LOS ANGELES COUNTY
COMMISSION ON HIV

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EXECUTIVE COMMITTEE
Virtual Meeting

Thursday, August 26, 2021

1:00PM -3:45PM (PST; Note extended time)

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

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

https://tinyurl.com/ypx62f4d

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

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

PUBLIC COMMENTS

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

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

Thursday, August 26, 2021 @ 1:00 P.M.– 3:45 P.M.

To Join by Computer, please Register at:
https://tinyurl.com/ypx62f4d
**link is for non-Committee members + members of the public*

To Join by Phone: +1-415-655-0001
Access code: 145 005 7494

Executive Committee Members:			
Bridget Gordon, Co-Chair	*David Lee, MPH, LCSW, Co-Chair*	Erika Davies	Kevin Donnelly
Lee Kochems, MA	Carlos Moreno	Katja Nelson, MPP	Frankie Darling-Palacios
Mario J. Peréz, MPH	Juan Preciado	Kevin Stalter	Justin Valero, MPA (Exec, At large)
QUORUM:	**7**		

AGENDA POSTED: August 19, 2021

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

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

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

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are located at 510 S. Vermont Ave. 14th Floor, one building North of Wilshire on the eastside of Vermont just past 6th Street. Validated parking is available.

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

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

Call to Order, Introductions, and Conflict of Interest Statements 1:00 P.M. – 1:03 P.M.

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT 1:07 P.M. – 1:10 P.M.

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

III. COMMITTEE NEW BUSINESS ITEMS 1:10 P.M. – 1:13 P.M.

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

IV. REPORTS

5. Executive Director's/Staff Report 1:13 P.M. – 1:30 P.M.

A. Commission/County Operational Updates
B. November 18, 2021 Annual Meeting Planning
C. HealthHIV Assessment of COH Effectiveness | Final Report & Analysis

6. Co-Chair's Report 1:30 P.M. – 1:50 P.M.

A. "So You Want to Talk About Race?" Book Reading Activity
- Brief Excerpts Only from Chapters 10-11
- Brief 5 Minute Discussion

B. COH Co Chair Open Nomination | September 9, 2021 COH Meeting
C. August 12, 2021 COH Meeting | FOLLOW UP + FEEDBACK
D. September 9, 2021 (Draft) COH Meeting Agenda | REVIEW + FEEDBACK

E. Ending the HIV Epidemic (EHE) COH Leads | UPDATES
F. Black African American Community (BAAC) Task Force | UPDATES

7. Division of HIV and STD Programs (DHSP) Report 1:50 P.M. – 2:05 P.M.

A. Fiscal, Programmatic and Procurement Updates
(1) Ryan White Program (RWP) Parts A & B | UPDATES
(2) 2020-2021 Fiscal | UPDATES

8. Standing Committee Reports 2:05 P.M. – 2:45 P.M.

A. Operations Committee
(1) 2021 Renewing Member Applications
- Thomas Green Seat #15 **MOTION #3**
- Eduardo Martinez Seat #29 **MOTION #4**
- Alexander Fuller Seat#17 **MOTION #5**

(2) Commissioner Resignations
- Maribel Ulloa
- Nestor Kamurigi
- Kayla Walker-Heltzel

(3) Quarterly Attendance Report | Review + Discussion

B. Planning, Priorities and Allocations (PP&A) Committee
(1) Proposed RWP PY 32 Service Category Rankings **MOTION #6**
(2) Proposed RWP PY 32 Service Category Funding Allocations **MOTION #7**

C. Standards and Best Practices (SBP) Committee
(1) Substance Use and Residential Treatment Standards Review
(2) Service Standards Development Trainer Recommendations for Improvements

D. Public Policy Committee
(1) County, State and Federal Policy and Legislation
- 2021 Legislative Docket | UPDATES
- COH Response to the STD Crisis | UPDATES

(2) County, State and Federal Budget

9. Caucus, Task Force, and Work Group Reports: 2:45 P.M. – 3:30 P.M.

A. Aging Task Force | September 7, 2021 @ 1-3PM
- Proposed HIV Care Framework for Older People Living with HIV

B. Black African American Community (BAAC) Task Force
- Restorative Action Plan **MOTION #8**

C. Consumer Caucus | September 9, 2021 @ 3:00-4:30PM
D . Prevention Planning Workgroup | September 22, 2021 @ 5:30-7PM
E. Transgender Caucus | September 28, 2021 @ 10am-12PM
F. Women's Caucus | August 30, 2021 @ 2-4PM

V. NEXT STEPS

10. A. Task/Assignments Recap 3:30 P.M. – 3:35 P.M.
B. Agenda development for the next meeting 3:35 P.M. – 3:40 P.M.

VI. ANNOUNCEMENTS 3:40 P.M. – 3:45 P.M.

11. A. Opportunity for members of the public and the committee to make announcements

VII. ADJOURNMENT

12. A. Adjournment for the meeting of August 26, 2021. 3:45 P.M.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve Membership Application for Thomas Green (Seat #15), as presented or revised, and forward to the Executive Committee for approval.
MOTION #4:	Approve Membership Application for Eduardo Martinez (Seat #29) , as presented or revised, and forward to the Executive Committee for approval.
MOTION #5:	Approve Membership Application for Alexander Fuller (Seat #17) , as presented or revised, and forward to the Executive Committee for approval.
MOTION #6:	Approved proposed RWP PY 32 Service Category Rankings, as presented or revised.
MOTION #7:	Approve proposed RWP PY 32 Service Category Funding Allocations, as presented or revised, and provide DHSP authority to adjust 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #8:	Approve 90-day pause extension until the end of the year to allow for a workgroup to be formed, comprised of the COH's Black/African American members to finalize activities agreed to by DHSP and the BAAC Task Force regarding: (1) PrEP marketing campaign for the Black community and its subpopulations; (2) revise RFP language to be more inclusive to yield more successful solicitation awards to Black/AA led organizations; (3) technical assistance for Black/AA led organizations to provide a more equitable playing field to successfully compete for solicitations; (4) and establishment of PrEP Centers of Excellence for women. It is recommended that this workgroup convene until the end of 2021 to perform these very specific tasks

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 8/11/21

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
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)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FULLER	**Luckie**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testng Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GARTH	**Gerald**	AMAAD Institute	No Ryan White or Prevention Contracts
GATES	**Jerry**	AETC	Part F Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Thomas**	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HACK	**Damontae**	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
LEE	**David**	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	**Eduardo**	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	**Anthony**	Southern CA Men’s Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts
MORENO	**Carlos**	Children’s Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	**Juan**	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
RAY	**Joshua**	Unaffiliated consumer	No Ryan White or prevention contracts
ROBINSON	**Mallery**	No Affiliation	No Ryan White or prevention contracts
RODRIGUEZ	**Isabella**	No Affiliation	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
SPEARS	**Tony**	Capitol Drugs	No Ryan White or prevention contracts
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	**Reba**	No Affiliation	No Ryan White or prevention contracts
THOMAS	**Damone**	No Affiliation	No Ryan White or prevention contracts
VALERO	**Justin**	California State University, San Bernardino	No Ryan White or prevention contracts
VEGA	**Rene**	Via Care Community Clinic	Biomedical HIV Prevention
VELAZQUEZ	**Guadalupe**	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	**Kayla**	No Affiliation	No Ryan White or prevention contracts
WALKER	**Ernest**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
WILSON	**Amiya**	Unique Women's Coalition	No Ryan White or prevention contracts

LOS ANGELES COUNTY
COMMISSION ON HIV

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

DRAFT

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 ORG • *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.

EXECUTIVE COMMITTEE
MEETING MINUTES

July 22, 2021

COMMITTEE MEMBERS P = Present | A = Absent			
Bridget Gordon, Co-Chair	P	Carlos Moreno	A
David Lee, MPH, LCSW, Co-Chair	P	Katja Nelson, MPP	P
Frankie Darling-Palacios	P	Mario J. Pérez, MPH	A
Erika Davies	P	Juan Preciado	A
Kevin Donnelly	P	Kevin Stalter	P
Lee Kochems, MA	P	Justin Valero, MA	P
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Dawn Mc Clendon; and Jose Rangel-Garibay, MPH			
DHSP STAFF			
Michael Green, PhD			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.
*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.
*Meeting minutes may be corrected up to one year from the date of Commission approval.

Meeting agenda and materials can be found on the Commission's website at
http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Packet/Pkt_ExecComm_072221_draft_2.pdf?ver=p4boAh9kipbS5E1NsOg3CA%3d%3d

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

- Bridget Gordon, Co-Chair, called the meeting to order at 1:03PM, led introductions, reviewed housekeeping reminders and Code of Conduct.

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 June 25.2021 Executive Committee Meeting Minutes, as presented* (✓Passed by Consensus)

II. PUBLIC COMMENT

3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION.

- Kevin Donnelly commented that the Standards and Best Practices (SBP) Committee recently held a training on standards development and shared that there was a consensus that not only standards, but the Commission's work should be widely accessible to the community, especially to those living with HIV.
- Jayda Arrington expressed her thanks to the COH Co-Chairs for their leadership regarding the Black African American Community (BAAC) Task Force and asked that the task force not be disbanded because of one person.

III. COMMITTEE NEW BUSINESS ITEMS

4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA: *No new business items*.

V. REPORTS

6. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission/County Operational Updates

- Cheryl Barrit, MPIA, Executive Director, reported that no updates have been provided regarding Governor Gavin Newsom's Executive Orders concerning resuming in-person Brown Act meeting effective October 1, 2021.
- Dr. Sharon Balter from the Department of Public Health will attend the August 12, 2021 Commission meeting to provide a COVID update at the request of the Consumer Caucus. C. Barrit asked that the Committee submit their questions in advance of the August 12th COH meeting.
- Staff continues to work a hybrid schedule.
- The move to the Vermont Corridor (VC) is underway and updates will be provided accordingly.

B. Commission and Committee Activities

- C. Barrit and B. Gordon attended the WeCanStopSTDsLA stakeholder meeting and in the spirit of partnership in addressing STDs, requested Valerie Coachman-Moore's review of the COH's STD response letter to ensure alignment with colleagues and partners.
- The final report from HealthHIV's assessment of the COH's effectiveness as a planning body has been received.
  - ➲ C. Barrit will review and provide a framework on how to best address the recommendations at the next meeting.
  - ➲ COH staff to email HealthHIV final report to members for their advance review.

7. CO-CHAIR'S REPORT

A. "So You Want to Talk About Race?" Book Reading Activity

- Frankie Darling-Palacios read excerpts of Chapters 8-9. A brief 5-minute discussion followed.

B. July 8, 2021 COH Meeting | FOLLOW UP + FEEDBACK *No feedback/comments.*

C. August 12, 2021 (Draft) COH Meeting Agenda | REVIEW + FEEDBACK *No feedback/comments.*

D. 2021 Annual Meeting Planning

- The Annual Meeting scheduled for November 12, 2021 will be rescheduled to November 18, 2021 due to the Veteran's holiday – all County offices are closed.

➲ A discussion will be agendized at the next Executive Committee meeting to develop a theme for the Annual Meeting.

➲ Key theme recommendations to be submitted to C. Barrit.

E. Ending the HIV Epidemic (EHE) Steering Committee COH Liaison Report | UPDATES

- See PowerPoint (PPT) slides in meeting packet.

F. Black African American Community (BAAC) Task Force | UPDATES

- B. Gordon reported that, as a reminder, the Executive Committee voted on June 22 to initiate a 90 day pause on BAAC Task Force. The COH Co Chairs met with staff and developed the following recommendations/next steps for approval:
- To honor the decision of the Executive Committee, there will be no BAAC Task Force meetings scheduled during the 90 day pause, which extends to the end of September. During that time, the COH Co Chairs along with the COH District 2 representative, Danielle Campbell, and COH staff will continue to meet with Supervisorial District 2 regularly (last meeting was held June 16, next meeting will be on Aug. 18) to partner on efforts to address HIV and STDs in the Black African American community. We are encouraged by this partnership as an agreement has already been made by D2 at the June 16th meeting to reconvene their quarterly STD stakeholder meetings, champion the COH's letter in response to the STD crisis when finalized and work together to identify/address three BAAC Task Force recommendations that are within D2's scope. Standing reports will be agendized for Executive Committee/COH meetings to provide updates on these activities and solicit feedback from the community on these efforts.
- At the September 2021 Executive Committee meeting, it is recommended that the 90-day pause be extended until the end of the year to allow for a workgroup to be formed, comprised of the COH's Black members to finalize activities agreed to by DHSP and the BAAC Task Force regarding: (1) PrEP marketing campaign for the Black community and its subpopulations; (2) revise RFP language to be more inclusive to yield more successful solicitation awards to Black/AA led organizations; (3) technical assistance for Black/AA led organizations to provide a more equitable playing field to successfully compete for solicitations; (4) and establishment of PrEP Centers of Excellence for women. It is recommended that this workgroup convene until the end of 2021 to perform these very specific tasks.

- On or around January 2022, it is recommended that the Executive Committee move to form a Caucus dedicated to addressing the needs and barriers of our Black community as it relates to HIV and STDs.
- Lastly, it is recommended that the Operations and Executive Committee review policies and procedures related to conduct and behaviors to ensure that all voices are heard and received in a manner that is appropriate and respectful.
- It was reminded that the Commission focus on the mission and spirit of why the BAAC Task Force was formed and no matter the structure, it is incumbent upon us as planners, to ensure that we meet the needs of our most historically underserved communities in a way that is constructive, effective and culturally appropriate.
- No objections were expressed.

➲ The foregoing recommendations/next steps will be presented at the August 12, 2021 COH meeting and agendized at the next Executive Committee meeting for formal approval.

8. DIVISION OF HIV AND STD PROGRAMS (DHSP)

A. Fiscal, Programmatic and Procurement Updates

(1) Ryan White Program (RWP) Parts A & B | UPDATES

(2) 2020-2021 Fiscal | UPDATES

- Michael Green, PhD, PhD, MHSA, Chief of Planning, Development and Research (DHSP) reported in Mario J. Perez' absence.
- Dr. Green reported that DHSP is in process of shifting expenses to ensure all Ryan White Program awards are maximized; it looks as though awards will have been overspent. This process should conclude on or around the end of August 2021.
- A new finance chief has been hired – Sina Yohanes to replace former finance chief, Dave Young. S. Yohanes has extensive experience in County fiscal procedures.
- Starting today, essential DHSP staff are being reassigned back to COVID activities.

