



LOS ANGELES COUNTY
COMMISSION ON HIV



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COMMISSION ON HIV Virtual Meeting

Thursday, March 11, 2021

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

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

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**link is for members of the public only*

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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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LOS ANGELES COUNTY
COMMISSION ON HIV



AGENDA FOR THE **VIRTUAL** MEETING OF THE

LOS ANGELES COUNTY COMMISSION ON HIV (COH)

MAIN (213) 738-2816 / FAX (213) 637-4748

EMAIL: hivcomm@lachiv.org WEBSITE: <http://hiv.lacounty.gov>

Thursday, March 11, 2021 | 9:00 AM – 1:30 PM

To Register/Join by Computer: <https://tinyurl.com/aku9srfk>

**link is for members of the public*

To Join by Telephone: 1-415-655-0001 Access code: 145 624 3421

AGENDA POSTED: March 5, 2021

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.	<u>ADMINISTRATIVE MATTERS</u>	
	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.	<u>WELCOME, INTRODUCTIONS AND VIRTUAL MEETING GUIDELINES</u>	9:10 AM – 9:15 AM
3.	<u>PARLIAMENTARIAN TRAINING</u>	9:15 AM – 9:45 AM
4.	<u>REPORTS - I</u>	
	A. Executive Director/Staff Report	9:45 AM – 10:00 AM
	(1) 2020 Annual Report	
	(2) 2021 Commission Work Plan and Activities	
	B. Co-Chair Report	10:00 AM – 10:20 AM
	(1) Welcome New Members	
	(2) HealthHIV COH Assessment Survey REMINDER	
	(3) Recognition of National Women & Girls HIV/AIDS Awareness Day (NWGHAAD)	
	• March 15 Special Women’s Caucus Meeting in Commemoration of NWGHAAD	
	(4) COH Letter Re: COVID Vaccination and Prioritizing People Living with HIV	
	(5) Commission Seat Vacancies	
	(6) Executive At-Large Member Open Nominations ONGOING	
5.	<u>DISCUSSION</u>	
	A. “So You Want to Talk About Race” by Ijeoma Oluo Reading Activity	10:20AM – 11:20 AM
	• First Chapter, pp1-22	
	B. Los Angeles County Human Relations Commission Guided Discussion & Training in Addressing Key Points of “So You Want to Talk About Race” Reading Activity	
6.	<u>BREAK</u>	11:20 AM – 11:30 AM
7.	<u>REPORTS - II</u>	
	A. California Office of AIDS (OA) Report	11:30 AM – 11:40 AM
	(1) California HIV Planning Group (CPG) Update	
	B. LA County Department of Public Health Report	11:40 AM – 12:00 PM
	(1) Division of HIV/STD Programs (DHSP) Updates	
	(a) Programmatic and Fiscal Updates	
	(i) Emergency Financial Assistance (EFA) UPDATES	
	(b) Ending the HIV Epidemic (EHE) Activities & Updates	
	C. Housing Opportunities for People Living with AIDS (HOPWA) Report	12:00 PM – 12:10 PM
	D. Ryan White Program Parts C, D, and F Report	12:10 PM – 12:12 PM
	E. Cities, Health Districts, Service Planning Area (SPA) Reports	12:12 PM – 12:15 PM

8. REPORTS - III

A. Standing Committee Reports

12:15 PM – 1:05 PM

(2) Operations Committee

(a) Membership Management

(i) Membership Seat Vacates

- Diamantae Johnson **MOTION #3**

(ii) Membership Seat Changes

- Miguel Alvarez to HIV Stakeholder #8 **MOTION #4**
- Alasdair Burton to Alternate (#21) **MOTION #5**
- Michele Daniels to Alternate (#27) **MOTION #6**
- Thomas Green to Provider Representative #5 **MOTION #7**
- Nestor Kamurigi to Unaffiliated Consumer Supervisorial District 2 **MOTION #8**
- Amiya Wilson to Alternate (#20) **MOTION #9**

(iii) Attendance Review & Letters Regarding Excessive Absences

(c) Membership Application Redevelopment | UPDATE

(d) Mentorship Program | UPDATE

(e) Engagement + Retention Strategies

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

(a) Prevention Planning Work Group | UPDATES

(4) Standards and Best Practices (SBP) Committee

(a) Child Care Services Standards of Care | UPDATE

(b) 2021 Standards of Care Review | UPDATE

- Benefits Specialty
- Home Based Case Management
- Substance Abuse & Residential Treatment

(5) Public Policy Committee

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

(b) County, State, and Federal Budget

B. Caucus, Task Force and Work Group Report

1:05 PM – 1:15 PM

(1) Aging Task Force | April 6, 2021 @ 1-3pm

- Extend Task Force for One Additional Year **MOTION #10**

(2) Black African American Community (BAAC) Task Force | March 22, 2021 @ 1-3pm

(3) Consumer Caucus | March 11, 2021 (following COH meeting)

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

(4) Transgender Caucus | March 23, 2021 @ 10am-12pm

(5) Women's Caucus | March 15, 2021 @ 2-4pm *Special Presentation

9. MISCELLANEOUS

A. Public Comment

1:15 PM – 1:20 PM

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

B. Commission New Business Items

1:20 PM – 1:25 PM

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

C. Announcements

1:25 PM – 1:30 PM

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

Adjournment and Roll Call

1:30 PM

Adjournment for the meeting of March 11, 2021.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1:	Approve the Agenda order, as presented or revised.
MOTION #2:	Approve the Minutes, as presented or revised.
MOTION #3:	Approve Recommendation to Vacate Membership Seat of Diamantae Johnson, Unaffiliated Consumer, Supervisorial District 5, as presented or revised.
MOTION #4:	Approve Recommendation to Change Membership Seat of Miguel Alvarez from Alternate (#51) to HIV Stakeholder #8, as presented or revised.
MOTION #5:	Approve Recommendation to Change Membership Seat of Alasdair Burton from Alternate (#24) to Alternate (#21), as presented or revised.
MOTION #6:	Approve Recommendation to Change Membership Seat of Michele Daniels from Unaffiliated Consumer, SPA 1 to Alternate (#27), as presented or revised.
MOTION #7:	Approve Recommendation to Change Membership Seat of Thomas Green from Alternate (#15) to Provider Representative #5, as presented or revised.
MOTION #8:	Approve Recommendation to Change Membership Seat of Nestor Kamurigi from Alternate (#28) to Unaffiliated Consumer, Supervisorial District 2, as presented or revised.
MOTION #9:	Approve Recommendation to Change Membership Seat of Amiya Wilson from HIV Stakeholder #6, to Alternate (#20), as presented or revised.
MOTION #10:	Approve extension of Aging Task Force for one additional year to complete directives, as presented or revised.

COMMISSION ON HIV MEMBERS:			
Bridget Gordon, Co-Chair	David P. Lee, MPH, LCSW Co-Chair	Miguel Alvarez (* Alternate)	Alexander Luckie Fuller
Everardo Alvizo, MSW	Al Ballesteros, MBA	Danielle Campbell, MPH	Raquel Cataldo
Pamela Coffey (Alasdair Burton, ** Alternate)	Michele Daniels	Erika Davies	Kevin Donnelly
Felipe Findley, PA-C, MPAS, AAHIVS	Gerald Garth	Jerry D. Gates, PhD	Grissel Granados, MSW
Joseph Green	Felipe Gonzalez	Damontae Hack (* Alternate)	Karl Halfman, MA
Diamante Johnson (Kayla Walker-Heltzel, ** Alternate)	Thomas Green (* Alternate)	Nestor Kamurigi (* Alternate)	William King, MD, JD, AAHIVS
Lee Kochems, MA	Anthony Mills, MD	Carlos Moreno	Derek Murray
Dr. Paul Nash, CPsychol, AFBPS FHEA	Katja Nelson, MPP	Frankie Darling-Palacios	Mario J. Pérez, MPH
Juan Preciado	Joshua Ray (Eduardo Martinez, ** Alternate)	Isabella Rodriguez, MA (* Alternate)	Ricky Rosales
Harold San Agustin, MD	Martin Sattah, MD	Tony Spears (* Alternate)	LaShonda Spencer, MD
Kevin Stalter	Reba Stevens (** Alternate)	Maribel Ulloa	Guadalupe Velazquez
Justin Valero	Ernest Walker	Amiya Wilson	
MEMBERS:	47		
QUORUM:	24		
LEGEND:			
LoA = Leave of Absence; not counted towards quorum			
Alternate* = Occupies Alternate seat adjacent a vacancy; counted toward quorum			
Alternate** = Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member			



LOS ANGELES COUNTY COMMISSION ON HIV



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

VISION

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

MISSION

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

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



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



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TO END HIV, WE MUST END RACISM

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

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

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

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

In Solidarity,

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

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

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



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

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

COMMISSION ON HIV MEETING MINUTES

SECONDARY TELECONFERENCE SITE:
California Department of Public Health, Office of AIDS
1616 Capitol Avenue, Suite 74-616, Sacramento, CA 95814

Draft

December 10, 2020

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT (cont.)	COMMISSION MEMBERS ABSENT	DPH/DHSP STAFF
Al Ballesteros, MBA, <i>Co-Chair</i>	William King, MD, JD, AAHIVS	Pamela Coffey	Jane Bowers, MPH
Bridget Gordon, <i>Co-Chair</i>	Lee Kochems, MA	Michele Daniels	Wendy Garland, MPH
Miguel Alvarez (<i>Alt.</i>)	David P. Lee, MPH, LCSW	Thomas Green (<i>Alt.</i>)	Saron Selassie
Everardo Alvizo, MSW	Eduardo Martinez (<i>Alt. to Ray</i>)	Diamante Johnson/ Kayla Walker-Heltzel, MPH	Julie Tolentino, MPH
Alasdair Burton	Anthony Mills, MD	Joshua Ray, RN (<i>F. to Martinez</i>)	Paulina Zamudio
Danielle Campbell, MPH	Carlos Moreno	Nestor Rogel (<i>Alt.</i>)	COMMISSION STAFF/CONSULTANTS
Raquel Cataldo	Derek Murray	Ricky Rosales	
Frankie Darling-Palacios+	Paul Nash, CPsychol AFBPs FHEA	Kevin Stalter	Cheryl Barrit, MPIA
Erika Davies	Katja Nelson, MPP	Tony Spears (<i>Alt.</i>)	Carolyn Echols-Watson, MPA
Kevin Donnelly	Mario Pérez, MPH	Justin Valero, MA	Dawn McClendon
Jerry D. Gates, PhD	Juan Preciado	Amiya Wilson	Jane Nachazel
Felipe Gonzalez	Harold San Agustin, MD		James Stewart
Grissel Granados, MSW	Martin Sattah, MD		Sonja Wright, MS, Lac
Joseph Green	Maribel Ulloa		
Karl Halfman, MS	LaShonda Spencer, MD		
PUBLIC			
Luis Argueta	Geneviève Clavreul, RN, PhD	Maria Diaz	Kiana Dobson
Allison Doolittle	Marie Eyssallenne	Dahlia Ferlito	Aaron Fox, MPM
Luckie Alexander Fuller	Thelma Garcia	Becky Gonzalez	Joaquin Gutierrez
Damontae Hack	Christopher Hucks-Ortiz	April Johnson	Shellye Jones, MSW, LCSW
Uyen Kao, MPH	Joseph Leahy	Mariana Marroquin	Miguel Martinez, MSW, MPH
Andre Molette	Guilmar Perdomo	Meyer Perez	Vanessa Porter
Maritza Ramirez	Marisa Ramos	Tara Raoufi	Rosario Rivas
Sandra Robinson, MBA	Bridget Rogala	Elena Rosenberg-Carlson, MPH	Natalie Sanchez, MPH
Peter Soto	Robert Sowell	Jerry Summers	Octavio Vallejo, MD, MPH
Guadalupe Velazquez	Ernest Walker, MPH		

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

CALL TO ORDER AND ROLL CALL: Ms. Gordon opened the meeting at 9:05 am and Mr. Stewart took the roll.

Roll Call (Present): Alvarez, Alvizo, Burton, Cataldo, Donnelly, Gates, Gonzalez, Granados, Green (Joseph), Halfman, King, Kochems, Lee, Moreno, Murray, Nash, Nelson, San Agustin, Sattah, Spencer, Ulloa, Ballesteros, Gordon.

1. ADMINISTRATIVE MATTERS

A. APPROVAL OF AGENDA

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

B. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 10/8/2020 Commission on HIV Meeting Minutes, as presented (*Passed by Consensus*).

2. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- Ms. Gordon welcomed all to the last meeting of 2020 and Mr. Ballesteros' last meeting as Co-Chair.
- Mr. Ballesteros said it has been his honor to participate with everyone in the very good work of this organization. He complimented Ms. Gordon's leadership in the Commission and Los Angeles County (LAC) and appreciated the opportunity to Co-Chair both the Commission and the LAC Health Agency Integration Advisory Board (IAB) with her. He looked forward to supporting her and Mr. Lee as Co-Chairs going forward.
- Ms. Gordon opened meeting management reminders by thanking people with cameras on. It is a pleasure to see people.
- She noted an agenda and materials were on the Commission's website. Live public comments require registration with WebEx and attending via computer or smart phone. Public comments are limited to two minutes per person under that item. Please be mindful of on-camera activity/screen backgrounds or turn off video and mute oneself if not speaking.
- Those attending via telephone can email written comments or materials to hivcomm@lachiv.org. Please include the meeting date and agenda item. Correspondence received will become part of the meeting's official public record.
- If connecting both through a computer and by telephone, please mute the computer audio to avoid echo.
- Please address Chat comments or questions to "Everyone" so that staff can read and record them.
- A video and audio recording of this meeting will be posted on the Commission's website at <http://hiv.lacounty.gov>.
- Ms. Gordon read the Commission's Code of Conduct, in the meeting packet after the Agenda, and Vision/Mission. She included misogyny under rejected attitudes under Item 8 and advised that the Code of Conduct applies to all attendees.
- Ms. Gordon also reminded attendees that the Commission on HIV is a public body and, as such, cannot discriminate against or ban any race, creed, gender, religion, belief system, or other protected class from participating on this Commission. The Commission will be taking up the difficult work of how to better address those issues over the course of 2021.

3. REPORTS - I

A. EXECUTIVE DIRECTOR/STAFF REPORT

(1) County/Commission Operational Updates

- Ms. Barrit acknowledged that 2020 has been difficult. She was in awe of how all the Commissioners have stepped up to meet challenges imposed by COVID-19 on our lives, our families, and our professional work. She was indebted to all.
- She thanked Ms. Gordon and especially Mr. Ballesteros who was concluding his Co-Chair duties today. She welcomed Mr. Lee for stepping into the Co-Chair duties. He has already been participating in leadership calls.
- LAC remains in a fight to bend the curve of a distressingly high number of COVID-19 infections. Commission staff did serve as Disaster Service Workers (DSWs) earlier in the year, but must be prepared to be redeployed, if needed. She was incredibly proud of the Commission staff for stepping up whether to the COVID-19 response or for the elections.
- The Executive Office (EO) worked diligently behind the scenes on logistical support for the virtual inauguration of Supervisor Holly Mitchell on 12/6/2020. A recording of it was available on her website. Several people have asked about welcoming her, but she is still onboarding and establishing her team including who will address health issues.
- Meanwhile, the Commission has provided briefing materials on its work in coordination with the EO's set of materials on all the LAC Commissions. Ms. Barrit will also continue work with Ms. Gordon, Mr. Lee, and Ms. Campbell, Supervisorial Representative, District 2, to at least make some appointments once the office is more situated.
- The Board of Supervisors (Board) website has unveiled the historic all-woman photo of the Board. Supervisor Hilda Solis will be the Chair for 2021. She has signaled her continuing commitment, along with the rest of the Board, to make COVID-19 response and economic recovery priorities, along with homelessness, key public health issues, social justice, and a full range of important topics that intersect with the Commission's work on HIV.

(2) 2020 Accomplishments and Reflection

- Feedback from the Annual Meeting will be discussed later in preparation for 2021 Work Plan activities.
- ➡ Ms. Barrit invited submission of three to five key Commission 2020 accomplishments to incorporate into the Annual Report to the Board, e.g., virtual Lunch and Learn series, Emergency Financial Assistance Services (EFA) Standards of Care (SOC), completing Priority Setting and Resource Allocations (PSRA) in this challenging COVID-19 environment.

(3) 2021 Commission Work Plan and Activities

- Ms. Barrit noted 2021 presents multiple work areas including Ending the HIV Epidemic (EHE), integrating prevention and care planning, and increased community engagement as well as COVID-19 response and recovery.
- Beyond the EHE Plan, ending HIV for all is within reach, but requires that we proceed with work from an equity lens. How do we show up for ourselves, for each other, and for the community however we define “community”?
- We showed up in different ways at the Annual Meeting. Ms. Barrit acknowledged that sentiments expressed during the meeting and feedback shared with her afterwards reflected vulnerability which she finds to be a sign of leadership.
- Conversations are never easy around race, ageism, sexism, and other forms of discrimination. Race and social justice are, however, inextricably linked with HIV history and the HIV movement. In confronting that, we have much work to do on ourselves, our behaviors, our relationships, and how we all show up.
- Ms. Barrit has had conversations with Commission leadership about prioritizing trainings, coaching, and mediation support for 2021. The Executive Committee directed her to identify partners to help the Commission in that work and develop a framework for how to move forward. Consequently, she and Ms. McClendon met with the Executive Director, Assistant Executive Director, and Senior Human Relations Specialist from the Human Relations Commission on 12/9/2020. The productive conversation explored what they do and opportunities for partnership and support.
- As a first step, they were invited to the January Executive Committee to introduce themselves, present on LAC’s anti-racist, diversity, and inclusion agenda, and listen to feedback. They were also asked to attend the February Commission Meeting to gather more feedback to better design and shape a series of programs and coaching support.
- She looked forward to addressing this important work with the Executive Committee and our Human Relations Commission partners. At the least, she hoped the Commission could begin applying new skills to respond positively to conflicts and recognize differences as the foundation for engaging in a difficult, but necessary, conversation. The HIV movement continues to show compassion and relentless energy to ensure the rights and lives of PLWH and those communities who shoulder a disproportionate burden of HIV, Sexually Transmitted Diseases (STDs), poverty, and other socio-economic ills represented in the Commission’s discussion and response.
- While not minimizing the hardships we face, she remained hopeful that the Commission can lean heavily on the resilience Commissioners have shown in 2020 to face 2021 with confidence and light to come together for a solution.
- Mr. Ballesteros thanked Ms. Barrit and the staff for their exceptionally hard work in supporting all the Committees and Commissioners. They often need to field questions and comments on issues as well. He truly appreciated them.
- Mr. Gonzalez agreed. He urged providers to recognize their good staff as well. He has sent two emails to his provider complimenting staff and has never received a response.

