



LOS ANGELES COUNTY
COMMISSION ON HIV



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EXECUTIVE COMMITTEE Virtual Meeting

Thursday, February 24, 2022

1:00PM - 3:00PM (PST)

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

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PUBLIC COMMENTS

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

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

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AGENDA FOR THE **VIRTUAL** MEETING OF THE **EXECUTIVE COMMITTEE**

Thursday, February 24, 2022 @ 1:00 P.M.– 3:00 P.M

To Join by Computer, please Register at:

<https://tinyurl.com/yckm5xc5>

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

To Join by Phone: +1-415-655-0001

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Executive Committee Members:			
<i>Danielle Campbell, MPH, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Erika Davies	Kevin Donnelly
Luckie Fuller	Lee Kochems, MA	Katja Nelson, MPP	Mario J. Pérez, MPH
Kevin Stalter	Justin Valero, MPA		
QUORUM:	6		

AGENDA POSTED: February 17, 2022

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

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

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

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

- Call to Order, Introductions, and Conflict of Interest Statements 1:00 P.M. – 1:10 P.M.

- I. ADMINISTRATIVE MATTERS**
- 1. Approval of Agenda **MOTION #1** 1:10 P.M. – 1:13 P.M.
- 2. Approval of Meeting Minutes **MOTION #2** 1:13 P.M. – 1:15 P.M.

- II. PUBLIC COMMENT** 1:15 P.M. – 1:18 P.M.
- 3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission.

- III. COMMITTEE NEW BUSINESS ITEMS** 1:18 P.M. – 1:20 P.M.
- 4. Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to take action arose subsequent to the posting of the agenda.

- IV. REPORTS**
- 5. **Executive Director’s/Staff Report** 1:20 P.M. – 1:30 P.M.
 - A. Commission/County Operational Updates

- 6. **Co-Chair’s Report** 1:30 P.M. – 1:50 P.M.
 - A. February 10, 2022 COH Meeting | FOLLOW-UP + FEEDBACK
 - B. Vision + Mission | Review
 - C. March 10, 2022 COH Meeting Colloquia
 - (1) Piloting TelePrEP Information Sessions to Increase PrEP Awareness and Uptake among Black and Latina Cisgender Women.
Dr. Dilara Uskup and Omar Nieto, UCLA CHIPTS
 - D. Executive At-Large Committee Members | RECRUITMENT

- 7. **Division of HIV and STD Programs (DHSP) Report** 1:50 P.M. – 2:05 P.M.
 - A. Fiscal, Programmatic and Procurement Updates
 - (1) Ryan White Program (RWP) Parts A & MAI | UPDATES
 - (2) Fiscal | UPDATES

- 8. Standing Committee Reports** 2:05 P.M. – 2:30 P.M.
- A. Operations Committee
- (1) Attendance Review
- a. Seat Vacate – Joshua Ray **MOTION #3**
- b. Seat Vacate – Guadalupe Velazquez **MOTION #4**
- (2) Approve 2022 Training Plan **MOTION #5**
- (3) 2022 Assessment of the Administrative Mechanism (AAM) Planning & Development
- (4) Recruitment & Retention Strategies
- a. Membership Application Process/Interview Questions Workgroup
- b. PLANNING CHATT Learning Collaborative Participation
- c. Social Media Initiatives
- B. Planning, Priorities and Allocations (PP&A) Committee
- (1) DHSP Program Directives | UPDATES
- (2) 2022 Comprehensive HIV Plan (CHP) Development
- C. Standards and Best Practices (SBP) Committee
- (1) Benefit Specialty Service Standards | UPDATES
- (2) Special Populations Best Practices Project
- (3) Oral Health Service Standard: Dental Implants Inclusion | UPDATES
- D. Public Policy Committee (PPC)
- (1) County, State and Federal Policy, Legislation, and Budget
- (2) First Annual PP Priorities Stakeholder Community Consultation | March 7
- (3) 2022 Legislative Docket | UPDATES
- (4) COH Response to the STD Crisis | UPDATES
- 9. Caucus, Task Force, and Work Group Reports:** 2:30 P.M. – 2:50 P.M.
- A. Aging Task Force | March 1 @ 1-2:30pm
- (1) Accomplishments + Next Steps
- (2) Continue Aging Task Force as a Caucus **MOTION #6**
- B. Black/African American Workgroup
- (1) Form the Black Caucus to sustain the momentum of the workgroup **MOTION #7**
- C. Consumer Caucus | March 10 @ 3-5:00pm
- D. Prevention Planning Workgroup | March 23 @ 5:30-7pm
- E. Transgender Caucus | March 22 @ 10am-12noon
- F. Women’s Caucus | March 21 @ 2-4pm
- VII. NEXT STEPS**
- 10.** A. Task/Assignments Recap 2:50 P.M. – 2:53 P.M.
- B. Agenda development for the next meeting 2:53 P.M. – 2:55 P.M.
- VIII. ANNOUNCEMENTS** 2:55 P.M. – 3:00 P.M.
- 11.** A. Opportunity for members of the public and the committee to make announcements

IX. ADJOURNMENT

3:00 P.M.

12. A. Adjournment of the February 22, 2022 Executive Committee meeting

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve motion to vacate seat for Joshua Ray due to absences incurred for the 2021 calendar year, as presented or revised, and move to the full Commission for approval.
MOTION #4:	Approve motion to vacate seat for Guadalupe Velazquez due to absences incurred for the 2021 calendar year, as presented or revised, and move full Commission for approval.
MOTION #5:	Approve the 2022 Training Plan, as presented or revised.
MOTION #6:	Approve the formation of the Aging Caucus to continue the work of the Aging Task Force, as presented or revised, and move full Commission for approval.
MOTION #7:	Approve the formation of the Black Caucus to sustain the momentum of the Black/African American Workgroup, as presented or revised, and move full Commission for approval.



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

EXECUTIVE COMMITTEE MEETING MINUTES

January 27, 2022

COMMITTEE MEMBERS

P = Present | A = Absent

COMMITTEE MEMBERS			
P = Present A = Absent			
Bridget Gordon, Co-Chair	P	Luckie Alexander Fuller	A
Danielle M. Campbell, MPH	P	Katja Nelson, MPP	P
Frankie Darling-Palacios	P	Mario J. Pérez, MPH	P
Erika Davies	P	Kevin Stalter	P
Kevin Donnelly	P	Justin Valero, MA	P
Lee Kochems, MA	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Carolyn Echols-Watson, MPA; Catherine Lapointe; Jose Rangel-Garibay, MPH; and Sonja D. Wright, BA, MSOM, LAc, Dipl, PES			
DHSP STAFF			
Julie Tolentino, MPH			

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

*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.