9. STANDING COMMITTEE REPORTS

A. Standards and Best Practices (SBP) Committee

(1) Service Standards Development Training | FOLLOW UP

- HRSA Target Technical Assistance provider Emily Gantz-McKay provided a Service Standards training on July 6, 2021; training recording can be found here and PPT slides available on website and can be accessed here.
- The training addressed how to improve standards and make widely accessible to the community. SBP will continue to work with E. Gantz-McKay on standard development.

B. Public Policy Committee (PPC)

(1) County, State and Federal Policy and Legislation

- 2021 Legislative Docket | UPDATES
  - PPC will be reviewing the Breathe Act and has requested a presentation from Movement for Black Lives to help inform their discussion.
  - AB 453 has been referred to the PPC for further review and has also been referred to all the Caucuses for their feedback.
  - House of Representatives passed the H.R. 3163 (116th): Transportation, Housing and Urban Development, and Related Agencies Appropriations Act, 2020 (THUD)

- ➲ Kevin Stalter requested that the PPC take up the issue of updating federal recommendations on blood donation and organ transplants from people living with HIV. K. Nelson indicated she will refer this discussion to the PPC and will update the Committee appropriately.

- COH Response to the STD Crisis
  - K. Nelson led the group through the updates on the draft COH letter to the Board of Supervisors (BOS) and DPH which include key data and recommendations; see draft letter in meeting packet.
  - K. Nelson emphasized that the overall objective of the letter is to advocate for robust funding and infrastructure to adequately address the STD crisis in Los Angeles County.
  - Suggestions were made to send letter to non-County funded agencies as an informational letter.
  - Additional suggestions included adding private healthcare plans (i.e. Kaiser Permanente) and regulatory agencies as a "cc".
  - K. Nelson will revise the letter to include recommendations and work with COH Co-Chairs to develop talking points for members who wish to address the BOS via public comment.

(2) County, State and Federal Budget

- State legislature proposed a budget of $13 million to allocate toward implementing a plan to end the combined epidemics of HIV, hepatitis C, and sexually transmitted infections; specifically:
  - $3 million allocated to syringe exchange supply clearinghouse
  - $6 million allocated to one-time projects which include $5 million to the HIV and Aging demonstration project
  - $4 million allocated to STDs efforts of that, $1 million to Hepatitis C test kits
  - $300 million is proposed to fund the Public Health infrastructure
  - A budget trailer bill spelling out exactly how the California Department of Public Health is expected to spend and or allocate the $13 million in funding, Assembly Bill 133, is still awaiting the governor's signature
- HIV housing advocates have organized to push Congress for a HOPWA increase of $600 million

C. Operations Committee. *July 22, 2021 meeting cancelled; no report.*

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

(1) RWP Priority Setting and Resource Allocation (PSRA) Process | UPDATE

(2) Data Summit

- A Data Summit was held to kick off the PY 32, 33, 34 multi-year Priority Setting and Resource Allocation Process. Wendy Garland (DHSP) provided a data presentation. Refer to Data Summit recording here.

(3) Prevention Planning Workgroup (PPW) Activities

- The PPW will meet July 28, 2021 at 5:30-7PM to discuss women of color and prevention data and planning.

10. Caucus, Task Force, and Work Group Reports

A. Aging Task Force (ATF)

- The ATF continues to meet to discuss and develop a framework for what comprehensive care looks like for people 50+ living with HIV; a presentation to the Executive Committee and COH forthcoming.

B. Consumer Caucus

- At its July 12, 2021 meeting, the Caucus elected its third Co-Chair – Ish Herrera.
- Staff introduced a new real time translation feature for WebEx for those who need Spanish or other language translation
- Caucus discussed AB 453 and recommended a neutral/watch position to the PPC as it determined the bill did not stigmatize or criminalize people living with HIV.
- Caucus also expressed concerns around resuming in-person meetings amid the new Delta strain and requested a representative from DPH to provide a COVID update at an upcoming COH meeting.
- Lastly, the Caucus was encouraged to advocate for the COH's STD letter to the BOS via public comment.

C. Prevention Planning Workgroup *See report under PP&A.*

D. Transgender Caucus *No report; next meeting July 27 @ 10AM-12PM.*

E. Women's Caucus

- The Caucus in partnership with the Aging Task Force held a special virtual panel presentation on Women Living with HIV and Aging. The presentation was attended by over 50 attendees and speakers included Dr. Risa Hoffman, Dr. Paul Nash, Maria Scott and LaWanda Grisham.

VI. NEXT STEPS

11. TASK/ASSIGNMENTS RECAP

- Refer to foregoing action items in red.

12. AGENDA DEVELOPMENT FOR NEXT MEETING

- No new items; refer to foregoing actions in red.

VII. ANNOUNCEMENTS

13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS.

- J. Arrington encouraged attendance at the next Consumer Caucus meeting on August 12, 2021 at 2:30-4:30PM.

VIII. ADJOURNMENT

14. ADJOURNMENT. *Request to adjourn in the memory of Darrin Aiken. The meeting adjourned at 3:06PM.*

LOS ANGELES COUNTY COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV

510 S. Vermont Ave, Suite 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hiv.lacounty.gov

2021 Annual Meeting Topic Ideas (not in any particular order)
November 18, 2021
9:00AM-4:00 PM

A. Transgender Caucus (incorporated in the Annual Meeting or via stand-alone presentations along the same lines as the Women's Caucus virtual educational events)

1. Transmasculine Health Study https://www.tmhealthstudyla.org/Research
2. Trans individuals living with HIV (a lot of focus is on prevention but not on those living with HIV)
3. Mental health and the role it plays on sexual behavior
4. Sex work, sexual violence, + sex trafficking
    a. Ties into AB 453 (Sexual battery: nonconsensual condom removal)
    b. Will promote humanizing the Trans community
    c. How substance use intersects
    d. How do Trans individuals navigate these relationships
    e. Survivors of sexual assault
5. Legal Services
    a. Immigration services for those who need the proper paperwork to secure a job so that they do not have to engage in sex work
6. Stigma, Discrimination & Barriers of PrEP/PEP
    a. Contributes to low uptick in access
    b. Trans individuals are being denied PrEP and told they are not eligible because they don't identify as MSM
    c. Messaging/marketing doesn't include the Trans community
7. Structural biases within medicine/gender affirming care (Drs. Garner & Rao offered to present or provide material)

B. Harold Glenn San Agustin:

1. Continue the conversation around advocating for the whole-person care of the aging adult with HIV
2. Housing crisis, particularly those PLWHA who were affected during the COVID pandemic. What are our options currently, and what is our vision for addressing housing in the future?
3. The future of HIV therapeutics including long acting injectables and new options in the pipeline for biomedical prevention.

C. Andrea Kim, PhD and Cheryl Barrit:

HIV molecular surveillance panel and community discussion

- Ethical considerations
- What is HIV molecular surveillance?
- Concerns from PLWH Caucus- Demanding a Better Plan
- Invite DHSP and UCSD researchers on the panel

- Community leadership and role in HIV molecular surveillance

D. Felipe Findley
Street Medicine (USC Keck School of Medicine)

E. Division of HIV and STD Programs State of HIV/AIDS in Los Angeles County Report

F. Overview of the County's Anti-Racism and Diversity Initiative (ARDI) and Defining Roles and Partnership Opportunities with the Commission on HIV

G. Use Human Relations Commission (HRC) session on "listening without judgement" for grounding –or postpone HRC session

Los Angeles County Commission on HIV (COH)
HIV Planning Body Assessment
Responses to Recommendations for Improvement
(For Discussion/Review)
(8-19-21)

Member Recruitment and Retention		
Reported Areas for Improvement	**Strategies Discussed at May COH Meeting**	**Staff Notes and Recommendations for Action**
1. Recruiting to get more representation of populations impacted by HIV in LAC 2. Orientation/mentoring of new members 3. Improving retention of new members **Staff Notes and Recommendations for Action:** • Operations Committee prioritizes recruitment of populations that reflect the HIV epidemic in LAC. • Staff hold welcome orientations for new members, 1:1 support, and direct members to the online training materials. However, attendance at orientations and training have been a challenge, even with training materials now being online. Training sessions are also agendized at Committee and subgroups as determined by members. ➲ Continue annual and ongoing training and 1:1 coaching/support ➲ COH staff collaborate with all Co-Chairs to hold "drop-in virtual hours" for members and interested applicants to answer questions and conduct ongoing mini-training about the functions of the COH.	1. Host COH meetings in South LA to prioritize participation from Black and Brown communities. 2. Utilize a hybrid virtual / in-person model for meetings (when safe to do so) to alleviate transportation or technology barriers as needed. 3. Re-evaluate the timing of meetings and consider hosting meetings on weeknights or weekends. 4. Continue to make the website more user friendly by making relevant information easily accessible. 5. Expand orientation efforts with a more rigorous mentorship model	1. COH hosted several meetings in various service planning areas to promote the LAC HIV/AIDS Strategy in 2017 which offers a model for conducting call to action meetings. ➲ Work with Executive Committee to plan the year ahead and designate which months to hold COH meetings in various locations 2. Beginning October 1, 2021, per the order of the Governor, public meetings subject to the Brown Act will resume in-person meetings. ➲ Full body and Committees will meet in-person beginning 10/1/21. ➲ Caucuses, workgroups and task forces will meet virtually. Staff will follow protocol from the EO/BOS providing a teleconference option for members of the public and guests. Commissioners who elect to join remotely must adhere to the COH's policy on teleconferencing. Commissioners must

	6. Set clear expectations for mentors	understand that if they choose to join remotely, the address from where they will virtually attend the meeting must be reflected on the agenda, that the location of the attendee must be accessible to all members of the public, and that the agenda must be physically posted for public view 72 hours ahead of the meeting. Access to remote locations must comply with the ADA. 3. Prevention Planning Workgroup meets on the 4th Weds of the month from 5:30-7:00pm and has attracted 20-25 attendees, offering a model for other COH groups to hold meetings in the evenings or weekends. ➲ Work with the Executive Committee to plan in advance which full body meetings to hold in the evening or weekends. ➲ Work with Committees and subgroups to determine which meetings to hold in the evenings or weekends. 4. COH website refresh project in progress and staff are working with IRM to complete changes before the end of 2021. 5/6. COH adopted Mentorship/Peer Collaborator Guide with expectations for

		mentor and mentee. Virtual meet and greet hosted in 2020 for new pairs. ➲ Need more members to volunteer as mentors. ➲ Work with Operations Committee to review the Mentorship Guide annually for clarity and assess bandwidth for members to participate in the program. ➲ Establish schedule for staff to send reminders for pairs to reconnect and maintain relationships.
Community Engagement / Representation		
Reported Areas for Improvement	**Strategies Discussed at May COH Meeting**	**Staff Notes and Recommendations for Action**
1. Encouraging trust between the community and Commission 2. Increasing visibility of the LAC COH in the community 3. Normalizing education on HIV and STIs in healthcare and school-based settings	1. Prioritize marketing of the COH on social media and in community clinics and organizations 2. Plan proactive outreach activities in public places 3. Increase opportunities to hear from community members during and between meetings 4. Re-evaluate the best timing and format for	1. COH social media toolkit has been completed and reviewed by the Operations Committee. The toolkit will be integrated in the updated COH website. ➲ Send periodic reminders to members about using the toolkit. Host tutorials on how to use the toolkit. ➲ Collaborate with provider members on the COH to promote COH to their clients and stakeholders. ➲ Purchase print and social media ads to promote COH as budget permits.

	public comment during meetings 5. Engage more youth voices in planning 6. Increase outreach to high schools, activism / LGBTQIA oriented school clubs, community colleges and universities 7. Work with DHSP to require that informational brochures or posters about the LAC COH be displayed at contracted agencies 8. Encourage providers to share information about the LAC COH with their patients	2. Revisit pre-COVID outreach plan to host informational tables at health fairs and special events (Taste of Soul). ➲ Ask for members to volunteer to assist with public outreach 3. Create online form on COH website for ongoing public comments and testimonies on improving HIV/STD services and other topics within the jurisdiction of the COH. Work with Co-Chairs to remind attendees that the public may comment on all agenda items. Disseminate opportunity for ongoing public comments via GovDelivery at least quarterly. 4. Revisit timing of public comments (PC) with Executive Committee. PC in full body meetings was previously at the beginning of the meeting but was moved to the end of the meeting at request of the DHSP. 5. Work with members to attend youth CAB meetings to hear their perspectives/feedback on HIV services. 6. Re-connect with LBUSD contact. 7/8. Work with DHSP to revisit requiring contracted agencies to promote COH to their clients and post meeting flyers in clinics.

