



LOS ANGELES COUNTY
COMMISSION ON HIV



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EXECUTIVE COMMITTEE Virtual Meeting

Thursday, June 24, 2021

1:00PM -3:30PM (PST)

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

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PUBLIC COMMENTS

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

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LOS ANGELES COUNTY COMMISSION ON HIV



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/25/21

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

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

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

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
RAY	Joshua	Unaffiliated consumer	No Ryan White or prevention contracts
RODRIGUEZ	Isabella	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
SPEARS	Tony	Capitol Drugs	No Ryan White or prevention contracts
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	Reba	No Affiliation	No Ryan White or prevention contracts
ULLOA	Maribel	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
VELAZQUEZ	Guadalupe	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	Kayla	No Affiliation	No Ryan White or prevention contracts
WALKER	Ernest	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Thursday, June 24, 2021 @ 1:00 P.M.– 3:30 P.M.

To Join by Computer, please Register at:

<https://tinyurl.com/t2fufbuy>

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

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

Access code: 145 851 2541

Executive Committee Members:			
<i>Bridget Gordon, Co-Chair</i>	<i>David Lee, MPH, LCSW, Co-Chair</i>	Erika Davies	Lee Kochems, MA
Carlos Moreno	Katja Nelson, MPP	Frankie Darling- Palacios	Mario J. Pérez, MPH
Juan Preciado	Kevin Stalter	Justin Valero (Exec, At large)	
QUORUM:	6		

AGENDA POSTED: June 18, 2021 (Revised June 21, 2021)

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

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

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SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission’s standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of

the Agenda), or times may be adjusted and/or modified, at the co-chairs’ discretion, during the course of a meeting. If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

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

I. ADMINISTRATIVE MATTERS

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

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

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

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

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

5. **IV. PRESENTATION** 1:13 P.M. – 1:35 P.M.

National Institute of Health (NIH) Grant Proposal: Using molecular epidemiology to identify high priority groups for HIV prevention and engagement, evaluate the effectiveness of prevention services for people living with HIV (PLWH) and people at risk for HIV in addressing the “Respond” pillar of the Ending the HIV Epidemic (EHE) Initiative | Susan Little, MD, Infectious Disease Specialist, Professor of Medicine in Residence and Joel Wertheim, PhD, Assistant Professor, Division of Infectious Diseases and Global Public Health, San Diego Center for AIDS Research (CFAR), University of California San Diego

V. REPORTS

6. **Executive Director's/Staff Report** 1:35 P.M. – 1:45 P.M.
A. Commission/County Operational Updates
B. Commission and Committee Activities
7. **Co-Chair's Report** 1:45 P.M. – 2:10 P.M.
A. "So You Want to Talk About Race?" Book Reading Activity
• Brief Excerpts Only from Chapters 6 or 7
• Brief 5 Minute Discussion
B. June 10, 2021 COH Meeting | FOLLOW UP + FEEDBACK
(1) Implicit Bias Training
C. July 8, 2021 (Draft) COH Meeting Agenda | REVIEW + FEEDBACK
D. COH Letter Re: Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government | Request for Information (RFI) Due July 6, 2021
E. Ending the HIV Epidemic (EHE) Steering Committee COH Liaison Report | UPDATES
8. **Division of HIV and STD Programs (DHSP) Report** 2:10 P.M. – 2:25 P.M.
A. Fiscal, Programmatic and Procurement Updates
(1) Ryan White Program (RWP) Parts A & B | UPDATES
(2) 2020-2021 Fiscal | UPDATES
B. Ending the HIV Epidemic (EHE) Activities
9. **Standing Committee Reports:** 2:25 P.M. – 2:55 P.M.
A. Standards and Best Practices (SBP) Committee
(1) Childcare Service Standards **MOTION #3**
(2) 2021 Service Standards | UPDATES
B. Public Policy Committee
(1) County, State and Federal Policy and Legislation
• 2021 Legislative Docket **MOTION #4**
• COH Response to the STD Crisis
(2) County, State and Federal Budget
C. Operations Committee
(1) Standards and Best Practices (SBP) Committee Only Member Application:
Mark Mintline, DDS **MOTION #5**
(2) Renewing Membership Partial Slate **MOTION #6**
(3) Revised Attendance Policy #08.3204 **MOTION #7**
(4) COH Tool Kit
D. Planning, Priorities and Allocations (PP&A) Committee
(1) RWP Priority Setting and Resource Allocation (PSRA) Process | UPDATE
(2) Data Summit
(3) Prevention Planning Activities
10. **Caucus, Task Force, and Work Group Reports:** 2:55 P.M. – 3:20 P.M.
A. Aging Task Force | July 6, 2021 @ 1-3pm
B. Black/African American Community (BAAC) Task Force **MOTION #8**
• Concerns, Restructure & Next Steps
C. Consumer Caucus | July 8, 2021 @ 3-4:30pm
D. Prevention Planning Workgroup | June 23, 2021 @ 5:30-7PM
E. Transgender Caucus | July 27, 2021 @ 10am-12pm
F. Women's Caucus | June 21, 2021 @ 2-4pm

VII. NEXT STEPS

- 11. A. Task/Assignments Recap 3:20 P.M. – 3:25 P.M.
- B. Agenda development for the next meeting 3:25 P.M. – 3:28 P.M.

VIII. ANNOUNCEMENTS

3:28 P.M. – 3:30 P.M.

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

VII. ADJOURNMENT

- 13. A. Adjournment for the meeting of June 24, 2021. 3:30 P.M.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve Childcare Service Standards, as presented or revised.
MOTION #4:	Approve 2021 Legislative Docket, as presented or revised.
MOTION #5:	Approve Standards and Best Practices (SBP) Committee member only application for Mark Mintline, DDS, as presented or revised and forward to Board of Supervisors for appointment.
MOTION #6:	Approve Renewal Membership Applications, as presented or revised, and forward recommendations to Board of Supervisors for appointment as follows: Everardo Alvizo (Seat 3); Derek Murray (Seat 5); Harold Glenn San Agustin (Seat 13); Alasdair Burton (Seat 21, Alternate); Joe Green (Seat 33), Bridget Gordon (Seat 35); Justin Valero (Seat 39); Maribel Ulloa (Seat 41); Paul Nash (Seat 45); and Felipe Findley (Seat 49).
MOTION #7:	Approve Revised Attendance Policy #08.3204 as presented or revised.
MOTION #8:	Approve to temporarily suspend the BAAC Task Force for 90 days until a new meeting framework and leadership structure is developed that guarantees constructive and respectful engagement and outlines a clear consequence cycle for persons who do not adhere to the rules of engagement, as presented or revised.



LOS ANGELES COUNTY
COMMISSION ON HIV



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

**EXECUTIVE COMMITTEE
MEETING MINUTES**

May 27, 2021

COMMITTEE MEMBERS			
P = Present A = Absent			
Bridget Gordon, Co-Chair	P	Katja Nelson, MPP	P
David Lee, MPH, LCSW, Co-Chair	P	Mario J. Pérez, MPH	P
Frankie Darling-Palacios	P	Juan Preciado	P
Erika Davies	A	Kevin Stalter	P
Lee Kochems, MA	P	Justin Valero, MA	P
Carlos Moreno	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Jose Rangel-Garibay, Dawn Mc Clendon, Carolyn Echols-Watson, and Sonja Wright Catherine LaPointe, Academic Intern			
DHSP STAFF			
Julie Tolentino, MPH			

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

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

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

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

http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Package/Pkt_EC_052721_rev3.pdf?ver=0A0ZBddJu_notnu1mCYE4A%3d%3d

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

- Bridget Gordon and David Lee, Co-Chairs, called the meeting to order at 1:02 pm. D. Lee reviewed housekeeping reminders and Code of Conduct.
- Committee members introduced themselves and stated their HIV care and/or prevention conflicts of interest.
- A request was made to adjourn the meeting in memory of all armed forces living with HIV.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

2. APPROVAL OF MEETING MINUTES

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

II. PUBLIC COMMENT

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

- Kevin Donnelly, Commission member, expressed concerns regarding the rise in STDs to include syphilis which has not seen the numbers we are seeing now since the 1980s and impressed upon the Committee that there is a lot to do to address the STD crisis.
- Damone Thomas, community member, expressed concerns regarding the May 24, 2021 Black African American Community (BAAC) Task Force meeting and indicated that he sent an email to Commission staff communicating those concerns and also requested that the Committee take immediate action to address the behaviors that were exhibited during the May 24th meeting.

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission/County Operational Updates

- Cheryl Barrit, Executive Director, thanked the COH Co-Chairs for their hard work in encouraging members to actively participate in the recent HealthHIV survey assessment of the Commission's effectiveness as a planning council.
- C. Barrit introduced the Commission's new staff, Jose Rangel-Garibay, Health Programs Analyst I and shared that J. Rangel-Garibay will be the assigned staff leading the Standards and Best Practices (SBP) Committee and assisting with Ending the HIV Epidemic (HIV) community engagement efforts.

B. Commission and Committee Activities

- 2021 Work Plan
 - C. Barrit highlighted items #2 and #3, respectively, and reminded the Committee that the HealthHIV final report of its assessment findings is forthcoming and will be provided to the Committee for next steps and implementation.
 - Regarding #3, C. Barrit reminded the Committee of the COH EHE Steering Committee liaisons and that they will be providing ongoing updates and working with the various Committees on EHE efforts.

6. CO-CHAIR REPORT

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

- B. Gordon read excerpts from Chapters 4-5.
- Reading Activity Goals, Objectives, and Process | REVISIT **MOTION #3 (✓ Passed by Consensus)**
 - A discussion ensued concerning shortening the reading activity by identifying in advance, brief excerpts for reading and conducting a 5-minute debrief following each reading to create a more interactive and meaningful process to ensure that the goal of increasing the Commission's capacity to engage in thoughtful and respectful discourse around matters of race is accomplished.
 - Concerns were also expressed that the reading activity along with other lengthy presentations interfered with moving important Commission business forward and it was suggested that the reading activity, the subsequent Human Relations Commission training and other presentations be agendized after standing Committee reports to allow sufficient time to conduct Commission business.
 - ➔ A motion was brought forward to:
 - shorten the reading activity by identifying brief excerpts of each assigned chapter in advance,
 - allow for a 5-minute debrief after each reading activity, and
 - agendize the reading activity, the Human Relations Commission training and any appropriate presentations following the Commission standing reports and important Commission business.

B. Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government | Request for Information (RFI) Due July 6, 2021

- The Biden Administration (Administration) is requesting feedback from the community at large on how to address inequities and social determinants of health within federally funded programs, agencies and organizations and has opened a RFI period to July 6, 2021 for comments and feedback.
- NMAC recently released an email communication inviting the community to provide feedback on reducing red tape and maximizing the Minority AIDS Initiative (MAI) in underserved communities.
- Mario J. Pérez, Director, Division of HIV and STD Programs (DHSP), noted that the Commission should consider joining the [Stronger Together Partnership \(STP\)](https://ilhe.org/stronger-together-partnership-stp/) initiative in releasing a national statement in response to the RFI. STP is partnership comprised of various local organizations, to include NMAC, joining forces to address the challenges and opportunities posed by COVID-19 and take advantage of existing strengths and resources to continue addressing health inequities among their constituents. M. Pérez encouraged members to check out the STP website at <https://ilhe.org/stronger-together-partnership-stp/> and their list of ten recommendations addressing health inequities that will soon be developed and submitted to the Administration.
- ➔ Committee agreed by consensus to respond to the RFI and be a leading voice. C. Barrit will draft the letter for the Committee's review.

C. Proposed Rule Change to Ryan White Program 75/25 Waiver

- [Positive Women's Network \(PWN\)](#) is rallying the community in bringing awareness and soliciting public comment to the Administration's proposed rule change to the Ryan White Program 75/25 waiver which essentially would simplify the process for Ryan White Part A, B, and C recipients to request a waiver of the core medical services expenditure amount requirement by replacing the current waiver forms with a one-page form to reduce the duplicative information.
- ➡ Committee agreed by consensus to submit public comment via the PWN in supporting the rule change; C. Barrit to submit on behalf of the Commission.

