 2020.
- Committee composition will be shared at a 9/16/2020 EtHE forum. More forum information will be released soon.
-

D. CALIFORNIA OFFICE OF AIDS (OA) REPORT

- Mr. Halfman, Chief, HIV Care Branch, reviewed highlights from the August 2020 OA Voice newsletter in the packet.
- OA was awarded CDC PS20-2010 funds for Prevention Activities under EtHE. It will be distributed to the six Phase I counties: Alameda, Orange, Riverside, Sacramento, San Bernardino, San Diego. LAC and City of San Francisco received funds directly.
- OA has awarded \$12.2 million to 37 of California's 58 Syringe Service Programs (SSPs) through the California Harm Reduction Initiative (CHRI). The three-year CHRI initiative is the largest California investment in harm reduction in ten years.
- A new report, "Behavioral and Clinical Characteristics of People Living with Diagnosed HIV in California, 2015-2017," presents California Project Area MMP data. LAC and San Francisco conduct separate MMPs. The link was in the newsletter.
- Ms. Robinson, Chief, AIDS Drug Assistance Program (ADAP) Branch, noted the tables in the newsletter reflecting growth of the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) to over 4,200 clients. OA has also rolled out the PrEP-AP for Minors and Confidentiality. Enrollment in those programs is at 2 and 14 respectively.
- Due to COVID-19, home use of oral HIV tests for people on PrEP is now available with their doctor's approval. There is no out-of-pocket charge. The test may be picked up in person or mailed from the pharmacy. Mr. Stalter asked if the home HIV test would include STD testing. Ms. Robinson replied options were being considered with more information available soon.
- The ADAP Insurance Assistance Program has over 8,700 clients enrolled. This reflects a slight decrease of 1.37%. Regarding questions on the impact of COVID-19, to date it has not been notable. It is likely too early to assess the overall impact.
- ADAP use has also remained fairly steady at 32,000-33,000. It has increased slightly. Again, it is likely too early to assess.

(1) California Planning Group (CPG) Update

- Matthew Willis was appointed the new CPG State Co-Chair joining Tiffany Woods.
- ➡ The Youth Committee was considering developing standards. It would like copies of any existing adolescent and young adult standards for HIV and/or STD prevention and treatment. Contact Miguel Martinez, mimartinez@chla.usc.edu.

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

(1) Center for HIV Identification, Prevention and Treatment Services (CHIPTS) EtHE Supplemental Projects - UPDATE: Ms. Kao introduced presentations on the 2019 one-year planning grants from the National Institutes of Health (NIH). These were among 65 projects funded nationwide. She thanked everyone for their support in developing these projects, especially contributions from DHSP and the Commission. Project reports are on the CHIPTS website.

(a) Regional Response to HIV Eradication Efforts in California Counties - Steve Shoptaw, PhD

- Dr. Shoptaw underlined importance of a regional response in the face of the COVID-19 drain on resources which pushes the need to smarter resource utilization. A 1/24/2020 Regional Stakeholder Meeting brought together 150 key stakeholders from the eight California EtHE priority counties to assess key needs, collaborative opportunities, and existing resources. Follow-up phone calls, surveys, and a follow-up virtual meeting in April 2020 contributed to recommendations on five areas of need: funding, Social Determinants of Health (SDH), service provider education and workforce development, community engagement, and information sharing. The PowerPoint is in the packet.
- To foster innovative integrative strategies, CHIPTS has launched the Kickstart Campaign with \$5,000 grants for ideas from the community. Application information is on the CHIPTS website.
- Various activities have begun, e.g., staff education and training. CHIPTS' partners at the California Prevention Training Center (CAPTC) will be launching a learning collaborative for the entire western region in September 2020. For primary care provider education, there have been two recent CHIPTS webinar trainings on medical mistrust and another was planned on medical mistrust in Black communities for 8/29/2020. It includes CME credits.
- In next steps, CHIPTS was working on the learning collaborative and planned a follow-up strategy meeting this Fall.

(b) Use of Technology-based PrEP Services to Improve Uptake, Adherence, and Persistence - Ronald A. Brooks, PhD, and Dilara K. Úskúþ, PhD, PhD

- Drs. Brooks and Úskúþ presented on their project which focused on Black and Latino MSM, Black and Latina Transgender Women, Black and Latina Cisgender Woman, and Persons Who Inject Drugs in LAC. The project explored use of two stand-alone telehealth products, two clinically integrated telehealth products, and one text messaging service. The PowerPoint on the presentation for the project, "Digital PrEP" for short, was in the packet.
- In next steps, digital PrEP product information resources were being developed for dissemination to community stakeholders. The National Institute of Mental Health (NIMH) has also awarded funding for a new one-year study to assess implementation of PlushCare, stand-alone telehealth, to optimize PrEP delivery among Black and Latina cisgender women. The East Los Angeles Women's Center and Black Women for Wellness will collaborate.

(b) Preparing for Long-Acting Injectable Treatment for HIV in Los Angeles - David Goodman-Meza, MD, MAS

- Dr. Goodman presented on this project to evaluate an alternative to oral HIV therapy. Injections are given at one- to two-month intervals. There is Phase 3 randomized control trial evidence of efficacy. Long-Acting Injectable (LAI) Antiretroviral Therapy (ART) was expected to achieve United States regulatory approval by late 2020. It has been achieved in Canada, and was pending in Europe, Switzerland, and Australia. The PowerPoint was in the packet.
- Multiple next steps were identified for consumer engagement, service organization readiness, research, and policy.
- Frankie Darling-Palacios asked about the protocol to add LAI ART to the ADAP formulary. Mr. Pérez said, once the Phase 3 trial is over, the Federal Drug Administration (FDA) will review and consider approval. If approved, it will be up to the State of California to update its ADAP formulary. California has a history of adopting FDA-approved HIV medications, but it is important to ensure all commercial health plans also cover LAI ART.
- Ms. Gordon asked about injectable sites besides the buttocks. Dr. Goodman replied the companies have looked at the anterior thigh, but some earlier trials suggested the medication did not behave the same way in achieving levels when injected into other muscles. Now that efficacy has been shown, additional trials were underway.
- Mr. Donnelly suggested LAI ART might be used as a model for injectable PrEP and asked about advance planning for that. Dr. Landovitz indicated there was as yet no timeline for approval and efficacy data for cisgender women in sub-Saharan Africa was still pending. Mr. Pérez added, once approved, DHSP will advocate for coverage by State partners and commercial health plans providing most PrEP. DHSP would continue to act as a safety net, as needed.

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

- Ms. Ulloa noted the next Request For Proposals (RFP) was planned for release at the end of September 2020.
- HOPWA has received two CARES Act grants for slightly over \$3 million. The first will fund transportation through AIDS Project Los Angeles (APLA) to access food once per week for up to 52 weeks for consumers seeking housing services.
- The second grant is for Short-Term Rent, Mortgage, and Utility (STRMU) Assistance. HOPWA has recommended \$0.8 million to the City Council and Mayor Eri Garcetti for these services, with expanded mortgage services, and was waiting for a reply.
- On Tenant-Based Rental Assistance (TBRA), HOPWA allocated \$5.5 million last year via four housing authorities. Some 406 clients were served for rent and program costs per year of an average \$13,170 per client. Funding has increased marginally, but the TBRA program has been impacted by increased rent over the past four years and limited housing stock. Housing authorities are also experiencing Housing Choice Voucher capacity. HOPWA pays the first year rent, but clients are then converted into a Voucher. HOPWA was working with housing authorities to identify the number of Vouchers available.
- HOPWA allocated \$2.6 million to the Rampart Mint development and will also provide funding for the supportive services. Mr. Pérez reported it was scheduled to open in September 2020 with 22 beds for PLWH who have also been diagnosed with mental illness. This was a joint investment with DHSP through Housing For Health (HFH) and HOPWA.
- ➡ Ms. Ulloa will provide a flyer for APLA transportation services once available.

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

- Dr. Spencer reported from the PP&A meeting review of utilization data that 534 women were L2C reflecting the importance of Ryan White services. The top five services utilized were: AOM, Psychosocial Support, Non-medical Case Management, Medical Nutrition, and Medical Case Management.
- The Science Within is hosting an Oral Health symposium 8/27/2020. Both sites have COVID-19 care packets with gift cards.
- The Maternal Child and Adolescent/Adult (MCA) Center is offering tutoring help from its Child Watch staff person.
- Dr. Spencer was stepping down from the Part D seat at the end of the month. She will remain on the Commission.

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

- City of Los Angeles Mr. Rosales reported contract amendments and extensions were being reviewed by the Chief Administrative Office. He expected they should be approved within the week so contract payments can begin.
- The next Prevention RFP for the following three years was being developed for release around November 2020.
- A program was being developed to provide PPE to nonprofit organizations. The materials have already been obtained. Meanwhile, organizations can apply for PPE through the small Technical Assistance (TA) funding program.
- The Department of Disability funded a Monday-Friday meal program for people with disabilities for the past three months. Pending City Council approval, the City will fund the program through the end of the year. He will advise when it restarts.

I. STANDING COMMITTEE REPORTS

(1) Operations Committee: The next meeting will be 8/27/2020, 10:00 am to 12:00 noon.

(a) Membership Management

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- Mr. Green reported vacancies for eight Unaffiliated Consumers, three Stakeholders, and two Providers. The next training will be 9/2/2020 and he urged people to invite at least one other person.
 - Kevin Donnelly's application was inadvertently left off this agenda. He apologized. It will be on the next agenda.
 - (i) **2020 Membership Slate - UPDATE:** Mr. Green reported the Board has approved the slate. The new Mentorship Program will roll out once the remainder of the slate was approved by the Board.
 - (b) **2020 Virtual Training Schedule:** The schedule was in the packet. Trainings will be recorded for future use.
- (2) **Standards and Best Practices (SBP) Committee:** The next meeting will be 9/1/2020, 10:00 am to 12:00 noon.
- (a) **Standards of Care - UPDATE**
- Ms. Davies reported SBP reviewed Psychosocial Support Services SOC public and subject matter expert comments. It was finalized to go to the 8/27/2020 Executive Committee. It was expected to go to the 9/10/2020 Commission.
 - SBP continues work on the Child Care SOC. It was sent to the Women's Caucus for review.
 - SBP will begin updating the Universal SOC to include telehealth services at its next meeting.
- (3) **Planning, Priorities and Allocations (PP&A) Committee:** The next meeting will be 9/15/2020, 1:00 pm to 4:00 pm.
- Mr. Ballesteros said PP&A was still seeking a second Co-Chair. Nominations will remain open until the position is filled.
- (a) **Ryan White Program Years (PYs) 30-32 Priority Setting and Resource Allocation (PSRA) - UPDATE**
- PP&A has engaged in Priority Setting and Resource Allocation (PSRA) for the past two meetings. Service categories are first ranked by need and then allocated funding by percentages.
 - Last year, PP&A approved a three-year plan - currently for Program Year (PY) 30 (current), PY 31, and PY 32.
 - PP&A first reviewed information and data to assess potential revisions due to changes in service demand and funding. DHSP provided various data including PY 29 and PY 30 utilization data, the COVID-19 DHSP provider survey, and the COVID-19 community survey which included the Commission survey.
 - On 8/18/2020, DHSP presented PY 29 data, recommendations to adjust PY 30, and PY 31 (3/1/2021-2/28/2020) allocations. PP&A approved modified recommendations which will be presented at the 8/27/2020 Executive Committee Meeting and then at the 9/10/2020 Commission Meeting for approval.
 - ➡ Ms. Barrit noted data summaries in the packet, pages 122-130, for review prior to the 9/10/2020 Commission.
- (4) **Public Policy Committee:** The next meeting will be 9/14/2020, 1:00 pm to 3:00 pm.
- (a) **County, State, and Federal Legislation and Policy**
- Ms. Nelson said the Human Rights Coalition won a temporary injunction against HHS to block the 1557 regulation that would allow health care providers to discriminate in provision of services to, e.g., transgender clients.
 - News reports also indicate that HHS was returning responsibility for COVID-19 hospital data to the CDC.
 - A proposed Housing and Urban Development (HUD) rule would allow shelters to deny transgender individuals access to single-sex shelters. The Housing Saves Lives Coalition has formed to oppose it. Comments were due 9/11/2020. The Public Policy Committee will urge the Board to oppose the rule.
 - The Presidential Advisory Council on HIV/AIDS (PACHA) passed three resolutions to: increase the number of people accessing the Ready, Set, PrEP program; urge HHS not to implement the aforementioned rule; and, urge HHS to review some 20 areas regarding impact of COVID-19 on the HIV epidemic and related work.
 - The Public Charge injunction was deemed valid only in New York, Vermont, and Connecticut, but the rule was being challenged elsewhere. It will likely go to the Supreme Court eventually.
 - The Legislature has until 8/31/2020 to pass bills. The Governor has until 9/30/2020 to sign or veto them.
 - The Master Plan for Aging was finishing work group meetings to review recommendations. Public comments are on the website. To date, it only has one HIV-related comment. The 10-year plan was due for September release.
 - Public Policy continued work to build an alliance with the Black/African American (BAAC) Task Force. It was reviewing what recommendations would be actionable and measurable. It reviewed the racial justice framework and the LAC motion to establish an anti-racist policy agenda. Committee and Task Force Co-Chairs will coordinate.
- (b) **County, State, and Federal Budget**
- There was still no action on an additional relief act. The Senate and House each have versions. Many groups were engaged in advocacy, especially around evictions. In California, there were two bills in the Legislature on the topic.
 - STD work is essentially postponed due to COVID-19, but Public Policy is retaining it on its agenda for review.
 - ➡ Ms. Nelson will follow-up on blood and plasma donations from PLWH and add advocacy on this to the agenda.
- (c) **Housing and Homelessness**

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- Homeless Deputies were to review their Measure H funding recommendations for the next year that afternoon. Priorities overall were mitigation of the impact of COVID-19 on the homelessness crisis and addressing racism.
- ➡ Submit questions to Ms. Barrit for the 9/10/2020 Los Angeles Homeless Services Authority (LAHSA) presentation.

J. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

(1) Aging Task Force:

- Mr. Ballesteros reported the 8/3/2020 meeting heard guest speakers on gerontology. Dr. Paul Nash discussed data on the effects of HIV and stigma on long-term survivors.
- ➡ Schedule gerontology presentation for Commission, possibly in October 2020.

(2) Black/African American Community (BAAC) Task Force: Ms. Barrit said the Task Force reviewed its work after a pause due to COVID-19. Several Committees had requested feedback on recommendations and expectations to further their work.

(3) Consumer Caucus:

- Dr. Octavio Vallejo will discuss pharmacy, drug interactions, and safe use of prescription and non-prescription drugs.
- Mr. Gonzalez reminded everyone that Ryan White was written by and for PLWH. Providers should encourage their patients to attend this afternoon and empower themselves.

(4) Women's Caucus:

- Dr. Spencer reported the Caucus met and reviewed the Child Care SOC. Final comments will be submitted Friday.
- The Caucus was discussing collaboration with We Can Stop STDs LA and will be participating in their events.
- A four-part Women's Lunch and Learn series will launch 8/31/2020, 1:00 to 2:30 pm. It will focus on mental health and its impact on women with a prevention and care lens.
- ➡ A flyer on the Women's Lunch and Learn series was available. Consumers were sought for the panel.

(5) Transgender Caucus:

- Frankie Darling-Palacios reported the Caucus started meeting the 4th Tuesday of the month in July. They discussed a new University of California, Los Angeles (UCLA) COVID-19 study on the best forms of treatment.
- Mr. Green added it was a 24-week monoclonal antibody study. Ms. Barrit distributed an email on it on 8/19/2020.
- The next meeting will be 8/25/2020, 10:00 am to 12:00 noon. The Caucus is encouraging new membership.

