



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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

Subscribe to the Commission's Email List:

<https://tinyurl.com/y83ynuzt>

# COMMISSION ON HIV Meeting

**Thursday, March 9, 2023  
9:00am-1:00pm (PST)**

**510 S. Vermont Ave,  
Terrace Conference Room A (TK11)  
Los Angeles, CA 90020**

**\*Validated Parking Available at 523 Shatto Place, LA 90020**

*Meeting will be live streamed on Facebook @hivcommissionla*

Agenda and meeting materials will be posted on our website at  
<http://hiv.lacounty.gov/Meetings>

## Notice of Teleconferencing Site:

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

## Members of the Public May Join In Person or Virtually.

### For Members of the Public Who Wish to Join Virtually, Register Here:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r087862f2d4e84087c9c97c2350e0c3dc>

To Join by Telephone: 1-213-306-3065

Password: COMMISSION Access Code: 2599 900 6852



Scan QR code to download an electronic copy of the meeting agenda and packet on your smart device. Please note that hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste. *\*If meeting packet is not yet available, check back 2-3 days prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.*

*To access meeting materials via the QR code: (1) Open your camera app on your smart device, (2) Select the rear-facing camera in Photo or Camera mode, (3) Center the QR code that you want to scan on the screen and hold your phone steady for a couple of seconds, and (4) Tap the notification that pops up to open the link.*

## LIKE WHAT WE DO?

Apply to become a Commission Member at:

<https://www.surveymonkey.com/r/2023CommissiononHIVMemberApplication>

For application assistance call (213) 738-2816 or email [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)



# WELCOME BACK, COMMISSIONERS!

Join us in-person for our next Commission on HIV meeting.

**Date:** Thursday, March 9, 2023

**Time:** 9AM - 12PM \*meeting time may be extended\*

**Address:** 510 S Vermont Ave, Los Angeles, CA 90020  
Terrace Level Conference Room - Accessible via public  
transportation (Wilshire/Vermont Station)

**Parking:** Complimentary parking available at 523 Shatto Place,  
Los Angeles CA 90020

- **Please bring your smart devices!** Meeting materials will be accessible via Commission website and QR code. NO HARD COPIES of materials will be distributed in compliance with LA County's Recycle and Reuse Initiative.
- Members of the public may attend in person or virtually
- Opportunity to win raffle prizes



Questions? Contact us!

✉ [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

☎ (213) 738-2816

# VERMONT CORRIDOR PARKING AND STREET & LEVEL ACCESS | WHAT TO EXPECT

## **Street Level Entry: 510 S. Vermont Ave**

- Check-in with Security Desk and inform them you are attending the Commission on HIV Meeting
- Take elevator to “T” level (Terrace)
- Terrace level reception desk will direct you the appropriate conference room

## **Parking Structure Access: 523 Shatto Place**

- Park on appropriate parking areas
- Take elevator to 9<sup>th</sup> Floor
- Exit elevator and access to the Terrace level is to your right
- Check-in with Security Desk and you will be directed to the appropriate conference room





# VERMONT CORRIDOR PARKING AND PUBLIC TRANSIT



523 Shatto Place



Wilshire and  
Vermont **Red** Line  
Metro Station



Street level address  
510 S. Vermont Ave



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

**(REVISED) AGENDA FOR THE REGULAR MEETING OF THE  
LOS ANGELES COUNTY COMMISSION ON HIV (COH)**

**Thursday, March 9, 2023 | 9:00 AM – 1:00 PM**

**510 S. Vermont Ave  
Terrace Level Conference Room A (TK11)  
Los Angeles, CA 90020**

***\*Validated parking available at 523 Shatto Place, LA 90020***

**Notice of Teleconferencing Sites:**

California Department of Public Health, Office of AIDS  
1616 Capitol Ave, Suite 74-61, Sacramento, CA 95814

**MEMBERS OF THE PUBLIC: TO JOIN VIRTUALLY, REGISTER HERE:**

<https://lacountyboardofsupervisors.webex.com/weblink/register/r087862f2d4e84087c9c97c2350e0c3dc>

To Join by Telephone: 1-213-306-3065

Password: COMMISSION Access Code: 2599 900 6852

**AGENDA POSTED:** March 3, 2023

**SUPPORTING DOCUMENTATION:** Supporting documentation can be obtained via the Commission on HIV Website at: <http://hiv.lacounty.gov> or in person. **The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. *\*Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.***

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

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

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a [HIVComm@lachiv.org](mailto:HIVComm@lachiv.org), por lo menos setenta y dos horas antes de la junta.

**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.



**Meet, Greet & Reconnection Reception**

**9:00 AM – 9:30 AM**

*This will be an opportunity to reconnect, reengage and support each other as we rebuild our sense of community and continue our collective work in ending the HIV epidemic, together. A light continental breakfast will be provided. All are welcome.*

**1. ADMINISTRATIVE MATTERS**

- |  |                   |
|--|-------------------|
| <b>A.</b> Call to Order & Meeting Guidelines/Reminders                             | 9:30 AM – 9:35 AM |
| <b>B.</b> Introductions, Roll Call, & Conflict of Interest Statements              | 9:35 AM – 9:45 AM |
| <b>C.</b> Assembly Bill 2449 Attendance Notification for “Emergency Circumstances” | 9:45 AM – 9:50 AM |
| <b>D.</b> Approval of Agenda   | <b>MOTION #1</b>  |
| <b>E.</b> Approval of Meeting Minutes  | <b>MOTION #2</b>  |
| <b>F.</b> County <a href="#">Land Acknowledgment</a>                               | <b>MOTION #3</b>  |
| <b>G.</b> Consent Calendar   | <b>MOTION #4</b>  |
|  | <b>MOTION #5</b>  |

**2. REPORTS - I**

- |  |                     |
|--|---------------------|
| <b>A.</b> Executive Director/Staff Report  | 10:00 AM – 10:05 AM |
| <b>(1)</b> County/Commission Operations   UPDATES                                      |                     |
| <b>(2)</b> Reimagining COH Meetings  |                     |
| <b>B.</b> Co-Chairs’ Report  | 10:05 AM – 10:45 AM |
| <b>(1)</b> Welcome   |                     |
| <b>(2)</b> Recognition of National Women & Girls HIV/AIDS Awareness Day (NWGHAAD)      |                     |
| <b>(3)</b> February 9, 2023 COH Meeting   FOLLOW-UP & FEEDBACK                         |                     |
| <b>(4)</b> Conferences, Meetings & Trainings   OPEN FEEDBACK                           |                     |
| (Opportunity for members to share Commission-related information from events attended) |                     |
| <b>(5)</b> Member Vacancies & Recruitment  |                     |
| a. Executive At-Large Seats Open Nomination & Elections                                | <b>MOTION #6</b>    |
| <b>(6)</b> Bylaws Review Taskforce   | <b>MOTION #7</b>    |
| <b>C.</b> California Office of AIDS (OA) Report (Part B Representative)                | 10:45 AM – 10:50 AM |
| <b>(1)</b> OAVoice Newsletter Highlights   |                     |
| <b>D.</b> LA County Department of Public Health Report (Part A Representative)         | 10:50 AM – 11:15 AM |
| <b>(1)</b> Division of HIV/STD Programs (DHSP) Updates                                 |                     |
| a. Programmatic and Fiscal Updates   |                     |
| b. HRSA Site Visit Follow-Up   |                     |
| c. Mpox Briefing Update  |                     |
| <b>E.</b> Housing Opportunities for People Living with AIDS (HOPWA) Report             | 11:15 AM – 11:30 AM |
| <b>F.</b> Ryan White Program Parts C, D, and F Report                                  | 11:30 AM – 11:35 AM |
| <b>G.</b> Cities, Health Districts, Service Planning Area (SPA) Reports                | 11:35 AM – 11:40 AM |

**BREAK**

**11:40 AM – 11:50 AM**



### 3. REPORTS - II

11:50 AM – 12:25 PM

#### A. Operations Committee

##### (1) Membership Management

###### a. Membership Applications

- Jonathan Weedman | Representative, Board Office #5 **MOTION #8**
- Leon Maultsby, MHA | Part C Representative **MOTION #9**

##### (2) 2023 Training Series Development

##### (3) Recruitment, Outreach & Engagement

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

##### (1) 2023 Committee Workplan Development

##### (2) DHSP Funding Table

#### C. Standards and Best Practices (SBP) Committee

##### (1) Oral Healthcare Service Standards | UPDATES

##### (2) Universal Service Standards and Patient Bill of Rights | REVIEW

##### (3) 2023 DHSP Solicitation Priorities

#### D. Public Policy Committee (PPC)

##### (1) County, State and Federal Policy, Legislation, and Budget

###### a. 2023-2024 Legislative Docket Development

###### b. 2023-2024 Policy Priorities

###### c. Presidential Advisory Council on HIV/AIDS (PACHA) Resolution on MSM Blood Donation Deferral Policy

###### d. DPH Response Letter to BOS STD Motion

#### E. Caucus, Task Force and Work Group Report

12:25 PM – 12:40 PM

##### (1) Aging Caucus | April 4, 2023 @ 1-3PM \**Virtual meeting*

- ###### a. Addendum Recommendations: Addressing the Needs of Individuals **MOTION #10** who Acquired HIV Perinatally and Long-term Survivors under 50

##### (2) Black/African American Caucus | March 16, 2023 @ 4-5PM \**Virtual meeting*

##### (3) Consumer Caucus | March 9, 2023 @ 2-4PM \**Hybrid meeting (in-person & virtual)*

##### (4) Prevention Planning Workgroup | March 22, 2023 @ 4-5:30PM \**Virtual meeting*

##### (5) Transgender Caucus | April 25, 2023 @ 10AM-12PM \**In-person meeting*

##### (6) Women's Caucus | April 17, 2023 @ 2-4PM \**Virtual meeting*

##### (7) Policy #08.1104 (Co-Chair Terms & Elections) Workgroup | TBD \**Virtual meeting*



## 5. MISCELLANEOUS

- A. Public Comment** 12:40 PM – 12:50 PM  
*(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [here](#), or by emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).)*
- B. Commission New Business Items** 12:50 PM – 12:55 PM  
*(Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to act arose after the posting of the agenda.)*
- C. Announcements** 12:55 PM – 1:00 PM  
*(Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.)*
- D. Adjournment and Roll Call** 1:00 PM  
*Adjournment in memoriam of Mary Lucey and Nancy MacNeil, and for all those who lost their lives to, were and continue to be impacted by COVID-19, for the meeting of March 9, 2023.*

PROPOSED MOTION(S)/ACTION(S)	
<b>MOTION #1</b>	Approve Remote Attendance by Member(s) Pursuant to Assembly Bill 2449 Attendance Notification for “Emergency Circumstances”, as presented.
<b>MOTION #2</b>	Approve meeting agenda, as presented or revised.
<b>MOTION #3</b>	Approve meeting minutes, as presented or revised.
<b>MOTION #4</b>	Approve opening all COH meetings with the reading of the County’s Land Acknowledgement, as adopted by the Board of Supervisors (BOS) at their December 1, 2022 meeting, as presented or revised.
<b>MOTION #5</b>	Approve Consent Calendar, as presented or revised.
CONSENT CALENDAR	
<b>MOTION #6</b>	Approve candidate(s) for Executive At-Large seat(s), as elected.
<b>MOTION #7</b>	Approve the formation of a Bylaws Review Taskforce, at the recommendation of the Executive Committee in partnership with the Operations Committee, to review current bylaws for updates, as presented or revised.
<b>MOTION #8</b>	Approve Membership application for Jonathan Weedman, to occupy Board, Representative 5 Seat, as presented or revised, and forward to the BOS for appointment.
<b>MOTION #9</b>	Approve Leon Maultsby, MHA, to occupy the Part C Representative seat, as presented or revised, and forward to the BOS for appointment.
<b>MOTION #10</b>	Approve Aging Caucus’ Recommendations Addendum, <i>Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50</i> , as presented or revised.





### COMMISSION ON HIV MEMBERS

Luckie Fuller, Co-Chair	Bridget Gordon, Co-Chair	Miguel Alvarez	Everardo Alvizo, LCSW
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton	Danielle Campbell, MPH
Mikhaela Cielo, MD	Mary Cummings	Erika Davies	Pearl Doan
Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS	Arlene Frames	Jerry D. Gates, PhD
Joseph Green	Thomas Green	Felipe Gonzalez	Karl Halfman, MA
William King, MD, JD, AAHIVS	Lee Kochems, MA	Jose Magaña (*Alternate)	Eduardo Martinez (*Alternate)
Anthony Mills, MD	Andre Moléte	Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA
Katja Nelson, MPP	Jesus "Chuy" Orozco	Mario J. Pérez, MPH	Mallery Robinson (*Alternate)
Reverend Redeem Robinson	Ricky Rosales	Harold Glenn San Agustin, MD	Martin Sattah, MD
LaShonda Spencer, MD	Kevin Stalter	Justin Valero, MPA	

**MEMBERS:** 39

**QUORUM:** 20

#### 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



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

### **VISION**

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

### **MISSION**

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



## LOS ANGELES COUNTY COMMISSION ON HIV



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### 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 misogyny, 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; 3/3/22)**

## HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

Final 2.21.23

- ☐ This meeting is a **Brown-Act meeting** and is being recorded.
  - The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
  - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
  - Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.
  - We are happy to share that this meeting is also being live streamed via the Commission's Facebook account @hivcommissionla
- ☐ The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.
- ☐ Please comply with the **Commission's Code of Conduct** located in the meeting packet
- ☐ **Public Comment** for members of the public can be submitted in person, electronically @ [https://www.surveymonkey.com/r/public\\_comments](https://www.surveymonkey.com/r/public_comments) or via email at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time. Please note that all attendees are muted unless otherwise unmuted by staff.*
- ☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**
- ☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on, at all times, and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.
- ☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.





## 2023 MEMBERSHIP ROSTER | UPDATED 2.8.23

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			<b>Vacant</b>		July 1, 2021	June 30, 2023	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative	1	EXC 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, 2022	June 30, 2024	
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	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative			<b>Vacant</b>		July 1, 2022	June 30, 2024	
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, 2022	June 30, 2024	
11	Provider representative #1			<b>Vacant</b>		July 1, 2021	June 30, 2023	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
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, 2022	June 30, 2024	
15	Provider representative #5			<b>Vacant</b>		July 1, 2021	June 30, 2023	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller	APLA	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			<b>Vacant</b>		July 1, 2021	June 30, 2023	
20	Unaffiliated consumer, SPA 2			<b>Vacant</b>		July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	OPS PP&A	Joseph Green	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
22	Unaffiliated consumer, SPA 4			<b>Vacant</b>		July 1, 2022	June 30, 2024	
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			<b>Vacant</b>		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			<b>Vacant</b>		July 1, 2021	June 30, 2023	
28	Unaffiliated consumer, Supervisorial District 2	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Arlene Frames	Unaffiliated Consumer	July 1, 2021	June 30, 2023	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			<b>Vacant</b>		July 1, 2022	June 30, 2024	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2021	June 30, 2023	Jose Magana (OPS)
32	Unaffiliated consumer, at-large #1			<b>Vacant</b>		July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2			<b>Vacant</b>		July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3			<b>Vacant</b>		July 1, 2022	June 30, 2024	
35	Unaffiliated consumer, at-large #4			<b>Vacant</b>		July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	SBP	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2021	June 30, 2023	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
40	Representative, Board Office 5			<b>Vacant</b>		July 1, 2022	June 30, 2024	
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, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			<b>Vacant</b>		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	PP	Pearl Doan	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP&A	Redeem Robinson	No affiliation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
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, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		35						

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: 38



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



510 S. Vermont Ave, 14<sup>th</sup> Floor, Los Angeles, CA 90020  
TEL. (213) 738-2816  
WEBSITE: [hiv.lacounty.gov](http://hiv.lacounty.gov) | EMAIL: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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

## COMMITTEE ASSIGNMENTS

Updated: February 8, 2023  
\*Assignment(s) Subject to Change\*

EXECUTIVE COMMITTEE		
Regular meeting day: 4 <sup>th</sup> Thursday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 11   Number of Quorum= 5		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
Alexander Fuller	Co-Chair, Comm./Exec.*	Commissioner
Everardo Alvizo	Co-Chair, Operations	Commissioner
Al Ballesteros	Co-Chair, PP&A	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero	Co-Chair, Operations	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 <sup>th</sup> Thursday of the Month		
Regular meeting time: 10:00 AM-12:00 PM		
Number of Voting Members= 6   Number of Quorum= 4		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Everardo Alvizo	Committee Co-Chair*	Commissioner
Justin Valero	Committee Co-Chair*	Commissioner
Miguel Alvarez	*	Commissioner
Jayda Arrington	*	Commissioner
Joseph Green	*	Commissioner
Jose Magaña	*	Alternate

**Committee Assignment List**

Updated: February 8, 2023

Page 2 of 3

<b>PLANNING, PRIORITIES &amp; ALLOCATIONS (PP&amp;A) COMMITTEE</b>		
Regular meeting day: 3 <sup>rd</sup> Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 13   Number of Quorum= 7		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Kevin Donnelly	Committee Co-Chair*	Commissioner
Al Ballesteros	Committee Co-Chair*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus “Chuy” Orozco	*	Commissioner
Redeem Robinson	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

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

<b>STANDARDS AND BEST PRACTICES (SBP) COMMITTEE</b>		
Regular meeting day: 1 <sup>st</sup> Tuesday of the Month		
Regular meeting time: 10:00AM-12:00 PM		
Number of Voting Members = 11   Number of Quorum = 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Danielle Campbell	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Arlene Frames	*	Commissioner
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Martin Sattah	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

<b>CONSUMER CAUCUS</b>
Regular meeting day/time: 2 <sup>nd</sup> Thursday of Each Month; Immediately Following Commission Meeting Co-Chairs: Alasdair Burton & Damone Thomas <i>*Open membership to consumers of HIV prevention and care services*</i>

