



LOS ANGELES COUNTY COMMISSION ON HIV

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

COMMISSION ON HIV MEETING

**Thursday, February 9, 2017
9:00 AM – 1:35 PM**

**St. Anne's Conference Center
Foundation Room
155 North Occidental Blvd.
Los Angeles, CA 90026**

LOS ANGELES COUNTY COMMISSION ON HIV



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).



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GUIDELINES FOR CONDUCT

The Los Angeles County Commission on HIV has played an active role in shaping HIV services in this County and in the State for over a decade. The dedication to providing quality services to people with and at risk of HIV/AIDS by people who are members of this body, both past and present, is unparalleled.

In order to encourage the active participation of all members and to address the concerns of many Commissioners, consumers and other interested members of the community, it is important that meetings take place in a “safe” environment. A “safe” environment is one that recognizes differences, while striving for consensus and is characterized by consistent professional and respectful behavior. As a result, the Commission has adopted and is consistently committed to implementing the following Guidelines for Conduct for Commission, committee and associated meetings.

Similar meeting ground rules have been developed and successfully used in large group processes to tackle difficult issues. Their intent is not to discourage meaningful dialogue, but to recognize that differences and even conflict can result in highly creative solutions to problems when approached in a respectful and professional manner.

The following should be adhered to by all participants and stakeholders:

- 1) Be on Time for Meetings
- 2) Stay for the Entire Meeting
- 3) Show Respect to Invited Guests, Speakers and Presenters
- 4) Listen
- 5) Don't Interrupt
- 6) Focus on Issues, Not People
- 7) Don't just Disagree, Offer Alternatives
- 8) Give Respectful, Constructive Feedback
- 9) Don't Judge
- 10) Respect Others' Opinions
- 11) Keep an Open Mind to Others' Opinions
- 12) Allow Others to Speak
- 13) Respect Others' Time
- 14) Begin and End on Time
- 15) Have All the Issues on the Table and No “Hidden Agendas”
- 16) Minimize Side Conversations
- 17) Don't Monopolize the Discussion
- 18) Don't Repeat What Has Already Been Said
- 19) If Beepers or Cell Phones Must Be On, Keep Them on Silent or Vibrate



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2. APPROVAL OF AGENDA:

- A Agenda
- B Membership Roster
- C Committee Assignments
- D Commission Member Conflict of Interest
- E Geographic Maps
- F February - May 2017 Meeting Calendar



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Los Angeles County Commission on HIV [REVISED] MEETING AGENDA

Thursday, February 9, 2017
9:00am – 1:35pm

St. Anne's Conference Center
Foundation Conference Room
155 North Occidental Boulevard, Los Angeles, CA 90026

All Commission meetings will begin at their appointed times.
Participants should make every effort to be prompt and ready.

All agenda items are subject to action. Public comment will be invited for each item.

All "action" (non-procedural) motions are included on the consent calendar and are approved
when the consent calendar is approved.

A motion can be "pulled" from the consent calendar if there are objections to it, or if it is to be
presented or discussed later in the meeting.

Members/Visitors: Remember that the agenda order
(and the scheduled times for items) can be changed or
significantly delayed during and at a meeting.

Motions: public comment periods,
dates/times/venues of future
activities.

Who addresses the issue,
reports on it, and/or who
follows-up
after that.

Agenda Times are
best estimates, but are
subject
to change at any time.

AGENDA ORDER/AGENDA ITEMS

MOTIONS/ACTIONS

PARTY(IES) RESPONSIBLE

SCHEDULED TIMES

1. Call to Order		B Land/R Rosales, Co-Chairs	9:00 am — 9:03 am
A Roll Call			
2. Approval of Agenda	MOTION #1	Commission	9:03am — 9:05 am
3. Approval of Meeting Minutes	MOTION #2	Commission	9:05 am — 9:07 am
4. Consent Calendar	MOTION #3	Commission	9:07am — 9:09 am
5. Executive Director's Report		C Barrit, MPIA, Executive Director	9:09am — 9:12am

AGENDA ORDER/AGENDA ITEMS		MOTIONS/ACTIONS, DATES and LOGISTICS	PARTY(IES) RESPONSIBLE	SCHEDULED TIMES
6. Co-Chairs Report			B Land/R Rosales, Co-Chairs	9:12am -- 9:21am
A Commissioner Welcome & Service Recognition				
B Meeting Management				
C Executive At-Large Member Open Nominations				
D Housing Task Force			E Cockrell/T Goddard, MA/R Ronquillo Co-Chairs	
7. Housing Opportunities for Persons with AIDS (HOWPA) Report			R Ronquillo Housing + Community Investment Dept City of Los Angeles	9:21am — 9:24am
8. County's Health Department Integration Advisory Board (IAB) Report Report			A Ballesteros, MBA/B Gordon Co-Chairs	9:24am -- 9:27am
9. Department of Public Health, Immunization Program Report			Franklin D Pratt, MD, PHTM,FACEP Medical Director,Immunization Program, DPH	9:27am --- 9:30am
10. Colloquia Series:	The Challenges and Benefits of Implementing an African American Couples Intervention			9:30am — 10:30am
11. Division of HIV/STD Programs (DHSP) Report			M Pérez, MPH, Director, DHSP	10:30am — 11:30am
A. Biomedical Prevention Activities			S Kulkarni, MD, Medical Director	
12. Break				11:30am — 11:45am
13. California Office of AIDS (OA) Report			State Office of AIDS	11:45am -- 12:00pm
A California Planning Group (CPG)			J Rivera, Commission Representative	
B OA Work/Information			M Arnold, MS-HAS, Chief, Care Branch, OA	
14. Standing Committee Reports				12:00pm — 12:45pm
A Planning, Priorities & Allocations (PP&A) Committee			A Ballesteros, MBA/J Brown, Co-Chairs	
(1) Comprehensive HIV Plan (CHP)				
(a) Tier 3 Listening Sessions Update			T Bivens-Davis/E Cockrell, Co-Chairs	
(2) Minority AIDS Initiative and Program Directives				
(3) Prevention Planning				
B Standards and Best Practices (SBP) Committee			J Cadden, MD/G Granados, MSW, Co-Chairs	
(1) Standards of Care Update				
(a) Prevention Standards				

AGENDA ORDER/AGENDA ITEMS	MOTIONS/ACTIONS, DATES and LOGISTICS	PARTY(IES) RESPONSIBLE	SCHEDULED TIMES
14. Standing Committee Reports (cont'd)			12:00pm — 12:45pm
C Public Policy Committee		A Fox, MPM/W Watts, Esq., Co-Chairs	
D Operations Committee		K Stalter/T Bivens-Davis, Co-Chairs	
(1) Membership Applications			
(a) Matthew F. Emons, MD, MBA Local Health/Hospital Planning Agency Rep	MOTION #4		
(b) Ace Robinson, MPH HIV Stakeholder Rep #2	MOTION #5		
(2) Policies and Procedures			
(3) Training			
15. Caucus Reports			12:45pm -- 12:48pm
A Consumer Caucus		K Donnelly/J Green/Y Sumpter, Co-Chairs	
B Transgender Caucus		M Roman, Chair	
C Women's Caucus		B Gordon/Y Salinas, Co-Chairs	
D Youth Caucus		G Granados, MSW/E Cockrell, Co-Chairs	
16. City/Heath District Reports		City/Health District Representatives	12:48pm — 1:07pm
17. SPA/District Reports		SPA/District Representatives	1:07pm — 1:09pm
18. AIDS Education/Training Centers (AETCs)		J D. Gates, PhD, AETC	1:09pm — 1:11pm
19. Public Comment (Non-Agendized or Follow-Up)		Public	1:11pm — 1:21pm
20. Commission Comment (Non-Agendized or Follow-Up)		Commission Members/Staff	1:21pm — 1:31pm
21. Announcements		Commission/Public	1:31pm — 1:35pm
22. Adjournment			1:35pm

PROPOSED MOTION(S)/ACTION(S):

PROCEDURAL MOTION(S):

- | | |
|--------------------|---|
| MOTION # 1: | Adjust, as necessary, and approve the Agenda Order. |
| MOTION # 2: | Approve minutes from the Commission on HIV meetings, as presented or revised. |
| MOTION # 3: | Approve the Consent Calendar. |

CONSENT CALENDAR:

- | | |
|--------------------|---|
| MOTION # 4: | Approve recommendation for Matthew F. Emons, MD, MBA appointment to Local Health/Hospital Planning Agency Rep seat, as presented. |
| MOTION # 5: | Approve recommendation for Ace Robinson, MPH appointment to HIV Stakeholder Rep #2 seat, as presented. |

COMMISSION ON HIV MEMBERS

Bradley Land, <i>Co-Chair</i>	Ricky Rosales, <i>Co-Chair</i>	Majel Arnold, MA-HSA	Traci Bivens-Davis
Al Ballesteros, MBA	Jason Brown	Joseph Cadden, MD	Danielle Campbell, MPH
Raquel Cataldo	Edd Cockrell	Deborah Owens Collins, PA, MSPAS, AAHIVS	Moroni Cortes
Michele Daniels	Kevin Donnelly	Michelle Enfield	Aaron Fox, MPP
Jerry D. Gates, PhD	Joseph Green	Terry Goddard, MA	Bridget Gordon <i>Patricio Soza (Alternate)</i>
Grissel Granados, MSW	Lee Kochems, MA <i>Eduardo Martinez (Alternate)</i>	Abad Lopez	Eric Paul Leue
Miguel Martinez, MSW, MPH	Anthony Mills, MD	José Munoz	Derek Murray
John Palomo	Raphael Péna	Mario Pérez, MPH	Thomas Puckett, Jr.
Juan Rivera	Maria Roman/ <i>Juan Preciado (Alternate)</i>	Rebecca Ronquillo	Sabel Samone-Loreca
Martin Sattah, MD	Terry Smith, MPA	LaShonda Spencer, MD	Kevin Stalter
Yolanda Sumpter	Sterling Walker/ <i>Susan Forrest (Alternate)</i>	Will Watts, Esq	Terrell Winder
Octavio Vallejo, MD, MPH			

MEMBERS: 45
QUORUM: 23

for 51 Seats

LEGEND::

**Commissioner/
Alternate**

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 those issues more quickly and release visiting presenters from the obligation of staying the entire meeting.

External stakeholders who would like to participate in the deliberation of discussion of an 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 requests—from members or other stakeholders—as possible within other limitations and requirements.

ADDITIONAL INFORMATION:

Public comment addressing specific agenda items can be made at any time during the meeting. Please complete a request for public comment time and identify the item you would like to address. Otherwise, all other public comment will be delivered during the designated time on the agenda.

Interpretation services for the deaf/hearing impaired or for the non-English-speaking are available free of charge upon request. Please contact Dina Jauregui at (213) 738-2816 (phone), (213) 637-4748 (FAX) at least five working days prior to the meeting date to arrange this service.

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Dina Jauregui al (213) 738-2816 (teléfono), o por fax al (213) 637-4748, por lo menos cinco días antes de la junta.

For Commission Audience: All HIV Commission meetings are open to the public. If you wish to address the Commission, please pick up a form at the sign-in table or see staff. For additional information about the Commission, please contact Dina Jauregui at (213) 738-2816.

NOTE: All Commission minutes, tapes and documents are available for review and inspection at the Commission on HIV offices located 3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010. In addition, records from committee meetings are also available at the same location. To make an appointment to review these documents, please call Dina Jauregui at (213) 738-2816.