B. CO-CHAIR REPORT

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

(2) 11/12/2020 Annual Meeting Follow Up and Feedback

- Ms. Gordon reported questions and community feedback on EHE were emailed to Harold Phillips, MRP, Senior HIV Advisor and Chief Operating Officer, EHE: A Plan for America, United States Department of Health and Human Services (HHS), Office of Infectious Disease and HIV/AIDS Policy (OIDP).
- Questions and community feedback on the home testing program, Take Me Home, were also emailed to DHSP. Comments included expansion and improvement of the program to include women and other key populations.
- A summary of completed evaluations from 24 respondents of the 114 Annual Meeting participants was in the packet.
- The Commission recognizes that conversations on race, racism, prejudice, discrimination, and all -isms are inherently difficult, uncomfortable, and challenging. Such conversations, however, are necessary to unlearn prior points of reference and build an inclusive community. Commission leadership was working with staff to implement mandatory training, ongoing coaching, and mediation for Commissioners. Training will start with equipping Commissioners with self-reflection, communication, and interpersonal skills on how to embrace and engage in difficult conversations.
- All Commissioners need to commit to the training and be open to transformation. Training is not enough. Thinking and behaviors need to change and, in a sense, how much we value ourselves and how much we value others.

(3) Recognition of Service

- On behalf of the Commission and community, Ms. Gordon recognized and thanked Al Ballesteros, MBA for his service as Co-Chair, leadership, and dedication to the HIV movement. He remains Supervisorial Board Office 1 Representative.
- Ms. Gordon also recognized and acknowledged Aaron Fox, MPM for his leadership and service. He will step off the Commission, but continue as a Public Policy Committee Member. He previously served for seven years as Co-Chair of the Public Policy Committee, was instrumental in merging prevention and care policy as Co-Chair of the Joint Public Policy Committee prior to integration of the Commission as a whole, and has been a mentor on policy to many.

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

- Ms. Gordon reported that two of the three Executive Committee At-Large positions were filled by Michele Daniels and Justin Valero, MA. One position remains open.
- ➡ Please forward nominations or self-nominations to staff.

(5) 2020 Holiday Meeting Schedule

- This is the last Commission Meeting of the year and will be followed by the last Consumer Caucus Meeting. The Planning, Priorities and Allocations Committee will be the last Committee Meeting on 12/15/2020, 1:00 to 3:00 pm.
- Meetings will begin again with the Public Policy Committee Meeting on 1/4/2021, 1:00 to 3:00 pm.

C. CALIFORNIA OFFICE OF AIDS (OA) REPORT

- Karl Halfman, MS, Chief, HIV Care Branch, OA and Sandra Robinson, MBA, Chief, AIDS Drug Assistance Program (ADAP) Branch, OA noted highlights from the *OA Voice* in the packet.
- Mr. Halfman reported the six EHE Phase 1 counties were working with OA to finalize work plans and detail essential resources and actions needed to initiate their local interventions. The six Counties are Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego.
- Part of the group's work includes an at-home HIV testing demonstration project via Building Healthy Online Communities targeting men using specific dating and chat apps. Past home test kits, the apps offer an option to provide additional information and results through an anonymous online survey. The project began September 1st and has distributed 486 tests to date. About 42% of tests went to first time HIV testers. The project may expand to other jurisdictions if successful.
- The EHE Community Coalition of over 120 individuals and organizations throughout California hosted a webinar in November to consider how to most effectively address the epidemics of HIV, Hepatitis B, and other STDs. A summary of the webinar will be released shortly and a recording is posted on YouTube with a link in the *OA Voice*.
- The Prevention Branch reported the National Harm Reduction Coalition launched a new website with multiple resources including fact sheets and policy information. California resources include online learning modules.
- Ms. Robinson noted the California PrEP Assistance Program (PrEP-AP) continues to grow and has reached over 4,500 clients including several minors. The insurance assistance program is also growing and was then at 8,686.

(1) California HIV Planning Group (CPG) Update: There were no updates.

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

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

- Mario Pérez, MPH, Director, DHSP, began by thanking Mr. Ballesteros for his many years of service. He also thanked Mr. Fox for his longstanding commitment to thoughtful and progressive HIV and sexual health policy; his thoughtful and deliberate advocacy; as well as his wit and sarcasm which were necessary and welcome in certain situations.

(a) Programmatic and Fiscal Updates

- Mr. Pérez noted DHSP released the solicitation for EHE-related community mobilization and engagement to the countywide prequalified list of providers for community mobilization and engagement on 12/1/2020, World AIDS Day. Due to the open solicitation, he could not offer further details.
- DHSP finalized three flyers with details on the new countywide Emergency Financial Assistance (EFA) program for Ryan White-eligible clients below 500% of the Federal Poverty Level (FPL). They will be distributed widely.
- The few dozen LAC Ryan White network specialty HIV clinics are all required to have a Medical Care Coordination (MCC) Team with a Registered Nurse (RN), Social Worker, Case Aid, and Retention Navigator. Its purpose is to understand factors influencing a person's inability to stay in care, stay adherent, and achieve viral suppression.
- In November, DHSP gave a series of trainings for its MCC Teams to explain the EFA program including completion of applications. DHSP assigned each Team to one of two EFA program partners: Alliance for Housing and Healing (Alliance) or Housing For Health (HFH). Steps for the partners differ slightly, e.g., HFH also uses Brilliant Corners.

- Mr. Murray asked if someone could access EFA if the person had already accessed emergency rental assistance from the City or County of Los Angeles or the City of West Hollywood. Mr. Pérez replied DHSP was only working with the two partners now to ensure each client only accesses EFA once per 12 months. DHSP does not yet have a position on coordinating services with other entities, but developing a shared understanding would be valuable.
- Everyone receiving medical care at an LAC Ryan White network specialty HIV clinic can access EFA through that clinic's associated MCC Team. A person not receiving care through one of those clinics should contact either the Alliance or HFH directly for services, but is expected to be receiving medical care through some provider.
- DHSP was beginning to review the budget for Fiscal Year (FY) 21-22 starting 7/1/2021. COVID-19 has had a significant fiscal impact. DHSP will begin to get a sense of potential public health deficits starting in January.
- COVID-19 cases continue to rise fueling concerns about community spread and hospital capacity. Consequently, more DHSP staff have been assigned as Disaster Service Workers (DSWs) to support COVID-19 related elements, e.g., case contact interviews, outreach response teams, death surveillance teams, homeless outreach teams.
- LAC was now preparing for countywide vaccine distribution. That has resulted in an additional request for DHSP to identify staff to help with both clinical and nonclinical critical aspects of the vaccination work. Mr. Pérez planned to discuss with DPH the possibility of enlisting Community Based Organizations (CBOs) in the work that afternoon.
- Dr. San Agustin asked about guidelines for PLWH to receive the COVID-19 vaccine. Dr. Mills reported his agency was participating in the Johnson and Johnson trial. While most trials do not accept PLWH, his agency accepts those whose HIV is stable as reflected by a Viral Load (VL) <50 PLWH and a CD4 >300. A few long-term PLWH patients have low T-cells despite being undetectable and the trial has directed that those people should not be vaccinated. Overall, Dr. Mills felt the value of the vaccine outweighed any risk and Dr. Spencer agreed.
- ➔ Mr. Pérez will report back as DHSP has talks to coordinate EFA services with other City or County of Los Angeles or City of West Hollywood benefits such as emergency rental assistance.
- ➔ Mr. Pérez said DHSP will work with the Vaccine Preventable Disease Control (VPDC) Division, DPH, to develop COVID-19 vaccine guidelines and a presentation on the topic for the Commission. The presentation will also include information on vaccination priorities, e.g., staff providing vaccination services are a priority for vaccination.
- ➔ Mr. Pérez will forward the link to the community mobilization and engagement solicitation for Commission review.

(b) Ending the HIV Epidemic (EHE) Activities and Updates

- Ms. Tolentino noted she reviewed EHE Plan feedback at the November meeting. DHSP used it to update and reshape the five-year Plan. The revised EHE Plan will be uploaded on the Commission website shortly.
- Key updates include: stronger focus with overarching strategy on dismantling racism and ensuring a people first approach; under Diagnose, highlighting the importance of increased testing at sites with the highest impact; under Treatment, reshaping Linkage to Care and Engagement and Retention in Care for a clearer picture on how the Linkage and Re-Engagement Program (LRP) works in concert to locate clients that agencies cannot; under PrEP, providing alternatives to daily PrEP as well as identifying pharmacies as PEP and PrEP access points.
- Two tables at the end of the Plan offer a snapshot of funding to support EHE beyond the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). An additional table provides an overview of all DHSP activities including those not necessarily mentioned in the EHE Plan.
- Multiple comments pertained to adding priority populations such as transient youth and aging populations. She stressed that, though priority populations are identified in the Plan, the goal is to end HIV for everyone.
- A table of EHE Steering Committee activities and members who have identified interest in them was in the packet. Activities are organized by EHE pillar in order to enhance coordination with the Plan.
- DHSP has been able to add David Pieribone and Saron Selassie to the EHE Plan staff.
- ➔ Submit additional feedback to DHSP by 12/15/2020. DHSP needs to submit the Plan to the CDC this December.

(c) Epidemic Modeling Updates

- Ms. Garland noted the modeling on meeting EHE goals included six cities with LAC. It estimates LAC will not meet the targets identified in the EHE Plan based on the assumptions of the model. DHSP was not involved in the modeling effort and was concerned with the model used.
- The authors argue for local, rather than national, models to better reflect and respond to the local environment.
- LAC data for this model was drawn from the CDC and interventions do not necessarily reflect DHSP programs. Ms. Garland plans to contact the lead investigator about using DHSP data. If refined, Ms. Garland thought this could be a useful model for planning, resource allocations, and determining benchmarks over the next five to ten years.

- The authors also note that analysis assumes interventions scaled up equally across racial/ethnic groups rather than being based on starting where people are and addressing the needs of very specific populations. This should be addressed through client-centered interventions to work towards a common benchmark for everyone in LAC.
- This past year, DHSP has been collaborating on a modeling project using DHSP data with the University of California at Los Angeles (UCLA) and the University of Southern California (USC) comparing different policy scenarios around PrEP for Men who have Sex with Men (MSM) in LAC. The study compares the impact of the different policy scenarios on new diagnoses among MSM by race/ethnicity in order to determine how best to reduce racial/ethnic disparities. DHSP will share results with the Commission once developed.
- This model was also being developed with data from San Diego with a similar project in San Francisco. Colleagues at the Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) have been working to bring these together in order to help stakeholders use these types of models effectively.

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

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

- *Part F:* Dr. Gates, AIDS Education and Training Center (AETC), said USC continued to successfully recruit new HIV Fellows from varied backgrounds including one Fellow who previously worked in Africa and most recently at a Navajo Reservation.
- The program also recruited a new faculty member, Lilia Restochova, MD, from Montefiore Medical Center, New York. She is fellowship trained and replaces Jenica Ryu, MD, the new Director at the Rand Schrader Clinic.
- ➡ In response to a query, Dr. Gates will forward to staff a list of Fellows since 2001 to reflect demographics as well as where they chose to practice after the completion of their HIV Fellowships.

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

- *City of Long Beach:* Mr. Alvizo noted the Long Beach strategy was developed prior to the EHE strategy, but was still quite synchronous with it. Goals are: reduce HIV infections, increase capacity, and educate communities especially around PEP and PrEP. The main focus of his position is to oversee implementation of the strategy and ensuring movement on goals.
- The Health Department has partnerships with a robust group of providers. For example, while Long Beach is still trying to arrange staffing for a Mobile Testing Unit (MTU), a partner already has an active MTU in Long Beach. Long Beach was also developing a Syringe Exchange Program (SEP) starting with plans for needle drop-offs in four park locations as part of expanding harm reduction efforts around HIV and STDs. Mr. Alvizo will be reaching out to substance use and mental health providers plus working with Substance Abuse Prevention and Control (SAPC) to develop robust a network and task force.
- Long Beach has also established a Trans Wellness Work Group that is now meeting monthly. It is reviewing data for gaps in morbidity reports to better capture gender identity and anything related to income-related sex work to provide a fuller picture of people who may be at risk for HIV and STD infection, and may identify on the trans spectrum.
- There is also an effort to coordinate with the Long Beach Human Trafficking Task Force to reach agencies providing services for people who are at high risk for sex work or for human trafficking.
- This strategy addresses health and equity. North Long Beach and Central Long Beach have high HIV rates so are highlighted. Two student groups are helping him assess the two communities to expand PrEP access by, e.g., identifying providers familiar with PrEP and how to prescribe it. A PrEP Work group meets monthly on those issues and the Planning Group was working with the Long Beach School District and AltaMed on virtual sexual health education.
- For World AIDS Day, the City Council released a proclamation on the Long Beach Comprehensive Planning Group website, lbcpg.com, which also provided a resource list. Mayor Robert Garcia participated in a national conversation on aidsmemorial.org with the mayors of Chicago and New York highlighting the co-pandemics of COVID-19 and HIV. Meanwhile, parts of the City were lit up in memorial red including the Civic Center and airport.
- The next virtual Long Beach Comprehensive Planning Group Meeting will be 1/13/2021, 12:00 noon to 2:00 pm.
- *City of West Hollywood:* Mr. Murray reported the City Council met on 12/7/2020. It expanded rental assistance grants for residents; and expanded benefits for residents, dependents, and those below the Area Median Income (AMI). Home-delivered meals will be continued for high risk individuals who cannot leave their homes now. Free legal representation is available to any resident facing displacement of any kind in order to help keep people housed.
- The City honored World AIDS Day on 12/1/2020. Activities included six Paul Andrew Starke Warrior Awards to outstanding employees or volunteers of local agencies that offer HIV/AIDS and/or Substance Abuse prevention and care services.

4. REPORTS - II

A. STANDING COMMITTEE REPORTS

(1) Operations Committee

- Joseph Green, Co-Chair, reported 2021 Committee Co-Chair nominations opened at the last meeting. Messrs. Moreno and Preciado have been nominated. Nominations will close and elections will take place at the 1/28/2021 meeting.
- The Committee will review its 2021 Work Plan at its 1/28/2021 meeting.
- Dahlia Ferlito attended the last meeting and suggested the Alliance of White Anti-Racists Everywhere – Los Angeles (AWARE-LA) as a valuable resource that challenges racism and works for racial justice in transformative alliance with people of color. AWARE-LA (<https://www.awarela.org>) meets every Saturday and sponsors a variety of work groups.

(a) Membership Management

- Two additional candidates have been interviewed. The applications for Gerald Garth and Reba Stevens will be considered by the full Operations Committee at its 1/28/2021 meeting.
- Messrs. Alvarez, Burton, and Moreno continue work on revision of the membership application.
- Mr. Moreno has volunteered to develop a social media training to help Commissioners better amplify the Commission's posts in support of community engagement, outreach, and messaging.
- ➡ Mr. Preciado noted any membership application suggestions should be sent in soon as it was close to finalization.

(i) New Membership Application – Luckie Alexander Fuller, Provider Representative #7 Seat

- Mr. Fuller, Invisible Men, and the Los Angeles LGBT Center, will be returning as a Commissioner.
- He has continued to address this important work since leaving the Commission and appreciated the body's faith in him to return to addressing the work through Commission membership.

MOTION #3: Approve new Member Application for Luckie Alexander Fuller to occupy the Provider Representative #7 seat, as presented, and forward to the Board of Supervisors for appointment (**Passed: Yes – 23; No – none; Abstentions – 1**).

(ii) New Membership Application – Damontae Hack, Alternate Seat

- Mr. Hack is an Unaffiliated Consumer who would represent the youth population. He interviewed very well.

MOTION #4: Approve new Member Application for Damontae Hack to occupy an Alternate seat, as presented, and forward to the Board of Supervisors for appointment (**Passed: Yes – 24; No – none; Abstentions – 1**).

(iii) New Membership Application – Ernest Walker, MPH, HIV Stakeholder Representative #4 Seat

- Mr. Walker, Director, SoCal Club, Men's Health Foundation, is enthusiastic about the Commission and its work. He has done a lot of this type of work across the country and looked forward to working with the Commission.

MOTION #5: Approve new Member Application for Ernest Walker, MPH to occupy the HIV Stakeholder Representative #4 seat, as presented, and forward to the Board of Supervisors for appointment (**Passed: Yes – 23; No – none; Abstentions – 1**).

(iv) New Membership Application – Guadalupe Velazquez, Unaffiliated Consumer At Large #1 Seat

- Ms. Velazquez is a member of the Consumer Advisory Board (CAB) for the Maternal Child and Adolescent/Adult Center (MCA). She was referred to the Commission by Dr. Spencer.

- Ms. Gordon very much enjoyed interviewing her and Ms. Velazquez was glad to be joining the Commission.

MOTION #6: Approve new Member Application for Guadalupe Velazquez to occupy the Unaffiliated Consumer At Large #1 seat, as presented, and forward to the Board of Supervisors for appointment (**Passed: Yes – 24; No – none; Abstentions – 1**).