<b>AGING CAUCUS</b>
Regular meeting day/time: 1 <sup>st</sup> Tuesday of Each Month @ 1pm-3pm Co-Chairs: Kevin Donnelly & Paul Nash <i>*Open membership*</i>

<b>TRANSGENDER CAUCUS</b>
Regular meeting day/time: 4 <sup>th</sup> Tuesday of Every Other Month @ 10am-12pm Co-Chairs: Isabella Rodriguez & Xelesstial Moreno <i>*Open membership*</i>

<b>WOMEN'S CAUCUS</b>
Regular meeting day/time: Virtual - 3 <sup>rd</sup> Monday of Each Quarter @ 2-4:00pm The Women's Caucus Reserves The Option of Meeting In-Person Annually Next Meeting Scheduled For April 17 <sup>th</sup> , 2023 Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo <i>*Open membership*</i>

<b>PREVENTION PLANNING WORKGROUP</b>
Regular meeting day/time: 4 <sup>th</sup> Wednesday of Each Month @ 5:30pm-7:00pm Chair: Miguel Martinez, Dr. William King & Greg Wilson <i>*Open membership*</i>





## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 2/8/23

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
			HIV Testing Storefront
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	Pearl	No Affiliation	No Ryan White or prevention contracts
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
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			Nutrition Support
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
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	Jose	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
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 Affiliation)	No Ryan White or prevention contracts
MOLLETTE	Andre	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
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
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
ROBINSON	Mallery	We Can Stop STDs LA (No Affiliation)	No Ryan White or prevention contracts
ROBINSON	Redeem	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts



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

## COMMISSION ON HIV (COH) **VIRTUAL** MEETING MINUTES

### February 9, 2023

COMMISSION MEMBERS									
P=Present   A=Absent   EA=Excused Absence									
Miguel Alvarez	P	Everardo Alvizo, MSW	P	Jayda Arrington	P	Al Ballesteros, MBA	P	Alasdair Burton (Alt)	P
Danielle Campbell, MPH	P	Mikhaela Cielo, MD	P	Mary Cummings	P	Erika Davies	P	Pearl Doan	P
Kevin Donnelly	P	Felipe Findley, PA-C, MPAS, AAHIVS	P	Arlene Frames	P	Luckie Fuller	EA	Jerry D. Gates, PhD	P
Bridget Gordon	P	Joseph Green	P	Felipe Gonzalez	P	Karl Halfman, MA	P	William King, MD, JD, AAHIVS	P
Lee Kochems, MA	P	Jose Magaña (Alt)	P	Eduardo Martinez (Alt)	A	Anthony Mills, MD	A	Andre Molette	P
Derek Murray	P	Paul Nash, CPsychol, AFBPS, FHEA	P	Katja Nelson, MPP	EA	Jesus "Chuy" Orozco	P	Mario J. Pérez, MPH	EA
Mallery Robinson (Alt)	P	Reverend Redeem Robinson	A	Ricky Rosales	A	Harold Glenn San Agustin, MD	P	Martin Sattah, MD	P
LaShonda Spencer, MD	P	Kevin Stalter	P	Justin Valero, MPA	P				

COMMISSION STAFF & CONSULTANTS	
Catherine Lapointe, MPH; Lizette Martinez, MPH; Dawn McClendon; Jose Rangel-Garibay, MPH; and Sonja Wright, BA, MSOM, LAc, Dipl. OM, PES	
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF	
Andrea Kim, PhD, MPH; Sonali Kulkarni, MD; Ilish Perez, MPH; Lene Reynolds; Victor Scott, MPH; Julie Tolentino, MPH; and Paulina Zamudio, MPH	

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

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

Meeting agenda and materials can be found on the Commission's website at:  
<https://hiv.lacounty.gov/meetings/>

#### 1. **ADMINISTRATIVE MATTERS**

##### A. **CALL TO ORDER, ROLL CALL W/ CONFLICTS OF INTEREST, & INTRODUCTIONS**

Bridget Gordon called the meeting to order at 9:02 AM and began the meeting with an acknowledgement of the life of Tyre Nichols. She also announced that Erika Davies, Standards & Best Practices (SBP) Committee co-chair will stand in as acting co-chair in Luckie Alexander's

## Commission on HIV Meeting Minutes

February 9, 2023

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absence; LAlexander is out of the country. BGordon also acknowledged the original inhabitants of Los Angeles County (LAC), including the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples.

James Stewart, Parliamentarian, conducted roll call.

**ROLL CALL (PRESENT):** M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, D. Campbell, M. Cielo, E. Davies, P. Doan, K. Donnelly, A. Frames, J. Gates, J. Green, F. Gonzalez, K. Halfman, L. Kochems, J. Magaña, A. Mills, P. Nash, J. Orozco, H. San Agustin, M. Sattah, L. Spencer, K. Stalter, and B. Gordon

### B. MEETING GUIDELINES AND CODE OF CONDUCT

B. Gordon reviewed the Commission on HIV (COH)'s virtual meeting guidelines and asked attendees to refer to the COH's Code of Conduct in the meeting packet.

### C. APPROVAL OF AGENDA

**MOTION #1:** Approve the Agenda Order, as presented or revised. ✓ **Passed by Consensus**

### D. APPROVAL OF MEETING MINUTES

**MOTION #2:** Approve the Commission meeting minutes, as presented or revised. ✓ **Passed by Consensus**

## 2. REPORTS – I

### A. EXECUTIVE DIRECTOR/STAFF REPORT

#### (1) County/Commission Operations | UPDATES

##### a. Resumption of In-Person Brown Act Meetings Effective March 6, 2023

Dawn McClendon, Commission Staff, informed commissioners that in-person Brown Act meetings, including the full COH, Executive Committee, Public Policy Committee, Standards and Best Practices Committee, Operations Committee, and Planning, Priorities and Allocations Committee, will resume effective March 6, 2023. Cheryl Barrit, Executive Director, will conduct individual phone calls with commissioners to answer any questions regarding the resumption of in-person meetings.

#### (2) HRSA Site Visit for Ryan White Program (RWP) Part A Planning Council (COH)

##### a. February 15, 2023 @ 1:30-3:30PM | RWP Client Community Meeting for *Ryan White Clients* (Virtual)

D. McClendon reported that this meeting will be held with Ryan White Program (RWP) clients and is not affiliated with the COH.

## Commission on HIV Meeting Minutes

February 9, 2023

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**b. February 16, 2023 @ 1:30-2:30PM | COH Leadership (Virtual)**

D. McClendon reported that this meeting will take place virtually on February 16<sup>th</sup> from 1:30 – 2:30 PM. This is a closed meeting between Health Resources and Services Administration (HRSA) representatives and members of the Executive Committee.

**c. February 16, 2023 @ 2:30-3:30PM | COH Planning Council Staff (Virtual)**

D. McClendon reported that this meeting will take place virtually on February 16<sup>th</sup> from 2:30 to 3:30 PM. This is a closed meeting between HRSA representatives and COH staff.

**d. February 16, 2023 @ 4-5PM | Closed Listening Session w/ Consumer Caucus (Virtual)**

D. McClendon reported that this meeting will take place virtually on February 16<sup>th</sup> from 4-5 PM. This is a closed listening session between HRSA representatives and members of the Consumer Caucus. The purpose of this meeting is to provide RWP consumers with the opportunity to express their thoughts and opinions on their experiences utilizing RWP services.

**(3) [2022 Annual Report](#)**

D. McClendon reported that the 2022 Annual Report has been submitted to the Board of Supervisors (BOS) and Department of Public Health (DPH) health deputies, and is now available on the COH's website.

## **B. CO-CHAIRS' REPORT**

**(1) National Black HIV/AIDS Awareness Day (NBHAAD)**

Erika Davies informed the COH that February 7<sup>th</sup> was National Black HIV/AIDS Awareness Day (NBHAAD). The purpose of NBHAAD is to acknowledge how HIV disproportionately affects Black people. Black communities have made great progress in reducing HIV; yet racism, discrimination, and mistrust in the health care system may affect whether Black people seek or receive HIV prevention services. NBHAAD is an opportunity to increase HIV education, testing, community involvement, and treatment among Black communities.

**(2) Conferences, Meetings & Trainings | OPEN FEEDBACK**

E. Davies invited commissioners to report back on any conferences, meetings, or trainings they have attended. Responses from the group were as follows:

## **Commission on HIV Meeting Minutes**

February 9, 2023

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- Danielle Campbell reported that she attended the Martin Delaney Collaboratory for HIV Cure Research meeting centered on HIV cure research among Black people. D. Campbell also attended the PrEP in Black America Conference.
- Alasdair Burton reported that he attended the University of California, Los Angeles (UCLA)-Charles Drew University (CDU) Center for AIDS Research (CFAR) Community Advisory Board (CAB) meeting. Commissioner Jayda Arrington and Women's Caucus Co-Chair Shary Alonzo also attended the CAB meeting.

### **(3) Member Vacancies & Recruitment**

- E. Davies informed attendees that there are 10 vacant unaffiliated consumer seats on the COH. Unaffiliated consumers are defined as: 1) a person living with HIV; and 2) a RWP client; and 3) NOT employed by an agency receiving funding for RWP Part A. Commissioners were encouraged to continue to promote membership applications.
- E. Davies welcomed new commissioner, Mary Cummings, CEO of Bartz-Altadonna Community Health Center in Lancaster. M. Cummings will occupy an HIV stakeholder seat.
- E. Davies announced that Carlos Moreno has resigned from the COH, effective February 7, 2023. She thanked C. Moreno for his leadership and service.

#### **a. Executive At-Large Seats Open Nomination**

E. Davies announced that nominations for three Executive At-Large seats are now open. Those elected to these seats will serve as members of the Operations and Executive Committees. A minimum of one year's active COH membership prior to the At-Large role is required.

## **C. CALIFORNIA OFFICE OF AIDS (OA) REPORT (PART B REPRESENTATIVE)**

### **(1) OAVoice Newsletter Highlights**

Karl Halfman reported provided an overview of the OAVoice newsletter; see meeting packet for full report. Highlights from the newsletter are as follows:

- The California Department of Healthcare Services is expanding their efforts to provide street medicine. The link to the policy brief can be found in the newsletter.
- A lot of work is being performed at the state level of the Ending the Epidemic (EHE) Initiative. The newsletter contains summaries of activities that other counties are implementing.
- The California Harm Reduction Initiative developed a fact sheet on their program; see meeting packet.



**D. LA COUNTY DEPARTMENT OF PUBLIC HEALTH REPORT (PART A REPRESENTATIVE)**

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

- Julie Tolentino reported that the EHE Initiative is planning an HIV workforce development conference with contracted DHSP providers. The conference will focus on skill building, staff acknowledgement, and wellness.
- DHSP is working with the California Office of AIDS (OA) to develop a cluster detection and response CAB. The CAB held their first meeting in late January and will continue to meet quarterly to help inform cluster detection and response efforts across California.
- The UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) is working on an implementation research study with other HIV research centers across the country focused on rapid start. The study will take place in six HIV priority jurisdictions including Los Angeles, Chicago, Alabama, Baltimore, and Dallas-Fort Worth. CHIPTS will be inviting RWP Part A and C clinics to complete an online survey and assessment on rapid start.

**a. Programmatic and Fiscal Updates**

- **Emergency Financial Assistance (EFA) Program**

Paulina Zamudio provided a presentation on the Emergency Financial Assistance (EFA) Program. Key points from the presentation were as follows:

- The EFA Program is under the “Treat” pillar of the EHE Initiative.
- Eligibility requirements include: must be a RWP client, have an HIV diagnosis, meet the federal poverty level requirements, and have exhausted all other grants.
- The EFA Program was launched for clients at risk of losing housing or in need of one-time or short-term financial assistance. Clients can receive up to \$5,500 per year. Funds are sent directly to vendors to cover emergency situations related to rent or utilities. Grocery store gift cards are also available.
- A total of 1,103 applications for EFA have been received; 794 (78%) have been approved.

Following the presentation, commissioners were given the opportunity to express their frustrations and concerns with the EFA application process.

**b. HRSA Ryan White Program Part A & Ending the HIV Epidemic (EHE) Site Visit – No report provided.**

**c. Mpox Briefing Update**

Drs. Sonali Kulkarni and Andrea Kim provided a mpox briefing update presentation.

Key points from the presentation were as follows:

- There are a total of 2,279 mpox cases in LAC, excluding Pasadena and Long Beach; 45% of infections were among people living with HIV (PLWH).
- The JYNNEOS vaccine for mpox is available to anyone who requests vaccination without having to disclose any information on personal risk.
- PLWH are at risk for severe mpox if their HIV is poorly controlled.

**E. HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH AIDS (HOPWA) REPORT**

- Jesus “Chuy” Orozco announced that HOPWA will have several virtual meetings that will be open to the public to provide comments on how the program can improve. The meetings will be held on February 13<sup>th</sup> and 15<sup>th</sup> at 5 PM. A translator will be present.
- C. Orozco informed attendees that the COVID-19 relief housing moratorium will be lifted at the end of March 2023.
- HOPWA has \$2.3 million available to provide rental and utility assistance. The funding will end in September 2023.
- HOPWA is working with the Pomona Housing Authority to provide tenant-based rental assistance as well as the Long Beach Housing Authority to provide project-based rental assistance.

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

- Part C: *No report provided.*
- Part D: Dr. Mikhaela Cielo reported that Maternal, Child, and Adolescent (MCA) Health is working on a progress report that is due in March 2023. MCA continues to work on outreach services for women through their navigators to promote influenza, COVID-19, and mpox vaccinations. MCA is also continuing their work with the Department of Public Health to provide care for pregnant women recently diagnosed with HIV whose babies are at high-risk for HIV transmission.
- Part F: *No report provided.*

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

- City of Pasadena: E. Davies reported that HIV home test kits are available through the Pasadena Health Department. She also reported that mpox vaccinations are available for scheduling [here](#).
- City of West Hollywood: Derek Murray announced that the City of West Hollywood is hosting a public hearing to gather input from community members around access to PrEP and PEP. The hearing will take place on February 23<sup>rd</sup> at 6 PM at the West Hollywood City Council Chambers. D. Murray also announced that the City entered a

## Commission on HIV Meeting Minutes

February 9, 2023

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contract with Healthcare in Action, a mobile street medicine team that provides mental health, medical services, and substance use treatment for unhoused individuals. The team also provides HIV care, STD testing, mpox vaccines, PrEP and PEP, gender-affirming hormone therapy, HCV treatment, and linkage to shelter.

- City of Long Beach: Everardo Alvizo reported that the City of Long Beach held a successful NBHAAD event. The City hosted their first provider training in partnership with GILEAD Sciences and had participation from medical doctors, registered nurses, medical assistants, and PrEP navigators. The City is also working to provide services to unhoused residents across Long Beach.
- SPA 2: K. Donnelly reported that he attended the SPA 2 stakeholder meeting. The meeting provided an extensive sexual health and STD data report.

### 3. REPORTS – II

#### A. OPERATIONS COMMITTEE

Justin Valero reported that the Operations Committee last met on January 26<sup>th</sup>. He welcomed new commissioner Mary Cummings and thanked former commissioner Carlos Moreno for his service to the COH. J. Valero reported that the Committee has started their “Getting to Know You” exercise during their meetings. Their last meeting highlighted commissioner J. Green. Their February meeting will highlight commissioner J. Arrington.

#### (1) Membership Management

##### a. Membership Applications

- **Jonathan Weedman | Representative, Board Office #5**

**MOTION #3:** Approve New Membership Application for Jonathan Weedman, Representative, Board Office #5, as presented or revised and forward to the Board of Supervisors for appointment. *Quorum was not reached; no vote was held.*

- **Leon Maultsby, MHA | Part C Representative**

**MOTION #4:** Approve New Membership Application for Leon Maultsby, MHA, Part C Representative, as presented or revised and forward to the Board of Supervisors for appointment. *Quorum was not reached; no vote was held.*

#### (2) Policy & Procedure Review

##### a. Proposed Revision to Policy #09.4205 (Commission Membership Evaluation, Nomination and Approval Process)

**MOTION #5:** Approve Proposed Revision to Policy #09.4205 (Commission Membership Evaluation, Nomination and Approval Process), as presented or revised.

✓ Passed by Roll Call Vote

**(3) 2023 Training Series Development**

A general orientation and COH overview will be held on March 29<sup>th</sup> from 3 – 4:30 PM.

**(4) Recruitment, Outreach & Engagement**

J. Valero reported that the Committee continues to identify opportunities for members to participate in recruitment, outreach, and engagement activities to promote the COH and its work.

*\* Due to a lack of quorum, the COH decided to table committee, caucus, task force, and workgroup reports for their March meeting, with the exception of the Operations Committee and Consumer Caucus.*

**B. PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE – No report provided.**

**(1) 2023 Committee Workplan Development**

**(2) Ryan White Program Expenditures and Programmatic Updates**

**(3) 2023 Multi-Year Contingency Planning & Maximizing Part A Funds**

**C. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE – No report provided.**

**(1) Oral Healthcare Service Standards | [Public Comment Period: 1/4/23-2/3/23](#)**

**(2) Universal Service Standards Review**

**(3) 2023 DHSP Solicitation Schedule**

**D. PUBLIC POLICY COMMITTEE (PPC) – No report provided.**

**(1) County, State and Federal Policy, Legislation, and Budget**

**a. 2023 Legislative Docket Development**

**b. 2023 Policy Priorities – Action Plan Development**

**c. Presidential Advisory Council on HIV/AIDS (PACHA) Resolution on MSM Blood Donation Deferral Policy**

**d. COH Coordinated Response to the STD Crisis**

**E. CAUCUS, TASK FORCE AND WORK GROUP REPORT – No report provided.**

**(1) Aging Caucus | February 7, 2023 @ 1-3PM**

**a. Addendum Recommendations: Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50**

**MOTION #6:** Approve Aging Caucus Addendum Recommendations: Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50, as presented or revised. *Quorum was not reached; no vote was held.*

## Commission on HIV Meeting Minutes

February 9, 2023

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**(2) Black/African American Caucus | February 16, 2023 @ 4-5PM – No report provided.**

**(3) Consumer Caucus | February 9, 2023 @ 3-4:30PM**

A. Burton announced that the Consumer Caucus last met on January 12<sup>th</sup> and elected Damone Thomas and A. Burton as co-chairs. The Caucus will meet on February 9<sup>th</sup> following the COH meeting. Discussion topics will include a COH meeting debrief, 2023 workplan, and oral healthcare updates. All RWP consumers were encouraged to attend the meeting.