Streamlining the LAC COH's Work		
Reported Areas for Improvement	Strategies Discussed at May COH Meeting	Staff Notes and Recommendations for Action
1. Streamline priorities and meeting agendas 2. Strengthen relationships between members 3. Reduce barriers for participation in meetings (increase accessibility and training for new members) **Staff Notes and Recommendations for Action** • Each year, staff work with Committees and Co-Chairs to streamline and select 3 priorities for their annual workplans. ➲ Continue to work with the Executive Committee and all Co-Chairs to discuss and agree on a standardized process for shortening full and Committee meetings.	1. Clarify the purpose and objectives for caucuses, task forces, and committees 2. Consider integrating caucuses and task forces into the committees 3. Continue to prioritize the use of plain language in meetings and written materials 4. Eliminate unnecessary protocols for participation 5. Prioritize social time for members to get to know each other 6. Ensure consumers have dedicated spots in COH leadership and are taken seriously in planning efforts	1. Caucus and task force's purpose are reviewed at least annually and as requested by members. • Subgroups develop workplans to set priorities and deliverables. ➲ Conduct more frequent reviews/refresher training on the purpose, goals, and expected deliverables of the caucuses and task forces. ➲ Consider going back to basics and develop stronger caucus presence and participation at Committee meetings. For example, all caucuses can put on their workplans providing formal feedback on service standards for SBP; participating in the multi-year priority setting and resource allocation process. 2. Collaborations are happening and can be strengthened further. Examples of collaborations include ATF and WC co-hosting a virtual event on Women Living with HIV and Aging; SBP looking for ways to integrate recommendations from ATF and BAAC in service standards; PP&A integrating WC and BAAC recommendations in directives;

		Operations working with CC to recruit consumers; PPC working with Caucuses to review legislative bills of interest. ➲ Continue collaborations. ➲ Designate a Committee member to serve as a liaison to caucuses and task forces. 3.Practice use plain language techniques in all materials (https://www.plainlanguage.gov/resources/checklists/checklist/). 4. Seek clarification from members on providing specific examples of what they define as unnecessary protocols for participation. 5. Get to Know You activity has been successful in SBP. Socializing was more evident pre-pandemic and prior to shift to virtual meeting format. ➲ New meeting facilities at the Vermont Corridor would be more amenable for socializing before and after meetings. ➲ Agendize “Get to Know You” at all COH meetings (virtual and in-person) ➲ Members must consider balance between shortening meeting duration and accommodating time for socializing.

LOS ANGELES COUNTY
COMMISSION ON HIV

(DRAFT) 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 9, 2021 | 9:00 AM – 1:40 PM

To Register/Join by Computer:
https://tinyurl.com/6kvc6yy5
**link is for members of the public*
To Join by Telephone: 1-415-655-0001 Access code: 145 905 8441

AGENDA POSTED: TBD

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 – 9:05 AM

1. ADMINISTRATIVE MATTERS

A. Approval of Agenda **MOTION #1** 9:05 AM – 9:07 AM

B. Approval of Meeting Minutes **MOTION #2** 9:07 AM – 9:10 AM

2. WELCOME, INTRODUCTIONS AND VIRTUAL MEETING GUIDELINES 9:10 AM – 9:15 AM

3. PANEL PRESENTATION AND DISCUSSION 9:15 AM – 10:15 AM

A. Golden Compass Program and a Proposed HIV Care Framework for Older Adults Living with HIV

4. **REPORTS - I**

A. Executive Director/Staff Report 10:15 AM – 10:30 AM

(1) Commission/County Operational Updates

(2) HealthHIV Assessment of COH Effectiveness | Final Report & Analysis

(3) November 18, 2021 Annual Meeting Planning

B. Co-Chairs' Report 10:30 AM – 10:40 AM

(1) COH Co-Chair Opening Nomination | Election October 14, 2021

(2) Ending the HIV Epidemic COH Leads Report

C. California Office of AIDS (OA) Report 10:40 AM – 10:50 AM

D. LA County Department of Public Health Report 10:50 AM –11:05 AM

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

(a) Programmatic and Fiscal Updates

- Ryan White Parts A & B

E. Housing Opportunities for People Living with AIDS (HOPWA) Report 11:05 AM – 11:10 AM

F. Ryan White Program Parts C, D, and F Report 11:10 AM – 11:20 AM

G. Cities, Health Districts, Service Planning Area (SPA) Reports 11:20 AM –11:25 AM

BREAK 11:25 AM–11:35 AM

H. Standing Committee Reports 11:35 AM –12:15 PM

(1) Operations Committee

A. 2021 Renewing Member Applications

- Thomas Green Seat #15 **MOTION #3**
- Eduardo Martinez Seat #29 **MOTION #4**
- Alexander Fuller Seat#17 **MOTION #5**

B. Commissioner Resignations
C. Quarterly Attendance Report | Review + Discussion

3. REPORTS – I (cont'd)

H. Standing Committee Reports (cont'd) 1:35 PM – 12:15 PM

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

A. Proposed RWP PY 32 Service Category Rankings **MOTION #6**

B. Proposed RWP PY 32 Service Category Funding Allocations **MOTION #7**

(3) Standards and Best Practices (SBP) Committee

A. Substance Use and Residential Treatment Standards Review

B. Service Standards Development Trainer Recommendations for Improvements

(4) Public Policy Committee

A. County, State and Federal Policy and Legislation

- 2021 Legislative Docket | UPDATES
- COH Response to the STD Crisis | UPDATES

B. County, State and Federal Budget

I. Caucus, Task Force and Work Group Report 12:15 PM – 12:30 PM

(1) Aging Task Force | October 5, 2021 @ 1-3PM

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

- Restorative Action Plan **MOTION #8**

(3) Consumer Caucus | September 9, 2021 @ 3:00-4:30PM

(4) Prevention Planning Workgroup | September 22, 2021 @ 5:30-7PM

(5) Transgender Caucus | September 28, 2021 @ 10am-12PM

(6) Women's Caucus | September 20, 2021 @ 2-4PM

4. DISCUSSION

A. "So You Want to Talk About Race" by Ijeoma Oluo Reading Activity 12:30 PM – 1:15 PM

- Brief excerpts only of Chapters 12-13
- 5-minute debrief discussion

B. Los Angeles County Human Relations Commission Guided Discussion & Training

- ""Empathy – What it is and what it isn't; how to strengthen it"

5. MISCELLANEOUS

A. Public Comment 1:15 PM – 1:25 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 1:25 PM – 1:30 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 1:30 PM – 1:40 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 1:40 PM

Adjournment for the meeting of September 9, 2021.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve Membership Application for Thomas Green (Seat #15), as presented or revised, and forward to the Executive Committee for approval.
MOTION #4:	Approve Membership Application for Eduardo Martinez (Seat #29) , as presented or revised, and forward to the Executive Committee for approval.
MOTION #5:	Approve Membership Application for Alexander Fuller (Seat #17) , as presented or revised, and forward to the Executive Committee for approval.
MOTION #6:	Approved proposed RWP PY 32 Service Category Rankings, as presented or revised.
MOTION #7:	Approve proposed RWP PY 32 Service Category Funding Allocations, as presented or revised, and provide DHSP authority to adjust 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #8:	Approve 90-day pause extension until the end of the year to allow for a workgroup to be formed, comprised of the COH's Black/African American members to finalize activities agreed to by DHSP and the BAAC Task Force regarding: (1) PrEP marketing campaign for the Black community and its subpopulations; (2) revise RFP language to be more inclusive to yield more successful solicitation awards to Black/AA led organizations; (3) technical assistance for Black/AA led organizations to provide a more equitable playing field to successfully compete for solicitations; (4) and establishment of PrEP Centers of Excellence for women. It is recommended that this workgroup convene until the end of 2021 to perform these very specific tasks

COMMISSION ON HIV MEMBERS:			
Bridget Gordon, Co-Chair	David P. Lee, MPH, LCSW Co-Chair	Miguel Alvarez	Everardo Alvizo, LCSW
Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Danielle Campbell, MPH	Mikhaela Cielo, MD
Pamela Coffey (Reba Stevens, **Alternate)	Michele Daniels (*Alternate) (LoA)	Erika Davies	Kevin Donnelly
Felipe Findley, PA-C, MPAS, AAHIVS	Alexander Luckie Fuller	Gerald Garth, MS	Jerry D. Gates, PhD
Grissel Granados, MSW	Joseph Green	Thomas Green	Felipe Gonzalez
Damontae Hack (*Alternate)	Karl Halfman, MA	William King, MD, JD, AAHIVS (LoA)	Lee Kochems, MA
Anthony Mills, MD	Carlos Moreno	Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA
Katja Nelson, MPP	Frankie Darling-Palacios	Mario J. Pérez, MPH	Juan Preciado
Joshua Ray, RN (Eduardo Martinez, **Alternate)	Mallery Robinson (*Alternate)	Isabella Rodriguez, MA (*Alternate)	Ricky Rosales
Harold San Augustin, MD	Martin Sattah, MD	Tony Spears (*Alternate)	LaShonda Spencer, MD
Kevin Stalter (René Vega, MSW, MPH, **Alternate)	Damone Thomas (*Alternate)	Guadalupe Velazquez	Justin Valero, MPA
Ernest Walker, MPH	Amiya Wilson (LoA) (*Alternate)		
MEMBERS:	**43**		
QUORUM:	**22**		

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

Thomas Green

Membership Application on File with the Commission Office

LOS ANGELES COUNTY
COMMISSION ON HIV

Eduardo Martinez

Membership Application on File with the Commission Office

LOS ANGELES COUNTY
COMMISSION ON HIV

Alexander Luckie Fuller

Membership Application on File with the Commission Office

2021 ATTENDANCE RECORD FOR COMMISSIONERS

Los Angeles County Commission on HIV

COMMISSIONERS

	FIRST NAME	LAST NAME	TITLE
1	**Bridget**	**Gordon**	**Co-Chair**
2	**David**	**Lee**	**Co-Chair**
3	Miguel	Alvarez	
4	Everardo	Alvizo	
5	Al	Ballesteros	
6	Alasdair	Burton	
7	Danielle	Campbell	MPH
8	Mikhaela	Cielo	
9	Pamela	Coffey	(full to R. Stevens)
10	Michele	Daniels	
11	Erika	Davies	
12	Kevin	Donelly	
13	Felipe	Findley	
14	Alexander	Fuller	Luckie
15	Gerald	Garth	
16	Jerry	Gates	PhD
17	Felipe	Gonzalez	
18	Grissel	Granados	
19	Joseph	Green	
20	Thomas	Green	
22	Karl	Halfman	
24	William	King	MD (LOA)
25	Lee	Kochems	
26	Eduardo	Martinez	(alternate to Joshua R.)
27	Anthony	Mills	
28	Carlos	Moreno	
29	Derek	Murray	
30	Paul	Nash	
31	Katja	Nelson	
32	Frankie	Palacios	
33	Mario	Perez	MPH
34	Juan	Preciado	
35	Joshua	Ray	(full to Eduardo M.)
	Mallery	Robinson	
36	Isabella	Rodriguez	
37	Ricky	Rosales	
38	Harold Glenn	San Agustin	MD
39	Martin	Sattah	MD
40	Tony	Spears	
41	LaShonda	Spencer	MD
42	Kevin	Stalter	
43	Reba	Stevens	(alternate to Pamela C.)
	Damone	Thomas	
45	Justin	Valero	
	Rene	Vega	(Alt. to Kevin Stalter)
46	Guadalupe	Velasquez	
47	Ernest	Walker	
49	Amiya	Wilson	**(LOA-starting March)**

RESIGNED OR TERMED OUT

1	Diamante	Johnson	seat vacated
2	Raquel	Cataldo	Resigned June
3	Nestor	Kamurigi (Rogel)	Resigned 7.12.21
4	Maribel	Ulloa	Resigned 8.2.21
5	Kayla	Walker-Heltzel	Resigned 8.13.21
6	Damontae	Hack	Resgned 8.17.21
7			
8			
9			

COMMISSION MEETING DATES

1/14/21	2/11/21	3/11/21	4/8/21	5/13/21	6/10/21	7/8/21	8/12/21	9//2021	10//2021	11//2021	12//2021	NOTES
Y	Y	Y	Y	Y	Y	Y	Y					
Y	Y	Y	Y	Y	Y	Y	Y					
Y	Y	Y	Y	Y	Y	UA	Y					
Y	Y	Y	Y	Y	Y	Y	Y					
Y	Y	Y	Y	Y	Y	Y	Y					
Y	Y	Y	Y	Y	Y	Y	Y					
Y	EA	Y	Y	Y	Y	Y	Y					
NA	NA	NA	NA	NA	EA	Y	Y					
Y	Y	Y	Y	Y	EA	EA	Y					
UA	Y	Y	Y	EA	EA	EA	EA					
Y	Y	Y	Y	EA	Y	Y	Y					
Y	Y	Y	Y	Y	Y	Y	EA					
NA	NA	Y	Y	Y	Y	Y	Y					
EA	Y	Y	Y	Y	EA	EA	Y					
NA	NA	Y	Y	Y	EA	Y	Y					
Y	UA	Y	UA	Y	Y	Y	Y					
Y	Y	Y	Y	Y	Y	Y	Y					
Y	Y	Y	Y	Y	Y	Y	Y					
Y	Y	Y	Y	Y	Y	Y	Y					
Y	Y	Y	Y	Y	Y	Y	Y					
Y	Y	Y	Y	Y	Y	Y	Y					
Y	Y	Y	EA	EA	EA	EA	EA					
Y	Y	Y	Y	Y	Y	Y	Y					
Y	Y	Y	EA	Y	EA	Y	Y					
Y	Y	Y	UA	Y	EA	UA	UA					
Y	Y	Y	Y	Y	Y	Y	Y					
Y	Y	Y	Y	Y	Y	EA	Y					
Y	Y	Y	Y	Y	Y	Y	Y					
UA	UA	UA	Y	UA	UA	UA	UA					
NA	NA	NA	NA	NA	EA	EA	Y					
NA	NA	Y	Y	Y	Y	Y	Y					
Y	Y	Y	Y	Y	Y	Y	Y					
Y	Y	Y	Y	Y	Y	Y	Y					
Y	Y	EA	Y	Y	EA	UA	Y					
UA	UA	UA	EA	UA	UA	UA	UA					
Y	Y	Y	EA	Y	EA	Y	EA					
Y	Y	Y	Y	Y	Y	Y	Y					
NA	NA	Y	Y	Y	Y	Y	Y					
NA	NA	NA	NA	NA	NA	Y	Y					
Y	Y	Y	Y	Y	Y	Y	EA					
NA	NA	NA	NA	NA	NA	EA	Y					
Y	UA	UA	UA	UA	UA	UA	UA					
Y	Y	EA	UA	Y	Y	UA	Y					
UA	Y	EA	EA	EA	EA	EA	EA					

Y	UA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Y	Y	Y	EA	EA	NA	NA	NA	NA	NA	NA	NA	
UA	Y	UA	UA	UA	UA	UA	NA	NA	NA	NA	NA	
EA	Y	Y	Y	EA	Y	NA	NA	NA	NA	NA	NA	
Y	EA	Y	Y	EA	UA	UA	UA	NA	NA	NA	NA	
Y	Y	UA	UA	UA	Y	Y	Y	NA	NA	NA	NA	

