



LOS ANGELES COUNTY
COMMISSION ON HIV



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COMMISSION ON HIV Virtual Meeting

Thursday, April 8, 2021

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

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

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

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

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



****REVISED****

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, April 8, 2021 | 9:00 AM – 1:30 PM

To Register/Join by Computer: <https://tinyurl.com/by3b77ax>

**link is for members of the public*

To Join by Telephone: 1-415-655-0001 Access code: 145 388 6394

AGENDA POSTED: April 1, 2021 (Revised April 5, 2021)

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

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

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

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

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

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

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

	Call to Order and Roll Call	9:00 AM – 9:05 AM
1.	<u>ADMINISTRATIVE MATTERS</u>	
	A. Approval of Agenda	MOTION #1 9:05 AM – 9:07 AM
	B. Approval of Meeting Minutes	MOTION #2 9:07 AM – 9:10 AM
2.	<u>WELCOME, INTRODUCTIONS AND VIRTUAL MEETING GUIDELINES</u>	9:10 AM – 9:15 AM
3.	<u>PARLIAMENTARIAN TRAINING</u>	9:15 AM – 9:45 AM
4.	<u>REPORTS - I</u>	
	A. Executive Director/Staff Report	9:45 AM – 10:00 AM
	(1) Commission and County Operational Updates	
	(2) 2021 Commission Work Plan and Activities	
	(3) HealthHIV/Commission Effectiveness Assessment Survey EXTENDED DEADLINE: April 9, 2021	
	B. Co-Chair Report	10:00 AM – 10:20 AM
	(1) COH Statement in Support of AAPI Community	
	(2) Recognition of National Youth HIV/AIDS Awareness Day	
	(3) COH Letter Re: COVID Vaccination and Prioritizing People Living with HIV UPDATES	
	(4) Meaningful Involvement of People Living with HIV (MIPA)	
	(5) Commission Seat Vacancies	
5.	<u>DISCUSSION</u>	
	A. “So You Want to Talk About Race” by Ijeoma Oluo Reading Activity	10:20AM – 11:20 AM
	• Chapters 2 & 3	
	B. Los Angeles County Human Relations Commission Guided Discussion & Training	
	• Stages in Relationships (Trust is the Engine)	
6.	<u>BREAK</u>	11:20 AM – 11:30 AM
7.	<u>PRESENTATION</u>	11:30 AM – 11:45 AM
	A. Healing our Hearts, Minds and Bodies: Evidence-Informed Intervention for African Americans and LatinX Living with HIV/AIDS Presented by Gail E. Wyatt, PhD, Professor, Dept. of Psychiatry & Biobehavioral Sciences, UCLA Semel Institute for Neuroscience and Human Behavior	
8.	<u>REPORTS - II</u>	
	A. California Office of AIDS (OA) Report	11:45 AM – 11:50 AM
	(1) California HIV Planning Group (CPG) Update	

8. REPORTS – II (cont’d)

- B. LA County Department of Public Health Report 11:50 AM – 12:10 PM
- (1) Division of HIV/STD Programs (DHSP) Updates
 - (a) Programmatic and Fiscal Updates
 - Emergency Financial Assistance (EFA) | UPDATES
 - (b) Ending the HIV Epidemic (EHE) Activities & Updates
- C. Housing Opportunities for People Living with AIDS (HOPWA) Report 12:10 PM – 12:20 PM
- D. Ryan White Program Parts C, D, and F Report 12:20 PM – 12:22 PM
- E. Cities, Health Districts, Service Planning Area (SPA) Reports 12:22 PM – 12:25 PM

9. REPORTS - III

- A. Standing Committee Reports 12:25 PM – 1:10 PM
- (1) Operations Committee
 - (a) Membership Management
 - (b) Membership Application Redevelopment | UPDATE
 - (c) Engagement + Retention Strategies
 - (2) Planning, Priorities and Allocations (PP&A) Committee
 - (a) Prevention Planning Work Group | UPDATES
 - (3) Standards and Best Practices (SBP) Committee
 - (a) Child Care and Language Services | UPDATE
 - (b) 2021 Service Standards | UPDATE
 - Benefits Specialty
 - Home Based Case Management
 - Substance Abuse & Residential Treatment
 - (4) Public Policy Committee
 - (a) County, State, and Federal Legislation & Policy
 - 2021 Policy Priorities **MOTION #3**
 - (b) County, State, and Federal Budget
- B. Caucus, Task Force and Work Group Report 1:10 PM – 1:15 PM
- (1) Aging Task Force | May 4, 2021 @ 1-3pm
 - (2) Black African American Community (BAAC) Task Force | April 26, 2021 @ 1-3pm
 - (3) Consumer Caucus | April 8, 2021 @ 3-4:30pm
 - (4) Prevention Planning Workgroup | April 28, 5:30-7:00pm
 - (4) Transgender Caucus | May 25, 2021 @ 10am-12pm
 - (5) Women’s Caucus | April 19, 2021 @ 2-4pm

10. MISCELLANEOUS

- A. Public Comment 1:15 PM – 1:20 PM
- Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide live public comment, you must register and join WebEx through your computer or smartphone. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to hivcomm@lachiv.org.*

B. Commission New Business Items

1:20 PM – 1:25 PM

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

C. Announcements

1:25 PM – 1:30 PM

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

Adjournment and Roll Call

1:30 PM

Adjournment for the meeting of April 8, 2021.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1:	Approve the Agenda order, as presented or revised.
MOTION #2:	Approve the Minutes, as presented or revised.
MOTION #3:	Approve 2021 Policy Priorities, 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	Raquel Cataldo
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)	(Kayla Walker-Heltzel, **Alternate)	Nestor Kamurigi	William King, MD, JD, AAHIVS
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)	Isabella Rodriguez, MA (*Alternate)	Ricky Rosales
Harold San Agustin, MD	Martin Sattah, MD	Tony Spears (*Alternate)	LaShonda Spencer, MD
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



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

VISION

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

MISSION

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

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



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



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TO END HIV, WE MUST END RACISM

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

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

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

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

In Solidarity,

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

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

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



2021 MEMBERSHIP ROSTER | UPDATED 04.02.21

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2022	
3	City of Long Beach representative	1	PP&A	Everardo Alvizo, MSW, 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, 2018	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2018	June 30, 2022	
8	Part C representative	1	PP&A EXC	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2018	June 30, 2022	
9	Part D representative			Vacant		July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2022	
11	Provider representative #1	1	EXC OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	EXC	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2018	June 30, 2022	
15	Provider representative #5	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, 2018	June 30, 2022	
17	Provider representative #7	1	PP&A	Alexander Luckie Fuller	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2018	June 30, 2022	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2019	June 30, 2021	
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2018	June 30, 2022	Amiya Wilson (SBP)
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, 2018	June 30, 2022	
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, 2018	June 30, 2022	Reba Stevns (SBP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2019	June 30, 2021	
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	<i>Unaffiliated Consumer</i>	July 1, 2018	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	No affiliation	July 1, 2018	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, 2018	June 30, 2022	Isabella Rodriguez, MA (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, 2018	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, 2018	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, 2018	June 30, 2022	
37	Representative, Board Office 2	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2022	
39	Representative, Board Office 4	1	EXC OPS SBP	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5	1	PP&A EXC	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2018	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker, MPH	Men's Health Foundation	July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	PP	Gerald Garth, MS	AMAAD Institute	July 1, 2018	June 30, 2022	
49	HIV stakeholder representative #6	1	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, 2018	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS SBP	Miguel Alvarez	No affiliation	July 1, 2018	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

Planning Council/Planning Body Reflectiveness (Updated 03.04.21)

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

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

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



ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: April 2, 2021
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 12 Number of Quorum= 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
David Lee, MPH, LCSW	Co-Chair, Comm./Exec.*	Commissioner
Raquel Cataldo	Co-Chair, PP&A	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Carlos Moreno	Co-Chair, Operations	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Frankie-Darling Palacios	Co-Chair, PP&A	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Juan Preciado	Co-Chair, Operations	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero	At-Large Member*	Commissioner

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

Committee Assignment List

Updated: April 2, 2021

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 17 Number of Quorum= 9		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Frankie-Darling Palacios	Committee Co-Chair*	Commissioner
Raquel Cataldo	Committee Co-Chair*	Commissioner
Everardo Alvizo, MSW, LCSW	*	Commissioner
Al Ballesteros, MBA	*	Commissioner
Kevin Donnelly	*	Commissioner
Luckie Fuller	*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Damontae Hack	*	Alternate
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS (LOA)	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Maribel Ulloa	*	Commissioner
Guadalupe Velazquez	*	Commissioner
TBD	DHSP staff	DHSP

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

Committee Assignment List

Updated: April 2, 2021

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

CONSUMER CAUCUS

Regular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting
Co-Chairs: Alasdair Burton & Jayda Arrington

Open membership to consumers of HIV prevention and care services

AGING TASK FORCE (ATF)

Regular meeting day/time: 1st Monday of Each Month @ 10am-12pm
Chair: Al Ballesteros, MBA

Open membership

BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE

Regular meeting day/time: 4th Monday of Each Month @ 10am-12pm
Co-Chairs: Danielle Campbell, MPH & Greg Wilson

Open membership

TRANSGENDER CAUCUS

Regular meeting day/time: 4th Tuesday of Each Month @ 10am-12pm
CO-Chairs: Frankie Darling-Palacios & Luckie Fuller

Open membership

WOMEN'S CAUCUS

Regular meeting day/time: 3rd Monday of Each Month @ 9:30am-11:30am
Co-Chairs: Shary Alonzo & Dr. LaShonda Spencer

Open membership



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/4/21

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CATALDO	Raquel	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Substance Abuse, Transitional Housing (meth)
			Transitional Case Management-Jails
			Transportation Services
COFFEY	Pamela	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
STD Screening, Diagnosis and Treatment			

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testng Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GARTH	Gerald	AMAAD Institute	No Ryan White or Prevention Contracts
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HACK	Damontae	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
JOHNSON	Diamante	Unaffiliated consumer	No Ryan White or prevention contracts
KAMURIGI	Nestor	No Affiliation	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

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

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



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

COMMISSION ON HIV MEETING MINUTES

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

Draft

January 14, 2021

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT (cont.)	COMMISSION MEMBERS PRESENT (cont.)	DPH/DHSP STAFF
Bridget Gordon, <i>Co-Chair</i>	Karl Halfman, MS	Kevin Stalter	Rebecca Cohen, MD
David P. Lee, MPH, LCSW, <i>Co-Chair</i>	Diamante Johnson/ Kayla Walker-Heltzel, MPH	Justin Valero, MA	Pamela Ogata, MPH
Miguel Alvarez (<i>Alt.</i>)	William King, MD, JD, AAHIVS	Guadalupe Velazquez	Franklin Pratt, MD, MPHTM
Everardo Alvizo, MSW	Lee Kochems, MA	Ernest Walker, MPH	Jane Rohde Bowers, MPH
Al Ballesteros, MBA	Eduardo Martinez (<i>Alt. to Ray</i>)	COMMISSION MEMBERS ABSENT	Julie Tolentino, MPH
Danielle Campbell, MPH	Anthony Mills, MD		Paulina Zamudio
Raquel Cataldo	Carlos Moreno	Michele Daniels	COMMISSION STAFF/CONSULTANTS
Pamela Coffey/Alasdair Burton	Derek Murray	Alexander Luckie Fuller	
Frankie Darling-Palacios	Paul Nash, CPsychol, AFBPsS, FHEA	Nestor Kamurigi (<i>Alt.</i>)	Cheryl Barrit, MPIA
Erika Davies	Katja Nelson, MPP	Joshua Ray, RN (Full to Martinez)	Carolyn Echols-Watson, MPA
Kevin Donnelly	Mario Pérez, MPH	Tony Spears (<i>Alt.</i>)	Dawn McClendon
Jerry D. Gates, PhD	Juan Preciado	Maribel Ulloa	Jane Nachazel-Ruck
Felipe Gonzalez	Ricky Rosales	Amiya Wilson	James Stewart
Grissel Granados, MSW	Harold San Agustin, MD		Sonja Wright, MS, Lac
Joseph Green	Martin Sattah, MD		
Thomas Green (<i>Alt.</i>)	LaShonda Spencer, MD		
Damontae Hack			
PUBLIC			
Darien Acevedo	Scott Ackerman	Alejandra Aguilar-Avelino	Yesinia Akers
Ernesto Aldana	Shary Alonzo	Margaret Ambrose	Paulina Buenrostro
Ana Cacao-Boczek	Alejandra Campos	Carlos Catano Rios	Geneviève Clavreul, RN, PhD
Tony Crews	Allison Doolittle	Dahlia Ferlito	Lawrence Fernandez
Felipe Findley	Aaron Fox, MPM	Ty Gaffney	Thelma Garcia
Deborah Gibbs	Terry Goddard, MA	Becky Gonzalez	Rachel Green
Victor Guerra-Cardoza	Joaquin Gutierrez	Jennifer Harbeck	Jazeen Hibbert
Cely Iribe	Silvia Jimenez	Shellye Jones, MSW, LCSW	Uyen Kao, MPH
Joseph Leahy	Triana Maldonado	Edgar Mariscal	Miguel Martinez, MSW, MPH

Commission on HIV Meeting Minutes

January 14, 2021

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PUBLIC (cont.)			
Daniel Medina	Meyer Perez	Craig Pulsipher, MPP, MSW	Pedro R.
Luis Ramos	Maritza Ramirez	Tara Raoufi	Ana Rios
Renata Rivas	Joseph Rodriguez	Devan Rose	Elena Rosenberg-Carlson, MPH
Angie Rubio	Ismael Salamanca	Natalie Sanchez, MPH	Yuseth Sanchez
CDR Michelle Sandoval-Rosario, DrPH, MPH	Eddie Sanyer	Maria Scott	Jerry Summers
	Kristen Tjaden	Octavio Vallejo, MD, MPH	Deborah Wafer
Greg Wilson	Norayr Zurabyan		

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

CALL TO ORDER AND ROLL CALL: Ms. Gordon opened the meeting at 9:07 am and Mr. Stewart took the roll.

Roll Call (Present): Alvarez, Alvizo, Ballesteros, Burton, Cataldo, Darling-Palacios, Davies, Donnelly, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), Halfman, Kochems, Martinez, Moreno, Murray, Nash, Nelson, Pérez, Rosales, Spencer, Stalter, Walker, Gordon, Lee.

1. ADMINISTRATIVE MATTERS

A. APPROVAL OF AGENDA

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

B. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the Commission on HIV Meeting Minutes, as presented (*Postponed*).

2. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- Ms. Gordon welcomed all to the first Commission meeting of 2021 and Mr. Lee’s first meeting as Commission Co-Chair.
- She referred attendees to etiquette reminders in the Chat Box. Agenda and materials are on the Commission's website.
- Live public comments require WebEx registration and attending via computer or smart phone. Public comments are limited to two minutes per person per item and Commissioner comments to three minutes per person per item. Commissioners may speak a second time once all on the body have had the opportunity to speak once. A third time requires suspension of the rules. Please be mindful of on-camera activity/screen backgrounds or turn off video and mute oneself if not speaking.
- Those attending via telephone can email written comments or materials to hivcomm@lachiv.org. Please include the meeting date and agenda item. Correspondence received will become part of the meeting's official public record.
- If connecting both through a computer and by telephone, please mute the computer audio to avoid echo.
- Please address Chat comments or questions to “Everyone” so that staff can read and record them.
- A video and audio recording of this meeting will be posted on the Commission's website at <http://hiv.lacounty.gov>.
- Ms. Gordon noted the Commission's Code of Conduct, Vision/Mission, and statement on racism in the packet.

3. REPORTS – I

A. EXECUTIVE DIRECTOR/STAFF REPORT

(1) County/Commission Operational Updates

- Cheryl Barrit, MPIA, Executive Director, said that as we take up commitments in 2021 to our families, jobs, and ourselves it is good to pause and acknowledge we are all holding quite a bit from an emotionally draining and physically demanding 2020. She urged all to be mindful of that and compassionate, especially with today’s heavy-hitting topics.
- She offered her welcome to new Commissioners Alexander Luckie Fuller, Damontae Hack, Guadalupe Velazquez, and Ernest Walker, MPH. She also welcomed Members the Commission added in 2020: Everardo Alvizo, MSW; Kevin Donnelly; and, Paul Nash, CPsychol, AFBPS, FHEA.
- The COVID-19 public health emergency continues. Numbers were not trending down, but vaccine availability was improving. There was a push to staff administrative support and vaccination clinics. Many Commissioners are involved in those efforts. Commission staff have not been deployed recently, but that may change in future.

(2) 2020 Draft Annual Report

- ➡ Feedback on the draft 2020 Annual Report to the Board of Supervisors (Board) in the packet should be submitted to Ms. Barrit by 1/22/2021. Staff will also email a reminder.

(3) 2021 Commission Work Plan and Activities

- Ms. Barrit noted early in each year the Commission, its Committees, and subgroups develop their annual work plans.
- Towards the end of 2020, she drafted a Master Work Plan of priorities involving all Commissioners in implementation. The draft in the packet will go to Executive for review and approval, then return to the Commission for final approval.
- ➡ Feedback on the draft Master Work Plan should be submitted to staff as soon as possible.

B. CO-CHAIR REPORT

- Ms. Gordon said we have experienced an insane 2020 and have already started with a pretty unbelievable 2021.
- If we could pull together, we can set an example that people can work together and make amazing progress even though we differ in our experiences, backgrounds and cultures. She asked all to work with her to get prepared to rock 2021 and make life better for people in Los Angeles County (LAC) affected with Sexually Transmitted Infections (STIs), poverty, and all the Social Determinants of Health (SDH). She hoped all would participate in some preparatory activities to address issues.

(1) Welcome New Commission Co-Chair, David Lee, MPH, LCSW

- Ms. Gordon welcomed Mr. Lee as Commission Co-Chair. Mr. Lee thanked the body for its confidence in him to assume this role and his mentor who supported him from when he first joined the Commission, former Commissioner Traci Bivens-Davis. He also thanked Ms. Gordon for her ongoing assistance in assuming these responsibilities.
- Mr. Lee was excited about 2021. There were many challenges in 2020 including the pandemic and civil unrest. He felt the pendulum was swinging in the right direction for 2021 and will have a positive impact on the Commission's work.

(2) Welcome New Commission Members

- Mr. Lee welcomed the new Members and encouraged them to reach out to himself or other Members with questions.
- Ms. Gordon also welcomed all the new Members from 2020 and 2021 and thanked them for their service.

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

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

- These positions sit on both the Operations and Executive Committees for a unique overview of the Commission's work.

4. PRESENTATION

A. RALPH M. BROWN ACT REFRESHER AND 2021 UPDATES – OFFICE OF THE COUNTY COUNSEL

- Norayr Zurabyan, Office of the County Counsel, presented the refresher with a PowerPoint that can be viewed in the video.
- First, he highlighted a sentence from the Brown Act considered its heart: "All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body except as otherwise provided in this chapter." It applies both to local legislative bodies such as boards of supervisors, city councils, and school boards as well as bodies they create such as commissions, committees, and task forces.
- The Brown Act applies when a majority of a covered body gathers to hear, discuss, or deliberate on an item under the subject matter jurisdiction of the body. It has some exceptions, e.g., staff meetings, one-way distribution of information, or meetings by other organizations or that are ceremonial provided a majority of members do not discuss business.
- The main body can create standing committees which are covered by the Brown Act. They are composed of less than a majority of the body and may include others, are advisory or decision-making, have continuous jurisdiction over particular subject matter, and have a fixed meeting schedule. Ad hoc committees are not covered. They are composed solely of less than a majority of the body, are advisory, and meet for a short time with no fixed meeting schedule.
- Serial meetings should be avoided as they can reach a majority of the body which is prohibited.
- He noted a new amendment under AB992 which went into effect on 1/1/2021 and will sunset on 1/1/2026. It addresses social media platforms open and accessible to the public such as Facebook, Twitter, Instagram, and Snapchat. It has a sunset date to facilitate adjustments to this new area of law. It allows a member of a body to engage in separate communications with the public regarding agency business provided the majority does not discuss it and even one other member does not respond directly to it in any way. A member may discuss personal matters with another member.
- Regarding COVID-19, Governor Gavin Newsom issued Executive Orders which temporarily modify Brown Act requirements. In summary, public meetings must be accessible at least electronically to all members of the public to observe and to address the body. Meeting locations need no longer be posted or accessible to the public, but the body must advertise how

the public may observe and offer public comment or criticism as well as post the agenda 72 hours before regular and 24 hours before special meetings. A majority of the body need not meet within the jurisdiction of the body.

- Agendas still must provide the public a reasonable idea of what will be discussed and acted upon. Items not on the agenda cannot be discussed. Items may be added after the agenda is posted if there is an emergency due to an actual or threatened destruction of public facilities or an item arises after the agenda was posted which requires immediate action.
- The public need not provide a name, may record meetings, and may comment on any matter under the body's jurisdiction. The body may reasonably regulate the length of comments to finish its agenda, e.g., based on the number of comments.
- Closed sessions are allowed for specific matters expressly authorized by the statute. They must be described on the agenda. Special announcements are usually made before and after the meeting with the latter identifying actions taken. Typical closed session topics are: personnel matters, pending litigation, labor negotiations, and real property negotiations.
- Brown Act violations are subject to criminal or civil prosecution. He was unaware of any criminal prosecutions to date. They require a knowing violation. Anyone has standing to sue for declaratory and injunctive relief. The body has an opportunity to cure and correct the violation. If the action is voided, costs and attorney fees will be awarded to the prevailing party.
- Mr. Zurabyan noted he uses "majority" rather than "quorum" as some bodies define quorum differently than just over half.
- Ms. Campbell asked for clarification about the public's right to criticize. Mr. Zurabyan replied it stems from First Amendment rights. There is no bright line rule but, generally speaking, the public cannot engage in offensive conduct against members. They can criticize policies a body adopts, actions a body takes, or an individual's actions pertinent to the work. Courts tend to be very lenient toward the public regarding First Amendment issues.
- Ms. Campbell also asked about members' recourse if offensive conduct is perpetuated against them. Mr. Zurabyan said under the Brown Act and First Amendment the best route is usually to first warn the person that the public comment is not relevant to an agenda item or the jurisdiction of the body. If conduct continues, the person's comment can be cut off. If it continues and is disruptive, the body can ask the person to leave or, if needed, the person can be escorted out.
- The assigned attorney can be consulted if threatening actions continue into a public space. The attorney can evaluate if there are grounds for seeking a Temporary Restraining Order.
- Dr. Clavreul commented that being more kind can be better when conflict arises between the public and the body.
- Frankie Darling-Palacios appreciated the presentation and encouraged continual review to facilitate good governance.
- ➡ Mr. Zurabyan will forward examples of conduct that the courts have found not to be protected by the First Amendment.

5. REPORTS – II

A. CALIFORNIA OFFICE OF AIDS (OA) REPORT

- Karl Halfman, MS, Chief, HIV Care Branch, highlighted items from the *OA Voice* available in the packet for review.
- On page 2, he noted the HIV Demonstration Projects for 2021-23 Request for Applications (RFAs) was being developed for release. Health and Safety Code 121287 establishes funding for innovative projects including evidence-based approaches to HIV prevention. This term's topic is 2019-21 Rapid Anti-Retroviral Treatment (RART). Funding depends on the budget.
- On Ending the Epidemics (ETE), OA met with each of the six counties to start prioritizing activities. Some have begun the process to hire staff. Some need to develop policies/procedures. Some need to seek vehicles to retrofit as mobile medical units. Centers for Disease Control and Prevention (CDC) guidance was not expected until March so startup was slow.
- Information on the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) and the AIDS Drug Assistance program (ADAP) were also in the *OA Voice*, pages 3 and 4, respectively.
- Ms. Barrit read a comment received earlier that day from Dr. Chang concerning ADAP enrollment at the Kaiser Permanente Hollywood Romaine Medical Offices, 7007 Romaine Street, Los Angeles 90026. The application for this new clinic to become an ADAP pharmacy was filed in November 2019. As a physician serving PLWH locally, Dr. Chang would like the pharmacy Medi-Cal licensed as soon as possible to facilitate dispensing anti-retroviral drugs to patients requiring financial assistance.
- Mr. Stalter has been a Kaiser patient for 30 years. A previous specialty clinic and pharmacy at the Sunset location was closed since the Romaine location was opening but, though not a new pharmacy, they were still waiting for their license. They cannot enroll ADAP or PrEP-AP clients nor dispense medications there. More attention is due bureaucracy issues.
- Not all Kaiser pharmacies accept ADAP. He has been asked for a \$1,500 co-payment. Kaiser has one ADAP enrollment person at the Kaiser Sunset location. The site advises clients who need anything in the next four to six weeks to contact the California Department of Public Health (CDPH) directly. He has been told the lack of staff is a money issue.
- ➡ Ms. Barrit will send Dr. Chang's comment to Mr. Halfman to provide it to Sandra Robinson, MBA, Chief, ADAP Branch. Mr. Pérez recommended OA follow-up with the Department of Health Care Services (DHCS) on the Medi-Cal piece and the

Department of Managed Health Care (DMHC) on the Romaine site piece. Meanwhile, DHSP would follow-up with Southern California Kaiser Permanente. DHSP and OA will then compare notes for a report back.

- Mr. Halfman will confirm with Ms. Robinson that virtual training was made available for ADAP enrollment workers due to COVID-19 and follow-up on what progress has been made regarding virtual site visits.
- Mr. Halfman will follow-up on the total award available for the new RFA and for LAC as well as whether awards are available for Health Departments (HDs) or only for Community Based Organizations (CBOs).

(1) California HIV Planning Group (CPG) Update: There was no report.

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

(1) COVID-19 Vaccination Overview and Updates

- Franklin Pratt, MD, MPHTM, Medical Director, Vaccine Preventable Disease Control (VPDC) Program, presented on a PowerPoint available in the packet and video for review. He noted everything is moving quickly so is subject to change.
- There were 14,564 cases reported in LAC on 1/13/2021 with 958,497, or roughly 10% of the population, to date. The map of adjusted case rates reflects higher rates in areas of poverty and people of color influenced by pre-existing medical conditions, co-morbidities, and social economics. Overall, numbers have been increasing. It is now endemic.
- Physical distancing, face masks, and hand washing are very effective. Other illnesses like influenza are much reduced.
- Both the Pfizer/BioNTech and Moderna vaccines reflect 95% efficacy based on analysis of data separately by the Food and Drug Administration (FDA) and the Advisory Committee on Immunization Practice. Both generate a strong T-cell response and antibodies. Most common side effects are like the shingles vaccine and usually last up to two days.
- To date, there is no recognized cross-reactivity with commonly prescribed medications for PLWH. Barring other reasons, there is no limitation on receiving the vaccine for this population. In general, there is a known impaired immune response to vaccines due to age, medical condition, and medications.
- It is generally considered safe for people with allergies not related to vaccines or injectable medications to get the COVID-19 vaccine. People should not get an mRNA COVID-19 vaccine if they have had a severe or immediate allergic reaction to any ingredient in an mRNA COVID-19 vaccine, a severe reaction to a first dose, or are allergic to PEG (polyethylene glycol) or polysorbate which is not in the vaccine, but is chemically related to PEG. There have only been 21 allergic reactions in over 2.1 million doses given and all but one had no history of medicine reactions except for PEG.
- As a precaution, everyone who receives the vaccine is asked to wait for a 15-minute observation period to ensure staff are available to assist if there is an acute reaction. Most acute reactions occur very quickly. The CDC recommends a 30-minute observation period for anyone who reports a history of a previous allergic reaction of significance. The CDC also recommends that every site administering vaccine be prepared to treat an acute allergic reaction.
- The PowerPoint table replicates DPH website data on doses received, used as first doses, and used as second doses.
- There is some hesitancy including among the healthcare population. DPH is using surveys to identify issues. Themes are around mistrust concerning speed in creating the vaccines and generally concerning the healthcare/political complex. Another major response was a desire to wait and see what happens in the real world with people like me who take it.
- He reviewed Phases to date as noted in the PowerPoint. Movement through them depends on vaccine availability. The addition of new vaccines, success of community information campaigns and influencers to address vaccine hesitancy, and unanticipated safety concerns all will impact how quickly the population can be fully vaccinated.
- Dr. San Augustin asked about the CDC's change in dropping the recommendation to hold vaccination for 90 days if someone had tested positive for COVID-19. He also asked about someone testing positive between the two doses.
- Dr. Pratt replied the 90-day recommendation was based on limited vaccine supply and the perceived low risk of re-infection within 90 days. That has since been dropped as it is not known how long natural immunity lasts.
- The second Pfizer dose is given no sooner than 21 days after the first, and the second Moderna dose is given no sooner than 28 days after the first. A patient who tests positive between them should wait 10 days after clearing the infection.
- Frankie Darling-Palacios asked if there is an issue receiving a vaccine later if it was declined when first eligible. Dr. Pratt replied there is no deadline once eligible. On second doses, the Emergency Use Authorization (EUA) includes second dose timing, but it is unknown if a second dose will work equally well, less well, or better if, e.g., given six months later.
- Mr. Burton asked if the two doses need to be of the same vaccine. He also asked about the advisability of getting an approved vaccine if one had been in a trial. Dr. Pratt replied both doses should be the same vaccine. There is debate on whether to break the code in a trial. Some ethicists believe it unethical to preserve it and withhold vaccine from those in the placebo arm of a trial. Other ethicists believe there are ethical ways to continue people in a trial for long-term immune response observation. Pfizer announced it will break the code and offer vaccine to those in the placebo arm.