(v) Resignation – Aaron Fox, MPM: Joseph Green thanked Mr. Fox for his service as he stepped down from his full Commission seat. His application for a Public Policy Committee only seat will come forward shortly.

(vi) Seat Change – Frankie Darling-Palacios to Part C Representative Seat: Following Mr. Fox's departure, Frankie Darling-Palacios will move to the Part C seat.

(vii) Alternate Seat Review: Joseph Green noted several people have served in Alternate positions for some time. The Operations Committee was reviewing their service with an eye towards possible full seats.

- (b) **Mentorship Program Update:** The Peer Collaborator/Mentorship Program launched with its first virtual training. Mentors are encouraged to debrief with mentees as soon as possible to help new Commissioners reach the next level.

(c) 2020 Virtual Training Summary

- This year's trainings have been completed. Mr. Ballesteros and Ms. Gordon launched the initial overview training. That was followed by overviews of: the Ryan White CARE Act, 9/14/2020; Priority Setting and Resource Allocations (PSRA), 10/29/2020; and Standards of Care (SOC) development, 11/5/2020.
- Trainings were recorded and are available on the Commission's website. That will allow new Commissioners to begin their training with these basics before the 2021 series launches.

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

- Ms. Cataldo noted nominations for Co-Chair will be open at the next meeting on 12/15/2020, 1:00 to 3:00 pm.

(a) DHSP Fiscal Expenditure Reports: There was no additional information.

(b) Prevention Planning Updates

- Ms. Cataldo reported that a main topic from the 11/17/2020 PP&A Committee meeting was integration of prevention planning into the broader PSRA process. Agreed upon first steps include better defining prevention consumers and identifying needs data. Ms. Barrit was already coordinating with DHSP on the latter.
- The PP&A Committee has also requested SAPC present on its current prevention programs. Some programs funded by SAPC overlap with programs funded through DHSP so the goal is to maximize leverage options. SAPC has agreed to present to the PP&A Committee at its 1/19/2021 meeting.
- A Prevention Planning Work Group was initiated. It met with DHSP on 12/3/2020 to discuss the CDC prevention application process and current prevention programs.

(3) Standards and Best Practices (SBP) Committee

- On behalf of herself and Co-Chair Stalter, Ms. Davies thanked staff for all their support throughout the year. They also thanked DHSP, the Commissioners, and all who helped improve the SOCs through review and public comment.
- Ms. Gordon noted the next SBP Committee Meeting will be 1/5/2021, 10:00 am to 12:00 noon.
- She complimented SBP for all the work it accomplished in reviewing and updating SOCs despite the pandemic.

(a) Child Care Services Standards of Care (SOC) – UPDATE: Feedback from the Child Care focus group sponsored by DHSP and Part D providers was reviewed at SBP's last meeting. More was expected. Focus group notes were in the packet.

(b) Universal SOC – UPDATE: SBP reviewed this SOC again and expected to finalize it shortly. A major revision entailed removing a Quality Management (QM) section and related references as that is not under the Commission's purview.

(c) Patient Bill of Rights: The Patient Bill of Rights is provided as an addendum to the Universal SOC and was being revised in conjunction with it. The Consumer Caucus will review it this afternoon with the goal of moving beyond a list to a document that will help empower clients to take charge of their health and have a positive experience.

(4) Public Policy Committee

- Ms. Nelson noted the next Committee meeting would be 1/4/2021, 1:00 to 3:00 pm. All were welcome.
- Ms. Nelson and Mr. Kochems, Co-Chairs, thanked all the Commission and DHSP staff for their support.

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

- Ms. Nelson noted election results included some California congressional seats flipping to Republican, but Democrats maintained a House majority. The two Georgia run-offs in January 2021 will determine the Senate.
- President Elect Joseph Biden has nominated Attorney General of California Xavier Becerra, JD for the position of Secretary, Department of Health and Human Services (HHS). The nomination must be approved by the Senate for appointment. President Elect Biden will appoint Rochelle Walensky, MD, MPH, as Director, Centers for Disease Control and Prevention (CDC). This appointment does not require congressional approval.
- The Committee will continue to monitor EHE and any adjustments the new administration might initiate. Meanwhile, the National HIV Plan was out for public comment with a deadline for submissions of 12/14/2020. These are complementary with an EHE focus on HHS and the National HIV Plan spanning the federal government.
- Mr. Alvizo wondered if it was worth the time to review and comment on the National HIV Plan. Ms. Nelson noted several have asked that in consideration of the nature of the administration. She felt it would not hurt to review the document and comment if something struck one. Ms. Barrit added she had reviewed it, shared her reactions with the Commission Co-Chairs, and was drafting some comments. It is meant to build on previous federal plans such as the National HIV/AIDS Strategy from the previous administration and to align with EHE.
- She noted federal funding is not addressed. While likely intentional with a new administration starting soon, it is still a concern. Opioids were mentioned, but she felt not mentioning methamphetamine and HIV was a major gap. The document does recognize Social Determinants of Health (SDH) but, overall, she felt it lacked federal teeth.

- Ms. Tolentino said it was developed to align with the Viral Hepatitis and Sexually Transmitted Infection (STI) plans.
- The Presidential Advisory Council on HIV/AIDS (PACHA) met the prior week. Video is on the HHS website.
- The Supreme Court of the United States began hearing the Affordable Care Act (ACA) Texas versus California case on 11/10/2020. Based on the justices' line of questioning, it is likely they will only strike the individual mandate.
- On 12/3/2020, the Ninth Circuit Court of Appeals granted an injunction barring the Trump administration from implementing the public charge rule in California, Washington, and County of San Francisco cases.
- In state news, Holly Mitchell won election as Los Angeles County Supervisor, Second District, which leaves her previous California 26th Senate District seat open. Governor Gavin Newsom will need to address that vacant seat in addition to vacancies left by Vice-President Elect Kamala Harris as the United States Senator from California and, pending Senate approval as Director of HHS, California Attorney General Becerra's position.
- Ms. Nelson noted California legislators were sworn in earlier in the week for the 2020-2021 legislative session. Some 185 bills have already been introduced and the Committee will begin review for its Legislative Docket.
- Ms. Nelson heard on 12/9/2020 that there may be a delay in the release of the Master Plan for Aging. It was originally planned for release this month. There was no information on how COVID-19 might be impacting release.
- The Committee was continuing its work with the Black African American Community (BAAC) Task Force Co-Chairs on implementing the BAAC recommendations as a key Policy Priority. On a related matter, the Committee will be seeking ways to be involved in LAC's anti-racist policy agenda development.
- Another Policy Priority is addressing the STD crisis which continues in LAC despite COVID-19. The Committee planned to review the draft letter on STDs to Barbara Ferrer, PhD, MPH, Med and evaluate pertinent next steps.
- The Committee also heard an excellent presentation by Richard Zaldivar, Founder and Executive Director, The Wall Las Memorias, on a renewed effort to address crystal methamphetamine and HIV with its Act Now Against Meth campaign. Campaign goals include having the Board declare a meth awareness campaign, make meth a public health priority, build relationships across LAC between community stakeholders and government representatives, and continue discussing possible program opportunities. The Committee will be continuing that conversation.
- Mr. Kochems added this again underlines that meth has been left out for the last several years as a driving force in the HIV epidemic. He encouraged everyone to rethink how to address meth use as it has not been as successful as desired in the past. He suggested broadening the meth and substance use discussion to build communities of support. Inclusively, we should be thinking nationally about prevention services, SEPs, and harm reduction.
- Mr. Pérez echoed Mr. Kochem's point by emphasizing the need to harmonize many disparate meth, substance use, and Injection Drug Use (IDU) efforts countywide. In early conversations with Mr. Alvizo, DHSP wanted to ensure their City of Long Beach partners had what they needed. Meanwhile, Substance Abuse Prevention and Control (SAPC) has launched a new Meth Task Force with Prevention and Treatment Committees. In addition to Mr. Zaldivar's efforts, there were also people in Sacramento raising the issue. Synchronizing efforts is key.
- Before the EHE Plan is submitted, DHSP will enhance some sections to more intentionally address meth both as it relates to preventing HIV and in keeping PLWH from achieving viral suppression.
- ➡ Comments on the National HIV Plan may be submitted to Ms. Barrit, if desired. She will collect them and coordinate with Ms. Tolentino to ensure submission by the 12/14/2020 deadline.
- ➡ Ms. Nelson will follow-up on a possible letter to the new administration providing a global view of HIV issues.

(b) County, State, and Federal Budget

- The current Continuing Resolution (CR) was set to expire on 12/11/2020, but Congress provided a one-week extension for time to either pass a full spending bill or another CR to avert a federal government shut down.
- The Committee was working to schedule a presentation from the TransLatin@ Coalition on California AB 2218, the Transgender Wellness and Equity Fund. This was signed by Governor Newsom in September 2020, but the \$15 million in funding originally in the bill was cut so there is now advocacy to restore it.
- In LAC news, Measure J passed overwhelming at the 11/3/2020 election. It will use 10% of local unrestricted funds to address racial inequities through community investment. Applications for implementation have now closed.

B. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

(1) Aging Task Force: 1/25/2021, 9:00 - 11:00 am

(a) Draft Recommendations

- Mr. Ballesteros noted the recommendations in the packet were updated at the Task Force's last meeting. They were being submitted for Commission review and will be forwarded to DHSP for feedback as well.

- Ms. Barrit noted the Task Force held several meetings; attended regional and national HIV and aging conferences; and met with DHSP. Presenters included Paul Nash, CPsychol AFBPsS FHEA; and DHSP personnel Ms. Garland, Chief Epidemiologist, on data; Rebecca Cohen, MD, Associate Medical Director; Sonali Kulkarni, MD, Medical Director.
- Core sections are on: research and needs assessment; workforce development and training; expansion of prevention and treatment services; and a summary of Task Force and community discussions.
- Mr. Ballesteros noted multiple bullet points under each area. He stressed the need for community education and awareness, including among Commissioners, elucidated by all the reports and presenters.
- This represents several months of work, but continues to be a working document as more information is acquired.
- Mr. Kochems commented that this living document is a framework for concepts to consider as planners. He also found it a call to openly address what he thought has become an intergenerational conversation that includes race, homophobia, misogyny, and all the other things that have impaired progress of the HIV movement over time.
- People hoped at the start of the HIV epidemic that a vaccine would be found soon and it would be over in 10 years. The COVID-19 pandemic may facilitate progress for things that were not accomplished then. Even so, it is no longer a conversation only about those there then, but about 40 years' worth of intergenerational experiences and a changing face of HIV. These intergenerational conversations can be hard and require vulnerability, but are fruitful.
- Ms. Gordon commented that she did not expect to live a year when she was diagnosed in 2000. She now prays to live to meet her grandchildren. She hopes all Commissioners live to grow old and remain healthy for our best lives.
- ➡ Staff will be scheduling a panel on the aging population of PLWH and those at risk of HIV.

(2) Black/African American Community (BAAC) Task Force: 1/21/2021, 1:00 - 3:00 pm

- Ms. Campbell said the last Task Force meeting of the year was 12/2/2020. Efforts were ongoing to collaborate with Commission Committees and working groups on implementation of BAAC recommendations developed in the past year. DHSP has been invited to the Task Force's March meeting to discuss implementing pertinent recommendations.
- Ms. Gordon acknowledged the amazing and dedicated work of the BAAC Task Force and its Co-Chairs in what has been a rough year for African American people and Brown people. She looked forward to more groundbreaking work.

(a) Commitment Statement

- The Task Force finalized its Commitment Statement which was included in the packet for Commission review.
- The Statement will be released in a social media campaign to promote the Task Force as well as to foster participation in commemoration of National Black HIV/AIDS Awareness Day (NBHAAD) this February 2021.
- The Task Force was addressing its 2021 Work Plan including Board Second District collaboration on NBHAAD creating a series of community conversations to address anti-Black racism, Black women, and structural violence.

(3) Consumer Caucus: 12/10/2021, 3:00 – 5:00 pm

- Mr. Moreno reported it will identify 2021 Work Plan priorities and finalize input on the Patient Bill of rights later today.
- The Caucus will also hear a presentation from Ace Robinson, MHL, MPH, Director, Strategic Partnerships and The Center to End the Epidemics, NMAC, on leadership training options.
- Mr. Moreno thanked all who acknowledged World AIDS Day, provided information, and/or sponsored events.
- Ms. Gordon also recognized the Consumer Caucus and its Co-Chairs who have taken the work to the next level.

(4) Women's Caucus: 1/18/2021, 2:00 - 4:00 pm

- Dr. Spencer said this Caucus has not met since the last Commission. The next meeting will focus on the 2021 Work Plan.
- Mr. Ballesteros congratulated Dr. Spencer for her appointment as Director, Charles Drew University, Drew Center for AIDS Research Education (Drew CARES). Dr. Spencer thanked everyone for the welcoming words and looked forward to serving this community. She especially noted the wonderful retirement event they just held for Dr. Wilburt Jordon.
- Ms. Gordon acknowledged the work of this Caucus and its Co-Chairs especially the awesome Lunch and Learn series.

(5) Transgender Caucus: 2/23/2021, 10:00 - 12:00 noon

- Ms. Barrit reported the Caucus met 12/2/2020 and heard from the TransLatin@ Coalition on AB 2218 discussed earlier under the Public Policy Committee. The \$15 million budget ask, as noted, is the advocacy focus.
- A CAB was being formed under the Office of Equity, DPH, to help shape dissemination of AB 2218 funds statewide.
- Ms. Gordon highlighted the need for more Caucus participants. Lives are in danger and have been for a long time.

5. MISCELLANEOUS

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- A. PUBLIC COMMENT: OPORTUNITY TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION (To provide live public comment, register and join WebEx via computer or smartphone. Those joining via telephone cannot provide live public comment, but may submit written comments or materials via email to hivcomm@lachiv.org):** There were no comments.
- B. COMMISSION NEW BUSINESS ITEMS: OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR FULL BODY OR COMMITTEE DISCUSSION ON FUTURE AGENDAS, OR MATTERS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR WHERE NEED TO TAKE ACTION AROSE SUBSEQUENT TO POSTING THE AGENDA:** There were no new business items.
- C. ANNOUNCEMENTS: REGARDING COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES (Provision of announcements will follow the same protocol as that listed for public comments above.)**
- Dr. Spencer announced Drew CARES positions for a Peer Navigator for the African American community and a Mental Health Case Manager with Spanish language proficiency. Contact her or David Lee for more information.
 - Mr. Ballesteros and Ms. Gordon wished everyone good health and happiness and a wonderful New Year! They highlighted the Commission staff in appreciation of their dedication and support as well as the DHSP staff's hard work.
 - Ms. Barrit congratulated Dawn McClendon on her upcoming birthday 12/11/2020. Good wishes were offered by all.
 - Dr. Clavreul congratulated the Commission for holding its meetings despite the pandemic and allowing public comment.
 - Mr. Stewart noted this was the second time he had the opportunity to serve as Parliamentarian to Mr. Ballesteros as Co-Chair. The first was when he began serving the Commission in 2001. Mr. Ballesteros is the longest serving Commissioner at over 20 years and still serves well. He thanked him for everything.

ADJOURNMENT AND ROLL CALL: The meeting adjourned at 12:03 pm.

Roll Call (Present): Alvizo, Burton, Campbell, Darling-Palacios, Davies, Donnelly, Gates, Gonzalez, Granados, Green (Joseph), Halfman, Kochems, Lee, Martinez, Mills, Moreno, Murray, Nash, Nelson, Pérez, San Agustin, Sattah, Spencer, Ballesteros, Gordon.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve the 9/10/2020 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Approve new Member Application for Luckie Alexander Fuller to occupy the Provider Representative #7 seat, as presented, and forward to the Board of Supervisors for appointment.	Ayes: Alvarez, Burton, Cataldo, Davies, Donnelly, Gates, Gonzalez, Granados, Green (Joseph), Kochems, Martinez, Mills, Moreno, Murray, Nash, Nelson, Pérez, Preciado, San Agustin, Sattah, Spencer, Ballesteros, Gordon Opposed: None Abstentions: Halfman	MOTION PASSED Ayes: 23 Opposed: 0 Abstentions: 1
MOTION #4: Approve new Member Application for Damontae Hack to occupy an Alternate seat, as presented, and forward to the Board of Supervisors for appointment.	Ayes: Alvarez, Burton, Cataldo, Davies, Donnelly, Gates, Gonzalez, Granados, Green (Joseph), Kochems, Lee, Martinez, Mills, Moreno, Murray, Nash, Nelson, Pérez, Preciado, San Agustin, Sattah, Spencer, Ballesteros, Gordon Opposed: None Abstentions: Halfman	MOTION PASSED Ayes: 24 Opposed: 0 Abstentions: 1
MOTION #5: Approve new Member Application for Ernest Walker, MPH to occupy the HIV Stakeholder Representative #4 seat, as presented, and forward to the Board of Supervisors for appointment.	Ayes: Alvarez, Burton, Cataldo, Davies, Donnelly, Gates, Gonzalez, Granados, Green (Joseph), Kochems, Lee, Mills, Moreno, Murray, Nash, Nelson, Pérez, Preciado, San Agustin, Sattah, Spencer, Ballesteros, Gordon Opposed: None Abstentions: Halfman	MOTION PASSED Ayes: 23 Opposed: 0 Abstentions: 1

MOTION AND VOTING SUMMARY

MOTION #6: Approve new Member Application for Guadalupe Velazquez to occupy the Unaffiliated Consumer At Large #1 seat, as presented, and forward to the Board of Supervisors for appointment.