= Co-Chairs

= Alternates

Y = ATTENDED

EA = Excused Absence

UA = Unexcused Absence

NA = Not Applicable

ATTENDANCE RECORD FOR COMMISSIONERS

Los Angeles County
Commission on HIV

COMMISSIONERS

	FIRST NAME	LAST NAME	TITLE
1	**Carlos**	**Moreno**	**Co-Chair**
2	**Juan**	**Preciado**	**Co-Chair**
3	Danielle	Campbell	MPH
4	Michele	Daniels	
5	Felipe	Findley	
6	Luckie	Fuller	
7	Joe	Green	
8	Justin	Valero	Exec-At-Large
A	Miguel	Alvarez	
	RESIGNED, TERMED-OUT, OR MOVED TO DIFFERENT COMMITTEE:		
1	Kayla	Walker-Heltzel	Resigned Aug
2			
3			
4			

OPERATIONS MEETING DATES

1/28/21	2/25/21	3/25/21	4/22/21	5/27/21	6/24/21	7/22/21	8/26/21	9//2021	10//2021	11//2021	12//2021	NOTES	
Y	Y	Y	Y	Y	Y	C							
Y	Y	EA	EA	Y	Y	A							
Y	Y	Y	EA	Y	Y	N							
UA	Y	Y	Y	Y	EA	C							
NA	NA	Y	Y	Y	EA	E							
NA	NA	NA	NA	NA	NA	L							
Y	Y	Y	Y	Y	Y	L							
Y	Y	Y	Y	Y	Y	E							
Y	Y	Y	Y	Y	Y	D							
UA	UA	Y	UA	Y	UA								

ATTENDANCE RECORD FOR COMMISSIONERS

Los Angeles County
Commission on HIV

COMMISSIONERS

EXECUTIVE MEETING DATES

	FIRST NAME	LAST NAME	TITLE	1/28/21	2/25/21	3/25/21	4/22/21	5/27/21	6/24/21	7/22/21	8/26/21	9//2021	10//2021	11//2021	12//2021	NOTES
1	**Bridget**	**Gordon**	**Co-Chair, Exec**	Y	Y	Y	Y	Y	Y	Y						
2	**David**	**Lee**	**Co-Chair, Exec**	Y	Y	Y	Y	Y	Y	Y						
3	Erika	Davies		Y	Y	Y	Y	EA	EA	EA						
4	Lee	Kochems	MA	EA	Y	Y	EA	Y	Y	Y						
5	Carlos	Moreno		Y	Y	Y	Y	Y	Y	Y						
6	Katja	Nelson	MPP	Y	Y	Y	Y	Y	Y	Y						
7	Frankie-Darling	Palacios		UA	Y	Y	Y	Y	Y	Y						
8	Mario	Perez	MPH	Y	Y	Y	Y	Y	Y	Y						
9	Juan	Preciado		Y	Y	EA	EA	EA	Y	Y						
10	Kevin	Stalter		Y	Y	Y	Y	Y	Y	Y						
11	Justin	Valero	Exec-At-Large	Y	Y	Y	Y	Y	Y	Y						
	RESIGNED, TERMED-OUT, OR MOVED TO DIFFERENT COMMITTEE:															
1	Joe	Green	Co-chair term ended Jan-21	Y	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
2	Michele	Daniels		Y	UA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
3	Raquel	Cataldo	Resigned from COH 5.21.21	Y	Y	Y	Y	NA	NA	NA	NA	NA	NA	NA	NA	
4																

ATTENDANCE RECORD FOR COMMISSIONERS

Los Angeles County
Commission on HIV

PUBLIC POLICY MEETING DATES

COMMISSIONERS

	FIRST NAME	LAST NAME	TITLE	1/4/21	2/1/21	3/1/21	4/5/21	5/3/21	6/7/21	7/12/21	8/2/21	9//2021	10//2021	11//2021	12//2021	NOTES
1	**Lee**	**Kochems**	**MA, Co-Chair**	Y	Y	Y	Y	Y	Y	Y	Y					
2	**Katja**	**Nelson**	**MPP, Co-Chair**	Y	Y	Y	Y	Y	Y	Y	Y					
3	Gerald	Garth		NA	NA	NA	Y	Y	EA	Y	EA					
4	Jerry	Gates	PhD	Y	Y	Y	UA	Y	Y	Y	Y					
5	Isabella	Rodriguez		NA	NA	NA	Y	Y	Y	Y	Y					
6	Ricky	Rosales		EA	Y	Y	EA	Y	Y	Y	EA					
7	Martin	Sattah	MD	Y	EA	Y	Y	UA	UA	EA	Y					
A	Alasdair	Burton		Y	Y	Y	Y	Y	Y	Y	Y					
A	Eduardo	Martinez	(Alt Joshua Ray)	UA	UA	EA	Y	Y	Y	EA	Y					
A	Tony	Spears		UA	UA	UA	EA	UA	UA	UA	UA					
RESIGNED, TERMED-OUT, OR MOVED TO DIFFERENT COMMITTEE:																
1	Pamela	Coffey	Moved to SBP	Y	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
2	Nestor	Kamurigi	Resigned 7/12/21	Y	EA	Y	UA	UA	UA	NA	NA	NA	NA	NA	NA	
3																
4																

ATTENDANCE RECORD FOR COMMISSIONERS

Los Angeles County
Commission on HIV

COMMISSIONERS

SBP MEETING DATES

	FIRST NAME	LAST NAME	TITLE	1/5/21	2/2/21	3/2/21	4/7/20	5/4/21	6/1/21	7/6/21	8/3/21	9//2021	10//2021	11//2021	12//2021		
1	**Erika**	**Davies**	**Co-Chair**	Y	EA	Y	Y	Y	Y	Y	Y						
2	**Kevin**	**Stalter**	**Co-Chair**	Y	Y	Y	Y	Y	Y	Y	Y						
3	Miguel	Alvarez	Alternate	Y	Y	Y	Y	Y	Y	Y	Y						
4	Mikhaela	Cielo		NA	NA	NA	NA	NA	NA	Y	Y						
5	Pamela	Coffey		NA	EA	Y	UA	Y	Y	EA	Y						
6	Wendy	Garland	**MPH**	Y	Y	Y	EA	Y	Y	EA	Y						
7	Grissel	Granados		EA	Y	Y	Y	Y	Y	Y	EA						
8	Thomas	Green	Alternate	Y	Y	Y	Y	Y	Y	Y	Y						
	Mark	Mintline	Committee-only	NA	NA	NA	NA	NA	NA	NA	Y						
9	Paul	Nash		Y	Y	Y	Y	Y	Y	Y	Y						
10	Katja	Nelson		Y	Y	Y	Y	Y	Y	Y	Y						
11	Joshua	Ray		UA	UA	Y	Y	UA	UA	UA	UA						
12	Mallery	Robison		NA	NA	NA	NA	NA	Y	Y	Y						
13	Harold Glenn	San Agustin		Y	Y	Y	EA	EA	Y	Y	Y						
14	Reba	Stevens		NA	NA	NA	Y	Y	Y	Y	UA						
15	Justin	Valero		Y	Y	EA	Y	Y	Y	Y	EA						
16	Ernest	Walker		NA	EA	Y	Y	UA	Y	Y	UA						
17	Amiya	Wilson		UA	Y	Y	EA	EA	EA	EA	EA						
A	Eduardo	Martinez	(Alt. to Joshua Ray)	Y	EA	Y	Y	Y	Y	EA	EA						
A	Rene	Vega	Alt. Kevin Stalter	NA	NA	NA	NA	NA	NA	NA	Y						
	RESIGNED, TERMED-OUT, OR MOVED TO DIFFERENT COMMITTEE:																
1	Felipe	Gonzalez	Moved to PP&A	Y	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
2																	
3																	

ATTENDANCE RECORD FOR COMMISSIONERS

Los Angeles County
Commission on HIV

COMMISSIONERS

PP & A MEETING DATES

	FIRST NAME	LAST NAME	TITLE	1/19/21	2/16/21	3/16/21	4/20/21	5/18/21	6/15/21	7/20/21	8/17/21	9//2021	10//2021	11//2021	12//2021	NOTES
1	**Kevin**	**Donnelly**	**Co-Chair**	Y	Y	Y	Y	Y	Y	Y	Y					
2	**Frankie-Darling**	**Palacios**	**Co-Chair**	Y	EA	Y	UA	Y	EA	Y	EA					
3	Everardo	Alvizo	LCSW	Y	Y	Y	Y	Y	Y	Y	Y					
4	Al	Ballesteros		Y	EA	Y	Y	Y	UA	Y	Y					
5	Felipe	Gonzalez		Y	Y	Y	Y	Y	Y	Y	EA					
6	Joe	Green		Y	Y	Y	EA	Y	Y	Y	Y					
7	Karl	Halfman		Y	Y	Y	Y	Y	Y	Y	Y					
8	William	King	MD **(LOA)**	Y	Y	Y	EA	EA	EA	Y	EA					
9	Miguel	Martinez	Committee-only	UA	Y	Y	Y	Y	Y	Y	Y					
10	Anthony	Mills	MD	Y	Y	UA	Y	UA	Y	Y	UA					
11	Derek	Murray		Y	Y	Y	Y	Y	Y	Y	Y					
12	LaShonda	Spencer	MD	UA	Y	EA	Y	Y	EA	Y	EA					
13	Damone	Thomas	Alternate	NA	NA	NA	NA	NA	NA	Y	Y					
14	Guadalupe	Velasquez		UA	UA	UA	UA	UA	UA	UA	UA					
	Mario	Perez	DHSP	EA	EA	EA	EA	EA	EA	EA	Y					
	Michael	Green	DHSP	Y	Y	Y	Y	Y	Y	Y	Y					
	Pamela	Ogata	DHSP	Y	Y	Y	Y	Y	Y	Y	Y					
	RESIGNED, TERMED-OUT, OR MOVED TO DIFFERENT COMMITTEE:															
1	Diamante	Johnson	Seat vacated	UA	UA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
2	Raquel	Cataldo	Resigned	Y	Y	Y	Y	Y	NA	NA	NA	NA	NA	NA	NA	
3	Luckie	Fuller	Moved to Ops-Aug 2021	EA	EA	EA	UA	Y	UA	EA	NA	NA	NA	NA	NA	
4	Maribel	Ulloa	Resigned Aug	Y	Y	Y	Y	Y	Y	Y	NA	NA	NA	NA	NA	
5	Damonte	Hack	Resigned Aug	UA	Y	UA	UA	UA	UA	UA	NA	NA	NA	NA	NA	
6	Kayla	Walker-Heltzel	Resigned Aug	UA	UA	Y	Y	UA	Y	UA	NA	NA	NA	NA	NA	

MOTION #6:
08/26/2021 Executive Committee Meeting

LOS ANGELES COUNTY COMMISSION ON HIV

Planning, Priorities and Allocations Committee
Service Category Rankings for PY 32 (FY 2021-22)
(Committee Approved 8/17/2021)

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

COH 2021-22 Ranking		Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
Rev[i]	Appvd[ii]			
		Engaged/Retained in Care		
9	16	Substance Abuse Outpatient	C	Substance Abuse Outpatient Care
10	9	Early Intervention Services	C	Early Intervention Services
11	8	Medical Transportation	S	Medical Transportation
12	11	Nutrition Support	S	Food Bank/Home Delivered Meals
13	12	Oral Health Services	C	Oral Health Care
14	13	Child Care Services	S	Child Care Services
15	14	Other Professional Services	S	Other Professional Services
		Legal Services		
		Permanency Planning		
16	15	Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
17	17	Health Education/Risk Reduction	S	Health Education/Risk Reduction
18	18	Home Based Case Management	C	Home and Community Based Health Services
19	19	Home Health Care	C	Home Health Care
20	20	Referral	S	Referral for Health Care and Support Services
21	21	Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost-Sharing Assistance for Low-income individuals
22	22	Language	S	Linguistics Services
23	23	Medical Nutrition Therapy	C	Medical Nutrition Therapy
24	24	Rehabilitation Services	S	Rehabilitation Services
25	25	Respite	S	Respite Care
26	26	Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance
27	27	Hospice	C	Hospice

[i] Rev: The first column represents revisions recommended and approved by the Planning, Priorities and Allocations Committee on 8/17/2021.
[ii] Appvd: The second column represents Commission on HIV approved PY 32 service category rankings. Approved September 20, 2020.