4. MISCELLANEOUS

A. PUBLIC COMMENT: OPPORTUNITY 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.) There were no comments

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:

- ➡ Mr. Green requested updates on the CPG and the LAC HIV/AIDS Strategy.

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.)

- Karla Morales, Health Educator, East Los Angeles Women's Center, announced a Spanish language community workshop on Sexual Wisdom, 8/28/2020, 3:00 to 4:00 pm. It will address sex education, body awareness, and emotional skills. Resources will be provided. Registration is required. She was also available to present Spanish language workshops for other agencies.
- Frankie Darling-Palacios reported the Los Angeles LGBT Center released a statement urging law enforcement and prosecutors to investigate an 8/17/2020 attack on three transgender women as a hate crime.
- Mr. Lee announced Dr. Spencer is the new Director, Drew Center for AIDS Research, Education, and Services (Drew CARES).
- ➡ Ms. Morales will provide Commission staff a workshop flyer for distribution.
- ➡ Refer the transgender attack to the Executive Committee to support the Center's statement.

D. ADJOURNMENT AND ROLL CALL: The meeting adjourned at 1:47 pm.

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Roll Call (Present): Alvarez, Darling-Palacios, Davies, Gonzalez, Granados, Green (Joseph), Green (Thomas), Lee, Martinez, Mills, Moreno, Pérez, Rosales, San Agustin, Sattah, Stalter, Ulloa, Valero, Walker-Heltzel, Wilson, Ballesteros, Gordon.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve the 6/11/2020 and 7/9/2020 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	MOTION PASSED



DUTY STATEMENT

COMMISSION CO-CHAIR

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

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

SPECIFIC:

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

ORGANIZATIONAL LEADERSHIP:

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

MEETING MANAGEMENT:

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

Duty Statement: Commission Co-Chair

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

REPRESENTATION:

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

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

KNOWLEDGE/BACKGROUND:

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

SKILLS/ATTITUDES:

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

Duty Statement: Commission Co-Chair

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COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

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



LOS ANGELES COUNTY COMMISSION ON HIV

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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

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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

Service Category		YR 29 (2019) Allocations		YR 29 (2019) Final Expenditures				2020 Allocations		
		Part A	MAI	Part A	MAI	Part B	HIV NCC	CDC EHE	HRSA CARES	HRSA 078
CORE SERVICES	Outpatient/Ambulatory Outpatient (AOM)	\$ 9,810,822	\$ -	\$ 9,633,451	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Oral Health	\$ 6,300,000	\$ -	\$ 5,821,872	\$ -	\$ -	\$ 1,719	\$ -	\$ 15,000	\$ 120,000
	Early Intervention Services (EIS)	\$ 500,000	\$ -	\$ 1,088,738	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Mental Health	\$ 300,000	\$ -	\$ 297,720	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Home and Community Based Health Services	\$ 2,390,352	\$ -	\$ 2,581,793	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Medical Nutritional Therapy	\$ 21,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Medical Case Management/ Medical Care Coordination (MCC)	\$ 10,569,206	\$ -	\$ 8,888,809	\$ 2,042,205	\$ -	\$ 230,131	\$ -	\$ -	\$ -
SUPPORT SERVICES	Non-medical Case Management	\$ 1,753,458	\$ 752,024	\$ 1,564,020	\$ 830,408	\$ -	\$ 4,819	\$ -	\$ -	\$ -
	Nutritional Support and Home Delivered Meals	\$ 1,299,557	\$ -	\$ 2,117,073	\$ -	\$ -	\$ -	\$ -	\$ 130,000	\$ -
	Housing	\$ 500,000	\$ 1,455,000	\$ 1,042,161	\$ 2,238,934	\$ 3,714,800	\$ -	\$ -	\$ -	\$ -
	Legal Services	\$ 137,436	\$ -	\$ 115,567	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Linguistic Services	\$ 17,976	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Medical Transportation	\$ 1,148,938	\$ -	\$ 643,950	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Emergency Financial Assistance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,500,000
	Substance Use Residential Transitional Outreach	\$ -	\$ 1,000,000	\$ 1,193,902	\$ -	\$ 785,200	\$ -	\$ -	\$ -	\$ -
	Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER SERVICES	Electronic Panel Management Tool						\$ -	\$ 200,000	\$ -	\$ -
	Community Mobilization						\$ -	\$ 1,000,000	\$ -	\$ -
	Community Engagement (COH)						\$ -	\$ 250,000	\$ -	\$ -
	Social Marketing/Media						\$ -	\$ 274,592	\$ -	\$ -
	DHSP Staff to implement Pillar 1 and 3 EHE Activities						\$ -	\$ 700,000	\$ -	\$ -
	Home Test Kits						\$ -	\$ 600,000	\$ -	\$ -
	PPE (for consumers)						\$ -	\$ -	\$ 735,000	\$ -
	DHSP Staff to implement Pillar 2 EHE Activities						\$ -	\$ -	\$ -	\$ 200,000
	Street Medicine Program						\$ -	\$ -	\$ -	\$ 825,427
	Re-engagement Incentives (\$50 Gift Cards)						\$ -	\$ -	\$ -	\$ 250,000
	Vulnerable Populations						\$ 1,982,735	\$ -	\$ -	\$ -
	Heath Education/Risk Reduction						\$ 721,690	\$ -	\$ -	\$ -
	Biomedical HIV Prevention						\$ 1,000,620	\$ -	\$ -	\$ -
	HIV Testing Services						\$ 1,311,523	\$ -	\$ -	\$ -
STD Services						\$ 11,775	\$ -	\$ -	\$ -	
NCC 2nd District/UUT						\$ 532,555	\$ -	\$ -	\$ -	
Other						\$ 6,070	\$ -	\$ -	\$ -	
Direct Services Total		\$ 34,748,745	\$ 3,207,024	\$ 34,989,056	\$ 5,111,547	\$ 4,500,000	\$ 5,803,637	\$ 3,024,592	\$ 880,000	\$ 2,775,427
DHSP Direct Services, CQM, Planning, Evaluation and Administration				\$ 5,416,463	\$ 356,336	\$ 500,000	\$ 12,398,621	\$ 336,066	\$ 120,000	\$ 308,381
Total				\$ 40,405,519	\$ 5,467,883	\$ 5,000,000	\$ 18,202,258	\$ 3,360,658	\$ 1,000,000	\$ 3,083,808

Notes: Final MAI includes \$2.1 in Carryover

*The County of Los Angeles, Department of Public Health, Division of HIV and STD Programs
invites you to join our*

Ending the HIV Epidemic (EHE) Townhall

Wednesday, September 16, 2020
10:00am-11:30am

Learn more about the national initiative, *Ending the HIV Epidemic: A Plan for America*, what it means for us locally in Los Angeles County, and how you can provide input on our proposed strategies to end the HIV epidemic.

Register via WebEx on your computer or smart phone:

<https://tinyurl.com/EHEVirtualTownhall>



In This Issue:

- Strategy A
- Strategy J
- Strategy K

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.

Staff Highlight:

OA is pleased to announce **Nanci Beams**, Chief Program Compliance and Reporting Section in the HIV Care Branch, has been selected as a 2020 Public Health Acknowledging My Efforts (PHAME) Individual Award Winner, in the PHAME category of Leadership. PHAME Awards are designed to recognize and celebrate the people behind the work of CDPH. Awards are presented in one of nine categories to include: Beyond the Call of Duty, Collaboration, Core Values, Customer Services, Innovation, Leadership, Outstanding Achievement in Public Health, Public Service, and Quality Improvement.

As Chief of the Program Compliance and Reporting Section, Nanci oversees two distinct functions. First, she administers the federal application and reporting process for several federal grants related to HIV/AIDS care and treatment totaling over \$150 million annually. Secondly, she leads the HIV/AIDS Medical Waiver program (MCWP); a program, in collaboration with the Department of Health Care Services (DHCS), which provides additional services to low income, HIV+ participants who are at risk for hospitalization or nursing home care.

Nanci is an effective leader, she is extremely knowledgeable and always encourages her team to be the best version of themselves. Not a day goes by when Nanci does not thank her staff for



both individual and team efforts, she constantly reminds the team how much she appreciates the work they do and how wonderful it is to work with such a competent and effective staff. Please join us in congratulating Nanci on this well-deserved recognition.

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

HIV/STD/HCV Integration Update:

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

Racial Justice and Health Equity:

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout CDPH and take next steps towards advancing RHE in our work. Staff throughout OA, the STD Control Branch and the CDPH Office of Health Equity, are participating in discussions on how racial and health equity can be embraced, challenges in advancing RHE, and what support will be needed to be successful. The workgroup convenes every other month with monthly subgroup meetings.

The OA Prevention Branch collectively completed CA4Health's [21-Day Racial Equity & Social Justice Challenge](https://ca4health.org/) (<https://ca4health.org/>). Prevention Branch managers have been joined by other managers in OA to work through the steps in [Awake to Woke to Work: Building a Race Equity Culture](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/ImmizationandVaccination/Pages/20200819-Awake-to-Woke-to-Work-Building-a-Race-Equity-Culture.aspx) (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/ImmizationandVaccination/Pages/20200819-Awake-to-Woke-to-Work-Building-a-Race-Equity-Culture.aspx>)

www.equityinthecenter.org/wp-content/uploads/2019/04/Equity-in-Center-Awake-Woke-Work-2019-final-1.pdf).

Prevention Branch staff are also reviewing our guidance, policies, staff recruitment, promotion and retention, among other factors, to heighten the centrality of racial justice and health equity in our work.

Several of OA's new initiatives focus on addressing health disparities. Funded [California Harm Reduction Initiative \(CHRI\)](https://harmreduction.org/our-work/california-harm-reduction-initiative-chri/) (<https://harmreduction.org/our-work/california-harm-reduction-initiative-chri/>) grantees will center the voices of people who use drugs through increased participant involvement with program development and service delivery and paid program positions, and will establish strategies and action to address racial and health inequities affecting people of color who use drugs. OA is proud to add CHRI to our prevention strategies and increase California's harm reduction efforts to address the continued racial and social discrimination that California residents who use drugs experience.

[Contact Loris A. Mattox](mailto:loris.mattox@cdph.ca.gov) at loris.mattox@cdph.ca.gov for additional information.

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

PrEP Assistance Program (PrEP-AP):

As of August 31, 2020, there are 205 PrEP-AP enrollment sites covering 156 clinics that currently make up the PrEP-AP Provider network. A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

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

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	184	4%	---	---	---	---	168	4%	352	8%
25 - 34	1,260	29%	3	0%	1	0%	963	22%	2,227	50%
35 - 44	690	16%	---	---	4	0%	396	9%	1,089	25%
45 - 64	308	7%	---	---	26	1%	258	6%	592	13%
65+	8	0%	---	---	128	3%	14	0%	150	3%
TOTAL	2,450	56%	3	0%	159	4%	1,799	41%	4,410	100%

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

Current Age	Latinx		White		Black or African American		Asian		American Indian or Alaskan Native		Native Hawaiian/Pacific Islander		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	145	3%	93	2%	34	1%	47	1%	---	---	4	0%	9	0%	20	0%	352	8%
25 - 34	1,008	23%	680	15%	166	4%	230	5%	2	0%	6	0%	37	1%	98	2%	2,227	50%
35 - 44	528	12%	359	8%	71	2%	76	2%	3	0%	3	0%	9	0%	40	1%	1,089	25%
45 - 64	240	5%	259	6%	39	1%	40	1%	2	0%	1	0%	3	0%	8	0%	592	13%
65+	14	0%	126	3%	4	0%	4	0%	1	0%	---	---	1	0%	---	---	150	3%
TOTAL	1,935	44%	1,517	34%	314	7%	397	9%	8	0%	14	0%	59	1%	166	4%	4,410	100%

Both PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 08/31/2020 at 12:13:05 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

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

ADAP's Insurance Assistance Programs:

As of August 31, 2020, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart at the top of page four.

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

[The National Harm Reduction Coalition](https://www.nhrcc.org/) (https://

harmreduction.org/) will launch self-paced online learning modules that groups and individuals can complete on their own schedule and terms. The learning management system will have a series of video content and trainings in a user-friendly format. Available trainings include, *Foundations of Harm Reduction*, *Engaging People Who Use Drugs*, and *Overdose Prevention and Response*. The Learning Lab launches, September 1st and can be found on their website.

CDPH authorized two syringe services programs in August. The Harm Reduction Coalition of Santa Cruz County is a community-led program committed to reducing harm and providing evidence-based education, advocacy, and direct

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from July
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	674	-3.3%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,295	+2.78%
Medicare Part D Premium Payment (MDPP) Program	1,992	+1.32%
Total	8,961	+2.18%

services to all community members in Santa Cruz County. Bakersfield AIDS Project - The Exchange Program (TEP) will provide syringe services in Bakersfield, California. Bakersfield AIDS Project was established in 1993 and provides services and housing for people living with and at risk for HIV/AIDS and for lesbian, gay, bisexual, transgender, and questioning people.

[Service locations, hours and contact information for all state authorized sites](#) can be found on the OA website. (https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx).