D. May 13, 2021 COH Meeting | FOLLOW UP + FEEDBACK

(1) HealthHIV/COH Effectiveness Assessment Survey Findings

- B. Gordon announced that the HealthHIV reported an 80% response rate to the COH planning council effectiveness survey and thanked all who participated.
- Next steps will include reviewing the final report once released by HealthHIV and Commission staff conferring with the Committee to develop a process in addressing the findings and implementation.
- ➡ HealthHIV's final report of its findings is expected to be released on or around the end of June 2021; Commission staff will follow up to confirm.

(2) Update on HIV and STD Surveillance in Los Angeles County | ACTION STEPS

- Feedback was solicited in response to the 2020-2021 HIV/STD surveillance presentation by Andrea Kim, PhD (DHSP) at the May 13, 2021 Commission meeting.
- M. Pérez expressed concern in the rising STD rates and referenced the 113 reported congenital syphilis cases and four perinatal HIV cases reported last year (2020).
- Katja Nelson, Public Policy (PP) Committee, Co-Chair, inquired when is the right time to reach out to the Board of Supervisors (BOS) and/or the Department of Public Health (DPH) to resurrect the conversation around the STD crisis. K. Nelson noted that while the data speaks for itself, there are no new investments allocated to public health infrastructure in Governor Gavin Newsome's May Revise.
- M. Pérez referred to Governor Newsome's \$3 million allocation to identify the public health system's long-term needs and assess lessons learned from the coronavirus pandemic, however, stressed that more investment is needed to allocate toward the public health infrastructure. M. Pérez further noted that an ongoing \$200 million investment was requested by National Association of County Health Officials (NACCHO) for public health infrastructure yet was rejected. Additionally, M. Pérez reported that a \$1.13 billion national investment will be allocated over a period of five years to support the response to STD crisis by way of STD grants = \$200 million investment distributed per year = \$6 million to Los Angeles County per year; however, use of funds will be determined by the LA County Department of Public Health.
- M. Pérez appealed to the Commission to focus on strengthening the Ryan White Program as most people living with HIV rely on Medicare, RWP and HOPWA – invest energy where there will be the greatest impact.
- ➡ Committee agreed by consensus to draft a letter to the Board of Supervisors to secure its commitment in addressing the STD crisis to include identifying resources and allocating investments. A request for adequate DHSP staffing will be incorporated into the letter.

- K. Nelson offered to work with the COH Co-Chairs to develop concrete items to address via public comment at an upcoming BOS meeting to mobilize the community's response to the STD crisis.
- B. Gordon will coordinate talking points for consumers to provide public comment at the June 8, 2021 BOS meeting.

(3) Meeting Management: Extended meetings, priority of agenda/discussion items, and other meeting management concerns

- The Committee agreed by consensus to:
 - defer the reading activity to July 2021 to accommodate the 90-minute Implicit Bias training at the June COH meeting
 - move reading activity on subsequent agendas after standing reports
 - B. Gordon volunteered to identify and read brief excerpts of assigned chapters of the reading activity at the COH meetings, followed by a 5-minute follow up discussion/debrief.

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

- B. Gordon announced that the next DHSP EHE Steering Committee will take place on June 25 @ 1-3pm

G. Black African American Community (BAAC) Task Force | REVISIT

- B. Gordon shared that there have been ongoing concerns with behaviors exhibited during the BAAC Task Force meetings which have recently caused BAAC Task Force Co-Chair, Danielle Campbell, to resign.
- Community members expressed their discontentment and concerns with the disruptive and disrespectful outbursts and comments made by community members which have been characterized as abusive toward women and COH staff.
- D. Campbell expressed that the disruptions made by a few have stunted the BAAC Task Force's progress and undermined decisions made by the BAAC Task Force as a collective.
- B. Gordon reminded the Committee that the BAAC Task Force completed its directives to develop recommendations on how the Commission and DHSP can better meet the needs of the African American/Black community in addressing the health inequities that continue to place AA/Black people with the worse health and HIV/STD outcomes. The BAAC Task Force was extended for an additional year to complete a subsequent directive to provide guidance to Committees and DHSP on how to implement the recommendations; however, those efforts were thwarted due to refusal by BAAC Co-Chair, Greg Wilson to move forward with that guidance.
- M. Pérez reminded the Committee that it is DHSP's responsibility, as the Ryan White Program grantee, to ensure the Commission is a productive planning body and offered that DHSP will be ready to reengage the BAAC Task Force in addressing its recommendations when they are ready.
- B. Gordon encouraged members to request the recording from COH staff of the May 24, 2021 BAAC Task Force meeting for additional context, although cautioned that the recording is only a snapshot of what has transpired during the last year and a half.
- An initial motion was recommended to dissolve the BAAC Task Force, however, subsequent language was recommended by M. Pérez to temporarily suspend the BAAC Task Force for 90 days until a new meeting framework and leadership structure is developed that guarantees constructive and respectful engagement and outlines a clear consequence cycle for persons who do not adhere to the rules of engagement.

- Committee agreed by consensus that this discussion be continued at the June 24, 2021 Executive Committee meeting to provide sufficient time for a more in depth and well-informed conversation and an opportunity for members to review the May 24, 2021 BAAC Task Force meeting recording ahead of any decision made on the future of the BAAC Task Force.

7. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT *Report postponed to June meeting.*

A. Fiscal, Programmatic, and Procurement Updates

B. Ending the HIV Epidemic (EHE) Activities

8. STANDING COMMITTEE REPORTS

A. Operations Committee

(1) Membership Management

○ New Member Applications

- **MOTION #4** Approve recommendation for New Member Applicant, Rene Vega, to occupy Alternate #19 seat, and forward to June Commission meeting for approval, as presented or revised. (✓ Passed by Roll Call/Majority Vote)
- **MOTION #5** Approve recommendation for New Member Applicant, Damone Thomas, to occupy Alternate #22 seat, and forward to June Commission meeting for approval, as presented or revised. (✓ Passed by Roll Call/Majority Vote)

- Membership Application Redevelopment. Revised membership application is still pending review by County Counsel.

(2) Outreach, Retention and Community Engagement Strategies and Efforts. Operations Committee will join efforts with the Consumer Caucus to develop strategies in retaining consumers on the Commission.

B. Planning, Priorities, and Allocations (PP&A) Committee *Report postponed to June meeting.*

(1) Ryan White Program Year 31 (FY 2021) Revised Allocation **MOTION #6**

(2) Prevention Planning Activities

C. Standards and Best Practices (SBP) Committee *Report postponed to June meeting.*

(1) Childcare Service Standards **MOTION #7**

(2) 2021 Service Standards | REVIEW

D. Public Policy Committee *Report postponed to June meeting.*

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

- 2021 Legislative Docket **MOTION #8**

(2) County, State and Federal Budget

9. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS *Reports postponed to June meeting.*

A. Aging Task Force | June 1, 2021 @ 1-3pm

B. Black/African American Community (BAAC) Task Force | June 28, 2021 @ 1-3pm

C. Consumer Caucus | June 10, 2021 @ 3-4:30pm

D. Prevention Planning Workgroup | June 23, 2021 @ 5:30-7PM

E. Transgender Caucus | July 27, 2021 @ 10am-12pm

F. Women's Caucus | June 21, 2021 @ 2-4pm

V. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP

- Refer to foregoing action items in red.

11. AGENDA DEVELOPMENT FOR NEXT MEETING

- Items postponed to June 24, 2021 meeting
- COH Response to RFI Re: Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government Request for Information
- COH Letter to BOS Re: STD Crisis
- BAAC Task Force

VI. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS.

VII. ADJOURNMENT

13. ADJOURNMENT. *Adjourn in memory of all armed forces living with HIV.*



LOS ANGELES COUNTY COMMISSION ON HIV (COH) 2021 MASTER WORK PLAN (Updated 5.25.21)

****Subject to change and does not include ongoing activities for Committees and subgroups.****

Co-Chairs: Bridget Gordon & David Lee		Revision Dates: 1/5/21; 3/31/21; 5/5/21; 5/25/21
<p>Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.</p> <p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH; 2) advance the goals of the local Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.</p>		
#	TASK/ACTIVITY	TARGET COMPLETION DATE/STATUS
1	Collaborate with the Human Relations Commission and other trainers to design and implement trainings and facilitated discussions on managing conflicts, interpersonal relationships, and implicit bias.	Start February/Ongoing STARTED/IN PROGRESS
2	Planning Council effectiveness evaluation technical assistance provided by HealthHIV. <ul style="list-style-type: none"> • Will evaluate the effectiveness of the structure, policies and procedures, membership, and stakeholder/consumer engagement integrated HIV planning groups. 	June STARTED/IN PROGRESS
3	Support implementation of local EHE Plan within duties of the COH as defined in its ordinance. <ul style="list-style-type: none"> • Bridget Gordon, Co-Chair, will serve as the primary Commission liaison to the DHSP EHE Steering Committee, with Katja Nelson, Kevin Stalter, and Felipe Findley serving as backups. The liaison team represents a diverse set of perspectives and community experience. • The liaisons will work as a team and serve as conduit of information and collaborative opportunities between the Commission and Steering Committee. • In addition, the liaisons will also facilitate EHE-focused conversations at Commission, Committee, and subgroup meetings to identify specific activities that the COH can implement within its charge as the planning council for Los Angeles County. • The liaisons will engage Commissioners in thinking of broader ways the Commission can end the HIV epidemic in Los Angeles County. 	ONGOING
4	Develop an EHE Community Engagement and HIV Service Promotion Speaker's Tool Kit for Commissioners to use in community outreach and presentations. <ul style="list-style-type: none"> • Toolkit seeks to increase community awareness of EHE and local services. through Commission meetings, Virtual Lunch and Learn events; HIV Connect resource website; social media; virtual and in-person (pending DPH guidance) health and resource fairs (these may be ongoing activities) 	March STARTED/IN PROGRESS
5	Implement National Minority AIDS Council (NMAC) BLOC training for consumers <ul style="list-style-type: none"> • Customized training aimed at supporting consumer leadership development. 	September 13-17 PLANNING IN PROGRESS
6	Implement activities aimed at integrated prevention and care planning, priority setting and resource allocation.	Start Jan/Ongoing STARTED/IN PROGRESS
7	Review BAAC and ATF charge and implement recommendations best aligned with the purpose and capacity of the Commission	Start Jan/Ongoing STARTED/IN PROGRESS



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

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

Thursday, July 8, 2021 | 9:00 AM – 1:00 PM

To Register/Join by Computer:

**link is for members of the public*

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

AGENDA POSTED:

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

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

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

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

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

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

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

Call to Order and Roll Call		9:00 AM – 9:05 AM
1. <u>ADMINISTRATIVE MATTERS</u>		
A. Approval of Agenda	MOTION #1	9:05 AM – 9:07 AM
B. Approval of Meeting Minutes	MOTION #2	9:07 AM – 9:10 AM
2. <u>WELCOME, INTRODUCTIONS AND VIRTUAL MEETING GUIDELINES</u>		9:10 AM – 9:15 AM
3. <u>REPORTS - I</u>		
A. Executive Director/Staff Report		9:15 AM – 9:25 AM
(1) Commission/County Operational Updates		
B. Co-Chairs’ Report		9:25 AM – 9:35 AM
(1) COH Letter Re: Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government Request for Information (RFI) Due July 6, 2021		
(2) Ending the HIV Epidemic (EHE) Steering Committee COH Liaison Report		
C. California Office of AIDS (OA) Report		9:35 AM – 9:45 AM
(1) California HIV Planning Group (CPG) Update		
D. LA County Department of Public Health Report		9:45 AM – 10:45 AM
(1) Division of HIV/STD Programs (DHSP) Updates		
(a) Programmatic and Fiscal Updates		
• Ryan White Parts A & B		
(b) Ending the HIV Epidemic (EHE) Activities & Updates		
• Community Engagement Project Presentation by AMAAD		
E. Housing Opportunities for People Living with AIDS (HOPWA) Report		10:45 AM – 10:50 AM
F. Ryan White Program Parts C, D, and F Report		10:50 AM – 10:55 AM
G. Cities, Health Districts, Service Planning Area (SPA) Reports		10:55 PM – 11:00 AM
4. <u>BREAK</u>		11:00 AM – 11:10 AM

5. REPORTS – II

F. Standing Committee Reports

11:00 AM – 11:45 AM

(1) Operations Committee

(a) Membership Management

- Standards and Best Practices (SBP) Committee Only Member Application: Mark Mintline, DDS **MOTION #3**
- Renewing Membership Partial Slate **MOTION #4**
- Revised Attendance Policy #08.3204 **MOTION #5**

(b) Recruitment & Outreach Efforts

- COH Tool Kit

(2) Standards and Best Practices (SBP) Committee

(a) Childcare Service Standards **MOTION #6**

(b) Substance Use and Residential Treatment Standards Review | UPDATES

(3) Public Policy Committee

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

- 2021 Legislative Docket **MOTION #7**
- STD Response and Appeal to the Board of Supervisors

(b) County, State, and Federal Budget

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

(a) RWP Priority Setting and Resource Allocation Process | UPDATES

(b) Data Summit

(c) Prevention Planning Work Group | UPDATES

G. Caucus, Task Force and Work Group Report

11:45 AM – 12:10 PM

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

(2) Black/African American Community (BAAC) Task Force **MOTION #8**

- Concerns, Restructure & Next Steps

(3) Consumer Caucus | July 8, 2021 @ 3-4:30pm

(4) Prevention Planning Workgroup | July 28, 2021 @ 5:30-7PM

(5) Transgender Caucus | July 27, 2021 @ 10am-12pm

(6) Women's Caucus | July 21, 2021 @ 2-4pm

6. DISCUSSION

A. "So You Want to Talk About Race" by Ijeoma Oluo Reading Activity

12:10 PM – 12:20 PM

- Brief excerpts only of Chapters 6-7
- 5-minute debrief discussion

7. MISCELLANEOUS

A. Public Comment 12:20 PM – 12:25 PM

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

B. Commission New Business Items 12:25 PM – 12:27 PM

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

C. Announcements 12:27 PM – 12:30 PM

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

Adjournment and Roll Call 12:30 PM

Adjournment for the meeting of July 8, 2021.