Los Angeles County Commission on HIV
Planning, Priorities and Allocations Committee Recommendation For Program Year 32 Ryan White Part A and MAI Allocation Percentages

Motion #7
08/26/2021
Executive Committee Meeting

			Revised Recommended Allocation PY 32 (FY 2022-23) (1)			FY 2021 PY 32 Approved (2)
PY 32 Priority #	Core/ Support Services	Service Category	Part A %	MAI %	TOTAL PART A/MAI %	TOTAL PART A/MAI %
1	S	Housing Services RCFCI/TRCF/Rental Subsidies with CM	0.96%	87.39%	8.33%	5.00%
2	S	Non Medical Case Management	2.44%	12.61%	3.30%	8.60%
3	C	Ambulatory Outpatient Medical Services	25.51%	0.00%	23.33%	28.30%
4	S	Emergency Financial Assistance	0.00%	0.00%	0.00%	2.50%
5	S	Psychosocial Support Services	0.00%	0.00%	0.00%	2.00%
6	C	Medical Care Coordination (MCC)	28.88%	0.00%	26.41%	25.60%
7	C	Mental Health Services	4.07%	0.00%	3.72%	0.00%
8	S	Outreach Services (LRP)	0.00%	0.00%	0.00%	0.00%
9	C	Substance Abuse Outpatient	0.00%	0.00%	0.00%	0.00%
10	C	Early Intervention Services	0.00%	0.00%	0.00%	1.25%
11	S	Medical Transportation	2.17%	0.00%	1.99%	1.52%
12	S	Nutrition Support (Food Bank/Home-delivered Meals)	8.95%	0.00%	8.19%	5.27%
13	C	Oral Health Services	17.6%	0.00%	16.13%	12.00%
14	S	Child Care Services	0.95%	0.00%	0.87%	1.00%

Los Angeles County Commission on HIV
Planning, Priorities and Allocations Committee Recommendation For Program Year 32 Ryan White Part A and MAI Allocation Percentages

Motion #7
08/24/2021
Executive Committee Meeting

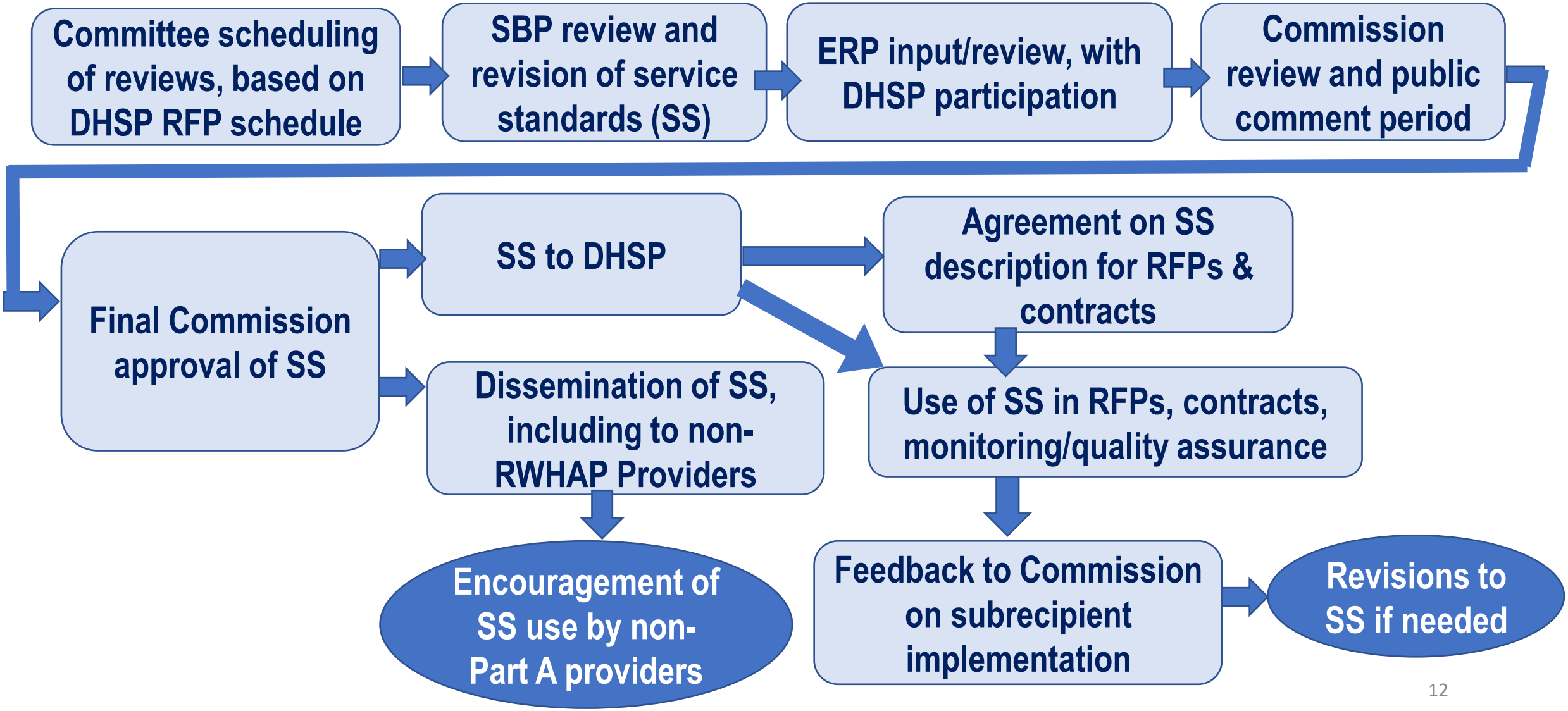
			Revised Recommended Allocation PY 32 (FY 2022-23) (1)			FY 2021 PY 32 Approved (2)
PY 32 Priority #	Core/ Support Services	Service Category	Part A %	MAI %	TOTAL PART A/MAI %	TOTAL PART A/MAI %
15	S	Other Professional Services (Legal Services)	1.00%	0.00%	0.92%	1.00%
16	S	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%
17	S	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%
18	C	Home Based Case Management	6.78%	0.00%	6.21%	5.91%
19	C	Home Health Care	0.00%	0.00%	0.00%	0.00%
20	S	Referral	0.00%	0.00%	0.00%	0.00%
21	C	Health Insurance Premium/Cost Sharing	0.00%	0.00%	0.00%	0.00%
22	S	Language	0.65%	0.00%	0.60%	0.00%
23	C	Medical Nutrition Therapy	0.00%	0.00%	0.00%	0.05%
24	S	Rehabilitation Services	0.00%	0.00%	0.00%	0.00%
25	S	Respite Care	0.00%	0.00%	0.00%	0.00%
26	C	Local Pharmacy Assistance	0.00%	0.00%	0.00%	0.00%
27	C	Hospice	0.00%	0.00%	0.00%	0.00%
		Overall Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Footnote:

1 - Recommended revision approved by the Planning, Priorities and Allocations Committee on 08/24/2021.

2 - Commission allocation percentages approved 09/20/2020

Suggested Annual Service Standards Cycle



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 • https://hiv.lacounty.gov

August 3, 2021
Board of Supervisors
Los Angeles County
313 N. Figueroa Street, Room 806
Los Angeles, CA 90012

Dear Board of Supervisors:

Los Angeles County is in an ongoing STD crisis that has seen rates explode over the last six years. As the Board of Supervisor's designated HIV and sexually transmitted diseases (STD) prevention and care planning council for Los Angeles, the Commission on HIV (Commission) is extremely concerned about the sharp increase in STD rates in the last three years, especially the startling increase of syphilis and congenital syphilis cases[1], and the ability of the County's existing STD programs and resources to respond to this crisis.

While we sincerely appreciate that the COVID-19 pandemic necessitated an immediate and acute public health response, the effects of compounded public health crises are evident in the most recent surveillance data and what providers and community see on the ground. As the County entered lockdown, a new syndemic of HIV, STDs, and COVID-19 emerged, exacerbating the STD crisis and laying bare gaps in our local public health system. The data speaks for itself, and the voices of the community must be heard even louder – **we need to act now to prevent the STD crisis from getting worse**. We are calling on the Board and Alliance for Health Integration (AHI) leadership to immediately take bold, concrete actions to expand resources and build public health infrastructure so that we can end this crisis.

The Commission first raised the alarm in 2018 and over the last three years has continued to express our dismay as the STD crisis grows. We have examined annual surveillance data and reports, held forums and discussions to mobilize at the community level, supported concerns raised at a provider meeting with DPH leadership in February 2020, and have monitored the Board and DPH's engagement with this crisis through the November 2018 Board Motion and subsequent Quarterly STD reports. It is evident that there is a clear pattern of additional factors contributing to the crisis including and not limited to methamphetamine use, undiagnosed and untreated mental illness, little to no access to prenatal care, homelessness as well as a devastating lack of concise and consistent public understanding regarding this overwhelming and preventable crisis. Three years later, the Commission and the broader STD and HIV

[1] DHSP surveillance data shows a 450% increase of syphilis among females and 235% increase among males in the last decade (2009-2019), with 113 congenital syphilis cases in 2020.

advocacy community feel that there has been little movement in combatting this crisis, we have done everything we can and advocated with leadership at all levels, but have been met with silence all around.

Our concern has only grown as the COVID-19 pandemic exacerbated gaps in an already overstressed public health system that was not prepared for the pandemic. With the onset of the COVID-19 pandemic, HIV and STD testing and treatment rates sharply declined while new transmissions continued. Particularly concerning is, the same communities disproportionately impacted by STDs, including men who have sex with men (MSM), transgender individuals, women, communities of color, and now youth, have also been disproportionately impacted by COVID-19, exacerbating existing health and social inequities.

Moreover, in our County, an already understaffed and under-resourced STD response was made worse by the redeployment of nearly all staff to COVID-19 work. As reflected in DPH's Quarterly STD reports over the last year, staff had to quickly pivot to address the overwhelming demands of COVID-19 work with the existing STD crisis, and the majority of County and community programming for STDs was severely reduced in capacity or entirely put on hold. The diversion of most staff to COVID-19 work resulted in a significant reduction in the timely surveillance work necessary to identify clusters and outbreaks, missed opportunities to treat individuals and their partners because County clinics were closed or at reduced capacity, and overburdened public health staff with a large COVID-19 caseload on top of their STD caseload. The service capacity of public and private sector partners was also impacted, as providers had to close or reduce STD services to focus on COVID-19.

Even before the COVID-19 pandemic began, the County faced significant challenges that have made it difficult to combat exploding STD rates, including inadequate infrastructure, suboptimal access to a fragmented local system of care, and decades of limited resources. Combatting the STD crisis requires a robust infrastructure for County-funded services with a fully-staffed surveillance team, comprehensive and up-to-date public health lab capacity, adequate contact tracers and disease intervention specialists (DIS), timely partner services, a strong network of County and community providers who offer access to culturally competent STD testing and treatment, and adequate resources to support all of this programming. Yet the County's resources to support STD public health infrastructure remain woefully inadequate, this fact continues compounding the crisis for decades to come.

As noted in 2018, STD resources have been impacted by a 40% decrease in purchasing power caused by federal STD allocations remaining level since 2003 and the minimal annual support received from the State. In 2018 the Division of HIV and STD Programs (DHSP) estimated that an additional baseline investment of $30 million annually is necessary to support adequate programming and access to STD prevention, testing, and treatment, and as STD morbidity has increased in the last three years, that estimated resource need has also increased significantly.

While the Commission thanks the Board for the $5 million allocation for STDs in 2018, we remain steadfast in our belief that an annual investment based on DHSP's estimated need is vital to effectively control and treat STDs in LA County. While one-time funding sources are helpful, having to advocate for piecemeal allocations each year at every single level, allows the

STD crisis to continue to grow uncontained. We are encouraged that this year's State budget will include an additional $4 million ongoing investment for STDs, and a large investment in public health infrastructure in 2022, some of which must be directed to STDs. However, since years of fierce advocacy nationwide has not secured truly adequate federal and State resources, the County must recognize that it has to step up to identify a long-term, sustainable funding source commensurate to the magnitude of the county's STD crisis.

The COVID-19 pandemic has highlighted the core function of public health departments and how they are able to mobilize when given adequate resources. The Board of Supervisors and AHI leaders can make a real impact and be champions in combatting our STD crisis, as they have demonstrated in their strong efforts to combat the COVID-19 pandemic in our County. DHSP, with support from the Commission, has developed and implemented responsive and innovative programs to curb the HIV epidemic, and these efforts are well supported with federal, state, and local resources proportional to the magnitude of the HIV epidemic in Los Angeles. Yet the County lacks a comparable, robust infrastructure to address the STD crisis. Our policies and resource allocations reflect our values and priorities; with strengthened support and a revitalized commitment to ending HIV, we must respond with comparable urgency and resources to curb the STD epidemic and successfully end HIV by 2030. The Commission requests the following actions from the Board of Supervisors and the Directors of Public Heath, Health Services, and Mental Health:

Board of Supervisors

- Allocate additional tobacco settlement funds to strengthen the County's STD public health infrastructure and DPH-funded STD services provided by community partners and mandate a minimum annual allocation to address the STD crisis.
- Increase DPH's STD net county cost (NCC) annual allocation to support the additional staff necessary to expand surveillance capacity.
- Re-engage with AHI leaders on program, policy, and resource issues highlighted in the Quarterly STD reports. Request a timeline to complete key activities.
- Work with the Health Officer to declare the STD crisis a local public health crisis and direct the Health Officer to work with other counties to request that the Governor declare a statewide STD public health crisis.
- Work with DPH and community partners to develop short and long-term policy, structural, and community engagement interventions to alleviate the crisis, including advocating for STD-related legislative and budget proposals and exploring changes to the County's healthcare system that facilitate access to STD testing, community education and treatment.
- In alignment with the Board's Anti-Racism, Diversity and Inclusion Initiative, we request the Board to support strategies aimed at uplifting the health and wellness of the Black community such as, but not limited to:
    1) provide technical assistance to aid Black agencies in obtaining funds for culturally sensitive services;

2) provide cultural sensitivity and education training to include addressing implicit bias and medical mistrust within the Black community for all County-contracted providers and adopt cultural humility into the local HIV/STD provider service delivery framework; and
3) provide resources to Community-Based Organizations (CBOs) to develop, implement and evaluate primary prevention interventions which are culturally appropriate and relevant to needs and strengths of the Black community.

Departments of Public Health, Health Services, and Mental Health (AHI)

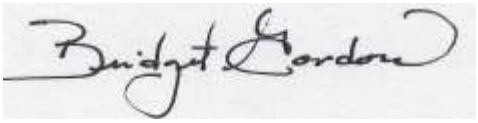
- Identify a concrete timeline to end the County's STD crisis, including key immediate and long-term activities, and approximate funding allocations necessary to achieve activities.
- Develop clear action steps for collaboration between departments and leverage resources to efficiently and effectively marshal a coordinated and synchronized response to the local STD crisis.
- Implement additional action steps to combat the STD crisis which have been clearly outlined in documents including STD Quarterly Reports, responses to federal Requests for Information (RFI), presentations at the Commission, and the provider meeting with DPH leadership, and ensure the response is conducted through a health equity lens.
- Clearly identify all existing funding streams and allocations at all levels for STDs and explore other local health funding streams to identify areas with unspent funds that can be shifted to the STD response. Explore how to better align with other public health programs and resources where issues overlap with STDs (SAPC, etc.).
- Identify all unused COVID-19 public health financial and human resources that can be immediately mobilized and reinvested in competing public health crises, including STDs.
- Call on California's STD Control Branch (CDPH) and the Department of Health and Human Services (DHHS) to advocate with the Governor, and appeal to the federal HHS, for additional federal and state resources to combat the STD crisis, mirroring the County's advocacy efforts that successfully secured additional support for COVID-19.
- Reinvest in existing and establish new partnerships with community health centers (CHCs) and other agencies to expand capacity for community outreach, education, STD testing, and treatment. Collaborate with CHCs, hospitals, and other clinics, including in non-traditional settings, to integrate and routinize STD testing and care for clients.
- Create a public-facing STD data dashboard to track in real-time the County's progress towards reducing the crisis. Establish performance metrics.
- Release all available DPH staff from their COVID-19 assignments to refocus efforts on the uncontrolled STD crisis in Los Angeles County.