- Dr. Mills asked why vaccine is not more available. Dr. Pratt said the CDC allocates vaccine to states, states to counties, and counties then distribute it. Second doses were initially reserved to ensure availability, but that was no longer done.
- Mr. Murray asked when PLWH would be eligible. Dr. Pratt replied it would depend in part on age as older PLWH will fall into higher Phases regardless of HIV status. Phase 1C, estimated for March to late April/early May, pertains to people 50 to 64 and 16 to 49 with underlying health conditions or disabilities that increase their risk of severe COVID-19.
- Mr. Murray noted city halls were inundated with calls for access. Usually calls were referred to their medical provider, but he asked if 211 or CVS/Walgreens was better. Dr. Pratt replied all noted options were suitable depending on the circumstances. VPDC has engaged with LAC clinic networks so larger providers may be informed, but small ones may not. The website has the most information and links to appointment sites. Those without internet access can call 211.
- Miguel Martinez asked about opportunities for contracted agencies and other healthcare professionals to support the Mega-PODs. Dr. Pratt replied Mega-PODs were mainly being supported by DPH staff. He noted many community members have offered to volunteer and felt DPH could do better in providing a website for them to do so. DPH may contact contracted agencies with which it has worked in the past, but he had heard support was from DPH to date.
- Mr. Kochems urged the Commission to address vaccine hesitancy in any way possible. It was common in Ohio but, as a result, he may be able to receive a first dose there as his mother's caretaker. If so, he asked if he could get his second dose once back in LAC. Dr. Pratt said he just needs the card he receives to verify his first dose in order to get his second.
- ➔ Dr. Pratt will forward the link for a LAC website that identifies phases, who is eligible now, and how to sign up.
- ➔ Dr. Pratt will take back recommendations to simplify the process to make an appointment via the LAC website portal.
- ➔ Email any additional questions to staff.

(a) **Prioritization of People Living With HIV (PLWH):** There was no additional discussion.

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

(a) Programmatic and Fiscal Updates

- Mario Pérez, MPH, Director, DHSP, noted virtually all DHSP staff have been deployed to support one of many COVID-19 response elements. Due to a slow vaccine roll-out, DPH was propping up five Mega-Points of Dispensing (Mega-PODs) starting 1/19/2021. That requires deploying more DPH staff so patience is requested on other issues.
- Cases and deaths have increased recently with 281 deaths in LAC on 1/13/2021. There appear to be more outbreaks in work places such as grocery stores, warehouses and manufacturing facilities; as well as an increase from November to December in schools and day care settings. Some people also ignore public health guidelines.
- Mr. Pérez expected to maximize the Ryan White Part A award ending 2/28/2021 and the Part B award from the State of California. The Minority AIDS Initiative (MAI) carryover was expected to be lower than originally thought. Final data was not expected until late March, but early signs suggest a strong spending pattern.
- Michael Green, PhD, MHSA and Pamela Ogata, MPH will provide a fuller report at the 1/19/2021 Planning, Priorities and Allocations Committee meeting.
- DHSP was also coordinating closely with the Standards and Best Practices Committee on Standards of Care. (SOC).

(i) Emergency Financial Assistance (EFA)

- Mr. Pérez noted DHSP made a deliberate effort to launch EFA quickly though it is not perfect in design or execution. DHSP continues to work with its partners and take suggestions for continuing improvement.
- Paulina Zamudio, Chief, Contracted and Community Services, interfaces with all DHSP contracted providers. She presented on the Brief Overview and Update EFA PowerPoint in the packet and reflected in the video.
- EFA is for short-term financial assistance up to \$5,000 within a 12-month period for housing assistance, utilities, food, and transportation. DHSP was still working on how to assess transportation so it is not yet available, but that service has not been in demand as have the other elements.
- Eligibility requirements are based on requirements for the Ryan White Program (RWP) and the SOC. They are: LAC resident, HIV+, income equal to or less than 500% Federal Poverty Level (FPL), and not receiving support for the same item for the same time period from another source. EFA cannot be given directly to clients.
- EFA launched 11/1/2020 with 21 applications to date of which 8 were approved and 13 were pending completion. The two providers, Alliance for Housing and Healing (Alliance) and Housing for Health (HFH) have committed to a two-week turnaround to disperse funds once an application is complete.
- DHSP was working closely with DHSP-supported Ambulatory Outpatient Medical (AOM)/Medical Care Coordination (MCC) Teams as they are organic partners for the service able to help determine eligibility and already have most needed paperwork on file ready to submit. DHSP works with other programs like HOPWA,

and the Cities of Los Angeles and West Hollywood to ensure non-duplication of services. Case Managers are expected to work with the client to develop a plan to meet long-term housing, food, and other financial needs.

- All MCC Team staff of some 300 people were trained in EFA by DHSP in conjunction with the Alliance and HFH. Trainings were recorded and can be reviewed, as needed. DHSP continues to convene monthly meetings with MCC Teams, the Alliance, and HFH to address implementation, areas of refinement, and barriers.
- While a natural access point, people do not need to be previously enrolled in AOM/MCC to benefit from EFA. Any eligible person, e.g., a Kaiser Permanente client, can access EFA through an MCC Team at an agency that has one. In that case, the MCC Team will not be expected to coordinate actual medical care, just EFA.
- DHSP was also reviewing other entry points. It expected to start training Benefits Specialists in February.
- Natalie Sanchez, MPH asked how DHSP was disseminating information on EFA. Ms. Zamudio noted DHSP does not have client information due to confidentiality. It has sent EFA information and a flyer to all its contracted care and prevention providers for distribution at their sites. It will be posting the flyer on its website. The Commission has also pushed the flyer out through its listserv and will be resending it shortly.
- The first flyer had agency contact numbers that might have been to a front desk staffed by someone unaware of the EFA program. The new flyer lists contact information for each agency's coordinator(s).
- On simplifying the application, DHSP continues to review options but it still must meet legal requirements.
- A question was raised on how to proceed if property management does not want to provide documentation for rental assistance. Ms. Zamudio replied landlords not wanting to provide W-9 forms has been identified as a major barrier across all housing programs, more so with undocumented clients. The Alliance and HFH continue to contact the landlord in an effort to get the needed document. If needed, legal assistance is available.
- Mr. Pérez noted EFA was launched quickly in the spirit of helping clients as soon as possible. MCC reflects the single largest RWP investment, even larger than AOM. Relying on a service category with hundreds of staff to promote a program that should be aware if a client has a financial crisis should be in the spirit of MCC.
- DHSP made expectations and assumptions concerning MCC that need to be reinforced and DHSP will do that.
- Likewise, DHSP was adding Benefits Specialists in expanding access points because they are also expected to be aware of client financial needs and should be motivated to help clients overcome their financial crisis.
- DHSP does not maintain a contact list for all PLWH in LAC. There is an HIV Surveillance database that adheres very strictly to California Security Confidentiality Guidelines and cannot be used to, e.g., distribute flyers. Agencies serving clients have those lists and should be contacting their clients.
- He emphasized that clients are not expected to switch their medical home to access EFA any more than they would be asked to switch their medical home to access food services.
- ➡ People who have encountered barriers or issues may contact Ms. Zamudio or Jane Rohde Bowers, MPH directly. They will forward their emails to staff for distribution. For effective follow-up, individuals reporting issues should provide the name of the agency and the staff person with whom you are working.
- ➡ Revise flyer to make clear that the confidentiality of the client's HIV status will be maintained.
- ➡ Ms. Zamudio will work with Mr. Stalter and the agency that rejected his application to correct training.
- ➡ Ensure coordination with Comprehensive Housing Information and Referrals for People Living with HIV/AIDS – Los Angeles (CHIRP-LA).
- ➡ Staff will forward additional comments to DHSP as well as add a standing EFA update under the DHSP Report.

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

- Julie Tolentino, MPH reported one comment was to incorporate the Black African American Community (BAAC) Task Force recommendations in the Plan. DHSP has engaged in multiple meetings to review the recommendations, identify how they can be included in EHE efforts, how they can be included in the current stage of EHE programmatic efforts, and how to ensure all items are addressed.
- DHSP staff have met with the Task Force Co-Chairs to discuss preliminary feedback. In March, DHSP staff will present recommendations to the Task Force.
- ➡ Email Ms. Tolentino to be added to the new EHE listserv or with any questions.
- ➡ There will be a webinar on 3/27/2021. Anyone interested may register.

(i) Final EHE Plan

- Julie Tolentino, MPH noted the Plan has been released. The cover letter and link were in the packet. The Plan is posted on the DHSP and EHE websites for review. A Spanish iteration will be released 1/29/2021.

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

D. **RYAN WHITE PROGRAM PARTS C, D, AND F REPORT:** There was no report.

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

- City of Long Beach: Everardo Alvizo, MSW appreciated all the information he was receiving and will share it with their HIV Planning Group. At a productive 1/13/2021 meeting they identified a new Co-Chair and discussed a Bylaws review.
- The City is moving forward with mobile vans in conjunction with the University of California, Los Angeles (UCLA) that will incorporate a Syringe Exchange Program (SEP) along with HIV, Sexually Transmitted Infections (STIs), and Hepatitis C treatments in high infection sites in the City of Long Beach.
- Work is ongoing with the Trans Wellness Work Group and the High-Risk Work Group which, e.g., addresses sex workers and Injection Drug Users (IDUs). The Work Groups are identifying barriers such as housing, employment, and food insecurity to develop a coalition of providers including providers offering services for the homeless.
- The City also wants to ensure it is engaging its medical providers in an accessible emergency response that includes PrEP.
- It is also engaged in intentional review of COVID-19 rates by sexual orientation and gender identify to address disparities.
- City of West Hollywood: Derek Murray urged his fellow Commissioners to get the word out about EFA. There are thousands of people homeless or on the verge of homelessness. There should be more than 21 applications and 8 approved.

6. REPORTS – III

A. **STANDING COMMITTEE REPORTS**

(1) Operations Committee

- Joseph Green, Co-Chair, noted the next meeting will be 1/28/2021. He will be stepping down as Co-Chair, but Juan Preciado was renominated joined by a new nominee, Carlos Moreno.
- Operations has received four new applications. Two have already been interviewed and will be on the January agenda. They are Gerald Garth MNM and Reba Stevens. If approved, they will be forwarded to the Executive Committee.
- He again welcomed the four newly appointed Commissioners: Alexander Luckie Fuller; Damontae Hack; Guadalupe Velazquez; and Ernest Walker, MPH. He and Juan Preciado encouraged them to feel free to ask any questions.

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

- Raquel Cataldo, Co-Chair, noted Co-Chair elections will be 1/19/2021. That meeting will also hear a presentation from Substance Abuse Prevention and Control (SAPC) and review the Paradigms and Operating values. All are welcome.

(a) Prevention Planning Work Group Presentation

- Miguel Martinez, MSW, MPH, Co-Chair and Work Group Member, presented on the PowerPoint in the packet and reflected in the video. It begins with a refresher on the history of prevention planning in LAC starting with the separate Prevention Planning Committee that integrated with the Commission in 2013.
- The then-merged body finished its Comprehensive HIV Plan (CHP) in 2016 and developed a prevention SOC.
- There was new energy around better integrating prevention in 2020 and the Work Group formed in October.
- 1. Structure: The Work Group will continue to lead and facilitate planning with a focus on community engagement, e.g., scheduling meetings at times convenient for highly impacted populations such as youth groups. The Work Group will remain a standing item on the PP&A agenda.
- 2. EHE Plan: (December 1010 – February 2020) Review the Plan with a focus on the Prevention Pillar and schedule DHSP presentation on current services and investments.
- 3. Data Needs: (January – March 2021) Identify data needed to inform and drive integrated planning and Priority Setting and Resource Allocations (PSRA). Review/prioritize requests across Commission to coordinate with DHSP.
- 4. Prevention Focused Community Forums (March – May 2021) Convene forums in highly impacted communities.
- 5. Pause, Reflect, Assess (May – June 2021) Prepare for data summit and develop next steps towards integration.
- Other considerations include sensitivity to community engagement as well as Commission and DHSP staff and Commissioner capacity regarding, e.g., needs versus wants and how requested data will be used.
- ➡ Request SAPC participate. Some staff will attend the next PP&A. Mr. Pérez will also recommend a SAPC contact.

(3) Standards and Best Practices (SBP) Committee

- Erika Davies, Co-Chair, reported SBP met on 1/5/2021. It addressed issues with EFA and will continue to improve that service in collaboration with DHSP as feedback on it, including from this meeting, is received.
- ➡ Staff will provide this meeting's EFA comments for review at the next SBP meeting on 2/2/2021.

(a) **Child Care Services Standards of Care (SOC) – UPDATE:** Held pending feedback from DHSP provider survey.

(b) **Universal SOC – UPDATE**

- Updates pertain to telehealth and the appended “Patient Bill of Rights and Responsibilities.” Ms. Davies thanked the Consumer Caucoson SBP’s behalf for its review of the SOC and “Patient Bill of Rights and Responsibilities.”
- SBP also identified a lack of knowledge about the RWP among private healthcare providers and a lack of process or infrastructure to help clients navigating the system. It is hoped this exercise will help advance EHE Plan goals to secure the commitment of private entities to increase access to testing, care, and linkage to services.
- ➡ Public comment is open from 1/11-29/2021.

(c) **Patient Bill of Rights – UPDATE:** There was no additional report.

(4) **Public Policy Committee**

- Katja Nelson, MPP reported she and Lee Kochems, MA were re-elected Co-Chairs at the 1/4/2021 meeting.
- All are welcome to the next meeting on 2/1/2021, 1:00 to 3:00 pm.

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

- The Committee has begun updating its Policy Priorities for 2021 and developing its 2021 Legislative Docket.
- Michaé De La Cuadra, Manager, Policy and Community Engagement, TransLatina Coalition, presented with a PowerPoint on AB 2218, Transgender Wellness Fund. The final bill stripped the \$15 million in requested funding so advocacy is underway. The Committee was developing a letter to the Board to advocate to the State.
- The Presidential Inauguration will be 1/20/2021. Many advocacy groups are active sending transition letters.
- The Biden Administration has pledged to end HIV by 2025 and is planning to reinstate the Office of National AIDS Policy (ONAP). Advocates were also watching response to the new Federal STI Plan which lacks funding and the new roadmap to eliminate viral hepatitis which addresses that viral hepatitis, STIs, and HIV constitute a syndemic.
- A United States District Court judge issued a nationwide preliminary injunction that bars the Trump Administration from implementing a 2020 Executive Order that prohibits federal funds from use for workplace diversity training.
- The California Master Plan for Aging was released last week. A new website includes the Plan and a gate address was being built. There are 5 broad goals for 2030 with 23 strategies and 100 initiatives for 2021-22 around building housing, improving access to health services at home and in the community, providing inclusive and equitable opportunities for seniors to live and work, and bolstering the caregiving workforce. Work groups were forming.
- The Los Angeles Housing Services Authority (LAHSA) and the Board sent a letter to the Department of Housing and Urban Development (HUD) requesting an exception for 2021 to the Point In Time Count of unsheltered people due to COVID-19. The exception was granted at the end of 2020. Ms. Nelson believed LAHSA would still count sheltered and housed individuals, but not the unsheltered.
- STD rates continue to increase regardless of COVID-19 so advocacy needs to continue on this ongoing crisis.
- ➡ Suggested bills for the Legislative Docket should be submitted to staff promptly.