**(4) Prevention Planning Workgroup | March 22, 2023 @ 4-5:30PM – No report provided.**

**(5) Transgender Caucus | February 28, 2023 @ 10AM-12PM – No report provided.**

**(6) Women’s Caucus | April 17, 2023 @ 2-4PM \*Meets Quarterly – No report provided.**

**(7) Policy #08.1104 (Co-Chair Terms & Elections) Workgroup – No report provided.**

#### **4. PRESENTATION**

**NBHAAD Panel Discussion: Mobilizing Momentum: Building and Maintaining Movement of Black Communities | Facilitated by Danielle M. Campbell, MPH and Gerald Garth, Jr., MBA – Black Caucus/AA Co-Chairs**

Danielle Campbell and Gerald Garth, Black/African American Caucus Co-Chairs, facilitated a robust panel discussion centered on mobilizing momentum and building and maintaining movement within Black communities. The panel was convened against the background of public health ills that affect the Black community. The purpose of the conversation was to further discuss how to continue to mobilize and change the negative health outcomes that are a result of historical systems of oppression. Panelists included Leisha McKinley-Beach, MPH, HIV expert, community mobilization trainer, and strategic planner for state HIV prevention programs; Abraham Johnson, MPH, “Urban Intellect;” and DaShawn Usher, an award-winning advocate, published researcher, and celebrated leader within the LGBT and HIV prevention field. The presentation was given in commemoration of NBHAAD and Black History Month.

#### **5. MISCELLANEOUS**

##### **A. PUBLIC COMMENT**

**Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so via [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](https://www.surveymonkey.com/r/PUBLIC_COMMENTS).**

J. Arrington expressed her frustration with the lack of attendance from commissioners during the NBHAAD presentation. She thanked those who stayed for the entire duration of the meeting.

## Commission on HIV Meeting Minutes

February 9, 2023

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### B. COMMISSION NEW BUSINESS ITEMS

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

*No commission new business items.*

### C. ANNOUNCEMENTS

**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.**

Dr. LaShonda Spencer reported that Charles Drew University will have several events in commemoration of NBHAAD. One event was centered on HIV testing and was held on Tuesday, February 7<sup>th</sup>; a screening of “Velvet Jesus” will be held on February 16<sup>th</sup>; and Dr. Darrell Wheeler will provide an NBHAAD presentation on February 24<sup>th</sup>.

### D. ADJOURNMENT AND ROLL CALL

**Adjournment for the meeting of February 9, 2023**

**ROLL CALL (PRESENT):** M. Alvarez, E. Alvizo, J. Arrington, A. Burton, D. Campbell, M. Cielo, E. Davies, K. Donnelly, F. Findley, J. Gates, J. Green, F. Gonzalez, L. Kochems, J. Magaña, A. Molette, L. Spencer, J. Valero, and B. Gordon

#### MOTION AND VOTING SUMMARY

<b>MOTION 1:</b> Approve the Agenda Order, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 2:</b> Approve the November 10, 2022 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 3:</b> Approve New Membership Application for Jonathan Weedman, Representative, Board Office #5, as presented or revised and forward to the Board of Supervisors for appointment.	<i>Quorum was not reached; not vote was held.</i>	<b>NO VOTE HELD</b>



## Commission on HIV Meeting Minutes

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<b>MOTION #4:</b> Approve New Membership Application for Leon Maulsby, MHA, Part C Representative, as presented or revised and forward to the Board of Supervisors for appointment.	<i>Quorum was not reached; not vote was held.</i>	<b>NO VOTE HELD</b>
<b>MOTION #5:</b> Approve Proposed Revision to Policy #09.4205 (Commission Membership Evaluation, Nomination and Approval Process), as presented or revised.	<b>Passed by Roll Call Vote</b>  <b>Yes:</b> M. Alvarez, E. Alvizo, A. Burton, M. Cielo, E. Davies, K. Donnelly, A. Frames, J. Gates, J. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, D. Murray, P. Nash, M. Sattah, L. Spencer, K. Stalter, J. Valero, and B. Gordon  <b>No:</b> H. San Agustin  <b>Abstentions:</b> J. Arrington, D. Campbell, and A. Molette	<b>MOTION PASSED</b>  <b>Yes: 20</b>  <b>No: 1</b>  <b>Abstentions: 3</b>
<b>MOTION #6:</b> Approve Aging Caucus Addendum Recommendations: Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50, as presented or revised.	<i>Quorum was not reached; not vote was held.</i>	<b>NO VOTE HELD</b>

## **County of Los Angeles Land Acknowledgment**

**(Adopted December 1, 2022)**

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants -- past, present, and emerging -- as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands.

We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order) the: Fernandeno Tataviam Band of Mission Indians, Gabrielino Tongva Indians of California Tribal Council, Gabrieleno/Tongva San Gabriel Band of Mission Indians, Gabrieleño Band of Mission Indians - Kizh Nation, Board of Supervisors Statement Of Proceedings November 1, 2022 San Manuel Band of Mission Indians, San Fernando Band of Mission Indians.

To learn more about the First Peoples of Los Angeles County, please visit the Los Angeles City/County Native American Indian Commission website at [www.lanaic.lacounty.gov](http://www.lanaic.lacounty.gov).



LOS ANGELES COUNTY  
**COMMISSION ON HIV**





<b>POLICY/PROCEDURE #08.2107</b>	<b>Consent Calendar</b>	<b>Page 1 of 3</b>
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**NO PROPOSED CHANGES,  
4/10/2008**

**ADOPTED, 1/10/2008**

**SUBJECT:** “Consent Calendar” procedures at Commission and other meetings.

**PURPOSE:** To provide instructions for the “Consent Calendar” procedures at the Los Angeles County Commission on HIV and other, related Commission meetings.

**BACKGROUND:**

- The Commission regularly takes action on multiple items at its monthly meetings. As a result, the Commission is pressured to give complex actions adequate consideration and due diligence, but must rush through motions in order to conclude the meetings on time.
- At the November 2, 2007 Commission meeting, members suggested using a Consent Calendar to expedite the motions that have unanimous support and do not necessitate discussion or debate. The Executive Committee formally endorsed the Consent Calendar practice at its December 3, 2007 meeting.

**POLICY:**

- 1) The “Consent Calendar” is a procedural mechanism to expedite Commission business by allowing the body to approve all motions on the consent calendar collectively without debate or dialogue.
- 2) Commission members or members of the public may set aside (or “pull”) an item from the Consent Calendar for any reason in order for the body to discuss and/or vote on it at its appointed time on the agenda. Reasons for setting aside an item include an accompanying presentation, a desire to discuss, address and/or review the item, to register a contrary or opposing vote, and/or to propose an amendment to the motion.
- 3) Any item that would generate an opposing vote must be removed from the Consent Calendar and returned to its normal place on the agenda.
- 4) Those items that remain on the Consent Calendar (that have not been “pulled”) will be approved collectively in the single Consent Calendar motion. The Consent Calendar motion must be approved unanimously by quorum of the voting membership that is present.

## **Policy/Procedure #08.2107: Consent Calendar**

Last Revised: *January 10, 2008*

Page 2 of 3

- 5) The motions that have been set aside will be addressed according to their order on the agenda. Removing an item from the Consent Calendar does not preclude a later vote on that item, nor its approval at a later point on the agenda.
- 6) Voting members are allowed to register their abstentions from individual items on the Consent Calendar during the Consent Calendar vote.

### **PROCEDURE(S):**

1. **Consent Calendar:** All “action” motions on the Commission’s (or other meetings’) agendas are automatically placed on the Consent Calendar. “Procedural” motions (e.g., approval of the agenda, approval of the minutes) are not part of the Consent Calendar.
2. **Setting Aside Consent Calendar Items:** An item may be “pulled” from the Consent Calendar by any Commission member, member of the public, or staff member for any reason. The most common reasons for setting aside a Consent Calendar item are:
  - a) There is a presentation that accompanies the item.
  - b) The member has a question or would like information about the item.
  - c) The member would like to see to discuss the item or see it discussed.
  - d) The member would like to amend/substitute the motion.
  - e) There is an opposing vote.
3. **Items Removed from the Consent Calendar:** “Pulling” an item from the Consent Calendar does not preclude that motion from being considered at a later point on the agenda:
  - a) Setting aside a Consent Calendar item returns that item to its regular place on the agenda, where it is addressed at its appointed time.
  - b) That motion will be voted on, in agendaized order, unless the body chooses to postpone, amend or substitute it when it is considered.
4. **Approving the Consent Calendar:** The Consent Calendar approval vote must be unanimous.
  - a) There is no discussion about the Consent Calendar approval, except to pull specific items.
  - b) As with all Commission motions, a quorum must be present to vote on it.
  - c) As a vote without objections, the Consent Calendar motion does not necessitate a roll call.
  - d) Items that generate an opposing vote for the Consent Calendar approval must be removed from the Consent Calendar for later consideration on the agenda.
  - e) Voting members may register “abstentions” for individual items on the Consent Calendar.

## Policy/Procedure #08.2107: Consent Calendar

Last Revised: *January 10, 2008*

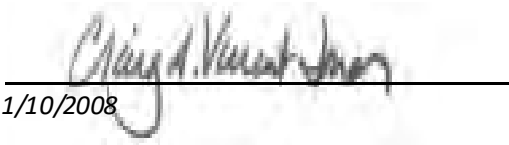
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### DEFINITIONS:

- **Abstain/Abstention:** when a voting member acknowledges his/her presence, but declines to vote “aye” or “no” on a motion.
- **“Action” Item/Motion:** a motion that leads to action by the Commission. In the context of this policy, “action” motions are placed on the Consent Calendar.
- **Consent Calendar:** a procedural vehicle for a public voting body to collectively approve all of its “action” motions that do not require discussion or debate.
- **Motion:** the proposed decision or action that the Commission formally moves and votes on.
- **“Procedural” Item/Motion:** a motion necessary for meeting procedural requirements (approving the agenda or minutes). In the context of this policy, “procedural” motions are not placed on the Consent Calendar.
- **“Pull” (an Item/Motion):** removing or setting aside an item/motion from the Consent Calendar and returning it to its original place on the agenda for discussion/consideration.

NOTED AND  
APPROVED:

*Original Approval: 1/10/2008*



EFFECTIVE  
DATE:

January 10, 2008

*Revision(s):*



VIH

VIH Home

El VIH y las mujeres



Los datos del 2020 deben interpretarse con cautela debido al impacto de la pandemia de COVID-19 en el acceso a las pruebas de detección del VIH, los servicios relacionados con la atención y las actividades de vigilancia de casos en las jurisdicciones estatales y locales. Si bien los datos del 2020 sobre [diagnósticos de VIH](#) y [resultados de prevención y atención](#) están disponibles, no estamos actualizando este contenido web con datos de estos informes.

Aunque la cantidad de diagnósticos de infección por el VIH entre las mujeres se ha reducido en los últimos años, cerca de 7000 mujeres recibieron este diagnóstico en los Estados Unidos y áreas dependientes en el 2019. Obtenga la información más reciente sobre el VIH entre las mujeres y averigüe cómo los CDC están marcando la diferencia.

 **DESCARGUE LA  
HOJA INFORMATIVA**

 <p>Comportamientos de</p>	 <p>Cobertura de PrEP</p>	 <p>Incidencia</p>	 <p>Diagnósticos</p>
 <p>Saber si se tiene el VIH</p>	 <p>Supresión viral</p>	 <p>Desafíos para la</p>	 <p>Qué están haciendo los</p>

Bibliografía

1. CDC. Behavioral and clinical characteristics of persons with diagnosed HIV infection—Medical Monitoring Project, United States, 2019 cycle (June 2019–May 2020). *HIV Surveillance Special Report* 2021;28.
2. CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.
3. CDC. Estimated HIV incidence and prevalence in the United States, 2015-2019  [PDF - 3MB]. *HIV Surveillance Supplemental Report* 2021;26(1).
4. CDC. HIV infection risk, prevention, and testing behaviors among heterosexually active adults at increased risk for HIV infection–National HIV Behavioral Surveillance – 23 U.S. Cities, 2019  [PDF - 3 MB]. *HIV Surveillance Special Report* 2021; 26.



2021; 26.

5. CDC. HIV infection risk, prevention, and testing behaviors among persons who inject drugs—National HIV Behavioral Surveillance: injection drug use – 23 U.S. Cities, 2018  [PDF – 2 MB]. *HIV Surveillance Special Report* 2020; 24.
6. CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. *HIV Surveillance Supplemental Report* 2021;26(2).

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Last Reviewed: February 16, 2023




HIV  
HIV Home

# HIV and Women

Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions. While 2020 data on [HIV diagnoses](#) and [prevention and care outcomes](#) are available, we are not updating this web content with data from these reports.

Though HIV diagnoses among women have declined in recent years, nearly 7,000 women received an HIV diagnosis in the United States and dependent areas in 2019. Get the latest data on HIV among women and find out how CDC is making a difference.



HIV Risk



PrEP Coverage



HIV Incidence



HIV Diagnoses



Knowledge of Status



Viral Suppression and Barriers to Care



Prevention Challenges



What CDC Is Doing

## Bibliography

1. CDC. Behavioral and clinical characteristics of persons with diagnosed HIV infection—Medical Monitoring Project, United States, 2020 cycle (June 2020–May 2021). *HIV Surveillance Special Report* 2022;29.
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3. CDC. Estimated HIV incidence and prevalence in the United States, 2015-2019  [PDF – 3 MB]. *HIV Surveillance Supplemental Report* 2021;26(1).
4. CDC. HIV infection risk, prevention, and testing behaviors among heterosexually active adults at increased risk for HIV infection–National HIV Behavioral Surveillance – 23 U.S. Cities, 2019  [PDF – 3 MB]. *HIV Surveillance Special Report*

5. CDC. HIV infection risk, prevention, and testing behaviors among persons who inject drugs—National HIV Behavioral Surveillance: injection drug use – 23 U.S. Cities, 2018  [PDF - 2MB]. *HIV Surveillance Special Report* 2020; 24.
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Esta página fue revisada: el 18 de agosto del 2022



# **DUTY STATEMENT**

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

(APPROVED 3-28-17)

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

### **COMMITTEE PARTICIPATION:**

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

### **REPRESENTATION:**

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

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

Page 2 of 2

### **KNOWLEDGE/BACKGROUND:**

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

### **SKILLS/ATTITUDES:**

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

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

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

This newsletter is organized to align the updates with Strategies from the ***Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*** (Integrated Plan). The [Integrated Plan](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) is available on the Office of AIDS' (OA) website at [www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP\\_2016\\_Final\\_ADA.pdf](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf).

## In This Issue:

- Strategy A
- Strategy B
- Strategy G
- Strategy J
- Strategy K
- Strategy M
- Strategy N

## Staff Highlight:

OA would like to congratulate **Ahmad Zahbihi** on his promotion to the Chief of the Quality Assurance and Training (QAT) Unit/Staff Services Manager I in the AIDS Drug Assistance Program (ADAP) Branch within the Office of AIDS. Ahmad has spent the last three plus years as a QAT Coordinator/Associate Governmental Program Analyst (AGPA) in the QAT Unit. During that time, he was instrumental in standing up the new unit, helping to create various processes and procedures, and leading multiple audit initiatives and quality assurance efforts. He has also quickly become a subject matter expert in developing and maintaining our on-demand training library. In his role as an AGPA, he gained valuable experience in our agile system lifecycle, and conducting and facilitating virtual meetings and trainings, which will serve him well in his new position. He is also an active member of the ADAP Team Building Workgroup, which facilitates monthly team building events for the ADAP Branch. This past year, Ahmad has also participated in NASTAD's Trauma Informed Approaches Learning Community and in the California Department of Public Health's (CDPH) Leadership Development Program, and he looks forward to implementing much of what he's learned into his new role.

Prior to working in the QAT Unit, Ahmad was an ADAP Site Advisor/Staff Services Analyst for the ADAP Eligibility Operations Section for



two years, where he conducted secondary reviews of ADAP and Employer Based Health Insurance Premium Payment (EB-HIPP) Program applications. Before joining CDPH, Ahmad volunteered with the International Rescue Committee helping refugees, and was also a Team Member Associate for Walgreen's Pharmacy, where he assisted patients with entering and fulfilling prescriptions and billing their health insurance. Ahmad also holds a Bachelor of Science Degree in Biomedical Sciences from CA State University of Sacramento.

On a personal note, Ahmad lives with his wife, Liezel, and their border collie, Zelda,



in Carmichael. In his spare time, he enjoys mountain biking, playing video games, watching scary movies, eating spicy foods, and drinking copious amounts of coffee.

## **HIV Awareness:**

**March 10** is **National Women and Girls HIV/AIDS Awareness Day** (NWGHAAD). NWGHAAD is celebrated to raise awareness about the impact of HIV on women and girls and support those at risk or living with HIV. This day is meant to encourage women and girls to make the best choices when it comes to their sexual health and to protect themselves from HIV through prevention, testing and treatment.

In addition, **March 20th** is **National Native HIV/AIDS Awareness Day** (NNHAAD). This day is observed to promote HIV testing, prevention, and treatment in American Indians, Alaska Natives and Native Hawaiian communities. NNHAAD addresses the impact HIV has on their communities and emphasizes the importance of overcoming HIV stigma.

**March 31st** is **International Transgender Day of Visibility** (TDOV). This day is observed to acknowledge the many contributions made by transgender and non-binary people and celebrate the courage and beauty of living authentically. TDOV is also meant to educate and bring attention to the continued struggle faced by those in the transgender community and raising awareness of the continued rising hate, discrimination, and stigma faced by transgender people worldwide.