We kindly request a meeting with Board representatives and DPH, DHS, and DMH leadership within the next 30 days (or at the earliest possible opportunity given the need to respond to COVID-19) to discuss the concerns and opportunities outlined in this letter. Community engagement and collaboration are critical components of a healthy and well-functioning public health system. We urge leadership in DPH, DHS, and DMH to be transparent in their

communication process with the community and to work with Commissioners and other key stakeholders to identify solutions to our common concerns around STDs and HIV.

The Board of Supervisors must seize the opportunity to show leadership and a very public commitment to ending the *decades long* crisis of the (HIV/STD epidemics) that continues to *severely traumatize our communities* and impact the health and well-being of tens of thousands of Angelenos and *their families*. With the scientific advances in HIV and STD treatment, we truly have a chance at ending HIV and curbing the STD epidemic. Let us not waste this opportunity of a lifetime by remaining inactive and ignoring community voices and strengths and focus instead on transparency, investment and authentic collaboration. We look forward to coordinating a meeting shortly and ensuring an immediate response to our concerns. Thank you.

Sincerely,



Bridget Gordon and David Lee,
Co-Chairs, Commission on HIV

cc:
Health Deputies
Barbara Ferrer, PhD, MPH, M.Ed.
Christina Ghaly, MD
Jonathan Sherin, MD, PhD
Muntu Davis, MD, MPH
Rita Singhal, MD, MPH
Mario Perez, MPH
Celia Zavala
End the Epidemics Coalition
Essential Access Health
Community Clinic Association of Los Angeles County (CCALAC)
Coachman Moore & Associates (We Can Stop STDs LA)
Connect to Protect LA (C2PLA)

AGING TASK FORCE

Proposed HIV Care Framework for Older Adults Living with HIV

Presentation to the Executive Committee
8/26/21 – For Review/Feedback

LOS ANGELES COUNTY
COMMISSION ON HIV

NATIONAL HIV/AIDS AND AGING AWARENESS DAY • SEPTEMBER 18

47% of PLDWH in Los Angeles are aged 50 years and older.

Source: Medical Monitoring Project (MMP), CDC

Objectives

- Provide an update on the work and activities of the Aging Task Force (ATF)
- Present key issues affecting aging population
- Seek your support to present proposed HIV care framework for older adults living with at the September Commission meeting.
- Get your feedback on the slides and panel format

Background | Aging Task Force (ATF)

- A group of concerned Commissioners and community members began discussions around health needs of PLWH over 50 in early 2019
- HIV and aging conferences, summits, and needs assessments were conducted by local HIV service providers in 2018, 2019, and 2020
- Proposed the idea of forming a subgroup to address HIV and aging to the Executive Committee in Jan/Feb 2019
- Started meeting as ATF in April 2019
- Developed recommendations for most of 2019-2020

Background | Aging Task Force (ATF)

continued

- Completed recommendations in 12/10/2020
- Feedback from DHSP on recommendations received on 4/5/21
- 2/25/21 - Executive Committee approved extension of ATF for one additional year to complete directives
- Developed proposed framework based on community feedback from studying models of care from other jurisdictions (SF and NY)

Aging Task Force | Framework for HIV Care for PLHWA 50+

(7.21.21)

STRATEGIES:

1. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program.
2. Integrate a geriatrician in medical home teams.
3. Establish coordination process for specialty care.

Assessments and Screenings			
Mental Health	Hearing	HIV-specific Routine Tests	Immunizations
Neurocognitive Disorders/Cognitive Function	Osteoporosis/Bone Density	Cardiovascular Disease	Advance Care Planning
Functional Status	Cancers	Smoking-related Complications	
Frailty/Falls and Gait	Muscle Loss & Atrophy	Renal Disease	
Social Support & Levels of Interactions	Nutritional	Coinfections	
Vision	Housing Status	Testosterone Deficiency	
Dental	Polypharmacy/Drug Interactions	Peripheral Neuropathologies	

From Golden Compass Program

From Aging Task Force

Screenings & Assessment Details

- HIV-specific Routine Tests
  - HIV RNA (Viral Load)
  - CD4 T-cell count
- Screening for Frailty
  - Need 3: unintentional weight loss, self-reported exhaustion, low energy expenditure, slow gait speed, weak grip strength
- Screening for Cardiovascular Disease
  - Lipid Panel (Dyslipidemia)
  - Hemoglobin A1c (Diabetes Mellitus)
  - Blood Pressure (Hypertension)
  - Weight (Obesity)
- Screening for Smoking-related Complications
  - Lung Cancer - Low-Dose CT Chest
  - Pulmonary Function Testing, Spirometry (COPD)

Screening for Renal Disease

  - Complete Metabolic Panel
  - Urinalysis
  - Urine Microalbumin-Creatinine Ratio (Microalbuminuria)
  - Urine Protein-Creatinine Ratio (HIVAN)
- Screening for Coinfections
  - Injection Drug Use
  - Hepatitis Panel (Hepatitis A, B, C)
  - STI - Gonorrhea, Chlamydia, Syphilis

Screenings & Assessment Details (continued)

- Screening for Osteoporosis
  - Vitamin D Level
  - DXA Scan (dual-energy X-ray absorptiometry)
  - FRAX score (fracture risk assessment tool)
- Screening for Testosterone Deficiency (Hypogonadism)
  - Men with decreased libido, erectile dysfunction, reduced bone mass (or low-trauma fractures), hot flashes, or sweats; testing should also be considered in persons with less specific symptoms, such as fatigue and depression.
- Screening for Mental Health comorbidities
  - Depression – Patient Health Questionnaire (PHQ)
  - Anxiety – Generalized anxiety disorder (GAD), Panic Disorder, PTSD
  - Substance Use Disorder - Opioids, Alcohol, Stimulants (cocaine & methamphetamine), benzodiazepines
  - Referral to LCSW or MFT
  - Referral to Psychiatry
- Screening for Peripheral Neuropathologies
  - Vitamin B12
  - Referral to Neurology
  - Electrodiagnostic testing

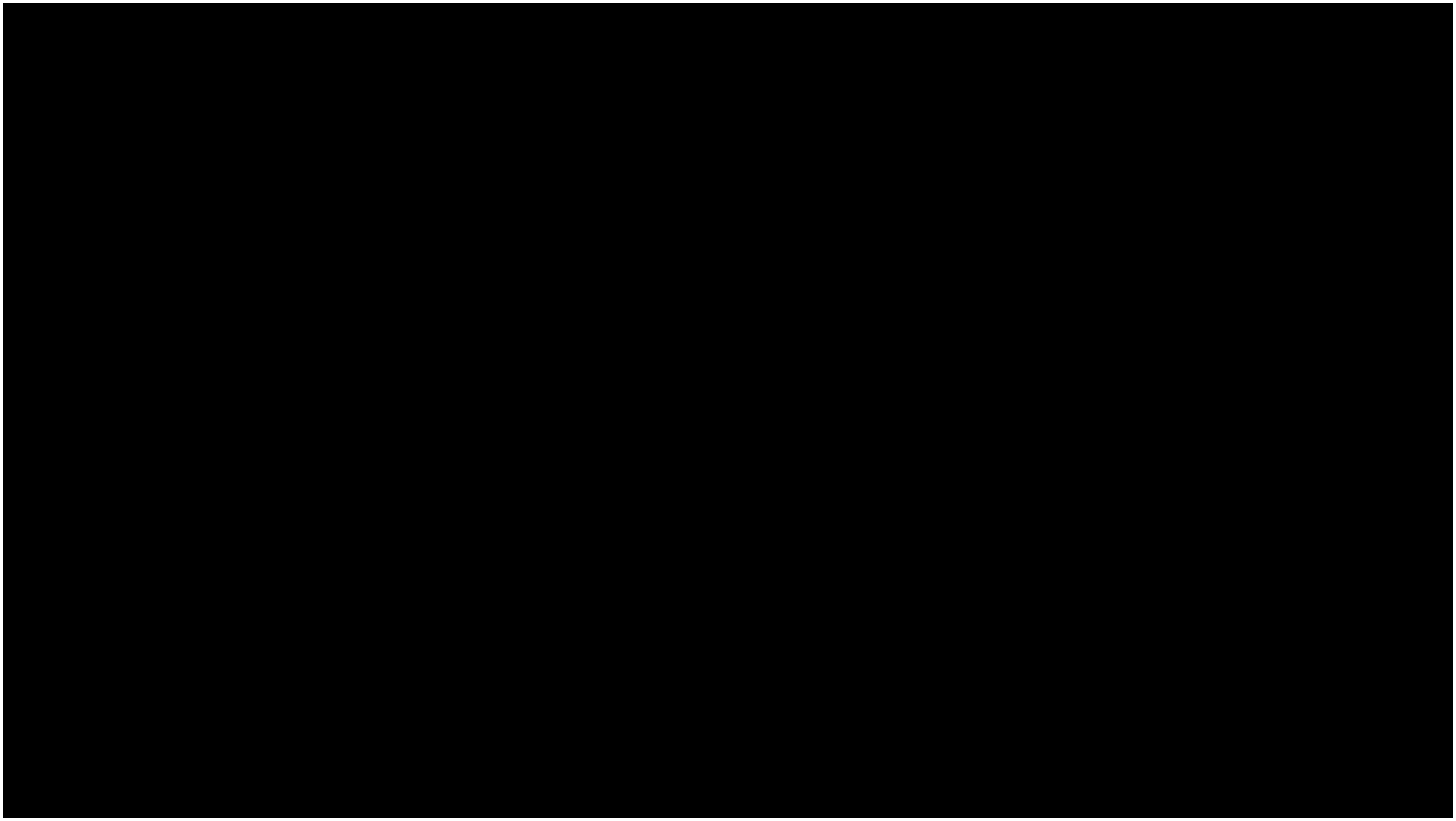
Screenings & Assessment Details (continued)

- Screening for Neurocognitive Disorders
  - Clinic-based instruments: Montreal Cognitive Assessment (MoCA), International HIV Dementia Scale
  - Referral for formal neuropsychiatric testing to make a diagnosis of HIV-Associated Neurocognitive Disorders (HAND)
  - Rule out reversible causes: substance use disorder, medication-related effects, thyroid disease, vitamin
    B12 deficiency, syphilis, opportunistic infections, tumor, depression.
- Screening for Cancer
  - Hepatocellular Carcinoma - Liver Ultrasound
  - Colorectal Cancer - Fecal immunochemical test (FIT), Colonoscopy
  - Anal Cancer - Cytology
  - Lung Cancer - Low-Dose CT Chest
  - Breast Cancer - Mammogram
  - Cervical Cancer - Pap smear
- Immunizations
  - Recombinant zoster vaccine (Shingrix) for age 50+; CDC recommended vaccination for adults with HIV; COVID-19
- Advance Care Planning
  - Durable Power of Attorney (DPOA)
  - Physician Orders for Life Sustaining Treatment (POLST)

Other Suggestions from ATF Discussions

- Screen patients for comprehensive benefits analysis and financial security
- Assess patients if they need and have access to caregiving support and related services
- Assess service needs for occupational and physical therapy (OT/PT) and palliative care
- Review home-based case management service standards for alignment with OT and PT assessments
- Establish a coordinated referral process among DHSP-contracted and partner agencies

Accelerated and Accentuated Aging (Recorded remarks from Dr. Paul Nash)



Discussion

- What do you think about the proposed HIV care framework for PLWH over 50?
- Are there elements that we need to add that address the needs the diverse HIV populations?
  - Women
  - People of color
  - Transgender communities
  - Other highly impacted populations

Proposed Panel Format for Sept COH Meeting (9:15am to 10:15am)

Speaker	Role
Al Ballesteros, ATF Chair	Introduce ATF, purpose of presentation and discussion, and panelists (5 mins)
Meredith Greene, MD, Assistant Professor of Medicine, Associate Director, Golden Compass Program at Ward 86	Golden Compass Program overview (15 mins)
Al Ballesteros	Describe proposed HIV care framework for older adults living with HIV (8 mins)
Maria Scott, Consumer	Consumer perspective (8 mins)
Isabella Rodriguez	Consumer and transgender community perspective (8 mins)
Al Ballesteros	Moderate discussion and Q&A (15 mins)


Reactions?
What do you
think?
Any feedback?

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 • https://hiv.lacounty.gov

AGING TASK FORCE RECOMMENDATIONS
(Final 12/10/20)

Background: The Aging Task Force (ATF) was formed in February 2019 to address the broad health needs of those over 50 years living with HIV and long-term survivors. According the Health Resources and Service Administration (HRSA), the RWHAP client population is aging. Of the more than half a million clients served by RWHAP, 46.1 percent are aged 50 years and older and this continues to grow. While Ryan White clients in Los Angeles County show higher engagement and retention in care, and viral suppression rates, within the 50+ population there exists disparities by racial/ethnic, socioeconomic, geographic, and age groups stratification.

The ATF developed the following recommendations to the Commission on HIV, Division of HIV and STD Programs (DHSP) and other County and City partners to address the unique needs of this population. The term older adults refer to individuals who are age 50 and older.