(b) **County, State, and Federal Budget**

- President Donald Trump signed the 2021 Omnibus spending bill to avoid a government shutdown.
- The EHE Initiative was funded at \$175 million, a \$35 million increase, and RWP also received a \$35 million increase.
- Governor Gavin Newsom released his 2021-22 Proposed Budget on 1/8/2021. The LAC Executive Summary was in the packet. It includes \$94.8 million to expand and make permanent some telehealth flexibilities authorized during COVID-19 for Medi-Cal providers. It also relaunches CalAIM that addresses issues in the Medi-Cal program. It maintains Medi-Cal for income eligible individuals up to age 26 regardless of immigration status. It does not extend that to seniors regardless of immigration status which had been an ask from the Health For All Coalition this year.
- There are no cuts to public health programs. It triples an OA pilot project to provide ADAP services for county jails.
- There is \$300 million for vaccine distribution public awareness campaigns. Other allocations address homelessness and building public housing.
- Ms. Nelson heard the City of Los Angeles had a \$675 million revenue shortfall and was considering staff furloughs and cuts. Mr. Rosales said the City has been negotiating with the unions over the past few months. Furloughs and layoffs were supposed to begin in two weeks, but an apparent agreement would postpone them until at least the end of the fiscal year if ratified by the unions. People were waiting to see if there will be federal help.
- Mr. Pérez added the LAC budget for both the last and next fiscal years was unclear. The new LAC Budget fiscal year starts 7/1/2021, but he felt LAC was waiting to see what federal support it might receive.

B. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

(1) Aging Task Force: 2/2/2021, 1:00– 3:00 pm

- Ms. Barrit said the Task Force will work on 2021 Work Plan priorities and review the California Master Plan for Aging.
- Aging Task Force recommendations were completed 12/10/2020 and forwarded to DHSP for review.

(2) Black/African American Community (BAAC) Task Force: 1/25/2021, 1:00– 3:00 pm

- Danielle Campbell, MPH, Co-Chair, reported the last meeting was 12/2/2020.
- The BAAC and DHSP leadership recently held a call to coordinate efforts on how DHSP can best address the BAAC recommendations. Those efforts were underway and will be discussed more fully at the next BAAC meeting.
- The BAAC will also be finalizing activities for the next National Black AIDS Awareness Day at its next meeting. Plans include a social media campaign to increase awareness and recruitment for the Task Force and broader body.
- The BAAC will continue coordinating with the Commission and its subgroups to operationalize recommendations.
- Those interested in planning for the needs, health, and wellness of BAAC are welcome to attend Task Force meetings.

(3) Consumer Caucus: 1/14/2021, 3:00 – 4:30 pm

- Felipe Gonzalez, Co-Chair, reported the Caucus would address Co-Chair elections and the 2021 Work Plan at today's meeting. Keep the consumer voice strong in community planning and come participate.

(4) Women's Caucus: 1/26/2021, 2:00– 4:00 pm

- LaShonda Spencer, MD, Co-Chair, reported the last meeting was on 11/10/2020. The next meeting will have a full agenda with: provision of input to SBP for the Child Care SOC; development of the 2021 Lunch and Learn Forum series; and coordination with District 2 Supervisor Holly Mitchell's Office on a policy agenda inclusive of women.
- The Caucus will hear a presentation refresher on reproductive justice. It will also continue to review the data on women living with HIV, such as demographic and geographic data, to identify improvement and prevention activities. Discussion will also continue on mitigating technology issues, especially for monolingual Spanish speakers.
- The Caucus welcomes everyone interested in the health and wellness of women to join the meetings.

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

- Frankie Darling-Palacios, Co-Chair, said the Caucus would hold its Co-Chair elections at the next meeting.
- The Caucus will continue to discuss AB 2218, the Transgender Wellness Fund.

7. MISCELLANEOUS

A. PUBLIC COMMENT: OPPORTUNITY TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION (To provide live public comment, register and join WebEx via computer or smartphone. Those joining via telephone cannot provide live public comment, but written comments or materials may be submitted via email to hivcomm@lachiv.org.)

There were no comments.

B. COMMISSION NEW BUSINESS ITEMS: OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR FULL BODY OR COMMITTEE DISCUSSION ON FUTURE AGENDAS, OR MATTERS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR WHERE NEED TO TAKE ACTION AROSE SUBSEQUENT TO POSTING THE AGENDA: There were no items.

C. ANNOUNCEMENTS: REGARDING COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES (Provision of announcements will follow the same protocol as that listed for public comments above.)

- Frankie Darling-Palacios noted the Los Angeles LGBT Center was facilitating a Pride Pantry with groceries for the community at the McFadden Pride Hall, Center South, and Boyle Heights locations or by contactless car delivery. For information call the Boyle Heights location at 323.286.7224 or email her at fdarling@lgbtcenter.org.
- UCLA Health is hosting the Dr. Martin Luther King, Jr. Annual Health Symposium on COVID Confidence and Crisis to strengthen medical trust within the Black community during the pandemic. It will be 1/14/2021 at 5:00 pm.

ADJOURNMENT AND ROLL CALL: The meeting adjourned at 1:19 pm in memory of the multiple losses we are experiencing from COVID-19 – losses in life, family members, elders, young people. And, in particular, in memory of Brian Monroe, 55, a journalist who masterfully connected people and fostered awareness on many issues. He died 1/13/2021 of a heart attack.

Roll Call (Present): Alvarez, Alvizo, Campbell, Cataldo, Coffey/Burton, Daniels, Darling-Palacios, Donnelly, Gates, Gonzalez, Granados, Green (Joseph), Hack, Johnson/Walker-Heltzel, Kochems, Martinez, Moreno, Murray, Nash, Nelson, Pérez, Preciado, Rosales, San Agustin, Spencer, Stalter, Valero, Walker, Gordon, Lee.

Commission on HIV Meeting Minutes

January 14, 2021

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MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve the 9/10/2020 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	MOTION PASSED



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

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

COMMISSION ON HIV **VIRTUAL** MEETING MINUTES

March 8, 2021

COMMISSION MEMBERS									
P=Present A=Absent									
Miguel Alvarez (Alt)	P	Kevin Donnelly	P	Kayla Heltzel-Walker (Alt)	P	Mario Perez, MPH	P	Maribel Ulloa	P
Everardo Alvizo, MSW	P	Felipe Findley, PA-C, MPAS, AAHIVS	P	Nestor Kamurigi (Alt)	A	Juan Preciado	P	Guadalupe Velasquez	A
Al Ballesteros, MBA	P	Alexander Luckie Fuller	P	William King, MD, JD, AAHIVS	P	Joshua Ray, RN	A	Justin Valerio, MPA	P
Alasdair Burton (Alt)	P	Gerald Garth	P	Lee Kochems	P	Ricky Rosales	P	Amiya Wilson	A
Danielle Campbell, MPH	P	Jerry Gates, PhD	P	Eduardo Martinez (Alt)	P	Isabella Rodriguez (Alt)	P	Bridget Gordon	P
Raquel Cataldo	P	Felipe Gonzalez	P	Anthony Mills, MD	A	Glen San Agustin, MD	P	David Lee, MPH, LCSW	P
Pamela Coffey	P	Grissel Granados, MSW	P	Carlos Moreno	P	Tony Spears (Alt)	A		
Michele Daniels	P	Joseph Green	P	Derek Murray	P	LaShonda Spencer, MD	P		
Frankie Darling-Palacios	P	Thomas Green	P	Dr. Paul Nash, CPsychol, AFBPsS, FHEA	P	Kevin Stalter	P		
Erika Davies	P	Damontae Hack (Alt)	A	Katja Nelson, MPP	P	Reba Stevens (Alt)	P		
COMMISSION STAFF & CONSULTANTS IN ATTENDANCE									
Cheryl Barrit, MPIA, Executive Director	Carolyn Echols-Watson, MPA		April Johnson, MA LA County Human Relations Commission		Catherine LaPointe (Academic Intern)		Dawn Mc Clendon		
Robert Sowell, LA County Human Relations Commission	Jim Stewart, Parliamentarian		Sonja Wright, MS, Lc						
DHSP STAFF IN ATTENDANCE									
Pamela Ogata			Jane Rhodes Bowers, MPH				Julie Tolentino, MPH		

*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.

CALL TO ORDER AND ROLL CALL: David Lee, Co-Chair, opened the meeting at 9:03am and James Stewart, Parliamentarian, took the roll.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton (Alt), D. Campbell, R. Cataldo, P. Coffey, M. Daniels, F. Darling-Palacios, E. Davies, K. Donnelly, F. Findley, A. Luckie Fuller, G. Garth, J. Gates, F. Gonzalez, J. Green, T. Green (Alt), K. Heltzel-Walker (Alt), W. King, L. Kochems, E. Martinez (Alt), D. Murray, C. Moreno, P. Nash, K. Nelson, M. Perez, J. Preciado, R. Rosales, H. San Agustin, L. Spencer, K. Stalter, R. Stevens (Alt), M. Ulloa, J. Valero, D. Lee, and B. Gordon

1. ADMINISTRATIVE MATTERS

A. APPROVAL OF AGENDA

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

B. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the February 11, 2021 Commission on HIV Meeting Minutes, as presented (**Passed by Consensus**).

2. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- Mr. Lee welcomed all attendees and recited the Commission's Vision and Mission Statements while encouraging all to review the Code of Conduct. Mr. Lee provided the following reminders and meeting guidelines:

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- Agenda and materials are located on the Commission's website; live public comments require registration with WebEx and attending via computer or smart phone; public comments are limited to two minutes per person per item; and to be mindful of on-camera activity/screen backgrounds and mute oneself when not speaking.
- Commissioners are limited to three minutes per person per item. Commissioners who wish to speak a second time on the same item may do so after all other Commissioners have had the opportunity to speak. To speak a third time, a Commissioner must move to suspend the rules which requires a second and a two-thirds vote.
- Those attending via telephone can email written comments or materials to hivcomm@lachiv.org. Please include the meeting date and agenda item. Correspondence received will become part of the meeting's official public record.
- If connecting both through a computer and by telephone, please mute the computer audio to avoid echo.
- Please address Chat comments or questions to "Everyone" so that staff can read and record them.

3. PARLIAMENTARIAN TRAINING

- Jim Stewart, Parliamentarian, provided a 30-minute parliamentarian training refresher; see PowerPoint (PPT) slides.

4. REPORTS - I

A. EXECUTIVE DIRECTOR/STAFF REPORT

(1) 2020 Commission Annual Report

- Cheryl Barrit directed the Commission to the final version of the 2020 Annual Report highlighting the user-friendly layout and presentation reflecting the community for whom we serve.
- Ms. Barrit thanked the Commission for its incredible work as captured in the Annual Report. The final version of the report will be submitted to the Board of Supervisors as required by all County Commissions.

(2) 2021 Commission Work Plan and Activities

- Ms. Barrit referenced the 2021 Work Plan for the Commission's ongoing review and comments.
- Ms. Barrit noted that staff reviews all work plans on an ongoing basis to look for points of intersections, alignment and opportunities to collaborate with other committees and subordinate working groups. Staff will continue to work with co-chairs to adjust work plans throughout the year as needed.

B. CO-CHAIR REPORT

(1) Welcome New Members

- David Lee welcomed recently appointed members, Felipe Findley, Gerald Garth, Isabella Rodriguez, and Reba Stevens

(2) HealthHIV COH Assessment Survey | REMINDER

- Mr. Lee reminded members of the presentation provided by HealthHIV staff at the last Commission meeting regarding a project to assess the effectiveness of the Commission as the HIV planning council for Los Angeles County. The survey has since been shared with members.
- As of March 5, HealthHIV only received 26 responses. Mr. Lee stressed the importance of responding to the survey to ensure a useful assessment.
- ➡ Members are asked to check their email for a message from Eve Kelly with HealthHIV and answer the survey as soon as possible.

(3) Recognition of National Women & Girls HIV/AIDS Awareness Day (NWGHAAD)

- Mr. Lee announced that March is national Women's History Month and March 10 is the National Women and Girls HIV/AIDS Awareness Day. Dr. LaShonda Spencer and Shary Alonzo will talk about the event under the Caucus Reports later in the agenda.
- Additionally, March 31 is International Trans Day of Visibility and under the Caucus Reports, the Transgender Caucus Co-Chairs, Frankie Darling-Palacios and Luckie Alexander will read a statement acknowledging the significance of this day.
- Lastly, National Native HIV/AIDS Awareness Day is observed on March 20th.

(4) COH Letter Re: COVID Vaccination and Prioritizing People Living with HIV

- Mr. Lee reported, as part of the Commission's advocacy efforts to ensure the protection of the health of people living with HIV (PLWH) and communities of color, a letter was directed to the Board of Supervisors and Governor Newsom's office appealing to prioritize PLWH in access to COVID-19 vaccines. A copy of the letter is in the meeting packet.

(5) Commission Seat Vacancies

- Mr. Lee reported there are 7 unaffiliated consumer seats and 1 local health/hospital planning agency representative seat available. Those interested in joining the Commission's movement to end HIV is asked to apply for membership; Committee only membership is also available. Membership application can be found [here](#).

(6) Executive At-Large Member Open Nominations | ONGOING

- Mr. Lee reminded the Commission that there is a third Executive At-Large seat available and encouraged eligible members to nominate themselves or another member by notifying staff.

5. PRESENTATION

A. "SO YOU WANT TO TALK ABOUT RACE" BY IJEOMA OLUO READING ACTIVITY"

- Ms. Gordon prefaced the reading activity by referring to the Lancet article "Same script, different viruses: HIV and COVID-19 in US Black communities" to provide historical context of why talking about race is important in addressing disproportionate health outcomes and disparities experienced by people of color, specifically the Black/African American community.
- Ms. Gordon read excerpts from Chapter 1. No discussion ensued as the Commission was reminded that this activity is for self-reflection purposes and that a discussion will be held later once training by the Los Angeles County Human Relations Commission (LAC HRC) has concluded.