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

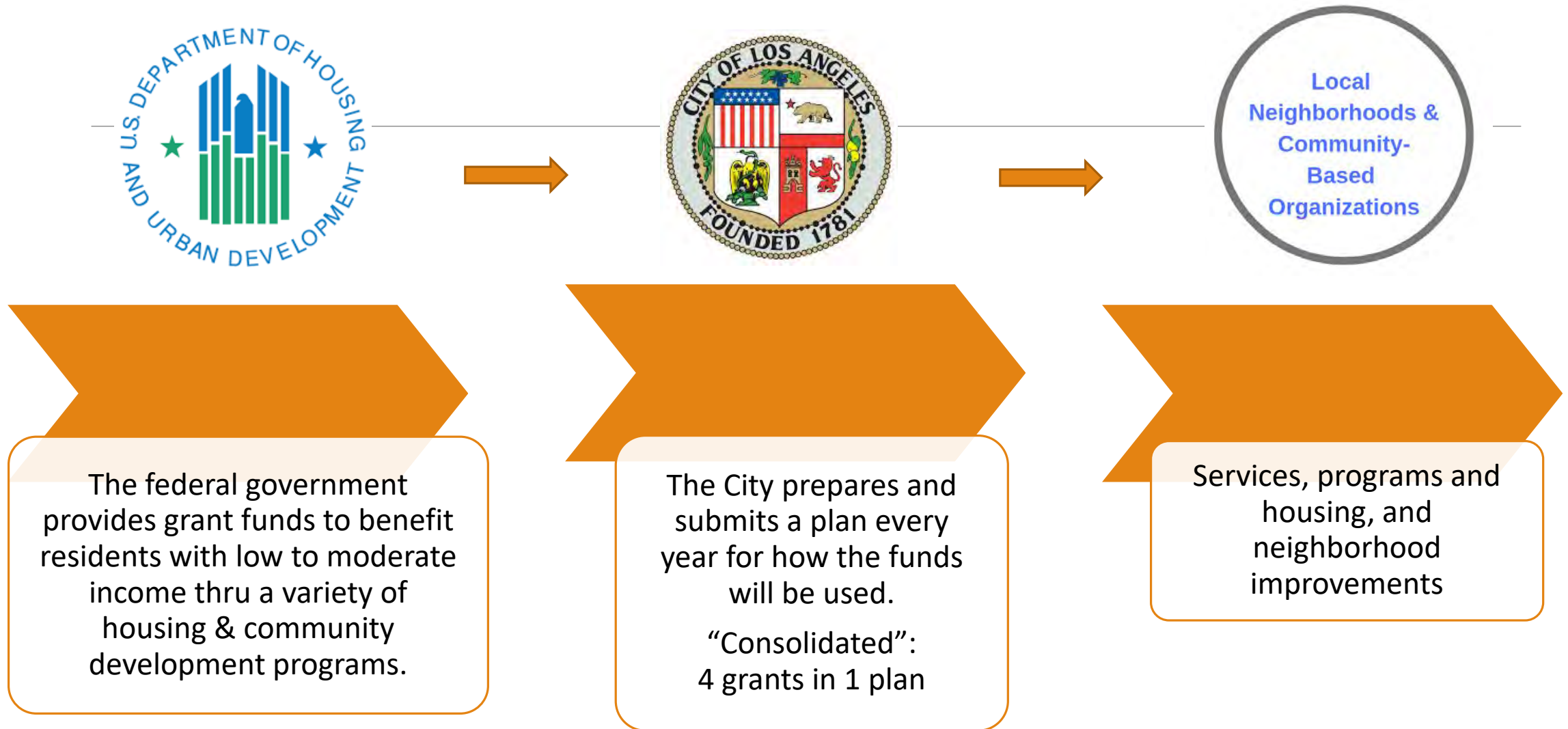
COVID-19 and HOPWA-CV Funding

SEPTEMBER 10, 2020

LOS ANGELES COUNTY COMMISSION ON HIV MEETING

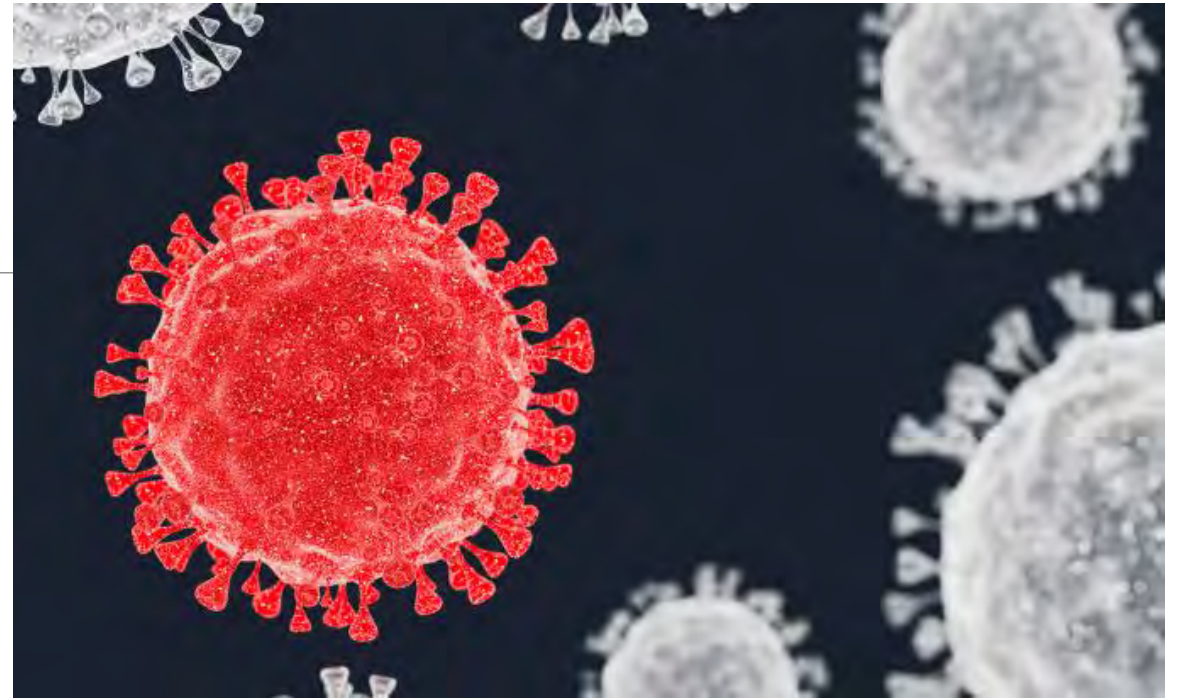


What is the Consolidated Plan?



How did we get here?

COVID-19 pandemic ravages the world, forcing nationwide shut downs and causing economic devastation.

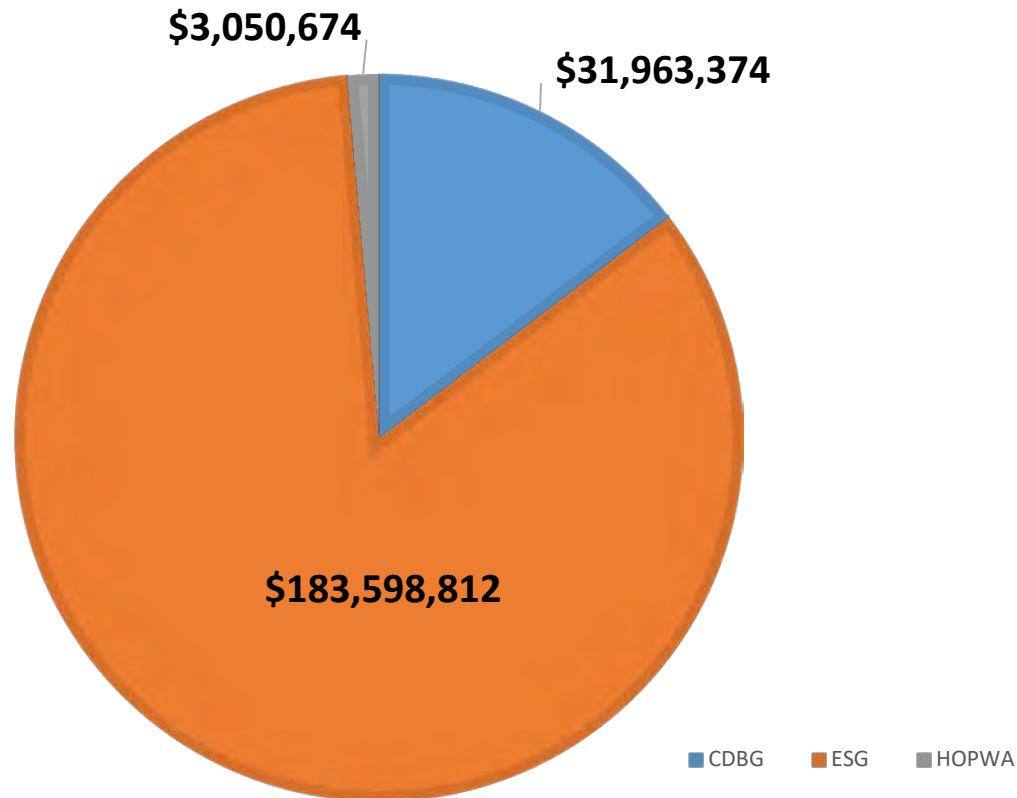


The Federal Government responds with the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

The CARES Act sets aside supplemental funds specifically for CDBG, ESG, and HOPWA programs.

Consolidated Plan COVID-19 Funding

CONSOLIDATED PLAN CARES ACT FUNDING SUMMARY



HOPWA is a one part of a package of CARES Act federal assistance to combat COVID-19 and its effects.

- Community Development Block Grant (CDBG) – Provides flexibility to assist in multiple areas, from childcare to small business assistance
- Emergency Solutions Grant (ESG) – Provides assistance to homeless persons and people at risk of homelessness
- Housing Opportunities for Persons with AIDS (HOPWA) – Provides assistance to people living with HIV/AIDS and their families

Housing Opportunities for Persons with AIDS (HOPWA)

- Established through the National Affordable Housing Act of 1990, authorized by the AIDS Housing Opportunity Act of 1992, and is currently administered by the U.S. Department of Housing and Urban Development's (HUD) Office of HIV/AIDS Housing
- Objectives are to increase housing stability, expand access to care, and reduce the risk of homelessness among low-income PLWHA
- City of LA HOPWA funds cover all of Los Angeles County

HOPWA Formula vs. HOPWA-CV

HOPWA Formula	HOPWA-CV
<ul style="list-style-type: none"> Provides housing assistance and supportive services to low-income People Living With HIV/AIDS (PLWHA) and their families 	<ul style="list-style-type: none"> CARES Act funding for HOPWA is “HOPWA-CV” and assists PLWHA affected by COVID-19
<ul style="list-style-type: none"> A typical, annual formula grant amount is approximately \$18 million 	<ul style="list-style-type: none"> City of LA was awarded \$2,883,240 in <u>ONE-TIME</u>, HOPWA-CV funding
<ul style="list-style-type: none"> Usual administration cap is up to 3% to City of LA, and up to 7% of remaining for service providers 	<ul style="list-style-type: none"> Up to 6% will be used for grant administration by City of LA and up to 10% of the remaining will be used for service provider administration
<ul style="list-style-type: none"> HOPWA has 10 components to support housing stability, of which STRMU is one. 	<ul style="list-style-type: none"> HOPWA-CV will be used for the Short-Term Rental, Mortgage, and Utility (STRMU) Assistance Program
<ul style="list-style-type: none"> City of LA was awarded an additional \$1,445,197 this year through a competitive process, which supports Permanent Supportive Housing Connections program for the period July 1, 2020 through June 30, 2023 	<ul style="list-style-type: none"> City of LA was also awarded \$167,434 in a <u>ONE-TIME</u> competitive HOPWA-CV grant funds; this will provide 200 eligible PLWHA and their families with transportation services for access to food and nutrition

Short-Term Rental, Mortgage, and Utility (STRMU) Assistance Program

- Preventative housing intervention program to keep PLWHA in their homes with financial assistance
- An estimated 185 households impacted by COVID-19 will be assisted
- CARES Act beneficiaries may receive up to 24 months of assistance (normally, under HOPWA, only 21 weeks of assistance out of a 52 week period are allowed)
- Program will be operated by The Alliance for Housing and Healing

Why STRMU?

- Multiple groups have warned of a “tidal wave” of evictions looming as eviction protections and supplemental unemployment end
- Rental assistance is a logical remedy to assist clients affected by the pandemic
- The Alliance for Housing and Healing already administers the regular STRMU assistance program and can quickly expand capacity to get the money out to the community

Important Next Steps

Provide reasonable opportunity for the public to comment, per federal requirements. Please share your feedback by September 13:

- Please voice your comments today
- Email them to hcidla.planning@lacity.org
- Leave a voicemail at (213) 808-8954
- Mail to:

Angela Peavy, Consolidated Planning

Los Angeles Housing + Community Investment Department

1200 W. 7th Street, 9th Floor

Los Angeles, CA 90017

Important Next Steps

This HOPWA-CV funding proposal will be an agenda item at a future digital meeting of the City of Los Angeles City Council Ad Hoc Committee on COVID-19 Recovery and Neighborhood Investment**.

Please subscribe to:

<https://www.lacity.org/government/meeting-calendars/city-council-committee-meetingsagendas>

to keep apprised of the next scheduled meeting(s). This is a public meeting.

If approved by the Committee, it will be voted on by the Los Angeles City Council, and then approved by the Mayor. The City Council is a public meeting.

**Allocations of federal, state, and local funding are set to be considered and approved in the coming weeks.

Questions?





Ryan White HIV/AIDS Program Parts

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

- **PART A** provides grant funding for medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are population centers that are the most severely affected by the HIV/AIDS epidemic.
- **PART B** provides grant funding to states and territories to improve the quality, availability, and organization of HIV health care and support services. Grant recipients include all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the 5 U.S. Pacific Territories. In addition, Part B also includes grants for the AIDS Drug Assistance Program (ADAP).
- **PART C** provides grant funding to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. Part C also funds planning grants, which help organizations more effectively deliver HIV care and services.
- **PART D** provides grant funding to support family-centered, comprehensive care to women, infants, children, and youth living with HIV.
- **PART F** provides grant funding that supports several research, technical assistance, and access-to-care programs. These programs include:
 - **The Special Projects of National Significance Program**, supporting the demonstration and evaluation of innovative models of care delivery for hard-to-reach populations;
 - **The AIDS Education and Training Centers Program**, supporting the education and training of health care providers treating people living with HIV through a network of eight regional centers and three national centers;
 - **The Dental Programs**, providing additional funding for oral health care for people with HIV through the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program; and
 - **The Minority AIDS Initiative**, providing funding to evaluate and address the impact of HIV/AIDS on disproportionately affected minority populations.



**Planning, Priorities and Allocations Committee
Service Category Rankings PY 30, 31, 32 Recommendations
For Commission on HIV Approval on 9/10/20**

Approved PY 30	PY 31	PY 32	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
1	2	2	Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
			Medical Subspecialty Services		
			Therapeutic Monitoring Program		
2	1	1	Housing	S	Housing
			Permanent Support Housing		
			Transitional Housing		
			Emergency Shelters		
			Transitional Residential Care Facilities (TRCF)		
			Residential Care Facilities for the Chronically III (RCFCI)		
3	7	7	Mental Health Services	C	Mental Health Services
			MH, Psychiatry		
			MH, Psychotherapy		
4	6	6	Medical Care Coordination (MCC)	C	Medical Case Management (including treatment adherence services)
5	10	10	Outreach Services	S	Outreach Services
			Engaged/Retained in Care		
6	17	17	Health Education/Risk Reduction	S	Health Education/Risk Reduction

Approved				Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
PY 30	PY 31	PY 32				
7	9	9	Early Intervention Services	C	Early Intervention Services	
8	4	4	Emergency Financial Assistance	S	Emergency Financial Assistance	
9	8	8	Medical Transportation	S	Medical Transportation	
10	3	3	Non-Medical Case Management	S	Non-Medical Case Management Services	
			Linkage Case Management			
			Benefit Specialty			
			Benefits Navigation			
			Transitional Case Management			
			Housing Case Management			
11	12	12	Oral Health Services	C	Oral Health Care	
12	5	5	Psychosocial Support Services	S	Psychosocial Support Services	
13	11	11	Nutrition Support	S	Food Bank/Home Delivered Meals	
14	13	13	Child Care Services	S	Child Care Services	
15	15	15	Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)	
16	18	18	Home Based Case Management	C	Home and Community Based Health Services	
17	19	19	Home Health Care	C	Home Health Care	
18	16	16	Substance Abuse Outpatient	C	Substance Abuse Outpatient Care	
19	20	20	Referral	S	Referral for Health Care and Support Services	

Approved				Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
PY 30	PY 31	PY 32				
20	21	21	Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost-Sharing Assistance for Low-income individuals	
21	14	14	Other Professional Services	S	Other Professional Services	
			Legal Services			
			Permanency Planning			
22	22	22	Language	S	Linguistics Services	
23	23	23	Medical Nutrition Therapy	C	Medical Nutrition Therapy	
24	24	24	Rehabilitation Services	S	Rehabilitation Services	
25	25	25	Respite	S	Respite Care	
26	26	26	Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance	
27	27	27	Hospice	C	Hospice	