**This is a living document and the recommendations will be refined as key papers such the State of California Master Plan on Aging and APLA's HIV and Aging Townhall Forums are finalized. **

Ongoing Research and Needs Assessment:

- Encourage the Division of HIV and STD Programs (DHSP) to collaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better understanding of the following issues:
    - Conduct additional analysis to understand why approximately 27% of new diagnoses among persons aged 50-59 and 36% of new diagnoses among person aged 60 and older were late diagnoses (Stage 3 – AIDS) suggesting long-time infection. This may reflect a missed opportunity for earlier testing as it seems likely that persons aged 50 and older may engage in more regular health care than younger persons. (Data Source: http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2019Annual_HIV_Surveillance_Report_08202020_Final_revised_Sept2020.pdf)
    - Gather data on PLWH over 50 who are out of care or those who have dropped out of care to further understand barriers and service needs.
    - Conduct studies on the prevention and care needs of older adults.
    - Understand disparities in health outcomes within the 50+ population by key demographic data points such as race/ethnicity, gender, geographic area, sexual orientation, and socioeconomic status.

- Gather data on the impact of the aging process as PLWH over 50 reach older age brackets. Articulate distinct differences in older age groups.
- Conduct deeper analysis on mental health, depression, isolation, polypharmacy and other co-morbidities that impact the quality of life of older adults living with HIV.
- Conduct analysis of best practices on serving older adults in non-HIV settings and adapt key strategies for a comprehensive and integrated model of care the population. Examples of best practices to explore are National Association of Area Offices on Aging (https://www.n4a.org/bestpractices) and Substance Abuse and Mental Health Services Administration and Health Resources and Services Administration, Growing Older: Providing Integrated Care for an Aging Population. HHS Publication No. (SMA) 16-4982. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.
- Request DHSP to develop a data collection and reporting plan with a timeline on an annual report to the community.

Workforce and Community Education and Awareness:

- Educate the Commission on HIV, Department of Public Health, HIV workforce and community at large on ageism, stigma, and build a common understanding of definitions of older adults, elders, aging process and long-term survivors.
- Address ageism on the Commission on HIV and the community at large through trainings and by convening panels composed of Ryan White and prevention services clients and subject experts.
- Openly discuss and examine as part and parcel of HIV planning and implementation, the impediments to HIV prevention and care among aging populations posed by the historically embedded discrimination and bigotry institutionalized in mainstream US culture and society, as well as embedded in subcultural (ethnic, racial, social, religious, etc.) cultures and institutions that often goes unacknowledged: that is the interconnected/overlapping linkages between ageism (or what is expressed in ageism) and societal heteronormativity/homophobia (internalized and cultural), sexism, misogyny, racism, xenophobia, ableism, and all forms of discrimination and bigotry targeting "The Other."
- Educate the HIV workforce on HIV and aging, including but not limited to how to work with the non-profit sector to link seniors to health, social services, and HIV prevention and treatment services.
- Train the HIV workforce on diseases of aging, such as cardiovascular disease and osteoporosis and dementia, and equip staff with the knowledge and skills to properly assess and treat conditions that impact older adults.
- Train older adults on how to adapt to the new realities of seeking care as they progress in the age spectrum. Train the HIV workforce on how to develop and deliver classes to older adults with respect, compassion, and patience.
- Expand opportunities for employment among those over 50 who are able and willing to work.
- Provide training on the use of technology in managing and navigating their care among older adults.

- Collaborate with the AIDS Education Centers to train HIV service providers on becoming experts and specialists on caring for older adults with HIV.
- Collaborate with local resources and experts in providing implicit bias training to HIV service providers.

Expand HIV/STD Prevention and Care Services for Older Adults:

- Expand and develop service models that are tailored for the unique needs of PLWH over 50. Specifically, community members representing older adults living with HIV have identified ambulatory/outpatient medical, medical care coordination, and mental health as key services they need. Unify and coordinate care within a medical home and reduce referrals to specialty care, if appropriate.
- Integrate an annual patient medical records review by gerontologist for PLWH over 50 in the Medical Care Coordination and Ambulatory/Outpatient Medical programs. The annual medical records review should review care needs for mental health, polypharmacy, social support, mobility, and other markers of overall health and quality of life. Ensure that MCC teams monitor and assist patients affected by cognitive decline in navigating their care.
- Customize food/nutrition and physical activity and mobility services for the aging population. Remedial exercise and rehabilitation to maintain or regain muscle mass may be needed for some older adults to help them remain in care and virally suppressed.
- Enhance the payment structure for services rendered to older adults living with HIV as they may require more frequent, longer, and more intensive and individualized medical visits and routine care to maintain their overall health as they progress in the age continuum.
- Expand supportive services, such as financial assistance, as incomes become more fixed in older age. As frailty increases with age, services should be customized by specific age groups.
- Address social isolation by supporting psychosocial and peer support groups designed for older adults. Leverage the work of agencies that already provide support groups for older adults and encourage the community to join or start a support group.
- Address technological support for older adults living with HIV as medical service modalities rely more and more electronic, virtual, and telehealth formats.
- Dedicate at least 15% of prevention funds to programming specifically tailored for individuals over 50. According to the California HIV Surveillance Report, persons over 50 accounted for 15% of all new infections. A similar trend is observed for Los Angeles County with about 13-14% of new HIV diagnoses occurring among persons aged 50 and older
- Address the lack of sexual health programs and social marketing efforts geared for older adults. Social marketing and educational campaigns on PrEP and Undetectable=Untransmittable (U=U) should include messages and images with older adults.

- Integrate programming for older adults in the use of Ending the HIV Epidemic funds in Los Angeles County. Schedule annual reports from the Division of HIV and STD Programs (DHSP) on how they are addressing HIV and aging.

General Recommendations:

- Collaborate with traditional senior services or physicians, or other providers who specialize in geriatrics and leverage their skills and expertise of those outside the HIV provider world.
- Ensure access to transportation and customize transportation services to the unique needs of older adults.
- Benefits specialists should be well versed in Medicare eligibility and services to assist those individuals who are aging with HIV
- Direct DHSP to start working with agencies that serve older adults such as the Los Angeles County Workforce Development, Aging and Community Services, City of Los Angeles Department of Aging, and DPH Office of Senior Health to coordinate and leverage services.
- Ensure robust and meaningful input from older adults living with HIV in Commission deliberations on HIV, STD and other health services.

Los Angeles County Department of Public Health
Division of HIV and STD Programs

Commission on HIV –**Aging Task Force Recommendations** to COH, DHSP, and other County and City Partners, FINAL 12/10/2020
DHSP Response: 4/05/2021

Recommendations	Who	Status/Notes
General Recommendations		
1. Collaborate with traditional senior services or physicians, or other providers who specialize in geriatrics and leverage their skills and expertise of those outside the HIV provider world.		• Not clear who this is directed to and where this expertise should be directed • Request that COH engage geriatric physicians/specialists in COH work and potentially present at upcoming COH meeting? • Collaborate with APLA Aging efforts?
2. Ensure access to transportation and customize transportation services to the unique needs of older adults.		• Beyond DHSP • CHHS Master Plan on Aging • Review Transportation contracts to ensure alignment with community need (this also came up during YCAB EHE Events as a priority)
3. Benefits specialists should be well versed in Medicare eligibility and services to assist those individuals who are aging with HIV	CCS	• Benefits Specialists are expected to be versed in all services, programs and referrals for all of their clients. We can ensure this is happening during program reviews.
4. Direct DHSP to start working with agencies that serve older adults such as the Los Angeles County Workforce Development, Aging and Community Services, City of Los Angeles Department of Aging, and DPH Office of Senior Health to coordinate and leverage services.		• Need more information on the goals and expectations of these collaborations and how the commission is already working with these agencies.
5. Ensure robust and meaningful input from older adults living with HIV in Commission deliberations on HIV, STD and other health services.		• COH purview

Recommendation	Who	Status/Notes
Ongoing Research and Needs Assessment		
1. Encourage the Division of HIV and STD Programs (DHSP) to collaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better understanding of the following issues:		
a. Conduct additional analysis to understand why approximately 27% of new diagnoses among persons aged 50-59 and 36% of new diagnoses among person aged 60 and older were late diagnoses (Stage 3 – AIDS) suggesting long-time infection. This may reflect a missed opportunity for earlier testing as it seems likely that persons aged 50 and older may engage in more regular health care than younger persons. (Data Source: 2019 Annual HIV Surveillance Report))		• This may be able to be addressed through a literature review and report back of key findings by DHSP. • Compare LAC with other jurisdictions, CA and US to see if unique to LAC • Could this be addressed through efforts to increase routine testing as older people are probably more likely to be in care for non-HIV related health conditions?
b. Gather data on PLWH over 50 who are out of care or those who have dropped out of care to further understand barriers and service needs.		• Locating and identifying the out of care population has been a challenge in the past. DHSP can review data from the Linkage and Re-Engagement Program (LRP) to identify barriers to care and service needs of PLWH over 50 who are out of care.
c. Conduct studies on the prevention and care needs of older adults.		• A literature review would probably be able to inform this • Perhaps the commission should partner with academic institutions for this
d. Understand disparities in health outcomes within the 50+ population by key demographic data points such as race/ethnicity, gender, geographic area, sexual orientation, and socioeconomic status.		• First step is to determine whether there are disparities and where they are • A literature review would help to inform as relates to those living with HIV • CHHS Master Plan on Aging

e. Gather data on the impact of the aging process as PLWH over 50 reach older age brackets. Articulate distinct differences in older age groups.		• Recommend to start with a literature review -not sure we have adequate data to address.
f. Conduct deeper analysis on mental health, depression, isolation, polypharmacy and other co-morbidities that impact the quality of life of older adults living with HIV.		• Recommend starting with a literature review
g. Conduct analysis of best practices on serving older adults in non-HIV settings and adapt key strategies for a comprehensive and integrated model of care for the population. Examples of best practices to explore are National Association of Area Offices on Aging (https://www.n4a.org/bestpractices) and Substance Abuse and Mental Health Services Administration and Health Resources and Services Administration, Growing Older: Providing Integrated Care for an Aging Population. HHS Publication No. (SMA) 16-4982. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.		• This seems beyond scope of what we can do and has likely already been done and may be included in one of the listed docs. Perhaps SBP can create or adopt standards for this population. • This may overlap with broader recommendations in and the scope of the CHHS Master Plan on Aging as it may extend to all aging populations. • Recommend SBP work with Aging Task Force to develop best practices for working with PLWH aged 50 and older
h. Request DHSP to develop a data collection and reporting plan with a timeline on an annual report to the community.		• Could we include additional age groups – as appropriate to reports already generated?
Recommendation	**Who**	**Status/Notes**
Workforce and Community Awareness		
2. Educate the Commission on HIV, Department of Public Health, HIV workforce and community at large on ageism, stigma, and build a common understanding of definitions of older adults, elders, aging process and long-term survivors of HIV.		• Beyond DHSP • Within COH's purview? • Would CBA providers be able to provide these trainings?

3. Address ageism on the Commission on HIV and the community at large through trainings and by convening panels composed of Ryan White and prevention services clients and subject experts.		• COH
4. Openly discuss and examine as part and parcel of HIV planning and implementation, the impediments to HIV prevention and care among aging populations posed by the historically embedded discrimination and bigotry institutionalized in mainstream US culture and society, as well as embedded in subcultural (ethnic, racial, social, religious, etc.) cultures and institutions that often goes unacknowledged: that is the interconnected/overlapping linkages between ageism (or what is expressed in ageism) and societal heteronormativity/homophobia (internalized and cultural), sexism, misogyny, racism, xenophobia, ableism, and all forms of discrimination and bigotry targeting "The Other."		• Beyond DHSP
5. Educate the HIV workforce on HIV and aging, including but not limited to how to work with the non-profit sector to link seniors to health, social services, and HIV prevention and treatment services.		• Need more information/clarification
6. Train the HIV workforce on diseases of aging, such as cardiovascular disease and osteoporosis and dementia, and equip staff with the knowledge and skills to properly assess and treat conditions that impact older adults.		• Not sure this is DHSP? Could COH work with RWP/HRSA on workforce development or the AETCs? • Collaborate with DPH Office of Aging and invite representative to present at COH meeting?
7. Train older adults on how to adapt to the new realities of seeking care as they progress in the age spectrum. Train the HIV workforce on how to develop and deliver classes to older adults with respect, compassion, and patience.		• Mixing directives; first item seems beyond scope of DHSP. Second item maybe fits with item 6 above?

8. Expand opportunities for employment among those over 50 who are able and willing to work.		• Beyond DHSP • CHHS Master Plan on Aging
9. Provide training on the use of technology in managing and navigating their care among older adults.		• Could this be part of the $ we provide to agencies to strengthen telehealth services?
10. Collaborate with the AIDS Education Centers to train HIV service providers on becoming experts and specialists on caring for older adults with HIV.		• Related to items #6 and #7?
11. Collaborate with local resources and experts in providing implicit bias training to HIV service providers.		• I believe this is probably already a resource we provide in our trainings to contracted providers • Share implicit bias/medical mistrust training being developed with Black/AA Task Force.
Expand HIV/STD Prevention and Care Services for Older Adults		
12. Expand and develop service models that are tailored for the unique needs of PLWH over 50. Specifically, community members representing older adults living with HIV have identified ambulatory/outpatient medical, medical care coordination, and mental health as key services they need. Unify and coordinate care within a medical home and reduce referrals to specialty care, if appropriate.		• MCC provides this already - maybe add a component to the training/service guidelines for working with specific pops that includes aging population? Major recommendations for an aging population include addressing the 4 Ms: medication, mentation, mobility, and what matters to the patient. There are many screening tools available. Maybe add to discussions around MCC and AOM service standards. • For some of the items in this section it seems like a landscape analysis of services for 50 plus clients is needed – just within the RWP.
13. Integrate an annual patient medical records review by gerontologist for PLWH over 50 in the Medical Care Coordination and Ambulatory/Outpatient Medical programs. The annual medical records review should review care needs for mental health, polypharmacy, social support, mobility, and other markers of overall health and quality of life. Ensure that MCC teams monitor and assist		• Not sure this is feasible with probably about 4,000 AOM clients and more than that in MCC receiving services. Could any of this be added to chart abstractions during contract monitoring? • MCC teams already are directed to conduct cognitive assessments for client aged 50 and older and assess IADLs and ADLs with each assessment.

patients affected by cognitive decline in navigating their care.		
14. Customize food/nutrition and physical activity and mobility services for the aging population. Remedial exercise and rehabilitation to maintain or regain muscle mass may be needed for some older adults to help them remain in care and virally suppressed.		• This is really geriatric medicine
15. Enhance the payment structure for services rendered to older adults living with HIV as they may require more frequent, longer, and more intensive and individualized medical visits and routine care to maintain their overall health as they progress in the age continuum.		• Wouldn't this be covered through current FFS model?
16. Expand supportive services, such as financial assistance, as incomes become more fixed in older age. As frailty increases with age, services should be customized by specific age groups.		• CHHS Master Plan on Aging
17. Address social isolation by supporting psychosocial and peer support groups designed for older adults. Leverage the work of agencies that already provide support groups for older adults and encourage the community to join or start a support group.		• Could this be part of psychosocial services RFP whenever that happens? • CHHS Master Plan on Aging
18. Address technological support for older adults living with HIV as medical service modalities rely more and more on electronic, virtual, and telehealth formats.		• Overlap with #9? Not sure what they are asking for here; this kind of training would be a great project for the commission to undertake
19. Dedicate at least 15% of prevention funds to programming specifically tailored for individuals over 50. According to the California HIV Surveillance Report, persons over 50		• Need to verify in our data but not sure how to respond

accounted for 15% of all new infections. A similar trend is observed for Los Angeles County with about 13-14% of new HIV diagnoses occurring among persons aged 50 and older		
20. Address the lack of sexual health programs and social marketing efforts geared for older adults. Social marketing and educational campaigns on PrEP and Undetectable=Untransmittable (U=U) should include messages and images with older adults.		• This may be a more effective strategy than #19 to reach older population
21. Integrate programming for older adults in the use of Ending the HIV Epidemic funds in Los Angeles County. Schedule annual reports from the Division of HIV and STD Programs (DHSP) on how they are addressing HIV and aging.		• We have tried to shift away from a population focused approach to an outcomes approach where we are targeting services to those populations who are not in care and not virally suppressed and that generally does not represent the aging population.