Ayes: Alvarez, Burton, Cataldo, Davies, Donnelly, Gates, Gonzalez, Granados, Green (Joseph), Kochems, Lee, Martinez, Mills, Moreno, Murray, Nash, Nelson, Pérez, Preciado, San Agustin, Sattah, Spencer, Ballesteros, Gordon
Opposed: None
Abstentions: Halfman

MOTION PASSED
Ayes: 24
Opposed: 0
Abstentions: 1



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2021 COMMISSION ON HIV MEETING SCHEDULE

To comply with the County of Los Angeles and State of California directives and orders due to the COVID-19 public health pandemic, beginning June 1, 2020 until further notice, all full body, standing and subordinate working unit meetings will be held virtually.

Meeting dates/times are subject to change. For meeting notifications, please subscribe to the Commission’s email list at <https://tinyurl.com/y83ynuzt> or contact Commission’s office at hivcomm@lachiv.org or 213.738.2816 for updates.

All Committee and Commission meetings are open to the public and are held virtually via the WebEx platform. For a brief tutorial on how to join a WebEx meeting/event, check out: <https://help.webex.com/en-us/nrbgeodb/Join-a-Webex-Meeting>

Commission on HIV (COH)	2 nd Thursday of Each Month	9:00 AM	-	1:00 PM
Executive Committee	4 th Thursday of Each Month	1:00 PM	-	3:00 PM
Operations Committee	4 th Thursday of Each Month	10:00 AM	-	12:00 PM
Planning, Priorities & Allocations (PP&A) Committee	3 rd Tuesday of Each Month	1:00 PM	-	3:00 PM
Public Policy Committee (PPC)	1 st Monday of Each Month	1:00 PM	-	3:00 PM
Standards and Best Practices (SBP) Committee	1 st Tuesday of Each Month	10:00 AM	-	12:00 PM
Consumer Caucus	2 nd Thursday of Each Month	Following COH Meeting		
Transgender Caucus	4 th Tuesday of Each Month	10:00 AM	-	12:00 PM
Women’s Caucus	3 rd Monday of Each Month	2:00 PM	-	4:00 PM
Aging Task Force (ATF)	1 st Tuesday of Each Month	1:00 PM	-	3:00 PM
Black African American Community (BAAC) Task Force	4 th Monday of Each Month	1:00 PM	-	3:00 PM

The Commission office continues to remain closed to the public until further notice in compliance with stay at home orders and social distancing requirements. For inquiries, you may contact the Commission office at hivcomm@lachiv.org or 213.738.2816.



2021 MEMBERSHIP ROSTER | UPDATED 03.08.21

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

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

LOA: Leave of Absence

Planning Council/Planning Body Reflectiveness (Updated 03.04.21)

(Use HIV/AIDS Prevalence data as reported FY 2020 Application)

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	11	22.00%	5	41.67%
Black, not Hispanic	10,155	20.00%	15	30.00%	5	41.67%
Hispanic	22,766	44.84%	20	40.00%	2	16.66%
Asian/Pacific Islander	1,886	3.71%	3	6.00%	0	0.00%
American Indian/Alaska Native	300	0.59%	1	2.00%	0	0.00%
Multi-Race	1,705	3.36%	0	0.00%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	50	100%	12	100%
Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	33	66.00%	8	66.67%
Female	5,631	11.09%	14	28.00%	4	33.33%
Transgender	854	1.68%	3	6.00%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	50	100%	12	100%
Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
13-19 years	122	0.24%	0	0.00%	0	0.00%
20-29 years	4,415	8.69%	2	4.00%	1	8.33%
30-39 years	9,943	19.58%	20	40.00%	3	25.00%
40-49 years	11,723	23.09%	12	24.00%	1	8.33%
50-59 years	15,601	30.72%	9	18.00%	6	50.00%
60+ years	8,973	17.67%	7	14.00%	1	8.33%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	50	100%	12	99.99%

****Percentages may not equal 100% due to rounding.****



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ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: March 08, 2021
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 13 Number of Quorum= 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
David Lee, MPH, LCSW	Co-Chair, Comm./Exec.*	Commissioner
Raquel Cataldo	Co-Chair, PP&A	Commissioner
Michele Daniels	At-Large Member*	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Carlos Moreno	Co-Chair, Operations	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Frankie-Darling Palacios	Co-Chair, PP&A	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Juan Preciado	Co-Chair, Operations	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero	At-Large Member*	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 10:00 AM-12:00 PM		
Number of Voting Members= 9 Number of Quorum= 5		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Carlos Moreno	Committee Co-Chair*	Commissioner
Juan Preciado	Committee Co-Chair*	Commissioner
Miguel Alvarez	**	Alternate
Danielle Campbell, MPH	*	Commissioner
Michele Daniels	*	Commissioner
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Joseph Green	*	Commissioner
Kayla Walker-Heltzel	**	Alternate
Justin Valero	*	Commissioner

Committee Assignment List

Updated: March 08, 2021

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 18 Number of Quorum= 10		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Frankie-Darling Palacios	Committee Co-Chair*	Commissioner
Raquel Cataldo	Committee Co-Chair*	Commissioner
Everardo Alvizo, MSW	*	Commissioner
Al Ballesteros	*	Commissioner
Kevin Donnelly	*	Commissioner
Luckie Fuller	*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Damontae Hack	*	Alternate
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Diamante Johnson (Kayla Walker-Heltzel, Alternate)	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Maribel Ulloa	*	Commissioner
Guadalupe Velazquez	*	Commissioner
TBD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1 st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 11 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Alasdair Burton	*	Alternate
Gerald Garth, MS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Eduardo Martinez	**	Alternate
Nestor Kamurigi	*	Alternate
Isabella Rodriguez	*	Commissioner
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Tony Spears	*	Alternate

Committee Assignment List

Updated: March 08, 2021

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1 st Tuesday of the Month		
Regular meeting time: 10:00AM-12:00 PM		
Number of Voting Members = 13 Number of Quorum = 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Pamela Coffey (Reba Stevens, Alternate)	*	Commissioner
Grissel Granados	*	Commissioner
Thomas Green	**	Alternate
Felipe Gonzalez	*	Commissioner
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Katja Nelson, MPP	**	Commissioner
Joshua Ray (Eduardo Martinez, Alternate)	*	Commissioner
Harold Glenn San Agustin, MD	*	Commissioner
Justin Valero, MA	*	Commissioner
Ernest Walker	*	Commissioner
Amiya Wilson	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUSRegular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting

Co-Chairs: Felipe Gonzales & Carlos Moreno

Open membership to consumers of HIV prevention and care services**AGING TASKFORCE (ATF)**

Regular meeting day/time: 1st Monday of Each Month @ 10am-12pm

Chair: Al Ballesteros, MBA

Open membership**BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE**Regular meeting day/time: 4th Monday of Each Month @ 10am-12pm

Co-Chairs: Danielle Campbell, MPH & Greg Wilson

Open membership**TRANSGENDER CAUCUS**Regular meeting day/time: 4th Tuesday of Each Month @ 10am-12pm

Chair: Frankie Darling-Palacios

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

Co-Chairs: Shary Alonzo & Dr. LaShonda Spencer

Open membership



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/4/21

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	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CATALDO	Raquel	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Substance Abuse, Transitional Housing (meth)
			Transitional Case Management-Jails
			Transportation Services
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			

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
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
JOHNSON	Diamante	Unaffiliated consumer	No Ryan White or prevention contracts
KAMURIGI	Nestor	No Affiliation	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
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
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
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)	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
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
ULLOA	Maribel	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts
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)
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts

PARLIAMENTARY TRAINING

JAMES H. STEWART. PRP

WHO CAN MAKE MOTIONS?

- In a Committee, any member of the Committee
- In a Commission Meeting, any members of the Commission or any Committee of the Commission.
- Traditionally, motions have come from committees
- **RED FLAG** - The Brown Act effectively prohibits motion from the floor being acted on in the same meeting
- Any motion made by an individual at a meeting is most likely to be postponed to the next meeting, or the Commission can, by majority vote, refer the motion to a committee.

WHO CAN AMEND MOTIONS

- In a Committee, any member of the Committee
- In a Commission Meeting, any members of the Commission or any Committee of the Commission
- **RED FLAG** – due to the notice requirements of the Brown Act, any amendment that substantially changes to action of the motion the motion and amendment would have to either be postponed until the next meeting, or referred back to the committee that made the original motion
- Scope of notice
- Amendments are adopted by a majority vote

SCOPE OF NOTICE

Example

- Dues are \$50 – proposed amendment is \$100

SCOPE OF NOTICE



SCOPE OF NOTICE

Example

- Dues are \$50 – proposed amendment is \$100
- Motion to change qualifications for alternates
- Proposed amendment to add several members to a committee.
- Chair rules – may be appealed.

FRIENDLY
AMENDMENTS



WHO CAN RESCIND A MOTION

- There is a special motion in Robert's called "Amend or Rescind Something Previously Adopted"
- Any member of the Commission can move to amend or rescind a previously made motion, as long as it is not in the same meeting as the motion was passed. (that is Reconsider)
- **RED FLAG** -Due to the Brown Act, the action will be postponed until the next meeting
- Requires a majority with notice.
- Rescind by replacement

RECONSIDER

- To bring back for consideration a motion that has been finally disposed of.
- Can only be used in the same meeting as the motion to be reconsidered, or the next business day (convention)
- Only a member who voted on the prevailing side can move to reconsider
- Majority vote to grant reconsideration
- Consideration may be postponed (**RED FLAG** - under Brown Act, must be postponed) to another meeting

VOTING UNDER THE BROWN ACT

- Brown Act requires that all votes are recorded by name
- This allows only 2 ways to vote
 - General consent
 - Roll call
- General Consent – the chair asks if there are any objections to doing XX, if there are not, motion adopted, if there are objections, roll call vote
- Roll Call – each person's name is called in alpha order, with the chairs last, and each person answers AYE, NO or ABSTAIN
- **RED FLAG** - The County Counsel has opined that any vote on a substantive motion must be by roll call for all virtual meetings, that leaves only adopting the agenda and minutes by unanimous consent

CO-CHAIRS ROLE

- Discouraged by Robert's Rules. There can only be one person in charge at any time.
- In practice, each co-chair will preside for a portion of the meeting, or one will preside this meeting, the other at the next meeting, their choice, should decide in advance
- Any action that is done on the sole authority of the chair, both must agree to the action.



2020: RISING ABOVE THE CHALLENGE

ANNUAL REPORT JANUARY-DECEMBER 2020



LOS ANGELES COUNTY
COMMISSION ON HIV



LOS ANGELES COUNTY COMMISSION ON HIV
3530 Wilshire Blvd., Suite 1140
Los Angeles CA, 90010
(213) 738-2816
www.hiv.lacounty.gov

 **Ending
the
HIV
Epidemic**

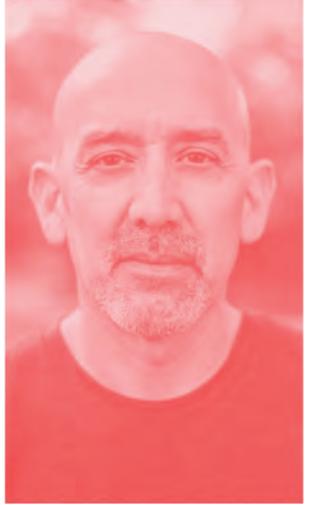


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VISION AND MISSION STATEMENTS

VISION

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

MISSION

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

ROLES AND RESPONSIBILITIES

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

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

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



2020: RISING ABOVE THE CHALLENGE

2020 was a year like no other in the recent history of mankind. The year was marked by several global challenges, leading with the devastating impact of the novel coronavirus (COVID-19) pandemic and the nation's reckoning with the ills of racism anti-Blackness in America and beyond. COVID-19 laid bare before our eyes what the HIV movement has recognized as the biggest wall preventing our victory over HIV - racism is the root cause of health and social disparities. The same communities of color who have overwhelmingly shouldered the burden COVID-19 infections, deaths, and hospitalizations, are the same communities that suffer from HIV and STDs the most. At the end of 2018, approximately 0.6% of the 10.3 million Los Angeles County (LAC) residents were living with HIV. The group with the plurality of people with HIV (PWH) are Latinx cisgender men who have sex with men (~40%), followed by White cisgender men who have sex with men (26%), followed by Black/African-American cisgender men who have sex with men (23%).¹ The balance of males with HIV are injection drug users of multiple racial/ethnic groups as well as cisgender American Indian/Alaskan Native, Asian or Pacific Islander men who have sex with men. Black/African American males, female and transgender persons and American Indian/Alaskan Native males are disproportionately impacted with HIV compared to their share of the LAC population.

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

#STRONGERTOGETHER: RAPID MOBILIZATION AND RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY

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

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

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

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

COMPASSION IN TIME OF COVID-19

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

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

- The Aging Task Force (ATF) developed the recommendations to the COH, DHSP, and other County and City partners to address the unique needs of older adults (individuals who are aged 50 and older) population. According to the Health Resources and Service Administration (HRSA), the Ryan White program client population is aging. Of the more than half a million clients served by Ryan White program, 46.1 percent are aged 50 years and older and this continues to grow. While Ryan White clients in LAC show higher engagement and retention in care, and viral suppression rates, within the 50+ population there exists disparities by racial/ethnic, socioeconomic, geographic, and age groups stratification. The ATF recommendations were centered around the core issues of ongoing research and needs assessment, workforce and community education and awareness, and expansion of HIV/STD prevention and care services for older adults.
- Under the leadership of the Planning, Priorities and Allocations (PP&A) Committee, the COH worked with DHSP to allocate and shift funding as appropriate, to critical medical and support services including but not limited to emergency financial assistance, housing, and mental health. PP&A continued to lead the COH's multi-year priority setting and resource allocation process to avoid interruption of care for PWH.
- A most notable achievement for the COH was the accelerated pace at which the service standards for the **Emergency Financial Assistance (EFA)** was completed and approved. In June 2020, the COH, approved the EFA service standards and requested that DHSP move expeditiously to put in place the contractual mechanisms to implement EFA services especially during these economically challenging times. The Standards and Best Practices (SBP) Committee worked diligently with providers, consumers, subject matter experts, and DHSP staff to develop the EFA standards. EFA provides limited one-time or short-term payments to assist a Ryan White Part A client with an urgent need for essential items or services due to hardship. The purpose of EFA is to ensure clients can pay for critical services that play a role on whether a client is able to stay engaged in medical care and/or adhere to treatment. By the end of 2020, DHSP implemented training for Medical Care Coordination (MCC) teams on how to provide EFA to eligible clients and enacted contracts with 2 agencies to administer the program. The COH continues to work with DHSP to troubleshoot, improve the program, and minimize barriers to services.
- The COH updated and approved the **psychosocial support** services standards in September to keep PWH in care and maintain their quality of life. The purpose of psychosocial support services is to remove or lessen barriers to care and treatment through counseling services and mental health support. The implementation of psychosocial services would help in meeting the increase in demand for mental health services and social support during the pandemic and the recovery phase of the County's emergency response.
- COVID-19 has deeply impacted women and families with school-aged children. To support women living with HIV, the SBP Committee updated the childcare service standards and harnessed feedback from key partners such as local HIV providers that serve a large number of women of child-bearing age and the Women's, Consumer, and Transgender Caucuses. The childcare standards are slated for approval in early 2021.

COMMITMENT TO ALLYSHIP AND RACIAL JUSTICE: TO END HIV, WE MUST END RACISM

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

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

- The COH supported community mobilization efforts that led to the passage of AB2218 Transgender Wellness and Equity Fund. AB2218 opens the way for the California Department of Public Health to establish funding grants to organizations serving people that identify as transgender, gender nonconforming, or intersex (TGI), to create or support TGI-specific housing programs and partnerships with hospitals, health care clinics, and other medical providers to provide TGI-focused health care, and related education programs for health care providers.

COMMUNITY ENGAGEMENT

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

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

ENDING THE HIV EPIDEMIC IN THE CONTEXT OF COVID-19

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

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

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

- The University of California Center for HIV Identification, Prevention and Treatment Services (CHIPTS) presented their EHE-related research at the August COH Meeting. The topics were:
 - 1) Regional Response to HIV Eradication Efforts in California Counties presented by Steve Shoptaw, PhD;
 - 2) Use of Technology-based PrEP Services to Improve Uptake, Adherence, and Persistence presented by Ronald A. Brooks, PhD and Dilara K. Üsküp, PhD; and
 - 3) Preparing for Long-Acting Injectable Treatment for HIV in Los Angeles presented by David Goodman-Meza, MD, MAS.
- The Los Angeles Homeless Services Authority (LAHSA) joined the September COH meeting to provide an update on the County’s Homeless Count, Project RoomKey and permanent housing for PLWH.
- The City of Los Angeles Housing Opportunities for Persons with AIDS (HOPWA) provided information on the \$2.8 million in funding they received under the CARES Act and solicited input from Commissioners and the community on how to use those resources.
- In response to the community’s interest and concerns about the impact of COVID-19 on PLWH, Dr. Eric S. Daar, M.D., Chief, Division of HIV Medicine Harbor-UCLA Medical Center, Investigator, Lundquist Institute discussed the Intersection of COVID-19 and HIV at the October COH meeting.