COMMISSION ON HIV MEMBERSHIP ROSTER

Updated 02/08/17

MEMBERSHIP SEAT #	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (if any)	TERM BEGINS	TERM ENDS	Alternates Seated	Pending Appointment (Alternates)	ALTERNATE
1)	Medi-Cal representative	1	OPS	Vacant	Pasadena Public Health, City of Pasadena	July 1, 2015	June 30, 2017			
2)	City of Pasadena representative	1	PP&A	John Palomo	Dept. of Health and Human Services, City of Long Beach	July 1, 2016	June 30, 2018			
3)	City of Long Beach representative	1	EXC	Deborah Owens Collins, PA, MSPAS, AAHNS	AIDS Coordinator's Office, City of Los Angeles	July 1, 2015	June 30, 2017			
4)	City of Los Angeles representative	1	PPA	Ricky Rosales	City of West Hollywood	July 1, 2016	June 30, 2018			
5)	City of West Hollywood representative	1	PPA	Derek Murray	DHSP, LA County Department of Public Health	July 1, 2015	June 30, 2017			
6)	Director, DHSP	1	PPA	Marie Perez, MPH	CA Office of AIDS	July 1, 2016	June 30, 2018			
7)	Part B representative	1	PPA	Majel Arnold MHA	Los Angeles Gay and Lesbian Center (LAGLC)	July 1, 2016	June 30, 2018			
8)	Part C representative	1	PP	Aaron Fox, MPM	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2015	June 30, 2017			
9)	Part D representative	1	PPA	LaShonda Spencer, MD	Keck School of Medicine of USC	July 1, 2016	June 30, 2018			
10)	Part F representative	1	PP	Jerry D. Gates, PhD	Rand Shradler Clinic (SPA1), LA County Department of Health Services	July 1, 2015	June 30, 2017			
11)	Provider representative #1	1	SBP	Joe Cadden, MD	APAT Health Center	July 1, 2016	June 30, 2018	1		Juan Preciado
12)	Provider representative #2	1	PP	Maria Roman	Children's Hospital Los Angeles	July 1, 2015	June 30, 2017			
13)	Provider representative #3	1	PPA	Miguel Martinez, MSW, MPH	Tarzana Treatment Center	July 1, 2016	June 30, 2018			
14)	Provider representative #4	1	PP	Raquel Cataldo	Alliance for Housing and Healing	July 1, 2015	June 30, 2017			
15)	Provider representative #5	1	PP	Terry Goddard, MA	Southern CA Men's Medical Group	July 1, 2016	June 30, 2018			
16)	Provider representative #6	1	PP&A	Anthony Mills, MD	AIDS Project Los Angeles (APLA), Health and Wellness	July 1, 2015	June 30, 2017			
17)	Provider representative #7	1	SBP	Terry Smith, MPA	Rand Shradler Clinic (SPA1), LA County Department of Health Services	July 1, 2016	June 30, 2018			
18)	Provider representative #8	1	PP	Martin Sattah, MD	unaffiliated consumer	July 1, 2015	June 30, 2017			
19)	Unaffiliated consumer, SPA 1	1	PP&A	Michelle Daniels	unaffiliated consumer	July 1, 2016	June 30, 2018			
20)	Unaffiliated consumer, SPA 2	1	PPA	Abad Lopez	unaffiliated consumer	July 1, 2016	June 30, 2018			
21)	Unaffiliated consumer, SPA 3	1	PPA	Jason Brown	unaffiliated consumer	July 1, 2014	June 30, 2017			
22)	Unaffiliated consumer, SPA 4	1	SBP	Sterling Walker	unaffiliated consumer	July 1, 2016	June 30, 2018	1		Susan Forrest
23)	Unaffiliated consumer, SPA 5	1	PPA	Yolanda Sumpter	unaffiliated consumer	July 1, 2015	June 30, 2017			
24)	Unaffiliated consumer, SPA 6	1	SBP	Octavio Vallejo	unaffiliated consumer	July 1, 2016	June 30, 2018			
25)	Unaffiliated consumer, SPA 7	1	PPA	Raphael Pena	unaffiliated consumer	July 1, 2015	June 30, 2017			
26)	Unaffiliated consumer, SPA 8	1	PP	Lee Kochens, MA	unaffiliated consumer	July 1, 2016	June 30, 2018			
27)	Unaffiliated consumer, Supervisorial District 1	1	PP	Jose Muñoz	unaffiliated consumer	July 1, 2015	June 30, 2017	1		Eduardo Martinez
28)	Unaffiliated consumer, Supervisorial District 2	1	OPS	Moroni Cortes	unaffiliated consumer	July 1, 2016	June 30, 2018			
29)	Unaffiliated consumer, Supervisorial District 3	1	EXC/OPS	Juan Rivera	Kroger Specialty Pharmacy	July 1, 2015	June 30, 2017			
30)	Unaffiliated consumer, Supervisorial District 4	1	EXC/OPS	Kevin Donnelly	unaffiliated consumer	July 1, 2016	June 30, 2018			
31)	Unaffiliated consumer, Supervisorial District 5	1	SBP	Thomas Puckett, Jr.	unaffiliated consumer	July 1, 2015	June 30, 2017			
32)	Unaffiliated consumer, at-large #1	1	PP	Edd Cockrell, Jr.	unaffiliated consumer	July 1, 2016	June 30, 2018			
33)	Unaffiliated consumer, at-large #2	1	PP	Joe Green	unaffiliated consumer	July 1, 2015	June 30, 2017			
34)	Unaffiliated consumer, at-large #3	1	OPS	Kevin Stalter	The Brotherhood IMPACT Fund	July 1, 2016	June 30, 2018			
35)	Unaffiliated consumer, at-large #4	1	OPS	Bridget Gordon	unaffiliated consumer	July 1, 2015	June 30, 2017			
36)	Representative, Board Office 1	1	PPA	Al Ballesteros, MBA	IWCH Institute, Inc.	July 1, 2016	June 30, 2018			
37)	Representative, Board Office 2	1	PP	Will Watts, Esq.	Public Counsel	July 1, 2015	June 30, 2017			
38)	Representative, Board Office 3			Vacant		July 1, 2016	June 30, 2018			
39)	Representative, Board Office 4			Vacant		July 1, 2015	June 30, 2017			
40)	Representative, Board Office 5	1	EXC	Brad Land	unaffiliated consumer	July 1, 2016	June 30, 2018			
41)	Representative, HOPWA	1	PP	Rebecca Ronquillo	City of Los Angeles, HOPWA	July 1, 2015	June 30, 2017			
42)	Behavioral/social scientist	1	OPS	Terrell Winder	REACH LA	July 1, 2016	June 30, 2018			
43)	Local health/hospital planning agency representative			Matthew Ennis, MD, MBA (pending)	LA Care	July 1, 2015	June 30, 2017			
44)	HIV stakeholder representative #1	1	SBP	Grisell Granaos, MSW	Children's Hospital Los Angeles	July 1, 2016	June 30, 2018			
45)	HIV stakeholder representative #2			Aze Robinson, MPH (pending)	Long Beach C.A.R.E Program	July 1, 2015	June 30, 2017			
46)	HIV stakeholder representative #3			Eric Paul Leue	Free Speech Coalition	July 1, 2016	June 30, 2018			
47)	HIV stakeholder representative #4	1	PP	Danielle Campbell	UCLA/MLKCH	July 1, 2015	June 30, 2017			
48)	HIV stakeholder representative #5	1	OPS	Tred Bivens-Davis	N/A	July 1, 2016	June 30, 2018			
49)	HIV stakeholder representative #6	1	OPS	Sabel Samone-Loreca	unaffiliated consumer	July 1, 2015	June 30, 2017			
50)	HIV stakeholder representative #7	1	OPS	Michelle Enfield	AIDS Project Los Angeles (APLA), Health and Wellness	July 1, 2016	June 30, 2018			
51)	HIV stakeholder representative #8	1	PPA			July 1, 2015	June 30, 2017	3	0	
TOTAL		45	0	45						

COMMITTEE ASSIGNMENT LEGEND: EXC (Executive) OPS (Operations) PPA (Planning, Priorities & Allocations) PP (Public Policy) SBP (Standards and Best Practices)



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COMMITTEE ASSIGNMENTS (Updated 02/08/17)

Committee Member Name/ Alternate	Member Category	Affiliation	Notes
* = Primary Committee Assignment	** = Secondary Committee Assignment		

EXECUTIVE COMMITTEE

Regular meeting day:	Fourth Monday of the month	Regular meeting time:	1:00pm–3:00pm
Number of Voting Members:	13	Number of Quorum:	8
Bradley Land	Co-Chair, Comm./Exec.*		Commissioner
Ricky Rosales	Co-Chair, Comm./Exec.*		Commissioner
Traci Bivens-Davis	Co-Chair, Operations		Commissioner
Kevin Stalter	Co-Chair, Operations		Commissioner
Al Ballesteros, MBA	Co-Chair, PP&A		Commissioner
Jason Brown	Co-Chair, PP&A		Commissioner
Aaron Fox, MPM	Co-Chair, Public Policy		Commissioner
Will Watts, Esq.	Co-Chair, Public Policy		Commissioner
Joseph Cadden, MD	Co-Chair, SBP		Commissioner
Grissel Granados, MSW	Co-Chair, SBP		Commissioner
Kevin Donnelly	At-Large Member*		Commissioner
Juan Rivera	At-Large Member*		Commissioner
Mario Pérez, MPH	DHSP Director		Commissioner

OPERATIONS COMMITTEE

Regular meeting day:	Fourth Monday of the month	Regular meeting time:	10:00am-12:00pm
Number of Voting Members:	8	Number of Quorum:	5
Traci Bivens-Davis	Committee Co-Chair*		Commissioner
Kevin Stalter	Committee Co-Chair*		Commissioner
Danielle Campbell, MPH	*		Commissioner
Kevin Donnelly	*		Commissioner
Bridget Gordon	*		Commissioner
Juan Rivera	*		Commissioner
Sabel Samone-Loreca	*		Commissioner
John Palomo	*		Commissioner

Committee Assignment List

Updated: February 8, 2017

Page 2 of 4

Committee Member Name	Member Category	Affiliation	Notes
* = Primary Committee Assignment		** = Secondary Committee Assignment	

PLANNING, PRIORITIES and ALLOCATIONS (PP&A) COMMITTEE			
Regular meeting day: 3 rd Tuesday of the month		Regular meeting time: 1:00pm-4:00pm	
Number of Voting Members: 13		Number of Quorum: 7	
Al Ballesteros, MBA	Committee Co-Chair*		Commissioner
Jason Brown	Committee Co-Chair*		Commissioner
Majel Arnold, MHA	*		Commissioner
Michele Daniels	*		Commissioner
Abad Lopez	*		Commissioner
Miguel Martinez, MPH, MSW	*		Commissioner
Anthony Mills, MD	*		Commissioner
Derek Murray	*		Commissioner
Debi Collins Owens, MPA, MSPAS, AAHIVS	*		Commissioner
Raphael Peña	*		Commissioner
LaShonda Spencer, MD	*		Commissioner
Yolanda Sumpter	*		Commissioner
TBD	DHSP staff		DHSP Staff

PUBLIC POLICY COMMITTEE			
Regular meeting day: 1st Monday of the month		Regular meeting time: 1:00 pm-3:00pm	
Number of Voting Members: 14		Number of Quorum: 8	
Aaron Fox, MPM	Committee Co-Chair*		Commissioner
Will Watts, Esq.	Committee Co-Chair*		Commissioner
Raquel Cataldo	*		Commissioner
Edd Cockrell	*		Commissioner
Jerry Gates, PhD	*		Commissioner
Joe Green	*		Commissioner
Terry Goddard, MA	*		Commissioner
Lee Kochems, MA	*		Commissioner
Eric Paul Leue	*		Commissioner
José Munoz	*		Commissioner
Maria Roman/Juan Preciado	*		Commissioner
Rebecca Ronquillo	*		Commissioner
Martin Sattah, MD	*		Commissioner
Kyle Baker	DHSP staff		DHSP representative

Committee Assignment List

Updated: February 8, 2017

Page 3 of 4

Committee Member Name	Member Category	Affiliation	Notes
* = Primary Committee Assignment		** = Secondary Committee Assignment	

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE			
<i>Regular meeting day:</i> 1 st Thursday of the month		<i>Regular meeting time:</i> 10:00am-12:00pm	
<i>Number of Voting Members:</i> 7		<i>Number of Quorum:</i> 4	
Grissel Granados, MSW	Committee Co-Chair*		Commissioner
Joseph Cadden, MD	Committee Co-Chair*		Commissioner
Angelica Palmeros, MSW	*		Committee member
Thomas Puckett, Jr.	*		Commissioner
Terry Smith, MPA	*		Commissioner
Octavio Vallejo, MD, MPH	*		Commissioner
Wendy Garland, MPH	DHSP staff		DHSP representative