## **General Office Updates:**

### **COVID-19**

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

### **Mpox**

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases, and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/mpox.aspx) at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/mpox.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 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.

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

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

### **Ending the Epidemics Strategic Plan**



OA and the STD Control Branch are pleased to report that the roll-out of the **California Strategic Plan** to address the syndemic of HIV, HCV and STIs continues as we finalize our phase-2

*Implementation Blueprint* for release in March.

Below is the [website that documents our work](#), including the phase-1 roadmap, the recording of our Statewide Town Hall, and the list of completed regional listening sessions. Thank you for engaging with this strategic planning process and helping us make it better!

- <https://facenteconsulting.com/work/ending-the-epidemics/>

## Ending the HIV Epidemic (EHE)

On February 28th CDPH-OA co-hosted a webinar with the UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) Regional EHE Learning Collaborative to share the connections between EHE work and the Ending the Epidemics Strategic Plan. We were joined on a panel by the California HIV Research Program (CHRP), the ETE Coalition, San Diego, and San Francisco Counties. A recording of this session will be sent as a link through our OA listserv when it is available.

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

### PrEP-Assistance Program (AP)

As of February 24, 2023, there are 203 PrEP-AP enrollment sites covering 189 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 three tables displayed on page 4 of this newsletter.

## Strategy B: Increase and Improve HIV Testing

OA has expanded its Building Healthy Online Communities (BHOC) self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, [TakeMeHome®](https://takemehome.org/) (<https://takemehome.org/>), is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.



Between January 23 (when this expansion was initiated) and January 31, 2023, 191 individuals ordered self-test kits, with 171 individuals ordering 2 tests. Most individuals ordering tests identify as men (86.3% of those sharing gender) and Hispanic/Latinx (60.1% of those sharing race or ethnicity). Thirty-eight (20%) orders came in through the Spanish language portal. One-third of participants reported never having tested for HIV before (30%); another third had not tested for HIV in at least one year (33%). OA is excited to help make HIV testing more accessible through this program.

OA's existing TakeMeHome® Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 29 months, between September 1, 2020, and January 31, 2023, 4738 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 196 (68.8%) of the 285 total tests distributed.

### 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	244	7%	---	---	---	---	23	1%	267	8%
25 - 34	1,035	31%	1	0%	---	---	251	7%	1,287	38%
35 - 44	854	25%	---	---	2	0%	185	5%	1,041	31%
45 - 64	438	13%	1	0%	21	1%	105	3%	565	17%
65+	22	1%	---	---	181	5%	10	0%	213	6%
TOTAL	2,593	77%	2	0%	204	6%	574	17%	3,373	100%

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	143	4%	---	---	32	1%	9	0%	1	0%	57	2%	4	0%	21	1%	267	8%
25 - 34	750	22%	---	---	114	3%	87	3%	2	0%	265	8%	5	0%	64	2%	1,287	38%
35 - 44	676	20%	3	0%	84	2%	39	1%	1	0%	193	6%	6	0%	39	1%	1,041	31%
45 - 64	361	11%	2	0%	31	1%	16	0%	---	---	138	4%	---	---	17	1%	565	17%
65+	22	1%	1	0%	4	0%	4	0%	---	---	178	5%	---	---	4	0%	213	6%
TOTAL	1,952	58%	6	0%	265	8%	155	5%	4	0%	831	25%	15	0%	145	4%	3,373	100%

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

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	175	5%	---	---	2	0%	6	0%	---	---	14	0%	1	0%	2	0%	200	6%
Male	1,604	48%	6	0%	248	7%	147	4%	4	0%	797	24%	11	0%	131	4%	2,948	87%
Trans	160	5%	---	---	15	0%	2	0%	---	---	14	0%	1	0%	3	0%	195	6%
Unknown	13	0%	---	---	---	---	---	---	---	---	6	0%	2	0%	9	0%	30	1%
TOTAL	1,952	58%	6	0%	265	8%	155	5%	4	0%	831	25%	15	0%	145	4%	3,373	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 02/28/2023 at 12:00:53 AM  
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

Of individuals ordering a test in January, 29.5% reported never before receiving an HIV test, and 36.5% were 18 to 29 years of age. Among individuals reporting race or ethnicity, 43.4% were Hispanic/Latinx, and of those reporting sexual history, 37.2% indicated 3 or more partners in the past 12 months. To date, 519 recipients have completed an anonymous follow up survey, with 94.4% indicating they would recommend TakeMeHome HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (72.8%) or having had more than one sex partner in the past 12 months (63.2%).

## Strategy G: Improve Availability of HIV Care

### Request for Applications for Funding

OA's HIV Care Branch is looking for a new Housing Opportunities for Persons with AIDS (HOPWA) Program provider for Santa Cruz County. We will be releasing a Request for Application (RFA) (#23-10079) later in March. The [RFA will be posted on our website](http://www.cdph.ca.gov/programs/cid/doa/pages/oa_rfa.aspx) at [www.cdph.ca.gov/programs/cid/doa/pages/oa\\_rfa.aspx](http://www.cdph.ca.gov/programs/cid/doa/pages/oa_rfa.aspx).

HOPWA provides housing assistance and supportive services to prevent or reduce

homelessness for persons living with HIV (PLWH). Local government entities (e.g., health departments or community development agencies) and non-profit community-based organizations may apply. The award amount for Santa Cruz County is approximately \$215,353. The RFA will include key dates, including information on a technical assistance webinar.

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

As of February 24, 2023, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

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

### The X-Waiver is Eliminated: Now What?

As of Jan 1, 2023, and effective immediately, clinicians no longer need to apply for an X-waiver to prescribe buprenorphine for medication for opioid use disorder (MOUD), thus significantly reducing barriers to MOUD access. The DEA [posted a letter explaining these changes](#), and it includes encouragement for clinicians to start prescribing for patients with opioids use disorder. **Please share widely.**

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from January
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	489	- 2.78%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,803	+ 1.38%
Medicare Part D Premium Payment (MDPP) Program	1,503	- 17.05%
<b>Total</b>	<b>7,795</b>	<b>- 3.03%</b>

Source: ADAP Enrollment System



## **New Resource: Training Materials on Sex Worker Health and Harm Reduction 101**

The National Harm Reduction Technical Assistance Center (NHRTAC) published a new resource, [NHRTAC Training Deck on Sex Worker Health and Harm Reduction](#), to provide an overview of the basics of sex worker health and harm reduction philosophy. Developed with NASTAD, these materials are customizable for in-house staff training purposes for use by health departments and community-based syringe services programs (SSPs) to introduce staff to the intersection of harm reduction and sex worker health.

## **READ: Opinion Piece: America Has Lost the War on Drugs: Here's What Needs to Happen Next**

The New York Times published a series of [articles addressing America's overdose epidemic](#) and featured this piece detailing how the war on drugs contributed to the epidemic.

## **Strategy M: Improve Usability of Collected Data**

### **Action Needed by ARIES Users**

To help prepare for the launch of HIV Care Connect (HCC), the system that will replace ARIES in Fall 2023, agency managers should review and confirm the contact person on their Agency screen in ARIES. The agency contact identified for each agency will communicate with OA regarding the rollout of HCC. OA will reach out to agency contacts for assistance with tasks such as identifying and validating active user information, distributing information to agency staff, and sharing feedback from users. The contact may be any individual from the agency – a manager, an IT specialist, a technical lead, a data specialist, or another staff member. Additional information and instructions are located in the [Data System Notice No. 2](#).

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

### **HOPWA Annual Action Plan Public Comment Period**

A public comment period for the 2023-2024 Annual Action Plan (AAP) of multiple state housing programs, including OA's Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program, begins on March 6, 2023 and ends April 7, 2023. The [AAP will be posted](#) to <https://www.hcd.ca.gov/policy-and-research/plans-and-reports>. Comments and questions can be emailed to [ConsolidatedPlan@hcd.ca.gov](mailto:ConsolidatedPlan@hcd.ca.gov). Comments may also be mailed to:

**Department of Housing and  
Community Development  
Attn: Federal Branch  
2020 W. El Camino Avenue, Suite 200  
Sacramento, CA 95833**

The California Department of Housing and Community Development (HCD) is also hosting a Public Hearing Webinar on Thursday, March 16, 2023, from 2:00 – 3:30 PM. The hearing will summarize updates to the 2023-2024 AAP, provide public comment opportunity, and allow time for questions. [Register for the webinar](#) at <https://us02web.zoom.us/join/register/tZ0uceuvqDopE9LBMeY4p5PaSW7QEUzeEkQ->

Requests for accommodation, translation services, and for auxiliary aides and services to allow non-English speaking residents and residents with disabilities to access the meeting may be submitted by email to [ConsolidatedPlan@hcd.ca.gov](mailto:ConsolidatedPlan@hcd.ca.gov), or requested by phone to Chelsea Meuleman at (916) 450-3083. Please submit your requests by March 9, 2023.

### **Women's Health Summit**

On March 12, 2023, The Sacramento Alumnae Chapter of Delta Sigma Theta Sorority,

# Learning from our Legacy: Dismantling Health Inequities for Women



Dr. Zenja Watkins  
MD-OBGYN



Dr. Demisha Burns  
Ph.D., MSW



Dr. Sami Lubega  
MD- HIV Specialist



Dawn Brown  
NAMI

## Join us for a 2023 Women's Health Summit!

### Discussions on:

**Reproductive Health   Mental Health   HIV Care & Prevention**

**Catered food, entertainment, & more!**



March 12, 2023  
12:30pm-4:00pm  
Holiday Inn - 300 J Street  
Sacramento, CA 95814  
16th Floor  
Sierra Conference Room

**FREE Event**  
RSVP required. Space is limited.



Incorporated, Sacramento National Coalition of 100 Black Women, and One Community Health will host the 2023 Women's Health Summit. The summit will bring together women leaders, health experts, and advocates from California to address the critical issues of reproductive health, mental health, and HIV care and prevention. The theme for this year's summit is "Learning from Our Legacy: Dismantling Health Inequities Among Women."

The summit will provide a platform for women to share their experiences and knowledge on how to address health disparities that disproportionately affect women, particularly those in marginalized communities. Discussions will focus on reproductive health, mental health, and HIV care and prevention, as these are areas where women continue to face significant challenges.

The keynote speakers and panelists at the

summit will engage participants in discussing a range of topics, including access to healthcare, education and awareness, stigma and discrimination, policy and advocacy, and community engagement. They will share best practices, research findings, and innovative solutions to address these issues.

For logistics, please see a portion of the flyer displayed above.

Registration is now open. Interested participants can visit [the summit's event page](https://2023WomenSummit.eventbrite.com) at <https://2023WomenSummit.eventbrite.com> to learn more and register for free.

If you have any questions, please contact Keshia Lynch at [klynch@onecommunityhealth.com](mailto:klynch@onecommunityhealth.com).

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



# Los Angeles County HOPWA Program

Housing Opportunities For Persons with HIV/AIDS (HOPWA) is a federally-funded program that provides assistance with housing and supportive services for low-income persons living with HIV/AIDS and their families. The program goals are to maintain stable housing, reduce the risk of homelessness, and increase access to care. Services are provided countywide.

**Housing Information and Referral** – Locates vacant units within the County of Los Angeles and maintains a user-friendly website that includes rental listings, housing resources, and additional community resources.

**Housing Specialist/Crisis Housing** – Performs comprehensive assessments and housing plan to address barriers to finding and sustain stable housing. Emergency and transitional housing for clients homeless or at-risk of homelessness.

**Short Term Financial Assistance** – Short-Term Rent, Mortgage, and Utility (STRMU) program provide short term financial assistance to maintain housing and Permanent Housing Placement (PHP) provides move-in grant to help households with first month's rent, security deposits and utility switch on fees.

**Tenant Based Rental Assistance (TBRA)** – Funded through four housing authorities, operates similarly to a Section-8 voucher program. Households who remain eligible after 12 months may convert to the Section-8 program.

**Scattered Site Master Leasing** – Households living in units leased by a non-profit agency scattered throughout multiple buildings and receive supportive services.

**Residential Service Coordination** – Households living in affordable permanent housing (PH) receive supportive services and linkages to other community resources.

**Legal Services** – Assists with evictions, issues related to eligibility for public benefits, and informs tenants of rights regarding fair housing laws.

**Animal Advocacy** – Teaches tenants' rights regarding service animals for emotional support as well as supportive services for animals.





### **HOUSING SPECIALIST, CRISIS HOUSING OR FINANCIAL ASSISTANCE**

- Antelope Valley (SPA 1) – Tarzana Treatment Center (661) 948-8559
- San Fernando Valley (SPA 2) – Tarzana Treatment Center (818) 342-5897
- San Gabriel Valley/Pasadena (SPA 3) – Foothill AIDS Project (909) 482-2066
- Hollywood/ Metro/Westside (SPA 4/5) – Alliance for Housing and Healing (323) 656-1107
- Downtown Los Angeles (SPA 4) – JWCH Institute Inc. (Wesley Health Centers) (213) 285-4260
- South Los Angeles Area (SPA 6) – APLA Health (213) 201-1637
- East LA/Great Whittier Area (SPA 7) – Foothill AIDS Project (909) 482-2066
- Greater Long Beach area (SPA 8) – Alliance for Housing and Healing (562) 294-5500

### **LEGAL SERVICES**

- Inner City Law Center (213) 891-2880

### **ANIMAL ADVOCACY & SUPPORT**

- PAWS/LA (213) 741-1950

For more information please contact, **CHIRPLA** at **(877) 724-4775** or visit their website at [www.chirpla.org](http://www.chirpla.org).

You may also contact the **HOPWA Hotline** at **(213) 808-8805** or via e-mail at [lahd-hopwa@lacity.org](mailto:lahd-hopwa@lacity.org).



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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# Jonathan Weedman

Application on file at Commission office

Interview panel: Everardo Alvizo and Luckie Fuller



# Leon Maultsby

Application on file at Commission office



# 2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our [website](#) for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

Topic	Date
<b><u>General Orientation and Commission on HIV Overview *</u></b>	March 29 3:00 - 4:30 PM
<b><u>Priority Setting and Resource Allocation Process &amp; Service Standards Development *</u></b>	April 12 3:00 - 4:30 PM
<b><u>Tips for Making Effective Written and Oral Public Comments</u></b>	May 24 3:00 - 4:00 PM
<b><u>Ryan White Care Act Legislative Overview</u> <u>Membership Structure and Responsibilities *</u></b>	July 19 3:00 - 4:30 PM
<b><u>Public Health 101</u></b>	August 16 3:00 - 4:30 PM
<b><u>Sexual Health and Wellness</u></b>	September 20 3:00 - 5:00 PM
<b><u>Health Literacy and Self-Advocacy</u></b>	October 18 3:00 - 4:30 PM
<b><u>Policy Priorities and Legislative Docket Development Process *</u></b>	November 15 3:00 - 4:30 PM
<b><u>Co-Chair Roles and Responsibilities</u></b>	December 6 4:00 - 5:00 PM

*\*Mandatory core trainings for all commissioners.*

DHSP Funding Table (updated 2.8.23)

Funding Source	Amount	Description
HRSA Ryan White Program Part A (March 1-February 28/29) Year 1 of 3-year award	\$42,142,230	Grant must fund at least one or more core or support service for people living with HIV/AIDS per policy clarification notice 16-02. The Ryan White Program is the payor of last resort. AOM, Oral Health, Early Intervention Services, Emergency Financial Assistance Services, Home and Community Based Health Services, Mental Health Services, Medical Case Management (MCC), Non-medical Case Management (Benefits Specialty), Food Bank and Home Delivered Meals, Housing Services (RCFCI, TRCF), Legal Services, Linguistic Services, Medical Transportation, Substance Abuse Residential Services
HRSA Ryan White Program Part B April 1- March 31 (year 4 of 5-year cycle)	\$5,446,809	Grant must fund at least one or more core or support service for people living with HIV/AIDS per policy clarification notice 16-02. The Ryan White Program is the payor of last resort. Housing Services (RCFCI and TRCF. Mental health portion of these contracts is covered under Part A. Substance Use Residential services for one agency is also supported with RWP Part B)
HRSA Ryan White Program Minority AIDS Initiative (March 1-February 28/29) Year 1 of 3-year award	\$3,780,205	Grant must fund at least one or more core or support service for HIV-positive racial or ethnic or sexual minorities. The Ryan White Program is the payor of last resort. Outreach (LRP), Housing (Permanent Supportive Housing), and Non-medical Case Management (Transitional Case Management) is supported with RWP MAI.
HRSA Ending the HIV Epidemic March 1-February 28/29 (Year 3 of a 5-year cycle)	\$6,168,850	Grant supports 1) Data system infrastructure development and systems linkages; 2) Surveillance improvements and building organizational capacity; 3) Emerging practices, evidence-informed and evidence-based interventions for diagnosis and rapid linkage to care; 4) Reengagement in care and viral suppression; and 5) Community engagement, information dissemination specifically calling attention to the activities for PLWH who are not virally suppressed.
CDC Ending the HIV Epidemic August 1-July 31 (Year 3 of a 5-year cycle)	\$3,360,658	Grant supports HIV prevention strategies, including 1) HIV self-testing; 2) Community engagement; 3) Increased access to syringe services; 4) Increased screening for PrEP; 5) HIV prevention media campaigns; and 6) Improved surveillance data for real-time HIV cluster detection and response.
CDC Integrated HIV Surveillance and Prevention (January 1-December 31)-1-year extension of a 5-year cycle	\$17,950,095	Grant supports 11 HIV surveillance and prevention strategies including active and passive surveillance; outbreak investigation; data management, analysis and reporting; comprehensive individual-level and community-level HIV-related prevention services; and data-driven planning.
State Block Grant – HIV Surveillance (July 1-June 30)	\$1,972,378	Grant supports active and passive HIV surveillance, data management, analysis and reporting.
CDC National HIV Behavioral Survey & TG supplement (January 1-December 31) - year 2 of a 5-year cycle)	\$1,362,085	Grant supports Los Angeles County's participation in this four-cycle national survey (MSM, IDU, Heterosexuals, and TG). Survey findings are used for the Los Angeles County HIV/AIDS Strategy, program development, and resource allocation.
CDC Medical Monitoring Project (June 1-May 31) - year 3 of a 5-year cycle	\$728,648	Grant supports Los Angeles County's participation in the national surveillance project designed to learn more about the experiences and needs of PLWH (in and out of care).
CDC Strengthening STD Prevention and Control for Health Departments (January 1-December 31) - year 4 of a 5-year cycle	\$3,356,049	Grant must be used to support 5 strategy areas: STD surveillance, disease investigation and intervention, screening and treatment, promotion and policy, and data management and utilization. No more than 10% of grant funds can support contracts.
CDC STD Prevention and Control for Health Departments – Disease Investigation Specialist (DIS) Workforce Development Infrastructure (January 1-December 31) – year 2 of a 5-year cycle	\$6,598,516	Grant supports expanding, training, and sustaining local DIS workforce to support increased capacity to conduct disease investigation, linkage to prevention and treatment, case management and oversight, and outbreak response for COVID-19 and other infectious diseases.
CDC Gonococcal Isolates Surveillance Project (August 1-July 31)	\$15,000	ELC Grant supports participation in the national sentinel surveillance system to monitor trends in antimicrobial susceptibilities of Neisseria gonorrhea strains in the US among selected STD clinics and covers salary, fringe benefits and supplies
State STD General Funds Allocation July 1-June 30 (year 4 of 5-year cycle)	\$547,050	Grant funds support CT/GC Patient Delivered Partner Therapy (PDPT) Distribution Project, condom distribution, training for PHNs and PHIs and DHSP staff.
State STD Management and Collaboration Project (July 1-June 30) - year 4 of 5-year cycle	\$1,952,013	Grant funds support Category 1 and Category 2 STD contracts, Audacy for condom distribution, and rapid Syphilis test kits
State Syphilis and Congenital Syphilis Outbreak Strategy (SOS) (July 1 – June 30)	\$3,957,227	Funds support innovative and impactful syphilis and congenital syphilis prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and congenital syphilis epidemiology.
SAPC Non-Drug Medi-Cal (July 1-June 30)	\$3,249,000	Grant supports HIV risk reduction interventions that contain a substance abuse component.
Total	\$102,586,813	