B. LOS ANGELES COUNTY HUMAN RELATIONS COMMISSION GUIDED DISCUSSION & TRAINING IN ADDRESSING KEY POINTS OF "SO YOU WANT TO TALK ABOUT RACE" READING ACTIVITY

- Robert Sowell and April Johnson, LAC HRC, provided a brief overview of the training calendar which will include 30 minute monthly training sessions following each reading activity to include 10 minutes allocated to principle techniques in how to engage in constructive discourse regarding difficult conversations about race and other "isms" and 20 minutes dedicated to practical application.
- Mr. Sowell and Ms. Johnson reviewed the ground rules/interactive agreement for participation and led the group in its first training session entitled, "Constructively Candid Conversations." See PPT presentation in meeting packet.

6. BREAK

7. REPORTS - II

A. CALIFORNIA OFFICE OF AIDS (OA) REPORT

- Karl Halfman, Chief, Care Branch, reported that Sandra Robinson, former Chief, AIDS Drug Assistance Program (ADAP) Branch, retired and that Sharisse Kemp has been promoted to replace Ms. Robinson. Ms. Kemp has worked with OA for five years and has managed programs in both the ADAP and Prevention branches.
- Mr. Halfman announced that the 2019 California HIV Surveillance Report has been released to include statewide and local health jurisdictional summaries from 2015-2019. The link to the Report can be found on OA's [website](#).
- Mr. Halfman also announced electronic application submissions for the strategic rapid antiretroviral therapy demonstration project are due March 15, 2021; letters of intent were due February 17, 2021. The demonstration project will support development for up to four two-year public health demonstration projects.
- Mr. Halfman noted that the OA Voice monthly report includes a focus on Ending the HIV Epidemic (EHE) efforts in Sacramento County.
- Ms. Kemp reported that as of March 1, 2021, the PrEP Assistance Program has 46 enrollees with 156 clinics (204 enrollment sites) participating. Ms. Kemp referred to the tables located in the March issue of the OA Voice of PrEP clients by demographic, age and insurance coverage; see March 2021 OA Voice.
- Frankie Darling-Palacios, Co-Chair, Planning Priorities & Allocations Committee and Transgender Caucus requested information around EB-HIPP (Employer-Based Health Insurance Premium Payment) program and inquired why employers are less likely to participate. In response, Ms. Kemp indicated that the State is limited in its advocacy efforts in promoting the program due to risk of exposing its clients.
- Kevin Stalter, Co-Chair, Standards and Best Practices Committee, inquired if there were updates available regarding the enrollment site application for the Southern California Kaiser – Romaine and Sunset pharmacies. Mr. Halfman indicated that while he did not have an update available, he will brief Ms. Kemp and work with Mario Perez to secure that information.

- (1) California HIV Planning Group (CPG) Update:** The Spring CPG meeting will be held virtually May 7 (closed to public; CPG members only), May 10, 14 and 17 (open to members of the public); more information will be in the OA Voice.

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

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

(a) Programmatic and Fiscal Updates

- Community Engagement Request for Proposals (RFP). Mario J. Pérez, Director, DHSP, reported that an agency has been selected and notified. Mr. Pérez further reported that the selection will be presented at the upcoming Health Deputy's meeting and that the matter is on the April 6, 2021 BOS meeting agenda for consideration.
- Ryan White Program (RWP) Eligibility. Mr. Pérez reported that RWP application eligibility has been extended an additional six months to August 2021 due to COVID-19.
- Childcare Support Services Provider Survey. Mr. Pérez reported that the time was extended for providers to respond to the second iteration of the survey; will keep the Commission updated on progress.
- Language Services Provider Survey. Mr. Pérez reported that two additional focus groups will be held, totaling four convened, to ensure full scope of consumer input to help improve the program. Mr. Pérez thanked UCLA LAFAN and Being Alive for their assistance in convening the focus groups.
- U=U Awareness Resource Kit. Mr. Pérez noted that DHSP will seek the Commission's input on a U=U awareness resource kit currently in development and that it will release its U=U kits to provider partners next week; will work with the Commission to distribute kits to Commission members also.
- 2020 HIV & STD Surveillance Data.
 - Mr. Pérez reported that DHSP will present its preliminary 2020 HIV and STD surveillance data at the April Commission meeting which will highlight comparisons between 2019 and 2020 data points to assess impact of COVID-19 on HIV and STD infections in Los Angeles County.
 - Mr. Pérez shared that due to staff being deployed to COVID-19 activities, there is only one DHSP staff available to compile data regarding congenital syphilis. However, he indicated that in comparison to the 2019 and 2020 year to date numbers for cases, there is a 6% overall decrease in Syphilis and 2% overall decrease in Gonorrhea. When taking a closer look at Congenital Syphilis, however, there is a 24% overall increase by comparison (yet a 5% decrease from 2019) and there are more women being diagnosed with Syphilis within specific geographic pockets in Los Angeles County. A more comprehensive HIV and STD surveillance presentation will be provided at next month's Commission meeting.
 - In an effort to address the rise in Syphilis among women, Frankie Darling-Palacios, Co-Chair, Planning, Priorities & Allocations Committee and Transgender Caucus, proposed that Doula care be provided as an option to pregnant women to connect them to services for those who test positive for HIV. Mr. Pérez indicated he would provide a more detailed follow up at the next Commission meeting.

(b) Emergency Financial Assistance (EFA)

- Mr. Pérez provided an update on the EFA service:
 - 71 applications received=27 approved; 43 pending; and 1 denial
 - First set of 15 checks to be released Friday, March 12, 2021 by the Alliance for Housing and Healing with the remaining 12 checks to be released by Housing for Health, thereafter.
 - Kevin Stalter, Co-Chair, Standards and Best Practices Committee, shared that the Men's Health Foundation proactively reached out to its clients to inform them of the EFA and indicated that should be best practice for all participating providers. Mr. Pérez agreed and recommended all providers, to include their Medical Care Coordination (MCC) teams and Benefit Specialty staff, contact their clients/patients and inform them of the EFA. Mr. Pérez noted that there are currently 45 Benefit Specialty Services staff from 11 agencies being trained on the EFA services and expects hundreds more staff to be trained soon.

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

- Julie Tolentino, EHE Coordinator, DHSP, updated the Commission on the following EHE activities:
 - HIV Testing (Pillar 1)
 - DHSP EHE Steering Committee (SC) is convening small group discussions regarding HIV testing and is developing a HIV Testing brief to include access points, analysis and will contain sections catering to different audiences, i.e. community-based organizations, non-community-based organizations, and consumers.
 - Four provider agencies submitted their quality assurance protocols and plans outlining their strategies in addressing the EHE to receive HIV self-testing kits
 - 588 kits ordered by providers out of 8,000 available
 - DHSP EHE SC is creating a promotional plan to increase awareness and uptake in kit requisitions and utilization.

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- Mental Health (Pillar 2)
 - DHSP EHE SC is currently partnering with the County's Department of Mental Health to develop a comprehensive Mental Health Needs Assessment geared to assess needs, challenges, best practices, etc. Assessment designed to provide a landscape analysis from both a provider and client lens. Solicitation has been developed.
- EHE Funding
 - HRSA released EHE Year 2 funding in the amount of \$5.2 million

C. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORT

- Maribel Ulloa, Housing + Community Investment Department, reported that HOPWA federal funding has been received in the amount of \$20.7 million, a small increase from previous year. She indicated she will provide a presentation at the next Commission meeting illustrating changes to structure of HOPWA funding.
- Ms. Ulloa shared that the Request for Proposal (RFP) evaluations have been completed and that notification letters will be disseminated next week.
- CARES Act funding still pending. Concerns with State funding to cover landlords and but will cover most rents from March 2020 to June 2021 and might be able to cover subsequent rent payments. Will continue to provide updates.
- Ms. Ulloa reported that HOPWA has not received hold harmless provisions and guidance for 2022 funding allocations, however, noted that Los Angeles County has not historically experienced decreases and will keep the Commission updated.
- Ms. Ulloa indicated that HOPWA will continue to work with DHSP and the Alliance for Housing and Healing in managing the EFA and in leveraging other short term rental/mortgage assistance programs but cautioned that assistance cannot be duplicated; in other words, cannot receive EFA and HOPWA assistance for same period of time.

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

- Jerry Gates, PhD, Part F representative, reported that a new faculty member was hired, and the new fellowship class started in July comprising of students from around the country.
- No other reports were provided.

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

- City of Long Beach:
 - Everardo Alvizo, MSW, announced that the City was establishing a Trans Wellness Center to address the many intersections of issues impacting the Trans community.
 - Mr. Alvizo reported that the City is working with the Health Department to develop a City-wide PrEP tracking tool and will work with CATC to explore and identify existing tools.
 - Mr. Alvizo indicated that he continues to work in partnership with the City's representative on the DHSP EHE SC.
 - Mr. Alvizo announced that the City was planning, in collaboration with the Long Beach Homeless Services Office, a listening session for March 12, 2021; information to be provided to staff for dissemination.
 - Mr. Alvizo also announced that the City is hosting a webinar in commemoration of NWGHAAD on March 24, 2021 at 12-2pm.
- City of Los Angeles:
 - Ricky Rosales, AIDS Coordinator's Office, announced that the HIV Prevention RFP closed last week and that a selection panel is currently being coordinated. Recommendations and notifications letters are scheduled to be released by mid to late April 2021.
 - Mr. Rosales reported that the budget meetings with the City Administration Office (CAO) and Mayor's Office went well resulting in a proposal of less than 10% of budget cuts to be made; City will attempt to recover said cuts. He indicated he was unsure as to how the American Rescue Plan Act of 2021 will impact budget deliberations but will provide updates to the Commission appropriately.
- Mr. Kochems inquired whether the City representatives have shared the COH's letter regarding COVID-19 vaccination and prioritizing people living with HIV with their respective city officials. Mr. Kochems encouraged members to share the letter with providers for guidance purposes. As an aside, Mr. Kochems mentioned that while attending the most recent BOS meeting, Dr. Barbara Ferrer, Director, Department of Public Health, stated that it was the State's responsibility to prioritize people living with HIV for the vaccination and not the County's.
- Mr. Rosales responded that while he had not shared the letter, his Department has been advocating for people with disabilities to include those living with HIV.

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- Mr. Alvizo responded that he has shared the letter with his City officials and Health Officer. He indicated that the City of Long Beach has already prioritized people living with HIV as a disability thus giving priority for the vaccination.
- Mr. Pérez reminded the group that effective March 15, 2021, people living with HIV will be eligible for the vaccination due to HIV being a chronic and immune compromising condition.

8. REPORTS - III

A. STANDING COMMITTEE REPORTS

(1) **Operations Committee:** Juan Preciado and Carlos Moreno, Co-Chairs, welcomed new members – Felipe Findley, Gerald Garth, Isabella Rodriguez, and Reba Stevens. Co-Chairs shared that a New Member Orientation has been scheduled for March 30, 2021 at 10am-12pm.

(a) Membership Management

(i) Membership Seat Vacates

- **Diamante Johnson**

MOTION #3: Approve Recommendation to Vacate Membership Seat of Diamante Johnson, Unaffiliated Consumer, Supervisorial District 5, as presented or revised. (✓ **PASSED: Yes 31 ; No - none; Abstentions – 2**).

(ii) Membership Seat Changes

- **Miguel Alvarez**

MOTION #4: Approve Recommendation to Change Membership Seat of Miguel Alvarez from Alternate (#51) to HIV Stakeholder #8, as presented or revised. (✓ **PASSED: Yes 31 ; No - none; Abstentions – 1**)

- **Alasdair Burton**

MOTION #5: Approve Recommendation to Change Membership Seat of Alasdair Burton from Alternate (#24) to Alternate (#21), as presented or revised. (✓ **PASSED: Yes 30 ; No - none; Abstentions – 1**)

- **Michele Daniels**

MOTION #6: Approve Recommendation to Change Membership Seat of Michele Daniels from Unaffiliated Consumer, SPA 1 to Alternate (#27), as presented or revised. (✓ **PASSED: Yes 30 ; No - none; Abstentions – 1**)

- **Thomas Green**

MOTION #7: Approve Recommendation to Change Membership Seat of Thomas Green from Alternate (#15) to Provider Representative #5, as presented or revised. (✓ **PASSED: Yes 30; No - none; Abstentions – 1**)

- **Nestor Kamurigi**

MOTION #8: Approve Recommendation to Change Membership Seat of Nestor Kamurigi from Alternate (#28) to Unaffiliated Consumer, Supervisorial District 2, as presented or revised. (✓ **PASSED: Yes 30 ; No - none; Abstentions – 1**)

- **Amiya Wilson**

MOTION #9: Approve Recommendation to Change Membership Seat of Amiya Wilson from HIV Stakeholder #6, to Alternate (#20), as presented or revised. (✓ **PASSED: Yes 29; No - none; Abstentions – 1**)

(b) Attendance Review

- The Committee conducted its quarterly review of attendance records resulting in recommendation to changes in membership as noted above.
- Members with recorded excessive unexcused absences received attendance letters to include a corrective plan of action. Committee and staff to monitor attendance and revisit for progress update.

(c) **Membership Application Redevelopment – UPDATE:** Revised draft Application was presented to the Consumer Caucus and the Transgender Caucus for feedback. Staff to incorporate edits and present final draft at the next Operations Committee meeting.

(d) **Mentorship Program – UPDATE:** A fun and engaging Mentorship Program orientation for new members was held on February 24, 2021; participants in the Mentorship Program are encouraged to stay in communication with their collaborative partners and to lean on each other for support and guidance.

(e) **Engagement and Retention Strategies:** No updates.

(2) **Planning, Priorities and Allocations (PP&A) Committee.** Frankie Darling-Palacios, Co-Chair, reported the following:

- Committee agreed on a Work Plan which includes committee training, developing strategies for maximizing Part A funding and reviewing services and corresponding fiscal data.

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- Next meeting is March 16, 2021 @ 1-3 pm. The meeting will include an overview of the Priority Setting and Resource Allocations (PSRA) process, review of PY 31 and 32 approved services rankings and funding allocations, and review of task force and caucus recommendations.

(a) Prevention Planning Workgroup | UPDATES

- The Prevention Planning Workgroup virtual meeting will take place Monday, March 22, 2021 @ 5:30-7:00PM; meeting resources can be found on the Commission's website; click [here](#). The discussion will include a review of the EHE Plan and an overview of DHSP's Prevention Program.