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

Meeting agenda and materials can be found on the Commission's website at

<http://hiv.lacounty.gov/LinkClick.aspx?fileticket=tBvOQ1CxCCc%3d&portalid=22>

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Danielle Campbell called the meeting to order at 1:05 PM, led introductions, and stated conflicts of interests. Bridget Gordon read the COH's bylaws section on the duties/purpose of the planning council to remind members of their roles and responsibilities.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

2. APPROVAL OF MEETING MINUTES

Executive Committee Meeting Minutes

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MOTION #2: *Approve the December 9, 2021 Executive Committee Meeting Minutes, as presented (✓ Passed by Consensus)*

II. PUBLIC COMMENT

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

- Angel Martinez introduced himself as the Associate Director from Los Angeles County Department of Health Services COVID Testing Access Equity Collaborative and a researcher on HIV and Latino gay men. He reported receiving an award from the national HIV Challenge: Innovative Community Engagement Strategies to Reduce HIV-Related Stigma and Disparities - <https://www.minorityhealth.hhs.gov/omh/Content.aspx?ID=22538&lvl=1&lvlid=1>
- For a list of HIV Challenge Award Recipients, visit <https://minorityhealth.hhs.gov/omh/Content.aspx?ID=24556&lvl=2&lvlid=8> If individuals would like to hear more about their specific proposal, A. Martinez can be reached at angeljmartinez8@gmail.com.
- Kevin Donnelly expressed his concern over the lack of public comments that the Commission receives and noted that it is the Commission's mandate to hear from the community.

III. COMMITTEE NEW BUSINESS ITEMS

4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED ACTION AROSE AFTER POSTING AGENDA. *There was no new business recommended.*

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission/County Operational Updates

- C. Barrit also reported that the COH meetings will continue to be held virtually until further notice pursuant to the AB 361. Staff will work with the Board of Supervisors on their instructions and guidance for meetings. However, staff are preparing for a hybrid meeting format to continue access to COH meetings via WebEx.

B. Draft 2021 Annual Report

- C. Barrit provided the 2021 Annual Report which highlights key accomplishments for the year and priorities for 2022. She requested feedback from the Committee and will send the report to the full body for input. The report will be on the COH's February agenda and once approved by the full body, will be submitted to the Board.

C. 2022 COH Workplan Development

- C. Barrit called the group's attention to the 2022 Committee workplans included in the packet. The workplans reflect a full and busy line up of activities while also prioritizing the Comprehensive HIV Plan (CHP) for the entire council.

6. Co-Chair's Report

A. January 13, 2022 COH Meeting | FOLLOW-UP + FEEDBACK

There was no additional feedback on the January 12, 2022 meeting.

B. Vision + Mission | REVIEW FOR UPDATES

- C. Barrit noted that the current vision and mission statements were created in 2013 when the COH became an integrated prevention and care planning body.
- B. Gordon read the COH's vision and mission statements and asked the Committee Co-Chairs to review the statements. She would like to see COH subgroups work as one in concert as much as possible. She asked Committee Co-Chair to provide comments and make the statements stronger.
- K. Donnelly stated he would like to see status neutral approach added to the mission statement.
 - Staff will email the vision and mission statements along with COH bylaws to the Commission for review.

C. 2022 National HIV Awareness Days Activities | REVIEW + FEEDBACK

(1) February 10th COH Meeting: National Black HIV/AIDS Awareness Day (NBHAAD)

Presentation

- D. Campbell and G. Garth will lead a conversation on Black Women and HIV and the Black Men who Support Them at the February 10 COH meeting in commemoration of National Black HIV/AIDS Awareness Day. The conversation will focus on the principles of *ujima*, the third principle of Kwanzaa and means "collective work and responsibility."

D. Executive At-Large Committee Members | RECRUITMENT

- The three Executive At-Large seats will be up for nominations at the February COH meeting. Executive Committee members were requested to help recruit Commissioners to run for the At-Large seats.

C. Division of HIV and STD Programs (DHSP) Report

A. Fiscal, Programmatic, and Procurement Updates

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

- Mario J. Perez, MPH, Director, reported that the Omicron COVID variant appears to be on a downward trend but cautioned that hospitalization and death rates data lag behind case reports; hence the County is not quite out of the woods yet.

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- The Board of Supervisors (BOS) approved the language services contract with Focus International and the service is now active.
- M. Perez reported that DHSP is on target to establish the cluster detection community advisory board within the first quarter of 2022. This action is part of their commitment to responding to the community's request to involve PLWH in how cluster detection is used.
- DHSP is currently preparing a response to the Board of Supervisors' (BOS) STD motion. DHSP has been harnessing feedback from a broad set of policy and provider partners to help shape a very thoughtful and comprehensive response to the BOS.
- M. Perez reported that DHSP hired Courtney Armstrong to serve as DHSP's Senior Policy Officer. C. Armstrong previously held a senior policy position with the San Francisco AIDS Foundation.

(2) 2021-2022 Fiscal | UPDATES

- M. Perez reported that DHSP is working on Part A Fiscal Year 21 spending report and he expects the report will be ready for the February Planning, Priorities and Allocations (PP&A) Committee meeting.
- Kevin Stalter inquired if DHSP staff are now relieved of their COVID response duties. M. Perez replied that the current situation is much better with respect to staffing levels. DHSP staff are starting to get relieved of their COVID duties. K. Stalter requested that M. Perez report back on the percentage of DHSP staff who are now back from their COVID duties; DHSP's vacancy rate; and the time it takes to fill those vacancies.
- A. Ballesteros noted that it would help to show the impact of DHSP being short-staffed due to COVID duties by showing what documents/data requested by the COH were delayed or hindered. Demonstrating how DHSP staffing shortages have affected the COH's work should be the tone of the action.

D. Standing Committee Reports

A. Operations Committee

(1) 2022 Assessment of the Administrative Mechanism (AAM) Planning & Development

- J. Valero reported that the Committee determined that it will move forward with its annual AAM planning by way of developing an electronic survey to DHSP-contracted providers and COH members performed by staff, rather than through a consultant. Operations Committee will review AAM survey responses and produce a report in collaboration with staff. The targeted launch date will be in alignment with the new Ryan White Program year, on or around March 2022. The Committee will do a final review the AAM questionnaire in SurveyMonkey format at their February 24 meeting.

(2) Attendance & PIR Report Review

- J. Valero noted that the Committee reviewed the members' attendance for the 2021 calendar year and discussed the options for members with excessive absences. J. Valero

noted that letters and phone calls have been sent to those with recurring absences and it is important to hold members accountable to fulfilling their duties as Commissioners. Recommendations for vacating seats will be reported to the Executive Committee.