PROPOSED MOTION(s)/ACTION(s):

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Commission meeting minutes, as presented or revised.
MOTION #3:	Approve Standards and Best Practices (SBP) Committee member only application for Mark Mintline, DDS, as presented or revised and forward to Board of Supervisors for appointment.
MOTION #4:	Approve Renewal Membership Applications, as presented or revised, and forward recommendations to Board of Supervisors for appointment as follows: Everardo Alvizo (Seat 3); Derek Murray (Seat 5); Harold Glenn San Agustin (Seat 13); Alasdair Burton (Seat 21, Alternate); Joe Green (Seat 33), Bridget Gordon (Seat 35); Justin Valero (Seat 39); Maribel Ulloa (Seat 41); Paul Nash (Seat 45); and Felipe Findley (Seat 49).
MOTION #5:	Approve Revised Attendance Policy #08.3204 as presented or revised.
MOTION #6:	Approve Childcare Service Standards, as presented or revised.
MOTION #7:	Approve 2021 Legislative Docket, as presented or revised.
MOTION #8:	Approve to temporarily suspend the BAAC Task Force for 90 days until a new meeting framework and leadership structure is developed that guarantees constructive and respectful engagement and outlines a clear consequence cycle for persons who do not adhere to the rules of engagement, as presented or revised.

COMMISSION ON HIV MEMBERS:			
Bridget Gordon, Co-Chair	David P. Lee, MPH, LCSW Co-Chair	Miguel Alvarez	Everardo Alvizo, LCSW
Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Danielle Campbell, MPH	Mikhaela Cielo, MD
Pamela Coffey (Reba Stevens, **Alternate)	Michele Daniels (*Alternate)	Erika Davies	Kevin Donnelly
Felipe Findley, PA-C, MPAS, AAHIVS	Alexander Luckie Fuller	Gerald Garth, MS	Jerry D. Gates, PhD
Grissel Granados, MSW	Joseph Green	Thomas Green	Felipe Gonzalez
Damontae Hack (*Alternate)	Karl Halfman, MA	(Kayla Walker-Heltzel, **Alternate)	Nestor Kamurigi
William King, MD, JD, AAHIVS (LoA)	Lee Kochems, MA	Anthony Mills, MD	Carlos Moreno
Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Frankie Darling-Palacios
Mario J. Pérez, MPH	Juan Preciado	Joshua Ray, RN (Eduardo Martinez, **Alternate)	Mallery Robinson
Harold Glenn San Agustin, MD	Martin Sattah, MD	Tony Spears (*Alternate)	LaShonda Spencer, MD
Isabella Rodriguez, MA (*Alternate)	Ricky Rosales	Kevin Stalter	Maribel Ulloa
Guadalupe Velazquez	Justin Valero, MPA	Ernest Walker, MPH	Amiya Wilson (*Alternate)
MEMBERS:	46		
QUORUM:	24		

LEGEND:

LoA = Leave of Absence; not counted towards quorum
 Alternate*= Occupies Alternate seat adjacent a vacancy; counted toward quorum
 Alternate**= Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member



LOS ANGELES COUNTY COMMISSION ON HIV



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DRAFT (6.17.21) FOR EXECUTIVE COMMITTEE REVIEW

Response to the Request for Information (RFI): Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government (86 FR 24029)

Organization: Los Angeles County (LAC) Commission on HIV (COH)

Contact Person: Cheryl Barrit, Executive Director

E-Mail: cbarrit@lachiv.org

Telephone: 213-639-6714

Cell: 213-618-6164

Areas of Response: Sections 1, 2, 4, and 5

Organization Description: The LAC Commission on HIV (COH) is Los Angeles County's legislatively mandated HIV planning council (PC). The COH operates under the authority of the LAC Board of Supervisors (BOS) and is institutionalized through the County's Code of Ordinances, Chapter 3.29 HIV Commission. The COH is comprised of 51 voting members who are nominated by the Commission and appointed by the BOS. The COH is composed of a diverse group of community stakeholders, people living with HIV, communities disproportionately impacted by HIV, STDs, and other social and health issues, service providers, healthcare professionals, and government partners. The vision of the COH is to achieve a comprehensive, sustainable, accessible system of prevention and care that empower people at risk, living with or affected by HIV/STDs to make decisions and to maximize their lifespans and quality of life. The COH has been a leader in the HIV movement for over 30 years and continues its unwavering commitment to end HIV, once and for ALL.

The COH submits the following comments to address structural barriers at the federal level that further exacerbates systemic racism and undue burden on poor and working-class people, communities of color, women and the LGBTQ communities.

2020 was a year like no other in the recent history of mankind. The year was marked by several global challenges, leading with the devastating impact of the novel coronavirus (COVID-19) pandemic and the nation's reckoning with the ills of racism anti-Blackness in America and beyond. COVID-19 laid bare before our eyes what the HIV movement has recognized as the biggest wall preventing our victory over HIV - racism is the root cause of health and social disparities. The same communities of color who have overwhelmingly shouldered the burden COVID-19 infections, deaths, and hospitalizations, are the same communities that suffer from HIV and STDs the most. At the end of 2018, approximately 0.6% of the 10.3 million Los Angeles County (LAC) residents were living with HIV. The group with the plurality of people with HIV (PWH) are Latinx cisgender men who have sex with men (~40%), followed by White cisgender

men who have sex with men (26%), followed by Black/African-American cisgender men who have sex with men (23%). The balance of males with HIV are injection drug users of multiple racial/ethnic groups as well as cisgender American Indian/Alaskan Native, Asian or Pacific Islander men who have sex with men. Black/African American males, female and transgender persons and American Indian/Alaskan Native males are disproportionately impacted with HIV compared to their share of the LAC population.

The COVID-19 National Rapid Assessment Report conducted by [Stronger Together Partnership](#) (STP) describes the impact of COVID-19 on people of color (POC)-led and serving organizations. The findings validate that agencies led by POCs and serve POCs, have been underfunded and overtaxed with ongoing increased demand for services. These agencies are often unable to successfully compete for federal funding due lack of infrastructure support and capacity. The COH endorses the preliminary recommendations from STP and implores agencies across the federal government to champion and operationalize the recommendations in their Equity Action Plans.

Area 1: Equity Assessments and Strategies

- Several municipalities entities have implemented programs and changes to local services to address racial inequities. Consider reviewing and adopting elements of the Government Alliance for Race and Equity ([GARE](#)) tools and best practices around racial equities. These tools are only useful and meaningful if communities who are users of services and those most impacted by a particular health, social or economic issue are involved in developing and implementing assessments and strategies.
- Leaders and stakeholders from highly impacted communities should be paid equal monetary compensation like academicians and consultants for training and administration of assessments in their respective communities.
- Assessment tools should be in multiple languages most used in communities with additional accommodations provided for those with learning, vision, physical or hearing disabilities.
- Federal agencies should adopt a community participatory process for developing Requests for Proposals (RFP) to ensure that grant requirements prioritize the needs of communities of color and integrate equity assessments in federally funded programs.

Area 2: Barrier and Burden Reduction

- Federally funded programs require clients to provide copious amount of documents to prove eligibility for services. Such practices should be reviewed for hardship, undue burden, traumatic impact on client. Bi-annual or yearly renewals often seek the same duplicative documents to retain services. For instance, unstably housed individuals may not be able to provide an address or other documentation due to the nature of their circumstances.

Reapplications should be limited to annual process using a self-attestation form rather than a resubmission of duplicative paperwork.

- One of the major barriers and a stumbling block for local service providers/grant recipients to innovate and take bold steps in delivering a comprehensive, integrated, and customized menu of services is the federal requirement on federal funding as the “payor of last resort.” Consumers in Los Angeles County and on the COH have reported that they have experienced being turned down for services because of inability to prove with documentation that they been denied from other publicly funded programs. In essence, the burden of demonstrating that other payor systems have been exhausted is on the client. The result of such confusion and grant recipients’ attempt to comply with the federal requirements, is devastating, endangering lives, and further exacerbates health and social conditions that fuel implicit bias. One client testified in a COH meeting, “If I am told that a Ryan White service is a payor of last resort, and I go to HOPWA to hear the same thing, where do I go?”
- State and local agencies tasked with administering federally programs should receive ongoing funding to build and maintain interoperable and integrated client data systems to facilitate continuity of care/services and store client records and proof of eligibility within one centralized system accessible by multiple agencies. Safeguards for protecting personal private information and confidentiality should be established for data systems. Providers are also burdened with duplicative and time consumer data entries for the same client on multiple databases which takes away staff time and attention from direct client interaction and case management services. Carefully designed, integrated databases should allow providers and local health departments to conduct a comprehensive analysis of the health and social wellbeing of individuals accessing multiple federally funded programs which could help guide the implementation of prevention strategies, best practices, clinical guidelines, and overall improvements in the Nation’s ability to address social determinants of health, healthcare and social service systems.

Area 4: Financial Assistance

- Federal agencies should consider longer term funding cycles for grant recipients. With federal funding operating on a 3 to 5-year cycles, grantees are not able to adequately plan and respond to longer term needs of the populations they serve. Local governments and non-profit organizations rely on Federal grants to provide a lifeline for community members and their ability to successfully secure and maintain funding is critical to our collective efforts to achieve healthy communities. Federal agencies should hold townhall meetings and focus groups with municipal governments, non-profits and philanthropic organizations to identify unique challenges and solutions faced by POC-led and serving agencies when applying for federal grants. Lack of sustainable long-term funding impedes capacity building and infrastructure development for many local organizations. Federal partners should consider implementing a grant writing and program management capacity building and technical assistance center to increase the number of POC-led agencies that can successfully compete for and maintain federal contracts.

- Federal agencies should consider a stronger language or requirement for primary grant recipients to subcontract and partner with POC organizations. POC led and POC serving organizations serve as lynchpins in underserved communities across the Country but are usually underfunded and unrecognized for their contributions to maintaining the health and welfare of communities of color. Federal agencies should consider staff diversity, equity, and inclusion (DEI) data as part of grant application applications to hold grantees accountable in hiring and retaining staff of color and ensure that staff reflect the populations they serve.
- Federal agencies that serve similar populations (such as Ryan White, HOPWA, CDC, SAMHSA), should consider releasing a single RFP that seeks to address the multiple issues that impact people living with HIV and affected by STDs. Local agencies are often left to determine how to braid funding sources on their own to support and sustain services at the local level.
- Because disease and socioeconomic burdens vary by communities across the Country, formula-based grants should take into account the POC populations and immigrant (documented and undocumented) communities residing in a particular geographic area.
- Because local needs are dynamic, grant recipients should be given flexibility to use innovative and locally defined ways to maximize funding. Rollovers of unused funds should be permitted whenever possible and appropriate.