CONSUMER CAUCUS				
<i>Regular meeting day:</i>		Following Comm. mtg.	<i>Regular meeting time:</i>	1:30pm–3:00pm
Open Membership				
Kevin Donnelly	Co-Chair			Commissioner
Joseph Green	Co-Chair			Commissioner
Sabel Samone-Loreca	Co-Chair			Commissioner
Al Ballesteros, MBA	Member			Commissioner
Jason Brown	Member			Commissioner
Edd Cockrell	Member			Commissioner
Moroni Cortes	Member			Commissioner
Michele Daniels	Member			Commissioner
Grissel Granados, MSW	Member			Commissioner
Bridget Gordon	Member			Commissioner
Lee Kochems, MA	Member			Commissioner
Brad Land	Member			Commissioner
Abad Lopez	Member			Commissioner
Eduardo Martinez	Member			Alternate
Anthony Mills, MD	Member			Commissioner
José Munoz	Member			Commissioner
Raphael Péna	Member			Commissioner
Thomas Puckett	Member			Commissioner
Juan Rivera	Member			Commissioner

Committee Assignment List

Updated: February 8, 2017

Page 4 of 4

Committee Member Name	Member Category	Affiliation	Notes
* = Primary Committee Assignment		** = Secondary Committee Assignment	

CONSUMER CAUCUS (CONT'D)

Maria Roman	Member	Commissioner
Terry Smith, MPA	Member	Commissioner
Kevin Stalter	Member	Commissioner
Yolanda Sumpter	Member	Commissioner
Octavio Vallejo, MD, MPH	Member	Commissioner

TRANSGENDER CAUCUS

3 rd Monday of the month	<i>Regular meeting time:</i>	10:00am-12:00pm
<i>Open Membership</i>		
Michelle Enfield	Co-Chair	Commissioner
Maria Roman	Co-Chair	Commissioner
Susan Forrest	Member	Commissioner
Jaden Fields	Member	Community
Kimberly Kisler, PhD	Member	Community
Sabel Samone-Loreca	Member	Commissioner

WOMEN'S CAUCUS

3 rd Wednesday of the month	<i>Regular meeting time:</i>	10:00am-12:00pm
<i>Open Membership</i>		
Bridget Gordon	Co-Chair	Commissioner
Yolanda Salinas	Co-Chair	Commissioner

YOUTH CAUCUS

<i>Regular meeting time: TBD</i>		
<i>Open Membership</i>		
Grissel Granados, MSW	Chair	Commissioner
Edd Cockrell	Member	Commissioner
Dahlia Ferlito	Member	Community
Eric Paul Leue	Member	Commissioner



LOS ANGELES COUNTY COMMISSION ON HIV

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

COMMISSION MEMBER “CONFLICTS-OF-INTEREST”

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
ARNOLD	Majel	California State Office of AIDS	No Ryan White or prevention contracts
BROWN	Jason	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AL	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
BIVENS-DAVIS	Traci	No Affiliation	Mental Health, Psychiatry
			Oral Health
CADDEN	Joseph	Rand Schrader Health & Research Center	No Ryan White or prevention contracts
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination
			Mental Health, Psychiatry

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MILKCH	TBD
CATALDO	Raquel	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Case Management, Home-Based
			Case Management, Transitional - Jails
			Medical Transportation
			Mental Health, Psychotherapy
			Oral Health
			Substance Abuse, Residential
			Substance Abuse, Transitional
			Substance Abuse, Detox
COCKRELL	Edd	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
ENFIELD	Michelle	APLA Health & Wellness	Benefits Specialty
			Case Management, Non-Medical (LCM)
			Case Management, Home-Based
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Mental Health, Psychotherapy
			Nutrition Support
			Oral Health

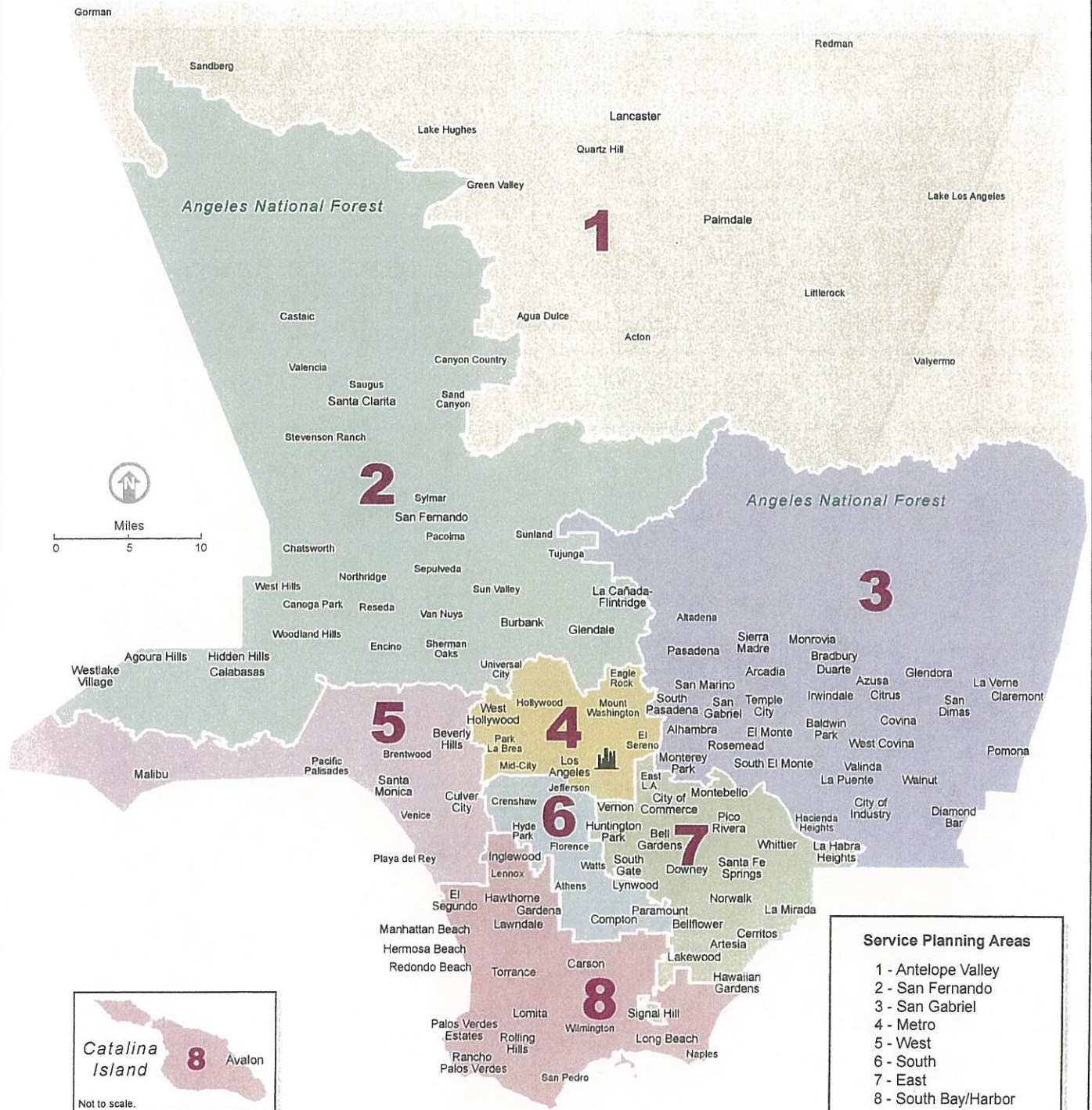
COMMISSION MEMBERS			ORGANIZATION	SERVICE CATEGORIES
FORREST	Susan		Behavioral Health Services, Inc.	Substance Abuse, Residential Substance Abuse, Detox
FOX	Aaron		Los Angeles Gay & Lesbian Center	Ambulatory Outpatient Medical (AOM)
				Health Education/Risk Reduction (HERR)
				HIV Counseling and Testing (HCT)
				Medical Care Coordination (MCC)
				Mental Health, Psychiatry
				Mental Health, Psychotherapy
				Non-Occupational HIV PEP
GATES	Jerry		Keck School of Medicine of USC	No Ryan White or prevention contracts
GODDARD II	Terry		Alliance for Housing and Healing	Residential Care Facilities for the Chronically III (RCFCI)
GORDON	Bridget		Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel		Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
				Case Management, Transitional - Youth
				Health Education/Risk Reduction (HERR)
				HIV Counseling and Testing (HCT)
				Medical Care Coordination (MCC)
				Mental Health, Psychotherapy
GREEN	Joseph		Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee		Unaffiliated consumer	No Ryan White or prevention contracts
LAND	Bradley		Unaffiliated consumer	No Ryan White or prevention contracts
LEUE PAUL	Eric		Free Speech Coalition	No Ryan White or prevention contracts
LOPEZ	Abad		Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	Eduardo	AIDS Healthcare Foundation	TBD
MARTINEZ	Miguel	Children’s Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			Case Management, Transitional - Youth
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
MILLS	Anthony	Southern CA Men’s Medical Group	No Ryan White or prevention contracts
MUNOZ	Jose	Unaffiliated consumer	No Ryan White or prevention contracts
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
OWENS COLLINS	Deborah	Long Beach Department of Health & Human Services	Benefits Specialty
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
PALOMO	JOHN	City of Pasadena (JWCH Institute)	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Oral Health
			Mental Health, Psychotherapy
			Mental Health, Psychiatry

COMMISSION MEMBERS			ORGANIZATION	SERVICE CATEGORIES
PENA	Raphael	Unaffiliated consumer	No Ryan White or prevention contracts	
PERÉZ	Mario	Los Angeles County Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee	
PRECIADO	Juan	Northeast Valley Health Corporation	Mental Health, Psychotherapy	
			Benefits Specialty	
			Mental Health, Psychiatry	
			Oral Health	
			Ambulatory Outpatient Medical (AOM)	
			Medical Care Coordination (MCC)	
PUCKETT, JR.	Thomas	Unaffiliated Consumer	No Ryan White or prevention contracts	
RIVERA	Juan	Kroger Specialty Pharmacy	No Ryan White or prevention contracts	
ROMAN	Maria	APAIT Health Center	Case Management, Non-Medical (LCM) Language Services Mental Health, Psychotherapy Health Education/Risk Reduction (HERR) HIV Counseling and Testing (HCT)	
RONQUILLO	Rebecca	City of Los Angeles, HOPWA	No Ryan White or prevention contracts	
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts	
SÁMONÉ-LORECA	Sabél	Unaffiliated consumer	No Ryan White or prevention contracts	
SATTAH	Martin	Rand Shrader Clinic LA County Dept of Health Services	Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) Mental Health, Psychiatry	

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SMITH	Terry	APLA Health & Wellness	Benefits Specialty
			Case Management, Non-Medical (LCM)
			Case Management, Home-Based
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Mental Health, Psychotherapy
			Nutrition Support
SPENCER	LaShonda	LAC & USC MCA Clinic	Oral Health
			Ambulatory Outpatient Medical (AOM)
STALTER	Kevin	The Brotherhood IMPACT Fund	Medical Care Coordination (MCC)
SUMPTER	Yolanda	Unaffiliated consumer	No Ryan White or prevention contracts
VALLEJO	Octavio	No affiliations	No Ryan White or prevention contracts
WATTS	Will	Public Counsel	No Ryan White or prevention contracts
WINDER	Terrell	REACH LA	Legal Services
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing

Los Angeles County Service Planning Areas



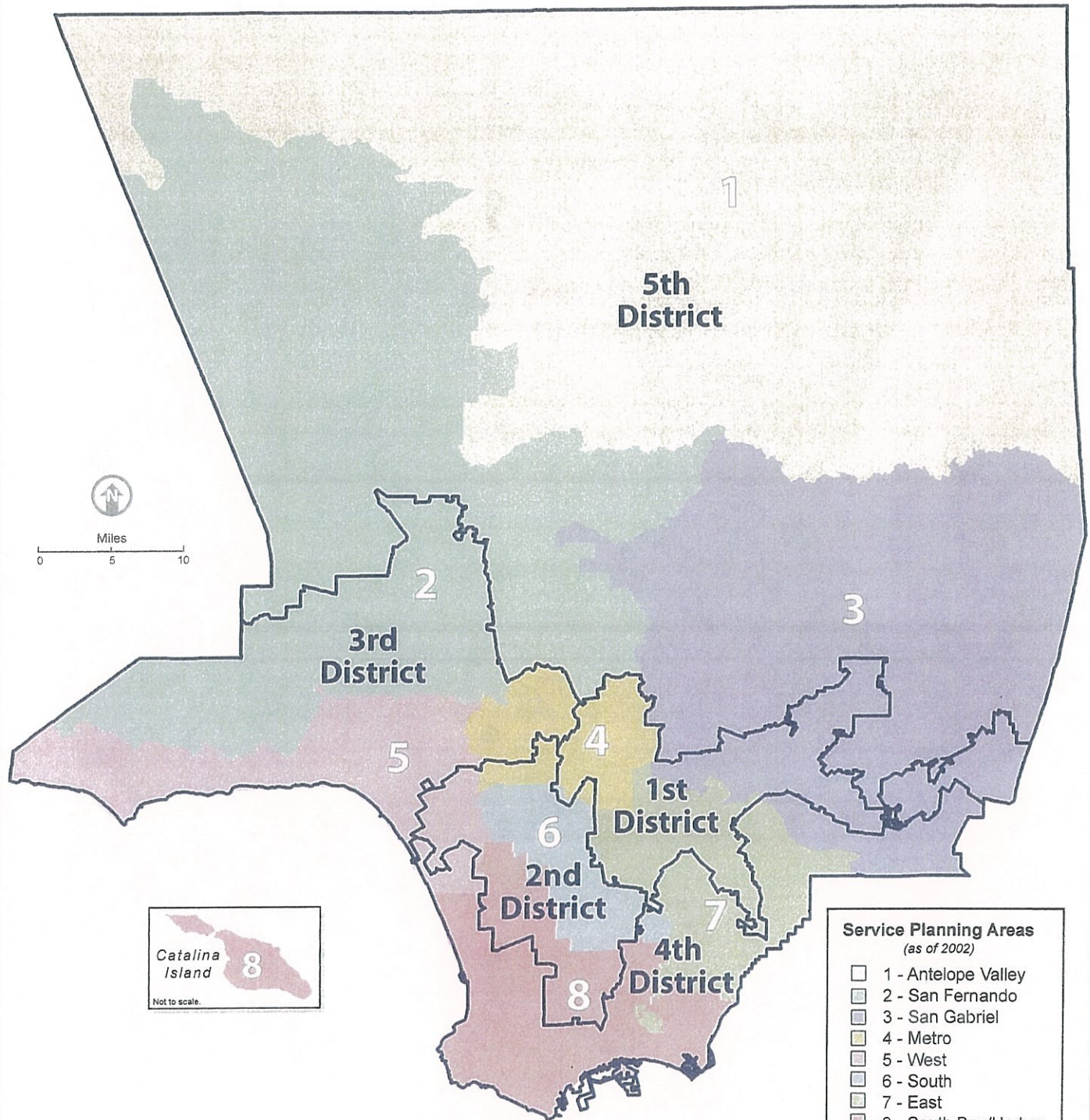
Note: City names are shown in BLACK.
Communities are shown in GRAY.



Los Angeles County
Children's Planning Council
Improving Children's Lives

August, 2002
Los Angeles County
Children's Planning Council
Data Partnership (213) 893-0421

Los Angeles County Service Planning Areas by Supervisorial District



Service Planning Areas (as of 2002)

- 1 - Antelope Valley
- 2 - San Fernando
- 3 - San Gabriel
- 4 - Metro
- 5 - West
- 6 - South
- 7 - East
- 8 - South Bay/Harbor

American Indian Children's
Council covers all SPAs



HIV Calendar						
February 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
29 Week 5	30 6:00 PM - 7:30 PM Tier 3 Listening Session: Trans-Masculine	31 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Training for Commissioners: Effective Communication and Active Listening	1 9:30 AM - 11:30 AM BOS Agenda Review	2 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	3	4
5 Week 6	6 1:00 PM - 3:00 PM Public Policy Committee - CANCELED	7 National Black HIV/AIDS Awareness Day 9:30 AM - 1:00 PM Board of Supervisors (BOS)	8 9:30 AM - 11:30 AM BOS Agenda Review	9 9:00 AM - 1:00 PM Commission Meeting	10	11
12 Week 7	13	14 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Training for Commissioners: Planning Council Refresher 5:30 PM - 7:00 PM Tier 3 Listening Session: Recently Incarcerated	15 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Women's Caucus	16 3:00 PM - 4:30 PM Tier 3 Listening Session: 25-29 Years Old	17	18
19 Week 8	20 Presidents' Day (Observed) - COH Office Closed 10:00 AM - 12:00 PM Transgender Caucus	21 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 4:00 PM Planning, Priorities & Allocations (PP&A)	22 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce	23	24 12:00 PM - 1:30 PM Tier 3 Listening Session: HIV Workforce #1	25
26 Week 9	27 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	28 9:30 AM - 1:00 PM Board of Supervisors (BOS) 12:00 PM - 1:30 PM Tier 3 Listening Session: Workforce # 2	1 9:30 AM - 11:30 AM BOS Agenda Review	2 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	3	4

HIV Calendar						
March 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
26 Week 9	27 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	28 9:30 AM - 1:00 PM Board of Supervisors (BOS) 12:00 PM - 1:30 PM Tier 3 Listening Session: Workforce # 2	1 9:30 AM - 11:30 AM BOS Agenda Review	2 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	3	4
5 Week 10	6 1:00 PM - 3:00 PM Public Policy Committee	7 9:30 AM - 1:00 PM Board of Supervisors (BOS)	8 9:30 AM - 11:30 AM BOS Agenda Review	9 9:00 AM - 1:00 PM Commission Meeting	10 National Women and Girls HIV/AIDS Awareness Day	11
12 Week 11	13	14 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Training for Commissioners; Running and Facilitating Meetings	15 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Women's Caucus	16	17	18
19 Week 12	20 National Native HIV/AIDS Awareness Day 10:00 AM - 12:00 PM Transgender Caucus	21 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 4:00 PM Planning, Priorities & Allocations (PP&A)	22 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce	23	24	25
26 Week 13	27 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	28 9:30 AM - 1:00 PM Board of Supervisors (BOS)	29 9:30 AM - 11:30 AM BOS Agenda Review	30	31	1

HIV Calendar						
April 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
26 Week 13	27 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	28 9:30 AM - 1:00 PM Board of Supervisors (BOS)	29 9:30 AM - 11:30 AM BOS Agenda Review	30	31	1
2 Week 14	3 1:00 PM - 3:00 PM Public Policy Committee	4 9:30 AM - 1:00 PM Board of Supervisors (BOS)	5 9:30 AM - 11:30 AM BOS Agenda Review	6 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	7	8
9 Week 15	10 National Youth HIV/AIDS Awareness Day	11 9:30 AM - 1:00 PM Board of Supervisors (BOS)	12 9:30 AM - 11:30 AM BOS Agenda Review	13 9:00 AM - 1:00 PM Commission Meeting	14	15
16 Week 16	17 10:00 AM - 12:00 PM Transgender Caucus	18 National Transgender HIV Testing Day 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 4:00 PM Planning, Priorities & Allocations (PP&A)	19 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Women's Caucus	20	21	22
23 Week 17	24 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	25 9:30 AM - 1:00 PM Board of Supervisors (BOS)	26 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce	27	28	29
30 Week 18	1 1:00 PM - 3:00 PM Public Policy Committee	2 9:30 AM - 1:00 PM Board of Supervisors (BOS)	3 9:30 AM - 11:30 AM BOS Agenda Review	4 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	5	6

HIV Calendar						
May 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
30 Week 18	1 1:00 PM - 3:00 PM Public Policy Committee	2 9:30 AM - 1:00 PM Board of Supervisors (BOS)	3 9:30 AM - 11:30 AM BOS Agenda Review	4 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	5	6
7 Week 19	8	9 9:30 AM - 1:00 PM Board of Supervisors (BOS)	10 9:30 AM - 11:30 AM BOS Agenda Review	11 9:00 AM - 1:00 PM Commission Meeting	12	13
14 Week 20	15 10:00 AM - 12:00 PM Transgender Caucus	16 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 4:00 PM Planning, Priorities & Allocations (PP&A)	17 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Women's Caucus	18 HIV Vaccine Awareness Day 1:00 PM - 3:00 PM Training for Commissioners: Effective Communication and Active Listening	19 Hepatitis Testing Day National Asian and Pacific Islander HIV/AIDS Awareness Day	20
21 Week 21	22 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	23 9:30 AM - 1:00 PM Board of Supervisors (BOS)	24 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce	25	26	27
28 Week 22	29	30 9:30 AM - 1:00 PM Board of Supervisors (BOS)	31 9:30 AM - 11:30 AM BOS Agenda Review	1 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	2	3



LOS ANGELES COUNTY COMMISSION ON HIV

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6. CO-CHAIRS' REPORT:

C. Executive At-Large Member Open Nominations: Duty Statement



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OFFICER DUTY STATEMENT

AT-LARGE MEMBER, EXECUTIVE COMMITTEE

(UPDATED 7-25-16)

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

COMMITTEE PARTICIPATION:

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

REPRESENTATION:

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

Duty Statement: Executive Committee At-Large Duty Statement

Page 2 of 2

KNOWLEDGE/BACKGROUND:

- ① CARE Act, HIV/AIDS policy and information.
- ② Adequate background in the LA County HIV/AIDS and other service delivery systems.
- ③ County policies, practices and stakeholders.
- ④ Federal CARE Act legislation, State Brown Act, applicable conflict of interest laws.
- ⑤ County Ordinance and practices, and Commission bylaws.
- ⑥ **Minimum of one year's active Commission membership prior to At-Large role.**

SKILLS/ATTITUDES:

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

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

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



LOS ANGELES COUNTY COMMISSION ON HIV

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10. COLLOQUIA SERIES

The Challenges and Benefits of Implementing an African American Couples Intervention

The Los Angeles County Commission on HIV and the UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) invite you to attend

The Challenges and Benefits of Implementing an African American Couples Intervention

Gail E. Wyatt, PhD

**Professor, Dept of Psychiatry & Biobehavioral Sciences
UCLA Semel Institute for Neuroscience & Human Behavior**

Thursday, February 9, 2017
9:30am to 10:30am*

St. Anne's Maternity Home
155 N. Occidental Blvd
Los Angeles, CA 90026



This presentation will provide an overview of the CDC evidence-based HIV risk reduction "EBAN" intervention for HIV-serodiscordant, heterosexual African American couples. The presentation will describe the successes and challenges of implementing the intervention, as well as discuss the contradictions between identifying 'high-risk' behaviors in couples and 'high risk' individual in HIV/AIDS prevention.

About the Presenter

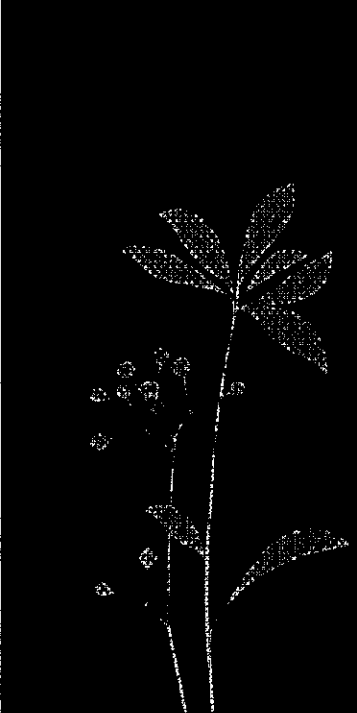
Dr. Wyatt a Clinical Psychologist, board certified Sex Therapist and Professor of Psychiatry and Biobehavioral Sciences at the Semel Institute for Neuroscience and Behavior at UCLA. Her research examines the consensual and abusive sexual relationships of women and men, the effects of these experiences on their psychological well-being, and the cultural context of risks for sexually-transmitted diseases and HIV. She has conducted national and international research since 1980, funded by the National Institutes of Mental Health, the National Institute of Drug Abuse, state and private foundations. The recipient of numerous awards, Dr. Wyatt has to her credit more than 250 journal articles and book chapters, and has co-edited or written six books, including *Stolen Women: Reclaiming our Sexuality*, *Taking Back Our Lives* and *No More Clueless Sex: 10 Secrets to a Sex Life That Works for Both of You*. Dr. Wyatt is an Associate Director of the UCLA AIDS Institute and coordinates a core of behavioral scientists who consult with other researchers to recruit underserved populations and conduct research that effectively incorporates socio-cultural factors into HIV/AIDS research. She has also testified before the United States Congress ten times on issues related to health policy. She was the first African-American woman to be licensed as a psychologist in the state of California.