(3) Recruitment & Retention Strategies

a. Membership Application Process/Interview Questions Workgroup

- J. Valero that the Application Process/Interview Questions Workgroup has met several times to refine the interview questions to make them more consumer friendly. The workgroup is also refining the questions for returning/renewing members to get a better sense and commitment to self-improvement and accountability. The goal is to have the application process and interview questions finalized in time for membership renewals in June.

b. PLANNING CHATT Learning Collaborative Participation

- The COH is one of the planning councils (PCs) chosen to participate in a collaborative of other PCs in the country to improve recruitment and retention strategies, especially among unaffiliated consumers. The learning collaborative sessions will meet monthly from January through June. COH is represented by Luckie Alexander, Justin Valero, Everardo Alvizo, Kevin Stalter, with COH staff, C. Barrit and S. Wright.

c. Social Media Initiatives

- Operations is working with COH staff to increase social media presence through Commissioner testimonies and “Did You Know” postings which highlight HIV/STD services and prevention messages such as U=U. These activities seek to also recruit members to the COH and increase community participation at COH meetings and events.

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

- K. Donnelly reported that the PP&A Committee met on January 18 and approved the 2022 workplan. K. Donnelly has been elected as Co-Chair and thanked Frankie Darling-Palacios for their service and support. All materials cited by K. Donnelly are in the packet.

(1) DHSP Program Directives | UPDATES

- K. Donnelly reported that the PP&A Committee is in the process of reviewing the Program Directives and will update and craft directives as appropriate to address service needs for various populations and geographic areas. DSHP provided a written status update and responses to the current program directives to help with the Committee’s discussion.

(2) Minority AIDS Initiative (MAI) & Emergency Financial Assistance (EFA) Expenditure & Demographics

- DHSP provided a detailed report titled “Utilization of Selected Ryan White Services by Minority AIDS Initiative Subpopulations of Focus and Other Subpopulations of Importance,” in response to the Committee’s request for data to better understand which populations are being serviced by MAI funds.
- DHSP provided an update on EFA with a handout titled, “Emergency Financial Assistance Program Totals (March 1, 2021 - November 30, 2021).

(3) 2022 Comprehensive HIV Plan (CHP) Development

- PP&A heard a presentation from the California Department of Public Health Office of AIDS on their Strategic Planning Process. Facente Consulting staff, Lazara Paz-Gonzalez, MPH, delivered the presentation and emphasized their commitment working closely with Los Angeles County (LAC) and ensure alignment and synergy in strategic priority areas. AJ King, CHP consultant, attended the meeting and shared that he is meeting with various stakeholders, including OA partners to share data and help shape LAC’s plan.

C. Standards and Best Practices (SBP) Committee

- SBP Committee met on January 4 with Erika Davies and Kevin Stalter re-elected to serve as Co-Chairs for 2022. SBP reviewed their 2022 workplan to reflect specific service categories for revisions.

(1) Benefit Specialty Service Standards | UPDATES

- K. Stalter reported that the SBP Committee extended the public comment period for the Benefits Specialty service standards to January 21, 2022.
- The Committee performed an initial review of the Home-based Case Management services and made changes based on feedback from providers and consumers. Initial changes include aligning basic requirements with the Medi-Cal Home-based Case Management Waiver and clarifying licensing requirements for staff.

(2) Special Populations Best Practices Project

- SBP is working with the Commission’s various caucuses and subgroups to develop the Special Populations Best Practices documents. Recommendations from the Aging Task Force, Transgender Caucus, Black African American Workgroup, and the Women’s Caucus are currently under review for integration in the document. Staff will attend subgroup meetings to seek their ideas on best practices tailored for key populations of focus.

(3) Oral Health Service Standard: Dental Implants Inclusion | UPDATES

- The oral health/dental implant workgroup met on January 11 to plan and elaborate details for holding a subject matter expert panel to address provider practice of using exclusion criteria for dental implants and develop guidance to amend the oral health service standards. The group will determine objectives, discussion questions, and prepare an

agenda for the expert panel. The subject matter expert panel is expected to convene in mid to late February.

D. Public Policy Committee (PPC)

- PPC met on January 3rd and Katja Nelson and Lee Kochems were re-elected to serve as PPC Co-Chairs for 2022. The Committee approved their 2022 workplan. K. Nelson reported that the Act Now Against Meth coalition is expected to release their report in February and she will provide a summary of the recommendations to the COH.
- K. Nelson discussed plans for the PPC public hearing at the March 2022 PPC meeting. The hearings will help prioritize the PPC's policy platforms and hear recommendations from the community.

(1) County, State and Federal Policy and Legislation

a. 2021-2022 Legislative Docket | UPDATES

- K. Nelson stated the legislative session has begun. The PPC will begin gathering and reviewing bills for the legislative docket. A draft docket for Committee review is anticipated by March 2022.
- K. Nelson reported that PPC has invited Chuy Orozco (HOPWA Representative) to provide a Housing Opportunities for Persons with AIDS (HOPWA) policy overview at their February meeting.

b. COH Response to the STD Crisis | UPDATES

- K. Nelson stated that PPC is awaiting the DPH and other Department's response to the STD Board motion.

E. Caucus, Task Force, and Work Group Reports:

A. Aging Task Force (ATF)

- The ATF met on January 4 and elected Joseph Green and Alvaro Ballesteros as Co-Chairs. A. Ballesteros reported that the ATF is always looking for people to join their task force and offer space to hear from consumers about their needs with respect to aging.
- As part of the ATF 2022 workplan, the group will look at service standards to ensure that standards are responsive to the needs of older adults living with HIV. A. Ballesteros noted that the ATF would like to work closely with PP&A to incorporate their ATF recommendations in the priority setting, resource allocation, and directives. They are looking to PP&A to augment services for older adults with HIV.
- He also recommended that the ATF convene a panel on HIV and aging and hear from consumers about their challenges accessing services. The panel could be composed of 8 to 12 people from diverse backgrounds such as women, men, transgender, etc. It was suggested that the panels be held during at the ATF meetings and hold the month of September for a special presentation or panel on HIV and aging to the full body.

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- A. Ballesteros reported that the ATF will formally present their recommendation to turn the ATF into a Caucus at the February 24 Executive Committee meeting.
 - Agendize a motion to turn the ATF to a Caucus at the February 24, 2022 Executive Committee meeting.

- B. **Black/African American Workgroup**
 - Danielle Campbell reported that the workgroup completed its main tasks for 2022 and worked closely with DHSP in providing feedback on a training for medical mistrust; ideas on Black-centered PrEP social marketing campaign and related programming; and discussed how the County's mandatory minimum requirements (MMRs) prevent Black-led and Black-serving organizations from competing for County contracts. The workgroup will determine a meeting to discuss the next steps and structure for the group. A report will be provided to the Executive Committee accordingly.