(3) Standards and Best Practices (SBP) Committee

(a) Child Care Services Standard of Care (SOC) | UPDATE

- Erika Davies, Co-Chair, reported that the Committee is waiting for the provider survey summary report from DHSP

(b) 2021 Standards of Care Review | UPDATE

- Ms. Davies reported the Committee will update the following service standards for 2021; will work with DHSP staff to obtain service utilization and programmatic data to help inform the revisions to these standards.
 - Benefits Specialty (suggested for update by DHSP staff)
 - Home Based Case Management (suggested for update by DHSP staff)
 - Substance Abuse & Residential Treatment

(4) Public Policy Committee

- Katja Nelson, Co-Chair welcomes new Committee members Gerald Garth and Isabella Rodriguez.
- Ms. Nelson shared the next meeting is April 5th from 1-3pm

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

- Ms. Nelson reported the following:
 - President Biden signed the American Rescue Plan Act for COVID-19 relief.
 - Equality Act prohibiting discrimination based on sex, gender identity, and sexual orientation, and for other purposes was passed by the House of Representatives, awaiting Senate's decision.
 - Department of Justice dropped its appeal of the Public Charge Rule.
 - Beginning March 15, 2021, people living with HIV will be eligible for the COVID-19 vaccine.
 - Committee is finalizing its 2021 Policy Priorities and will send to the Executive Committee for approval.
 - Committee drafted its first iteration of the 2021 legislative docket. Last day for legislative bills to be introduced is March 9, 2021.
 - ➡ Request Public Policy to consider a bill for its 2021 Legislative Docket, submit to staff and/or Co-Chairs promptly.
 - The Wall Las Memorias in partnership with University of California Los Angeles (UCLA) Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) will be hosting a forum to launch the Meth Act Now campaign.

b) County, State, and Federal Budget

- Committee working with the TransLatin@ Coalition on a support letter for \$15M funding for the Trans Wellness and Equity Fund.

B. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

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

- Ms. Barrit communicated the Task Force's request to extend task force one additional year in alignment with the Black African American Community (BAAC) Task Force.
MOTION #10: Approve extension of Aging Task Force for one additional year to complete directives, as presented or revised. (✓PASSED: Yes 27; No - none; Abstentions – none)
- Task Force met on March 2nd and is waiting for DHSP feedback on recommendations made.
- Task Force is considering creating a continuum of services for keeping people healthy.
- Task Force is considering the use of CPT codes as indicators and/or measurements for the quality of care in individuals 50 and older living with HIV.
- Standards and Best Practices will create an opportunity for collaboration/feedback on service standards with the Task Force regarding comprehensive care for older people (i.e. home-based case management, substance use treatment and residential care, and benefits specialty).
- Task Force discussed hosting an implicit bias training focused on ageism.

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- The group will meet again on April 6th from 1 pm to 3 pm and agreed to:
 - review HEDIS measures for caring for older adults from LA CARE
 - review health screenings/risk assessments for older adults that should be incorporated in Ryan White services.
 - Hear from Dr. Tony Mills on how he is providing comprehensive care for PLWH age 50 and older
 - Hear from DHSP on their feedback and analysis of the Aging Task Force recommendations
 - Discuss incorporating CPT codes and data from the Master Plan on Aging's dashboard
 - Focus on successful models (ex: the Golden Compass, Owens Clinic, and Dr. Gandhi's webinar presentation) and prescreening the models prior to presenting to the full body.

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

- Danielle Campbell, Co-Chair, reported the BAAC met on February 22, 2021 for its regularly scheduled meeting and held a special meeting on March 8 to prepare for its meeting w/ DHSP on March 22, 2021. BAAC key activities included:
 - Leading a successful social media tool kit campaign for in February for Black History Month & NBHAAD
 - Participated in the February 23, 2021 PACE NBHAAD townhall in commemoration of NBHAAD.
 - Finalized a list of training topics and trainers as requested by DHSP in response to Recommendation #1 to ensure providers are providing culturally appropriate services.
 - At its meeting on March 8th planned for the March 22nd meeting w/ DHSP to include developing agenda topic and key points of discussion.
 - Continues to develop guidance for the Committees and subordinate working groups on how to best implement the BAAC recommendations into its planning activities.
 - The next BAAC Task Force meeting will be March 22 at 1-3pm.

(3) Consumer Caucus: March 11, 2021 @ 3-4:30pm

- Alasdair Burton, Co-Chair, shared the following:
 - Invitation to attend the virtual Consumer Caucus meeting on March 11 from 3pm to 4:30pm; agenda can be found on the Commission website or by clicking [here](#).
 - Parliamentary training will be provided at the Consumer Caucus meetings to help answer specific questions from consumers.
 - Will discuss finalizing 2021 workplan and strategize on building stronger relationships and collaboration with other Caucuses and Task Forces.
 - One Co-Chair seat remains vacant and we ask consumers of HIV prevention and care services to consider running for the seat.

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

- Ms. Barrit announced that the Prevention Planning Workgroup will meet March 22, 2021 and is open to the public. Meeting agenda and materials can be found on the Commission's website and by clicking [here](#).

(5) Transgender Caucus: March 23, 2021 @ 10am-12pm

- Frankie Darling-Palacios and Luckie Fuller, Co-Chairs reported the following:
 - Caucus met on February 23rd, 2021
 - Luckie Fuller was elected as a second Co-Chair
 - Caucus is developing a work plan for 2021, which includes monitoring 1) AB 2218 and 2) Trans Wellness Equity Fund
 - Caucus participated in extensive brainstorming and discussion regarding gender self-identification in its review of the draft membership application that is currently under development by the Operations committee; discussion to be continued.
 - Project Fierce/WeCanStopSTDsLA conducted a presentation; Veronica Montenegro requested to present a more in-depth discussion and slide presentation at the next Transgender Caucus meeting.
 - Luckie provided a brief presentation in recognition of TDOV: Transgender Day of Visibility – March 31, 2021
 - Next Caucus meeting will be held on March 23, 2021 from 10am-12pm.

(6) Women's Caucus: March 15, 2021 @ 2-4pm *special presentation*

- Dr. LaShonda Spencer, Co-Chair, reported the following:
 - Women's Caucus met on February 23, 2021 and was well attended.
 - The Caucus reviewed and updated its 2021 Work Plan; a copy in packet.

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- Paulina Zamudio from DHSP attended and provided updates on the Emergency Financial Assistance (EFA) service, Take Me Home program and the status of the Child Care Service provider survey; a subsequent provider survey will be sent out soon.
- The Caucus is currently preparing for its special caucus meeting on Monday, March 15 @ 2-4pm in commemoration of National Women and Girls HIV/AIDS Awareness Day. Special guest speaker Venita Ray, Co-Executive Director of Positive Women's Network-USA will be providing a presentation on advocacy followed by Caucus members Shary Alonzo, Jayda Arrington and Shonte Daniels. Please support the Women's Caucus and share this event in your communities. The event flyer is in the packet.
- April's Caucus meeting will be held on April 19, 2021 @ 2-4pm.

7. MISCELLANEOUS

- A. PUBLIC COMMENT: OPORTUNITY TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION (To provide live public comment, register and join WebEx via computer or smartphone. Those joining via telephone cannot provide live public comment, but may submit written comments or materials via email to hivcomm@lachiv.org):**
- There were no comments.
- B. COMMISSION NEW BUSINESS ITEMS: OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR FULL BODY OR COMMITTEE DISCUSSION ON FUTURE AGENDAS, OR MATTERS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR WHERE NEED TO TAKE ACTION AROSE SUBSEQUENT TO POSTING THE AGENDA:**
- There were no new business items.
- C. ANNOUNCEMENTS: REGARDING COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES (Provision of announcements will follow the same protocol as that listed for public comments above.):**
- Lineup of March activities hosted by the East Los Angeles Women's Center for National Women and Girls HIV/AIDS Awareness Day and International Women's Day. These activities are in partnership with other HIV and non-HIV providers. Poster of the annual campaign to end HIV and Violence against Women, by the East Los Angeles Women's Center. For any questions, please contact Alejandra Aguilar alejandra@elawc.org or Karla Morales at kmorales@elawc.org

ADJOURNMENT AND ROLL CALL: The meeting adjourned at 12:55pm

Roll Call (Present): M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton (Alt), R. Cataldo, P. Coffey, M. Daniels, F. Darling-Palacios, K. Donnelly, F. Findley, A. Luckie Fuller, G. Garth, J. Gates, F. Gonzalez, J. Green, T. Green (Alt), L. Kochems, E. Martinez, C. Moreno, K. Nelson, M. Perez, J. Preciado, R. Rosales, H. San Agustin, L. Spencer, K. Stalter, M. Ulloa, J. Valero, D. Lee, and B. Gordon

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MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve the 2/11/21 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Approve Recommendation to Vacate Membership Seat of Diamante Johnson, Unaffiliated Consumer, Supervisorial District 5, as presented or revised.	Ayes: Alvarez, Alvizo, Ballesteros, Campbell, Cataldo, Coffey, Darling-Palacios, Davies, Findley, Fuller, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), Heltzel-Walker, Martinez, Moreno, Nelson, Pérez, Preciado, Rosales, San Agustin, Spencer, Stalter, Rodriguez, Ulloa, Valero, Gordon, and Lee Opposed: None Abstentions: Donnelly and Halfman	MOTION PASSED Ayes: 30 Opposed: 0 Abstentions: 2
MOTION #4: Approve Recommendation to Change Membership Seat of Miguel Alvarez from Alternate (#51) to HIV Stakeholder #8, as presented or revised.	Ayes: Alvarez, Alvizo, Ballesteros, Campbell, Cataldo, Coffey, Darling-Palacios, Davies, Donnelly, Findley, Fuller, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), Heltzel-Walker, Martinez, Moreno, Nelson, Pérez, Preciado, Rosales, San Agustin, Spencer, Stalter, Rodriguez, Ulloa, Valero, Gordon, and Lee Opposed: None Abstentions: Halfman	MOTION PASSED Ayes: 31 Opposed: 0 Abstentions: 1
MOTION #5: Approve Recommendation to Change Membership Seat of Alasdair Burton from Alternate (#24) to Alternate (#21), as presented or revised.	Ayes: Alvarez, Alvizo, Ballesteros, Cataldo, Coffey, Darling-Palacios, Davies, Donnelly, Findley, Fuller, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), Heltzel-Walker, Martinez, Moreno, Nelson, Pérez, Preciado, Rosales, San Agustin, Spencer, Stalter, Rodriguez, Ulloa, Valero, Gordon, and Lee Opposed: None Abstentions: Halfman	MOTION PASSED Ayes: 30 Opposed: 0 Abstentions: 1
MOTION #6: Approve Recommendation to Change Membership Seat of Michele Daniels from Unaffiliated Consumer, SPA 1 to Alternate (#27), as presented or revised.	Ayes: Alvarez, Alvizo, Ballesteros, Cataldo, Coffey, Darling-Palacios, Davies, Donnelly, Findley, Fuller, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), Heltzel-Walker, Martinez, Moreno, Nelson, Pérez, Preciado, Rosales, San Agustin, Spencer, Stalter, Rodriguez, Ulloa, Valero, Gordon, and Lee Opposed: None Abstentions: Halfman	MOTION PASSED Ayes: 30 Opposed: 0 Abstentions: 1
MOTION #7: Approve Recommendation to Change Membership Seat of Thomas Green from Alternate (#15) to Provider Representative #5, as presented or revised.	Ayes: Alvarez, Alvizo, Ballesteros, Cataldo, Coffey, Darling-Palacios, Davies, Donnelly, Findley, Fuller, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), Heltzel-Walker, Martinez, Moreno, Nelson, Pérez, Preciado, Rosales, San Agustin, Spencer, Stalter, Rodriguez, Ulloa, Valero, Gordon, and Lee Opposed: None Abstentions: Halfman	MOTION PASSED Ayes: 30 Opposed: 0 Abstentions: 1
MOTION #8: Approve Recommendation to Change Membership Seat of Nestor Kamurigi from Alternate (#28) to Unaffiliated Consumer, Supervisorial District 2, as presented or revised.	Ayes: Alvarez, Alvizo, Ballesteros, Cataldo, Coffey, Darling-Palacios, Davies, Donnelly, Findley, Fuller, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), Heltzel-Walker, Martinez, Moreno, Nelson, Pérez, Preciado, Rosales, San Agustin, Spencer, Stalter, Rodriguez, Ulloa, Valero, Gordon, and Lee	MOTION PASSED Ayes: 30 Opposed: 0 Abstentions: 1

Commission on HIV Meeting Minutes

March 11, 2021

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MOTION AND VOTING SUMMARY		
	<p>Opposed: None Abstentions: Halfman</p>	
<p>MOTION #9: Approve Recommendation to Change Membership Seat of Amiya Wilson from HIV Stakeholder #6, to Alternate (#20), as presented or revised.</p>	<p>Ayes: Alvarez, Alvizo, Ballesteros, Cataldo, Coffey, Darling-Palacios, Davies, Donnelly, Findley, Fuller, Gates, Granados, Green (Joseph), Green (Thomas), Heltzel-Walker, Martinez, Moreno, Nelson, Pérez, Preciado, Rosales, San Agustin, Spencer, Stalter, Rodriguez, Ulloa, Valero, Gordon, and Lee Opposed: None Abstentions: Halfman</p>	<p>MOTION PASSED Ayes: 29 Opposed: 0 Abstentions: 1</p>
<p>MOTION #10: Approve extension of Aging Task Force for one additional year to complete directives, as presented or revised.</p>	<p>Ayes: Alvarez, Alvizo, Ballesteros, Cataldo, Coffey, Darling-Palacios, Donnelly, Findley, Fuller, Gates, Granados, Green (Joseph), Green (Thomas), Halfman, Moreno, Nelson, Pérez, Preciado, Rosales, San Agustin, Spencer, Stalter, Rodriguez, Ulloa, Valero, Gordon, and Lee Opposed: None Abstentions: None</p>	<p>MOTION PASSED Ayes: 27 Opposed: 0 Abstentions: 0</p>

DRAFT

Parliamentary Procedure

James H. Stewart, PRP

www.mr-parliamentarian.com

Jim@mr-parliamentarian.com

“Collective decision-making evokes different sorts of preferences, because an individual's response depends on the institutional environment in which it was asked “

Robert E. Goodin, 1986

University of Essex

Foundations of Social Choice Theory

WHY Parliamentary Procedure?

- ❖ Protects the rights of the members and of the minority
- ❖ Provides a effective, efficient decision making process that can be trusted.

MOTIONS

The way you take action

MOTIONS IN AGENDA

- Most motions come to the Commission via a committee action
- Spelled out in the agenda
- All motions in the agenda are 'made' by adopting the agenda, no second needed
- Amendments or Process motions may be made by the members

PROCESSING MOTIONS

- 1) Member raises hand
- 2) Member is recognized by the Chair
- 3) Member says "I Move..."
- 4) Another member seconds
- 5) Chair states the motion "It is moved and seconded that..."
- 6) Chair asks for Public Comment, if required
- 7) Chair asks for debate (list of speakers)
- 8) Chair takes vote
- 9) Chair states if motion passed or lost
- 10) Chair goes to next business in order

MYTH or FACT?