LOS ANGELES COUNTY
COMMISSION ON HIV



*as part of the Commission on HIV meeting agenda. No registration required.



THE CHALLENGES AND BENEFITS OF IMPLEMENTING AN AFRICAN AMERICAN COUPLES INTERVENTION

Gail E. Wyatt, PhD

Professor, Dept. of Psychiatry & Biobehavioral
Sciences
UCLA Semel Institute for Neuroscience &
Human Behavior
February 9, 2017

Los Angeles County Commission on HIV



Sankofa is an African word from the Akan tribe in Ghana. The literal translation of the word and the symbol is *"it is not taboo to fetch what is at risk of being left behind."*

The word is derived from the words:

SAN (return),

KO (go),

FA (look, seek and take).

The sankofa symbolizes the Akan people's quest for knowledge among the Akan with the implication that the quest is based on critical examination, and intelligent and patient investigation.

Core Paradigms in the Realities of Studying Human Sexuality

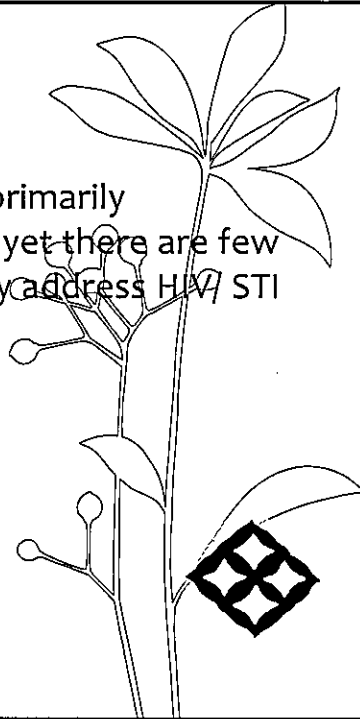
1. The sexual experience is best understood in the context of the partner, the relationship, and circumstances in which sex takes place
2. With each new partner, past experiences and their effects are also present
3. Understanding what generates sexual pleasure can influence the consistency of behavior

Core Paradigms in the Realities of Studying Human Sexuality

4. How a person feels about another is an important factor in the behaviors that they engage in.
5. Consistent sexual behavior with a long term partner often falls into a pattern (recipe sex) or a ritual that is maintained, especially when problems (stress) emerge. This is comfort sex.

Hard Truth

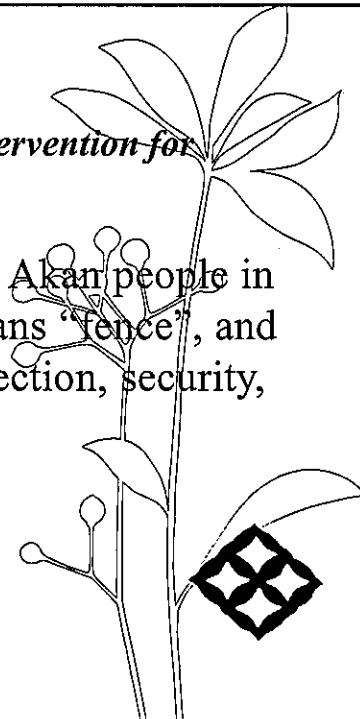
- We know that HIV/ STIs are primarily transmitted in relationships, yet there are few interventions that empirically address HIV/ STI risk in couples



Clinical Trial Study

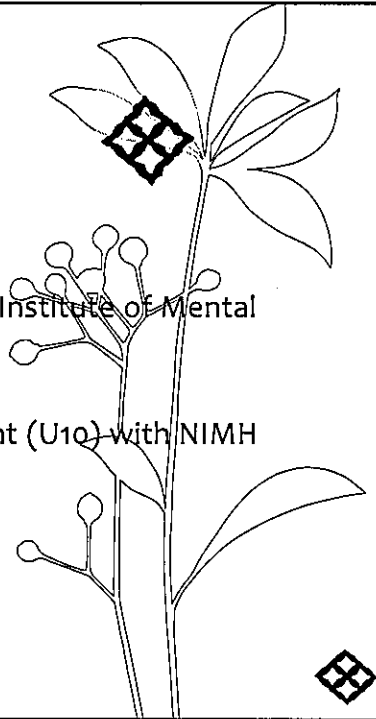
Project Eban: An HIV/STI Intervention for African American Couples

“Eban” originates from the Akan people in Ghana, West Africa. It means “fence”, and is a symbol for safety, protection, security, and love within a family.



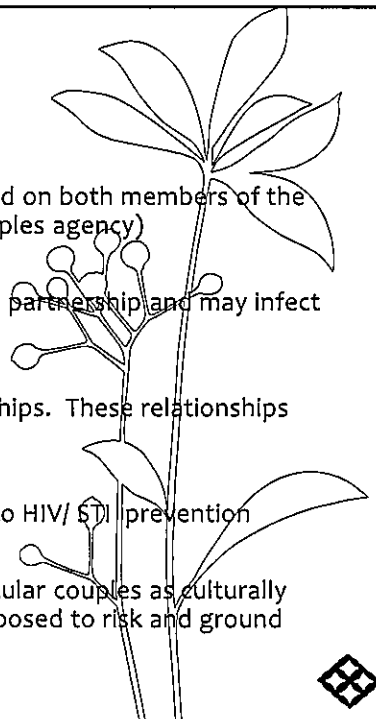
Project Eban

- A 8-year grant from the National Institute of Mental Health
- Funded by cooperative agreement (U10) with NIMH



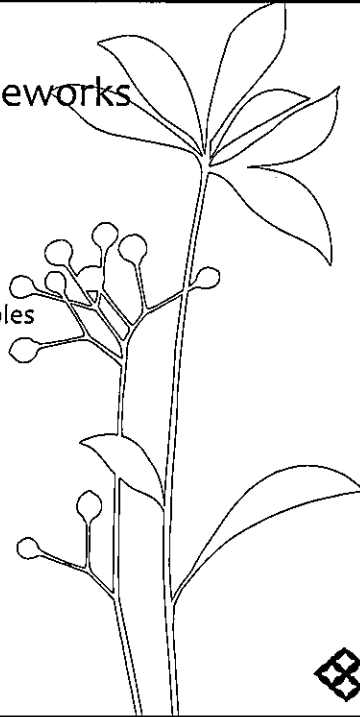
Paradigm Shift

- Responsibility of HIV prevention is placed on both members of the couple - as active agents of change (couples agency)
- Men and women bring HIV risks into the partnership and may infect each other
- Focus on couples in long-term relationships. These relationships are often characterized by risky sex.
- A healthy relationship in couples is key to HIV/ STI prevention
- Use of African American family, in particular couples as culturally congruent, focuses on protection as opposed to risk and ground breaking in HIV prevention research.



Theoretical Frameworks

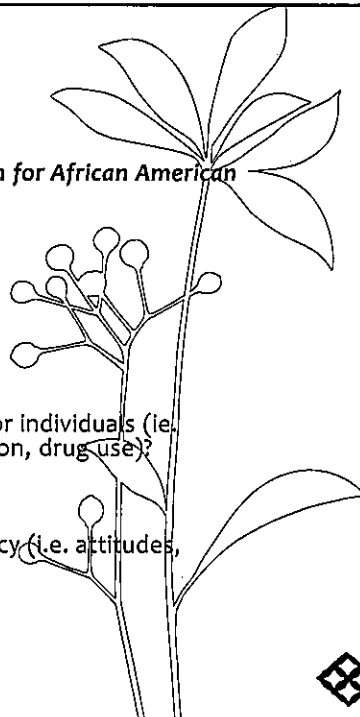
- Social Cognitive Theory
- Ecological Theory
- Afrocentric Paradigm – Nguzo Saba Principles
 - Unity & Self-Determination
 - Collective Work & Responsibility
 - Cooperative Economics & Purpose
 - Creativity & Faith



Objectives

Examine the efficacy of an HIV/STD intervention for African American HIV serodiscordant couples.

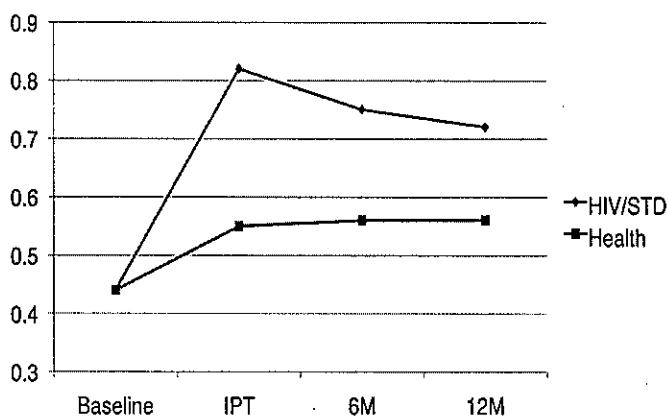
1. Does the intervention work?
 - Does it increase condom use?
 - Does it reduce the incidence of STIs?
2. Who does the intervention work for?
 - Is it more effective with certain couples or individuals (i.e. histories of sexual abuse, sexual dysfunction, drug use)?
3. Why does the intervention work?
 - What factors mediate intervention efficacy (i.e. attitudes, condom self-efficacy, negotiation skills)?



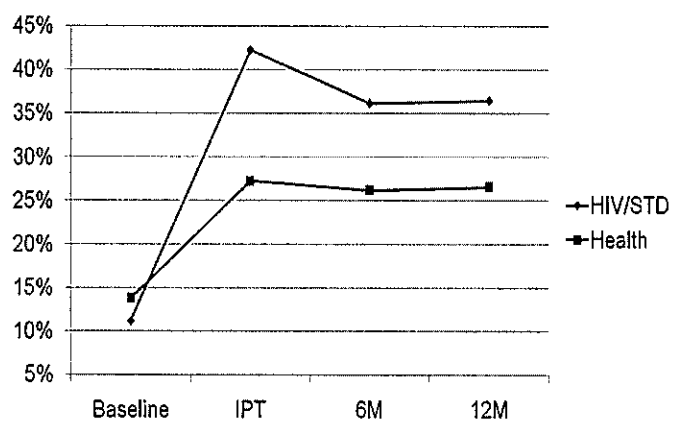
Data Analysis

- Couple-level outcomes:
 - Condom-protected sex acts, calculated as a weighted average of partners' responses.
 - Consistent condom users, where defined as those couples in which each partner independently reported 100% condom use.
 - STI incidence measured for each partner. Couples were incident cases if either partner was an incident case. Controlled for sex of HIV-positive partner and length of HIV diagnosis.