PY 30 Priority #	RW Service Allocation Descriptions	COH Approved FY 2020 PY 30		DHSP Recommended FY 2020 PY 30		COH Approved FY 2021 PY 31	DHSP Recommended FY 2021 PY 31		COH Approved FY 2022 (PY 32)	Notes
		Part A %	MAI %	Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI %	
1	Outpatient/Ambulatory Health Services (AOM) ⁱⁱⁱ	30.77%	0.00%	27.24%	0.00%	28.30%	27.21%	0.00%	28.30%	Beginning in 2020, durable medical equipment will be available through AOM
NP	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	This service is supported by the State Office of AIDS
26	AIDS Pharmaceutical Assistance (local)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	Not allocated by COH
11	Oral Health	20.72%	0.00%	14.10%	0.00%	12.00%	13.04%	0.00%	12.00%	1. New oral health contracts began in 2019 and included dental case managers and an expanded list of procedures
7	Early Intervention Services ⁱⁱⁱ	1.36%	0.00%	0.59%	0.00%	1.25%	0.59%	0.00%	1.25%	1. In 2018 EIS services included HIV Testing and Partner Services. Beginning in 2019 Partner Services was moved to the Outreach Service Category. 2. In 2020, EIS will only support HIV testing by DHSP counselors
20	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	Not allocated by COH
17	Home Health Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	Not allocated by COH
16	Home and Community Based Health Services	6.43%	0.00%	6.67%	0.00%	5.91%	6.70%	0.00%	5.91%	No Change in contract amount. Percent is different between years because of changes in total grant award.
27	Hospice Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	Not allocated by COH
3	Mental Health Services	0.00%	0.00%	0.60%	0.00%	0.00%	0.60%	0.00%	0.00%	DHSP has supported RWP mental health services for more than 6 years primarily with HRSA Part A but sometimes with another funding source.
23	Medical Nutritional Therapy	0.06%	0.00%	0.00%	0.00%	0.05%	0.0%	0.00%	0.05%	Contract ended and none of the new providers included Medical Nutritional Therapy in their AOM contracts.
4	Medical Case Management (MCC)	28.79%	8.68%	29.88%	0.00%	25.60%	29.83%	0.00%	25.60%	MCC services continue to expand in the number of contractors and services.
18	Substance Abuse Services Outpatient	0.00%	0.00%	0.00%	0.00%	0.00%	0.0%	0.00%	0.00%	Not allocated by COH, Substance Abuse care services are supported by funds from the County Substance Abuse Prevention and Control Program (CSAT)
10	Case Management (Non-Medical) BSS/TCM	3.74%	28.96%	5.92%	6.14%	8.60%	5.91%	10.53%	8.60%	No Change in contract amount. Percent is different between years because of changes in total grant award.
14	Child Care Services	0.00%	0.00%	0.00%	0.00%	1.00%	1.00%	0.00%	1.00%	New allocation by COH. DHSP needs to develop a solicitation for services.
8	Emergency Financial Assistance	0.00%	0.00%	0.00%	0.00%	2.50%	0.00%	0.00%	2.50%	New allocation by COH. DHSP is in the process of modifying contracts and developing the service model.
13	Food Bank/Home-delivered Meals	5.73%	0.00%	5.95%	0.00%	5.27%	5.94%	0.00%	5.27%	Based on input from COH and consumers, nutritional support services has expanded over the past year.
6	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	Not allocated by COH. Services supported by DHSP CDC grant
2	Housing Services RCFCI/TRCF/Rental Subsidies with CM	0.00%	62.36%	1.42%	93.86%	5.00%	1.56%	89.47%	5.00%	1. Housing services are supported by HRSA Part A, Part B, and HIV NCC. 2. The Housing for Health MAI housing program made remarkable progress in 2019. The contract will be maximized in 2020 and housing for health has a new Rampart Mint site that provides 22 units to PLWH with a mental health diagnosis. Thus, DHSP augmented the housing for health contract in 2020.
21	Legal Services	0.75%	0.00%	0.16%	0.00%	1.00%	0.16%	0.00%	1.00%	In 2020 there will be a change in contractors. The new contract is going to conduct a needs assessment to determine what services they should provide.

22	Linguistic Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	The current contractor did not meet their contractual requirements and DHSP will identify a new contractor after a brief needs assessment is completed.
9	Medical Transportation	1.66%	0.00%	1.89%	0.00%	1.52%	1.89%	0.00%	1.52%	New contracts began in July 2020 and providers have the option of using Uber and Lyft
5	Outreach Services (LRP)	0.00%	0.00%	5.57%	0.00%	0.00%	5.56%	0.00%	0.00%	In 2020 Outreach services will support both the Linkage and Re-engagement Program and Partner Services.
12	Psychosocial Support Services	0.00%	0.00%	0.00%	0.00%	2.00%	0.00%	0.00%	2.00%	Not allocated by COH in PY 30
19	Referral	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	Not allocated by COH
24	Rehabilitation	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	Not allocated by COH
25	Respite Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	Not allocated by COH
15	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	Substance Abuse Residential Transitional services is supported by Part B
	Overall Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

and it can be mailed, e-mailed or picked up at the office. Similarly, the application and is available online from the Commission's website at <http://hiv.lacounty.gov>. Submit your application by mailing it to or dropping it off at: 3530 Wilshire Blvd, Suite 1140, Los Angeles, CA 90010.

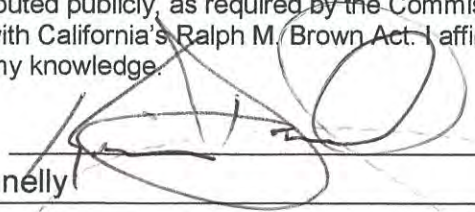
Applications may be emailed to hivcomm@lachiv.org. Staff will verify receipt of all applications via email. After receiving the application, staff will review it for accuracy and completeness, and contact the applicant if there are any possible errors, sections needing clarification, and/or if there are any questions that emerge from the application. Once the application has been deemed to be "complete" (either after revisions have been made, if necessary, or none are needed), staff will contact the applicants to schedule an interview with members of the Operations Committee. If you have questions or need assistance with the application, please contact the Commission office at (213) 738-2816.

PART II: MEMBERSHIP APPLICATION FORM

Section 1: Contact Information

1. Name: Kevin Donnelly
(Please print name as you would like it to appear in communications)
 2. Organization: _____
(if applicable)
 3. Job Title: _____
 4. Mailing Address: 322 South Broadway
 5. City: Redondo Beach State: CA Zip Code: 90277
 6. Provide address of office and where services are provided (if different from above):
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
-
7. Tel.: _____ Fax: _____
 8. Email: kevinjdonnelly.lacoh@gmail.com
(Most Commission communications are conducted through email)
 9. Mobile Phone #: (323) 497-3885
(optional):

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

Signature: 
Kevin Donnelly
Print Name

Jan 9, 2020

Date

Section 2: Demographic Information

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

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

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

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

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

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

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

5. Demographic Reflectiveness and Representation:

Federal funders require that the Commission report the following demographic information annually to ensure its conformity with reflection/representation rules.

5a. Gender: Male Female Trans (Male to Female) Trans (Female to Male) Unknown

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

<input type="checkbox"/> African- American/Black,not Hispanic	<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Multi-Race
<input checked="" type="checkbox"/> Anglo/White, not Hispanic	<input type="checkbox"/> Other : _____
<input type="checkbox"/> Asian/ Pacific Islander	<input type="checkbox"/> Decline to State/Not Specified

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

6. FOR APPLICANTS LIVING WITH HIV:

6a. Are you willing to publicly disclose your HIV status? Yes* No

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

6b. Age:

<input type="checkbox"/> 13 – 19 years old	<input type="checkbox"/> 20 – 29 years old
<input type="checkbox"/> 30 – 39 years old	<input type="checkbox"/> 40 – 49 years old
<input type="checkbox"/> 60+ years old	<input checked="" type="checkbox"/> 50-59 years old
	<input type="checkbox"/> Unknown

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

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

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

Section 3: Experience/Knowledge

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

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

Bridget Gordon

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

Unaffiliated Consumer, Supv Dist #4, SPA 8, At-Large

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

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

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

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

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

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

Section 4: Biographical Information

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

I am applying at this time because of the lack of representation of consumers on the board and specifically from SPA 8 and Supv Dist #4. While proud of my previous service, I believe there are projects left unfinished that I would like to see through. I have the time and the support to participate at this time and would like to be of service.

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

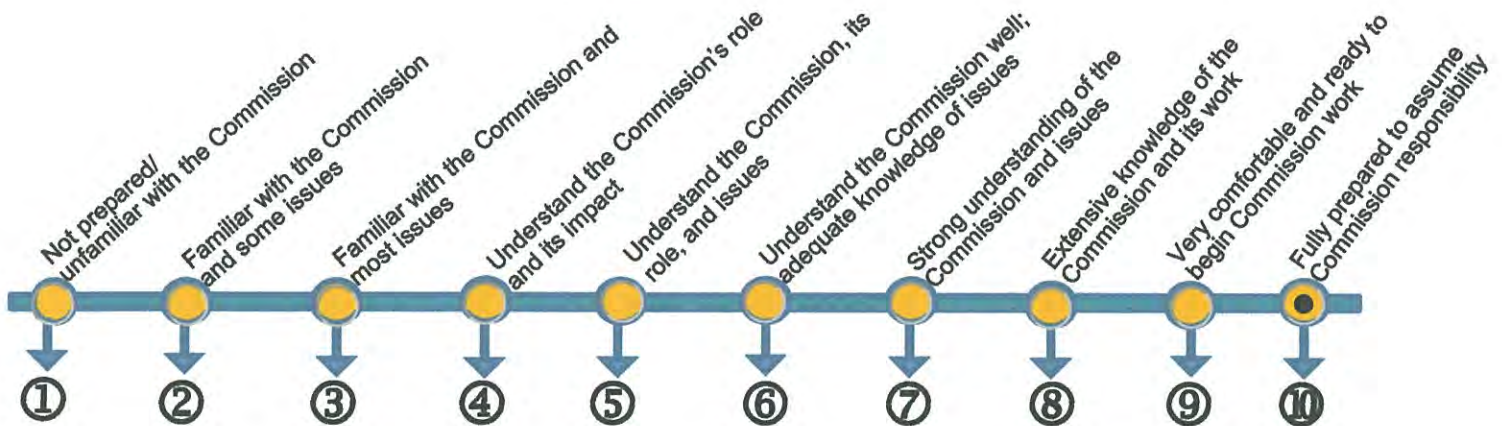
Please see previous application. Currently I am a member of the Los Angeles County HIV Mental Health Task Force. In addition to the annual "Coping with Hope" event, the Task Force promotes community building. I am a member of the Long Beach HIV Planning Group. Since June of 2018, I have Co-Chaired the Client Advisory Board of the Los Angeles LGBT Center's Jeffrey Goodman Clinic. I have participated in other CABs, specifically the Los Angeles Family AIDS Network CAB at UCLA. I have trained with HRSA's TCQ Plus. I have volunteered in HIV/AIDS Emotional Support Organizations since 1986. I have lived with HIV in my body since 1996.

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

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

13. **How prepared do you feel you are to serve as a member of the Commission, if appointed?**

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



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

Please see BIO above

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

I don't believe this to be a difficulty at this time.

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

I will work to build community response to HIV/AIDS, STIs, and sexual health in general. I see this as a social justice issue.

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

I'm approachable. Hopefully reasonable. Definitely reliable. I feel called to do this work at this time.

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

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

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



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

and it can be mailed, e-mailed or picked up at the office. Similarly, the application and is available online from the Commission's website at <http://hiv.lacounty.gov>. Submit your application by mailing it to or dropping it off at: 3530 Wilshire Blvd, Suite 1140, Los Angeles, CA 90010.

Applications may be emailed to hivcomm@lachiv.org. Staff will verify receipt of all applications via email. After receiving the application, staff will review it for accuracy and completeness, and contact the applicant if there are any possible errors, sections needing clarification, and/or if there are any questions that emerge from the application. Once the application has been deemed to be "complete" (either after revisions have been made, if necessary, or none are needed), staff will contact the applicants to schedule an interview with members of the Operations Committee. If you have questions or need assistance with the application, please contact the Commission office at (213) 738-2816.

PART II: MEMBERSHIP APPLICATION FORM

Section 1: Contact Information

1. Name: _____
(Please print name as you would like it to appear in communications)
 2. Organization: _____
(if applicable)
 3. Job Title: _____
 4. Mailing Address: _____
 5. City: _____ State: _____ Zip Code: _____
 6. Provide address of office and where services are provided (if different from above):
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
-
7. Tel.: _____ Fax: _____
 8. Email: _____
(Most Commission communications are conducted through email)
 9. Mobile Phone #: _____
(optional): _____

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

Signature: _____

_____ Date

_____ Print Name

Section 2: Demographic Information

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

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

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

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

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

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

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

5. **Demographic Reflectiveness and Representation:**

Federal funders require that the Commission report the following demographic information annually to ensure its conformity with reflection/representation rules.

5a. **Gender:** Male Female Trans (Male to Female) Trans (Female to Male) Unknown

5b. **Race/Ethnicity:** African- American/Black,not Hispanic Hispanic
(Check all that apply)
 American Indian/Alaska Native Multi-Race
 Anglo/White, not Hispanic Other : _____
 Asian/ Pacific Islander Decline to State/Not Specified

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

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

6a. **Are you willing to publicly disclose your HIV status?** Yes* No

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

6b. **Age:** 13 – 19 years old 20 – 29 years old
 30 – 39 years old 40 – 49 years old 50-59 years old
 60+ years old Unknown

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

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

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

Section 3: Experience/Knowledge

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

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

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

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

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

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

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

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

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

Section 4: Biographical Information

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

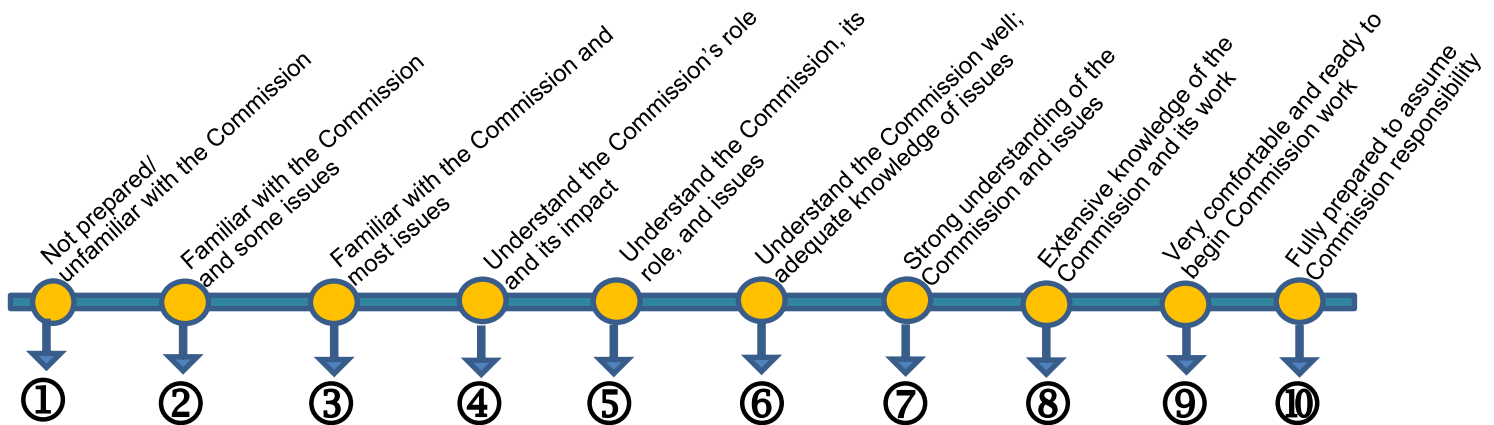
11. **Biography/Resume:** If you would like, you can indicate below that you are updating this section from your original or renewal application, or simply write a new paragraph. You may—but it is not required—attach a new/updated resume. You may continue on an additional page, if necessary. As you feel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

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

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

13. **How prepared do you feel you are to serve as a member of the Commission, if appointed?**

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



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

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

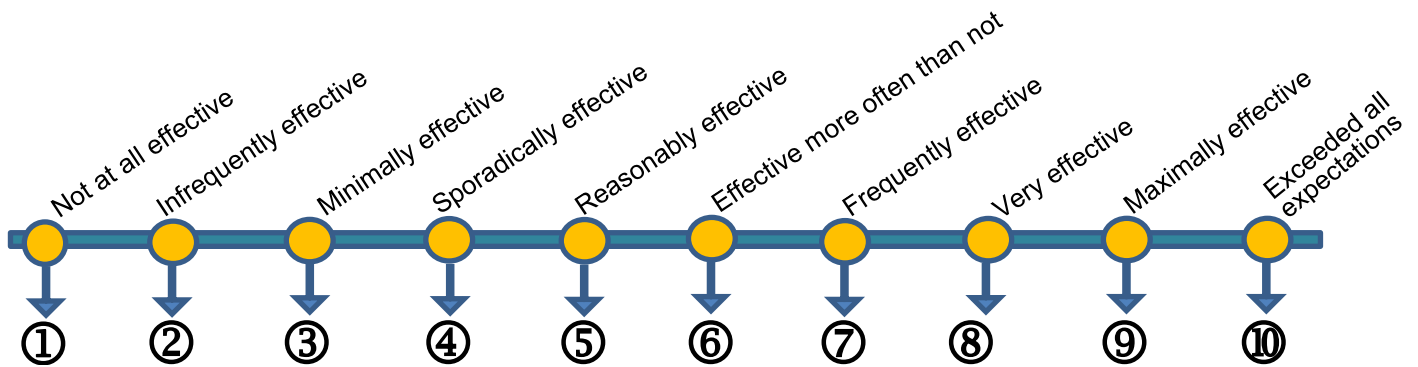
-
16. **How will your Commission membership benefit the lives of LA County residents with HIV/STDs and/or who are at high-risk of HIV-/STD-infection? Continue on an additional page if necessary.**

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

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

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

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



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

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

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

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

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

4. List all investments worth more than \$2,000 in entities in which you or your immediate family owns directly, indirectly or beneficially, a ten percent interest or greater, and provides or sells services or supplies utilized by the County or are subject to regulation, inspection, or enforcement authority of the County or of the board, commission, or committee for which you are being considered for appointment.