- C. **Consumer Caucus**
 - Jayda Arrington reported that the Consumer Caucus met on January 13 and AJ King provided an overview of the Comprehensive HIV Plan. Meeting attendees shared their questions, concerns, and requested clarification on the process of developing the CHP. This took up the majority of the meeting and the following items were deferred to the next meeting on February 10 where the Caucus will hear updates on the DHSP grievance program, now called the Customer Support Program; review the 2022 workplan; follow-up with the Commission STD letter to the Board of Supervisors; and hold Co-Chair nomination. Jayda reported that she will not be running for Consumer Caucus Co-Chair and appreciated the experience she gained while serving in a leadership capacity.

- D. **Prevention Planning Workgroup (PPW)**
 - PPW met on January 26, 2022 and K. Donnelly led the meeting where the CHP was discussed. The group provided ideas on prevention activities such underscoring the important of STI screening; home test kits; access to mental health services; increasing awareness and uptake of PrEP; expanding syringe access; and addressing social determinants of health.

- E. **Transgender Caucus**
 - The Transgender Caucus met on January 25, 2022 and AJ King provided an overview of the CHP. The Caucus recommended in-person and virtual outreach to engage transgender community. Co-Chair elections were held and nominations will occur on February 22. The Caucus reviewed their 2022 workplan and virtual educational event topics for the year. The group also discussed collaborating with the Women's Caucus on shared topics of interest for virtual events.

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F. **Women's Caucus (WC)**

- The WC met on January 24, 2022 with Dr. Mikhaela Cielo and Shary Alonzo leading the group as Co-Chairs for the year. Paulina Zamudio, DHSP staff, stated that DHSP is working on the development of childcare RFP for women living with HIV which is expected to be completed around March or April 2022. The WC discussed their 2022 workplan and additional topics for women-centered programming for virtual events. Examples of additional topics include sexual health for women of all ages; financial independence/equality; and working with transgender women in the planning of women-centered programming. Dr. M. Cielo will present on Perinatal Syphilis and HIV Prevention for the March Women's Caucus meeting.
- Danielle Campbell delivered a presentation on a randomized control trial for an intervention for Black women living with HIV. The intervention is a culturally tailored, trauma-informed mobile health application titled LinkPositively. The aims of LinkPositively are to improve self-efficacy for coping, provide social support networks, and improve utilization of ancillary support services.

V. **NEXT STEPS**

10. A. **Tasks/Assignments Recap**

- Staff will email the vision and mission statements along with COH bylaws to the Committee for review.
- Staff will email the 2021 Annual Report to Commissioners for review.
- Executive At-Large member nominations will open at the February COH meeting
- Agendize motion to turn Aging Task Force into a Caucus at the February Executive Committee meeting.
- Black/African American Workgroup leads will provide a full progress report and discuss next steps at the February Executive Committee meeting.

B. **Agenda Development for Next Meeting** *See Tasks/Assignments Recap*

VI. **ANNOUNCEMENTS**

11. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS**

Greg Wilson announced an event hosted by In The Meantime Men's Group in commemoration of National Black HIV/AIDS Awareness Day. For details, visit

<http://www.inthemeantimemen.org/>

VII. **ADJOURNMENT**

12. ADJOURNMENT. *The meeting adjourned at approximately 3:00PM.*



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 2/4/22

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

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
GARTH	Gerald	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts

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

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

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

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



LOS ANGELES COUNTY COMMISSION ON HIV



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

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

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



LOS ANGELES COUNTY
COMMISSION ON HIV



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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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VISION AND MISSION STATEMENTS FEEDBACK LOG

#	FEEDBACK/COMMENTS
1	<p>I read through the Duties and Responsibilities as well as looked over the Vision and Mission.</p> <p>I didn't see in either of the documents any reference to the EHE initiatives. Considering the international and national calls (as well as local efforts) maybe we could include language of the 4 pillars and add EHE language to our Vision and Mission.</p> <p>I think it would also hammer home the idea that EHE efforts are not a tangent effort or responsibility of a select few or committee etc. BUT critical of the Commission's efforts as a whole.</p>
2	<p>The mission states that "The Commission on HIV provides an effective continuum of care"</p> <p>My concern is that we don't actually provide that care and this may be misleading or challenging to achieve. I am sure this has probable been raised and discussed but I just wanted to highlight.</p>
3	<p>We should retool these statements to reflect our status neutral approach to planning. I would also like to see language about sexual health in the context of whole person care and specifically mental health. The syndemic of STIs should be addressed explicitly. Perhaps we can add language around healing communities so that folk can manifest their authentic selves and better assess risk taking behavior that leads to adverse health outcomes. How can we minimize the effects of blame, shame and stigma?</p> <p>Regarding the part about inclusive of all SPAs and HDs, that should really be changed to a statement that we will address health equity in marginalized communities geographic and demographic. None of us thrive unless all of us thrive.</p> <p>In the past there has been resistance to changing the name of the commission. It is time for us to rebrand as a body addressing more than HIV alone but also STI's and social determinants of health.</p> <p>An ounce of prevention is worth a pound of cure. I would like to hold out hope for a cure to HIV. In the meantime I think we should lean heavily on preventive strategies.</p> <p>This is a starting statement for me. We must do this work together. I hope that these thoughts/ideas spark a conversation and recommitment to the principles of health equity. Health is more than an absence of disease.</p> <p>Thank you for soliciting my assistance. I look forward to debating, conversing and aspiring to a new mission and vision.</p>

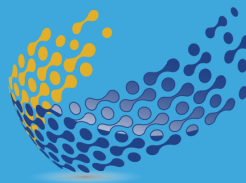
The Los Angeles County Commission on HIV, in Partnership with the Center for HIV Identification, Prevention, and Treatment Services (CHIPTS), presents

Piloting TelePrEP Information Sessions to Increase PrEP Awareness and Uptake among Black and Latina Cisgender Women.

A Colloquia Presentation by Dr. Dilara Uskup and Omar Nieto.

THURSDAY, MARCH 10, 2022 • 9:30 AM *

*AS PART OF THE COMMISSION ON HIV MEETING AGENDA



CHIPTS
Center for HIV Identification, Prevention
and Treatment Services



LOS ANGELES COUNTY
COMMISSION ON HIV



COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
RYAN WHITE PART A, MAI YR 31 AND PART B YR 31 EXPENDITURES BY RWP SERVICE CATEGORIES
 Expenditures reported by January 11, 2022