MCC Performance at a Glance, 2013-2017
Patients Aged 50 and Over

County of Los Angeles Public Health

Figure 1: Number of patients enrolled in MCC and receiving MCC services by contract year

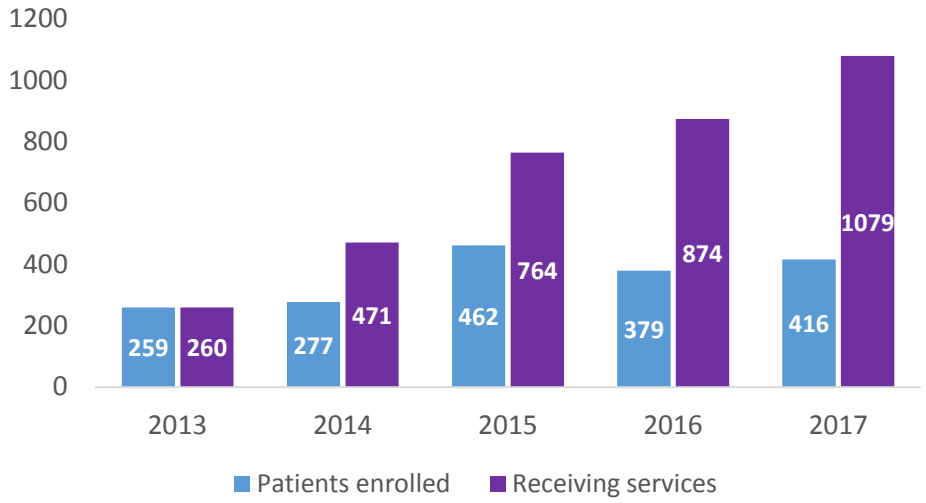


Figure 2: Percent of patients served by acuity level and contract year

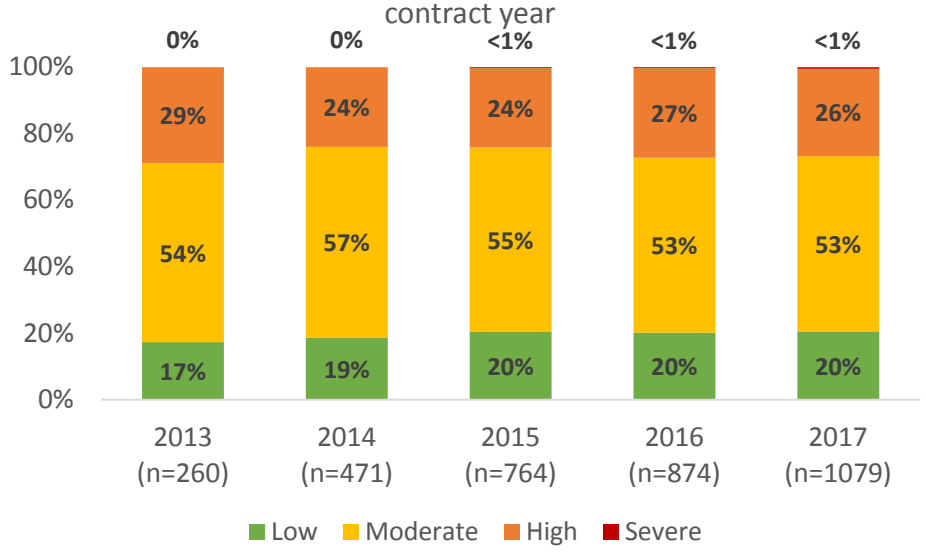
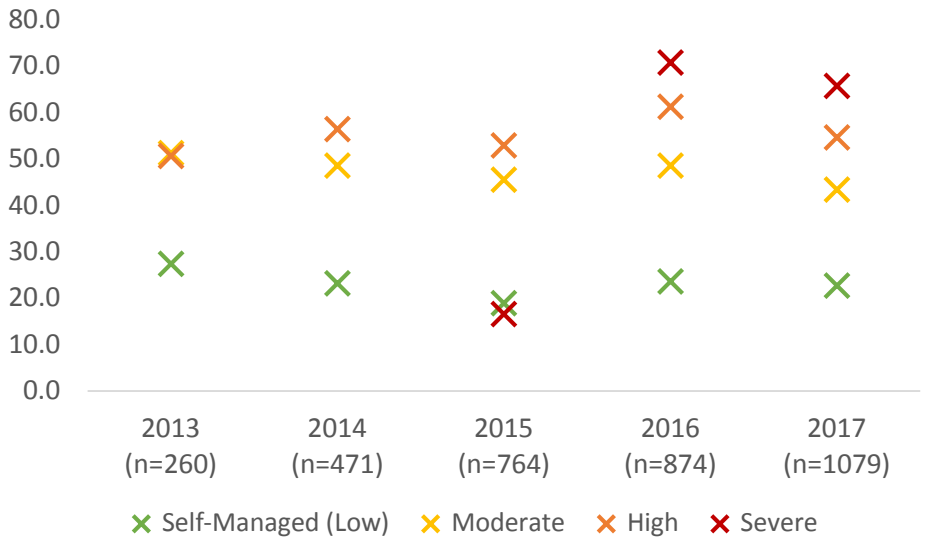


Figure 3: MCC service hours per patient by acuity level



Characteristic	n	%
Total	1793	100%
Race/Ethnicity		
White	436	24.3%
Hispanic/Latino	699	39.0%
African American/Black	613	34.2%
Other	45	2.5%
Gender		
Female	309	17.2%
Male	1450	80.9%
Transgender	34	1.9%
Age		
50-54	822	45.8%
55-59	544	30.3%
60-64	275	15.3%
65 and over	152	8.5%
Poverty		
Above FPL	468	26.1%
At or below FPL	1325	73.9%
Insurance Status		
Insured	491	27.4%
Uninsured	1302	72.6%
Homeless in the Past 6 Months		
No	1589	88.6%
Yes	204	11.4%
Ever Incarcerated		
No	1070	59.7%
Yes	723	40.3%
Depression Screener (PHQ-9)		
No Likely Depressive Disorder	1312	73.2%
Likely Depressive Disorder	481	26.8%
Anxiety Screener (GAD-7)		
No Likely Anxiety Disorder	1374	76.6%
Likely Anxiety Disorder	419	23.4%
Addiction Screener (TCU-II)		
No Likely Addiction Disorder	1512	84.3%
Likely Addiction Disorder	281	15.7%

MCC Performance Measures (PM) – Patients Aged 50 and Over

Figures 4-7: Provision of brief interventions among MCC patients with identified need by contract year *

Figure 4: Engagement in care brief intervention

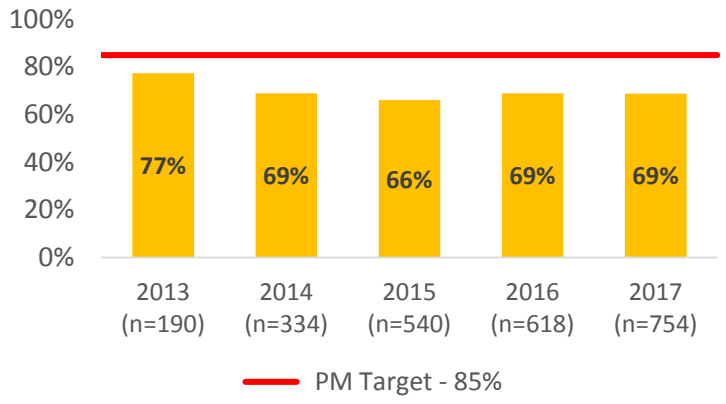


Figure 5: ART adherence brief intervention

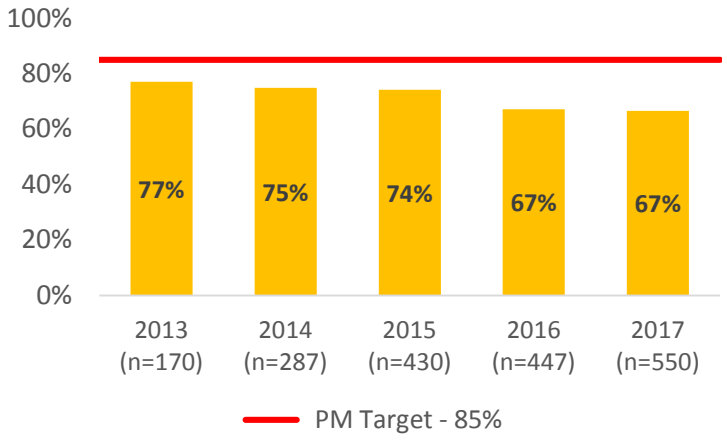
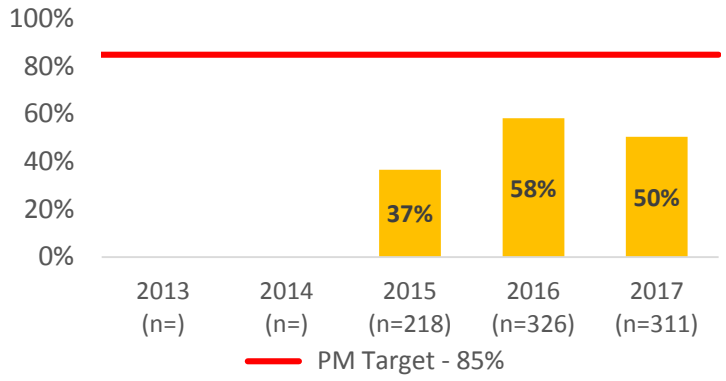
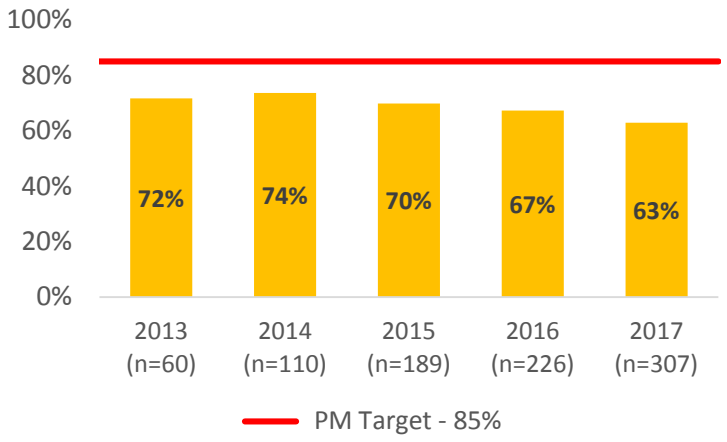


Figure 6: Behavioral health brief intervention*



*Data was not collected for years 2013 and 2014.

Figure 7: Risk reduction brief intervention



* The number below each year represents the number of MCC patients who demonstrated need for that particular intervention.

Figure 8: Retention in care at 12 months among patients in MCC by contract year

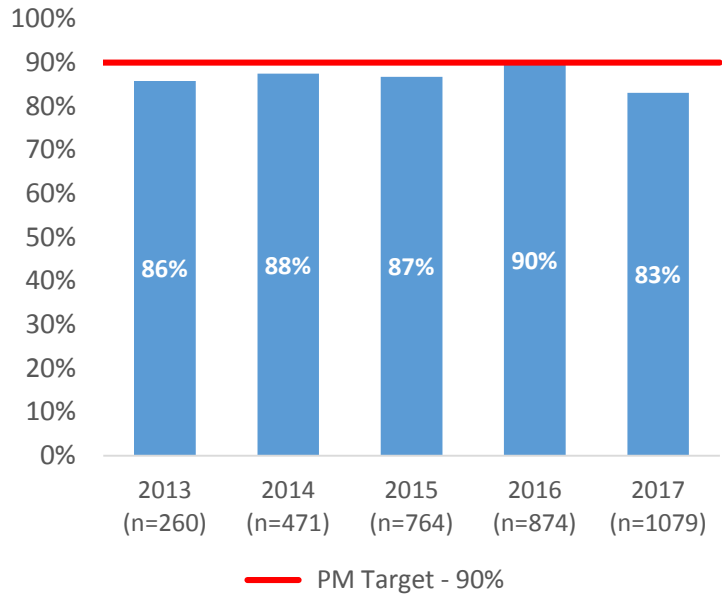


Figure 9: Viral suppression at 12 months among patients in MCC by contract year