Proportion Condom-protected Sex
Over 12-month follow-up ($P < .001$)

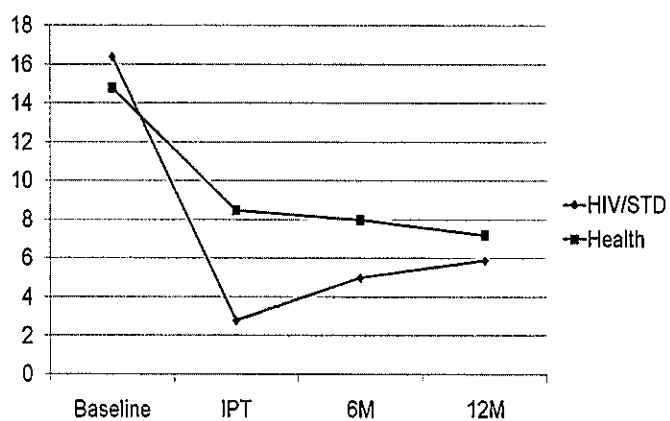


Percentage Using Condoms Consistently
(Over 12-month follow-up $P < .03$)



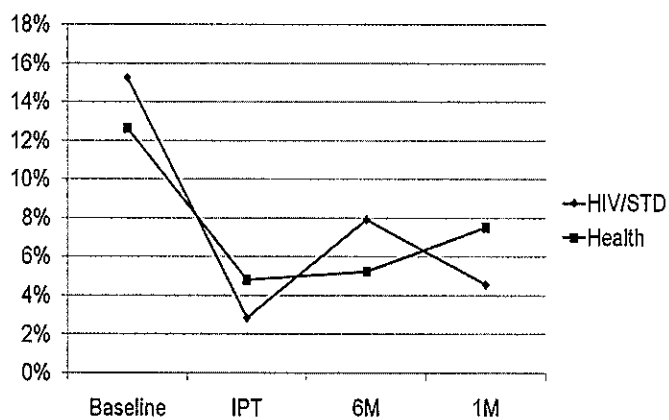
13

Number of Unprotected Intercourse Acts
(Over 12-month follow-up $P < .001$)



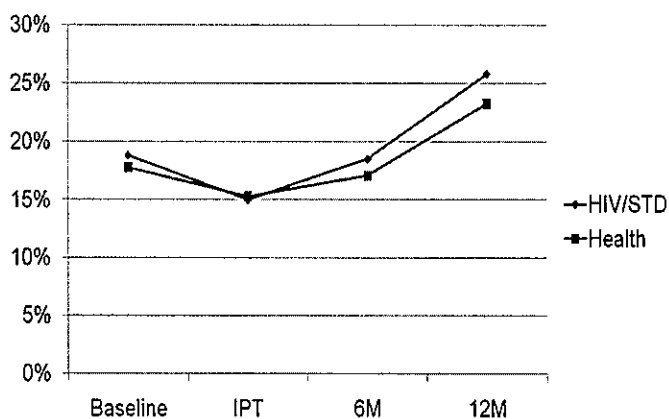
14

Percentage Testing STD Positive
(Over 12-month follow-up $P < .93$)



15

Percentage Reporting Concurrent Partners
(Over 12-month follow-up $P < .81$)



16

Moving Eban into Practice: Implementation Science

- Given established success, it was appropriate to move the Eban Risk Reduction Intervention into practice in community-based organizations (CBOs)
- The long-term goal is to facilitate large-scale implementation of Eban II in CBOs that serve HIV-positive populations and at-risk African Americans

Our goal: To reduce HIV and STI transmission among African American HIV sero-discordant couples.



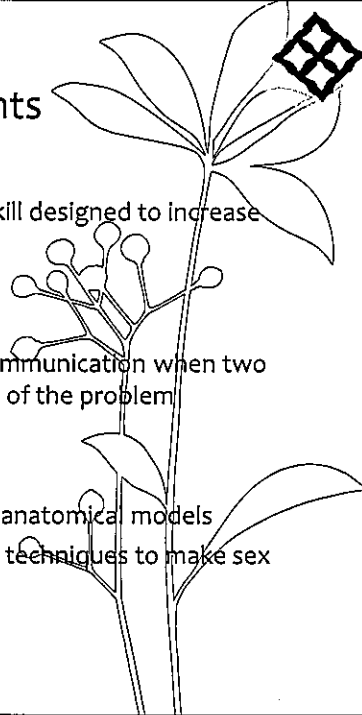
Next Steps: Eban II Program

- Phase I
 - Examines knowledge about couples risks for STI/HIV transmission and then readiness and skills for implementing the curriculum
- Phase II
 - Trains staff at 10 agencies throughout Northern and Southern California to implement EBAN with 180 African American sero-discordant couples
- Phase III
 - Agencies will demonstrate their ability to implement EBAN curriculum on their own for 9 months (technical assistance only)



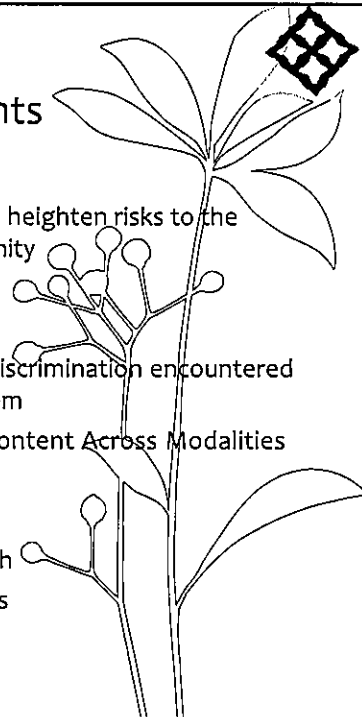
Eban II Program: Core Elements

- Enhancing Couple Communication
 - TALK and LISTEN is a communication skill designed to increase listening and speaking capacity
- Problem Solving Techniques
 - Enhances cognitive skills needed for communication when two people need to agree on the resolution of the problem
- Tools for the Journey
 - Reviewing male/female anatomy using anatomical models
 - The EBAN Café – a new menu of sexual techniques to make sex more enjoyable



Eban II Program: Core Elements

- Sharing the Load
 - Understanding how individual risks can heighten risks to the relationship, family, and larger community
- It Takes a Village
 - Couples discuss HIV stigma and racial discrimination encountered in their world and how these affect them
- Cultural Congruence in Structure and Content Across Modalities
 - Poetry by African Americans
 - Music that focuses on love and strength
 - Ethnic and gender match for facilitators



Implementation Challenges

- Partnership and support: state and county health departments variable levels of support in the North versus the South
 - Alameda County Public Health Department and Los Angeles County Division of HIV/ STD Programs
 - Implementation of CDC HIPS and the push for biomedical prevention (the otherizing of behavior-based prevention modalities)
- Partnership and support: agency
 - Agencies supported the need for culturally tailored risk reduction strategies, and level of support was often facilitated by budget restrictions and staffing limitations
- Participants report lack of social resources: housing, transportation, income, and employment as barriers

Implementation Challenges

- Participants faced overwhelming life circumstances that overrode their ability to contend with their health issues

Characteristic	HIV+ (n=42)	HIV+ (n=42)	Total (n=84)
	n or mean (SD)		
Age (years)	51.43 (10.10)	48.83 (8.11)	50.13 (9.20)
Education			
Less than HS	7	11	18
HS diploma/GED	25	20	45
Some college	9	10	19
4-year college degree	1	1	2
Employment Status			
Unemployed	36	40	76
Part-time	5	1	6
Uninsured	3	1	4
Household Income (~\$13.35 PPL)			
< \$400/month	10	7	17
\$400-\$850/month	18	15	33
\$851-\$1650/month	13	17	30
\$1651-\$2500/month	1	2	3
\$2501-\$3300/month	0	1	1
Unmarried	29	32	61
Number Dependent Children	.81 (1.86)	.78 (1.837)	.80 (1.84)
Living Situation			
Own home/apt	19	28	47
In family's home/apt	3	2	5
In partner's home/apt	12	3	15
In someone else's home/apt	1	1	2
In rooming house/hotel	1	2	3
In welfare-type place	0	2	2
In group home/institution	1	3	4
Homeless	4	1	5
History of Incarceration	29	31	60
Spent Time in Inpatient Drug Treatment	12	19	31

Implementation Benefits

- Couples were overwhelmingly satisfied with the cultural spirit of EBAN

"I could relate to the poetry, and the music of my (black) people the most when attending the sessions. This was the music of my time." Participant

- When asked,

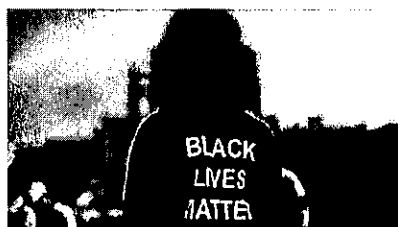
Q. "what if anything do you feel the team should change about the intervention?"

R. "I don't recommend you change a thing! I love being able to see other couples who are going through the same things I am. We need more programs like this!"- Participant

- Staff from partnering agencies also expressed positive attitudes about their participation in the project

The Message:

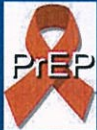
- Given the hard epidemiological truths, and the successes seen in implementing this project, we advocate for a variety of culturally congruent interventions created with, for and by the people who most at risk
- Interventions like Eban can bolster the efficacy and uptake of other biomedical studies because they offer other skills to individuals that are needed
- Through basic science and behavioral science collaborations, we create opportunities to discuss health, culture and prevention ACROSS silos, effectively producing the best possible health outcomes for those living with and affected by HIV/ STIs



Thank you!

HIV Biomedical Prevention Efforts in Los Angeles County

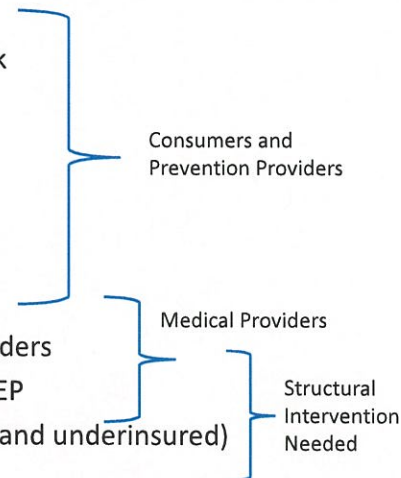
Sonali Kulkarni, MD, MPH
 Leo Moore, MD, MSHPM
 Commission on HIV
 February 9, 2017



Early Biomedical Prevention Work (2011-15)

- Non-occupational post-exposure prophylaxis (nPEP) program in place since 2011
- Formation of LAC PrEP/PEP Workgroup in late 2013
 - Organized summits to educate each other and agencies serving high risk individuals about PrEP and PEP throughout 2014-15
 - DHSP participated and strongly encouraged our funded prevention providers to attend
- Presentation to Commission on HIV in Fall 2014 on landscape of biomedical prevention in LAC
- Brief to the County Board of Supervisor's (BOS) Health Deputies in March 2015
- BOS passed a motion broadly supporting improved access to PrEP and LAC's efforts in June 2015

Assessment: What is limiting PrEP uptake?

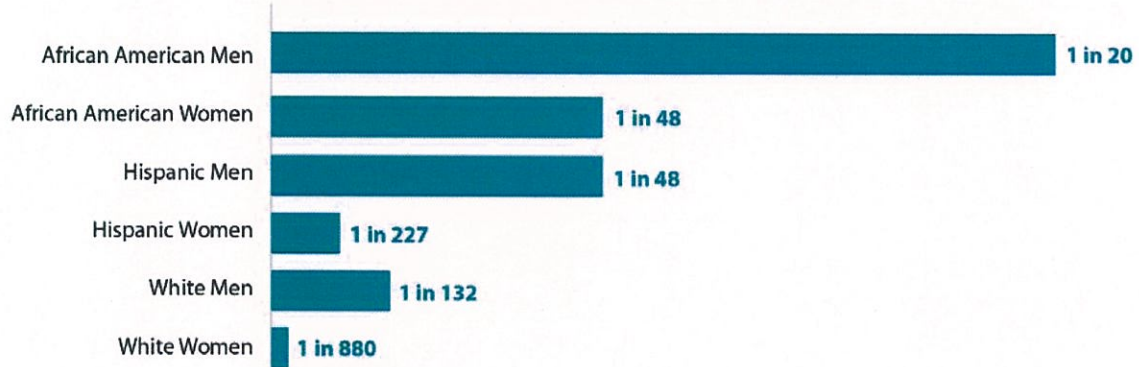
- Lack of knowledge about PrEP
 - People (esp youth) may underestimate their HIV risk
 - Perceptions about PrEP cost and affordability
 - People may be afraid to talk to their doctor about it
 - Stigma about ...
 - Gender identity or sexual orientation
 - Sexual behaviors and sexuality in general
 - PrEP
 - Lack of knowledge about PrEP among medical providers
 - Doctor may have own biases or anxieties around PrEP
 - Reality of PrEP cost and affordability (for uninsured and underinsured)
- 
- Consumers and Prevention Providers
- Medical Providers
- Structural Intervention Needed

PrEP Implementation Strategy (2015):

- #1 Increase consumer awareness of PrEP
- #2 Increase medical provider awareness and use of PrEP
- #3 Increase safety net access to PrEP

Target populations: African American and Latino gay and bisexual men, trans women, women at elevated risk