1	2	3	4	5	6	7	8	9	10	11
SERVICE CATEGORY	YEAR TO DATE EXPENDITURES PART A	YEAR TO DATE EXPENDITURES MAI	TOTAL YEAR TO DATE EXPENDITURES PART A AND MAI (Total Columns 2+3)	FULL YEAR ESTIMATED EXPENDITURES PART A	FULL YEAR ESTIMATED EXPENDITURES MAI	FULL YEAR ESTIMATED EXPENDITURES PART A + MAI (Total Columns 5+6)	YEAR TO DATE EXPENDITURES PART B	FULL YEAR ESTIMATED EXPENDITURES PART B	TOTAL YEAR TO DATE EXPENDITURES FOR RWP SERVICES (Total Columns 4+8)	COH YR 31 ALLOCATIONS FOR HRSA PART A AND MAI
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	\$ 5,326,778	\$ -	\$ 5,326,778	\$ 7,413,108	\$ -	\$ 7,413,108	\$ -	\$ -	\$ 5,326,778	\$ 9,258,477
MEDICAL CASE MGMT (Medical Care Coordination)	\$ 8,346,408	\$ -	\$ 8,346,408	\$ 11,198,981	\$ -	\$ 11,198,981	\$ -	\$ -	\$ 8,346,408	\$ 12,174,533
ORAL HEALTH CARE	\$ 3,858,564	\$ -	\$ 3,858,564	\$ 6,980,687	\$ -	\$ 6,980,687	\$ -	\$ -	\$ 3,858,564	\$ 5,298,780
MENTAL HEALTH	\$ 300,955	\$ -	\$ 300,955	\$ 361,145	\$ -	\$ 361,145	\$ -	\$ -	\$ 300,955	\$ 264,747
HOME AND COMMUNITY BASED HEALTH SERVICES	\$ 1,785,389	\$ -	\$ 1,785,389	\$ 2,396,367	\$ -	\$ 2,396,367	\$ -	\$ -	\$ 1,785,389	\$ 2,693,515
NON-MEDICAL CASE MANAGEMENT-Benefits Specialty Services	\$ 1,187,415	\$ -	\$ 1,187,415	\$ 1,447,945	\$ -	\$ 1,447,945	\$ -	\$ -	\$ 1,187,415	\$ 1,339,084
NON-MEDICAL CASE MANAGEMENT-Transitional Case Management	\$ 310,594	\$ 239,270	\$ 549,864	\$ 519,369	\$ 239,270	\$ 758,639	\$ -	\$ -	\$ 549,864	\$ 302,422
HOUSING-RCFCI, TRCF	\$ 98,607	\$ -	\$ 98,607	\$ 194,971	\$ -	\$ 194,971	\$ 2,979,308	\$ 3,811,300	\$ 3,077,915	\$ 403,647 Part A portion
HOUSING-Temporary and Permanent Supportive with Case Management	\$ -	\$ 2,065,425	\$ 2,065,425	\$ -	\$ 2,733,251	\$ 2,733,251	\$ -	\$ -	\$ 2,065,425	\$ 2,967,007
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 620,400	\$ 827,200	\$ 620,400	Part B
MEDICAL TRANSPORTATION	\$ 337,565	\$ -	\$ 337,565	\$ 414,122	\$ -	\$ 414,122	\$ -	\$ -	\$ 337,565	\$ 790,405
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	\$ 1,745,959	\$ -	\$ 1,745,959	\$ 2,622,221	\$ -	\$ 2,622,221	\$ -	\$ -	\$ 1,745,959	\$ 2,789,438
EMERGENCY FINANCIAL ASSISTANCE	\$ 484,147	\$ -	\$ 484,147	\$ 601,678	\$ -	\$ 601,678	\$ -	\$ -	\$ 484,147	\$ -
REFERRAL/OUTREACH (LINKAGE AND REENGAGEMENT PROGRAM)	\$ 225,593	\$ -	\$ 225,593	\$ 601,582	\$ -	\$ 601,582	\$ -	\$ -	\$ 225,593	\$ -
LEGAL	\$ 328,642	\$ -	\$ 328,642	\$ 369,664	\$ -	\$ 369,664	\$ -	\$ -	\$ 328,642	\$ 88,249
SUB-TOTAL DIRECT SERVICES	\$ 24,336,616	\$ 2,304,695	\$ 26,641,311	\$ 35,121,840	\$ 2,972,521	\$ 38,094,361	\$ 3,599,708	\$ 4,638,500	\$ 30,241,019	\$ 38,369,155
YR 31 ADMINISTRATION (INCLUDING PLANNING COUNCIL)	\$ 4,637,537	\$ 264,891	\$ 4,299,341	\$ 4,034,450	\$ 363,270	\$ 4,397,720	\$ 212,421	\$ 361,500	\$ 4,511,762	
YR 31 CLINICAL QUALITY MANAGEMENT (HRSA Part A Legislative Requirement)	\$ 522,433	\$ -	\$ 522,433	\$ 1,178,277	\$ -	\$ 1,178,277	\$ -	\$ -	\$ 522,433	
TOTAL EXPENDITURES	\$ 29,496,586	\$ 2,569,586	\$ 31,463,085	\$ 40,334,567	\$ 3,335,791	\$ 43,670,358	\$ 3,812,129	\$ 5,000,000	\$ 35,275,214	
TOTAL GRANT AWARD				\$ 40,344,502	\$ 3,632,709	\$ 43,977,211		\$ 5,000,000		
VARIANCE				(9,935)	(296,918)			0		
Estimated MAI Carryover from YR 21 to YR 22	\$	\$ 306,853								

Note: Amount in () means that the amount of estimated expenditures is less than the grant award



2022 Training Plan and Schedule

(DRAFT 12.17.21; Reviewed @ Ops 1.27.22; Revised 2.2.22)

Objectives:

1. Fulfill federally required annual training for HIV Planning Councils
2. Fulfill training required by the County of Los Angeles for Commissioners
3. Offer a more flexible and self-directed learning schedule option for Commissioners
4. Provide ongoing support, coaching and technical assistance through a virtual study hour where Commissioners can ask questions, seek clarification on training materials, roles and responsibilities, and meeting discussions
5. Provide ongoing learning opportunities for Commissioners by offering supplemental course offerings and third-party resources that strengthen leadership, communication, and collaborative skills.

I. Core Mandatory Training

- a. **Format:** virtual live and available on-demand through WebEx recording on the Commission website
- b. **Frequency:** Quarterly
- c. **Topics:**
 - i. General Orientation
 - ii. Commission on HIV Overview
 - iii. Ryan White Care Act Legislative Overview
 - iv. Membership Structure and Responsibilities
 - v. Priority Setting and Resource Allocation Process
 - vi. Service Standards Development
 - vii. Policy Priorities and Legislative Docket Development Process

II. Supplemental Training Library – these are highly recommended training and intended to enhance the knowledge and skills of Commissioners in order to serve as effective community planners.