- There can only be one motion on the floor at a time
- FALSE – There can be several motions on the floor at the same time – but the body only debates and votes on one at a time
 - Main Motion
 - Amendment
 - Postpone
 - Refer
 - Previous Question

Main Motion

- A motion which brings a NEW piece of business before the assembly

POSTPONE INDEFINITELY

Not used in committee

- **ACTION:** To stop consideration of a pending question without voting on it; kills it for that meeting
 - Must be Seconded
 - Debatable on the merits of the question
 - Majority Vote

Lay on the Table

- ACTION: Lay a matter aside temporarily, while something of more importance is done
 - Must be seconded
 - Not Debatable
 - Chair can ask for explanation
 - Not Amendable
 - Majority vote
 - Must vote to take from the table

AMEND

- ACTION - To alter words in a motion
 - Insert or Add words
 - Remove words (strike out)
 - Remove and add words in the same place (strike and insert)
 - Move words
 - Substitute motion

AMEND

- Must be seconded
- Is debatable
- Is amendable (once)
- Adheres on referral to committee
- Majority vote

SUBSTITUTE MOTION

- Amend by striking all words and inserting a new paragraph/motion.
- Used when several changes are needed in a paragraph/motion
- The original and the substitute are open to debate and amendment at the same time.
- Vote twice: vote on the substitute, and, if passed, vote to approve (more debate and amendment can happen in between).

MYTH or FACT?

~~FRIENDLY
AMENDMENTS~~

REFER TO COMMITTEE

- ACTION: Sends the Main Motion and all adhering motions to a committee (or back to a committee) for consideration and recommendation
- Must be seconded
- Debatable
- Amendable
- Majority Vote

POSTPONE DEFINITELY

- **ACTION:** Postpones further consideration until a specific time and/or next meeting
 - Must be seconded
 - Amendable as to time
 - Majority vote

CALL THE QUESTION

not used in committee without special rule

- ACTION: Ends debate, proceed to vote on the pending question
- Formal motion is **Move the Previous Question**
 - Must be seconded
 - Not debatable
 - Not amendable*
 - Requires 2/3 vote

Requests and Inquiries

- Parliamentary inquiry
 - How do I do this
 - Was that done right
- Request for information
 - ASK A QUESTION
- Point of Privilege
 - I cant hear, I do not have the document etc.

Suspend the Rules

- Action: To allow the assembly to do something outside the rules.
- Can be applied to Adopted Agenda, or any Standing Rule for a meeting
- Bylaws **CANNOT** be suspended

Suspend the Rules

- Must be seconded
- Not debatable
 - Brief explanation allowed
 - Usually a two-part motion
 - I move to suspend the rules and
- Not amendable or debatable
- 2/3 vote

POINT OF ORDER

- **ACTION:** A member alerts the chair that a improper procedural action may have taken place
 - Does not require a second
 - No vote is taken
 - Not debatable
 - Chair decides if point 'well taken'
 - Can be appealed

APPEAL FROM THE DECISION OF THE CHAIR

- **ACTION:** Causes to ruling of the chair to be decided by the assembly
 - Must be seconded
 - May be debatable
 - Majority in the negative to overturn the ruling of the chair

DEBATE

DISCUSSION V. DEBATE

- Discussion is a free flowing exchange of ideas which may or may not lead to an action
- Debate is a formal process of pro and con statements about a specific proposition (motion)

WHY RULES OF DEBATE?

➤ **ISSUES – NOT PEOPLE**

➤ **WHAT was said, not WHO said it**

- To allow even the most contentious issue to be debated in a controlled and civilized manner
- Gives all members equal rights
- Gives order to an inherently chaotic process

Basic Rules of Debate

- No debate without a motion pending,
- Debate only the IMMEDIATELY PENDING question
- All remarks addressed to the Chair
- No one speaks without being recognized by the Chair
- Do not question the motives of another speaker
- Remain quiet while others speak
- Do not refer to members by name
- You may make a motion after your remarks (limits)
- Time limits may be imposed

Basic Rules of Debate

These rules do not apply in committee

- No one speaks twice till all have spoken once
- No one speaks more than twice without the approval of the assembly
- Time limit may be imposed

VOTING

TWO TYPES OF VOTES

- Uncounted
- Counted
- Several ways to accomplish both
- Brown Act only allows two
 - Unanimous/General Consent
 - Roll Call

PROCESS: GENERAL CONSENT

- Chair asks “Are there any objections to...?” or “Without Objection we will...”
- If no objections, chair says “Adopted without objection”
- If Objection –a roll call vote is taken

PROCESS: ROLL CALL

- Chair asks Parliamentarian to call the roll
- Parliamentarian calls the names in alphabetical order (Co-Chairs last) and members answer Aye, No, or Abstain as their name is called
- Parliamentarian gives totals to the Chair
- Chair announces totals and if measure passed/failed.

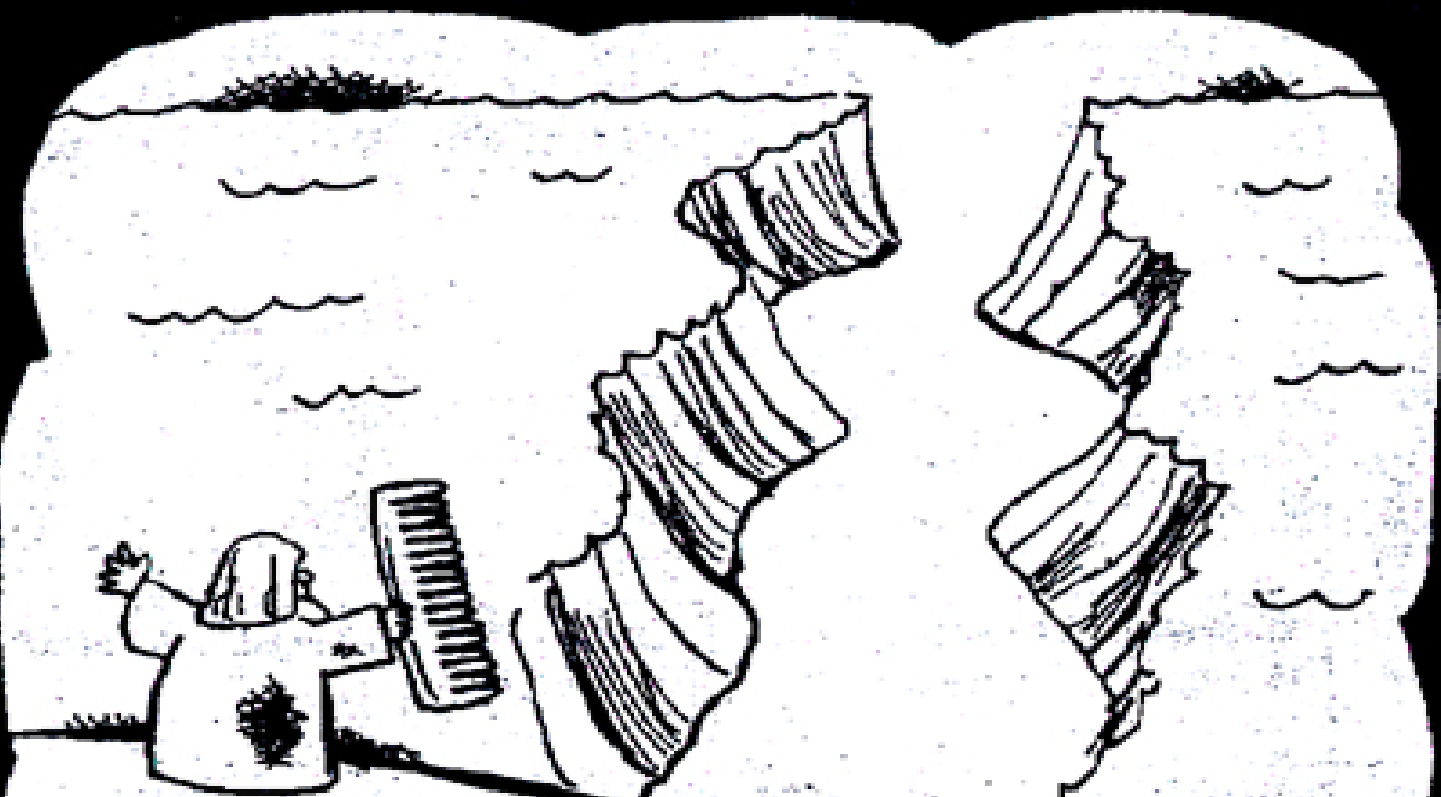
VOTING PROCESS ISSUES

- Voters are not allowed to explain a vote – that constitutes debate
- No comment AFTER the vote is taken – also constitutes debate
- Vote may not be interrupted until complete
- A member may change their vote up until the time the result is announced by the Chair, thereafter only with unanimous consent of the body

ABSTENTION

- Everyone has a duty to vote, but no one can be compelled to vote
- Abstention is NOT a vote – it does not count . . . ever
- Normally not asked for
- Only recorded in a Roll Call Vote or with permission or by special rule of order
- Required in Conflict of Interest

RANDOLPH ITCH 2 a.m.



Moses
tried all morning
to get the part straight.



LOS ANGELES COUNTY COMMISSION ON HIV (COH) 2021 MASTER WORK PLAN (Updated 3.31.21)

Co-Chairs: Bridget Gordon & David Lee		Revision Dates: 1/5/21; 3/31/31
<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	<p>Conduct EHE focused strategic planning for the Commission. Support implementation of local EHE Plan within duties of the COH as defined in its ordinance.</p> <p>Strategic planning sessions will lead to the development of an EHE operational plan for the Commission.</p> <ul style="list-style-type: none"> Conduct an in-depth analysis of EHE plan and operationalize relevant activities for the Commission. Determine how to best support and supplement the work of the DHSP EHE Steering Committee. Define specific roles and goals for the Commission to end the HIV epidemic in LA County in 10 years. Define roles and expectations for the Commission and the DHSP EHE Steering Committee and provide opportunities for collaboration. Select a Commission Co-Chair or a member in a leadership position to serve as the liaison to the DHSP EHE Steering Committee 	May-June 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. 	June Virtual training secured for May 17-20
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 (COH) 2021 MASTER WORK PLAN (Updated 3.31.21)

	Subject to change and does not include ongoing activities for Committees and subgroups.	
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LOS ANGELES COUNTY
COMMISSION ON HIV



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

TO END HIV, WE MUST END RACISM
[#STOPAAPIHATE](#)

The Los Angeles County Commission on HIV condemns all forms of hate and violence. We stand in solidarity with Asian American and Pacific Islander (AAPI) communities and condemn the attacks on our AAPI brothers and sisters across the Country. Acts of hate against AAPI communities have risen during the COVID-19 pandemic. An attack on one community, is an attack on all of US.

The harmful rhetoric of the previous administration and the repeated use of the term “China virus” to refer to COVID-19 have fueled the senseless increase in violence we are seeing across the country. These hurtful words and demonization of a particular community followed the long American history of using diseases to justify anti-Asian xenophobia, one that dates to the 19th and 20th centuries, and has helped to shape perception of AAPIs as “perpetual foreigners.”

Many scholars, historians, and activists have pointed out that racial violence against AAPIs often goes overlooked because of persistent stereotypes about the community. The pervasiveness of the model minority myth is a large contributing factor to the current climate. That false idea, constructed during the Civil Rights era to stymie racial justice movements, suggests that Asian Americans are more successful than other ethnic minorities because of hard work, education, and inherently law-abiding natures. Because the model minority myth suggests upward mobility, it creates a fallacy that Asian Americans don’t experience struggle or racial discrimination and misogyny.

We applaud the Los Angeles County Board of Supervisors in their decision to immediately identify funding to expand the County’s Anti-Hate program to combat hate against AAPIs. We call on all Angelenos to speak out against hateful and violent attacks on AAPI communities. Encourage those who experience or witness acts of hate toward the AAPIs communities to report an incident to 211 LA. Incidents can also be reported using the www.stopaapihate.org website. The STOP AAPI Hate reporting form is available in 11 languages.

The HIV movement knows too well that hateful language has real stigmatizing consequences. The hatred and violence we are witnessing perpetuated against AAPIs are rooted in the same form of racism, discrimination, and misogyny that continue to hinder our progress in ending HIV. Join us in stopping hate and support the AAPI communities.

In Solidarity,

Los Angeles County Commission on HIV

<https://www.lavshate.org/>
<https://stopaapihate.org/>

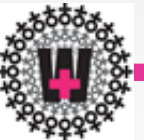
“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.

Embodying Meaningful Involvement of People Living with HIV

Nothing About us Without Us!

Venita Ray, Co-Executive Director

March 15, 2021





The only national organization in the US led by and for women and trans people living with HIV
Founded in 2008 by 28 diverse women living with HIV, including women of trans experience

Our mission: To *prepare and involve* women and people of trans experience living with HIV in all levels of policy and decision-making.

Our work is grounded in racial justice, gender justice and economic justice.



Session Goals

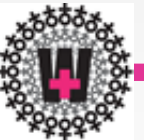
Learn about the history of MIPA and why it is important from the perspective of PLHIV

Learn what MIPA is and what is not MIPA

Discuss barriers to MIPA

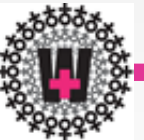
Share ways to practice MIPA in your organization

Share perspective on why Black women are most impacted by HIV



Take the Poll

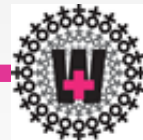
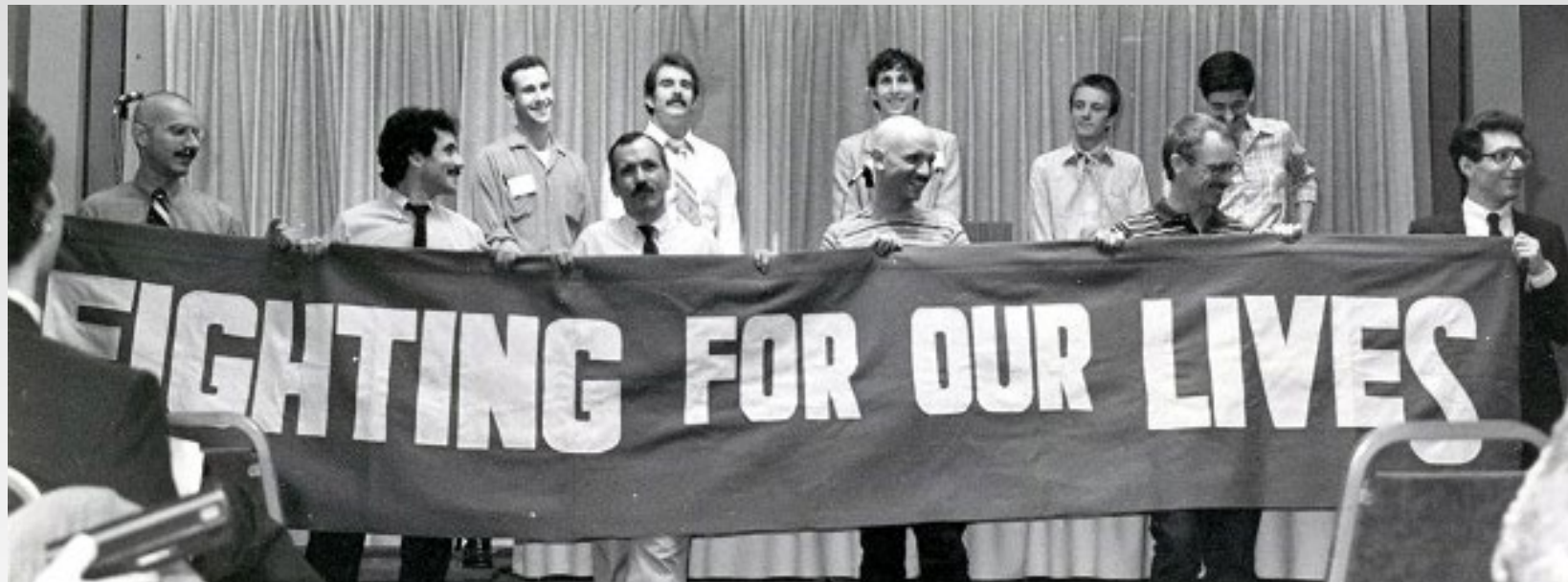
1. Do you know what MIPA is? YES//No
1. What does meaningful involvement of people with HIV mean?
 - A. Being supportive and providing supportive services
 - B. Community advisory board create own agenda and impact decision making
 - C. Providing employment for PLHIV
 - D. None of the above
 - E. All of the above
1. Have you ever been involved in meaningful HIV decision making? YES/NO



MIPA: history & context



In the beginning...