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

Los Angeles County has been a national pace setter in developing and implementing responsive and innovative programs to curb the HIV/STD epidemics. With the continued support and revitalized commitment to ending HIV, resilience and optimism, the COH looks forward to working the Board of Supervisors and County leadership to finally end HIV, once and for all. **THE TIME TO END HIV IS NOW AND TO END HIV, WE MUST END RACISM.**



COMMISSIONERS (JANUARY - DECEMBER 2020)

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

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

Miguel Alvarez, Alternate

Everardo Alvizo, MSW, City of Long Beach Representative

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

Alasdair Burton, Alternate

Danielle Campbell, MPH, Supervisorial Board Office 2 Representative

Raquel Cataldo, Supervisorial Board Office 5 Representative

Pamela Coffey, Unaffiliated Consumer, Service Planning Area 6

Michele Daniels, Unaffiliated Consumer, Service Planning Area 1

Frankie Darling-Palacios, Provider Representative

Erika Davies, City of Pasadena Representative

Kevin Donnelly, Unaffiliated Consumer, Service Planning Area 8

Aaron Fox, MPM, Ryan White Part C Representative

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

Felipe Gonzalez, Unaffiliated Consumer, At-Large

Grissel Granados, MSW, HIV Stakeholder Representative

Joseph Green, Unaffiliated Consumer, At-Large

Thomas Green, Alternate

Karl Halfman, MA, Ryan White Part B Representative

Diamante Johnson, Unaffiliated Consumer Supervisorial District 5

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

Lee Kochems, MA, Behavioral/Social Scientist Representative

David P. Lee, MPH, LCSW, Provider Representative

Eduardo Martinez, Alternate

Anthony Mills, MD, Provider Representative

Carlos Moreno, Provider Representative

Derek Murray, City of West Hollywood Representative

Paul Nash, PhD, HIV Stakeholder Representative

Katja Nelson, MPP, Supervisorial Board Office 3 Representative

Mario Pérez, MPH, Ryan White Part A Representative

Juan Preciado, HIV Stakeholder Representative

Joshua Ray, Unaffiliated Consumer Supervisorial District 3

Nestor Kamurigi, Alternate

Ricky Rosales, City of Los Angeles Representative

Harold Glenn San Agustin, MD, Provider Representative

Martin Sattah, MD, Provider Representative

Tony Spears, Alternate

LaShonda Spencer, MD, Provider Representative

Kevin Stalter, Unaffiliated Consumer, Service Planning Area 4

Maribel Ulloa, Housing Opportunities for People with AIDS (HOPWA) Representative

Justin Valero, Supervisorial Board Office 4 Representative

Kayla Walker-Heltzel, Alternate

Amiya Wilson, HIV Stakeholder Representative

Greg Wilson, HIV Stakeholder Representative (resigned 6/11/20)

STAFF

Cheryl A. Barrit, Executive Director

Dawn P. McClendon, Assistant Director

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LOS ANGELES COUNTY
COMMISSION ON HIV



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EXECUTIVE OFFICE



**BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES**



LOS ANGELES COUNTY COMMISSION ON HIV (COH) 2021 MASTER WORK PLAN DRAFT/FOR REVIEW and DISCUSSION ONLY (1.5.21)

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



**Los Angeles County Commission on HIV
Commitment to Racial Justice Framework
(DRAFT 1.20.21/Executive Committee 1/28/21)**

Purpose and Background:

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

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

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

I. Build skills to engage in difficult conversations

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

Proposed Actions:

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

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

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

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

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

Actions:

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

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

Actions:

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

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

Actions:

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

The Los Angeles County Commission on HIV Women's Caucus Presents

In Commemoration of National Women &
Girls HIV/AIDS Awareness Day (NWGHAAD)

Advocacy:

Embodying Meaningful Involvement of People Living
with HIV: Nothing About Us Without Us

Guest Speakers:

Venita Ray, Co-Executive Director
Positive Women's Network - USA

Shary Alonzo, Women's Caucus Co-Chair
Jayshawnda "Jayda" Arrington, Women's Caucus Member
Shonté Daniels, Women's Caucus Member

Monday, March 15, 2021

2:00-4:00PM (PST)

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LOS ANGELES COUNTY
COMMISSION ON HIV



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March 4, 2021

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
Los Angeles, CA 90012

Dear Supervisors:

We thank you for your leadership and commitment to protecting the health of Angelenos, especially during the COVID-19 pandemic. We write to urge your Board to include positive HIV status in the criteria used to define persons considered immunocompromised for purposes of determining eligibility for COVID-19 vaccination. HIV should be included within medical conditions with high risk of severe COVID-19. The Los Angeles County Commission on HIV (COH) joins a growing coalition of HIV advocacy organizations appealing to federal, state, and local health and public officials to include people with HIV (PWH) in the priority groups for COVID-19 vaccination.

As Los Angeles County shoulders 38% of the HIV burden in California, the Board of Supervisors should set the leadership standard in including PWH in the COVID-19 vaccine distribution prioritization. Failure to do so continues to cause harm and undue burden on a population that is already grappling with HIV-related stigma. **Prioritizing PWH for COVID-19 vaccines would also address the health equity gap: the majority of PWH in Los Angeles County are people of color, the same communities at higher risk of dying of COVID.**

On February 23, 2021, the [City of Philadelphia](#) announced that PWH are now considered a priority group under Phase 1b of their COVID-19 vaccine distribution plan. Furthermore, public health officials noted that this City directive is aligned with the Centers for Disease Control and Prevention (CDC) guidelines revised in December 2020 to include people ages 16-64 with underlying medical conditions in Phase 1b.

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- Ernest Walker, MPH
- (Kayla Walker-Heltzel, (Alternate)
- Amiya Wilson

HIV is expressly included in vaccine prioritization plans as a high-risk medical condition in twelve states (Kansas, Montana, Nebraska, New Hampshire, New Mexico, New York, North Carolina, Pennsylvania, Rhode Island, Tennessee, Utah, and Virginia).

Recent evidence published by the New York State Department of Health AIDS Institute and the New York City Department of Health and Mental Hygiene (DOHMH) shows that people with HIV (PWH) in New York have experienced significantly higher rates of COVID-related hospitalization and mortality than the general population, strongly supporting the inclusion of people with an HIV diagnosis as a category of immunocompromised people at enhanced risk of poor COVID-19 outcomes and increased mortality.^{1 2} Governor Cuomo recently announced that people with HIV and people with liver disease in New York State would be eligible for the COVID-19 vaccine beginning February 15, 2021.

Increased risk of severe illness, hospitalization and death from COVID-19 in people with HIV were described in studies from South Africa³ and the United Kingdom.⁴ Study results indicate approximately a doubling risk of hospitalization and death from COVID-19 among people with HIV compared to HIV-negative counterparts. Three more small studies, including a multicenter study from the United States,⁵ a European multicenter study from Spain, Italy and Germany⁶ and another United Kingdom study,⁷ confirm increased risk of severe illness, hospitalization and mortality in people with HIV.

Access to healthcare is unequal in our community and barriers to acquiring the COVID-19 vaccine must be alleviated for vulnerable populations. We support the recommendations enumerated by Drs. Muriel Jean-Jacques and Howard Bauchner in an editorial submitted to JAMA.⁸

¹ Tesoriero, J.M., Swain, C.E., Pierce, J.L., Zamboni, L., Wu, M., Holtgrave, D.R., Gonzalez, C.J., Udo, T., Morne, J.E., Hart-Malloy, R., Rajulu MSA, D.T., Leung, S.J., Rosenberg, E.S. Elevated COVID-19 outcomes among persons living with diagnosed HIV infection in New York State: Results from a population-level match of HIV, COVID-19, and hospitalization databases. medRxiv. doi: <https://doi.org/10.1101/2020.11.04.20226118>, posted November 6, 2020.

² Braunstein, S.L., Lazar, R., Wahnich, A., Daskalakis, D.C., Blackstock, O.J. COVID-19 infection among people with HIV in New York City: A population-level analysis of linked surveillance data, *Clinical Infectious Diseases*, 2020; ciaa1793, <https://doi.org/10.1093/cid/ciaa1793>

³ Boule A, Davies MA, Hussey H, et al. Risk factors for COVID-19 death in a population cohort study from the Western Cape Province, South Africa. *Clin Infect Dis*. 2020 Aug 29;ciaa1198. Available at: <https://academic.oup.com/cid/advancearticle/doi/10.1093/cid/ciaa1198/5899044>.

⁴ Geretti AM, Stockdale AJ, Kelly SH, et al. Outcomes of COVID-19 related hospitalization among people with HIV in the ISARIC WHO Clinical Characterization Protocol (UK): a prospective observational study. *Clin Infect Dis*. 2020 Oct 23;ciaa1605. Available at: <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1605/5937133>.

⁵ Dandachi D, Geiger G, Montgomery MW, et al. Characteristics, Comorbidities, and Outcomes in a Multicenter Registry of Patients with HIV and Coronavirus Disease-19. *Clin Infect Dis*. 2020 Sep 9;ciaa1339. Available at: <https://academic.oup.com/cid/advancearticle/doi/10.1093/cid/ciaa1339/5903368>.

⁶ Hoffmann C, Casado JL, Härter G, et al. Immune deficiency is a risk factor for severe COVID-19 in people living with HIV. *HIV Med*. 2020 Dec 27. Available at: <https://onlinelibrary.wiley.com/doi/10.1111/hiv.13037>.

⁷ Bhaskaran K, Rentsch CT, MacKenna B, et al. HIV infection and COVID-19 death: a population-based cohort analysis of UK primary care data and linked national death registrations within the OpenSAFELY platform. *Lancet HIV*. 2021 Jan;8(1):e24-e32. Available at: [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(20\)30305-2/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(20)30305-2/fulltext).

⁸ <https://jamanetwork.com/journals/jama/fullarticle/2776053>. Accessed February 17, 2021.

1. Prioritize vaccine distribution to zip codes that have been most severely affected by COVID-19 and that have high indexes of economic hardship. In Los Angeles County community-based clinics are trusted partners and serve primarily communities of color. Direct allocation of vaccines to community health centers would expand access for individuals who do not own cars to drive to mega points of dispensing (POD) sites. Small private medical clinics embedded and trusted in under-resourced communities should receive vaccines and infrastructure support as they play a crucial role in providing access and education to overcome vaccine hesitancy.
2. Partner with local health care institutions, community organizations, and other trusted sources to promote vaccine awareness and uptake within local communities, with particular attention to institutions and organizations that serve communities who have borne the brunt of COVID-19 exposure, illness, and death. Los Angeles County and the independent local health jurisdictions of the Cities of Long Beach and Pasadena have a vast and well-established network of HIV medical and social services and should be used to vaccinate PWH.
3. Prioritize vaccine distribution to those who face mobility or other transportation barriers to receipt of the vaccine (e.g., vans to deliver vaccine to homebound older persons, vaccination sites that are near public transportation, and hours of operation that are accessible to those who work or who rely on those who work during standard business hours). Mobile vaccination clinics should be deployed more frequently in under-resourced communities.
4. Simplify registration procedures. Ensure registration options that do not require the internet or digital platforms (such as phone or in-person registration). Ensure registration is accessible to those with limited English proficiency or limited literacy. Registration should not require nonessential documentation and offer vaccination options that do not require preregistration (e.g., at local community centers, schools, houses of worship, or other highly frequented and trusted sites in the community).
5. Dispatch mobile vaccine and emergency assistance teams dedicated to neighborhoods of color to administer vaccines and support with access to emergency services and the necessities of living in 2021 such as Wi-Fi, personal protective equipment, food, transportation, mental health support, etc. Staff of these mobile vaccine should be from the communities they are serving, have a track record of compassionate, effective service and should remain in the community to build relationships, support and trust with residents living in the geographic area. This mobile service must show up in at the same time, in the same place seven days per week until the threat of the pandemic is over.

We have lost far too many friends and loved ones to HIV/AIDS and COVID. Time is of the essence in saving lives and we urge you to prioritize PWH in the COVID vaccine distribution now. Thank you for your consideration and ongoing response to this public health emergency.

Sincerely,
Commission on HIV

Same script, different viruses: HIV and COVID-19 in US Black communities



The *Lancet* Series on HIV in the USA describes the current state of the nation's HIV epidemic, including ongoing inequities and challenges for key populations and comorbidities.¹⁻⁶ Black Americans have consistently shouldered many of these HIV inequities, a pattern also seen in the COVID-19 pandemic. The overlapping racial disparities related to COVID-19 and HIV^{7,8} highlight lessons that policy makers, public health practitioners, providers, and communities can leverage in their strategies to eliminate the disproportionate burden of HIV and COVID-19 in Black communities.

The initial US response to both HIV and COVID-19 underestimated the risk to the general population and focused instead on the specific populations in which infections first emerged. Risk perceptions in other populations remained low, even once it became clear that risk of virus acquisition extended beyond initially affected groups. In Black communities, HIV was initially perceived as a disease isolated to gay white men, despite the rapidly mounting racial disparities in HIV acquisition, morbidity, and mortality affecting Black men who have sex with men (MSM), heterosexually active men and women, children born to mothers living with HIV, and people who injected drugs.⁹ In striking parallels to HIV, early rumours suggested Black people were not susceptible to COVID-19.¹⁰ However, as with HIV it has become clear that the impact of COVID-19 on Black communities is commensurate with the health disparities affecting racial and ethnic minorities across the USA.

Black communities are now disproportionately burdened with two concurrent pandemics. While representing only 13.4% of the US population,¹¹ Black people accounted for 42% of new HIV diagnoses and 44% of HIV-related deaths in 2018.¹² This racial disparity has been persistent and sustained for decades. A similar pattern is emerging in the COVID-19 pandemic. Although race and ethnicity data on COVID-19 outcomes are limited, Black, non-Hispanic people accounted for 15.3% of the 250 572 deaths for which race and ethnicity data were available (76% of 326 015 deaths) on Feb 7, 2021¹³—a death rate that is 1.5 times higher than the rate among white, non-Hispanic people. The reasons for this pattern is not due to a synergy of pathogens but

rather a synergy of social inequities where, as Singer and colleagues have described, “social conditions [...] put socially devalued groups at heightened risk [...] and] come to be embodied and expressed as individual pathology”.¹⁴ For Black people in the USA, these syndemics show up as disparate disease burdens that mirror the social inequities and disadvantages reverberating from centuries of racial oppression and civil and human rights violations. COVID-19 and HIV have exposed these inequities, disproportionately affecting Black people and other social and economically disadvantaged populations.

Health disparities in the USA have been documented since W E B Du Bois highlighted racial and ethnic health inequities in 1906.¹⁵ Despite decades of awareness, most of the gaps in life expectancy, disease incidence, morbidity, and mortality among racial and ethnic groups in the USA have persisted or expanded, resulting in an estimated 83 000 deaths annually.¹⁶ Yet treatment and prevention efforts often overlook the underlying social determinants of health. The rapid biomedical advances in HIV treatment and prevention have been impressive. However, while the federal investment in HIV prevention, treatment, care, and research has resulted in improvements in the health and welfare of persons affected by HIV, persistent racial disparities suggest these improvements have not been realised equally in Black communities.¹⁷ Early reports of barriers to COVID-19 testing¹⁸ and later of more severe

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presentations to care for racial and ethnic minorities,¹⁹ together with lower vaccination rates in Black people than white people among the populations prioritised in early vaccination efforts,²⁰ portend similar inequities in access for emerging treatment and prevention strategies. Neither pandemic will be resolved without addressing the syndemic social, economic, and environmental disadvantages that not only place Black and other marginalised groups at increased risk but also limit their access to these biomedical advances.¹⁷

The US Government's 10-year Ending the HIV Epidemic²¹ initiative commits to increasing use of biomedical HIV prevention interventions through an increase in resources to key geographical locations where more than 50% of new HIV diagnoses occur. Yet, ending HIV in the USA can only be done by ending HIV in Black America, which requires a commitment to ending the social, economic, and environmental drivers of HIV health disparities in Black communities. Community leaders and stakeholders, health-care providers, advocates, and public health systems at all levels of government must work collectively to address the structural disparities that drive the HIV burden in Black communities.

Crucially, ending HIV in Black communities in the USA will require a commitment to addressing the vulnerabilities of the most heavily affected subpopulations—eg, gay, bisexual, and other MSM, cisgender and transgender women, and adolescents and young adults.¹² These are the subpopulations at the intersection of racial and additional social disadvantage, a condition of overlapping oppression first described by Kimberlé Crenshaw as intersectionality.²² The concentration of HIV within marginalised subgroups within Black communities is arguably the manifestation of the systems of oppression at the intersection of racism and homophobia, sexism and misogyny, transphobia, and youth vulnerabilities. Ending HIV cannot be accomplished without dismantling these systems of oppression.

Policy, public health, clinician, and community stakeholders must prioritise strategies that attend to the social inequities at the intersection of race, gender, class, age, and sexuality that compound the impacts of HIV and COVID-19 in Black communities. The racial disparities that so rapidly emerged with COVID-19 are a reminder that until these inequities are addressed, disparities in HIV and COVID-19 outcomes will persist and ending the HIV epidemic will remain elusive.

ELF has served on HIV Prevention and Treatment Advisory Boards for Gilead Sciences. RC has served on community advisory boards for ViiV Healthcare and Merck and has received grant funding from Gilead Sciences. EH declares no competing interests. Support for this Comment and the *Lancet* HIV In the USA Series was provided, in part, by amfAR, The Foundation for AIDS Research, The US National Institute on Drug Abuse, and The Desmond M Tutu Professorship in Public Health and Human Rights at Johns Hopkins.