Area 5: Stakeholder and Community Engagement

- The Ryan White care system provides a good model of direct community input and decision making from consumers and stakeholders. The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act mandates that local Planning Councils set priorities and allocate funds for services based on the size, demographics, and needs of the HIV population in their local jurisdictions. These Planning Councils also develop a comprehensive plan to provide services to people with HIV, including strategies to identify people living with HIV who are not in care. Membership of each Planning Council must reflect the local epidemic, including members with expertise such as health planning, housing for the homeless, incarcerated populations, substance abuse, and mental health treatment, or include members who represent other CARE Act and Federal programs. The CARE Act requires that at least 33 percent of Planning Council members must be people living with HIV who are consumers of CARE Act service. Federal agencies should consider formalizing the direct involvement of communities most affected by health and social issues in designing, implementing and improving programs that are intended to uplift their lives.
- Community engagement should be financially supported by federal grants and compensate POC-led and POC-serving agencies, and communities of color for their participation in community engagement activities. Consumers of services should be

paid to honor their expertise, lived experience and direct knowledge of how to improve federally funded programs.

DRAFT



LOS ANGELES COUNTY
COMMISSION ON HIV



CHILDCARE STANDARDS OF CARE

FINAL—UPDATED 12/14/20

APPROVED BY SBP 5/4/21

FOR EXECUTIVE COMMITTEE APPROVAL 5/27/21



CHILDCARE SERVICES STANDARDS OF CARE

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

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

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

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

INTRODUCTION

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

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

CHILDCARE SERVICES OVERVIEW: ALLOWABLE USE OF FUNDS

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

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

Childcare services may include recreational and social activities for the child/children, if provided in a licensed childcare setting including drop-in centers in primary care or satellite facilities. However, funds may not be used for off-premise social/recreational activities or gym membership. Existing Federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services.

All service providers receiving funds to provide childcare services are required to adhere to the following standards.

Table 1. CHILDCARE SERVICE REQUIREMENTS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Eligibility and Need	Eligibility for Ryan White and need for childcare service are identified at intake and assessments by agencies providing licensed childcare.	Documentation of eligibility and in the client’s primary record must reflect the appointment and/or meeting/group/training session attended.
Licensed Child Care Centers and Family Child Care Homes	Licensed childcare facilities must carry a valid active license as a childcare provider in the State of California. Services must be delivered according to California State and local childcare licensing requirements which can be found on the California Department of Social Services, Community Care Licensing Division website. ¹	<ul style="list-style-type: none"> a. Appropriate liability release forms are obtained that protect the client, provider, and the Ryan White program b. Providers must develop policies, procedures, and signed agreements with clients for childcare services. c. Documentation that no cash payments are being made to clients or primary care givers
Training	Agencies providing childcare are responsible for ensuring	Record of trainings on file at provider agency.

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

	<p>childcare providers are trained appropriately for their responsibilities. In addition to State-required training for licensed childcare providers, childcare staff must complete the following training:</p> <ul style="list-style-type: none"> • Domestic violence • HIPAA and confidentiality • Cultural diversity • HIV stigma reduction • LGBTQ 101 • Ryan White programs and service referral 	
Language	<p>Whenever possible, childcare should be delivered in the language most familiar to the child or language preferred by the patient. If this is not possible, interpretation services must be available in cases of emergency.</p>	<p>Appropriate language noted in client or program file.</p>
Confidentiality	<p>Agencies coordinating and providing childcare services must ensure client confidentiality will always be maintained. HIV status shall never be disclosed to anyone.</p>	<p>Written confidentiality and HIPAA policy in place.</p> <p>Documentation of notice of privacy and confidentiality practices provided to clients and/or family members before the start of service.</p> <p>Signed confidentiality policy and agreements for all employees on file and reviewed during new hire orientation and annually.</p>
Service Promotion	<p>Agencies coordinating licensed childcare services are expected to promote the availability of childcare to potential clients, external partners, and other</p>	<p>Program flyers, emails, or website documenting that childcare services was promoted to clients and HIV service providers.</p>

	<p>DHSP-funded Ryan White service providers.</p>	
<p>Referrals</p>	<p>Programs coordinating childcare services will provide referrals and information about other available resources to adults living with HIV who have the primary responsibility for the care of children. Special consideration should be given to helping clients find longer term or additional childcare options and resources.² Whenever appropriate, program staff will provide linked referrals demonstrating that clients, once referred, have accessed services.</p> <p>Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients’ needs are met.</p>	<p>Documentation of referral efforts will be maintained on file by coordinating agency.</p> <p>Description of staff efforts of coordinating across systems in client file (e.g. referrals to</p>

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

	<p>Follow up with client in 30 days to track referrals related to care coordination.</p>	<p>housing case management services, etc.).</p> <p>Documentation of follow up in client file.</p>
<p>Transportation</p>	<p>Clients who demonstrate a need for transportation to and from the childcare site, must be provided transportation support. Agencies must follow transportation programmatic guidance and requirements from DHSP. Childcare must be provided in a manner that is more accessible and convenient for the client.</p>	
<p>Physical Environment</p>	<p>The design and layout of the physical environment have a profound impact on children's safety, learning, behavior and on the client's ability to focus on their medical and support services appointments.</p> <p>Childcare environments must have:</p> <ul style="list-style-type: none"> • Internet access and computers for children to use to complete schoolwork or participate in virtual classes if the parent/caregiver Ryan White appointment occurs during school hours • Age-appropriate educational supplies • Healthy food/snacks • Masks and personal protective equipment (PPEs) especially designed for children • A variety of inviting equipment and play materials accessible to children • Kid-friendly and visually appealing space with sufficient and uncluttered space for active play with an additional cozy space set aside for individual and quiet play • Kid-friendly videos available to watch • Available 5 days a week 	

Appendix A: Examples of Childcare Resources

California Department of Social Services, Childcare Licensing

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

The State of California requires licensed childcare providers to complete trainings in First Aid/CPR; fire and electrical safety; child development; waste disposal procedures; child abuse (includes sexual abuse); Health Insurance Portability and Accountability Act of 1996 (HIPAA) and confidentiality; infection control and preventative health measures; and the American Disabilities Act (ADA). Visit the website for additional information on childcare licensing rules and regulations.

Child Care Alliance Los Angeles offers voucher-based services for low income families.

<https://www.ccala.net/>

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

Los Angeles Education Partnership

www.laep.org

LAEP offers childcare for parent workshops, meetings, conferences, and other activities on a fee-for-service basis. LAEP brings all the necessary materials and supplies, including snacks.



2021-2022 Legislative Docket

(Approved by the Public Policy Committee as of 06/7/2021)

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH | County bills noted w/asterisk

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 4 (Arambula)	Medi-Cal: eligibility	The bill would extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB4	Support	<i>16-JUNE-21 Referred to Committee on Health</i>
AB 15 (Chiu)	COVID-19 relief: tenancy: Tenant Stabilization Act of 2021	This bill would extend the definition of "COVID-19 rental debt" as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and December 31, 2021. The bill would also extend the repeal date of the act to January 1, 2026. The bill would make other conforming changes to align with these extended dates. By extending the repeal date of the act, the bill would expand the crime of perjury and create a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB15	Support with questions	11-JAN-21 Referred to Committee on Housing and Community Development
AB 16 (Chiu)	Tenancies: COVID- 19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021	This bill would establish the Tenant, Small Landlord, and Affordable Housing Provider Stabilization Program. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB16	Watch	13-JAN-21 Re-referred to Committee on Housing and Community Development

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 19 (Santiago)	Unemployment insurance compensation: COVID-19 pandemic: temporary benefits	This bill would require the Employment Development Department to provide, until July 1, 2022, following the termination of assistance pursuant to Pandemic Unemployment Assistance (PUA) and Pandemic Emergency Unemployment Compensation (PEUC) or any other federal or state supplemental unemployment compensation payments for unemployment due to the COVID-19 pandemic, in addition to an individual's weekly benefit amount as otherwise provided for by existing unemployment compensation law, unemployment compensation benefits equivalent to the terminated federal or state supplemental unemployment compensation payments for the remainder of the duration of time the individual is unemployed due to the COVID-19 pandemic, notwithstanding the weekly benefit cap. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB19	Watch with more information	11-JAN-21 Referred to Committee on Insurance
AB 32 (Aguiar-Curry)	Telehealth	The bill would authorize a provider to enroll or recertify an individual in Medi-Cal programs through telehealth and other forms of virtual communication. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB32	Support	<i>09-JUNE-21 Referred to Committee on Health</i>
AB 65 (Low)	Low. California Universal Basic Income Program	This bill would declare the intent of the Legislature to enact legislation to create a California Universal Basic Income Program, with the intention of ensuring economic security for all Californians. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB65	Watch	<i>20-MAY-21 In Committee: Held Under Submission</i>
AB 71 (Luz Rivas)	Homelessness funding: Bring California Home Act	This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer's global low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions. The bill would exempt any standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB71	Support	<i>03-JUNE-21 Ordered to Inactive File at the Request of Assembly Member Luz Rivas</i>
AB 77 (Petrie-Norris)	Substance use disorder treatment services	This bill would declare the intent of the Legislature to enact Jarrod's Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the <i>State Department of Health Care Services</i> . https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB77	Support	26-MAR-21 Re-referred to Committee on Health