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
County Health Officer

**MEGAN McCLAIRES, M.S.P.H.**  
Chief Deputy Director

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Fourth District

**Kathryn Barger**  
Fifth District

February 7, 2023

**TO:** Each Supervisor

**FROM:** Barbara Ferrer, Ph.D., M.P.H., M.Ed.  
Director 

**SUBJECT: RESPONDING TO LOS ANGELES COUNTY'S SEXUALLY TRANSMITTED DISEASE CRISIS (ITEM 8, BOARD AGENDA OF AUGUST 2, 2022; ITEM 90-A, BOARD AGENDA OF NOVEMBER 1, 2022)**

This report is in response to the Board's August 2, 2022, motion by Supervisors Mitchell and Solis directing the Department of Public Health (Public Health), in collaboration with Department of Health Services (DHS), Department of Mental Health (DMH), the Alliance for Health Integration (AHI), the Chief Executive Officer (CEO), CEO's Anti-Racism, Diversity and Inclusion Initiative (ARDI), CEO's Legislative Affairs and Intergovernmental Relations Branch (CEO LAIR), the Superintendent of the Los Angeles County Office of Education (LACOE), Superintendent of the Los Angeles Unified School District (LAUSD) and other stakeholders on various efforts to reduce the spread of sexually transmitted diseases (STDs) and address the STD crisis, and report back to the Board on those efforts.

This report also provides a response to the Board's November 1, 2022, motion by Supervisor Barger directing Public Health to provide STD data by service planning area and to work with the Chief Executive Officer to identify additional funding for STD services to address growing needs.

## **Background and Previous Board Motions**

On September 7, 2018, and in response to a March 29, 2018, motion by your Board, Public Health shared a report outlining: 1) an STD Legislative and Budget Advocacy Plan including efforts at the State and federal levels; 2) efforts to engage hospitals and health plans; 3) opportunities for expanded STD screening and treatment capacity in both the public and private sector; and 4) a summary of the STD Work Plan. The STD Work Plan includes the four priorities listed below:

1. Improve the early identification of cases through testing of at-risk populations;
2. Interrupt disease transmission through the appropriate treatment of cases and their partners;
3. Educate consumers and community to increase awareness and empower people to make decisions that protect health, and;
4. Create effective policies to impact health care provider behavior.

Since late 2018, Public Health has submitted quarterly updates to your Board with additional updates on items specific to the March 29, 2018, Board motion. These reports also addressed concerns about the impact of the COVID-19 pandemic on STD rates and response efforts and worsening underlying determinants that impact disease transmission.

In response to the ongoing STD crisis exacerbated by the pandemic, the Board approved a September 28, 2021, motion by Supervisor Solis, *Addressing the STD Crisis in Los Angeles County*. As you are aware, that motion directed Public Health, in collaboration with the DHS, DMH, AHI, and ARDI, to report back with an updated plan of action to address this crisis as well as create a public-facing STD dashboard to track the County's progress towards reducing STD rates. In addition, your Board's motion also directed the CEO LAIR to advocate for additional federal and state resources to combat the STD crisis, support the initiatives detailed in Public Health's report back, identify STD-related legislative and budget proposals to help alleviate the crisis, support the County's STD public health infrastructure, expand access to STD testing and treatment, and improve community education. Public Health submitted a detailed response on April 1, 2022, including numerous recommendations based upon stakeholder engagement.

On August 2, 2022, the Board introduced two new STD-related Board Motions: 1) Advocating for Federal and State Resources to Combat the STI Epidemic (Supervisor Solis) and 2) Responding to LAC's Sexually Transmitted Disease Crisis (Supervisors Mitchell and Solis). In response to the latest motions, over the last several months Public Health has re-engaged with partners at DHS, DMH, AHI, ARDI, CEO LAIR, LACOE and LAUSD to review your Board's instructions and gather additional programmatic input. Based on these and other meetings, Public Health has prepared the response below to the directives of this second motion and will ensure that future quarterly reports also provide updates on the two new motions.

**Directive 1: Direct the Directors of Public Health, DHS, DMH, and CEO, to work with AHI, ARDI, CEO-LAIR and relevant community stakeholders to:**



- a. **Appeal to the federal Department of Health and Human Services and to Congress to increase the federal investment for sexually transmitted disease (STD) Control efforts, including through, but not limited to services supported by the following agencies and funding streams, such as:**
  - i. **The Centers for Disease Control and Prevention and resources targeted for STD prevention and control that remain inadequate to address the high and growing level of STD morbidity;**
  - ii. **The Substance Abuse and Mental Health Services Administration and their State block grants given the strong nexus between substance use and STD risk and morbidity;**
  - iii. **The Health Resources and Services Administration through its grants to support Federally Qualified Health Centers (Bureau of Primary Health Care) and the Ryan White Program (HIV/AIDS Bureau) given the intersection of populations at risk for syphilis who are also at elevated risk for HIV.**

In September/October 2022, Public Health sent a letter, informed by the stakeholder engagement and recommendations in the April 1, 2022, report, to key Congressional members of the Los Angeles County delegation appealing for congressional support across a range of budget appropriation requests, including those related to domestic STD funding levels. This letter was sent as part of the federal Fiscal Year (FY) 2023 Appropriations budget and negotiation process.

As part of this appeal, Public Health requested an increase in the federal appropriations for local public health infrastructure, including \$750 million in core public health infrastructure and \$250 million in public health data modernization. These resources would be used to support a wide range of public health activities, including:

- **Mpox response activities** including testing, treatment, vaccinations, contact tracing, outreach and engagement, data and inventory management, quarantine and isolation housing and support services, and communications;
- **Tuberculosis control and prevention efforts** including surveillance, laboratory, case management, clinical care, contact tracing, and outbreak detection and response;
- **Other communicable disease control efforts**, including investments to support core staff, information infrastructure, improved efforts at environmental sanitation, and better alignment with existing partners to prevent diseases such as shigella, giardia, hepatitis A, West Nile Virus, Valley fever, typhus and influenza;
- **Sexually transmitted disease (STD) screening and treatment services** to address the rising needs and the largely uncontrolled rates of syphilis, congenital syphilis, gonorrhea, and chlamydia in LA County; and
- **Chronic disease control and prevention efforts** to meaningfully address conditions like diabetes, hypertension, obesity, and smoking/vaping, in low-income communities and communities of color.

The congressional letter also included a request for increased STD-specific federal investments in the Substance Abuse Prevention and Treatment Block Grant supported through the Substance Abuse and Mental Health Services Administration (SAMHSA), given the strong nexus between substance use and STD risk, and increased funding through Health Resources and Services Administration (HRSA) to support Federally Qualified Health Centers (FQHC) and the Ryan White Program working with populations at risk for both syphilis and HIV.

Finally, as part of this appeal, Public Health requested a federal STD prevention and control appropriation of \$272.9 million for the CDC, an increase of \$108.6 million compared to federal Fiscal Year (FY) 2022 final funding levels. In the letter, Public Health highlighted the historic inequities in STD funding, the consistent year to year rise in syphilis and congenital syphilis levels, and the two recent motions approved by your Board. This letter can be found in Attachment 1.

The Consolidated Appropriations Act of 2023 (H.R. 2617) included increases in a number of the above-mentioned areas including public health infrastructure (increased \$150 million from the prior year) and STD prevention and control (\$10 million over the prior year).

**b. Identify, with relevant stakeholder community-based advocacy organizations, additional opportunities to jointly advocate for more local, state, and federal funding, including STD policy proposals that prioritize communities or demographics that are disproportionately impacted by the STD epidemic.**

In 2022, Public Health supported the End the Epidemics Coalition's (Coalition) budget proposal, which included a funding request of \$49 million in state general funding to address soaring early syphilis and congenital syphilis cases in the 8 most impacted counties in California, including Los Angeles County. The Coalition was ultimately successful in securing \$30 million over three years in the final FY 22-23 State budget, which brings \$3.957 million for the next three years to LA County beginning July 1, 2022. The Coalition is currently working on their budget request for FY 23-24 and Public Health will continue highlighting the need for increased state funding for STD control efforts.

LA County also supported the request from community advocates for funding for mpox response. The State FY 22-23 budget included \$41 million for mpox response, and LA County received \$5.35 million in resources to assist in community response for this declared local emergency.

At the federal level, Public Health is a member of the National Coalition of STD Directors (NCSN), which leads the federal advocacy for STD funding in partnership with other HIV and STD advocacy organizations. For FY2023, NCSN successfully advocated for an additional \$10 million for the CDC's domestic STD prevention and control appropriation. This increase in the federal appropriation level may translate into an additional \$400,000 to \$600,000 in resources for Los Angeles County. NCSN has acknowledged that this funding level remains insufficient and

had previously called upon Congress to increase CDC's STD prevention and control appropriation by \$15 million in federal FY 2023.

**c. Assess the impact workplace vacancies have on the delivery of STD-related programming, outreach, surveillance, and engagement administered through the County;**

On January 15, 2021, the vacancy rate at the Division of HIV and STD Programs (DHSP) was 29.5% (98 vacancies out of 332 budgeted items.) On January 14, 2022, the vacancy rate for DHSP was 29.7% (102 vacancies out of 344 budgeted items.) As of January 13, 2023, the vacancy rate at DHSP was 27.5% (92 vacancies out 335 budgeted positions.) The vacancy rate for the STD workforce at DHSP historically has ranged from 15.9% to 24.4%. Beginning in 2020, the vacancy rate was partially influenced by the County-level and Department-level hiring freezes. As these freezes have now been lifted, staff recruitment efforts have resumed.

Separately, Public Health has noted that staff turnover and vacancies have also persisted in community-based organizations contracted to deliver STD services. In addition to staff vacancies (exacerbated by staff turnover and delays in staff hiring), the workforce available for STD control efforts has also been impacted by the COVID-19 and MPOX epidemics as these competing public health priorities have required the deployment of public health program practitioners to these areas.

Of the total filled staff positions at DHSP (consistently between 234 and 243 persons over the last several years and over the course of the pandemic, as many as 75% were deployed to COVID-19 efforts (May 2020 through June 2021) and between 60% and 70% of staff were deployed to COVID-19 efforts in the second half of 2021. Among these deployed staff 35 to 55 staff with an STD-related assignment were temporarily assigned to support COVID-19 or mpox efforts. Most staff have returned to their home programs, although ongoing fluctuations in COVID-19 cases and other emerging communicable diseases may require temporarily redeploying staff to their emergency response roles.

Beginning in August 2020 and through September 2022, as part of its Quarterly STD Update to your Board, Public Health has highlighted the impact COVID-19 has had on key STD program areas, most notably:

- A reduction in STD prevention, awareness, community engagement, and community mobilization efforts.
- Decreases in STD screening volume (which led to decreases in STD diagnosis and treatment levels) in both the community-based organization and Public Health Center service environments, as several contracted STD service providers either temporarily closed their clinics, significantly reduced clinic hours, or have operated at reduced capacity.

- Delays in STD surveillance, data collection, data quality assurance, data dissemination and data reporting efforts, including to State and federal funders, as staff were reassigned to COVID response efforts. Federal and state grants supported these re-assignments.
- Delays implementing the efforts of the Congenital Syphilis Specialized Investigation Team funded by a special CDC grant primarily due to an extended hiring freeze.
- Impacts to Public Health Investigation efforts, including contact tracing and partner notification services.

**Directive 2: Direct the Director of Public Health, CEO, and the Executive Director of the Los Angeles County Youth Commission in coordination with the Superintendent of LACOE, Superintendent of LAUSD, and other relevant stakeholders to assess and report back in 60 days in writing on the implementation of the California Healthy Youth Act (CHYA).**

**a. This report should include, but not be limited to:**

**i. Available statistics on how often sexual health education is provided to middle school and high school students by school district;**

The California Healthy Youth Act (CHYA) was a landmark law that significantly modernized sexual health education standards beginning in January 2016. As part of the California Education Code (EC) [[EC § 51931\(b\)](#)], CHYA requires school districts to provide students with integrated, comprehensive, accurate, and unbiased comprehensive sexual health and HIV prevention education at least once in middle school and once in high school. Beginning in grade 7, instruction must include information about the safety and effectiveness of all federal Food and Drug Administration (FDA)-approved methods of preventing pregnancy and transmission of HIV and other sexually transmitted infections (including condoms, contraceptives, and antiretroviral treatment) and abstinence. It must also include information about HIV, pregnancy, sexual harassment, sexual assault, healthy relationships, and human trafficking, as well as local resources for accessing care and students' rights to access care. While stakeholders note positive gains have been made in the sexual behavior category of the Centers for Disease Control and Prevention's (CDC) [Youth Risk Behavior Surveillance System \(YRBSS\)](#) since CHYA was enacted, there is not an available repository of compliance related data at either the school district or school campus level. Implementation of this comprehensive curriculum consistent with State standards in grades 7 or 8 and grades 9, 10, 11, or 12, is the responsibility of Local Education Agencies (LEAs). As such, there is much variability in data elements tracked over time, if collected at all, and whether they are made publicly available. At this point in time, the state confirms that local data is not available. Public Health understands that the California Department of Education was prepared to develop a statewide CHYA compliance monitoring system, but these efforts were upended by the COVID-19 pandemic.

**ii. Available statistics on student attendance and participation including the number of students who opt-out of receiving sexual health education at the request of a parent or guardian;**

There is not an available repository of school district or school campus level data that describes CHYA opt-out patterns. As defined in the current statute [\[EC §§ 51931\(b\), \(d\), 51932.\]](#), CHYA allows legal guardians to remove their child from comprehensive sexual health and HIV prevention education, using a passive consent or “opt-out” process; schools may not use active consent (“opt-in”) for participation in comprehensive sexual health and HIV prevention education [\[EC § 51938\(a\).\]](#) The notice sent to parents/guardians informing them about planned instruction must also inform them that they may remove their child from the instruction and that to do so they must state their request in writing to the school district [\[EC § 51938\(b\)\(4\).\]](#) If the parent/guardian does not submit a written request that the child be withheld from participating, the child will attend the instruction. Schools may not require parents/guardians to return a signed acknowledgment that they have received the notice for their child to participate in the instruction; this serves as de facto active consent and is prohibited under the law.

**iii. Strategies for ensuring curriculum is medically accurate, unbiased, up-to-date, inclusive, and adheres to all other requirements mandated by CHYA;**

Consistent with California Education Code [\[EC § 51933\]](#), all instruction and materials in all grades (including elementary) must be age-appropriate and medically accurate and objective. In addition, the Education Code [\[EC § 51933\]](#) specifies that instruction and materials in all grades: 1) may not teach or promote religious doctrine; 2) may not reflect or promote bias against any person on the basis of actual or perceived disability, and; 3) that no person shall be subjected to discrimination on the basis of disability, gender, gender identity, gender expression, race or ethnicity, nationality, religion, or sexual orientation, or any other category protected by the non-discrimination policy codified in [Education Code § 220](#). Further, all instruction and materials must support and align with the purposes of the CHYA and with each other; they may not conflict with or undermine each other or any of the purposes of the law.

Consistent with the spirit and intent of CHYA, in California, the [Adolescent Sexual Health Work Group](#) (ASHWG) exists as an organized collaborative of governmental and non-governmental organizations (NGO) focused on promoting and protecting the sexual and reproductive health of youth in California. ASHWG is comprised of program managers from the California Department of Public Health (CDPH), California Department of Education, and key non-governmental organizations (NGOs) committed to working more effectively to address the sexual and reproductive health of California adolescents since 2003.