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- 1 Sullivan PS, Satcher Johnson A, Pembleton ES, et al. Epidemiology of HIV in the USA: epidemic burden, inequities, contexts, and responses. *Lancet* 2021; published online Feb 19. [https://doi.org/10.1016/S0140-6736\(21\)00395-0](https://doi.org/10.1016/S0140-6736(21)00395-0).
- 2 Adimora AA, Ramirez C, Poteat T, et al. HIV and women in the USA: what we know and where to go from here. *Lancet* 2021; published online Feb 19. [https://doi.org/10.1016/S0140-6736\(21\)00396-2](https://doi.org/10.1016/S0140-6736(21)00396-2).
- 3 Mayer KH, Nelson L, Hightow-Weidman L, et al. The persistent and evolving HIV epidemic in American men who have sex with men. *Lancet* 2021; published online Feb 19. [https://doi.org/10.1016/S0140-6736\(21\)00321-4](https://doi.org/10.1016/S0140-6736(21)00321-4).
- 4 Kates J, Dawson L, Horn TH, et al. Insurance coverage and financing landscape for HIV treatment and prevention in the USA. *Lancet* 2021; published online Feb 19. [https://doi.org/10.1016/S0140-6736\(21\)00397-4](https://doi.org/10.1016/S0140-6736(21)00397-4).
- 5 Hodder SL, Feinberg J, Strathdee SA, et al. The opioid crisis and HIV in the USA: deadly synergies. *Lancet* 2021; published online Feb 19. [https://doi.org/10.1016/S0140-6736\(21\)00391-3](https://doi.org/10.1016/S0140-6736(21)00391-3).
- 6 Beyrer C, Adimora AA, Hodder SL, et al. Call to action: how can the US Ending the HIV Epidemic initiative succeed? *Lancet* 2021; published online Feb 19. [https://doi.org/10.1016/S0140-6736\(21\)00390-1](https://doi.org/10.1016/S0140-6736(21)00390-1).
- 7 Millett GA, Flores SA, Peterson JL, Bakeman R. Explaining disparities in HIV infection among black and white men who have sex with men: a meta-analysis of HIV risk behaviors. *AIDS* 2007; **21**: 2083–91.
- 8 Oster AM, Wiegand RE, Sionean C, et al. Understanding disparities in HIV infection between black and white MSM in the United States. *AIDS* 2011; **25**: 1103–12.
- 9 Mays VM, Cochran SD. Acquired immunodeficiency syndrome and black Americans: special psychosocial issues. *Public Health Rep* 1987; **102**: 224–31.
- 10 Maqbool A. Coronavirus: why has the virus hit African Americans so hard? BBC News, April 11, 2020. <https://www.bbc.co.uk/news/world-us-canada-52245690> (accessed Jan 28, 2021).
- 11 US Census Bureau. 2019 population estimates by age, sex, race and Hispanic origin. 2020 <https://www.census.gov/newsroom/press-kits/2020/population-estimates-detailed.html> (accessed Jan 28, 2021).
- 12 US Centers for Disease Control and Prevention. HIV surveillance report, 2018 (updated) vol 31. May, 2020. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. (accessed Jan 28, 2021).
- 13 US Centers for Disease Control and Prevention. Cases of coronavirus disease (COVID-19) in the US. Demographic trends of COVID-19 cases and deaths in the US reported to CDC. Feb 7, 2021. https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fcases-in-us.html#demographics (accessed Feb 8, 2021).
- 14 Singer MC, Erickson PJ, Badiane L, et al. Syndemics, sex and the city: understanding sexually transmitted diseases in social and cultural context. *Soc Sci Med* 2006; **63**: 2010–21.
- 15 Thomas SB. The color line: race matters in the elimination of health disparities. *Am J Public Health* 2001; **91**: 1046–48.
- 16 Satcher D, Fryer Jr GE, McCann J, Troutman A, Woolf SH, Rust G. What if we were equal? A comparison of the black–white mortality gap in 1960 and 2000. *Health Aff (Millwood)* 2005; **24**: 459–64.
- 17 Nosyk B, Krebs E, Zang X, et al. "Ending the Epidemic" will not happen without addressing racial/ethnic disparities in the US HIV epidemic. *Clin Infect Dis* 2020; **71**: 2968–71.
- 18 Millett GA, Jones AT, Benkeser D, et al. Assessing differential impacts of COVID-19 on black communities. *Ann Epidemiol* 2020; **47**: 37–44.
- 19 Azar KM, Shen Z, Romanelli RJ, et al. Disparities in outcomes among COVID-19 patients in a large health care system in California. *Health Aff (Millwood)* 2020; **39**: 1253–62.

-
- 20 Recht H, Weber L. Black Americans are getting vaccinated at lower rates than white Americans. Kaiser Family Foundation, Jan 17, 2021. <https://khn.org/news/article/black-americans-are-getting-vaccinated-at-lower-rates-than-white-americans/> (accessed Feb 8, 2021).
- 21 Fauci AS, Redfield RR, Sigounas G, Weahkee MD, Giroir BP. Ending the HIV Epidemic: a plan for the United States. *JAMA* 2019; **321**: 844–45.
- 22 Crenshaw K. Mapping the margins: identity politics, intersectionality, and violence against women. *Stanford Law Rev* 1991; **43**: 1241–99.

“SO YOU WANT TO TALK ABOUT RACE?”

Author: Ijeoma Oluo

Preface, Chapter 1 and Chapter 2 (partial)

https://www.google.com/books/edition/So_You_Want_to_Talk_About_Race/c0eRDwAAQBAJ?hl=en&gbpv=1&dq=so+you+want+to+talk+about+race&printsec=frontcover

LA County Commission on HIV



Constructively Candid Conversations Session 1



County of Los Angeles Department of Workforce Development, Aging, and Community Services

Commission on Human Relations

April Johnson, AJohnson@wdacs.lacounty.gov Robert Sowell, RSowell@wdacs.lacounty.gov



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

Plan

30-minute sessions in monthly Commission meetings: 10-minute presentation of principle or technique and 20-minute practice/application using content from *So, You Want to Talk about Race* plus one special 90-minute training on what Implicit Bias is and how it operates

Topics for 30-minute sessions:

1) Why Some Conversations are Uncomfortably Difficult

2) Stages of Relationships (Trust is the Engine)

3) Words Matter

4) Self-Management - Mindfulness, Reflection, and Growth

< Special 90-minute training on what Implicit Bias is and how it operates >

5) Empathy - what it isn't and what it is; how to strengthen it

6) Inquiry - a Learning Orientation; Productive Questions

7) Listening without Judging

8) Disclosing, Part 1 - affirming Shared Views

9) Disclosing, Part 2 - presenting Different Facts or Perspective

10) Disclosing, Part 3 - requesting Different Behavior

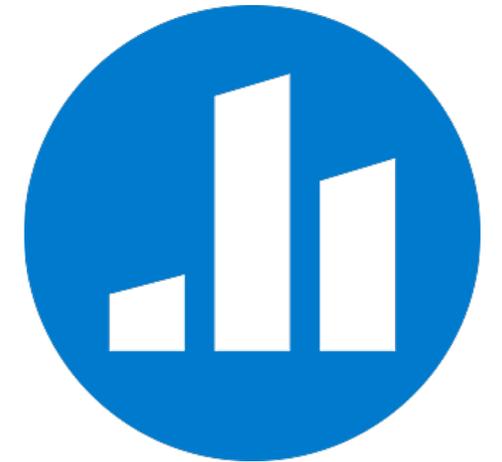
prejudice → acceptance, *inequity* → justice, *hostility* → peace

Think of the last conversation you dreaded or avoided.
Why were you reluctant to have that conversation?

respond at pollev.com/robertsowell759

OR

text 'robertsowell759' to 37607





Why were you reluctant to have the conversation?

Why Some Conversations are Uncomfortably Difficult

Personal Factors

- I'm not sure how I feel about this yet.
- I don't want to say something that might cause friction.
- I might lose control of my emotions.
- It's not always easy to admit I'm wrong.

Some of our beliefs and attitudes are integrated into our self-identity; challenging them can challenge our sense of who we are.

Some of our beliefs and attitudes were mostly shaped by parents or other primary caregivers and challenging those beliefs and attitudes may cast doubt on those we've held most dear.



Why Some Conversations are Uncomfortably Difficult

Personal Factors

Topic Factors

- I'm not confident I know enough about this to discuss it.
- Some topics trigger recollections of traumatic experiences.



Why Some Conversations are Uncomfortably Difficult

Personal Factors

Topic Factors

People Factors

- Are they open enough about this to have an honest conversation?
- I'm not sure what they will think of me if they know what I really feel.
- I don't want to talk about this with this person.
We don't get along. I don't trust them.



Why Some Conversations are Uncomfortably Difficult

Personal Factors

Topic Factors

People Factors

Situation Factors • This isn't the right time or place to discuss this.



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

Imagine...



April wants to talk with you about the following quote from *So You Want to Talk about Race*:

“Thank you...for dedicating your time, energy, and care to real conversations about race....[a]nd...for using these conversations to motivate and guide real action, action beyond talk, to deconstruct White Supremacy and begin to heal the great harm it has brought upon us all.” (pg xvi)

She thinks it’s about time someone said it and wants to know what you think.

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



How eager do you believe most people you know would feel about this conversation?

Let's talk as soon as possible! 5

Yes, under the right conditions 4

I'll consider it 3

Maybe another time 2

Not likely 1

No way! 0



Why did you choose the number you chose?

Imagine...



Robert wants to talk with you about the following quote from *So You Want to Talk about Race*:

“I’ve seen the look of trepidation on the faces of people of color who are told that their organization or workplace will be reading this book together. They immediately envision the burden that will likely be placed on them; they know they will be treated as the walking racial Google of the group to explain every term or nuance that escapes their white peers, or as the unpaid therapist to help their white peers process their emotions in realizing that perhaps they aren’t the anti-racist heroes they thought they were, all while ignoring the deep strain and trauma they are inflicting on the few people of color in their midst.” (pg xvi)

He believes this is a huge exaggeration and wants to know what you think.

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

How eager do you believe most people you know would feel about this conversation?

- Let's talk as soon as possible! 5 **A**
- Yes, under the right conditions 4 **B**
- I'll consider it 3 **C**
- Maybe another time 2 **D**
- Not likely 1 **E**
- No way! 0 **F**



Why did you choose the number you chose?

LA County Commission on HIV



Constructively Candid Conversations Session 1



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

In This Issue:

- Strategy A
- Strategy B
- Strategy C
- Strategy D
- Strategy E
- Strategy F
- Strategy G
- Strategy H
- Strategy I
- Strategy J
- Strategy K
- Strategy L
- Strategy M

Staff Highlight:

OA is pleased to announce **Sharisse Kemp's** promotion to the AIDS Drug Assistance Program (ADAP) Branch Chief. In addition, Sharisse has graciously agreed to continue as the Interim Prevention Branch Chief until further notice. Sharisse started as the ADAP Branch Chief on Monday, February 22, alongside Sandra Robinson.

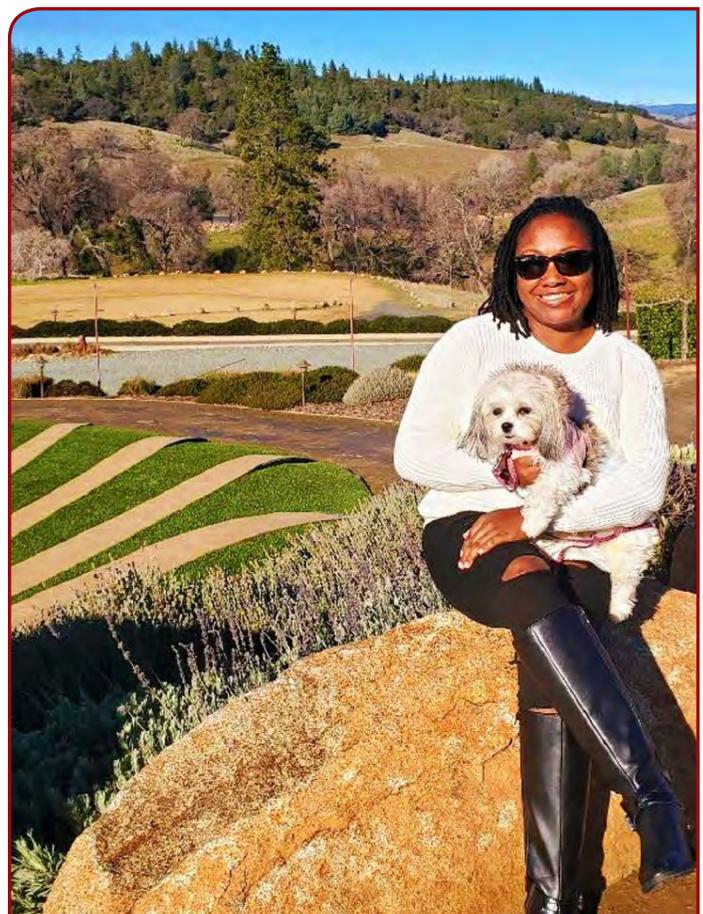
Sharisse has been with the OA years. She currently operates as the OA, HIV Prevention Branch, Interim Branch Chief and the HIV Prevention Program Section Chief. While operating in this dual capacity, she has been responsible for interfacing with key

and contractual obligations are addressed timely and appropriately. She also provides oversight

branch budget which includes reviewing and

for all program funding streams and providing recommendations to the OA Division Chief on funding decisions for new and continuing HIV Prevention projects. She also ensures that

requirements are completed timely and accurately. She is also responsible for executing and managing multi-million dollar contracts and working closely with a team of staff to develop Request for Application (RFA) for HIV prevention demonstration projects.



she worked in ADAP as a Regional Unit Manager in the ADAP Eligibility and Operations Section of the ADAP Branch. She was instrumental in developing policies and procedures pertaining to ADAP's Health Insurance Premium Payment Program and Medical Out-of-Pocket Cost Program while also facilitating monthly advisory conference calls with ADAP enrollment workers

and HIV advocates. Working alongside the Care Branch Staff, Sharisse also represented OA at six of the Ryan White Part A Planning Council meetings.

In addition, Sharisse serves as the California Planning Group manager where she has assisted with restructuring the way in which we utilize our community planning group members. Lastly, in 2018, she was selected as a participant in the NASTAD Minority Leadership Program.

On a personal note, Sharisse has a Bachelor of Arts degree in English Literature with a minor in Political Science from Clark Atlanta University and a Masters of Social Work from California State University, Sacramento. She is a proud member of Delta Sigma Theta Sorority, Inc. and currently serves as the co-chair of the Healthy Lifestyles committee where she strives to engage the community in discussions around mental health and encourage healthy eating and self-care habits. In addition to all she does, she is the mother of a beautiful daughter, Amiyah, and loves spending time with her. In whatever

tasting, hiking, riding her bike, traveling, cooking, or spending time with her precious dog, Bailey.

HIV Awareness:

March 10 - National Women and Girls HIV/AIDS Awareness Day:

OA is observing National Women and Girls HIV/AIDS Awareness Day (NWGHAAD). NWGHAAD is recognized annually to bring local, state, tribal, federal and national organizations together to explicate the impact of HIV on women and girls and support those living with or at risk of HIV. As a part of the national Ending the HIV Epidemic (EHE) Initiative, CDC's *Let's Stop HIV Together* campaign highlights ways to reduce stigma, promote testing and treatment for women and girls. [More information](https://www.cdc.gov/stophivtogether/library?Sort=Language%3A%3Aasc&Language=English%20(US)&Audience=Women) can be found at [https://www.cdc.gov/stophivtogether/library?Sort=Language%3A%3Aasc&Language=English%20\(US\)&Audience=Women](https://www.cdc.gov/stophivtogether/library?Sort=Language%3A%3Aasc&Language=English%20(US)&Audience=Women).

March 20 - National Native HIV/AIDS Awareness Day:

In addition, OA is observing National Native HIV/AIDS Awareness Day (NNHAAD). NNHAAD is a national observation designed to encourage American Indians, Alaska Natives and Native Hawaiians across the United States and Territorial Areas to promote HIV education, prevention and testing, and urge those living with HIV to seek treatment and care. Increased awareness of NNHAAD starts conversation and provides support to those living with HIV or at risk in these communities. A direct link to the CDC's [Let's Stop HIV Together](https://www.cdc.gov/stophivtogether/library?Sort=Last%20Updated%3A%3Adesc&Audience=American%20Indians%2FAlaska%20Natives&Language=English%20(US)) campaign for American Indians, Alaska Natives and Native Hawaiians can be found at [https://www.cdc.gov/stophivtogether/library?Sort=Last%20Updated%3A%3Adesc&Audience=American%20Indians%2FAlaska%20Natives&Language=English%20\(US\)](https://www.cdc.gov/stophivtogether/library?Sort=Last%20Updated%3A%3Adesc&Audience=American%20Indians%2FAlaska%20Natives&Language=English%20(US)).

Happy Belated National Condom Month (February):

of how much was going on. OA actually celebrates condoms EVERYDAY! So, we've put this "tickler" in to ensure condoms get their well-deserved recognition in February 2022's issue.

COVID-19:

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

Racial Justice and Health Equity:

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout

the California Department of Public Health (CDPH) and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

RHE’s next meeting will be held on Wednesday, March 24, 2021.

HIV/STD/HCV Integration:

As the lead state department in the COVID-19 response, CDPH has re-directed hundreds of staff to this effort. Because of this, the integration efforts of the OA, STD Control Branch, Hepatitis Prevention are . Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/website) at www.cdph.ca.gov/programs/cid/doa/website at www.cdph.ca.gov/programs/cid/doa/website to stay informed.

Ending the Epidemics:

OA will provide information on the innovative interventions selected by each one of the six EHE counties. These interventions are based on

in the Integrated plan strategies they impact. In this issue, we will highlight **Sacramento County**. Over the next several months, all six county plans will be described.

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

Sacramento County’s Ending the HIV Epidemic in America (EtHE) prevention plan funded by CDC

“Wellness Without Walls” (W3) (See Strategy G for greater detail). A team of healthcare providers, patient navigators, disease intervention specialists and others will provide medical and support services to people not well served by traditional health and social service programs. Assessment for PrEP and PrEP dispensing will be one of the services provided at the W3.

PrEP-AP:

As of March 1, 2021, there are 204 PrEP-AP enrollment sites covering 156 clinics that currently make up the PrEP-AP Provider network. A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

Data on active PrEP-AP clients can be found in the table below and at the top of page 4.

Strategy B: Increase and Improve HIV Testing

Sacramento’s W3 project will include HIV testing, as well as three-site STI testing, and HCV testing.