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 218 (Ward)	Change of gender and sex identifier	<p>This bill would recast these provisions relating to new birth certificates to provide for a change in gender and sex identifier and to specify that a person who was issued a birth certificate by this state, rather than a person born in this state, may obtain a new birth certificate.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB218</p>	Support	<p><i>09-JUNE-21 Referred to Committees on Judiciary and Health.</i></p>
AB 240 (Rodriguez)	Local health department workforce assessment.	<p>This bill would require the department to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB240</p>	Support with Questions	<p><i>17-JUNE-21 From Committee: Amend, and Do Pass as Amended and Re-refer to Committee on Appropriations</i></p>
AB 245 (Chiu)	Educational equity: student records: name and gender changes	<p>This bill would require a campus of the University of California, California State University, or California Community Colleges to update a former student's records to include the student's updated legal name or gender if the institution receives government-issued documentation, as described, from the student demonstrating that the former student's legal name or gender has been changed.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB245</p>	Support	<p><i>03-JUNE-21 Referred to Committees on Education and Judiciary</i></p>
AB 328 (Chiu)	Reentry Housing Program	<p>This bill would establish the Reentry Housing Program. The bill would require the Department of Housing and Community Development to, on or before July 1, 2022, take specified actions to, upon appropriation by the Legislature, provide grants to counties and continuums of care, as defined, for evidence-based housing and housing-based services interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB328</p>	Support	<p><i>20-May-21 In Committee: Hearing Postponed by Committee</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 369 (Kamlager)	Medi-Cal: street medicine and utilization controls	<p>This bill would require the department to implement a program of presumptive eligibility for individuals experiencing homelessness, under which an individual would receive full-scope Medi-Cal benefits without a share of cost.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB369</p>	Support	<p>15-JUNE-21 From Committee Chair, with Author's Amendments: Amend, and Re-refer to Committee. Read Second Time, Amended, and Re-referred to Committee on Health</p>
AB 439 (Bauer- Kahan)	Certificates of death: gender identity	<p>This bill would authorize the decedent's gender identity to be recorded as female, male, or nonbinary.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB439</p>	Support	<p>16-JUNE-21 Read Second Time. Ordered to Third Reading</p>
AB 453 (Garcia)	Sexual battery: nonconsensual condom removal	<p>This bill would additionally provide that a person commits a sexual battery who causes contact between a penis, from which a condom has been removed, and the intimate part of another who did not verbally consent to the condom being removed.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB453</p>	Oppose	<p>08-JUNE-21 From Committee: Do Pass and Re- refer to Committee on Appropriations with Recommendation: To Consent Calendar</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 789 (Low)	Health care facilities	This bill would require a primary care services in an outpatient department of a health facility or a primary care clinic, as specified, to offer a patient receiving health services a hepatitis B screening test and a hepatitis C screening test, as specified. The bill would also require the practitioner to offer the patient follow up health care or refer the patient to a health care provider who can provide follow up health care if the screening test is positive or reactive, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB789	Support	<i>09-JUNE-21 Referred to Committees on Health and Judiciary</i>
AB 835 (Nazarian)	Hospital emergency departments: HIV testing	This bill would require every patient who has blood drawn at a hospital emergency department to be offered an HIV test, as specified. The bill would specify the manner in which the results of that test are provided. The bill would state that a hospital emergency department is not required to offer an HIV test to a patient if the department determines that the patient is being treated for a life-threatening emergency or if they determine the person lacks the capacity to consent to an HIV test. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835	Support	<i>16-JUNE-21 Referred to Committee on Health</i>
AB 1038 (Gipson)	California Health Equity Program	This bill would establish the California Health Equity Program, a competitive grant program administered by the Office of Health Equity to community-based nonprofit organizations, community clinics, local health departments, and tribal organizations to take actions related to health equity. The bill would establish the California Health Equity Fund. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1038	Support	<i>16-JUNE-21 Referred to Committee on Health</i>
AB 1344 (Arambula)	State Department of Public Health: needle and syringe exchange services	This bill would expressly exempt needle and syringe exchange services application submissions, authorizations, and operations from review under the California Environmental Quality Act. Further, the bill would provide that the services provided by an entity authorized to provide those needle and syringe exchange services, and any foreseeable and reasonable consequences of providing those services, do not constitute a public nuisance under specified existing law. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1344	Support	<i>16-JUNE-21 From Committee: Do Pass and Re- refer to Committee on Environmental Quality</i>
AB 1400 (Kalra)	Guaranteed Health Care for All	This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1400	Support	<i>22-FEB-21 Read first time.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1407 (Burke)	Nurses: implicit bias courses.	This bill would state the intent of the Legislature to enact legislation that would address discrimination in health care. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1407	Support	<i>15-JUNE-21 From Committee Chair, with Author's Amendments: Amend, and Re-refer to Committee. Read Second Time, Amended, and Re-referred to Committee on Business, Professions, and Economic Development</i>
AB 2218 (Santiago) (Formerly)	Transgender Wellness and Equity Fund	This law establishes the Transgender Wellness and Equity Fund to organizations serving people that identify as transgender, gender nonconforming, or intersex (TGI), to create or fund TGI-specific housing programs and partnerships with hospitals, health care clinics, and other medical providers to provide TGI-focused health care, as defined, and related education programs for health care providers.	In Support of Transgender Wellness Fund	26-SEP-20 Approved by the Governor
SB 17 (Pan)	Public health crisis: racism	This bill would state the intent of the Legislature to enact legislation to require the department to address racism as a public health crisis. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB17	Support	<i>10-JUNE-21 Referred to Committee on Accountability and Admin. Review</i>
SB 56 (Durazo)	Medi-Cal: eligibility	This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB56	Support	<i>14-JUNE-21 From Committee with Author's Amendments. Read Second Time and Amended. Re- referred to Committee on Health</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 57 (Wiener)	Controlled Substances: Overdose Prevention Program	<p>This bill would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, and providing access or referrals to substance use disorder treatment.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB57</p>	Support	<i>28-MAY-21 Referred to Committees on Health and Public Safety</i>
SB 110 (Weiner)	Substance use disorder services: contingency management services	<p>This bill will expand substance use disorder services to include contingency management services, as specified, subject to utilization controls.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB110</p>	Opposed Unless Amended	<i>17-JUNE-21 Referred to Committee on Health</i>
SB 217 (Dahle)	Comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education.	<p>This bill would require the governing board of a school district to adopt a policy at a publicly noticed meeting specifying how parents and guardians of pupils may inspect the written and audiovisual educational materials used in comprehensive sexual health education.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB217</p>	Opposed Unless Amended	<i>20-MAY-21 May 20 Hearing: Held in Committee and Under Submission</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 221 (Wiener)	Health care coverage: timely access to care	The bill would require both a health care service plan and a health insurer to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan or a health insurer to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a follow up appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. By imposing new requirements on health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB221	Support	<i>10-JUNE-21 Referred to Committee on Health</i>
SB 225 (Wiener)	Medical procedures: individuals born with variations in their physical sex characteristics	This bill would prohibit a physician and surgeon from performing certain sex organ modification procedures on an individual born with variations in their physical sex characteristics who is under 12 years of age unless the procedure is a surgery required to address an immediate risk of physical harm, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB225	Support	05-APR-21 April 5 Set for First Hearing Canceled at the Request of the Author.
SB 258 (Laird)	Aging	The bill would revise this definition "greatest social need" to include human immunodeficiency virus (HIV) status as a specified noneconomic factor. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB258	Support	<i>08-JUNE-21 June 15 Hearing Postponed by Committee</i>
SB 306 (Pan)	Sexually transmitted disease: testing	This bill would require a health care provider to include "expedited partner therapy" on a prescription if the practitioner is unable to obtain the name of a patient's sexual partner. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB306	Support	<i>10-JUNE-21 Referred to Committees on Health and Business and Professions</i>
SB 316 (Eggman)	Medi-Cal: federally qualified health centers and rural health clinics	This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB316	Support	<i>10-JUNE-21 Referred to Committee on Health</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 357 (Wiener)	Crimes: loitering for the purpose of engaging in a prostitution offense	Existing law prohibits soliciting or engaging in an act of prostitution. This bill would repeal those provisions related to loitering with the intent to commit prostitution and would make other conforming changes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB357	Support	<i>10-JUNE-21 Referred to Committee on Public Safety</i>
SB 464 (Hurtado)	California Food Assistance Program: eligibility	This bill, commencing January 1, 2023, would instead make a noncitizen applicant eligible for the California Food Assistance Program if the noncitizen satisfies all eligibility criteria for participation in the CalFresh program except any requirements related to immigration status. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB464	Support	<i>10-JUNE-21 Referred to Committee on Human Services</i>
SB 523 (Leyva)	Health care coverage: contraceptives	This bill would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issues, amended, renewed, or delivered on and after January 1, 2022. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB523	Support	<i>14-JUNE-21 Re-referred to Committees on Health and Labor and Employment</i>
SB 803 (Beall) (Formerly)	Mental health services: peer support specialist certification	This law requires the department, by July 1, 2022, to establish statewide requirements for counties to use in developing certification programs for the certification of peer support specialists. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB803	Requires funding to implement. The State has proposed \$4.7 million for 22- 23 fiscal year. LAC is in support of the proposal.	25-SEP-20 Approved by the Governor
FEDERAL BILLS				
H.R.5 (Cicilline)	Equality Act	This bill prohibits discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system. https://www.congress.gov/bill/117th-congress/house-bill/5	Support	25-FEB-21 Passed in House

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R. 1201 (Lowenthal-Markey)	International Human 5 Rights Defense Act of 2021	<p>The bill is to establish in the Bureau of Democracy, Human Rights, and Labor of the Department of State a Special Envoy for the Human Rights of LGBTQI Peoples. The Special Envoy shall serve as the principal advisor to the Secretary of State regarding human rights for LGBTQI people internationally.</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/1201/text</p>	Support	<i>02-APRIL-21 Referred to the Subcommittee on Africa, Global Health and Global Human Rights</i>
H.R. 1280 (Bass)	George Floyd Justice and Policing Act of 2021	<p>This bill addresses a wide range of policies and issues regarding policing practices and law enforcement accountability. It increases accountability for law enforcement misconduct, restricts the use of certain policing practices, enhances transparency and data collection, and establishes</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/1280?q=%7B%22search%22%3A%5B%22George+Floyd+Justice+and+Policing+Act+of+2021%22%5D%7D&s=2&r=1</p>	Support	<i>03/09/2021 Received in the Senate</i>
S.1 (Merkley)	For the People Act	<p>This bill addresses voter access, election integrity and security, campaign finance, and ethics for the three branches of government.</p> <p>https://www.congress.gov/bill/117th-congress/senate-bill/1?q=%7B%22search%22%3A%5B%22S+1%22%5D%7D&s=1&r=1</p>	Support	<i>05/11/2021 Committee on Rules and Administration. Failed to report favorably</i>
S. 4263 (Leahy)	John Lewis Voting Rights Advancement Act	<p>To amend the Voting Rights Act of 1965 to revise the criteria for determining which States and political subdivisions are subject to section 4 of the Act, and for other purposes.</p> <p>https://www.congress.gov/bill/116th-congress/senate-bill/4263?q=%7B%22search%22%3A%5B%22S+4263%22%5D%7D&s=6&r=1</p>	Support	<i>07/22/2020 Read twice and referred to the Committee on the Judiciary.</i>



LOS ANGELES COUNTY
COMMISSION ON HIV



MOTION #5

Mark Mintline, DDS

Membership Application on File with the Commission Office

**Western University College of Dental Medicine
CURRICULUM VITAE**

Prepared: 12/03/2020

Name: Mark Mintline

Position: Assistant Professor, Co-Director of Advanced Diagnostic Workgroup

EDUCATION:

09/2005-06/2009	University of California, Davis	Davis, California	B.S.
09/2009-06/2013	UCLA School of Dentistry	Los Angeles, California	D.D.S.
07/2013-06/2016	University of Florida, College of Dentistry	Gainesville, Florida	Certificate

LICENSES, CERTIFICATION:

2013	Dental National Board Certification
2013	Dentist License, California Dental Board
2013	DEA Certification
2015	Fellow, American Academy of Oral & Maxillofacial Pathology
2016	Board Certification, American Board of Oral & Maxillofacial Pathology
2016	Basic Life Support Certification
2018	Oral and Maxillofacial Pathology Laboratory Director, California Department of Public Health

PRINCIPAL POSITIONS HELD:

07/2015-06/2016	University of Florida, College of Dentistry Gainesville, Florida	Chief Resident of Oral & Maxillofacial Pathology
07/2016-10/2016	University of Florida, College of Dentistry Gainesville, Florida	Post-Residency, Fellow ABOMP Board Preparation
01/2017-01/2018	Good News Rescue Mission Redding, CA	Dentist, volunteer
07/2017-06/2018	Shasta Community Health Center Redding, California	Dentist

07/2017-06/2018	UCSF School of Dentistry San Francisco, California	Clinical Instructor
07/2017-06/2018	Western University of Health Sciences Pomona, California	Assistant Clinical Professor
07/2017-06/2018	NYU Lutheran, Dental Medicine Brooklyn, New York	AEGD Assistant Clinical Professor
07/2017-06/2018	AT Still University Arizona School of Dentistry & Oral Health Mesa, Arizona	Assistant Clinical Professor
01/2018-06/2018	Rolling Hills Dental Clinic Red Bluff, California	Dentist
09/2017-06/2018	Shasta Pathology Associates Redding, California	Oral & Maxillofacial Pathologist
07/2018-Present	Western University of Health Sciences Pomona, California	Assistant Professor

HONORS AND AWARDS:

2009	UC Davis, Graduated with Highest Honors
2009	UC Davis, Completed the Integration Studies Honors Program
2009	UC Davis, Completed the Davis Honors Challenge Program
2009	UC Davis, College of Biological Sciences Citation for Outstanding Performance
2013	Wilson-Jennings-Bloomfield UCLA Venice Dental Center Award: Excellence in General Dentistry and Clinical Care
2013	UCLA, Section of Oral & Maxillofacial Surgery Award
2013	UCLA, AAOMP Student Award
2015	AAOMP, Waldron Award: Best Resident Research Poster at Annual Meeting
2016	UFCD, Spring Synergy First Place Oral Presentation: Excellence in MS/Resident Research

KEYWORDS/AREAS OF INTEREST:

Oral health, clinical oral pathology, general dentistry, bone lesions, preventive dentistry, dental imaging, hematologic malignancies, oral pathology, dental education.

CLINICAL ACTIVITIES SUMMARY:

I am committed to improving the public's oral health with compassionate clinical care and education. I want to provide the public with a better understanding of oral health, deliver comprehensive oral care, and diagnose oral lesions. I take pride in providing oral medicine services to underserved populations and mentoring dental professionals.