5. List the name of any business entity for which you were a director, officer, partner, trustee, or employee or for which you held any position of management that is the subject of any business transactions with the County or which is subject to regulation, inspection, or enforcement authority of any County agency or by the board, commission, or committee for which you are being considered for appointment.

CURRICULUM VITAE

Paul Nash, PhD, CPsychol, AFBPsS FHEA

Current Institution:

University of Southern California
Leonard Davis School of Gerontology
3715 McClintock Ave.
Los Angeles, CA 90089

Phone: +1 (925)639-2123

E-mail: p.nash@usc.edu

Education:

2011 PhD Psychology, University of Glamorgan, Pontypridd, UK
2005 BSc (Honours, 2:1 classification) Psychology, University of Glamorgan,
Pontypridd, UK

Current Position:

2018 Associate Professor, Leonard Davis School of Gerontology, University of
Southern California
2008- Registered NVivo Trainer, QSR International

Previous Positions Held:

2017-2018 Associate Professor and Postgraduate Programmes Director, Gerontology &
Ageing Studies, Swansea University
2012-2017 Senior Lecturer and Postgraduate Programmes Director, Gerontology & Ageing
Studies, Swansea University
2010-2012 Research Officer (Economic & Social Research Council [ESRC]-funded post),
Swansea University, Swansea, UK
2008-2010 Research Officer (Welsh Assembly Government-funded post), Swansea
University, Swansea, UK
2005-2010 Lecturer, Social Psychology & Research Methodology, University of Glamorgan,
Pontypridd, UK
2007-2008 Senior Survey Methodologist, Office for National Statistics, Newport, UK
2004 Research Assistant (Part Time), University of Glamorgan, Pontypridd, UK

Awards and Honours:

2019 Faculty Ally of the Year – LGBT Resource Center of USC
2019 Peterson Faculty Teaching Award
2019 Student Gerontology Association Professor of the Year
2017 Fellow, Higher Education Academy
2015 Associate Fellow, British Psychological Society

- 2011 Chartered Psychologist
- 2011 Welsh Livery Guild Travel Scholarship (£1,000 award)
- 2010 Stirling Prize for Postgraduate Research, British Psychological Society

Service Activities – Swansea University:

- 2016-2017 Education & Training Lead, Health & Wellbeing Academy, Swansea University
- 2016-2017 Panel Member, Programmes Approval Committee, Swansea University
- 2016-2017 Subject Specialist, Social Science Programme Development Team, Swansea University
- 2016-2017 Panel Member, Research Excellence Framework – UoA22
- 2015-2017 Panel Member, University Distance Learning Taskforce, Swansea University
- 2012-2017 Chair, Ethics committee, Human Sciences, Swansea University
- 2012-2017 Admissions Officer, Postgraduate Research, College of Human & Health Sciences, Swansea University
- 2012-2017 Chair, Postgraduate Research Progression Panel, Swansea University
- 2012-2017 Centre Representative, Learning & Teaching Committee, Swansea University

Service Activities – University of Southern California:

- 2019- Facilities & Estate committee
- 2019- Lead, Accreditation for Gerontology Education Council (AGEC) accreditation monitoring
- 2019 Chair, International Day of Older Persons planning committee
- 2019 Faculty Lead, Whats Hot in Ageing at USC Conference
- 2017- Co-Chair, Masters committee
- 2017-2019 Member at large, Curriculum and Academic Service committee
- 2017- Member at large, USC Age Friendly Initiative
- 2017 Representative, Facilities provision committee
- 2017 Co-Author, Masters program validation documentation
- 2017 Author, undergraduate program validation documentation

Service Activities – Regional and National Board and Executive Positions:

- 2017- Member, International Association of Gerontology & Geriatrics – Global Social Issues on Ageing Taskforce
- 2016-2017 Chair, BSG Conference Executive Committee
- 2016-2017 Chair of Trustees, Age Cymru Swansea Bay, Swansea, UK
- 2016-2017 Secretary, British Society of Gerontology
- 2014-2017 Member, British Society of Gerontology Executive Committee
- 2013-2017 Panel Member, International Longevity Centre, UK (ILC-UK)
- 2013-2017 Trustee, Age Cymru, Swansea Bay
- 2009-2011 Secretary, Emerging Researchers in Ageing, British Society of Gerontology
- 2010 Chair, IAGG European Social Region Conference Executive Committee

Service Activities – Other:

- 2016-2017 Lead Trainer – Frailty & Care of the Older Adult, Abertawe Bro Morgannwg University Health Board, Swansea, UK
- 2016-2017 Dementia Champion, Alzheimer’s Society, UK
- 2015- Reviewer, Journal of Alzheimer’s Disease
- 2014- Reviewer, Journal of Gay & Lesbian Mental Health
- 2010- Reviewer, Ageing and Society
- 2005-2010 Post-Graduate Representative to the British Psychological Society (BPS), University of Glamorgan

Professional Memberships:

British Society of Gerontology
Gerontological Society of America
Association of Gerontology in Higher Education
British Psychological Society
International Association of Applied Psychology

Active Research Areas:

- Attitudes towards ageing; prejudice & discrimination; self-presentation of ageist attitudes
- Intergroup relations & group dynamics
- Elder abuse
- Sexual health of older adults
- HIV and ageing
- Minority group issues for older populations
- Loneliness, social isolation and social connectivity
- Housing and healthcare provision for older people
- Cognitive functioning in later life

Current and Recent Grants:

- 2017-2020 Health and Care Research Wales: Welsh Government. *Centre for Ageing and Dementia Research (CADR) extension*. Role: Co-Investigator (£1,200,000.00)
- 2013-2016 UK-India Education and Research Initiative (UKIERI). *A Gerontology Research Centre for the Study of the Impact of Population Ageing, Migration, Environmental and Social Change on Older People and the Families in India*. Role: Co-PI (£12,520).
- 2013-2015 NISCHR Social Care Grant Scheme. *Older Peoples External Residential Assessment Tool (OPERAT)*. Role: Co-Investigator (£169,887).
- 2011-2014 National Institute of Social Care & Health Research (NISCHR) Social Care Grant Scheme. *Provision of Inclusive and Anti-Discriminatory Services to Older Lesbian,*

Gay, Bisexual-Identifying (LGB) People in Residential Care Environments in Wales.
Role: Co-PI (£143,954).

- 2014 British Council Researcher Links Fellowship. *Knowledge Exchange & International Collaboration in Research.* Role: PI (£7,130).
- 2013 Higher Education Funding Council for Wales (HEFCW), Strategic Insight Programme. *Indian Partnership Development.* Role: PI (£5,000).
- 2012-2013 South East Wales Improvement Collaborative (SEWIC). *Establishing Whether Extracare Provides Savings or Cost Efficiency to Health and Social Care Funders.* Role: PI (£10,000).
- 2011 OPAN Cymru Research Development Call. *Older People's Use of and Attitudes Towards Nano-Technology.* Role: PI (£1,700).
- 2010 Older People & Ageing Research and Development Network (OPAN) Cymru Research Development Call. *Devolved Nations Research.* Role: PI (£1,700).
- 2010 OPAN Cymru Research Development Call. *Older LGBT Adults in Residential Care.* Role: PI (£1,700).

Grants Under Review:

Global East Equity Research & Support (GEERS) Center Proposal – USC Diversity

Publications Under Review:

Karpiak, S., Nguyen, A., Egbert, A. & Nash, P. (In Review). Upstate Rural New York State. Findings from Research on Older Adults with HIV. National Resource Center on HIV and Ageing. White Paper

Peer-Reviewed Publications:

Officer, A., Amuthavalli, J., Schneider, M., Nash, P., & de la Fuente-Núñez, V. (2020). Ageism, Healthy Life Expectancy and Population Ageing: How Are They Related? *Int. J. Environ. Res. Public Health*, 17, 3159
doi:10.3390/ijerph17093159

Cicero, C. & Nash, P. (2020). Out with the old: Coronavirus highlights why we need new names for aging. *The Conversation*.
<https://theconversation.com/out-with-the-old-coronavirus-highlights-why-we-need-new-names-for-aging-131380>

Wilson, D.W., Nash, P., Buttar, H., Griffiths, K., Singh, R., De Meester, F., Horiuchi, R. & Takahashi, T. (2017). The Role of Food Antioxidants, Benefits of Functional Foods, and Influence of Feeding Habits on the Health of the Older Person: An Overview. *Antioxidants*. 6 (4), 81
doi:10.3390/antiox6040081

Leland, N. E., Lepore, M., Wong, C., Chang, S. H., Freeman, L., Crum, K., Gillies, H., & Nash, P. (2017). Delivering high quality hip fracture rehabilitation: The perspective of occupational and physical therapy practitioners. *Disability and Rehabilitation*, Advance online publication.
DOI:10.1080/09638288.2016.1273973

Officer, A., Schneiders, M., Wu, D., Nash, P., Thiyagarajan, J. & Beard, J. (2016). Valuing older people: time for a global campaign to combat ageism. *Bulletin of the World Health Organization*. 94:710-710A. DOI: <http://dx.doi.org/10.2471/BLT.16.184960>

Nash, P., Willis, P., Tales, A. & Cryer, T. (2015). Sexual health and sexual activity in later life. *Review in Clinical Gerontology*, 25(1), pp.22-30. DOI: 10.1017/S0959259815000015

Nash, P., Stuart-Hamilton, I. & Mayer, P. (2014). The continuation of prejudice: Addressing negative attitudes in nurse training and continuing professional education. *Educational Gerontology*, 40(1), pp.53-60. DOI:10.1080/03601277.2013.768084

Wu, Y., Nash, P., Barnes, L., Minett, T., Matthews, F., Jones, A. & Brayne, C. (2014). Assessing environmental features related to mental health: A reliability study of visual streetscape images. *BMC Public Health*, 14(1094), pp.1-10. DOI:10.1186/1471-2458-14-1094

Burholt, V., Nash, P. & Phillips, J. (2013). The impact of supported living environments on social resources and the experience of loneliness for older widows living in Wales: An exploratory mediation analysis. *Family Science*, 4(1), pp.121-132. DOI: 10.1080/19424620.2013.870811

Burholt, V. & Nash, P. (2011). Short Form 36 (SF36) Health Survey Questionnaire: Normative data for Wales. *Journal of Public Health*, 33(4), pp.587-603. DOI:10.1093/pubmed/fdr006

Burholt, V., Nash, P., Naylor, D. & Windle, G. (2010). Training older volunteers in gerontological

research in the United Kingdom: Moving towards an andragogical and emancipatory agenda. *Educational Gerontology*, 36(9), pp.753-780. DOI:10.1080/03601271003766270

Taylor, R. & Nash, P. (2006). Decision making during deceptive interactions: Sender and receiver interactions. *Psychological Correlates of Criminology*. IA-IP Publishing: London, pp.75-83.

Reports and Other Publications:

Carney, G. & Nash, P. (2020). *Critical Questions for Ageing Societies*. Policy Press. Bristol. UK

Karpiak, S., Nguyen, A., Nash, P., Egbert, A. & Brennan-Ing, M. (2019). HIV & Aging in Alameda County Oakland California. Findings from Research on Older Adults with HIV. National Resource Center on HIV and Ageing. White Paper

Nash, P. (2016). Gerontology. In G. Ritzer (Ed.), *Wiley-Blackwell encyclopedia of sociology* (2nd ed.). London: Wiley-Blackwell.

Nash, P. (2016). Attitudes and self-perceptions of aging. In N. A. Pachana (Ed.), *Encyclopedia of geropsychology* (pp. 1-8). Singapore: Springer. DOI:10.1007/978-981-287-080-3_8-1

Nash, P. (2015). Ageism. In World Health Organization (Ed.) *World report on ageing and health* (p. 11). Geneva: Author.

Nash, P., Farr, A. & Phillips, C. (2013). *A cost comparison of supported living in Wales: A Swansea case study*. Cardiff, UK: Welsh Government.

Willis, P., Nash, P. et al. (2013). *Provision of inclusive and anti-discriminatory services to older lesbian, gay, bisexual-identifying (LGB) people in residential care environments in Wales*. Cardiff, UK: National Institute for Social Care & Health Research.

Burholt, V., Nash, P., Phillips, J. & Doheny, S. (2011). *Extracare: Meeting the needs of fit and frail older people?* Cardiff, UK: Welsh Government.

Keynote / Invited Presentations:

- 2020 – State-wide Planning Group for HIV (CA): Social Consequence of Discrimination
- 2020 – City of LA Commission on HIV: Ageing with HIV in 2020
- 2020 – Sirius XM, Doctor Radio: Ageism in the Age of COVID-19
- 2020 – Blackstone Consulting, Seminar Series: Stress. Manifestations and Management
- 2020 – Hollywood, Health & Society; Writers Guild of America, Panel Discussion: OK Boomer. Fighting Ageism in the Entertainment Industry
- 2019 – International Association of Gerontology & Geriatrics European Region, Regional Congress. Masterclass. A personal guide to thinking about ageism: Exploring everyday ageism
- 2019 – AIDS Project Los Angeles (APLA Health) Annual Conference. Ageing with HIV: The challenges for a ‘new ageing’ population
- 2019 – HIV & Aging Statewide Planning Group (California). Ageing with HIV: The social consequences of discrimination
- 2017 – Queen’s University Belfast. Master in Social Policy Guest lectures. *Ageism in a Global Context.*
- 2016 – Abertawe Bro Morgannwg University Health Board. *Older People: Breaking the Stereotypes. Language used to describe older adults and ageing.*
- 2016 – Centre for Interdisciplinary Research on Ageing & Gerontology Annual Conference (India). *Unconscious ageism: The hidden prejudice affecting the health and care of older adults.*
- 2016 – Manchester Metropolitan University Seminar Series. *The future of gerontological education and the learning of older adults.*
- 2015 – The Open University. *Population ageing education and education for an ageing population.*
- 2014 – British Society of Gerontology: Emerging Researchers in Ageing. *Career trajectories in gerontology.*
- 2014 – University of Southern California: Chan School of Occupational Science & Occupational Therapy, post-doctoral and faculty presentation. *Care costing and staff attitudes research, implications and discussion.*
- 2012 – International Social Gerontology Research (India): 3 presentations given across Kerala. *Attitudes towards older people: The implications for care.*
- 2010 – Coastal Housing Group Executive. *Extracare: Innovative housing for older people? Evidence from Wales.*
- 2009 – Housing Care for Older People Research Group. *Are we meeting the needs of older people in Wales? : Comparative measures of frailty in three care settings.*

Conference Presentations:

2019

Gerontological Society of America (Austin). Building Recognition Across Campus and Town for USC's Age-Friendly University Initiative. Nash, P. & Cicero, C.