Active PrEP-AP Clients by Age and Insurance Coverage:										
Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	218	5%	---	---	---	---	103	2%	321	7%
25 - 34	1,327	29%	2	0%	1	0%	759	16%	2,089	45%
35 - 44	912	20%	---	---	4	0%	402	9%	1,318	28%
45 - 64	472	10%	---	---	22	0%	248	5%	742	16%
65+	25	1%	---	---	131	3%	15	0%	171	4%
TOTAL	2,954	64%	2	0%	158	3%	1,527	33%	4,641	100%

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

Current Age	Latinx		White		Black or African American		Asian		American Indian or Alaskan Native		Native Hawaiian/ Islander		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	145	3%	91	2%	32	1%	33	1%	---	---	4	0%	4	0%	12	0%	321	7%
25 - 34	978	21%	622	13%	153	3%	218	5%	4	0%	5	0%	28	1%	81	2%	2,089	45%
35 - 44	725	16%	362	8%	77	2%	80	2%	2	0%	3	0%	10	0%	59	1%	1,318	28%
45 - 64	373	8%	259	6%	42	1%	44	1%	2	0%	2	0%	2	0%	18	0%	742	16%
65+	29	1%	132	3%	5	0%	4	0%	---	---	---	---	1	0%	---	---	171	4%
TOTAL	2,250	48%	1,466	32%	309	7%	379	8%	8	0%	14	0%	45	1%	170	4%	4,641	100%

Both PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 2/28/2021 at 12:01:22 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

Treatment may be provided at the W3 or linkage to appropriate healthcare providers will be done by the patient navigators.

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

between September 1 and January 31, 2021, 978 tests were distributed, including 136 tests distributed in January. Of those ordering a test in January, 40.4% reported never before receiving an HIV test, 63.2% were 18 to 29 years of age. Of those reporting ethnicity, 44.7% were Hispanic/Latinx, and 49.5% of those reporting sexual history indicated 3 or more partners in the past 12 months. To date, 136 recipients have , with 97.8% indicating that they would recommend TakeMeHome HIV test kits to a friend.

Strategy C: Expand Partner Services

A Disease Intervention Specialist (DIS) is one of the W3 team. This enables the DIS to meet with

newly diagnosed individuals at the W3 and assist them in notifying partners and assuring they are successfully linked to care.

Strategy D: Improve Linkage to Care

The comprehensive approach of Sacramento's W3 mobile services includes having patient navigators who will assist individuals get linked to care quickly. Partnering with the Sacramento Community Sexual Health Clinic and other HIV providers, the navigators can escort newly diagnosed individuals, as well as individuals living with HIV who are out of care to the healthcare provider.

Strategy E: Improve Retention in Care

Sacramento's W3 design recognizes that many unhoused individuals, people who inject drug, and other active drug users often stop going to healthcare providers because of the judgement, conditions expected to be met in order to receive services (e.g. abstain from drug use, be bathed to attend the clinic), and overall lack of compassionate care. The W3 team intends to work with individuals who are out of care or

home that is respectful, culturally competent, and

skilled in trauma-informed and harm reduction approaches. Care can be started at the W3 and transitioned to a healthcare home over time.

Strategy F: Improve Overall Quality of HIV-Related Care

OA is pleased to announce our new request for applications (RFA) for Strategic Rapid Antiretroviral Therapy (ART) demonstration projects. Strategic Rapid ART projects will support the development of up to four, two-year public health demonstration projects. Selected applicants will be awarded in a competitive award process to provide innovative, evidence-based approaches to rapid linkage to, and retention in, quality health care for people living with HIV (PLWH). Additional strategies addressed in this RFA include **Strategy D:** Improve Linkage to Care; **Strategy E:** Improve Retention in Care; **Strategy G:** Improve Availability of HIV Care; **Strategy I:** Improve Case Management for People Living with HIV (PLWH) with High Need; and **Strategy L:** Increase General HIV Education and Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity.

The purpose of Strategic Rapid ART is to:

- Develop innovative, stigma-free, culturally and linguistically competent, evidence-based rapid ART demonstration projects;
- Improve health outcomes for Black/AA, Latinx or data-supported underserved people living with HIV;
- Apply a strategic and intentional in-person and telehealth services focused on people living with HIV (PLWH) from priority populations via in-person and telehealth services;
- Reduce time to viral suppression, provide HIV transmission within the community; and

- Educate clients, medical providers and clinic/ agency staff
= untransmittable (U=U) for both the client and the community at large.

We look forward to receiving applications from all eligible entities to support implementation of strategic rapid ART services to improve health outcomes, reduce HIV-related health disparities, reduce new HIV infections, and achieve maximal results in addressing the HIV epidemic in California. The [Strategic Rapid ART RFA](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_RFA.aspx) can be accessed at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_RFA.aspx.

Strategy G: Improve Availability of HIV Care

Sacramento County's W3, team of healthcare providers, patient navigators, disease intervention specialists and others will provide medical and support services to people not well served by traditional health and social service programs. Of highest priority is reaching the unhoused population, Latinx and Black/ African American gay/men who have sex with men (MSM), young adults 29 years of age and younger, with emphasis on transitional age youth. For all these populations, people living with HIV and PrEP Eligible individuals will be prioritized. The medical services that will be provided will include addressing a broader set of services than just HIV testing, such as blood pressure checks, glucose monitoring, and simple wound care. This is intended to meet the needs of the priority populations and decrease the stigma that can be associated when people approach an "HIV Van" that only provides HIV testing and services. The implementation of W3 meets many of the Integrated Plan strategies.

Strategy H: Improve Integration of HIV Services with Sexually Transmitted Disease (STD), Tuberculosis, Dental, and Other Services

The EtHE Clinical screening at Sacramento's W3 will bundle HIV, STI and HCV screening and

treatment or linkage to care. The rapport that will be built between clients and the W3 team will likely reveal other medical needs that the team

client-centered healthcare and supportive services.

Strategy I: Improve Case Management for People Living with HIV (PLWH) with High Need

Sacramento EtHE funding will bring case management resources out into the community because the W3 includes case management staff on its team.

Strategy J: Increase Rates of WH or on PrEP

People using W3 services will be assisted insurance, ADAP, and PrEP assistance as needed.

ADAP’s Insurance Assistance Programs:

As of March 1, 2021, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from January
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	591	+0.51%
AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,408	+0.17%
Medicare Part D Premium Payment (MDPP) Program	1,954	-2.06%
Total	8,953	-0.30%

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

Proposed SAMHSA Increase Included in Relief Budget to Address Overdose Crisis:

The federal COVID-19 relief budget includes a proposal to allocate \$30 million in Substance Abuse and Mental Health Services Administration (SAMHSA) funds to help stem the overdose crisis worsened by the COVID-19 pandemic. Funds will be used to support community-based harm reduction services, including syringe services programs. [Details of proposed public health recommendations](https://energycommerce.house.gov/sites/democrats.energycommerce.house) can be found at <https://energycommerce.house.gov/sites/democrats.energycommerce.house>.

Health_FINAL.pdf.

National Naloxone Locator:

The National Harm Reduction Coalition has launched an [online locator](https://harmreduction.org/resource-center/harm-reduction-near-you) (<https://harmreduction.org/resource-center/harm-reduction-near-you>) for people who use drugs to access naloxone, the drug that reverses overdose, in their community. Please share this resource within your health department, with substance use and mental health department colleagues, and with your community members.

State Law Decriminalizing Syringe Possession For Personal Use In Effect:

[Assembly Bill \(AB\) 2077](#) (Ting, Statutes of 2020) removed all restrictions on possession of syringes for personal use, and extended authorization of physicians and pharmacists to furnish syringes without a prescription until January 1, 2026. California law now states that there is no limit on the number of syringes someone may possess for personal use, no age limit for possession, and it is lawful to possess syringes obtained from any source (https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2077).

A key population prioritized in Sacramento's EtHE Plan are people who use drugs, including people who inject drugs. Medical screening, wound care, and assisting in linking people who use drugs to healthcare and other services respectful and welcoming people unconditionally.

Strategy L: Increase General HIV Education and Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity

Stigma is a recognized barrier to many seeking healthcare and other services. The intention of Sacramento's W3 program is to remove stigma by providing a broader array of services than just HIV testing and linkage, and through a strength-based, unconditional approach that builds a relationship and trust between clients and the W3 team.

An additional strategy in the Sacramento EtHE plan is a social media campaign highlighting Undetectable Equals Untransmittable (U=U). As the community learns that consistent use of HIV medication facilitates sustained undetectable viral load and removes the possibility of transmitting HIV, the presumption that all people with HIV are infectious all the time is changed, decreasing the stigma associated with such judgement.

Strategy M: Improve Usability of Collected Data

The [California HIV Surveillance Report - 2019](#) has been published and is available on our website at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California_HIV_Surveillance_Report2019_ADA.pdf. This report includes statewide summary tables and summary tables by local health jurisdiction of new diagnoses of HIV infection, persons living with HIV infection, and deaths among persons with diagnosed HIV infection for years 2015-2019. Statewide summary tables also include data by selected demographics and transmission category.

OA Budget and Legislative Updates

Senate Bill (SB) 57 was introduced by Senator Scott Weiner, renewing legislative efforts to authorize safer drug consumption services (SCS) in California. The bill would allow the cities of San Francisco, Oakland, and Los Angeles to pilot such programs, which provide a monitored, hygienic place for people to inject (and in some locations smoke) illicit drugs. More than 150 SCS programs exist worldwide, and they have been found to eliminate overdose mortality during on-site drug use, reduce the risk of communicable disease transmission, and increase linkage to healthcare.

Assembly Bill (AB) 1344 was introduced by Assembly Member Joaquin Arambula, which would exempt syringe services programs (SSPs) from legal challenges based on the California Environmental Quality Act or public nuisance laws. Groups that oppose public health services for people who use drugs have invoked these laws to successfully shut down or prevent the establishment of SSPs in several counties.

The Ending the Epidemics coalition is advocating for a package of budget proposals related to HIV and hepatitis C that will be considered at the March 5, 2021 Senate Budget Committee hearing.

The proposals include:

- \$3 million in ongoing funding for the CDPH STD Control Branch to improve the capacity of local health jurisdictions to address skyrocketing STD rates;
- \$7 million in ongoing funding to expand access to STD services covered by the Family Planning, Access, Care, and Treatment program (Family PACT);
- \$3 million in ongoing funding to increase funding for the Syringe Exchange Supply Clearinghouse to support the rapid

expansion of syringe service programs (SSPs);

- \$1 million in one-time funding over 5 years to purchase hepatitis C test kits to increase access to HCV testing for vulnerable Californians; and
- Authorizing the PrEP-Assistance Program (PrEP-AP) to fund PrEP navigation and retention services through the PrEP-AP provider network.

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



Ryan White HIV/AIDS Program Parts

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

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



LOS ANGELES COUNTY COMMISSION ON HIV 2021 WORK PLAN (WP) OPERATIONS COMMITTEE

DRAFT FOR 01.28.01 OPS MEETING

Committee/Subgroup Name: Operations Committee			Co-Chairs: Juan Preciado & Carlos Moreno	
Committee Adoption Date: 1.28.21			Revision Dates: 2.18.21	
<p>Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.</p> <p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan & Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment.</p>				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Planning Council effectiveness evaluation technical assistance provided by HealthHIV	Will evaluate the effectiveness of the structure, policies and procedures, membership, and stakeholder/consumer engagement integrated HIV planning groups	June 2021	Kick off presentation by HealthHIV @ January 28, 2021 Executive Committee meeting. Survey sent out.
2	BAAC and ATF Recommendations	Implement recommendations best aligned with the purpose and capacity of Operations Committee	Ongoing	Awaiting guidance from BAAC Task Force and ATF.
3	Update Membership Application	Update membership application to a more condensed community friendly format	Jan-April 2021	First draft submitted to January 28, 2021 Ops for feedback. Also present to Consumer Caucus for addl feedback. Draft application presented to Consumer Caucus 2.11.21; feedback provided. Staff making updates and will submit to Ops.
4	Consumer Engagement and Retention Strategies	Development Engagement and retention strategies to align with EHE efforts.	Ongoing	
5	Consumer Leadership and Training	Continue development of training and capacity building opportunities to prepare & position consumers for leadership roles	Ongoing	NMAC BLOCC series; COH 2021 e-Training Series, etc.
6	Review Membership to Ensure PIR	Review membership to ensure PIR is reflected throughout the membership, to include Alternate seat review, seat changes, attendance	Quarterly	



**LOS ANGELES COUNTY COMMISSION ON HIV 2021 WORK PLAN (WP)
OPERATIONS COMMITTEE**

DRAFT FOR 01.28.01 OPS MEETING

7	Attendance Review	Review Attendance Matrix Quarterly	Quarterly	Attendance reviewed in January: attendance letters issued, motions to vacate placed on agenda.
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LOS ANGELES COUNTY
COMMISSION ON HIV



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

Sent Via Email:

February 4, 2021

Diamante Johnson

Dear Diamante:

On behalf of the Los Angeles County Commission, we thank you for your service. This letter serves to inform you that, at its last meeting on January 28, 2021, the Operations Committee conducted its quarterly review of members' attendance and recommended to move, at its next meeting on February 25, 2021, to vacate your seat as an Unaffiliated Consumer, Supervisorial District 5 representative..

As indicated in the October 4, 2019 attendance letter sent to you notifying you of your excessive absences, "Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused." (Policy #08.3204; a copy is enclosed with this letter.) ***For calendar year 2020, our records indicate that you have missed six (6) Planning, Priorities, & Allocations (PP&A) Committee and five (5) Commission meetings.***

We understand that full engagement on the COH may not be feasible at this time; hence, we encourage you to reapply again once you determine a more appropriate timing for your participation on the COH. We are grateful for your contributions to the Commission and to ending the HIV epidemic in our community and invite you to continue to participate in our meetings and activities as a member of the public.

If you have any questions, please feel free to contact me at 213.618.6164 or via email at cbarrit@lachiv.org.

Sincerely,

A handwritten signature in cursive script that reads "Cheryl A. Barrit".

Cheryl A. Barrit, MPIA, Executive Director
Los Angeles County Commission on HIV
c: Operations Committee; Commission Co-Chairs



POLICY/ PROCEDURES:	NO. #08.3204	Commission and Committee Meeting Absences
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SUBJECT: Commission and Committee Meeting Absences

PURPOSE: To clarify how absences from a Commission or Committee meeting must be claimed, how it must be communicated, why it is important, and what purpose it serves.

POLICY: It is recommended that all Commissioners and Committee members regularly and faithfully inform staff of their intentions to be absent from either Commission and/or Committee meetings. Knowledge of member attendance/absences prior to meetings helps Commission Co-Chairs and staff ascertain quorums in advance.

Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused.

COH bylaws dictate that excused absences can be claimed for the following reasons:

- personal sickness, personal emergency and/or family emergency*;
- vacation; a
- out-of-town travel; and/or
- unforeseen work schedule conflict(s)

In cases of an extended absence from the COH due to personal sickness, personal emergency and/or family emergency, members are allowed to take a leave of absence for up to three months. Should a member's leave of absence extend beyond three months, the Operations' Committee Co-Chairs and Executive Director will confer with the member and determine appropriate next steps, to include a voluntary resignation from the Commission with the understanding that they can reapply at a later time.

PROCEDURE:

To claim an excused absence for reasons of vacation and/or out-of-town business, members must notify the Commission Secretary or respective Committee support staff person two weeks prior to the meeting. For purposes of personal/family emergency or sickness, members have until two days after a meeting to notify the aforementioned staff that they are claiming an excused absence.

Policy #08.3204: Commission and Committee Meeting Absences

July 11, 2019

Page 2

For leaves of absence, members must notify the Executive Director immediately upon knowledge of the extended absence. It is the responsibility of the member to keep the Executive Director updated on their status and estimated return to the COH. If the Member does not notify the Executive Director appropriately, the member's absence is therefore deemed unexcused and the member is subject to suspension of voting privileges or removal from the Commission.

Notification must occur by e-mail or fax for documentation purposes (e-mail preferred). Receipt of the excused absence notification will be acknowledged within 48 hours through the same medium; an absence is not considered excused until receipt has been acknowledged. Notification must detail the member's name, meeting for which an excused absence is being claimed, and reason for the excused absence.

NOTED AND APPROVED:		EFFECTIVE DATE:	07/11/2019
Original Approval: 11/24/2008	Revision(s): 05/23/16; 7/24/17; 7/11/2019		



2021 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

Committee Name: PLANNING, PRIORITIES AND ALLOCATION COMMITTEE (PP&A)	Co-Chairs: Raquel Cataldo and Frankie Darling Palacios
Committee Approval Date: 02/16/2021	Revision Dates:
<p>Committee Responsibilities: The PP&A Committee is charged with the following responsibilities: ⁽¹⁾</p> <ul style="list-style-type: none"> A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making including gathering expressed need data from consumers on a regular basis and reporting regularly to the Commission on consumer service needs, gaps and priorities; B. Overseeing development and updating of the comprehensive HIV plan and monitoring of the plan; C. Recommending to the Commission annual priority rankings among service categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV and STD funding; D. Ensuring that the priorities and implementation efforts are consistent with needs, the continuum of HIV services, and the service delivery system; E. Monitoring the use of funds to ensure they are consistent with the Commission’s allocations; F. Recommending revised allocations for Commission approval, as necessary; G. Coordinating planning, funding, and service delivery to ensure funds are used to fill gaps and do not duplicate services provided by other funding sources and/or health care delivery systems; H. Developing strategies to identify, document, and address “unmet need” and to identify people living with HIV who are unaware of their status, make HIV testing available, and bring them into care; I. Collaborating with DHSP to ensure the effective integration and implementation of the continuum of HIV services; J. Reviewing monthly fiscal reporting data for HIV and STD expenditures by funding source, service category, service utilization and/or type of activity; K. Monitoring, reporting and making recommendations about unspent funds; L. Identifying, accessing, and expanding other financial resources to meet Los Angeles County’s HIV service needs; and M. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS. 	
<p>Purpose of Work Plan: To focus and prioritize key activities for COH 2021</p> <p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH; 2) advance goals of the local Ending the HIV Epidemic (EHE) Plan; 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.</p>	

2021 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Committee Member Training	Conduct Priority Setting and Resource Allocation (PSRA) Process trainings	Ongoing	Collaborate with the Consumer Caucus for ongoing customized training.
2	Develop Strategies for Maximizing Part A Funding	Monitor and assess the effectiveness of approved allocations and service priority plan. Use data provided by resources such as Department of HIV and STD Programs (DHSP), Ending the HIV Epidemic (EHE) Plan, listening sessions, Transgender, Women and Consumer Caucuses; Black African American Community (BAAC) and Aging Taskforce (TF) recommendations. Use the data to establish increasingly effective service strategies.	On-going	
3	Conduct Integrated Prevention and Care Multi-Year Planning	Monitor, review, assess and approve multi-year service and resource allocation plans for coherence.	04/2021	
4	Update program Directives for Maximizing Ryan White Part A and Minority AIDS Initiative (MAI) Funds for PY 31 & 32	Monitor, review, and update Ryan White (RW), Prevention and Minority AIDS Initiative (MAI) directives to DHSP based on current program outcomes.	06-2021	
5	Organize and present financial information	Review and monitor fiscal reports on all HIV funding supporting LAC HIV Care and Prevention services.	Ongoing	Provided by DHSP monthly.