In June of 2016, a group of eight reviewers were recruited via the ASHWG to form an ad-hoc ASHWG sub-committee charged with reviewing a subset of comprehensive sexual health education curricula for alignment and compliance with the CHYA. The group formed in response to extensive requests across California for guidance on which curricula meet the requirements of the new law (which went into effect on January 1, 2016, and was updated in 2019). The goals of this review were to:

1. Provide school district staff, teachers, and community education providers with information about a number of widely available curricula in order to inform local processes for curriculum selection; and
2. Provide curriculum publishers and authors input from an outside review group on the alignment of their materials with the CHYA.

The California Healthy Kids Resource Center (CHKRC) and the ASHWG used the [California Healthy Youth Act Curriculum Assessment Tool](#) (CHYA CAT) to conduct an intensive review of growth, development, and sexual health curriculum in accordance with CHYA. A total of nine publishers submitted curricula to be reviewed during the 2020-2021 curricula review period. More information about each curriculum reviewed and on where it can be borrowed or purchased, is available on the [CHKRC website](#). School districts are also encouraged to utilize the CHYA CAT to determine the appropriate curricula for their district.

Among the strategies to ensure that all students receive CHYA education that is unbiased, medically accurate, inclusive, and consistent with the latest science and evidence is to require that health education be a graduation requirement for all high school students and require that health educator certification be in place for all CHYA instructors.

**iv. peer-led approaches which are promising or effective at delivering sexual health education; and**

Public Health supports peer-led efforts in 41 Student Wellbeing Centers via the Peer Health Advocate program. Over 400 students per year (10-15 students per campus) are recruited to become Peer Advisors and receive intensive, in-depth peer leadership training that includes an 11-session Planned Parenthood-developed CHYA-compliant sexual health curriculum. These Peer Advisors are responsible for designing and implementing campus-wide health awareness campaigns/programs that include but are not limited to the following issues and topics: public health, social justice, health disparities, healthy relationships, gender and sexual orientation, HIV/STD prevention, consent, substance use prevention, mental health supports, fentanyl awareness, and naloxone administration.

**v. input from family members, students, and instructors who have delivered sexual health education in compliance with CHYA.**

There is currently no systematic mechanism to collect input from family members, students, or instructors who have delivered sexual health education in compliance with CHYA.

**b. Based on the findings in 2a above, this report should also specify any implementation challenges and recommendations for improvement related to CHYA including, but not limited to:**

- i. Funding needed, with cost estimates, to administer sexual health education in compliance with the CHYA;

In Los Angeles County, school districts in lower income communities that often have a higher concentration of students of color may already be challenged by limited resources and may face greater challenges to comply with the requirement. Based on STD surveillance data, these communities may also be experiencing higher levels of STD burden. To remedy these challenges and consistent with health equity goals, additional funding to support sexual health education in schools in lower income communities should be considered including expanding the Peer Health Advocate program described above.

To further advance CHYA related progress, Public Health recommends that your Board appeal to the California Superintendent of Public Instruction, Tony Thurmond, to: 1) require the establishment and maintenance of a statewide monitoring system for CHYA, 2) require a publicly facing dashboard that includes CHYA compliance information by school district and school campus locations, and 3) require health education teachers to be certified. These recommendations are aligned with Superintendent Thurmond's Transforming Schools: Superintendent's Initiatives. As part of Public Health's April 1, 2022 response to your Board's 2021 motion related to the STD crisis, we also recommended that your Board:

“Appeal to the Superintendent of Public Instruction to develop and implement a systematic tracking system to monitor compliance with the 2016 California Healthy Youth Act and implement strategies to address non-compliance with a focus on areas with the highest numbers and rates of chlamydia and gonorrhea” (page 23 of 40).

**ii. Feedback from educators, families, and students regarding CHYA and the effectiveness of sexual health education; and**

The UCLA Fielding School of Public Health (UCLA FSPH) has collected data tied to the effectiveness of CHYA sexual health education. Between May and June 2019, the UCLA FSPH collected data from 515 usable student responses and high-level data collected from a sample of teachers providing CHYA-related instruction across thirteen schools in the Los Angeles Unified School District. The data tied to the Student Assessed Sex Education Standards (SASS) project was presented in February 2021. The results suggested that from a teacher's perspective, CHYA was easy to implement and offered useful and actionable information. Alternatively, the data suggested that students can assess their school's implementation of CHYA.

**iii. Limitations in the delivery or content of sexual health education being administered.**

It is also strongly recommended that comprehensive sexual health and HIV prevention education be taught by instructors trained in the appropriate courses [EC §§ 51934(a),(b)]. This means that instructors must have knowledge of the most recent medically accurate research on human sexuality, healthy relationships, pregnancy, and HIV and other sexually transmitted infections [EC § 51931(e)]. In addition, school districts must provide periodic training to all district



personnel who provide HIV prevention education to enable them to learn new developments in the scientific understanding of HIV.

Additionally, since health education is not a graduation requirement, many school districts do not require comprehensive health education to be taught in middle or high school grades. Instead, there are California Education Code mandates, including CHYA, that are often taught by Physical Education and Science teachers. Public Health understands that both Science and Physical Education teachers across California have expressed concerns of not being adequately equipped to teach such sensitive topics as those covered as part of CHYA, despite receiving curriculum-based training. The lack of credentialed health education teachers and the lack of comprehensive health education courses often results in teachers credentialed in other areas to add CHYA content to an already existing curriculum. Further, the lack of dedicated funding for the staffing or staff supports including training, or certification that may help them feel more comfortable and confident in providing sexual health instruction, hinder implementation of CHYA instruction.

Aside from having a limited number of health education credentialed teachers to implement CHYA curriculum requirements, Public Health understands Science and Physical Education teachers often have their school year mapped out to meet required content standards, leaving supplemental requirements, like CHYA, at the mercy of available end of school year instructional days when there is no time for make-ups if students miss the class.

In addition to credentialing and scheduling barriers, cultural barriers related to family and community acceptance of young lesbian, gay, bisexual, transgender, queer (LGBTQ) persons continue to be a limiting factor in the delivery of comprehensive sexual health education. Both in the United States and around the world, the way in which young LGBTQ persons are perceived and treated is deeply socially entrenched and shaped by longstanding inequitable government policies, colonial legal structures, religious beliefs, and cultural norms about gender and sexuality. In LA County, comprehensive and affirming education that is respectful and affirming of LGBTQ people can still be limited or has only been more widely available in recent decades.

Parental and family acceptance of this type of education varies across communities and may pose greater barriers to supporting young LGBTQ people and promoting their physical, mental, and sexual health. These issues may be addressed with intentional and longer-term partnerships with trusted and locally recognizable religious institutions and community-based organizations, especially to reach communities that have greater cultural stigma or greater barriers to affirming information regarding LGBTQ people and sex.

Mandatory, comprehensive, and inclusive sex education would benefit young LGBTQ persons (and others who have sex with LGBTQ peers) by providing sexual health information relevant to their lives and intimate relationships. In contrast, untrained and/or biased instructors could lead to more harm than good, by contributing to stigma or by providing inaccurate information. Having clear pathways for educator training or outside experts to deliver the content in schools is

important to ensuring students have the information, support, and resources they need to have safe and fulfilling experiences across their lives.

**Directive 3. Instruct the Directors of DHS and Public Health in partnership with managed care plans, and other relevant stakeholders to design a pilot program that implements antenatal syphilis point of care testing for pregnant mothers at-risk of syphilis and report back in writing in 60 days.**

Public Health, DHS, and stakeholders met to discuss the development of pilot efforts to improve syphilis point of care testing for pregnant mothers at-risk of syphilis and other areas to improve syphilis testing and work continues to identify pilot efforts. DHS' review of clinical outcomes for pregnant women at-risk of syphilis supported that screening rates and timeliness of treatment were adequate and that point-of-care testing would not significantly improve outcomes further. DHS and Public Health will continue to monitor the timelines for syphilis test results for persons tested in DHS facilities as part of congenital syphilis case reviews and will continue to work with DHS leadership to address implementation issues as they arise. Public Health also continues to identify, and case manage, persons who deliver newborns and whose reactive syphilis test is confirmed after they have left the hospital. The health plans indicated support of these efforts and agreed to disseminate Public Health STD-related recommendations including but not limited to three site GC/CT testing, CT testing for males, congenital syphilis prevention and control strategies to providers and clients. In addition, Public Health is exploring adding point of care testing in Public Health Centers and through mobile outreach teams. It is expected that these services will go live this spring.

Separately, Public Health is working with DHS Street Mobile Unit teams to deliver technical assistance related to rapid syphilis and HIV tests. Through the use of a Public Health-developed standardized procedure, DHS staff are exploring the use of blood draws for rapid tests, eliminating the need for a second fingerstick, while still allowing for results to be determined within minutes. Based on the rapid results, DHS can expedite syphilis treatment and referrals to HIV care, including for pregnant persons, as needed. Presently, DHS is awaiting expanded laboratory certification to begin the rapid testing services.

**Directive 4. Instruct the Directors of DHS and Public Health to identify the benefits and challenges of including STD testing (including oral, anal, and urine testing, blood tests, and bundled testing) within DHS-operated urgent care centers and emergency room settings, especially those located in high STD-incidence regions, and report back in writing in 60 days.**

DHS operated Urgent Care Centers (UCCs) and Emergency Departments (EDs) currently perform large volumes of STD testing (genital, rectal, pharyngeal) through blood-draws and bundled testing, on patients in these settings. DHS screens patients that are displaying symptoms related to potential STDs as well as patients who are at high risk for STD exposure. In the last 12 months, DHS UCCs and EDs performed over 34,000 STD tests. All reactive STD tests are

immediately reported by DHS to Public Health, and treatment is initiated in coordination with Public Health and often, with the patient's primary care provider. Partner notification, testing and treatment is also a part of the STD service.

DHS and Public Health continue exploring opportunities to increase population-based, Emergency Department STD screening for syphilis in women of childbearing age. This approach would be a highly coordinated "opt-out" testing process that could identify asymptomatic patients with syphilis and an important component of a public health strategy to reduce the incidence of congenital syphilis. DHS and Public Health are currently mapping out the next implementation steps with a planned launch in 2023; currently DHS is seeking County Counsel expertise on certain legal issues concerning patient notification and consent.

**Directive 5. Direct the Directors of Public Health and DHS to review their existing processes for sexual health screening and identify challenges and solutions to delivering screenings as it relates to asymptomatic people, young people, people with no pre-existing health conditions, and other target demographics who may not visit a provider or clinic frequently.**

#### DHS Initiatives

STD screening is currently offered in all DHS primary care clinics for both symptomatic and asymptomatic patients. STD screenings are offered to new patients, during annual check-ups, and to any patient who presents with symptoms that are concerning and demonstrate potential for an STD. At DHS sites, the challenges to STD screening include the numerous competing health priorities addressed at primary care visits, potential stigma associated with screenings, and the increased number of DHS-responsible patients who should be screened and have not yet been seen in the DHS system.

In response to these challenges at DHS sites, the current performance improvement efforts for screening include provider education during Primary Care Clinical Quality meetings, the use of "Hot Sheets" developed to clarify STD screening workflows, the use of Standardized Procedures for STD screening to increase STD screening levels by nursing staff, and the use of electronic medical record (EMR) alerts to remind care teams when STD screening is due. Within DHS, future STD-related performance improvement efforts include: 1) using registry reports to identify patients due for STD screening, 2) improving targeted outreach efforts, and 3) increasing patient awareness of the need for STD screening through both the DHS website and the LA Health portal.

#### Public Health Initiatives

In addition to providing sexual health screenings at Public Health Centers and at Student Well-being Centers, Public Health will continue to support the diverse portfolio of STD-related contracts with more than a dozen community-based organizations that provide STD screening, diagnosis, and treatment services; STD education and service promotion services; STD-related community engagement and mobilization services; and STD provider training and technical assistance services. The client-directed services are targeted to sub-populations who are either at

elevated risk for STDs, disproportionately impacted by STDs, or who live in areas with high STD morbidity, including young persons, gay and bisexual men, transgender persons, communities of color, and persons experiencing sub-optimal health care access patterns. In addition, Public Health is working with health plans to ensure reimbursement for covered STD services while protecting patient confidentiality and addressing other financial barriers such as co-pays and laboratory fees given these have been identified by community partners as barriers for clients and challenges for providers.

### DMH Initiatives

DMH's Countywide Engagement Division Field Teams are focused on engaging individuals who are not receiving social and/or medical services necessary to support optimal health. Populations of focus for these programs include individuals experiencing unsheltered homelessness; individuals recently released from correctional institutions; veterans; individuals with high rates of recidivism in psychiatric hospitals; and individuals at high risk for becoming homeless.

Separately, the DMH Transition Age Youth (TAY) Navigation Team is a field-based team of clinicians and housing specialists who work to engage and link TAY to mental health and other needed resources, including longer term permanent housing for those in need. The Navigation Team will disseminate STD-related information and resources in the TAY Enhanced Emergency Shelter locations and countywide drop-in centers to educate this vulnerable population.

DMH will also ensure that the Field Teams and Navigation Teams incorporate STD education, awareness, and referrals into their service portfolio.

As a complement to the efforts of these two DMH-based teams, volunteers within DMH will be trained to disseminate STI/STD information throughout LA County to vulnerable, underserved populations in a culturally sensitive manner. These volunteer networks include:

- Wellness Outreach Workers (WOW) - DMH-badged volunteers with lived experience who provide peer support in directly operated programs and partner with treatment teams to assist clients on their path to wellbeing and recovery.
- Promotores de Salud (Promotores) – Trained community health workers that aim to address mental health stigma particularly in historically underserved cultural and linguistic communities by increasing mental health awareness, removing barriers, and improving timely service access. The Promotores offer a menu of [15 trainings](#).
- Community Ambassador Network - Community Ambassadors are individuals hired and trained to serve as “lay” mental health workers. They engage and support community member to access needed services/supports, build community capacity, and develop local resources. Community Ambassadors provide trainings based on unique requests or needs of the community.

*Perspectives from CEO ARDI*

As noted in Public Health reports, specific sexual and gender communities (including several sub-populations of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities) as well as communities of color, are disproportionately impacted by STDs. This includes heightened incidence among specific communities, including but not limited to Black/African American men and women; Latinx communities; gay, bisexual, and other men who have sex with men (MSM); and transgender persons.

Public Health and the vast network of community providers are working together to improve the provision of culturally appropriate and accessible services to reach populations at higher risk, acknowledging the importance of addressing the socio-political conditions and attitudes that place people at higher risk via the social determinants of health. Social determinants of health with a nexus to the sustained and rising rates of STDs include inequitable access to affordable, culturally responsive, high-quality healthcare, housing insecurity, limited access to education and employment opportunities that lead to jobs with health benefits and a livable wage, contact with the criminal justice system, limited social connection, and underinvestment in historically marginalized communities. These socio-economic barriers disproportionately impact LGBTQ individuals and people of color, due to systemic, institutional, and provider-level biases that are compounded by the impacts of racism, sexism, classism, homophobia, and transphobia.

Increased funding for STD prevention and control efforts from our federal partners is important and funds must be equitably allocated within the County to ensure adequate investment by geographic communities and providers who appropriately serve populations at greatest risk, including those with expertise in intersectional communities who experience layered and compounding risks, such as Black/African American men and women; Latinx communities; gay, bisexual, and other men who have sex with men; and transgender persons.

To reach populations for which “mainstream” resources may not adequately or appropriately serve, public health practitioners and community-oriented providers should continue to utilize creative strategies for disaggregated data collection, community-defined expertise, and outreach. Tools including the Equity Explorer Mapping Tool can be leveraged to inform funding decisions by identifying areas of greatest need based on service gaps and affected populations. Strong considerations for funding advocacy must also look beyond direct services (i.e., HIV/STD prevention and treatment services, substance use disorder treatment, federally qualified health centers) to explore additional upstream investments in cultural brokers and other culturally appropriate liaisons to help individuals navigate the healthcare system or connect them with relevant resources and to promote structural reform that address social determinants of health, thereby reducing specific risk to STDs and supporting overall health and wellbeing. This will warrant a more expansive and integrated legislative approach, as well as a reduction in traditional funding streams.

These social determinants of health and equity strategies have largely influenced the development and implementation of the County’s STD programming for well over the past decade. All these strategies continue relying on strong partnerships with relevant stakeholders

including community-based advocacy organizations and community members with lived expertise navigating services to jointly advocate for more local, state, and federal funding, co-design strategic planning efforts, and inform equitable funding priorities.

Public Health will continue to partner with community stakeholders, advocates and service delivery partners to appeal for and advance more integrated budget and policy proposals (e.g., DHSP's partnership with the California Ending the Epidemics Coalition focused on HIV, STDs, Hepatitis and Substance Use and advocating for public health infrastructure funding at the state, federal, and local level), and support programs and services that offer more holistic approaches to improve health care navigation and social connectedness among vulnerable populations (e.g., DHSP-funded Wellness Centers for Young MSM and Wellness Centers for Transgender Persons).

**Directive 6. Direct the Directors of Public Health, DHS and DMH in partnership with local managed care plans to improve messaging to increase Pre-Exposure Prophylaxis uptake.**

Public Health will continue supporting the fourteen community-based PrEP Centers of Excellence that serve more than 3,200 clients annually throughout the County. PrEP is also available at Public Health Centers providing STD services and Public Health is exploring implementing a tele-PrEP program in the coming months. In addition, Public Health will continue supporting community-wide service awareness and service promotion efforts through the [www.getprotectedla.com](http://www.getprotectedla.com) and the [www.getprepla.com](http://www.getprepla.com) websites.

DHS will work with both Public Health and local managed care plans to amplify PrEP messaging, PrEP access, and PrEP persistence. DHS will enhance PrEP communication efforts by distributing PrEP informational material to DHS-empaneled patients and clients.

DMH will distribute condoms and educational materials on how clients can access PrEP to Countywide Engagement Division's field-based teams.