2018

Gerontological Society of America (Boston). Ageism: A Truly Global Issue (Symposium). Nash, P., Officer, A., de la Fuente-Nunez, V. & Schneider, M. Global Trends in Ageist Disposition: Comparing low, middle and high income countries using the World Values Survey Wave 6.

Gerontological Society of America (Boston). Hyde, M., Nash, P. & Schneiders, M. Global Culture of Ageing: Attitudes to ageing around the world.

2017

International Association of Gerontology & Geriatrics (San Francisco). Nash, P., Schneiders, M., Officer, A. & Jotheeswaran A. *Respected Or A Burden? Global Attitudes Towards Older People Using The World Values Survey Wave 6*

2016

Centre for Interdisciplinary Research on Ageing & Gerontology Annual Conference (India). Nash, P. & Nash, K. *Translating research into practice: Active gerontology in front line nursing.*

British Society of Gerontology Annual Conference. Nash, P. & Leland, N. *Delivering high quality hip fracture rehabilitation: A practitioner perspective.*

British Society of Gerontology Annual Conference. Nash, P. *Cultural representations of ageing in the mainstream media and as submitted to the "Ageing: The Bigger Picture" competition.*

2015

British Society of Gerontology Annual Conference. Nash, P., Willis, P., Tales, A. & Cryer, T. *Unmasking the sexual health and activity of older adults in the UK.*

2014

British Society of Gerontology Annual Conference. Nash, P., Willis, P., Tales, A. & Cryer, T. *Sexual health, stigma and social care: A critical review.*

International Conference on Applied Psychology. Nash, P. & Stuart-Hamilton, P. *An international perspective on ageism and the effects on the older adult.*

2013

British Society of Gerontology Annual Conference. Nash, P., Phillips, C. & Farr, A. *Cost analysis of supported living environments and the subsequent utilisation of NHS services.*

Gerontological Society of America Annual Conference. Nash, P. *Prejudice: Ageism in the National Health Service, implications on care.*

International Association of Gerontology & Geriatrics World Congress. Nash, P. & Burholt, V. *Extracare, a home for life? : A resident's perspective.*

International Association of Gerontology & Geriatrics World Congress. Nash, P. & Stuart-Hamilton, I. *The pervasive nature of ageism: A meta-analysis.*

International Association of Gerontology & Geriatrics World Congress. Nash, P., Willis, P., Miles, P. & Maegusuku-Hewitt, T. *A study to explore how the sexual identities and relationships of older lesbian, gay, bisexual (LGB) residents are perceived and supported in residential care environments in Wales.*

2012

British Society of Gerontology Annual Conference. Nash, P. & Stuart-Hamilton, I. *Internalised ageism: The hidden prejudice.*

Gerontological Society of America Annual Conference. Nash, P. & Burholt, V. *Expectations of care in assisted living: A resident's perspective.*

Gerontological Society of America Annual Conference. Nash, P. & Stuart-Hamilton, I. *Ageism: A meta-analysis.*

2011

British Society of Gerontology Annual Conference. Nash, P. & Stuart-Hamilton, I. *The influences of education on expressed and implicit attitudes towards older people.*

Gerontological Society of America Annual Conference. Nash, P. & Stuart-Hamilton, I. *To care or not to care? : The effects of nurse training on implicit and explicit attitudes towards older people.*

International Association of Gerontology & Geriatrics European Conference. Nash, P. & Stuart-Hamilton, I. *The effects of higher level education on implicit and explicit attitudes towards older people.*

International Association of Gerontology & Geriatrics European Conference. Nash, P. & Burholt, V. *An assessment of the provision of care in Extracare supported living in Wales.*

2010

British Psychological Society Annual Conference (Social Section). Nash, P., Stuart-Hamilton, I. & Mayer, P. *The effects of age specific education on implicit and explicit attitudes towards ageing.*

British Society of Gerontology Annual Conference. Nash, P. & Burholt, V. *Who looks after whom? : A comparative study of frailty in supported living environments in Wales.*

2009

British Society of Gerontology Annual Conference. Nash, P. & Burholt, V. *Are we meeting the needs of older people in Wales, UK? : Comparative measures of frailty in three care settings.*

British Society of Gerontology Annual Conference. Nash, P., Stuart-Hamilton, I & Mayer, P. *The effects of age specific education on implicit and explicit attitudes towards ageing.*

Cymorth Cymru Annual Conference. Nash, P. & Burholt, V. *Extracare: Are we meeting the needs of fit and frail older people in Wales?*

International Association of Gerontology & Geriatrics World Congress. Nash, P. & Burholt, V.
Are we meeting the needs of older people in Wales, UK? : Comparative measures of frailty in three care settings.

International Association of Gerontology & Geriatrics World Congress. Nash, P., Stuart-Hamilton, I. & Mayer, P. *The effects of specific education & direct experience on implicit & explicit measures of ageism.*

Current Teaching:

GERO 320: Psychology of Adult Development (Undergraduate Level)
GERO 508: The Mind Body Connection (Masters Level)
GERO 520: Lifespan Developmental Psychology (Masters Level)
GERO 530: Lifespan Developmental Sociology (Masters Level)
GERO 593: Research Methodology (Masters Level)

Previous Teaching:

ASPM01: Population Ageing and Policy (Masters Level)
ASPM02: Perspectives on Ageing (Masters Level)
ASPM05: Environments of Ageing (Masters Level)
ASPM10: Psychology of Ageing (Masters Level)
ASPM07: Research Dissertation (Masters Level)

Research Student Supervision:

Ruth Hopkins: The Role of Information Communication Technology in the Harmonious Ageing of Older Adults
Gordon Jones: The Experiences of Carers for Those Living with Early Onset Dementia
Karen Charles: Transitions to Residential Care in Tamil Nadu, India
Leeda Copley: Relationship Convoys and Wellbeing in Older Americans
Shanette Nixon: Sexual Health & HIV in Island Communities

Taught Program Supervision:

2016 – 18 Master Students
2015 – 6 Masters Students
2014 – 4 Masters Students
2013 – 4 Masters Students
2012 – 2 Masters Students

Invited Lectures (internal programmes):

2016 – Osteopathy: Undergraduate
Nursing: Undergraduate
Psychology: Undergraduate
2015 – Osteopathy: Undergraduate
Nursing: Undergraduate

Psychology: Undergraduate & Postgraduate
2014 – Nursing: Undergraduate
Psychology: Undergraduate
Social Policy: Undergraduate

Previous Teaching (excluding above courses):

Research Methods for Social Science (Undergraduate Level)
Statistics for Psychology (Undergraduate Level)
Social & Developmental Psychology (Undergraduate Level)
Clinical & Abnormal Psychology (Undergraduate Level)
Psychology & Identity (Undergraduate Level)
Health & Ageing (Masters Level)
Applied Practice for Osteopathy (Masters Level)

and it can be mailed, e-mailed or picked up at the office. Similarly, the application and is available online from the Commission's website at <http://hiv.lacounty.gov>. Submit your application by mailing it to or dropping it off at: 3530 Wilshire Blvd, Suite 1140, Los Angeles, CA 90010.

Applications may be emailed to hivcomm@lachiv.org. Staff will verify receipt of all applications via email. After receiving the application, staff will review it for accuracy and completeness, and contact the applicant if there are any possible errors, sections needing clarification, and/or if there are any questions that emerge from the application. Once the application has been deemed to be "complete" (either after revisions have been made, if necessary, or none are needed), staff will contact the applicants to schedule an interview with members of the Operations Committee. If you have questions or need assistance with the application, please contact the Commission office at (213) 738-2816.

PART II: MEMBERSHIP APPLICATION FORM

Section 1: Contact Information

1. Name: _____
(Please print name as you would like it to appear in communications)
 2. Organization: _____
(if applicable)
 3. Job Title: _____
 4. Mailing Address: _____
 5. City: _____ State: _____ Zip Code: _____
 6. Provide address of office and where services are provided (if different from above):
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
-
7. Tel.: _____ Fax: _____
 8. Email: _____
(Most Commission communications are conducted through email)
 9. Mobile Phone #: _____
(optional)
-

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

Signature: _____

_____ Date

_____ Print Name

Section 2: Demographic Information

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

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

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

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

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

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

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

5. **Demographic Reflectiveness and Representation:**

Federal funders require that the Commission report the following demographic information annually to ensure its conformity with reflection/representation rules.

- 5a. **Gender:** Male Female Trans (Male to Female) Trans (Female to Male) Unknown

- 5b. **Race/Ethnicity:** (Check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> African- American/Black,not Hispanic | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Multi-Race |
| <input type="checkbox"/> Anglo/White, not Hispanic | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Asian/ Pacific Islander | <input type="checkbox"/> Decline to State/Not Specified |

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

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

- 6a. **Are you willing to publicly disclose your HIV status?** Yes* No

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

- 6b. **Age:**
- | | | |
|--|--|--|
| <input type="checkbox"/> 13 – 19 years old | <input type="checkbox"/> 20 – 29 years old | |
| <input type="checkbox"/> 30 – 39 years old | <input type="checkbox"/> 40 – 49 years old | <input type="checkbox"/> 50-59 years old |
| <input type="checkbox"/> 60+ years old | <input type="checkbox"/> Unknown | |

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

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

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

Section 3: Experience/Knowledge

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

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

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

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

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

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

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

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

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

Section 4: Biographical Information

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

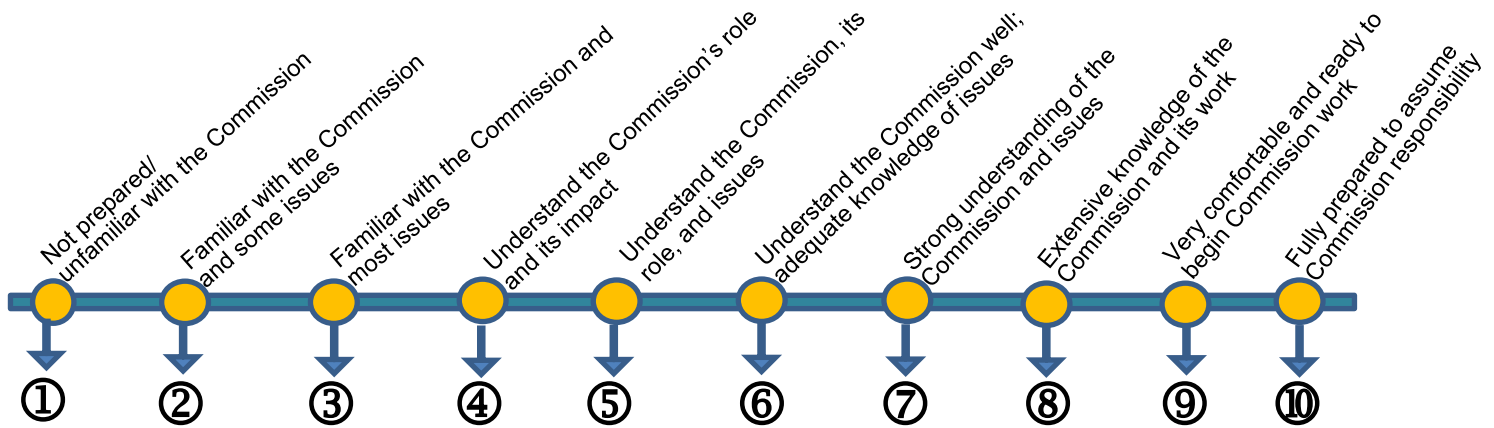
11. **Biography/Resume:** If you would like, you can indicate below that you are updating this section from your original or renewal application, or simply write a new paragraph. You may—but it is not required—attach a new/updated resume. You may continue on an additional page, if necessary. As you feel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

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

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

13. **How prepared do you feel you are to serve as a member of the Commission, if appointed?**

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



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

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

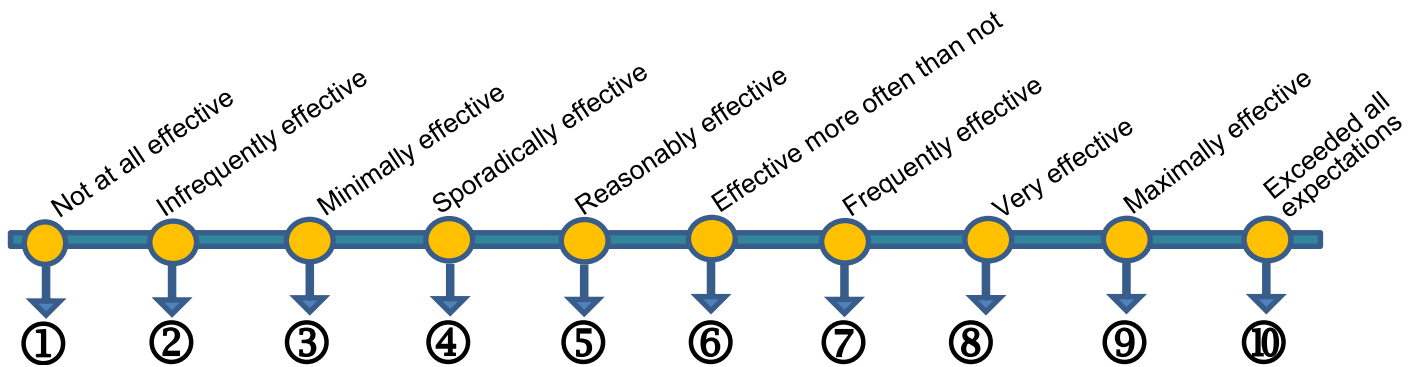
-
16. **How will your Commission membership benefit the lives of LA County residents with HIV/STDs and/or who are at high-risk of HIV-/STD-infection? Continue on an additional page if necessary.**

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

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

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

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



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

Stephanie Cipres

Los Angeles, CA 90062 | (323) 495-2012 | cipres@usc.edu

Education

CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE Los Angeles, CA
Master of Public Health, Urban Health Disparities May 2019

UNIVERSITY OF SOUTHERN CALIFORNIA Los Angeles, CA
Bachelor of Science, Health Promotion and Disease Prevention December 2015

Professional Experience

USC KECK SCHOOL OF MEDICINE Los Angeles, CA
Study Coordinator/Project Specialist, Maternal Child & Adolescent Clinic October 2019-Present

- Participate in screening and assessing patient eligibility for HRSA Part C Capacity Development Program (AAPS Study).
- Coordinate and complete participant activities such as recruitment, enrollment, and participant follow-up.
- Perform the consent process in compliance with IRB, HIPAA, and institutional regulations/policies.
- Assist with organizing and scheduling study activities to meet and comply with grant and research objectives.
- Communicate with study team personnel including Principal Investigator to ensure study procedures and protocols are followed. Serve as primary contact for study participants/IRB.
- Collect, record, and enter all pertinent data for participants and study activities. Administer pre/post study surveys and review medical records as needed.
- Maintain accurate and timely record keeping including database, consent forms, protocol documents, and REDCap (Research Electronic Data Capture). Update database for reporting and compliance purposes.
- Coordinate purchasing and reimbursements of study incentives, supplies, and materials.
- Collaborate with investigators to prepare and organize reports submitted to the funding agency and university.
- Work jointly with the data manager to request reports/data related to the study.
- Assist investigators in developing research proposals as needed.