PROFESSIONAL ACTIVITIES

PROFESSIONAL ORGANIZATIONS

Memberships

2013-2017	American Dental Association
2013-2017	California Dental Association
2017	Northern California Dental Society
2015-2020	American Academy of Oral & Maxillofacial Pathology

INVITED PRESENTATIONS

NATIONAL

- 2018 American Academy of Oral & Maxillofacial Pathology Annual Meeting, Cincinnati, OH (oral presentation)
- 2016 American Academy of Oral & Maxillofacial Pathology Annual Meeting, Cincinnati, OH (oral presentation)
- 2015 American Academy of Oral & Maxillofacial Pathology Annual Meeting, San Diego, CA (poster)
- 2014 American Academy of Oral & Maxillofacial Pathology Annual Meeting, St. Augustine, FL (poster)

REGIONAL AND OTHER INVITED PRESENTATIONS

- 2015 Society for Hematopathology Workshop, Long Beach, CA (presentation)
- 2017 Oral Surgery Grand Rounds, UCLA School of Dentistry, Los Angeles, CA (lecture)
- 2017-2018 UCLA School of Dentistry, Oral Surgery Department (lecture series)
- 2019 Indian Health Services Dental Conference, Sacramento, CA (oral presentation)

2021 MEMBERSHIP RENEWAL SLATE-MOTION #6

Approve Membership Applications, as presented or revised, and forward to the June 24, 2021 Executive Committee meeting and then to the July 8, 2021 Commission meeting for recommendation to Board of Supervisors, as follows:

- Everardo Alvizo (Seat 3)
- Derek Murray (Seat 5)
- Harold Glenn San Agustin (Seat 13)
- Alasdair Burton (Seat 21, Alternate)
- Joe Green (Seat 33)
- Bridget Gordon (Seat 35)
- Danielle Campbell (Seat 37)
- Justin Valero (Seat 39)
- Maribel Ulloa (Seat 41)
- Paul Nash (Seat 45)
- Felipe Findley (Seat 49)



2021 MEMBERSHIP ROSTER | UPDATED 06.22.21

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
3	City of Long Beach representative	1	PP&A	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2020	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	PP&A EXC	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	EXC OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	EXC	David Lee, MPH, LCSW	Charles Drew University	July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2020	June 30, 2022	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	PP&A	Alexander Luckie Fuller	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2019	June 30, 2021	Damone Thomas (PP&A)
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2020	June 30, 2022	Amiya Wilson (SBP)(LOA)
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2019	June 30, 2021	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	Damontae Hack (PP&A)
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Reba Stevns (SBP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2019	June 30, 2021	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2019	June 30, 2021	Michele Daniels (OPS)
28	Unaffiliated consumer, Supervisorial District 2	1	PP	Nestor Kamurigi (PP)	No affiliation	July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			Vacant		July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (OPS)
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Tony Spears (PP)
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	EXC OPS SBP	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5			Vacant		July 1, 2020	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	PP	Gerald Garth, MS	AMAAD Institute	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	OPS	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS (LOA)	W. King Health Care Group	July 1, 2020	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS SBP	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
TOTAL:		40						

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

LOA: Leave of Absence

Overall total: 52



POLICY/ PROCEDURES:	NO. #08.3204	Commission and Committee Meeting Absences
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PROPOSED REVISIONS FOR 6.24.21 OPERATIONS/EXECUTIVE COMMITTEE MEETING | MOTION #7

SUBJECT: Commission and Committee Meeting Absences

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

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

Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused. *Unaffiliated Consumer members experiencing hardship will be assessed on a case by case basis on their overall level of participation and record of attendance to determine appropriate next steps.*

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

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

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

PROCEDURE:

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

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

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

NOTED AND APPROVED:		EFFECTIVE DATE:	07/11/2019
Original Approval: 11/24/2008	Revision(s): 05/23/16; 7/24/17; 7/11/2019; <i>6/24/21</i>		



Black/African American Community (BAAC) Task Force May 24, 2021

Background & Mission

The BAAC Task Force was formed in response to the Commission on HIV's (COH) February 14, 2019 National Black HIV/AIDS Awareness Day (NBHAAD) Panel discussion in an effort to address the disproportionate impact of HIV/AIDS in the Black/African American (AA) communities of Los Angeles County.

The BAAC Task Force convened on April 30, 2019 to develop a progressive and inclusive agenda to address and provide recommendations to the COH on how to reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIs in all subsets of the Black/AA community utilizing a community-wide mobilization effort.

Goals & Objectives

- Identify strategies on how the COH can support Black/AA leaders and community stakeholders in an effort to end HIV in the Black/AA community
- Identify HIV prevention, care and treatment best practices in the Black/AA community
- Identify specific strategies to reduce HIV stigma in the Black/AA community

Key Accomplishments

- Developed a comprehensive and community driven set of general and subpopulation-specific recommendations
- Held a hugely successful special panel presentation of Black medical professionals addressing HIV in Black/AA communities in February 2020 in commemoration of National Black HIV/AIDS Awareness Day
- Issued a solidarity statement in response to the George Floyd, Jr. murder and racial injustices
- Developed a Commitment Statement to reconstitute the Task Force's mission
- Developed an Task Force Interest Form for recruitment and outreach
- Successfully submitted relevant recommendations to the County's new PROSPERLA initiative; the County's effort to solicit innovative ideas to streamline the County's contracting process, assist businesses, and identify potential cost-savings to County operations
- Participated in the February 2021 PACE (Prevention through Active Community Engagement) Townhall in commemoration of National Black HIV/AIDS Awareness Day
- Developed a social media tool kit promoting the recommendations and the task force that was released February 2021 in commemoration of Black History Month and National Black HIV/AIDS Awareness Day
- Successfully accomplished General Recommendation #1:
 - Compiled and submitted list of training topics to DHSP
 - DHSP is incorporating requested trainings into new and renewing DHSP contracts
 - DHSP developed a comprehensive Implicit Bias training for all DHSP contracted providers
- Currently working with DHSP to develop a community wide PrEP social media marketing campaign with focus on the general Black/AA community and its subpopulations, i.e. women, trans, MSM, youth, IUD
- Currently working with DHSP to address key recommendations #3 and #9, and other recommendations identified within its scope

- Commission incorporated recommendations into its planning activities:
 - Public Policy Committee included recommendations into its policy priorities and legislative docket
 - Planning Priorities & Allocations Committee included the task force recommendations in its program directives
 - Additional Committees, Caucus and Task Forces have included the recommendations in their work plans and are strategizing ways to incorporate into its planning activities
- Recommendations were included in the Commission's Annual Report to the Board of Supervisors and included in the RWP Grant Application and progress reports to HRSA.



**(REVISED) Black/African American Community (BAAC) Task Force
Recommendations**

October 10, 2019

Introduction

The BAAC Task Force was formed in response to the Commission on HIV's (COH) February 14, 2019 National Black HIV/AIDS Awareness Day (NBHAAD) Panel discussion in an effort to address the disproportionate impact of HIV/AIDS in the Black/African American (AA) communities of Los Angeles County.

The BAAC Task Force convened on April 30, 2019 to develop a progressive and inclusive agenda to address and provide recommendations to the COH on how to reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIs in all subsets of the Black/AA community utilizing a community-wide mobilization effort.

Healthcare Disparities in the Black/AA Community

The United States Census Bureau estimates Black/AA living in Los Angeles County (LAC) at 9% or approximately 909,500 as of 2018.⁽¹⁾ In 2017, there were 51,438 persons living with diagnosed HIV (PLWH) in LAC. **Twenty percent (20%) were Black/AA.**⁽²⁾

In 2016, **the highest overall rate of HIV diagnoses was among African Americans (56 per 100,000)**, followed by Latinos (19 per 100,000), whites (12 per 100,000), and Asians (6 per 100,000). These differences in rates were also observed by sex, most notably among **African American females (17 per 100,000) where the rate of HIV diagnoses** was 8 times higher than that of white females (2 per 100,000) and 5 times higher than the rate for Latinas (3 per 100,000). Among **males**, the rate of HIV diagnoses among **African Americans (101 per 100,000)** was 5 times higher than among whites (22 per 100,000) and 3 times higher than the rate for Latinos (34 per 100,000).⁽²⁾

The highest rate of stage 3 diagnoses (Acquired Immunodeficiency Syndrome) (AIDS) was among African Americans (18 per 100,000). The rate of stage 3 diagnoses for **African American females (6 per 100,000)** was 9 times higher than the rate for white females (<1 per 100,000) and 3 times higher than the rate for Latinas (2 per 100,000). Among **males**, the rate of stage 3 diagnoses for **African Americans (32 per 100,000)** was 4 times higher than the rate for whites (9 per 100,000) and 3 times higher than the rate for Latinos (13 per 100,000).⁽²⁾



Black/AA Care Continuum as of 2016⁽³⁾

Demographic Characteristics	Diagnosed/Living with HIV	Linked to Care ≤30 days	Engaged in Care	Retained in Care	New Unmet Need (Not Retained)	Virally Suppressed
Race/Ethnicity						
African American	9,962	54.2%	65.9%	49.7%	50.3%	53.0%
Latino	21,095	65.4%	68.3%	55.7%	44.3%	59.7%
Asian/Pacific Islander	1,710	80.5%	74.6%	60.5%	39.5%	68.5%
American Indian/Alaskan Native	294	75.0%	70.1%	54.10%	45.9%	52.4%
White	14,778	75.2%	71.6%	54.5%	45.5%	64.9%

The Ryan White (RW) program in LAC served 15,747 individuals between March 1, 2018 and February 28, 2019. Three-thousand three-hundred sixty (3,360) were Black/AA during the same period. ⁽⁴⁾

Objectives:

- **Identify** strategies on how the COH can support Black/AA leaders and community stakeholders in an effort to end HIV in the Black/AA community
- **Identify** HIV prevention, care and treatment best practices in the Black/AA community
- **Identify** specific strategies to reduce HIV stigma in the Black/AA community

General/Overall Recommendations:

1. Provide on-site cultural sensitivity and education training – to include addressing implicit bias and medical mistrust within the Black/AA community – for all County-contracted providers and adopt cultural humility into the local HIV provider framework. *Decision makers must realize their own power, privilege and prejudices and be willing to accept that acquired education and credentials alone are insufficient to address the HIV epidemic in the Black/AA community.*
2. Revise messaging County-wide around HIV to be more inclusive, i.e., “If you engage in sexual activity . . . you’re at risk of HIV” in an effort to reduce stigma.
3. Incorporate universal marketing strategies for HIV prevention that appeal to all subsets of the Black/AA community in an effort to reduce stigma and increase awareness.
4. Provide resources to Community-Based Organizations (CBOs) to develop, implement and evaluate primary prevention interventions which are culturally appropriate and relevant.



5. Support young people's right to the provision of confidential sexual health care services.
6. Increase Pre-exposure Prophylaxis (PrEP) advertising within the Black/AA community to increase awareness. Marketing materials must depict the very community it is attempting to reach - specifically, Black/AA youth, women, transgender individuals, and gender nonconforming populations.
7. Initiate or partner in culturally informed research that aims to address the needs of the Black/AA communities. Researchers, whenever possible, must mirror the affected community it purports to study. Community reflectiveness in academic and CBO partnerships should include training in instrument development, data interpretation, presentations and publications.
8. Increase use of local statistics regarding new infections and disparities to educate and plan for the community; request Department of Public Health data be organized by Health Districts and zip codes to better target and identify communities in need.
9. Provide technical assistance to aid Black/AA agencies in obtaining funds for culturally sensitive services.
10. Proactively reach out to engage CBOs that are connected to the local Black/AA community.
11. End the practice of releasing Request for Proposals (RFPs) that have narrowly defined "Proposer's Minimum Mandatory Requirements." *This discriminatory practice purposely disqualifies existing relevant CBOs and other agencies that provide intersection health and human services.* When issuing RFAs, RFPs, or RFSQs, establish a demonstration/data pilot by creating a 15% funding carve-out for CBO's/ASO's, whose qualifications are below the "Minimum Mandatory Requirements", but at an agreed upon standard, to identify the proven and effective grassroots/community empowerment efforts that reach specified Black/AA audiences. This will allow DHSP in collaboration with the Commission to determine the efficacy of methodologies for outreach, linkages to care, retention in care, and other sensitive treatment and prevention interventions that are effective in reducing new HIV cases.
12. Continue to evaluate for effectiveness and increase the investment in Vulnerable Populations Grants that target subset populations of the Black/AA community (i.e. Trans men/women, women & girls, MSM) to address barriers and social determinates of health.
13. Engage agencies already funded as well as those not currently funded to focus on a Countywide PrEP Education and Outreach mini-grant process that will target all various subset populations of the Black/AA community, i.e. Trans community, women & girls, MSM.



14. Increase mobilization of community efforts to include:

- a. Increase community awareness fairs and social media campaigns intended to promote health and wellness in the Black/AA community, with concentration in high incidence areas;
- b. Condom distribution in spaces where adults congregate;
- c. HIV education and access to prevention tools in schools, spiritual communities, social clubs, neighborhood associations, etc.;
- d. Fund one social marketing campaign that addresses stigma and internalized homophobia as it relates to health and wellness around HIV;
- e. Support efforts that will ensure additional research and evaluation support be made available to agencies that provide services to the Black/AA community and to increase their capacity to link and collaborate with research institutions; and
- f. Provide training and incentives for CBOs within high incidence areas to prescribe PrEP and nPep.