Public Health will continue to work with the cross-section of Managed Care Health Plans that operate in LA County to adopt Public Health STD-related recommendations tied to PrEP promotion for HIV at-risk clients, STD screening (including three-site screening for gonorrhea and chlamydia for gay and bisexual men, transgender persons, and other at-risk groups), and syphilis and congenital syphilis control efforts. In the near term, Public Health will be working with Health Plans to develop briefs targeted to plan partners and clinicians summarizing current sexual health related practice recommendations.

**Directive 7. Direct the Directors of Public Health, DHS and DMH, in coordination with the Alliance for Health Integration, local managed care plans, and other relevant stakeholders to identify opportunities for improving Healthcare Effectiveness Data and Information Set measures or other related metrics tied to evaluating a health provider's provision of medically appropriate STD services, and report back in writing in 60 days.**

All DHS Primary Care Clinics are continuously working to meet established performance benchmarks, including those tied to Healthcare Effectiveness Data and Information Set (HEDIS) measures related to chlamydia screening for young sexually active women between 16 and 24 years. DHS has delivered provider education through the Primary Care Clinical Quality meetings and has created a Standardized Procedure for Chlamydia screening to promote screening delivered by DHS nursing personnel. The DHS Chlamydia Hot Sheet is currently being revised to further clarify screening workflows and increase testing. Within DHS, provider leads have been identified for performance improvement and leaders are working with low-performing sites to identify barriers to STD screenings and to identify best practices for enhancing screening rates within DHS service sites.

As part of its renewed partnership, and in response to the nexus between mental illness, substance use disorder, HIV, and syphilis risk, Public Health and DMH will:

- Schedule STD presentations for community members in all DMH Service Areas including partners at Health Neighborhoods and Service Area Leadership Teams (SALT) target sites;
- Deliver STD training to Countywide homeless outreach teams (DMH, DHS Housing for Health, Housing for Health contractors, and LAHSA);
- Ensure that DMH directly operated clinics have condoms available in the lobby for consumers and family members;
- Ensure that DMH directly-operated clinics serve consumers of all ages, providing MH services, medication services, therapy, and a variety of other treatment modalities; and
- Distribute condoms and educational materials related to PrEP services, including through service promotion tied Countywide Engagement Division's field-based teams.

**Directive 8. Direct the Director of Public Health to include reports on implementation progress in its quarterly STD updates.**

Public Health will include implementation progress in the Quarterly STD Updates to your Board. The last report was submitted on September 26, 2022.

**Additional Information Requested by Your Board**

*STD Data by Geographic Area*

Public Health has developed the first iteration of a publicly facing dashboard to provide surveillance information related to syphilis, congenital syphilis, and gonorrhea. The dashboard, created using the interactive data visualization software Power BI, is embedded in the Public Health website and is updated each month to display the latest morbidity data in LA County. The dashboard compares cases diagnosed in 2021 with 2019 and 2020. The second section of the dashboard breaks out cases by demographic characteristics for cases reported in 2019, 2020 and 2021. In the last section of the dashboard, cases are presented by geographic area, including across the eight service planning areas and the 26 health districts. The dashboard is accessible here: <http://publichealth.lacounty.gov/dhsp/dashboard.htm>.



*Addressing Funding Needs to Respond to the County's STD Crisis*

As shared in previous reports to your Board, Public Health relies on several relatively small state, federal, and local investments to support STD control efforts in one of the largest and most impacted jurisdictions in the country. Over the last several years, in response to the year-to-year increases and now record levels of STDs across the United States, California, and locally, there has been a significant increase in the number and diversity of budget and legislative proposals made to help support and expand STD control efforts to achieve a level of reach and impact that is commensurate with the scope and trajectory of the crisis. These appeals have not yet resulted in adequate funding. Due to the resource gaps, several areas of unmet need tied to local STD control efforts persist and can be grouped across four main areas: Surveillance, Disease Control, Communications, and Resource Coordination. With adequate funding, Public Health could better support and enhance local STD control efforts (please see Attachment 2):

- **Disease Control:** Improve disease control efforts by:
  - Maintaining the current level of contract investments with community-based organizations as part of the STD Screening, Diagnosis and Treatment Services, STD Express Clinic and commercial sex venue portfolios;
  - Expanding syphilis and congenital syphilis control efforts to include engagement of pregnant persons with syphilis during and post-pregnancy; supporting Emergency Department and Labor & Delivery partners in high impact areas; expanding the bicillin delivery program to improve syphilis treatment rates; supporting provider visitation efforts to improve screening and treatment levels, and; supporting housing and homeless healthcare providers with vouchers for pregnant persons and rapid syphilis test kits;
  - Expanding the patient delivered partner therapy (PDPT) program;
  - Expanding the home STD testing effort;
  - Improving STD screening levels among health plans operating in LA County; and
  - Developing new partnerships with commercial and specialty pharmacies to improve STD screening efforts.
- **Communications:** Improve STD-related knowledge, awareness, compliance, and action among consumers, health care providers, health plans, school-based partners, and other stakeholders through a multi-pronged communication and engagement strategy. This will be best accomplished through contracts with trusted community organizations.
- **Resource Coordination:** Support the development of a strategy that identifies and coordinated all available public and private sector human and financial resources that could be leveraged to improve STD control efforts, including but not limited to:
  - Public and commercial health plans;
  - Federally qualified health centers (FQHCs) and community health centers that provide services to low-income residents throughout LA County;
  - Health care providers that provide sexual health services to persons seeking family planning services financed by California's Family PACT program;

- Public Health's STD and Sexual Health Clinics;
  - DHS-operated ambulatory care, comprehensive health center, and hospital-based clinics;
  - Ryan White Program-supported providers that deliver services to persons living with HIV;
  - Community-based specialty STD providers that provide low-barrier walk-in STD screening, diagnosis, and treatment services;
  - Jail-based STD services delivered by DHS and Public Health; street medicine and mobile testing unit-based STD services to persons experiencing homelessness;
  - School-based Wellbeing Centers that provide access to screening, diagnosis, and treatment services for gonorrhea and chlamydia; and
  - Private health care providers' residents at elevated risk for STDs or who live in geographic areas with the highest levels of infection.
- **STD Surveillance:** Increase capacity to ensure enhanced congenital syphilis evaluation, data analysis, and monitoring disease trends (syphilis, congenital syphilis, gonorrhea, and chlamydia) across racial/ethnic, age, gender and behavioral risk groups and geographic areas. Expanded surveillance capacity will allow Public Health to continue implementing a data-to-action strategy to inform program recommendations in a more timely manner.

As part of a new investment of Tobacco Settlement Funds identified by your Board and recently approved syphilis and congenital syphilis resources from the California Department of Public Health, Public Health would continue to support community-based STD screening, diagnosis, and treatment contracts through calendar year 2024 and expand targeted syphilis and congenital syphilis efforts.

With additional investments in STD control efforts, Public Health would further diversify the existing portfolio (e.g., sustained engagement and partnerships with public and commercial Health Plans and school districts and systems); increase the scale of promising STD interventions currently being funded (e.g., patient delivered partner therapy, clinical provider outreach and education, home STD testing); and support staffing levels consistent with the breadth and complexity of the STD crisis (e.g., high-level strategists, health program analysts, surveillance staff, social workers, and nurse practitioners).

Public Health will work with the CEO and Legislative Affairs and Intergovernmental Relations to continue to identify opportunities for expanded resources for STD efforts and public health infrastructure to support prevention-based efforts that address social determinants of health and equity.

As always, Public Health will continue to keep your Board updated on developments related to our local STD control efforts and advocacy efforts. If you have any questions or need additional information, please let me know.

BF:RS:mjp

Attachments

c: Chief Executive Office  
Acting County Counsel  
Executive Officer, Board of Supervisors  
Los Angeles County Office of Education  
Health Services  
Mental Health



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
County Health Officer

**MEGAN McCLAIRE, M.S.P.H.**  
Chief Deputy Director

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**BOARD OF SUPERVISORS**

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October 24, 2022

The Honorable Judy Chu  
U.S. House of Representatives  
2423 Rayburn House Office Building  
Washington, DC 20515

**Re: Federal Fiscal Year 2023 Appropriations**

Dear Representative Chu:

Thank you for your leadership and support of public health measures that advance the health and well-being of Los Angeles County residents. On July 28, 2022, the Senate Appropriations Committee released the Labor, Health and Human Services (Labor-HHS) bill that includes important investments that strengthen public health in our communities. We highlight critical priorities for the Los Angeles County Department of Public Health (LA County Public Health) and respectfully urge your support for these requests in ongoing budget and appropriations negotiations.

Local Public Health Infrastructure

LA County Public Health respectfully requests support for critical investments in core public health infrastructure and data modernization.

- Appropriations bill: Labor, Health and Human Services, and Education
- Specific agency: CDC
- Amount proposed in the President's FY 2023 budget: \$600,000,000 in core public health infrastructure and \$200,000,000 in public health data modernization.
- Amount in the House FY 2023 L-HHS bill: \$750,000,000 in core public health infrastructure and \$250,000,000 in public health data modernization.
- Amount in the Senate Appropriations FY 2023 L-HHS bill: \$600,000,000 in core public health infrastructure, \$200,000,000 in public health data modernization, and \$97,000,000 for the public health workforce.

While LA County Public Health advocates for \$1.15 billion for the Centers for Disease Control and Prevention (CDC) for public health infrastructure, public health data modernization, and public health workforce and career development, we urge your support at a minimum for the

House's FY 2023 L-HHS appropriation level for \$750 million in core public health infrastructure and \$250 million in public health data modernization.

While Federal and State resources for the COVID-19 response have been essential for our ongoing pandemic response activities, investments are urgently needed to rebuild capacity and bolster a chronically underfunded system to protect our nation beyond this current crisis and emerging ones. Due to the prolonged underinvestment by the Federal and State governments in local public health infrastructure, there has been a steady decline in the public health workforce, scientific expertise, clinical capacity, data systems, and the ability to respond to diverse and dynamic community needs. The ongoing COVID-19 pandemic response and the recent monkeypox public health emergency have exacerbated the shortage of these resources. LA County Public Health, like many other local health departments across California, was forced to divert substantial resources from critical public health services for COVID-19 response activities, such as emergency operation coordination, public information and warning, epidemiology and surveillance, infection control and prevention, laboratory services, vaccine dispensation, pharmaceutical, and non-pharmaceutical interventions, patient care and management, environmental services, and community outreach. While maintaining this infrastructure, we are now responding to the monkeypox communicable disease threat, and stretching critical resources even further, including redirecting staff to protect residents against this latest public health crisis.

In LA County, these public health infrastructure resources could be used immediately for critical areas, distinct and separate from the COVID-19 response, including but not limited to: monkeypox response activities including testing, treating, vaccinations, contact tracing, outreach and engagement, data and inventory management, quarantine and isolation housing and support services, and communications; tuberculosis control and prevention efforts including surveillance, laboratory, case management, clinical care, contact tracing, and outbreak detection and response; other communicable disease control, through investments to support core staff, information infrastructure, improved efforts at environmental sanitation and better alignment with existing partners to prevent diseases such as shigella, giardia, hepatitis A, West Nile Virus, Valley fever, typhus and influenza; sexually transmitted disease (STD) screening and treatment services, to address the rising needs and the largely uncontrolled rates of syphilis, congenital syphilis, gonorrhea, and chlamydia in LA County; and chronic disease control and prevention efforts, to meaningfully address conditions like diabetes, hypertension, obesity, and smoking/vaping, in low-income communities and communities of color.

#### Substance Abuse Prevention and Treatment Block Grant

LA County Public Health respectfully requests increased investments for the Substance Abuse Prevention and Treatment Block Grant (SABG) to support substance use prevention, harm reduction, treatment, and recovery support services.

- Appropriations bill: Labor, Health and Human Services, and Education
- Specific agency: Substance Abuse and Mental Health Services Administration (SAMHSA)
- Amount in final FY 2022 appropriations: \$1,908,079,000

- Amount proposed in the President's FY 2023 budget: \$3,000,000,000
- Amount in the House FY 2023 L-HHS bill: \$2,400,000,000
- Amount in the Senate Appropriations FY 2023 L-HHS bill: \$2,400,000,000

Like counties across the nation, LA County is experiencing a drug overdose and overdose death crisis. SABG is a critical and essential funding source that supports the delivery of prevention, harm reduction, and treatment services not funded through Medicaid to income-eligible youth, young adults, and adults. As such, SABG funding helps County residents receive a full continuum of substance use disorder (SUD) prevention and treatment services in the face of increasing and alarming SUD and overdose rates. In LA County, SABG supports residential room and board costs not reimbursable under Medicaid, perinatal-focused services, and expanded services like Recovery Bridge Housing (RBH), and Client Engagement and Navigation Services (CENS), among other things.

#### Public Health Emergency Preparedness (PHEP)

LA County Public Health respectfully requests your support for increases in PHEP cooperative agreement grants for local health departments to plan and respond to public health emergencies.

- Appropriations bill: Labor, Health and Human Services, and Education
- Specific agency: CDC
- Amount in final FY 2022 appropriations: \$715,000,000
- Amount proposed in the President's FY 2023 budget: \$638,000,000
- Amount in the House FY 2023 L-HHS bill: \$735,000,000
- Amount in the Senate Appropriations FY 2023 L-HHS bill: \$740,000,000

Although LA County Public Health's request is for \$1 billion for the CDC for PHEP grants, we urge your support at a minimum for the Senate's L-HHS appropriation level of \$740 million in PHEP.

PHEP grants strengthen local and state public health departments' capacity and capability to plan for, respond to, and recover from public health emergencies. The CDC's PHEP Cooperative Agreement funding has allowed local health departments like LA County Public Health to build and sustain skilled personnel and capabilities necessary to respond to a broad range of emerging and re-emerging public health threats, including infectious disease outbreaks such as measles, hepatitis, and typhus, weather-related threats such as heatwaves, wildland-urban fire and mudslides, and global threats such as COVID-19, monkeypox, Ebola, Zika, pandemic flu, and bioterrorism attacks. The funding will be used to prepare to respond to the growing number, frequency, and severity of threats that the State faces.

COVID-19 has had an overwhelming impact and exceeded existing resources available to the jurisdiction. LA County Public Health received \$20.7 million in FY 2021-22 for the PHEP grant from the CDC. LA County bears considerable responsibility for protecting the nation through our local HHS Region IX National Biocontainment Center for treating bioterrorism and emerging

infectious disease cases, supporting the CDC's Quarantine Station at LAX for ill travelers, and maintaining LA County Public Health's Public Health Laboratory capacity as part of CDC's Laboratory Response Network, one of only two advanced public health laboratories in California equipped for the rapid analysis and identification of a wide range of emerging diseases and bioterrorist agents. Super Bowl LVI was recently held in LA County, and multiple large-scale, high-visibility events frequently occur, which requires that LA County Public Health maintain a robust bioterrorism readiness program. Additional funds are needed to prepare to respond to the growing number, frequency, and severity of threats that the County faces.

#### Sexually Transmitted Disease Prevention and Treatment

LA County Public Health urges increased investments for STD prevention and treatment programs and respectfully requests \$272.9 million, an increase of \$108.6 million from the final FY 2022 appropriations.

- Appropriations bill: Labor, Health and Human Services, and Education
- Specific agency: CDC
- Amount in final FY 2022 appropriations: \$164,300,000
- Amount proposed in the President's FY 2023 budget: \$161,810,000
- Amount in the House FY 2023 L-HHS bill: \$179,300,000
- Amount in the Senate Appropriations FY 2023 L-HHS bill: \$179,300,000

LA County is experiencing the highest annual reported cases of syphilis, congenital syphilis, gonorrhea, and chlamydia. This trend is consistent with the rise in STD rates reported over the last decade across the United States, many parts of California, and LA County. Among the most troubling trends in LA County are the increases in syphilis and congenital syphilis. There has been a 450 percent increase in syphilis rates among females and a 235 percent increase in males in the last decade. Congenital syphilis rates have increased by more than 1,100 percent in less than a decade, with 122 congenital syphilis cases reported county-wide in 2020 compared to 88 in 2019, and just 10 in 2010. Funding will bolster critically needed STD prevention and treatment efforts to address the STD crisis across California.

Social inequities beyond those tied to health care access and quality, including but not limited to economic stability, education access and quality, neighborhood and built environment, and social and community factors, have influenced the rise in STDs over the last decade. These factors have contributed to sharper increases in morbidity, including among women of color, pregnant women, newborns, persons who inject drugs, and persons experiencing methamphetamine use disorder.

On August 2, 2022, the LA County Board of Supervisors passed two motions in response to the alarming STD epidemic and requested additional federal and state resources to combat the STD epidemic, including additional local funding through the CDC, the Substance Abuse and Mental Health Services Administration, and Health Resources and Services Administration. In addition to the increases to CDC STD funding specified above, we also respectfully request increases in STD-specific funding through the SABG, given the strong nexus between substance use and STD



risk, and morbidity, and increased funding through Health Resources and Services Administration through its grants to support Federally Qualified Health Centers (Bureau of Primary Health Care) and the Ryan White Program (HIV/AIDS Bureau) given the intersection of populations at risk for syphilis who are also at elevated risk for HIV.

Unlike the historic domestic response to HIV/AIDS or the recent national response to COVID-19, the STD crisis has not had the benefit of 1) year-to-year increases in federal appropriations commensurate with the increase in morbidity, 2) significant new investments of federal funds made available as part of the launch of new national strategies or initiatives, 3) disease elimination efforts with longevity (the CDC's 2008 Syphilis Elimination Program only lasted two years before funding was suspended amid the recession), and 4) an infusion of resources to undergird more than one part of the STD control efforts while resources to support other core STD control infrastructure areas (e.g., surveillance, testing technology, social marketing, provider detailing) remain elusive.

Once again, we appreciate your consideration of these critical funding requests. Thank you for your steadfast leadership and commitment to supporting LA County residents.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Barbara Ferrer', with a stylized, flowing script.