Lifetime Risk of HIV Diagnosis by Race/Ethnicity

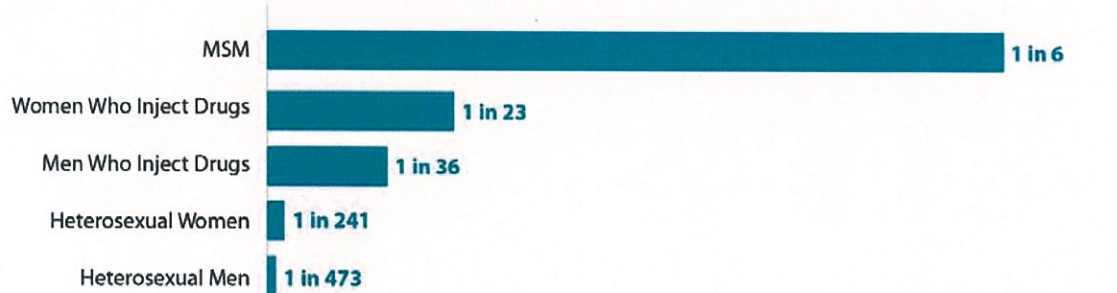


LOWEST RISK

HIGHEST RISK

Source: Centers for Disease Control and Prevention

Lifetime Risk of HIV Diagnosis by Transmission Group

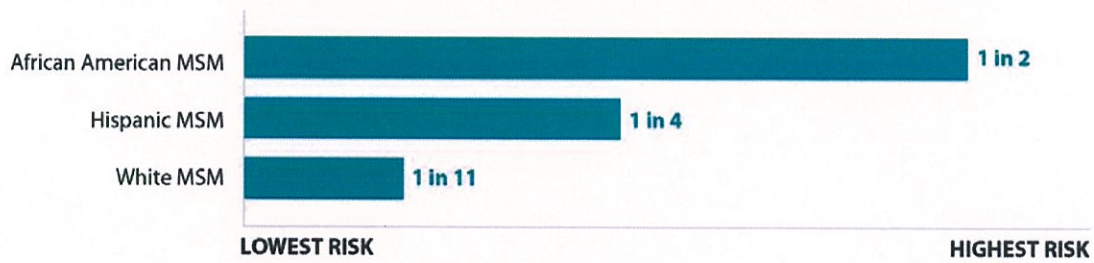


LOWEST RISK

HIGHEST RISK

Source: Centers for Disease Control and Prevention

Lifetime Risk of HIV Diagnosis among MSM by Race/Ethnicity



Source: Centers for Disease Control and Prevention

7

PrEP Implementation Efforts



8

PrEP Implementation Strategy:

- #1 Increase consumer awareness of PrEP
- #2 Increase medical provider awareness and use of PrEP
- #3 Increase safety net access to PrEP

Target populations: African American and Latino gay and bisexual men, trans women, women at elevated risk

9

Goal #1: Increase Consumer Awareness about PrEP

- PrEP educational materials
 - Pamphlets and website that includes PrEP/PEP Directory (27 clinics)
- Direct Outreach
 - Community events, PrEP summits/forums
 - Pride events - booth with interactive, street team, branded shirts
- Social marketing strategy
 - Includes mass and targeted market approaches


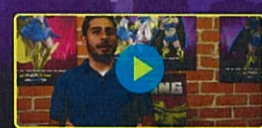
10

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Find a Doctor Links and Resources For Providers Insurance Options Contact Us Español f v

THE PROTECTORS GET PrEP LA

PREP IS A DAILY PILL THAT HELPS YOU STAY HIV NEGATIVE
#GETPREPLA

PrEP Protect yourself from HIV every day

PrEP (Pre-exposure Prophylaxis) is a daily medicine (taken as a pill) that helps you stay HIV-negative.


PEP Prevent HIV after exposure

PEP (Post-exposure Prophylaxis) is an emergency medicine you take right after you are exposed to HIV.

COUNTY OF LOS ANGELES
Public Health

DHSP Social Marketing Materials Available

- Current Pamphlets
- Future Pamphlet with more detailed information coming soon!
 - “Get PrEP in Five Easy Steps”
 - More details regarding access
 - Map and contact information for all DHSP-funded sites
- “The Protectors”- new characters will be unveiled soon, and will include new collateral material



PrEP Materials

Targeted client education materials (wallet brochures)

Available via online order

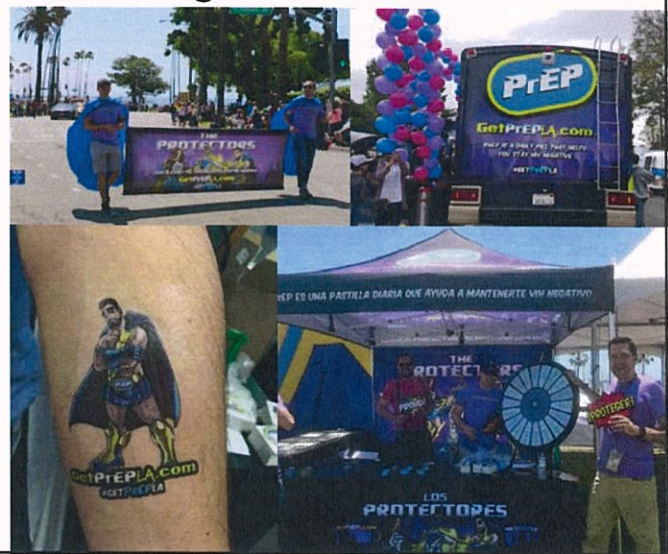
Email prepinfo@ph.lacounty.gov



Outreach and Social Marketing

In 2016 "The Protectors" were involved in the following events, among others:

Kingdom Day Parade	National HIV Testing Day
Skinny's Lounge	Are You Doing It?
Art Walk	Outfest Pride Pop UP
CineArt	R3VNG
OutFest	Parks after Dark
PEP/PrEP & LGBTQ Health Fair	DTLA Proud Festival
DragQueen World Series	Hard Heroes
DragCon	Puteria
Long Beach Pride	Powerfest
Love, PrEP and Happiness	
Rainbow Unity Ball	2017
LA Pride	- MLK Day Parade
Juneteenth	
Men's Health Fair	
Trans Pride	



Social Marketing

Social marketing platforms include:

Billboards
Community Events
Print Advertising
Event Sponsorship
Press Releases
Editorials
Bus Tails
Radio Spots
Social Media including:
Facebook
Google
Dating Apps
Twitter

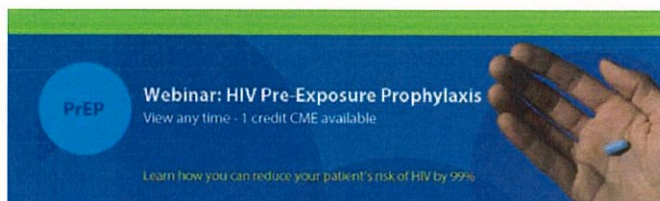


Goal #2: Increase medical staff awareness and use of PrEP

- Medical Provider Education through physician groups, CMEs, technical assistance
- PrEP Clinical Tools
- Public Health Detailing for providers who diagnosed high risk STD cases
- PrEP 101 training for community prevention providers
- PrEP training for DPH DIS/PHI



PrEP Educational Resources for Providers



PrEP Webinar: HIV Pre-Exposure Prophylaxis
View any time - 1 credit CME available


Learn how you can reduce your patient's risk of HIV by 99%

PrEP CME available at

— www.ph.lacounty.gov/cme/prep

17

PrEP Clinical Tools



PrEP Service Delivery Checklist

PrEP Initiation Visit


- Perform an HIV risk assessment to determine whether PrEP is indicated for patient.
- Provide basic education about PrEP.
- Obtain past medical history. Query specifically about history of kidney and liver (e.g., hepatitis B), disease, bone disease, and fractures. For women of child-bearing age, assess pregnancy desires.
- Review current and recent symptoms. Assess for symptoms of acute HIV infection.
- Order all laboratory tests to assess for contraindications. If laboratory tests were already performed, review at this visit.
 - HIV test. 4th generation Ag/Ab test (or HIV viral load to rule out acute HIV).
 - STD (GC/CT urine, GC/CT rectum, GC pharynx, RPR).
 - Serum Creatinine to calculate CrCl.
 - HbA1c and HbA1c and HCV Ab.
 - Check patient weight for CrCl.
 - Pregnancy test (if applicable).
- Provide prescription for Truvada (800 tabs).
- Provide PrEP education/counseling to patient, ask questions to elicit patient understanding. Ensure all questions answered regarding substance abuse and mental health needs and that referrals are made as appropriate.
- Review importance of regular clinic follow-up and ask patient about the best method of communication for reminders (call, email, text). Schedule follow-up visit for 1 month and provide appointment card.
- Start Hepatitis B vaccine series, administer meningococcal vaccine and HPV vaccination, as indicated.
- Review, as needed, any lab results after the visit and calculate CrCl. If patient is HIV positive or

1 Month Follow-Up Appointment

- Assess the following at this visit:
 - Patient's desire to continue PrEP.
 - Side effects.
 - Medication adherence.
 - Signs/symptoms of acute HIV.
 - Possibility of pregnancy (if applicable).
- Provide prescription for Truvada (800 tabs).
- Provide medication adherence counseling.
- Schedule follow-up visit. Provide reminder card with appointment and contact information.

3, 6, 9, 12 Month Follow-Up Appointments

- Assess the following at each visit:
 - Patient's desire to continue PrEP.
 - Side effects.
 - Medication adherence.
 - Signs/symptoms of acute HIV.
 - Possibility of pregnancy (if applicable).
- Order laboratory tests at each visit:
 - HIV test. 4th generation Ag/Ab test is best, if not available, 3rd generation test is sufficient as long as concern for acute HIV or seroconversion is low.
 - STD (GC/CT urine, GC/CT rectum, GC pharynx, RPR).
 - Serum Creatinine to calculate CrCl every 3-6 months.
 - Pregnancy test (if applicable).
- Provide prescription for Truvada (800 tabs).
- Provide risk reduction counseling.
- Provide medication adherence counseling.
- Assess for substance abuse and mental health needs and make referrals as needed.
- Schedule follow-up visits. Provide reminder card.



Los Angeles County Pre-Exposure Prophylaxis (PrEP) Guidelines

Identifying Persons in Whom to Consider PrEP

- Public Health recommends that medical providers routinely ask all adolescent and adult patients if they have sex with men, women or both men and women.
- Providers should ensure that all of their patients who are MSM or transgender persons who have sex with men know about PrEP.

Guidelines for Initiating PrEP in HIV-Uninfected Persons

Medical providers should recommend that patients initiate PrEP if they meet the following criteria:

- MSM or transgender persons who have sex with men if the patient has any of the following risks:
 - Diagnosis of rectal gonorrhea or early syphilis in the prior 12 months.
 - Metamphetamines or injection drug use in the prior 12 months.
 - History of providing sex for money or drugs in the prior 12 months.
- Persons in ongoing sexual relationships with an HIV-infected person who is not on antiretroviral therapy (ART) OR is on ART but is not virologically suppressed OR who is within 6 months of initiating ART.

Medical providers should discuss initiating PrEP with patients who have any of the following risks:

- MSM and transgender persons who have sex with men if the patient has either of the following risks:
 - Condomless and/or sex outside of a long-term
- Diagnosis of urethral gonorrhea or rectal chlamydia infection in the prior 12 months.
- Persons in HIV serodiscordant relationships in which the female partner is trying to get pregnant.
- Persons in ongoing sexual relationships with HIV-infected persons who are on antiretroviral therapy and are virologically suppressed.
- Women who provide sex for money or drugs.
- Persons who inject drugs that are not prescribed by a medical provider.
- Persons seeking a prescription for PrEP.
- Persons completing a course of antiretrovirals for nonoccupational exposure (PEP) to HIV infection.

As with all medical therapies, patients and their medical providers ultimately need to decide what treatments and preventive measures are best for them. Providers should evaluate patients' knowledge and readiness to initiate PrEP prior to prescribing tenofovir and emtricitabine, and should counsel and educate patients to facilitate their success taking PrEP. Medical providers should refer to national guidelines (see below) for information on how to prescribe PrEP and monitor persons on PrEP.

CDC's PrEP Clinical Guidelines are available at: <http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf>
Manufacturer copayment assistance and medication assistance programs are available. More information is available at: <http://www.truvada.com/truvadaassist>.