Population-Specific Recommendations:

Black/African American Trans Men:

The Ryan White (RW) program in LAC served 96 Black/AA Transgender persons during the period of March 1, 2018 to February 28, 2019. This was approximately .6% of the total PLWH/A in LAC.⁽⁴⁾

1. Conduct a Countywide needs assessment of the Trans masculine community that focuses on sexual risk behaviors.
2. Use Williams Institutes' research/data using Sexual Orientation Gender identity (SOGI) (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans male-specific programming.
3. Include Trans men in program decision making.
4. Develop a Trans masculine-specific PrEP campaign which will resonate with and reach Trans men in such a way that the message is not convoluted and therefore lost within the overall PrEP messaging. Messaging should include language around safety and gender affirmation - a campaign that says "Trans masculine individuals . . . this is for YOU." Perhaps include a myth buster around the notion that all Trans men are straight and only date and are sexually involved with cis men; a message that says we know sexual appetites are fluid for Trans men and that is why PrEP is important.
5. Educate/train medical and mental health providers to be more inclusive of Trans masculine bodies and its many different nuances.



6. Create a pilot/demonstration project using the information obtained from the various data sources listed above.

Black/African American Trans Women:

The Ryan White (RW) program in LAC served 96 Black/AA Transgender persons during the period of March 1, 2018 to February 28, 2019. This was approximately .6% of the total PLWH/A in LAC.⁽⁴⁾

1. Conduct a Countywide needs assessment of the Trans women community to address barriers and social determinants of health to better provide more targeted programming.
2. Increase efforts in collecting epidemiological data through surveillance on Trans women for purposes of planning more targeted programming.
3. Use William's Institutes' research/data using SOGI (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans women-specific programming.
4. Include and prioritize Trans women in program decision making.
5. Address stigma and the increasing violence against Trans women.

Black/African American Women and Girls: *(DHSP defined Black/AA women and girls as either childbearing women between the ages of 15-44 and those 50 Years and Older)*

The Ryan White (RW) program in LAC served 501 Black/AA women during the period of March 1, 2018 to February 28, 2019. This is approximately 31.82% of those receiving RW services.⁽⁴⁾

1. Evaluate existing PrEP and prevention access and messaging for impact on intervention groups and community health; assess dissemination methodologies and refine outreach and engagement strategies.
2. Allocate resources to create a PrEP Center for Excellence targeting women and their families, sexual and social networks.
3. Conduct an inventory of County-wide HIV/STD interventions and initiatives that target African American women at risk of and living with HIV that focus on education, employment services, empowerment, co-infections, treatment as prevention (TAsP), sexual reproductive health, intimate partner violence, and mental health.
4. Obtain data for all populations of women, especially those who are pregnant or such age groups affected by the high rates of STIs; include women-specific data in summits, reports, and community forums.



5. Reorganize and adopt educational approaches to care and prevention that incorporate information and knowledge on how preventative methods can benefit the woman within the context of her life. Such approaches include but should not be limited to:
 - a. Integrate train-the-trainer models for community health outreach workers and testing staff that use motivational and empowerment strategies as a tool for risk reduction. Generating collective approaches and solutions that promote honesty and integrity within self and relationships with others is paramount. Hold agencies accountable to host honest adult conversations and have the courage to meet people where they are and build on what they know.
 - b. Generate collective approaches and solutions that promote honesty and integrity of self and relationships with others is paramount; and
 - c. Train community health outreach workers in all HIV Testing Sites to have conversations that validate the experience and power dynamics women confront within their relationships. Most often partners are missing from engagement, enrollment, and retention strategies. Include sexual and social networks in education, outreach, testing and other interventions that support family sustainability as a method of retention.

6. Allocate money to partner with institutions to support three demonstration projects at \$250,000 each led and facilitated by and for Black women:
 - a. Ensure agencies have tools available to demonstrate accountability and cultural competence. Staff should be linguistically and culturally representatives of the community and any intervention include a navigation component to address barriers to recruitment, uptake and retention of prevention and care based programming.
 - b. All protocols should explicitly embrace the experience of women who have sex with men of known or unknown status as well as those diagnosed with HIV/AIDS. Further, qualitative interviews or Audio Computer-Assisted Self-Interview (ACASI) instruments should include an assessment of historical care and prevention participation as well as barriers to continuous engagement and participation.

7. Strategically reflect the needs of women in the jurisdictional stigma reduction efforts by funding projects that reduce stigma and increase access to female controlled HIV preventive tools such as Pre-Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP), and the Female Condom 2 (FC2). Support agencies to integrate comprehensive opportunities for education, research and a complement to other strategies that give women the power to take control of their lives and situations in which have historically had little to no influence.



8. Expand the availability of community-based mental health services as a part of a continuous effort to treat women holistically: HIV and mental health education and awareness should accompany a range of holistic services that recognize that a woman may have multiple traumas that inform her choices. Increased collaborations between community and the private sector which is necessary to build awareness and reduce cultural and social based stigmas associated with mental health care. Increased education and training of non-HIV/AIDS service providers in hopes of offering a full circle of multidisciplinary services to those in need.
9. Develop a standard requiring all contracted organizations offer living wages as an incentive to hiring persons with lived experience. Initiating programming for Black women enables organizations to invest in their peers. Further, increased access to professional development opportunities and resources (ex. Income) enables them to self-sustain and decrease the impact that social correlates of health such as poverty have on informed sexual decision making.

Black/African American Men Who Have Sex with Men (MSM):

The Ryan White (RW) program in LAC served 2,093 Black/AA MSM during the period of March 1, 2018 to February 28, 2019. This was approximately 13.3% of those receiving RW services. (4)

1. Continue to increase the investment in innovative layered interventions that target young MSM and address barriers and social determinates of health like the Vulnerable Populations Grant.
2. Develop and release of Request for Application/Request for Proposal (RFA/RFP) that focuses on HIV positive MSM of all ages who are sexually active and at risk of co-infections.
3. Increase funding and resources in treatment as prevention, social support efforts, housing and mental health services.
4. Address Chemsex within the Black/AA MSM community through CBO led group sessions, evidence-based medicine directed intervention and medication assisted treatment.



Conclusion

Only by genuinely addressing the recommendations as provided above can the Los Angeles County HIV/AIDS Strategy (LACHAS) goals be met. Many of the recommendations provided are in alignment with the LACHAS and the County's Comprehensive HIV Plan (CHP), however, there must be very intentional and targeted efforts made to address social determinants, primarily stigma and racism, in the Black/AA communities. It is not enough to implore the same strategies of old; we must modernize methodologies in our marketing strategies to reach subpopulations within the Black/AA communities who do not identify according to current messaging. Messaging must be *truly* inclusive – “if you are sexually active, you are at risk”.

The adage is true – “to reach them, you have to meet them where they are” - HIV and sexual health education along with HIV prevention interventions must be accessible in schools, jails, churches, barber/beauty shops, and social venues where Black/AA communities gather; while providers must be trained and educated to understand the various cultural nuances that can either stigmatize and subsequently discourage or create a culturally welcoming environment for Black/AA communities to access HIV prevention, care and treatment services.

On behalf of the BAAC Task Force, we thank the Executive Committee for its consideration of the above recommendations and look forward to its plan of action in response.

Special thanks to the following BAAC Task Force members and community stakeholders who volunteered their time and contributed to the development of recommendations: Greg Wilson (COH), Traci Bivens-Davis (COH), Bridget Gordon (COH), Dr. LaShonda Spencer (COH), Danielle Campbell (COH), Yolanda Sumpter (COH), Dr. William King (COH), Cynthia Davis (AHF), Luckie Fuller (COH), Jeffrey King (ITMT), Louis Smith III, Stevie Cole, Ivan Daniel III, Carl Highshaw (AMAAD Institute), Charles McWells (LACADA), Dr. Derrick Butler (THE Clinic), David Lee (CDU), Rev Russell Thornhill (MAPP), Terry Smith (APLA), Doris Reed (COH), Carolyn Echols-Watson (COH) and Dawn Mc Clendon (COH).



Endnotes

1. [Census.gov/quickfacts/fact/table/losangelescountycalifornia; RH1225218](https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia;RH1225218)
 2. 2017 Annual HIV Surveillance Report; Ryan White program Clients Living with HIV YR 28 (03/01/2018 – 02/28/19)ⁱ
 3. Los Angeles County HIV/AIDS Strategy (LACHAS) – P26; Table 5
 4. Ryan White Program Clients YR 28 (3/1/18-2/28/19) Los Angeles County; Utilization by Service Category among Ryan White Priority Populations in Year 28
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THE LOS ANGELES COUNTY COMMISSION ON
HIV BLACK/AFRICAN AMERICAN COMMUNITY
(BAAC) TASK FORCE CORDIALLY INVITES THE
COMMUNITY TO:



A NATIONAL BLACK HIV/AIDS AWARENESS DAY (NBHAAD) PANEL DISCUSSION

The BAAC Task Force was formed in response to the 2019 Commission on HIV NBHAAD panel discussion to address the disproportionate impact of HIV/AIDS in the BAAC. This year, in commemoration of 2020 NBHAAD, the Task Force has convened a panel of Black/African American medical providers to share their experiences and best practices in serving Black/African Americans impacted by HIV/AIDS and STDs in Los Angeles County and address barriers and social determinants of health that disproportionately affect Black/African Americans and to identify solutions in ending the HIV epidemic once and for all.

Esteemed panelists to include:

Derrick L. Butler, MD, MPH

Chief Medical Officer

T.H.E. Health and Wellness Center

Condessa Curly, MD, MPH, MBA

Medical Director Clinic Services

Los Angeles County Department of Public Health

William D. King, MD, JD, AAHIVS

Founder + CEO

W King Health Care Group

Rochelle Rawls, PA

LAC+USC Medical Center, Rand Schrader Clinic

WHEN:

THURS, FEBRUARY 13, 2020
10:00AM

*Panel discussion is part of the
Commission meeting which begins
promptly at 9:00am

WHERE:

ST. ANNE'S CONFERENCE CENTER
155 N. OCCIDENTAL BLVD.
LOS ANGELES, CA 90026

**Complimentary onsite parking
available

***CHILD CARE SERVICES AVAILABLE.
TO RESERVE A SPACE, PLEASE
CONTACT DAWN MCCLENDON AT
DMCCLENDON@LACHIV.ORG OR 213.
639.6716 NO LATER THAN FEB 10TH.

FOR MORE INFORMATION ABOUT
THIS EVENT OR THE BAAC TASK
FORCE, PLEASE CONTACT:



COMMISSION ON HIV
213.738.2816

HIVCOMM@LACHIV.ORG
HTTP://HIV.LACOUNTY.GOV



LOS ANGELES COUNTY
COMMISSION ON HIV



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

TO END HIV, WE MUST END RACISM

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

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

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

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

In Solidarity,

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

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

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

Black African American Community Task Force Commitment Statement

The Black African American Community Task Force (BAAC) convened on April 30, 2019 to develop a progressive and inclusive agenda to address and provide recommendations to the Los Angeles County (LAC) Commission on HIV (COH) and Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), on how to reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIsⁱ in all subsets of the Black/African-American (Black/AA) community by utilizing a community-wide mobilization effort.

With the full understanding that among **preventable, curable and medically manageable health conditions, Black/AA populations continue experience worse outcomes when compared with all other demographics across LAC, the BAAC aims to:**

- **Identify** strategies on how the COH can support Black/AA leaders and community stakeholders to end HIV in the Black/AA community
- **Identify** HIV prevention, care, and treatment best practices in the Black/AA community
- **Identify** specific strategies to reduce HIV stigma in the Black/AA community



Who we are:

The BAAC 'Village' is comprised of community advocates, leaders, and health care professionals. The diversity of both professional and life experience provides a unique opportunity to advise the DHSP; and other bodies who serve Black/AA people, on processes that ensure equitable allocation of funding and resources that will impact our people currently living with or at risk for HIV.