Patient Care Navigator/Project Specialist, Maternal Child & Adolescent Clinic March 2018-October 2019

- Screened clients to determine eligibility for HIV-Positive Women of Color (WoC) Intervention in HIV primary care study funded by AIDS United.
- Recruited and approached clients regarding study and enrollment, explained intervention activities as well as benefits.
- Provided intensive care coordination and outreach to retain HIV positive WoC in care.
- Supported clients to ensure optimal adherence, treatment, and retention in care through viral load suppression.
- Developed and implemented individualized care plans according to patient specific goals and barriers.
- Delivered a series of skill enhancing educational sessions on HIV diagnosis, care, and treatment in a culturally and linguistically appropriate manner.
- Collaborated with clinical care team and Los Angeles County Department of Public Health to ensure patient retention and linkage
- Attended weekly conferences with health care team to discuss research study progress/deadlines, patient cases, and implementation activities.
- Completed monthly monitoring reports, data cleaning reports, and acuity assessments as part of the study protocol.
- Documented time sensitive client encounters in multiple database systems while maintaining confidentiality.
- Assisted with development and revision of implementation manual created by AIDS United/Boston University School of Public Health.

SOUTH CENTRAL FAMILY HEALTH CENTER Los Angeles, CA
Patient Care Navigator, Family Medicine February 2016-March 2018

- Managed a caseload of approximately 100 patients and assisted with care coordination, chronic disease management, and health coaching.
- Worked closely with patients, providers, specialists, and care team to ensure the medical needs of the client were met.

- Coordinated completion of pre-op medical clearance and post-op appointments.
- Processed internal mental health referrals and managed template/schedule for mental health clinician.
- Managed Annual Wellness Exams and Initial Health Assessments as required by health plans.
- Collaborated with Patient-Centered Medical Home (PCMH) team.
- Reviewed ER Discharge list and coordinated Post-Hospital follow-up appointments.
- Referred patients to social services, mental health, and community resources.
- Attended monthly workshops hosted by the Institute for High Quality Care at Cedars-Sinai Medical Center and presented methods and techniques learned to clinic staff as a member of Quality Improvement Committee

USC HEALTHY MOTHERS & KIDS STUDY

Los Angeles, CA

Research Assistant, Department of Preventive Medicine

January 2014-December 2015

- Conducted phone surveys to determine participant eligibility for a study with a focus on obesity among low income families in Los Angeles.
- Designed a questionnaire/moderator guide for the diabetes focus group/interviews.
- Assisted as the Spanish translator during the focus groups/interviews and transcribed/coded dialogue on ATLAS.ti
- Provided educational material regarding nutrition classes, healthy eating, diabetes, and fitness to the families participating in the study.
- Created literature tables to identify and organize common themes presented in the diabetes focus groups.

Practicum Experience

SOUTH CENTRAL FAMILY HEALTH CENTER

December 2018- June 2019

Patient Care Navigator, Housing Insecurity & Health Workshops

- Assisted with Housing Insecurity & Health Workshop grant project funded by Kaiser Permanente.
- Attended and facilitated meetings and communication between clinic grant project staff and collaborating non-profit organization Inquilinos Unidos.
- Established workshop dates based on project staff and patient availability.
- Created bilingual educational materials for project that was culturally and linguistically appropriate for target population.
- Designed print and digital promotional materials for the project.
- Developed pre/post survey questions to assess effectiveness of housing workshop.
- Completed outreach activities and extended invitation to patients eligible per grant criteria
- Managed logistical matters such as reserving clinic space, childcare, setup etc.

Highlights

SKILLS: Excellent in Microsoft Office: Word, Excel, PowerPoint, Adobe Acrobat.

Proficient in Nextgen EHR, i2i Tracks, ORCHID EMR by Cerner, ESRI ArcGIS.

Proficient design experience using Canva to create educational materials such as infographics as well as promotional materials.

LANGUAGE: Fluent in Spanish.



Virtual Training Schedule for Commissioners and Community Members

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

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



PSYCHOSOCIAL SUPPORT STANDARDS OF CARE

Final for Commission on HIV Approval
September 10, 2020
Motion #8



**PSYCHOSOCIAL SUPPORT SERVICES
STANDARDS OF CARE**

INTRODUCTION

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

The Los Angeles County Commission on HIV developed the Psychosocial Support Services Standards of Care to help people living with HIV (PLWH) cope with their diagnosis and any other psychosocial stressors they may be experiencing. The development of the Standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program, and members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee.

All contractors must meet the Universal Standards of Care in addition to the following Psychosocial Support Services Standards of Care.¹

PSYCHOSOCIAL SUPPORT SERVICES OVERVIEW

The purpose of psychosocial support services is to remove or lessen barriers to care and treatment through counseling services and mental health support. Psychosocial support services provide group or individual support and counseling services to assist people living with HIV in addressing behavioral and physical health concerns and provide a safe space where lived experiences and challenges can be discussed without judgement. Psychosocial support services are client-centered and may include individuals who are newly diagnosed, newly identified as living with HIV, or who require additional support to engage in and maintain HIV medical care and supportive services. The objective is to not only provide counseling and support services, but to ensure clients are linked to care and continuously supported to remain in care. According to guidance from Health Resources & Services Administration (HRSA) Psychosocial support services may include: bereavement counseling, caregiver/respite support, child abuse and neglect counseling, HIV support groups, nutrition counseling, and pastoral counseling. It is important to note that psychosocial support services do not include ongoing psychotherapy which is provided under the Mental Health Services under the Ryan White Program.²

KEY COMPONENTS

Psychosocial support services are associated with improved engagement in HIV care for the purpose of improving health outcomes. Agencies are expected to offer the service to individuals who are having difficulty remaining engaged in HIV care. The goal of psychosocial support services is to enhance client

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

² Mental Health Services Standards of Care can be accessed at <http://hiv.lacounty.gov/LinkClick.aspx?fileticket=jbx4diEds1E%3d&portalid=22>

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self-management skills, provide counseling services to clients that aim to overcome barriers in accessing care or remaining in care.

A key component of psychosocial support services for PLWH and those affected by HIV is to provide trauma-informed care, a strength-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment.³ Agencies should center the provision of psychosocial support services based on trauma-informed practices. Key components include assessment, care/service plan, provision of service, outreach and retention, evaluation, and staff requirements.

ASSESSMENT & REASSESSMENT

Psychosocial Support Service providers must complete an initial assessment with the client, within 30 days of intake, through a collaborative, interactive, face-to-face process between the Case Manager and client. To ensure wrap-around services and only with client consent, assessments may also include additional information from individuals that are familiar with the client such as service providers, caregivers, and family members. Staff members must comply with established agency confidentiality policies (Refer to Universal Standards, Section 1) when soliciting information from external sources. The initial assessment may be scalable based on client need and the type of psychosocial support service offered by the agency. Accommodations may be made for clients who are unable to attend an appointment within the 30-day timeframe due to health reasons. It is the responsibility of staff at the provider agency to conduct reassessments with the client as needed and based on contract guidelines from the Division of HIV & STD Programs (DHSP).

PROVISION OF SERVICE

Staff will provide a safe, confidential space for participants to discuss topics of interest through group facilitation techniques. Meeting locations must be accessible and affordable for participants. To reduce barriers to accessing care, an agency may offer online counseling and therapy services or telepsychology through phone, webcam, email or text message appointments depending on its capacity and/or contract guidelines from the Division of HIV & STD Programs (DHSP). Psychosocial support services may also include peer navigation, peer educators, or other peer delivered services.

The goal of support group services is to provide a forum where lived experiences, challenges, and health concerns can be discussed without judgement. In addition, support groups aim to increase participant knowledge and awareness of HIV-related topics, build a trusting network among participants as well as with the facilitator, and empower participants to maintain their highest level of optimal mental, physical, and emotional health.

Topics discussed may include, but are not limited to:

- Living with HIV
- Healthy lifestyles (including substance use) and relationships
- Adherence to treatment
- Access and barriers to care
- Prevention (PrEP, PEP, treatment as prevention)
- Disclosing status

³ <https://traumainformedoregon.org/wp-content/uploads/2016/01/What-is-Trauma-Informed-Care.pdf>

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- Stigma

Attendance and participation numbers will also be tracked based on reporting requirements provided by the Los Angeles County Department of Public Health, Division of HIV and STD Programs.

SERVICE PROMOTION & RETENTION

Programs providing psychosocial support services will promote psychosocial services to potential clients. Programs will collaborate with HIV service providers and HIV testing sites to identify clients and refer them appropriately.

Agencies will strive to retain clients in psychosocial support services based on individual progress documented during sessions. Agencies and staff are also responsible for offering programs and opportunities for client social connectedness, retention in the program or other relevant programs, and remaining in contact with the client after they have completed their counseling or support group sessions in the event that the client needs to be brought back in for services. For clients that miss sessions, agencies will establish follow-up procedures, such as phone calls, text messages, and/or email, to encourage client(s) to remain in support services as needed. Staff are responsible for assisting clients access other services provided by the Ryan White system whether through referrals, compiling documentation to reduce duplicative efforts, making appointments, or connecting clients to services such as transportation, childcare, etc.

EVALUATION

Based on contract guidance from the Division of HIV & STD Programs (DHSP) agencies must evaluate, at minimum on an annual basis, the services and topics covered by counseling sessions to ensure client and/or group needs are being met whether that includes solely providing counseling, linking clients to care, or retaining clients in care. Agencies are also responsible for conducting ongoing self-evaluation of trauma-informed practices within the agency to ensure services are providing a safe space, welcoming, engaging and empowering for clients. Based on evaluation results, course corrections and adaptations to curriculum should be implemented as needed.

STAFF REQUIREMENTS AND QUALIFICATIONS

It is recommended that facilitators and staff are reflective of the population and communities they are serving. For individual counseling, staff must be well qualified and/or have experience in counseling. For group counseling, support group facilitators must have excellent knowledge of the group's purpose and uphold confidentiality at all times. It is recommended that agencies provide trauma-informed care trainings to staff, especially for those that are not familiar with delivering trauma-informed care to ensure the approach is thoughtful, sensitive, and engaging for clients. For psychosocial support services intended to provide peer-delivered services, it is encouraged that staff with lived experience are hired as peer navigators, peer educators, and for other peer-delivered programs. Agencies are encouraged to hire people living with HIV as staff, however staff must not be current clients of the support group to which they are assigned.

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Table 1. PSYCHOSOCIAL SUPPORT SERVICES STANDARDS OF CARE

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Staff Requirements and Qualifications	Staff with experience in individual and group supportive counseling. Bachelor’s degree in a related field preferred and/or experienced consumer preferred.	Staff resumes on file.
	Supervisors with experience in supportive counseling and/or case management in an area of mental health, social work, counseling, psychology. Master’s degree in a related field and/or experienced consumer/PLWH preferred. Staff providing counseling services must be provided with clinical supervision by an experienced clinical mental health professional.	Staff resumes on file.
	Staff are required to coordinate across Ryan White funded and non-funded programs/services, such as, but not limited to, medical care, and housing, to ensure clients needs are met. Follow up with client in 30 days to track referrals related to care coordination.	Description of staff efforts of coordinating across systems in client file (e.g. referrals to housing case management services, etc.). Referrals to other services must be documented in client’s or program files. Documentation of follow up in client file.
	Agencies who provide peer support services (i.e. peer navigators, peer educators, other peer delivered programs) are responsible for ensuring peer support staff are supported throughout their roles of the program via bi-weekly meetings, at minimum, with their supervisor.	Meeting notes and signed documentation on file indicating dates of one-on-one supervision and meetings with peer support staff, type of supervision, and name of supervisor.
	Supervisors from agencies that provide peer support services are responsible for ensuring peer support staff are trained appropriately for their role and responsibilities. Peer support staff will participate in trainings to increase their capacity for fulfilling the responsibilities of their position in addition to the trainings listed in the Universal Standards of Care. Trainings may include, but are not limited to:	Documentation of completed trainings on file.

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
	<ul style="list-style-type: none"> • Motivational interviewing • Trauma informed care (strongly recommended within 1 year of employment) • Mental health overview • HIV/AIDS service providers and resources available to clients 	
Client Assessment and Reassessment	<p>Assessments will be completed within 30 days of the initiation of services and at minimum should assess whether the client is in care. Accommodations may be made for clients who are unable to attend an appointment within the 30-day timeframe due to health reasons.</p>	<p>Completed assessment in client chart signed and dated by Case Manager.</p>
	<p>Staff will conduct reassessments with the client as needed and in accordance with DHSP contract guidelines.</p>	<p>Completed reassessment in client chart signed and dated by Case Manager.</p>
Individual Service Plan	<p>Individual Service Plans will be developed collaboratively with the client within two weeks of completing the assessment or reassessment and, at minimum, should include:</p> <ul style="list-style-type: none"> • Description of client goals and desired outcomes • Action steps to be taken and individuals responsible for the activity • Anticipated time for each action step and goal • Status of each goal as it is met, changed or determined to be unattainable 	<p>Completed plan in client chart, dated and signed by client and Case Manager.</p>
	<p>Staff will update Individual Service Plans every six months, or as needed based on client progress or DHSP contract requirements, with client outcomes and/or revisions based on changes in access to care and services.</p>	<p>Updated plan in client chart, dated and signed by client and Case Manager.</p>
Group Session Service Plans	<p>Group Session Service Plans will be developed by staff, based on best practices and evidence-based curriculum and, at minimum, should include:</p> <ul style="list-style-type: none"> • Overall vision and mission of the group 	<p>Completed plan submitted to DHSP for prior approval.</p> <p>Documentation of meeting dates, group session topics, and sign-in sheets on file.</p>

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
	<ul style="list-style-type: none"> Membership details (e.g. recruitment, maximum number of members) Support group leadership Potential group goals determined by participants 	
Individual Counseling*	One-to-one supportive counseling to address goals in Individual Service Plan	Progress notes in client file.
Group Counseling*	<p>Groups must have at least 3 participants. At least 1 participant must be enrolled in the program.</p> <p>Group session topics and curriculum must be prepared in advance and evidence-based</p>	<p>Sign-in sheet, date, and handouts on file</p> <p>Group progress notes on file.</p> <p>Topics and curriculum approved for use by Division of HIV & STD Programs.</p>
Family Counseling*	Supportive counseling that includes client's family members, friends, or anyone else who matters to the client to address goals described in the Individual Service Plan	Client must be present during family counseling session, documented by sign-in sheets and progress notes on file.
Pastoral Counseling*	One-to-one counseling for clients seeking spiritual guidance, provided by pastoral care program, center, or a service provided by a licensed provider (e.g. home care or hospice provider)	Progress notes in client file.
Biomedical Counseling*	<p>Counseling and education to be included in individual, group, and family counseling sessions to increase knowledge on prevention of HIV transmission. Topics include:</p> <ul style="list-style-type: none"> Undetectable = Untransmittable PrEP, PEP Treatment as prevention 	Progress notes in client file.
Peer Support	<p>Agencies may include peer navigation, peer educators, or other peer delivered programs.</p> <p>People living with HIV are trained to serve as "peers" for patients who are either ART-experienced or ART-naïve and need additional support.⁴ Those who serve as</p>	<p>Lists of peer services on file.</p> <p>Sign-in sheets with dates, handouts provided, on file.</p> <p>Progress notes in client file.</p>