- a. **Format:** combination of virtual live, WebEx recording, or library of resources on Commission website
- b. **Topics**
 - i. Commission on HIV History (Document)
 - ii. Health Resources Services Administration Ryan White Part A Planning Council Primer (Document)

- iii. Executive Office of the Los Angeles County Board of Supervisors Commission Manual (Document)
- iv. Overview of HIV Data Sources (PowerPoint slides)
- v. Effective Communication and Listening Skills (PowerPoint slides)
- vi. Running and Facilitating Meetings (PowerPoint slides)
- vii. Co-Chair Roles and Responsibilities (Virtual live) (Dawn developing)
- viii. HIV and STD Funding Streams (Handout)
- ix. Constructively Candid Conversations | Training Series with the Human Relations Commission (PowerPoint slides and WebEx recordings)
- x. TargetHIV <https://targethiv.org/> – website link
- xi. Health Resources and Services Administration, HIV/AIDS Bureau – website link <https://hab.hrsa.gov/>
- xii. Centers for Disease Control and Prevention HIV – website link Centers for Disease Control and Prevention STD Training – website link
- xiii. Centers for Disease Control and Prevention STD Training – website link <https://www.cdc.gov/std/training/default.htm>
- xiv. <https://www.hiv.gov/> – website link

III. **Virtual Study Hour** – offered quarterly and hosted by staff and COH leadership (if available) to answer questions; clarify and sharpen understanding of the duties and responsibilities of the Commission/Commissioner; and ask questions about meeting discussions

IV. **Quizzes for Prizes**- ongoing quizzes to test and encourage ongoing learning for members.

Implementation Schedule (*subject to change to accommodate shifting needs and priorities*)

#	Activity	Date
1	Present 2022 Training Plan and Schedule to Operations for feedback	January 27 Completed
2	Update and finalize 2022 Training Plan and Schedule	February 24 Approval @ Ops meeting
3	General Orientation Commission on HIV Overview	March 29 @ 3pm- 4:30pm
4	Virtual Study Hour	April 12 @ 4pm-5pm
5	Ryan White Care Act Legislative Overview Membership Structure and Responsibilities	July 21 @ 3pm-4:30pm
6	Virtual Study Hour	August 17 @ 4pm-5pm
7	Priority Setting and Resource Allocation Process Service Standards Development	September 15 @3pm-

		4:30pm
8	Virtual Study Hour	October 20 @ 4pm-5pm
9	Policy Priorities and Legislative Docket Development Process November 16 @ 4pm-5pm Co-Chair Roles and Responsibilities (Virtual live) Nov 17 @ 4pm-5pm	November 16 @ 4pm-5pm Nov 17 @ 4pm-5pm
10	Virtual Study Hour	December 13 @ 4pm-5pm
11	<i>Additional training may be integrated at all Commission subgroups as determined by members in collaboration with staff</i>	Year- round/ongoing



LOS ANGELES COUNTY
COMMISSION ON HIV

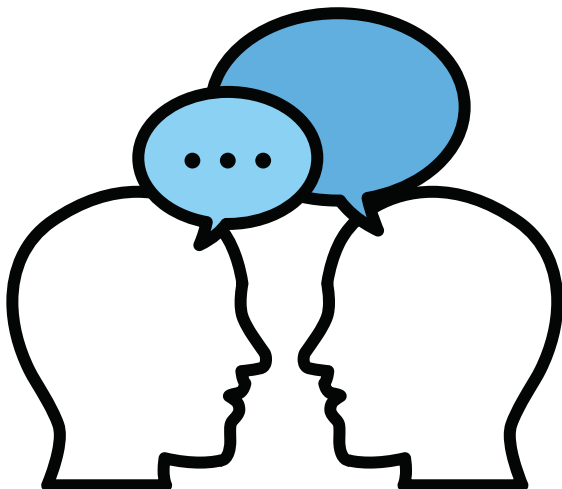


Los Angeles County Commission on HIV Training Schedule 2022

Come learn with us!

All trainings are open to the public. Virtual study hours will be available for all commissioners and members of the public who have any questions about the purpose and functions of the Commission on HIV.

Trainings are mandatory for all Commissioners.



March 29

General Orientation

Commission on HIV Overview

3:00 - 4:30 PM - Register [here](#).

April 12

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).

July 21

Ryan White Care Act Legislative Overview

Membership Structure and Responsibilities

3:00 - 4:30 PM - Register [here](#).

August 17

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).

September 15

Priority Setting and Resource Allocation Process Service Standards Development

3:00 - 4:30 PM - Register [here](#).

October 20

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).

November 16

Policy Priorities and Legislative Docket Development Process

4:00 - 5:00 PM - Register [here](#).

November 17

Co-Chair Roles and Responsibilities (Virtual live)

4:00 - 5:00 PM - Register [here](#).

December 13

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).



Assessment of Administrative Mechanism (AAM) Ryan White Program Year 30 (March 1, 2020 - February 28, 2021)-- Questionnaire for Contracted Providers

As a Ryan White Part A planning council, the Los Angeles County Commission on HIV (“the Commission”) is required by Health Resources and Services Administration (HRSA) to conduct a regular “Assessment of the Administrative Mechanism” (AAM). The AAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. Your responses to the survey as a County-contracted provider will help improve the County’s procurement, contracting, and invoicing processes. We appreciate your time and feedback.

1. Please describe the level of guidance you get from DHSP with respect to invoicing, budget development and budget modifications.

2. With respect to the process of program monitoring, how clear are you on the expectations prior to the site visit and monitoring?

- Very clear
- Somewhat clear
- Somewhat unclear
- Not clear at all

Comments

3. Does DHSP regularly provide feedback on your performance? If so, is the feedback helpful? What is helpful about the feedback?

4. Do you get feedback or technical assistance from DHSP on barriers and challenges reported on progress reports? If so, is that feedback or TA helpful? Please elaborate.

5. With respect to the development of your DHSP contract, how would you describe the level of technical assistance and support provided by your assigned program manager and fiscal representative? (Please reference which RFP or service category you are referring to).

6. Do the RFPs provide clear instructions, directions, and/or guidance? If yes, how so? If no, in what ways are they unclear? What was your role in developing the application in response to the RFP? Please elaborate.

7. Do you feel the county's process of awarding contracts for services is fair? Please explain.

8. What are the most effective practices implemented by your agency to ensure that Ryan White program funds are spent efficiently? Please elaborate.

9. DHSP issues payments within 30 days following submission of complete, accurate invoices, and submitted in a timely manner as stipulated by the DHSP contract.

- Always
- Usually
- Rarely
- Never
- N/A, I Don't Know

Comments

10. Are there other comments or feedback you would like to share about the County's procurement, contracting, and invoicing process? Please provide specific examples and suggestions for improvement.



LOS ANGELES COUNTY
COMMISSION ON HIV



Assessment of Administrative Mechanism (AAM) Ryan White Program Year 30 (March 1, 2020 – February 28, 2021) - Questionnaire for Commissioners

As a Ryan White Part A planning council, the Los Angeles County Commission on HIV (“the Commission”) is required by Health Resources and Services Administration (HRSA) to conduct a regular “Assessment of the Administrative Mechanism” (AAM). The AAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. Your feedback as Commissioners on how well you understand the functions of the Commission is critical to improving training, technical assistance, and support for members. Thank you for your time and input.

* 1. For how long have you served as a Commissioner and/or Alternate on the Los Angeles County Commission on HIV?