The BAAC actively focuses its efforts on equity, justice, and equalityⁱⁱ as the historical disparities in HIV morbidity and mortality is a direct reflection of unequal access to HIV prevention and treatment services. We believe equality requires the allocation of resources be proportionate to HIV incidence and prevalence. Equity considers the harmful impact of systemic racism, genderism, classism, and misogynyⁱⁱⁱ and recognizes resource distribution will not by itself close the historic health gap between Black/AAs and non-Black/AAs.

Nothing about us without us!

The BAAC will continue to operate from a position of solidarity and strength. The BAAC recognizes that it is comprised of individuals who share a common bond being vested within the Black/AA HIV community. We fully recognize that member diversity may lead to differences in problem solving approaches, opinions, and communication, which if unresolved, not celebrated, and unappreciated, can and will lead to a malfunctioning body. To remedy this, all members of the BAAC agree to a code of conduct exemplifying excellence, respect for self and other taskforce members and constructive methods of communication that honor and support our variety of viewpoints and opinions.

The BAAC is united in ensuring that the COH and DHSP is actively aware of disproportionate HIV/STI related outcomes by race, sex/gender, and class. We remain proactive in providing solutions that are constructed and discussed through an antiracist and antimisogynistic lens. The BAAC is unwilling to accept the current status quo that perpetuates continued lack of adequate medical care, support, and well-being.

As a testament to our commitment to the betterment of the sexual health of Black/AA in Los Angeles County, the BAAC offered 14 general/overall recommendations and 9 population-specific recommendations for consideration by the COH and DHSP. We invite all caucuses, committees, and working group of the COH, and leadership of DHSP to embrace these comprehensive recommendations to guide the development and allocation of resources that impact the most marginalized communities of Black/AA people.

We consider these our truths and intentions respectfully submitted on behalf of the COH BAAC.

ⁱ At year-end 2019, there were 52,004 persons living with diagnosed HIV (PLWH) in LAC. **Twenty percent (20%) of those individuals diagnosed with HIV were Black/AAs, while representing only 8% of the population in LAC.** ([LAC HIV Surveillance Annual Report \(2019\)](#)), Division of HIV and STD Programs, LAC Department of Public Health.)

According to the [LAC HIV Surveillance Annual Report \(2019\)](#), there are continued disparities in HIV diagnosis by population. **Black men and women had higher rate of HIV diagnosis** compared with other race/ethnicity groups. **Populations with lowest achievements in linkage to care included Blacks/AAs. Treatment coverage was lowest for Blacks/AAs** while the **greatest disparities in viral suppression also included the Black/AA population.**

Acquired Immunodeficiency Syndrome (AIDS) is now called “stage 3” per the World Health Organization’s 2010 disease progression classification, (<https://journalofethics.ama-assn.org/article/who-clinical-staging-system-hivaids/2010-03>). **In Los Angeles County, the highest rate of stage 3 (AIDS) diagnoses was among African Americans (18 per 100,000).** The rate of stage 3 diagnoses for **African American females (6 per 100,000)** was 9 times higher than the rate for white females (<1 per 100,000) and 3 times higher than the rate for Latinas (2 per 100,000). Among **males**, the rate of stage 3 diagnoses for **African Americans (32 per 100,000)** was 4 times higher than the rate for whites (9 per 100,000) and 3 times higher than the rate for Latinos (13 per 100,000).

ⁱⁱ **Equity** (defined as the quality of being fair and impartial. "equity of treatment"). **Equality** is defined as the condition of being equal, or the same in quality, measure, esteem or value. **Disparities** - a noticeable and usually significant difference. (<https://www.merriam-webster.com/>)

iii **Systemic racism** – Institutional racism, also known as systemic racism, is a form of racism that is embedded as normal practice within society or an organization. It can lead to such issues as discrimination in criminal justice, employment, housing, health care, political power, and education, among other issues. These systems can include laws and regulations, but also unquestioned social systems. Systemic racism can stem from education, hiring practices or access. (<https://theconversation.com/explainer-what-is-systemic-racism-and-institutional-racism-131152>)

Genderism – Genderism may refer to: Gender binary, the classification of gender into two distinct, opposite, and disconnected forms of masculine and feminine. Gender essentialism, the theory that universal features in social gender are at the root of all differences between men and women. The belief that gender is a binary, comprising male and female, and that the aspects of a person's gender are inherently linked to their sex at birth. (<https://psychology.wikia.org/wiki/Genderism>)

Classism – prejudice or discrimination based on social class or a biased or discriminatory attitude based on distinctions made between social or economic classes; the viewing of society as being composed of distinct classes. (<https://www.nccj.org/classism-0>)

Misogyny – hatred, dislike, or mistrust of women, manifested in various forms such as physical intimidation and abuse, sexual harassment and rape, social shunning, and ostracism, etc. *The underlying misogyny in slut-shaming; historically witch hunts were an embodiment of the misogyny of the time.* Ingrained and institutionalized prejudice against women; sexism. (<https://www.merriam-webster.com/dictionary/misogyny>)



Black African American Community (BAAC) Task Force TASK FORCE INTEREST FORM

The Black African American Community Task Force (BAAC) was formed in 2019 to develop a progressive and inclusive agenda to address, reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIs in all subsets of the Black/African-American community by utilizing a community-wide mobilization effort.

To join in these efforts, we ask that you complete a short interest form.

Name: _____ Agency/Org Affiliation, If Any _____

Phone: _____ Email: _____

Commission Member: YES NO *If no, are you interested in becoming a member? YES NO

Are you able to commit 4-6 hours per month? Active participation and attendance at meetings are required. YES NO

Do you have professional or personal experience in HIV/STD planning and/or advocating for the health and wellness of Black/African American communities in Los Angeles County? If so, please provide a brief summary of that experience.

Starting with 1 being the highest, please rank skills and expertise you are able and willing to contribute to the BAAC Task Force?

- | | |
|--------------------------------------|-----------------------------|
| ___ Planning/ Strategic Thinking | ___ Design |
| ___ Advocacy/ Activism | ___ Direct Services Insight |
| ___ Research/ Evaluation | ___ Communications |
| ___ Community/ Leadership Engagement | ___ Other: _____ |

Please provide 1-3 examples on how the BAAC Task Force, as a planning body, can better meet the needs of Black/African Americans living with and impacted HIV/STDS.

- 1.
- 2.
- 3.

**Please email the Member Interest Form to hivcomm@lachiv.org.
Staff will contact you upon receipt for next steps. Thank you.**

From: McClendon, Dawn
To: Danielle Campbell (danielle.m.campbell@gmail.com); ms.danielle.campbell@gmail.com; Greg Wilson
Cc: Barril, Cheryl; Echols-Watson, Carolyn
Subject: Confirmation of BAAC TF Recommendations Submitted to ProsperLA
Date: Tuesday, November 17, 2020 12:25:00 PM
Attachments: image001.png
image002.png
image003.png
image004.png

Hi Danielle and Greg, just a FYI. I was hoping I'd get a copy of what was submitted, but so far this is all that I've received. I did attached the full BAAC TF recommendations in addition to submitting the specific recommendations agreed upon. I will keep watch on the updates to see if any of the task force's recommendations were accepted as an "actionable idea" and included in their quarterly report – cross fingers. Great job! - Dawn

grat-i-tude

/'grædɪ t(ɪ)ʊd/

the quality of being thankful; readiness to show appreciation for and to return kindness.

Dawn P. McClendon (she.her.hers)

Assistant Director

Los Angeles County Commission on HIV

3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010

County offices are closed to the public due to COVID-19 until further notice

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

To join our email listserv, subscribe by clicking [here](#)



To end HIV, we must end RACISM. Click [here](#) for the Commission's Statement of Solidarity



Visit www.hivconnect.org, a new online tool for resources on HIV and STD testing, prevention and care, service locations, and housing throughout LA County.

Disclaimer: This message is intended for the exclusive use of the recipient(s) named above. It may contain information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you think you have received this e-mail in error, please notify the sender immediately.

Stop HIV Together

a virtual panel discussion with
Black American Community Leaders



**WEDNESDAY, FEBRUARY 24, 2021
11:00 AM – 12:15 PM PST**

In Honor of **National Black History Month and National Black HIV/AIDS Awareness Day**, please join the *Prevention through Active Community Engagement Program*, Los Angeles County Commission on HIV, Faith-Based Action Coalition of San Diego, Christie's Place and the LGBTQ Center Long Beach on a virtual panel discussion with Black American community leaders to **increase awareness, spark conversations, and highlight missed opportunities to reduce HIV in the Black American community.**

REGISTRATION IS NOT REQUIRED

Join from the **Meeting Link**

<https://hhs.webex.com/hhs/j.php?MTID=m0c0ed6010adf9b4b24f19e37ad487ad7>

Meeting number (Access code): 1991459867

Meeting password: mPx4wC3JdJ3

Join by **Phone** +1-415-527-5035

Access code: 1991459867#

**LOS ANGELES COMMISSION ON HIV
BLACK/AFRICAN AMERICAN COMMUNITY
TASK FORCE**

CHRISTIE'S PLACE

**FAITH-BASED ACTION COALITION
OF SAN DIEGO**

**THE LGBTQ CENTER LONG BEACH,
TRANSGENDER HEALTH PROGRAM**

JOIN US TO LEARN THE FOLLOWING

- 1 Review key federal activities and ending the HIV Epidemic updates centered on Black American lives.
- 2 Raise awareness about how HIV/AIDS disproportionately affects the Black American community.
- 3 Consider the impact of stigma, discrimination, and other social determinations of health on ending the HIV Epidemic among Black American communities.
- 4 Share best practices for addressing missed opportunities to eliminate HIV disparities and inequities in the Black American community, combat HIV-related Stigma and advance HIV prevention, diagnosis, and treatment.

#NBHAAD



Ending
the
HIV
Epidemic





BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE

SOCIAL MEDIA TOOL KIT

PURPOSE

Bringing awareness to and calling for community participation in joining the efforts of the Los Angeles County Commission on HIV, Black African American Community (BAAC) Task Force in addressing HIV racial justice to improve HIV-related health outcomes for our Black/African American communities in Los Angeles County.

CALL TO ACTION

Please join us in mobilizing our efforts and share this Social Media Tool Kit far and wide in your communities.

#nothingaboutuswithoutus

Click links below to access resources

[COMMITMENT STATEMENT](#)

[STATEMENT OF SOLIDARITY](#)

[RECOMMENDATIONS](#)

[SOCIAL MEDIA POSTS](#)

[Sample #1](#)

[Sample #2](#)

[Sample #3](#)

[Sample #4](#)

[Sample #5](#)

[HASHTAGS](#)

[#nothingaboutuswithoutus](#)

[#BAAC](#)

[#BAACNBHAAD](#)

[INTEREST FORM](#)





**BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE
SUGGESTED TRAINERS/CONSULTANTS + TRAINING CURRICULUM TOPICS
(Updated 3.19.21)**

At its January 6, 2021 Pre-Meet with the BAAC Co-Chairs to address the BAAC Recommendations, in relation to Recommendation #1, DHSP requested the BAAC Task Force provide suggestions on trainers and training curriculum topics. The BAAC Task Force’s response is as follows:

TRAINERS/CONSULTANTS
www.traliant.com
Diane Burbie @ The Aspire Group
Dr. David Malenbranche
TOPICS
<ul style="list-style-type: none"> • Anti- Blackness • Behavioral Determinants of Health • Colorism • Counterculture • Cultural Competency • Diversity, Inclusion & Sensitivity, Unconscious Bias, and Microaggressions in the Workplace • Homophobia/ Transphobia • Implicit and Unconscious Bias • Internalized Stigma • Intersectionality • Intersection of Homophobia and Race • Microaggressions • Misogamy • Preventing Discrimination and Harassment • Privilege • PTSD/ to include Post Traumatic Slavery Disorder • Racialized Trauma • Social Determinants of Health • Supremacy/ White and other • Systemic Racism • Toxic Masculinity • Medical Mistrust: Teach on historical and current medical history that leads to medical mistrust: medicine during slavery: e.g., Marion Sims, antebellum medicine; germs with color lines; Tuskegee syphilis experiment, forced sterilization, experimentation in Guatemala and in the incarcerated • Importance of physician: patient racial concordance and impact on positive health care outcomes and improved access • Paucity of physicians of color so need for these programs for non-AA and Latinx health care workers to not address racial and social stereotypes when developing these programs, addressing implicit and explicit bias, systemic racism within the health care system • History of the Black Church in community engagement and in early stigma, homophobia