⁴ <https://www.cdc.gov/hiv/effective-interventions/treat/peer-support/index.html>

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
	<p>peers provide medication-related social support through group meetings and weekly individual telephone calls. Individual or group meetings are led by peers, who are supervised by agency or clinic program staff. The group meetings are designed to give patients an opportunity to engage face-to-face with their assigned peer, meet other peers and patients who are taking ART and share experiences with the group.</p>	
Case Conferencing	<p>For agencies that include peer support staff as well as clinical or case management staff, there should be ongoing case consultation to ensure continuity of care. Teams will meet regularly (weekly or biweekly) to engage in case consultation and care coordination to help define/delineate roles between peer support and clinical staff while fostering greater collaboration.</p>	<p>Meeting notes on file indicating meeting dates, names of meeting participants, summary of topics discussed and next steps. Documentation signed by supervisor or case manager.</p>
Service Promotion & Retention	<p>Staff will promote services to potential clients and HIV service providers.</p>	<p>Individual progress documented in client files.</p>
Evaluation	<p>Agency annually evaluates the services and topics covered to ensure they meet client need. Evaluations may occur via customer satisfaction surveys, focus groups, etc.</p>	<p>Completed results on file and shared with DHSP upon request. Documentation of shared results with staff and program adaptations implemented as a result of the evaluation results.</p>
	<p>Agency tracks and evaluates clients that are linked to or retained in care as a result of participating in psychosocial support services.</p>	<p>Clients linked to care documented in client file. Evaluation reports including summaries with client cases linked or retained to care on file and shared with DHSP upon request.</p>
	<p>Agency tracks linked referrals for clients as a result of participating in psychosocial support services.</p>	<p>Linked referrals documented in client file. Evaluation reports including summaries with clients linked to referrals on file and shared with DHSP upon request.</p>
Case Closure	<p>Agencies must adhere to the case closure protocol from the Universal Standards of Care. For Psychosocial Support Services, a client case may also be closed after completion of a curriculum-based support group or the completion of individual</p>	<p>Justification for case closure documented in client file.</p>

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
	<p>counseling sessions based on the Individual Service Plan.⁵</p> <p>Although a client case may be closed, agencies are encouraged to create programs and opportunities that allow clients to access services or engage with previous case managers or staff as needed.</p>	

*Counseling services are not to replace or to be used in place of psychotherapy services. Psychotherapy services are provided under the Ryan White Mental Health service category.

Appendix A: Examples of Psychosocial Service Standards Resources

I. Health Resources Services Administration (HRSA), HIV AIDS Bureau (HAB)

- The Use of Peer Workers in Special Projects of National Significance Initiatives, 1993 – 2009 March 2010
https://hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/spns_useofpeersreport.pdf
- The Power of Peers on Engagement and Retention in Care among People of Color
<https://hab.hrsa.gov/sites/default/files/hab/About/Parts/cyperspnssoctober2013.pdf>
- HRSA Key Populations <https://targethiv.org/library/topics/key-populations>

II. Trauma-Informed Care

- Trauma-informed Care at AIDS Service Organizations
<https://targethiv.org/library/trauma-informed-care-aids-service-organizations>
- NASTAD A Health Systems Approach to Trauma Informed Care
<https://www.targethiv.org/sites/default/files/supporting-files/NASTAD-Trauma-Informed-Care-2017.pdf>
- Trauma-Informed Approach: Improving Care for People Living with HIV Curriculum Trainer’s Manual
https://www.nasmhpd.org/sites/default/files/NCTIC_TIA_TrainersManual_HIV%20Final_2.pdf
- Trauma-Informed Care Implementation Resource Center
<https://www.traumainformedcare.chcs.org/>

⁵ Universal Standards of Care can be accessed at <http://hiv.lacounty.gov/Projects>

MOTION #8: SEPTEMBER 10, 2020 FOR COMMISSION ON HIV APPROVAL

- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
<https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>
- Trauma-Informed Care in Behavioral Health Services
<https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- Resource Guide to Trauma-Informed Human Services
<https://www.acf.hhs.gov/trauma-toolkit>

FINAL FOR COH APPROVAL



LOS ANGELES COUNTY
COMMISSION ON HIV



CHILDCARE

STANDARDS OF CARE

DRAFT FOR PUBLIC COMMENT

PUBLIC COMMENT PERIOD:

SEPTEMBER 11-23, 2020

Email comments to HIVComm@lachiv.org



CHILDCARE SERVICES STANDARDS OF CARE

IMPORTANT: The proposed service standards for childcare adheres to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

[Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice \(PCN\) #16-02 \(Revised 10/22/18\)](#)

[HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A](#)

[Service Standards: Ryan White HIV/AIDS Programs](#)

INTRODUCTION

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

The Los Angeles County Commission on HIV developed the Childcare Services Standards of Care to establish the minimum standards of care necessary to ensure people living with HIV (PLWH) are able to receive quality childcare services when attending core medical and/or support services appointments and meetings. The development of the Standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, Women’s Caucus, and the public-at-large.

CHILDCARE SERVICES OVERVIEW: ALLOWABLE USE OF FUNDS

HRSA allows the use of Ryan White Part A funding for childcare services for the children of clients living with HIV, provided intermittently, **only while** the client attends in person, telehealth, or other appointments and/or Ryan White HIV/AIDS Program- related meetings, groups, or training sessions. Part A funded childcare services cannot be used while the patient is at school or work. Only Ryan White Part A community advisory board meetings and Part A funded support groups are covered in these standards. The goal of childcare services is to reduce barriers for clients in accessing, maintaining and adhering to primary health care and related support services.

May include use of funds to support:

- A licensed childcare provider to deliver intermittent care
- License-exempt or informal childcare provided by a neighbor, family member, or other person (with the understanding that existing Federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

License-exempt or informal childcare should be limited and carefully monitored to assure:

- Compliance with the prohibition on direct payments to eligible individuals. Direct cash payments to clients are not permitted.
- Assurance that liability issues for the funding source are carefully weighed and addressed through the use of liability release forms designed to protect the client, provider, and the Ryan White Program

Childcare services may include recreational and social activities for the child/children, if provided in a licensed childcare setting including drop-in centers in primary care or satellite facilities. However, funds may not be used for off-premise social/recreational activities or gym membership.

SERVICE REQUIREMENTS

Depending on contractual requirements from the Division of HIV and STD Programs, provider capacity, and individual client needs, childcare providers may be licensed or license-exempt.

Licensed – means childcare providers who are licensed by the State of California and are required to maintain minimum standards related to physical size of the facility, safety features, cleanliness, staff qualifications, and staff-to-child ratios.

License-Exempt – means 1) individuals who care for the children of a relative, or who care for the children of one other family in addition to their own children; 2) agencies that offer limited onsite childcare or child watch to their clients. These programs usually require that the parent or guardian remain on the premises and that they remove their children within a specified amount of time; and 3) online childcare booking service. Online or mobile app based childcare services that offer gift certificates may be considered as an option for agencies and clients. Agencies that opt to provide childcare through online or mobile app based childcare services are responsible for reading, understanding, explaining to the clients, and accepting the terms of service specified in the company website.

Child watch is a non-licensed service provided onsite at a service provider's site for the duration of the client's appointment only. Parents are responsible for their children during child watch hours.

All service providers receiving funds to provide childcare services are required to adhere to the following standards. To minimize barriers to accessing childcare, some of the training requirements and recommendations vary by childcare setting.

Table 1. CHILDCARE SERVICES STANDARDS OF CARE

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Eligibility and Need	Eligibility for Ryan White and need for childcare service are identified at intake and assessments by agencies providing licensed and/or license-exempt childcare.	Documentation of eligibility and in the client’s primary record must reflect the appointment and/or meeting/group/training session attended.
Licensed Childcare Facilities	Licensed childcare facilities must carry a valid active license as a childcare provider in the State of California. Services must be delivered according to California State and local childcare licensing requirements which can be found on the California Department of Social Services, Community Care Licensing Division website. ¹	A copy of valid California childcare license or proper certification.
License-exempt Childcare	<p>Compliance with the prohibition on direct payments to eligible individuals. Direct cash payments to clients are not permitted.</p> <p>Assurance that liability issues for the funding source are carefully weighed and addressed through the use of liability release forms designed to protect the client, provider, and the Ryan White Program.</p>	<p>Where license-exempt childcare arrangements are obtained, contracted agency(ies) must ensure:</p> <ul style="list-style-type: none"> a. Documentation of compliance with DHSP-required mechanism for handling payments for licenses-exempt childcare arrangements b. Appropriate liability release forms are obtained that protect the client, provider

¹ <https://cdss.ca.gov/inforesources/child-care-licensing>

		<p>and the Ryan White program</p> <p>c. Documentation that no cash payments are being made to clients or primary care givers</p> <p>d. Documentation that payment is for actual costs of service.</p> <p>Providers must develop policies, procedures and signed agreements with clients for child watch services.</p>
<p>Training: All are required for licensed childcare facilities * denotes highly recommended for license-exempt childcare</p>	<p>Agencies providing childcare are responsible for ensuring childcare providers are trained appropriately for their responsibilities. Childcare staff must complete the following training:</p> <ul style="list-style-type: none"> • First aid/CPR* • Fire and electrical safety* • Child development* • Waste disposal procedures • Child abuse* • Domestic violence* • HIPAA and confidentiality* • HIV 101* • Infection Control* • American Disabilities Act (ADA) • Cultural Diversity Training* • HIV stigma reduction* 	<p>Record of trainings on file at provider agency.</p>
<p>Language</p>	<p>Whenever possible, childcare should be delivered in the language most familiar to the child or language preferred by the patient. If this is not possible, interpretation services must be available in cases of emergency.</p>	<p>Appropriate language noted in client or program file.</p>

<p>Confidentiality</p>	<p>Agencies coordinating and providing childcare services must ensure client confidentiality will be maintained at all times. HIV status shall never be disclosed to anyone.</p>	<p>Record of HIPAA and confidentiality before the start of service provision.</p>
<p>Service Promotion</p>	<p>Agencies coordinating childcare services with licensed and license-exempt providers are expected to promote the availability of childcare to potential clients, external partners, and other DHSP funded Ryan White service providers.</p> <p>Agencies should attempt to disseminate information about the availability of childcare throughout all components of the continuum of HIV care, including meetings with internal agency staff and relaying information to external HIV medical and social services partners.</p> <p>Agencies should inform clients of the details of the childcare services, including:</p> <ul style="list-style-type: none"> • How far in advance the service must be scheduled • Whether the childcare is in-home or at the service site 	<p>Program flyers and emails documenting that childcare services was promoted to clients and HIV service providers.</p> <p>Offer of childcare services is noted in client case file.</p> <p>Description of information shared with potential clients and partners and method of communication on file.</p>
<p>Referrals</p>	<p>Programs coordinating childcare services will provide referrals and information about other available resources to adults living with HIV who have the primary responsibility for the care of children. Special consideration should be given to helping clients find longer term or additional childcare</p>	<p>Documentation of referral efforts will be maintained on file by coordinating agency.</p>

	<p>options and resources.² Whenever appropriate, program staff will provide linked referrals demonstrating that clients, once referred, have accessed services.</p> <p>Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients' needs are met.</p> <p>Follow up with client in 30 days to track referrals related to care coordination.</p>	<p>Description of staff efforts of coordinating across systems in client file (e.g. referrals to housing case management services, etc.).</p> <p>Documentation of follow up in client file.</p>
<p>Transportation</p>	<p>Clients who demonstrate a need for transportation to and from the childcare site, must be provided transportation support. Agencies must follow transportation programmatic guidance and requirements from DHSP. Childcare must be provided in a manner that is more accessible and convenient for the client.</p>	

² Los Angeles County Department of Public Health, Office for the Advancement of or Early Care and Education: <https://childcare.lacounty.gov/resources-for-families-and-communities/>

Appendix A: Examples of Childcare Resources

Trustline.org - TrustLine is a database of nannies and baby-sitters that have cleared criminal background checks in California. It's the only authorized screening program of in-home caregivers in the state with access to fingerprint records at the California Department of Justice and the FBI.

Childcareaware.org - works with more than 400 state and local Childcare Resource and Referral agencies nationwide.

Child Care Alliance Los Angeles offers voucher-based services for low income families.
<https://www.ccala.net/>

Los Angeles County Department of Public Health, Office for the Advancement of or Early Care and Education:
<https://childcare.lacounty.gov/resources-for-families-and-communities/>

<https://www.maof.org/resources-for-parents/>

[YMCA of Greater Williamson County Members Responsibilities and Guidelines for Child Watch Page 11](#)

Online or mobile app based childcare booking sites that offer gift certificates:

Urbansitters.com

Nanno.com

Bambino.com



VIRTUAL LUNCH & LEARN SERIES: SHARE, LEARN, AND SUSTAIN OUR HIV MOVEMENT

WOMEN+ HIV

A Special 4-Part Conversation

Spanish interpretation will be provided. See second page for instructions.

Please join the **Los Angeles County Commission on HIV Women's Caucus** for a special 4-part conversation as we center our movement around women and HIV in addressing four key social determinants of health that disproportionately impact women affected by HIV/AIDS and STDs in Los Angeles County. Let's continue to work together as we rebuild our HIV movement amid the COVID pandemic by promoting and advancing the health and wellness of women and families impacted by HIV and STDs.

August 31, 2020 | 1-2:30pm

**WOMEN+HIV: ADDRESSING MENTAL HEALTH AND ITS IMPACT ON
WOMEN FROM A HIV PREVENTION & CARE LENS**

Dr. Neva Chaupette, PsyD

September 16, 2020 | 12-1:30pm

**WOMEN+HIV: ACHIEVING WHOLE PERSON WELLNESS THROUGH SEXUAL
AND REPRODUCTIVE HEALTH + JUSTICE**

Nomsa Khalfani, PhD, MFT, Executive VP, Essential Access Health

October 14, 2020 | 12-1:30pm

WOMEN+HIV: ADDRESSING ECONOMIC + HOUSING INSECURITY

Elizabeth Lee, LCSW, Director of Housing, Women's Downtown Center

November 10, 2020 | 12-1:30pm

WOMEN+HIV: THE IMPACT OF TRAUMA

*Susie Baldwin, MD, MPH & Nicolle Perras, LCSW, Office of Women's Health
Los Angeles County Department of Public Health*

**September 16, 2020
12:00-1:30pm**

WOMEN+HIV:

**ACHIEVING WHOLE PERSON
WELLNESS THROUGH SEXUAL
AND REPRODUCTIVE
HEALTH + JUSTICE**

GUEST SPEAKER:

**Nomsa Khalfani, PhD, MFT
Executive VP
Essential Access Health**

FACILITATORS:

**Shary Alonzo &
Dr. LaShonda Spencer
Women's Caucus Co-Chairs**

TO REGISTER :

<https://tinyurl.com/y6szooyb>

TO JOIN BY PHONE:

+1-415-655-0001

Access code: 145 905 4636

**GRAB YOUR LUNCH, INVITE A FRIEND
AND LET'S SHARE, LEARN & BREAK
BREAD TOGETHER**

#STRONGERTOGETHER

**LOS ANGELES COUNTY
COMMISSION ON HIV**

3530 Wilshire Blvd., Suite 1140 Los
Angeles, CA 90010

<http://hiv.lacounty.gov>

Tel: 213.738.2816

Eml: hivcomm@lachiv.org



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