- Less than 1 year
- Between 1-2 years
- Between 3-4 years
- 5 years or more

* 2. During the Ryan White Program Year 30 (March 1, 2020 – February 28, 2021) priority setting and resource allocation process, which committee(s) were you a member of?

- Executive
- Operations
- Planning, Priorities and Allocations
- Public Policy
- Standards and Best Practices
- N/A-I was not a member

Comments

* 3. During the Ryan White Program Year 30 (March 1, 2020 – February 28, 2021) priority setting and resource allocation planning cycle, did the Commission on HIV review/study an appropriate amount and type of data on an ongoing basis to determine community needs?

- Yes
- No
- I don't Recall
- N/A-I was not a member during the last planning cycle

Comments

* 4. During the Ryan White Program Year 30 (March 1, 2020 – February 28, 2021) planning cycle, do you recall any of the following DHSP reports being provided as a part of the priority setting and resource allocation process?

- Ryan White Program expenditure reports
- Service utilization data
- Needs assessment data
- Program and Expenditures updates
- Prevention data (such as HIV/STD Testing Services; National HIV Behavioral Surveillance Project; LAC Apps-Based Survey; Contacted Biomedical Services; Contracted HIV Education and Risk Reduction (HERR) Services); Contracted Vulnerable Populations Services)
- HIV and STD Surveillance data

Comments

* 5. Please indicate the degree to which you agree with the following statement: There is adequate consumer participation and input in the planning, priority setting and resource allocation process.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- I don't know
- Comments

6. Please indicate the degree to which you agree with the following statement: During the last planning cycle, I was adequately notified of planning, priority setting and resource allocation activities and meetings.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- I don't know

Comments

* 7. Please indicate the degree to which you agree with the following statement: In terms of structure and process, the Commission on HIV is effective as a planning body.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

* 8. Please indicate the degree to which you understand the following:

	Completely understand	Somewhat understand	Mostly don't understand	Don't understand at all	Not applicable
Structure of the Commission on HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role of the Commission on HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process(es) of the Commission on HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

* 9. Please indicate the degree to which you agree with the following statements: The Commission on HIV has prepared me to make decisions related to:

	Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not applicable
Service standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allocation/Reallocation Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service Category Prioritization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

* 10. Please indicate the degree to which you believe the priorities and allocations established by the Commission on HIV in the Ryan White Program Year 30 (March 1, 2020 – February 28, 2021) were followed by DHSP.

- A great deal
- A lot
- A moderate amount
- A little
- Not at all
- I don't know
- N/A

Comments



2022 MEMBERSHIP ROSTER | UPDATED 2.4.22

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

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

LOA: Leave of Absence

Overall total: 45

Planning Council/Planning Body Reflectiveness (Updated 1.11.22)

(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%	12	26.09%	5	45.45%
Black, not Hispanic	10,155	20.00%	13	28.26%	3	27.27%
Hispanic	22,766	44.84%	18	39.13%	3	27.27%
Asian/Pacific Islander	1,886	3.71%	3	6.52%	0	0.00%
American Indian/Alaska Native	300	0.59%	0	0.00%	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%	46	99.99%	11	100%
Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	31	67.39%	7	63.64%
Female	5,631	11.09%	12	26.09%	4	36.36%
Transgender	854	1.68%	3	6.52%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	46	100%	11	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	4.35%	1	9.09%
30-39 years	9,943	19.58%	18	39.13%	2	18.18%
40-49 years	11,723	23.09%	11	23.91%	1	9.09%
50-59 years	15,601	30.72%	8	17.39%	6	54.55%
60+ years	8,973	17.67%	7	15.22%	1	9.09%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	46	100%	11	99.99%

Percentages may not equal 100% due to rounding.
(Includes alternates)



**Program Directives for Maximizing Ryan White Part A and MAI Funds for Program Years 30, 31, 32
Status Updates from the Division of HIV and STD Programs (DHSP)**

DIRECTIVE	DHSP RESPONSE/STATUS UPDATE
<p>1. Across all funding sources, prioritize investments in populations most disproportionately affected and in health districts with the highest disease burden and prevalence, where service gaps and needs are most severe.</p>	<p>Solicitations are composed using the latest data, which reflect the geography and other demographics of target populations</p>
<p>2. Implement the recommendations developed by the Black/African Community (BAAC) Task Force (TF) which set a progressive and inclusive agenda to eliminate the disproportionate impact of HIV/AIDS/STDs in all subsets of the African American/Black diaspora. PP&A is calling special attention to the following recommendations from the BAAC TF as key priorities for RFP development, funding, and service implementation starting in 2020:</p> <ul style="list-style-type: none"> • Require contracted agencies to complete training for staff on cultural competency and sensitivity, implicit bias, medical mistrust and cultural humility. DHSP should work with the Black/African American community as subject matter experts in developing training materials and curriculum. • In collaboration with the Black/African American community, conduct a comprehensive needs assessment specific to all subsets of the Black/African American population with a larger sample size. Subgroups include MSM, transgender masculine and feminine communities, and women. • Assess available resources by health districts by order of high prevalence areas. • Conduct a study to identify out of care individuals, and populations who do not access local services and why they do not. • Fund mental health services for Black/African American women that are responsive to their needs and strengths. 	<p>In progress. Some training resources still need to be identified and tested.</p> <p>This should be included in the needs assessments conducted as part of the formative work for the development of the comprehensive plan.</p> <p>Is there a different standard of care for these services for this population?</p>

<ul style="list-style-type: none"> • Earmark funds for peer support and psychosocial services for Black gay and bisexual men. • It is recommended that DHSP collaborate with SBP to convene subject matter experts from the African American community to ensure that mental health and psychosocial support services are culturally tailored to the needs of the community. 	<p>Must be allocated by PP&A.</p> <p>DHSP relies on SBP for guidance.</p>
<p>3. Provide Non-Medical Case Management services in non-traditional and traditional locations to support improved service referrals and access points to Ryan White services for identified priority populations, such as young men who have sex with men (YMSM), African American men and women, Latinx communities, transgender individuals, and older adults (over 50 yrs).</p>	<p>Commission must allocate funds for these programs.</p>
<p>4. Continue to enhance Foodbank and Home Delivered Meals services to include dietary guidance, better quality foods (specifically more high quality nutrient rich fruits, vegetables and lean proteins), and increase the amount of food available for clients based on their individual needs or by gaps observed or reported by agencies and clients; cover essential non-food items such as personal hygiene products (to include feminine hygiene items), household cleaning supplies, and personal protective equipment (PPE). Permit contracted agencies to provide grocery, gas, and transportation support (e.g., Metro Tap cards, ride share services) to clients to facilitate expanded access to food.</p>	<p>DHSP has used EHE and HRSA CARES funds to improve capacity to store perishable, nutritious foods, and increase variety and quality of food available consistently.</p>
<p>5. Support intensive case management services for people living with HIV served in Ryan White HIV housing programs and increase target number of clients served during the reallocation process. Funds should also be used to support additional training for housing specialists to serve the housing needs of families.</p>	<p>The entire housing portfolio needs to be examined in order to determine where DHSP's limited housing resources can have the most impact.</p>
<p>6. Continue to support the expansion of medical transportation services.</p>	<p>In progress</p>
<p>7. Continue efforts to develop Ryan White client eligibility cards and welcome packets, with information on Ryan White-funded services in Los Angeles County; train providers on the use of eligibility cards to</p>	<p>In progress</p>