HIV  **Empowerment** Know the Denver Principles.

When a group of people with AIDS met at a hotel room in Denver in 1983 and wrote a manifesto outlining the rights and responsibilities of people with AIDS,

the Denver Principles,

it was the first time in the history of humanity that people who shared a disease organized to assert a collective political voice.

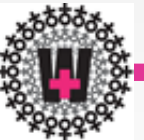
Michael Callen,
1955 -1993
AIDS Activist & Co-Author
of the Principles.

⇒ WORLD AIDS DAY: **DEC. 1** 

SEANSTRUB.COM 

- 12 “people with AIDS” who met for the first time at the 5th annual Gay & Lesbian Health Conference, held in Denver, CO, June 1983

- Manifesto outlines rights and responsibilities of “PWAs” as well as healthcare providers and care providers



THE DENVER PRINCIPLES

Statement from the
Advisory Committee
of People with AIDS

We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others. We are "People With AIDS."



Recommendations for people with AIDS:

1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the boards of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.



So... What *is* MIPA?

MIPA = **meaningful** involvement of people living with HIV/AIDS

GIPA = **greater** involvement of people living with HIV/AIDS



GIPA means meaningfully involving people living with HIV in the programmatic, policy and funding decisions and actions that impact on our lives by ensuring that we participate in important decisions.

- *Global Network of People Living with HIV/GIPA Report Card*



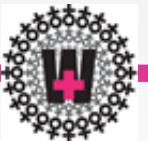
So why does MIPA matter?

- Those most impacted by a decision should lead decision-making
- It leads to better decisions and responsive planning
- Real connection to community
- Reduction in stigma and discrimination
- Increased effectiveness of policies & programs
- Building sustainable, shareable power in communities
- Holds organizations that serve us accountable to us
- What else?



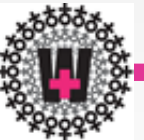
Early challenges with MIPA

- Cis white gay male dominance in visibility and power
- Leadership by Black/Brown communities, women, folks of trans experience, others often not visible
- Death, poor health, burn-out, trauma
- Pressures of “professionalization” had consequences for community engagement
- As the demographics of the epidemic visibly shifted, commitment to PLHIV leadership did the same
- Resulted in the whitening of the movement



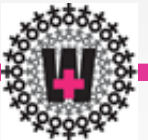
MIPA or Not?

What is meaningful involvement and what is not?



MIPA is...

- Centering PLHIV in all decision-making
- Recognizing value of lived experience and that PLHIV are subject matter experts
- Seeing important contribution PLHIV can have on program design/implementation
- Staff reflects diversity of community being served
- Ensuring PLHIV involvement is meaningful and not tokenism or “check the box”



What's NOT MIPA?

There's a person
with HIV on the
board!

Let's ask X
what to do.
He's living with
HIV.

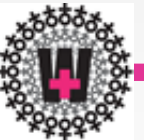
Well, we
already have a
CAB...

We can't find the
right people!



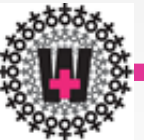
MIPA is not...

- Expecting PLHIV to be permanent volunteers
- Support services are not necessarily MIPA
- Meetings set for times folks can't make unless they are employed in the field
- The “community panel” and “sand box”
- Invitations to be the “face” of a campaign... after the messaging has already been defined
- Getting information that we don't have time to process
- Race/gender/class-neutral PLHIV representation
- Gatekeeperism: “I can represent PLHIV/POC/Black folks/women all by myself, forever!”
- Using the same “go to PLHIV” all the time



Your turn...

What is not MIPA?



Barriers to MIPA: organizational examples

- Hiring practices that prevent clients/PLHIV from applying – arbitrary degree requirements – no considering lived experience
- Lack of board bylaws that require PLHIV or most impacted participation
- Disempowered CABs – no input on agenda - tokenism
- Programming FOR PLHIV not by PLHIV
- PLHIV that are speaking do not reflect those most impacted by the epidemic
- Language (monolingual) and stigma



Other Barriers to MIPA

- **Lack of clear commitment to address racism, classism, educational privilege, cis privilege, patriarchy etc**
- **Creating “safe space” does not mean that everyone has to be comfortable**
- **Don’t believe our voice matters**
- **Lack of confidence**



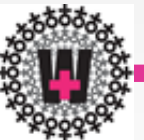
Which one is MIPA?

Organization A

- Led by non-POC HIV neg person
- PLHIV do not lead CAB
- Provides great social support for PLHIV
- PLHIV give input on website, graphics, webinars, and programs

Organization B

- Founded and run by Black WLHIV
- Has PLHIV on staff
- All programs designed by and for PLHIV
- All governance boards are led by PLHIV



MIPA in Practice

Commit to MIPA principles by acknowledging room for improvement
- evaluate how programs are developed

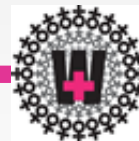
Be explicit about committing to MIPA - tell the world!

Train staff and the people you serve on MIPA

Require PLHIV to serve on governance boards

Pay PLHIV for participation - it shows value; sharing our story
requires emotional labor

MIPA is not race/gender neutral



MIPA in Practice

Involve PLHIV in the planning, design and implementation

Programs/services should be developed by and for PLHIV

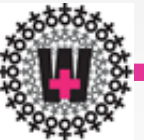
Expand leadership beyond your “go to” HIV leadership

Restructure and empower CABs

Watch the use of stigmatizing language and images

Commit to building leadership and power of the people you serve by offering:

- Professional development opportunities
- Advocacy/leadership/mentorship
- Trainings and support



Katrina Haslip

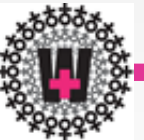


March 12, 2021

Celebrate & Honor Black Women in the HIV Movement
Town Hall



POSITIVE WOMEN'S NETWORK
USA



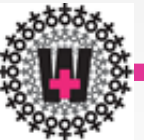
Thank you!

Nothing About us Without Us!

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LA County Commission on HIV



Constructively Candid Conversations Session 2



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

Commission on Human Relations

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

Plan

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

Topics for 30-minute sessions:

- 1) Why Some Conversations are Uncomfortably Difficult
- 2) Stages of Relationships**
- 3) Words Matter
- 4) Self-Management - Mindfulness, Reflection, and Growth
< Special 90-minute training on what Implicit Bias is and how it operates >
- 5) Empathy - what it isn't and what it is; how to strengthen it
- 6) Inquiry - a Learning Orientation; Productive Questions
- 7) Listening without Judging
- 8) Disclosing, Part 1 - affirming Shared Views
- 9) Disclosing, Part 2 - presenting Different Facts or Perspective
- 10) Disclosing, Part 3 - requesting Different Behavior

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

Interaction Agreements

Engage Fully – avoid distractions

Represent Yourself – don't claim to speak for others

Share the Space – give room for others to speak

Receive Generously – don't attribute motives

Assume Alliance – we may disagree on issues, but we don't attack people

Protect Confidentiality – take learning with you, leave stories behind



Identify for yourself: Name of one person with whom you have a very close relationship.



Identify for yourself: Name of one person with whom you have a very close relationship.



Ask yourself: How would things be different if I did not know this person?

Identify for yourself: Name of one person with whom you would like to have a closer relationship.



Ask yourself: How would things be different if my relationship with this person were closer?

respond at pollev.com/robertsowell759

OR

text 'robertsowell759' to 37607



How would things be different if my relationship with this person were closer?

Stages of Relationships



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

Stages of Relationships

Awareness



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

Stages of Relationships

Awareness
Acquaintance



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

Stages of Relationships

Awareness
Acquaintance
Associate



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

Stages of Relationships

Awareness
Acquaintance
Associate
Colleague



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

Stages of Relationships

Awareness
Acquaintance
Associate
Colleague
Friend



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

Stages of Relationships

Awareness
Acquaintance
Associate
Colleague
Friend
Companion



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

Trust



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

Trust

What comes to mind when you think about Trust?

respond at pollev.com/robertsowell759

OR

text 'robertsowell759' to 37607



TRUST

Trust

Respect



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

Trust

Respect Honesty



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

Trust

Respect
Transparency

Honesty



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

Trust

Respect
Transparency
Honesty
Reliability



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

Trust

Respect
Transparency
Productivity
Honesty
Reliability



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

Trust

Respect
Transparency
Productivity
Honesty
Reliability
Growth



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

Trust

Respect
Transparency
Productivity
Trust

Honesty
Reliability
Growth



Application



Think about the following quote from *So You Want to Talk about Race*:

“...**Race** has always been a prominent part of my life....My **blackness** is woven into how I dress each morning, what bars I feel comfortable going to, what music I enjoy, what neighborhoods I hang out in. The realities of **race** have not always been welcome in my life, but they have always been there.” (pg 1)

Decide if race is the part of your identity for which this statement is accurate for you. If not, choose another aspect of your identity for which it is an accurate statement. Other possibilities include gender, ethnicity, culture, sexual orientation, ability, religion.

If you choose another option, reword the statement substituting what you chose.

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

Application



- What level of relationship would you need to be in to feel comfortable discussing the statement?
- What is the name of someone not yet at that level but with whom you would like to develop a stronger relationship?
- Brainstorm 5 specific actions you could take to cultivate trust in that relationship.
- Decide what you will do next and when.

LA County Commission on HIV



Constructively Candid Conversations Session 2





Ryan White HIV/AIDS Program Parts

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

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



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PUBLIC POLICY COMMITTEE (PPC)
2021 POLICY PRIORITIES
(PPC Committee Approved 03/01/2021)

HIV has been raging in communities across the world for almost 40 years and with advancements in biomedical interventions, research and vaccines, the time for the HIV cure is now. With a renewed sense of optimism and urgency, the PPC remains steadfast in its commitment to universal health care, eradication of racism in all forms, and unfettered access to care and supportive services to ensure that all people living with HIV and communities most impacted by HIV and STDs, live, full, productive lives.

The COVID-19 global pandemic has demonstrated that with political will, funding, and most important of all, urgency, rapid and safe vaccine development is possible. The COVID-19 global pandemic is severely impacting the delivery of HIV prevention and care services. The PPC is compelled to encourage and support innovative efforts to reduce bureaucracy, increase funding and enhance HIV prevention and care service. This effort is to address negative impacts pre-COVID service levels, as well exceed the quantity and quality of HIV and prevention services.

The PPC recommends the Commission on HIV endorse the prioritization of the following issues. PPC will identify support legislation, local policies, procedures, and regulations that address Commission priorities in calendar year 2021: (Issues are in no particular order.)

Racism

- a. Health equity, the elimination of barriers and addressing of 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.
- b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in the Black/African American community. To include the identification of and rooting out of systemic and systematic racism as it affects Black/African American communities.

Housing

- a. Improve systems, strategies and proposals that expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS.



- b. Improve systems, strategies, and proposals that prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
- c. Promote Family housing and emergency financial assistance as a strategy to maintain housing.

Mental Health

- a. Mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.

Sexual Health

- a. Access to prevention, care and treatment and bio-medical intervention (such as PrEP and PEP) services. Promote the distribution of services to people at risk for acquiring HIV and people living with HIV/AIDS.
- b. Comprehensive HIV/STD counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
- c. Maximize HIV prevention to reduce and eliminate syphilis and gonorrhea cases, among young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color.
- d. Advance and enhance routine HIV testing and expanded linkage to care.
- e. Maintain and expand funding for access and availability of HIV, STD, and viral hepatitis services.
- f. Promote women centered prevention services to include domestic violence and family planning services for women living with and at high risk of acquiring HIV/AIDS.
- g. Preserve full funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Abuse

- a. Advocate for substance abuse services to PLWHA.
- b. Advocate for services and programs associated with methamphetamine use and HIV transmission.

Consumers

- a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWHA) and those at risk of acquiring HIV. This includes young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color, transgender and the aging.

Aging

- a. Create and expand medical and supportive services for PLWHA ages 50 and over.



Women

- a. Create and expand medical and supportive services for women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare and substance abuse.

Transgender

- a. Create and expand medical and supportive services for transgender PLWHA.
- b. Promote and maintain funding for the Transgender Wellness Fund created by the passage of AB2218.

General Health Care

- a. Provide access to and continuity of care for PLWHA focusing on communities at highest risk for the acquisition and transmission of HIV disease.
- b. Fund and expand eligibility for Medicaid, Medicare, and HIV/AIDS programs and health insurance coverage for individuals with pre-existing conditions.
- c. Increase and enhance compatibility and effectiveness between RWP, Medicaid, Medicare, and other health systems. This includes restructuring funding criteria to **not** disincentivize contractors from referring clients to other contractors.
- d. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
- e. Preserve full funding and accessibility to the AIDS Drug Assistance Program (ADAP), Office of AIDS Health Insurance Premium Payment (OA-HIPP) Assistance, Employer Based Health Insurance Premium Payment (EB-HIPP), and Medigap.

Service Delivery

- a. Enhance the accountability of healthcare service deliverables. This would include a coordinated effort between federal, state, and local governments.
- b. Incorporate COVID strategies to reduce administrative barriers, increase access to health services and encourage the development of an HIV vaccine mirroring the COVID 19 vaccine process.

Criminalization

- a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS.

Data

- a. Use data, without risking personal privacy and health, with the intention of improving health outcomes and eliminating health disparities among PLWHA.
- b. Promote distribution of resources in accordance with the HIV burden within Los Angeles County.



The Public Policy Committee acts in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article VI, Section 2, no Ryan White resources are used to support Public Policy Committee activities.