Barbara Ferrer, Ph.D., M.P.H., M.Ed.  
Director

County of Los Angeles – Department of Public Health  
Funding Needed to Respond to the County’s STD Crisis by Tier

The items listed below describe interventions needed to respond to the current STD crisis and are listed across four key areas: Disease Control, Communications, Resource Coordination and Surveillance. The total costs for all proposed activities in Tiers I, II and III is \$19.25 million. Public Health has submitted an unmet need request in the recommended budget cycle for Tier I funding amounts.

	Disease Control	Communications	Resource Coordination	Surveillance	Funding Amount
Tier I	<p><b>(\$1.0M for S&amp;EB and \$7.5M for S&amp;S)</b></p> <ul style="list-style-type: none"><li>• Maintain the current level of contract investments with community-based organizations as part of the STD Screening, Diagnosis and Treatment Services, STD Express Clinic and commercial sex venue portfolios</li><li>• Expand syphilis and congenital syphilis efforts, with a focus on pregnant persons with syphilis during and post-pregnancy<ul style="list-style-type: none"><li>○ supporting Emergency Department and Labor &amp; Delivery partners in high impact areas</li><li>○ expanding the Bicillin delivery program to improve syphilis treatment rates</li><li>○ supporting provider visitation efforts to improve screening and treatment levels</li><li>○ supporting housing and homeless healthcare providers with vouchers for pregnant persons and rapid syphilis test kits</li></ul></li><li>• Expand PDPT with provider trainings, technical assistance sessions and medication</li><li>• Improve syphilis screening among health plans</li><li>• Increase condom accessibility</li><li>• Work with all prenatal care providers and birthing hospitals that have reported a congenital syphilis case to offer and provide technical assistance, review the expanded screening recommendations and review missed opportunities to prevent CS.</li><li>• Provide intensive client case management to clients who are facing a complex set of issues (e.g., substance use, mental health, homelessness) that preclude them from adopting health promotion behaviors and/or successfully linking to critical prevention and treatment services. These services demand collaboration and coordination across various sectors and among persons with different areas of expertise including<ul style="list-style-type: none"><li>○ social workers</li><li>○ medical care providers</li><li>○ community health workers</li><li>○ Public Health Investigators</li><li>○ Public Health Nurses.</li></ul></li><li>• Modernize Public Health STD Clinics</li></ul>	<p><b>(\$0.75M for S&amp;S)</b></p> <ul style="list-style-type: none"><li>• Improve STD-related knowledge, awareness, compliance, and action among health care providers through intensive public health detailing with providers</li><li>• Improve STD-related knowledge, awareness, compliance, and action among health plans</li><li>• Increase PDPT knowledge, awareness, and action, particularly among County-based and community-based clinicians and pharmacists.</li></ul>		<p><b>(\$0.25M for S&amp;EB and \$0.5M for S&amp;S)</b></p> <ul style="list-style-type: none"><li>• Increase the number of surveillance staff for enhanced syphilis and congenital syphilis evaluation and data analysis.</li><li>• Enhanced compliance with syphilis and congenital syphilis disease reporting</li><li>• Enhance geo-mapping plus detection capacity</li><li>• Improve monitoring and compliance of key STD-performance metrics (e.g., HEDIS measure for chlamydia, 1st and 3rd trimester screening for syphilis among pregnant persons, EPT utilization</li><li>• Enhance analysis to understand and frame the relationship between substance use disorders and STD rates.</li><li>• Incorporate additional tools in future iterations of the dashboard to optimize the functionality including Equity Explorer, features of the Clear Impact Scorecard and Story Mapping Technology.</li></ul>	<b>\$10M</b>

County of Los Angeles – Department of Public Health  
Funding Needed to Respond to the County’s STD Crisis by Tier

	Disease Control	Communications	Resource Coordination	Surveillance	Funding Amount
Tier II	<b>(\$2.0M)</b> <ul style="list-style-type: none"> <li>Expand Home Testing for gonorrhea and chlamydia</li> <li>Expand pharmacy-based testing services</li> <li>Collaborate with health care delivery partners, health systems, and health plans to establish baseline screening rates for sub-populations at elevated rates for STDs.</li> </ul>	<b>(\$2.0M)</b> <ul style="list-style-type: none"> <li>Improve STD-related knowledge, awareness, and action among consumers.</li> </ul>	<b>(\$0.5M)</b> <ul style="list-style-type: none"> <li>Support the development of a strategy that inventories all available public sector and private sector human and financial resources that could be leveraged to improve STD control efforts and their performance and opportunities for improvement.</li> </ul>	<b>(\$0.75M)</b> <ul style="list-style-type: none"> <li>Increase the number of surveillance staff for gonorrhea and chlamydia evaluation and data analysis.</li> <li>Enhanced compliance with gonorrhea and chlamydia disease reporting</li> <li>Enhance geo-mapping plus detection capacity</li> </ul>	<b>\$5.25M</b>
Tier III	<b>(\$2.0M)</b> <ul style="list-style-type: none"> <li>Developing new partnerships with commercial and specialty pharmacies to improve STD screening efforts.</li> <li>Enhance testing at school-based wellbeing centers</li> <li>Expand street medicine and mobile testing unit-based STD services to persons experiencing Homelessness</li> <li>Expand Jail-based STD services</li> </ul>	<b>(\$2.0M)</b> <ul style="list-style-type: none"> <li>Improve STD-related knowledge, awareness, compliance and action among school-based partners and other stakeholders.</li> <li>Work with LACOE to enhance CHYA requirements in schools</li> <li>Conduct community engagement forums</li> </ul>			<b>\$4M</b>



## LOS ANGELES COUNTY COMMISSION ON HIV



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

December 6, 2022

To: Planning, Priorities and Allocations (PP&A) Committee  
From: Aging Caucus Co-Chairs  
Re: Augmentation of Existing Ryan White Services to Meet the Needs of Older Adults with HIV

The Ryan White Program Year 31 Care Utilization Data Summary Report provided by the Division of HIV and STD Programs (DHSP) to the Planning, Priorities and Allocations (PP&A) Committee on September 27, 2022, showed that from Year 27 to Year 31, the proportion of Ryan White Program (RWP) clients aged 60 years and older has continued to increase, from 13.2% in Program Year (PY) 27 to 17.6% in PY 31. Furthermore, DHSP estimates that by 2027 (PY 37) more than 50% of the RWP will be aged 50 years and older. By PY 40, the Los Angeles County Ryan White HIV care system will have more than 53% of people aged 50 and older.

The Aging Caucus believes that the time to act is now and that there are actions the County may take within its existing administrative framework to augment services. We recommend that the PP&A Committee collaborate with DHSP to enhance the payment structure for services rendered to older adults living with HIV as they may require more frequent, longer, and more intensive and individualized medical visits and routine care to maintain their overall health as they progress in the age continuum.

We recommend augmentation of existing contracts to fund:

- nutritional services for older adults with HIV under the ambulatory/outpatient and Medical Care Coordination (MCC) programs
- depending on a clinic's client population and needs, a gerontologist to review medical records and assess needs for mental health, polypharmacy, social support, mobility, cognitive functioning, and other markers of overall health and quality of life
- additional HIV and aging assessments and provide training for non-gerontologist MCC staff to conduct assessments.
- programs that provide remedial/physical therapy or exercise to mitigate frailty, promote physical activity, and enhance social support networks.



## **ADDENDUM TO AGING CAUCUS (Formerly Aging Task Force) RECOMMENDATIONS**

### ***Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50***

**Final Approved by Aging Caucus 12/6/22; 01/26/23 Executive Committee Approval**

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**Background and Purpose:** The Aging Task Force was formed in 2019 to address HIV and aging and completed a set of recommendations to enhance data collection, research, improve service delivery for HIV/STD prevention and care for older adults living with HIV, and increase community awareness and support for the unique and complex needs of PLWH over 50 years of age. In addition, the Aging Task Force developed the HIV and care framework to articulate key health screenings that would aid in providing comprehensive care for PLWH over 50.

In keeping with the Aging Caucus' commitment to treating the recommendations as a *living document*, the group has developed this addendum to recognize that the spectrum of disease and onset of health issues can occur at different ages, and to be inclusive of long-term survivors (LTS) under 50 years old and those who acquired HIV perinatally (may also be referred to as vertical transmission). These recommendations were derived from speaker presentations, scientific articles, and feedback from Commissioners and the community at large. Furthermore, the Aging Caucus recognizes that the themes of the original set of recommendations (ongoing research and assessment, workforce and community education and awareness, and expansion of HIV/STD prevention and care services) also apply to achieving optimal health for PLWH under 50 who are experiencing accelerated aging.

### **Cross-cutting recommendations**

- Conduct targeted studies and data collection on how accelerated aging affects long-term survivors under 50 years of age
- Expand benefits counseling (from all program types, not just Ryan White funded) to include long-term planning and how to transition into Medicare
- Expand counseling services to include self-advocacy for care and treatment options
- Assessments for older PLWH may need to be discussed with the medical provider earlier in age/lifespan
- Consider using biomarker testing for long-term survivors under 50 to determine the rate and impact of accelerated aging.
- Work with providers to look for opportunities to address health inequities early in the lifespan.



### **Research and treatment for youth and individuals under 50 who identify as LTS**

- Utilize multimodal and combination strategies and approaches to whole-person care and treatment
- Assess individual response to anti-retroviral treatment (ART) and monitor appropriate adjustment and modification in dosing and frequency.
- Assess and monitor ART resistance and make customized adjustments that address the individual needs of the patient.
- Use different delivery modes and strategies such as telehealth, dedicated teen clinics, women's clinics, technology, age-specific and intergenerational support groups, music, art, and multi-media communications.
- Support research on monoclonal antibody drug treatment for long-term survivors under 50
- Administer/offer vaccines for vaccine-preventable diseases as a part of comprehensive care across the lifespan
- Support research on the impact of latency-reversing agents for LTS and PLWH who acquired HIV perinatally. One of the main obstacles to curing HIV infection is that the virus can remain hidden and inactive (latent) inside certain cells of the immune system (such as CD4 cells) for months or even years. While HIV is in this latent state, the immune system cannot recognize the virus, and antiretroviral therapy (ART) has no effect on it. Latency-reversing agents reactivate latent HIV within CD4 cells, allowing ART and the body's immune system to attack the virus. Currently, latency-reversing agents are still under investigation and have not been approved by the Food and Drug Administration (FDA).
- Collaborate with LTS in identifying strategies for improved engagement and retention in care.
- Integrate behavioral and community interventions with clinical care
- Optimize care models by offering a diverse menu of wellness and preventive care services
- Support alternative venues for care delivery
- Expand the use of technology to deliver personalized care
- Research and clinical practice should examine the dynamic nature of epigenetic age, through examinations of differences in viral load over time, or how interventions leading to improved adherence impact epigenetic age<sup>1</sup>.

### **Screening, Education and Counseling**

- It is important to screen for and address comorbidities with prevention and early treatment.
- Take good health and wellness history and assess risk factors for:
  - Hypertension and cardiovascular disease
  - Diabetes
  - Mental health

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<sup>1</sup> Epigenetic age is a biomarker of aging previously reported to be associated with age-related disease and all-cause mortality. Horvath S. DNA methylation age of human tissues and cell types. *Genome Biol.* 2013;14(10):R115-R115. doi:[10.1186/gb-2013-14-10-r115](https://doi.org/10.1186/gb-2013-14-10-r115)

- Sexually Transmitted Infections (STIs)
  - Physical activity
  - Obesity
  - Tobacco
  - Substance use
  - Sexual health
  - Daily and general life activities
  - Diet
  - Helmets
  - Firearms and exposure to violence and injury
- Include a detailed family history and family and social support systems in patient assessments and treatment plans
- Include physical examination in clinical visits
- Provide education for patients and staff in understanding the needs of LTS under 50. Providers must be aware of their unique milieu and potential comorbidities to optimize care and outcomes
- Offer counseling and health education on:
  - Nutrition
  - Exercise
  - Smoking (cigarettes, vaping, cigarillos, e-cigarettes)
  - Substance and alcohol use
  - Sex
  - Weight loss
  - Lifestyle modification
  - STI counseling, screening and treatment
  - Family planning
  - Immunizations
- Link LTS to services and support groups to reduce isolation and link LTS with other PLWH to build community and a sense of belonging and empowerment.





## IN MEMORIAM OF MARY LUCEY & NANCY MACNIEL

### MARY LUCEY

In 1989 Mary Lucey was fighting drug addiction while simultaneously pregnant and diagnosed HIV positive. She had also recently completed an 18-month sentence at California Institute for Women, Frontera.

After nearly 10 years into the epidemic there was only one medication that was available to Lucey, the highly toxic AZT which she had to take around the clock. She boldly faced the discrimination, stigma and fear associated with an HIV/AIDS diagnosis, which at the time was still considered a death sentence.

In 1990 Lucey got a handle on her addiction, met her future wife Nancy MacNeil, and found her voice in ACT UP Los Angeles. She joined the group after they attended the first Women's Caucus meeting in June of 1990.

Lucey, a loud and proud lesbian was among the first HIV positive women in Los Angeles to be out about her status. Fueled by a sense of outrage at AIDSphobia, she **fought for several years in ACT UP to expand the CDC's definition of AIDS to include women's opportunistic infections and for healthcare for incarcerated women with AIDS.** In 1992 Lucey's advocacy work for **compassionate release for women in prison with AIDS led to the first U.S. of release of such a prisoner, Judy Cagle, enabling her to die at home with dignity.**

Lucey became more powerful, fearlessly outspoken, and willing to confront government officials at every level. She was often asked by ACT UP to provide testimony to government agencies and legislators: The National Commission on AIDS, the CDC, The NIH, Health & Human Services, congressmen and state senators. Following ACT UP LA demonstrations Lucey was often interviewed for numerous newspapers and magazines, such as: The Orange County Register, The LA Weekly, The Lesbian News, The Weekly Reader, Glamour & Time Magazine.

**In 1994 Lucey worked as the first woman City AIDS Coordinator** on an interim basis where she, along with other staff, **funded the first needle exchange program from the City of Los Angeles.** This program, an offshoot of ACT UP LA originally called Clean Needles Now, is currently known as the LA Community Health Project. It was calculated to prevent 12,000 new HIV infections each year.



## IN MEMORIAM OF MARY LUCEY & NANCY MACNIEL

Lucey also **founded the first peer support group for positive women in 1990 and co-founded Women Alive**, a support and advocacy group. She raised money for and organized the 1997 National Conference on Women and AIDS held at the Convention Hall of the Los Angeles Staples Center. It was the largest gathering of positive women in the country at that time.

Since then, Lucey has continued to stay involved as a community activist. She won a position on her local community services board representing the town of Oceano. She served for two consecutive terms.

As a long-term survivor of AIDS and with so much left to be done, Lucey still asks: where is our vaccine? where is our cure? and why on earth are people still getting infected in 2021.

### NANCY MACNIEL

Nancy MacNeil was born in Los Angeles and grew up running the Avenues of Highland Park. In the Vietnam War era, Nancy organized sit-ins and walk-outs with fellow students at risk for the draft in high school. She continued to attend peace rallies, marches, and pickets. She joined the Black Panther Party to fight against police brutality and helped with their breakfast programs in downtown LA. (The BPP encompassed Black people and poor Whites).

MacNeil was labeled an “outside agitator” on California college campuses, enduring multiple encounters with vicious men cloaked in police uniforms while protesting against war and police brutality. Engaged on various levels with People’s Park in Berkeley and the Isle Vista Uprising in Santa Barbara, she witnessed the infamous burning of the Bank of America in protest of the use of napalm in North Vietnam.

She attended the Institute for The Study of Non-violence in Palo Alto and visited Federal Prisons housing the boys who said “NO” to the draft. She passed out flyers at the L.A. induction center every Tuesday morning encouraging draftees to resist going to war and assisted Peace House in Pasadena, helping young men file papers for conscientious objector status.

Employed at the USPS, MacNeil was a steward for the American Postal Workers Union; Venice Local, negotiating union contracts between management and the rank and file. She filed numerous grievances for blatant violations of contractual agreements on behalf of persecuted employees.

In the 70’s/80’s she became active in the gay and lesbian community, joined several women’s rights groups as well as the Lavender Left. MacNeil organized for queer liberation, civil rights and protested police harassment. In May of 1979 she participated in the “White Night” riots in San Francisco when the verdict of voluntary manslaughter was announced acquitting Dan



## IN MEMORIAM OF MARY LUCEY & NANCY MACNIEL

White of first-degree murder for the killing of Supervisor Harvey Milk. MacNeil was again brutalized by police and sustained multiple injuries from whirling billy-clubs.

From the onset of AIDS, while it was still being referred to as gay cancer or GRID, MacNeil was losing friends to the disease. Her first friend to die of AIDS was Julian Turk in 1982. He'd been diagnosed by Dr. Michael Gottlieb at UCLA who was the first to report the disease that would come to be known as HIV and AIDS. She was exhaustively surrounded and saddened by the weekly loss of so many close and dear friends. This compelled her to try and turn the tables. She joined ACT UP in 1990 after attending the first Women's Caucus meeting. She also joined the Prisoners with AIDS subcommittee and the ACT UP National Network. MacNeil **attended the AIDS Clinical Trials Group in Washington DC to confront researchers about scientific and ethical questions surrounding women in the government-funded treatment studies.** Dosages and effects of AIDS medications on women's bodies were still unknown and inclusion of women in clinical trials was urgently needed.

MacNeil joined fellow activists as they perpetually disseminated information, analyzed clinical data, wrote letters and postcards, zapped the opposition with faxes and phone calls and helped to organize demonstrations. She also **helped to organize enormous die-ins to illustrate mass deaths to shock and shame the government and media into publicizing the AIDS crisis that was being ignored.**

MacNeil became the **founding executive director of Women Alive**, an organization by & for HIV positive women with a membership of over 500. She **established a treatment focused newsletter (quarterly distribution of 10,000) the first National women's AIDS hotline and empowered women with AIDS to become their own advocates.**

She identifies as a situational pacifist dedicated to fighting for social justice and sincerely believes that women and queers will save the world. It is written in her heart.