<p>reduce paperwork burden on clients. Develop and implement eligibility cards without the need to issue a Request for Proposals (RFP) to hasten distribution of eligibility cards as stated by DHSP representatives.</p>	
<p>8. Augment contracts to permit agencies to have an operational line item budget for childcare and transportation to facilitate consistent engagement in care and support services. This strategy would avoid releasing a stand-alone RFP for childcare and transportation and give service providers the flexibility to provide these services to all clients with children.</p> <p>Expand flexibility to provide emergency financial support for PLWH. Augment Medical Case Management/Medical Care Coordination services to include Emergency Financial Assistance (EFA) and Childcare services. Priority populations such as women and their families, YMSM and transgender women, may have unique needs for emergency financial assistance due to domestic and intimate partner, or community violence.</p>	<p>Childcare solicitation is nearly complete.</p> <p>EFA program is in place.</p>
<p>9. Fund mobile care teams or clinics that provide holistic care for women. Mobile teams should be available for all agencies and link women to services where they reside, congregate, or prefer to be engaged.</p>	<p>Need more information on what this would look like.</p>
<p>10. Fund psychosocial services and support groups for women. Psychosocial support services must include peer support in order to build a stronger sense of community, empowerment and resilience among women living with HIV.</p>	<p>Commission should allocate funds accordingly.</p>

AGING TASK FORCE (ATF)

Highlights of Accomplishments and
Recommendations for Next Steps

Executive Committee

February 24, 2022



LOS ANGELES COUNTY
COMMISSION ON HIV



Objectives



Summarize key accomplishments of the Aging Task Force (ATF)



Provide recommendations on future structure of the group



Provide recommendations for ongoing objectives and activities

Background | ATF

- A group of concerned Commissioners and community members began discussions around health needs of PLWH over 50 in early 2019
- Raised concerns about the growing 50+ population and the capacity and responsiveness of the Ryan White and other care systems
- Voiced concerns around disparities in health outcomes across the lifespan and older adults
- HIV and aging conferences, summits, and needs assessments were conducted by local HIV service providers in 2018, 2019, and 2020

Background | ATF (continued)

- Some Commissioners proposed the idea of forming a subgroup to address HIV and aging to the Executive Committee in Jan/Feb 2019
- Started meeting as ATF in April 2019
- Met with DHSP medical directors/staff to open dialogue on HIV and aging, data, and action planning
- Completed recommendations in 12/10/2020
- 2/25/21 - Executive Committee approved extension of ATF for one additional year to complete directives
- Received feedback from DHSP on recommendations on 4/5/21
- Developed proposed HIV and aging care framework based on community feedback from studying models of care from other jurisdictions (SF and NY)

Accomplishments

- Developed recommendations in 2019-2020
 - Partnered with DHSP on data requests and reviews
 - Held consultations with Commissioners, service providers, consumers, and community stakeholders
 - Studied models of care, white papers and resource documents:
 - Research on Older Adults with HIV (ROAH) studies in 2006 (1.0) and 2018 (2.0)
 - California Master Plan on Aging
 - HIV, Aging and Stigma (Dr. P. Nash presentation and facilitated conversation)
 - HRSA's Ryan White HIV/AIDS Program Optimizing HIV Care for People Aging with HIV: Incorporating New Elements of Care Reference Guide for Aging with HIV
 - HIV and aging statewide conferences

Accomplishments (continued)

- Hosted Trading Ages, an age-sensitivity training trademarked by SCAN Community Programs for providers working with seniors
- Supported Women's Caucus on HIV and Women panel in 2021
- Hosted panel at September 2021 Commission meeting
 - UCSF Golden Compass Program
 - Panel of experts and PLWH over 50
 - HIV and aging care framework for community feedback
- Raised awareness at the 2021 Annual Meeting on HIV, aging and stigma (Dr. P. Nash presentation)

STRATEGIES:

1. This framework seeks to facilitate medical wellness examinations and offers a flexible and adaptable guide to customizing care for ALL older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, experience aging-related issues earlier in life (before age 50) .
2. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program.
3. Integrate a geriatrician in medical home teams.
4. Establish coordination process for specialty care.

Ageing Task Force | Framework for HIV Care for PLHWA 50+ (10.18.21)

Assessments and Screenings

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

 From Golden Compass Program

 From Ageing Task Force/Commission on HIV

Screenings & Assessment Definitions

- **HIV-specific Routine Tests**
 - HIV RNA (Viral Load)
 - CD4 T-cell count
- **Screening for Frailty**
 - Unintentional weight loss, self-reported exhaustion, low energy expenditure, slow gait speed, weak grip strength
- **Screening for Cardiovascular Disease**
 - Lipid Panel (Dyslipidemia)
 - Hemoglobin A1c (Diabetes Mellitus)
 - Blood Pressure (Hypertension)
 - Weight (Obesity)
- **Screening for Smoking-related Complications**
 - Lung Cancer - Low-Dose CT Chest
 - Pulmonary Function Testing, Spirometry (COPD)
- **Screening for Renal Disease**
 - Complete Metabolic Panel
 - Urinalysis
 - Urine Microalbumin-Creatinine Ratio (Microalbuminuria)
 - Urine Protein-Creatinine Ratio (HIVAN)
- **Screening for Coinfections**
 - Injection Drug Use
 - Hepatitis Panel (Hepatitis A, B, C)
 - STI - Gonorrhea, Chlamydia, Syphilis

Screenings & Assessment Definitions

(continued)

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

Other Suggestions from ATF/COH Discussions

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

Recommendations for Next Steps

- Continue as a Caucus to maintain Commission and community engagement and support for efforts to address the needs of PLWH over 50 (**Motion 6**)
- Mobilize other partners to implement the ATF recommendation key themes:
 - Ongoing research and needs assessment
 - Workforce community education and awareness
 - Expand HIV/STD prevention and care services for older adults living with HIV

Recommendations (continued)

- Collaborate more closely with SBP Committee to review and ensure that service standards are responsive to the needs of PLWH over 50
- Work with SBP to promote best practices to Ryan White and non-Ryan White funded providers
- Identify champions to implement the HIV and aging care framework:
 - Within the local Ryan White system
 - Medi-Cal and Medicare



THANK YOU