2021 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
6	Data review	Review epidemiology, programmatic, service utilization for vulnerable populations and prevention data. Prevention data to include HIV testing, PrEP, and PEP.	06/2021	Substance Abuse Prevention and Control (SAPC) presented on Needle Exchange, Wellbeing Center and Meth TF.
7	Unmet Needs	Review and analyze available data on unmet needs annually	07/2021	DHSP presents this data
8	Annual Progress Report (APR)	Review progress report prepared for Health Resources and Services Administration (HRSA) by DHSP	08/2021	
9	Rank Service Categories for PY 33 (FY 2023-24)	Rank (HRSA) Ryan White services numerically and obtain Commission approval to provide service rankings to DHSP for program implementation.	08-2021	Part of integrated prevention and care multi-year planning.
10	Allocations for PY 33 (FY 23-24)	Determine financial resource allocation percentages for HRSA ranked services and obtain Commission approval to provide to DHSP for program implementation.	08/2021	Part of integration prevention and care multi-year planning.
11	Los Angeles County Ending of the HIV Epidemic (EHE) Plan	Monitor LAC efforts to meet EHE plan goals.	09/2021	



2021 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
12	Prevention Planning	Develop integrated prevention and care planning strategies. Participate in the CDC prevention application process by recommending strategies for inclusion in the CDC prevention plan.	08/2021	The committee established a Prevention Planning Workgroup to prepare short- and long-term prevention activities for recommendation to DHSP; DHSP to provide prevention data

Footnote:

(1) – Taken from Policy/Procedure #60.1000: Commission Bylaws; Adopted July 11, 2013; Page 17 and 18; Section 2 Planning, Priorities and Allocations (P&A) Committee Responsibilities



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Get in touch: hivcomm@lachiv.org



HIV PREVENTION PLANNING WORKGROUP Virtual Meeting

*Make A Difference in Your Community.
Join Us to End HIV!*

Agenda and prevention resources can be found at the following link
<http://hiv.lacounty.gov/Planning-Priorities-and-Allocations-Committee>

Monday, March 22, 2021

5:30PM-7:00PM (PST)

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/4blt5uxc>

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll

Access code: 145 514 2959

*Link is for members of the public only. Commission members, please contact staff for specific log-in information if not already received.

Help prevent the spread of STDs and HIV. Let your voice be heard.

Your Input will inform the planning of prevention services in your community.

Be a part of the solution!

Join the Commission on HIV Email Listserv, [Click Here](#)

Follow the Commission on HIV at



Interested in becoming a Commissioner? at [Click here for a Member Application.](#)



STANDARDS AND BEST PRACTICES COMMITTEE 2021 WORK PLAN

Updated 2/18/21

Co-Chairs: Erika Davies & Kevin Stalter		
Approval Date:		Revision Dates:
<p>Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.</p> <p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH; 2) advance the goals of the local Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.</p>		
#	TASK/ACTIVITY	TARGET COMPLETION DATE
1	Review BAAC and ATF charge and implement recommendations best aligned with the purpose and capacity of the Commission	Start Jan/Ongoing
2	Complete Universal service standards. COMPLETED	March-Executive Committee April-COH
3	Complete Childcare service standards. Waiting for DHSP on provider survey results/summary.	May
4	Recommendations on how to engage with private health plans and providers	On hold
5	Update Benefits Specialty service standards	?
6	Update Home-based Case Management service standards	?
7	Update Substance use outpatient and residential treatment service standards	?



SERVICE STANDARDS REVISION DATE TRACKER (Updated 2/18/21)

	Title	Date of Last Revision	NOTES
1	AIDS Drug Assistance Program (ADAP) Enrollment	2009	
2	Benefits Specialty	2009	Update in 2021
3	Case Management, Transitional – Youth	4/13/2017	
4	Case Management, Transitional – Incarcerated/Post Release	4/13/2017	
5	Childcare	2009; currently being updated; latest draft revision date 12/14/2020	Update/Finish in 2021
6	Emergency Financial Assistance Program (EFA)	6/11/2020	
7	Home-Based Case Management	2009	Update in 2021
8	Hospice	2009	
9	Housing, Temporary (Hotel/motel and meal vouchers, Emergency shelter programs, Transitional housing, Income-based Rental Assistance, Residential Care Facility for the Chronically Ill, and Transitional Residential Care Facility)	2/8/2018	
10	Housing Permanent Supportive	2/8/2018	
11	Language Interpretation	2009	
12	Legal	7/12/2018	
13	Medical Care Coordination	2/14/2019	
14	Mental Health, Psychiatry, and Psychotherapy	2009	
15	Non-Medical Case Management	12/12/2019	
16	Nutrition Support	2009	
17	Oral Health ➤ Practice Guidelines for Treatment of HIV Patients in General Dentistry	2009 2015	
18	Outreach	2009	
19	Peer Support	2009; integrated in Psychosocial Support 9/10/2020	
20	Permanency Planning	2009	
21	Prevention Services (Assessment; HIV/STD Testing and Retesting; Linkage to HIV Medical Care and Biomedical Prevention; Referral and Linkages to Non-biomedical Prevention; Retention and Adherence to Medical Care, ART, and Other Prevention Services)	6/14/2018	
22	Psychosocial Support	9/10/2020	
23	Referral Services	2009	

24	Residential Care and Housing	2009; integrated in Temporary and Permanent Supportive Housing 2/8/2018	
25	Skilled Nursing Facilities	2009	
26	Substance Use and Residential Treatment	4/13/2017	Update in 2021
27	Transportation	2009	
28	Treatment Education	2009	
29	Universal Standards	9/12/2019; currently being updated; latest draft revision date 12/16/2020 released for public comments	



2021 WORK PLAN – PUBLIC POLICY

Committee Name: PUBLIC POLICY COMMITTEE (PPC)		Co-Chairs: Katja Nelson, Lee Kochems		
Committee Adoption Date: 3/1/2021		Revision Dates:		
<p>Committee Responsibilities:</p> <ol style="list-style-type: none"> 1. Advocating public policy issues at every level of government to End of the HIV Epidemic (EHE). 2. Initiating policy initiatives in accordance with HIV service and prevention priorities. 3. Providing education and access to public policy arenas for Commission members, consumers, providers, and the public. 4. Facilitate Commission communication between government and legislative officials. 5. Recommend administrative policies and legislative actions to support prevention and HIV care services. 6. Advocating specific public policy matters to the appropriate County departments, interests, and bodies. 7. Research and implement public policy activities that support prevention and HIV care services. 8. Advancing Commission initiatives that support prevention and HIV care services. 9. Other duties as assigned by the Commission or the Board of Supervisors 				
<p>Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021</p> <p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH; 2) advance goals to Ending the HIV Epidemic (EHE); 3) align with COH staff and member capacities and time commitment; and 4) Advance State and local government prevention and HIV care services.</p> <p>To focus and prioritize key activities for COH Committees and subgroups for 2021.</p> <p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan & Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment.</p>				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review Policy Priorities for 2021	Committee discussion on policy priorities for 2021. Update accordingly.	04/2021	To full Commission for Approval on April 8, 2021 Meeting
2	Develop 2021 Legislative Docket	Review legislation aligned with COH Policy Priorities, develop docket, and discuss legislative position for each bill.	5/2021	



2021 WORK PLAN – PUBLIC POLICY

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
3	Monitor and track the federal Ending the HIV Epidemic: A Plan for America; Getting to Zero: California’s Integrated HIV Surveillance Prevention and Care Plan; Ending the Epidemic in Los Angeles County plan; Los Angeles County HIV Comprehensive Plan for 2017-2021. (Statewide HIV, STD, Hep C initiative)	Monitor updates, potential funding, and Presidential Advisory Council on HIV/AIDS’ (PACHA) efforts. Coordinate and track advocacy efforts for End the Epidemics efforts. This includes funding request for HIV, STDs, and Hep C	Ongoing	
4	Track County’s response to the STD local epidemic and STD motion	Work with the Executive Committee on the preparation and follow-up of a letter to Board of Supervisor regarding the urgent need to address STD/STI in Los Angeles County.	Ongoing	Letter was already drafted pre-pandemic but was put on hold because of COVID-19. Committee action may be dependent on status of COVID response and recovery efforts.
5	Assess State actions regarding AB 2218	Monitor State budget for funding allocations to the Transgender Wellness Fund	06/2021	
6	Assess and monitor federal, state, and local government policies and budgets that impact HIV, STD, STIs, Hep C and other sexual health issues.	Review government actions that impact funding and implementation of sexual health and HIV services.	06/2021	
7	Align PPC efforts with Black/African American Community (BAAC) Task Force, Women Caucus, Aging Task Force, Consumer Caucus, Prevention Workgroup and Transgender Caucus recommendations.	Ensure policy efforts prioritize recommendations	Ongoing	
8	Monitor County and City support for safe consumption sites	Coordinate with the City of LA AIDS Coordinator’s Office and Substance Abuse Prevention and Control (SAPC)	Ongoing	SAPC presented Meth TF, Needle Exchange and Wellbeing Center Programs



Consumer Caucus Workplan 2021

(Updated for March 11, 2021 Meeting – Updates in Red Italics)

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Consumer Caucus will lead and advance throughout 2021.

PRIORITIZATION CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the local Ending the HIV (EHE) Plan, and 3) align with COH staff and member capacities and time commitment.

CAUCUS RESPONSIBILITIES: 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	Activities & Lead/Champion(s)	Priority Level (High, Medium, Low)	Approach/Comments/Target Deadline
1	Foster and nurture consumer (both PLWH and HIV-negative) leadership and empowerment in COH and community	High	<ul style="list-style-type: none"> • Trainings, meeting debriefs and Q&As to be determined by Consumer Caucus and weaved into Consumer Caucus meetings. • Confirm NMAC BLOC training in early May or June. <i>NMAC confirmed training dates 5/17-5/20/2021; staff to provide update at March meeting.</i>
2	Increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities.	High	<ul style="list-style-type: none"> • Work with community advisory boards. Explore follow-up opportunities to the CAB conference held in 2019. • Use testimonials from members and use in social media-based recruitment. Staff emailed Commissioners on 2/2/21 to solicit testimonials. No replies received as of 2/18/21. • Encourage consumers to attend caucuses and task forces first as those meetings may be less intimidating than full body or Committee level meetings. • Develop outreach tracking form that Commissioners will use to what events they attended to promote the COH and consumer participation. <i>C. Moreno to share draft template for consideration.</i>
3	Support/partner with Black/African American Community Task Force (BAAC TF), Women’s Caucus, Transgender Caucus and Aging Task Force to develop a more coordinated and collaborative planning agenda for consumers from all priority communities on the COH.	High	<ul style="list-style-type: none"> • Host an “all Caucus/Task Force” meeting to combine planning efforts for consumers from all priority communities. <ul style="list-style-type: none"> ○ Schedule an “all Co-Chair” meeting to brainstorm and develop agenda. <i>Meeting took place on March 9. Follow up/next steps to be determined.</i> • Help implement BAAC TF, WC and ATF recommendations. • Work with ATF <i>and Women’s Caucus</i> to coordinate an activity for Long Term Survivors Day (June 5); activity can be leveraged to build consumer-led coalitions.

4	Increase integration of consumer voice into all COH Committees		<ul style="list-style-type: none"> • Encourage consumers (including non-COH members) to attend COH Committee meetings. Attendance at meetings may incite consumers to apply to the COH or as Committee members. <i>Ask Committee and other subgroups to attend Consumer Caucus meetings.</i> • Encourage at least two consumers attend each Committee and subordinate work group meetings as champions and representatives for CC and report back to CC. • Encourage more consumers to apply to the COH. • Consumer voices should drive the COH agenda. • Provide feedback on updated membership application to create a more consumer friendly format and use as a recruitment tool for consumers • Encourage providers to support and promote consumer participation at COH meetings.
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PREVENTION PLANNING WORKGROUP Virtual Meeting Agenda

Monday, March 22, 2021 @ 5:30 – 7:00pm

To Register + Join by Computer: <https://tinyurl.com/4blt5uxc>
To Join by Phone: +1-415-655-0001 | Access code: 145 514 2959

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Welcome and Introductions | 5:30pm – 5:40pm |
| 2. Executive Director Comments | 5:40pm – 5:50pm |
| 3. Ending the HIV Epidemic Plan Overview | 5:50pm – 6:05pm |
| 4. Overview of Planning, Priorities and Allocations Committee
Prevention Planning Activities | 6:05pm – 6:15pm |
| 5. Division of HIV and STD Programs (DHSP) Prevention Programs Overview | 6:15pm – 6:45pm |
| 6. Meeting Recap and Agenda Development for Next Meeting
Case Study: Using Data to Assess Prevention Opportunities
(Oasis Clinic) | 6:45pm – 6:58pm |
| 7. Public Comment + Announcements | 6:58pm – 7:00pm |
| 8. Adjournment | 7:00pm |



LOS ANGELES COUNTY COMMISSION ON HIV



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Trans Day of Visibility Statement 2021

March 31 is International Trans Day of Visibility. We, the Transgender Caucus, would like to thank the Commission on HIV for creating space to acknowledge this day!

The International Transgender Day of Visibility is an annual event that occurs every year on March 31st. This day is dedicated to raise awareness of the disparities and discrimination faced by those who identify as transgender. It is also a day to celebrate transgender people and their contributions to society.

It was founded by Rachel Crandall, a Michigan trans activist in 2009, because of the lack of LGBTQ+ recognition of trans people. She was frustrated with the only well-known, transgender-centered day being trans day of remembrance or TDOR, which mourns the loss of our transgender community members due to hate and violence. Currently, the US-based youth advocacy organization Trans Student Educational Resources, spearheads the event.

We, the Transgender Caucus, would like to uplift the following local trans-led organizations and/or groups who are working within the community to help end the epidemic of HIV in many different arenas including healthcare, employment, mutual aid, policy, and prevention.

[Trans Wellness Center](#)
[Trans Can Work](#)
[Gender Justice LA](#)
[Transgender Law Center](#)
[TransLatin@ Coalition](#)
[Unique Woman's Coalition](#)
[Invisible Men](#)
[Transgender Service Provider Network](#)

If you would like to support any of these organizations please go to their websites. Thank you for your time and attention.



INTERNATIONAL

**TRANSGENDER
DAY OF
VISIBILITY**

MARCH 31



Rachel Crandall - Founder of TDOV

Trans Led Organizations in LA County

Invisible Men

- InvisibleTMen.org

Trans Wellness Center

- Mytranswellness.org

Gender Justice LA

- GJLA.ORG

Trans Service Provider Network

TransLatin@ Coalition

- Translatinacoalition.org

Unique Women's Coalition

- theuwc.org

Trans Can Work

- Transcanwork.org

Transgender Law Center

- Transgenderlawcenter.org

Thank you

**LOS ANGELES COUNTY COMMISSION ON HIV 2021
WOMEN'S CAUCUS WORKPLAN**

Caucus Name: Women's Caucus		Co-Chairs: Shary Alonzo & Dr. LaShonda Spencer		
Caucus Adoption Date: 1.26.21		Revision(s) Date: 2.23.21		
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.				
Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan and Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Child Care Services Standards of Care	Ensure the service meets the needs of parents; follow up on how to include non-licensed childcare providers.	Ongoing	Waiting for provider survey updates. Identify strategies in supporting non-licensed childcare providers.
2	Take Me Home (TMH) HIV Tests	Ensure service is inclusive of women, to include how and to whom TMH is marketed.	Ongoing	Ongoing monitoring of program.
3	Emergency Financial Assistance (EFA) Service	Ensure unfettered access to EFA by those who need it most.	Ongoing	Ongoing monitoring of service to ensure effective roll out, ability to access, and the number of individuals who have submitted applications vs accepted.
4	Plan topical discussions via Virtual Lunch & Learns, special Caucus meetings and in collaboration with other working groups. Topics to include: <ul style="list-style-type: none"> • Advocacy 101 (March) • U=U + STDs + Reproductive Justice (April) • Coping w/ Stress + Social Support (May) • Trauma + IPV • Women + Aging • Women Giving Birth to Babies w/ & w/out HIV • Demo/Geo Epi Data 	Follow up to 2020 VLL series in addressing barriers and social determinants of health of women living with and impacted by HIV through community engagement activities.	2021	A special Women's Caucus will be held on March 15 to address Advocacy 101. Venita Rey from PWN has been invited as a guest speaker. An all-Caucus meeting has been confirmed for March 9, 2021.
5	Address technical challenges among consumers especially monolingual Spanish speakers	Identify solutions to mitigate challenges in accessing virtual meetings.		Suggestions expressed include eliminate registration, research potential translation feature on WebEx, develop a "cheat sheet" or tutorial.
6	Coordinate w/ D2 to partner on policy priorities involving women living with HIV.	Partners with D2 on matters involving women living with HIV.		Per D2, Supervisor HMitchell still in transition, reach back in mid-February to coordinate. Staff will follow up.