Both documents available at ph.lacounty.gov/dhsp

18

Who to PrEP? Los Angeles County PrEP Guidelines

- Providers should:
 - Ensure that all male and transgender patients who have sex with men know about PrEP
 - Recommend PrEP to their MSM and transgender patients with:
 - Diagnosis of rectal gonorrhea or early syphilis
 - Methamphetamine or popper use
 - Have provided sex for money or drugs
 - Recommend PrEP to any patients in a sexual relationship with a person living with HIV who is not virally suppressed
 - Discuss PrEP with patients at elevated risk of HIV to determine if it's right for them

Los Angeles County PrEP Guidelines, 2016.

19

Public Health Detailing

- Medical provider visits
 - Will reach over 400 medical providers who have diagnosed patients with syphilis or rectal gonorrhea in past year
 - Brief visits, initial and follow-up visits over a 6-week period
 - 4 Key Messages:
 - 1) Take a thorough sexual history
 - 2) Screen and treat sexually active patients
 - 3) Talk about PrEP and PEP
 - 4) Prescribe PrEP and PEP

20

PrEP Provider Action Kit

- “Provider Action Kit” developed
 - Includes both patient and provider resources
 - Provider resources: LAC Guidelines, PrEP FAQs, PEP FAQs, quick reference cards
 - Patient resources: Posters, Information sheets, tear off “Is PrEP right for you?”
- Launched February 6th

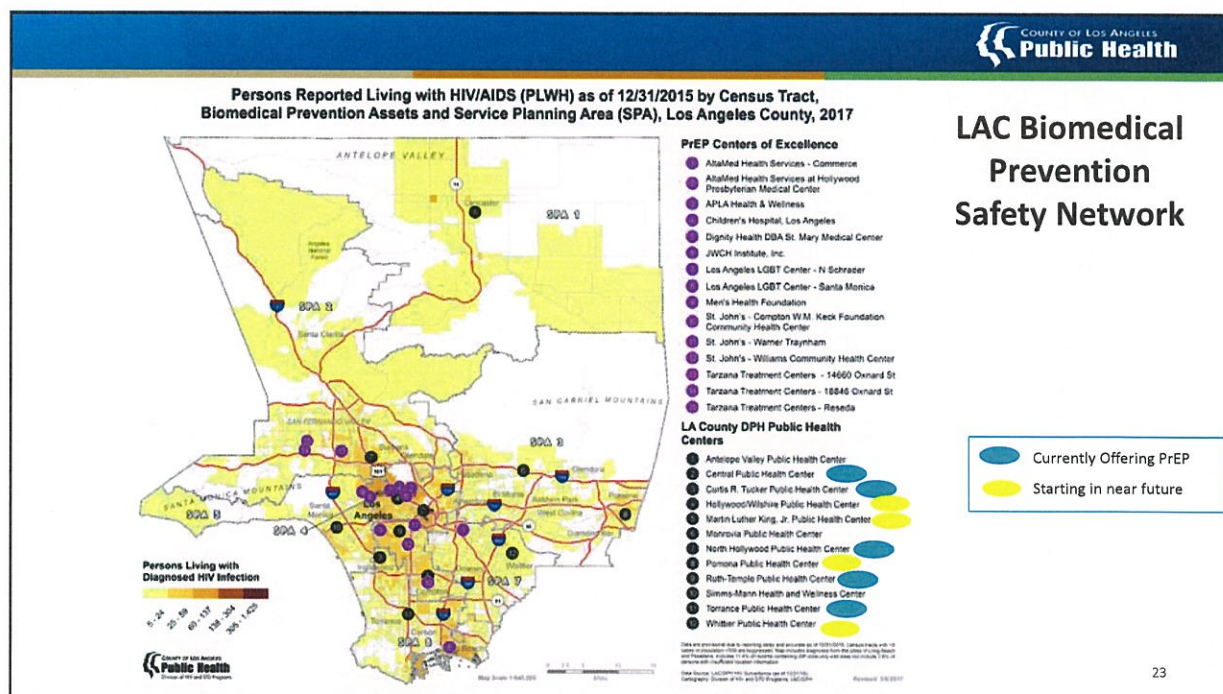


21

Goal #3: Increase safety net access to PrEP

- DPH STD clinics (5)
 - Increase capacity of STD clinicians to identify patients at high risk of HIV and start them on PrEP ASAP
 - Eliminate barriers to PrEP for the highest risk individuals in LAC
- Contracted community providers for PEP/PrEP (9)
 - Increase capacity of community providers to meet the need
 - Support navigation and benefits enrollment to maximize third party payment for PrEP
 - Increase PrEP patients engagement in medical care in general

22



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PrEP at DPH STD Clinics

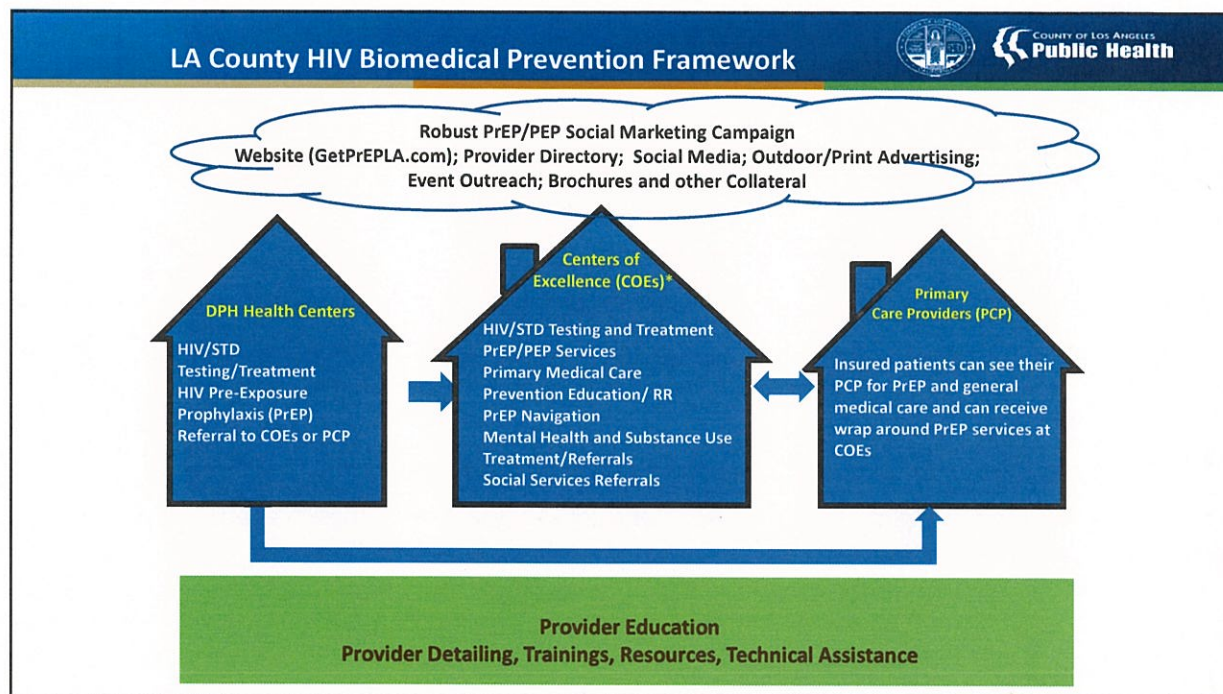
- 241 clients assessed for PrEP across 3 STD clinics
 - Median Age 21 (range 17-69)
 - Both provider (44%) and patient initiated (56%)
 - PrEP uptake was high whether providers or patients initiated the discussion
- 210 clients (87%) initiated PrEP
 - Median months of follow up=3 (range 0-14)
 - Median 4-day adherence=4 (range 0-4)

DPH STD Clinic Patients: Indicators for PrEP Use

	Male	Transgender	Female
Reports HIV+ Partner	55 (23.8%)	2 (66.7%)	3 (42.9%)
Anogenital STD in past 12-months	77 (33.3%)	1 (33.3%)	1 (14.3%)
Multiple partners with unknown HIV status	123 (53.3%)	2 (66.7%)	1 (14.3%)
Report UAI	123 (53.3%)	2 (66.7%)	1 (14.3%)
Other (ex: transactional sex)	24 (10.4%)	1 (33.3%)	2 (28.6%)
Prescribed PEP previously and continues high risk behavior	15 (6.5%)	1 (33.3%)	0 (0.0%)
Believes partner has sex with other men	9 (3.9%)	0 (0.0%)	1 (14.3%)
History of syphilis in past 12-months	10 (4.3%)	0 (0.0%)	1 (14.3%)
Shared injection equipment	9 (3.9%)	0 (0.0%)	0 (0.0%)
Uses stimulants	12 (5.2%)	0 (0.0%)	0 (0.0%)

Los Angeles County STD Clinic: Evolving Role

- Moving STD clinics to a model with focus on identification and initiation of PrEP and then referral to PrEP Centers of Excellence or PCP
 - Warm hand-offs to PrEP navigators at COE
 - Providing a letter with copy of labs to PCP



DHSP's HIV Biomedical Prevention Contracts

- Awarded to 10 agencies
- Commitment to creating a sustainable system that relies on multiple payor sources to fund PrEP
- Goals of the HIV Biomedical Prevention Contracts
 - Improved access to PrEP/PEP medical services for county's highest risk residents
 - Improved access to PrEP/PEP navigation services for county's highest risk residents
 - Specific focus on uninsured and underinsured, those new to PrEP
 - Increased number engaged in regular medical care
 - Increased number enrolled in health insurance through program
 - Increased number linked to mental health and substance abuse services through program

28

PrEP/PEP Services Overview

- What constitutes a PrEP “Center of Excellence”?
 - Cultural competency to increase uptake in target population
 - Clinical expertise in HIV prevention and treatment
 - Support services tailored to the needs of clients
 - Sustainability through the use of insurance/third party billing/PAPs

Contracted community providers for PEP/PrEP

- PrEP/PEP contracts in place since Fall 2017
- Includes reimbursement for
 - Screening, education, support services
 - Benefits navigation and enrollment (PAPs, insurance)
 - Medical visits and labs (if uninsured or underinsured)
- Medications covered through insurance and PAPs

Support Services

- Risk Behavior Screening and Brief Intervention
- Program Intake and Assessment
- Combination Prevention Education
- Benefits Navigation and Enrollment
- Referral to Services
- Non-Medical Visits
- MAP Follow-up
- Program Reassessment
- Referral and Linkage to Primary Care

1. HIV Biomedical Prevention Services Scope of Work

Sustainability

- PrEP/PEP Eligibility Key Principles
 - **All Clients must**
 - **Have income \leq 500% Federal Poverty Level**
 - **Be an LA County Resident**
 - Services Elements: Medical Services vs. Non-Medical Services
 - **Medical Services**
 - Only “uninsured/underinsured” clients eligible for Medical Services to be billed to DHSP
 - **Non-Medical Services**
 - All clients eligible for Non-Medical Services, regardless of insurance status, so long as income is \leq 500% FPL and LAC resident

PrEP/PEP Centers of Excellence Enrollment to Date




	TOTAL
TOTAL ENROLLED	332
Current Gender	
Male	310
Female	10
Transgender	
Transgender M-F	12
Transgender F-M	0
Race/Ethnicity	
Latino	145
White	110
Black or African American	44
Asian	23
Native Hawaiian/PI	3
Native AM/AK Native	3
Race, Unspecified	0
Unknown	4




Evaluation and Summary






PrEP Evaluation Plan:

- Cross sectional online surveys to obtain estimates of PrEP awareness, willingness, and use
 - Allows assessment of trends in LAC over time
 - Can compare to other surveys (NHBS, CHRP)
 - Can identify disparities between groups (age, race, zip code)
- Supplemental survey to assess the reach and response to LAC's PrEP "Protectors" Campaign



35



Summary of Key Findings

- PrEP among HIV- MSM in LAC (based on our app survey):
 - **Awareness:** ~85%-89% overall
 - **Willingness:** ~75%-77% overall; suggests a general acceptance of PrEP among MSM
 - **Use:** ~18%-25% overall; substantial increase since 2014, but considerable room for improvement

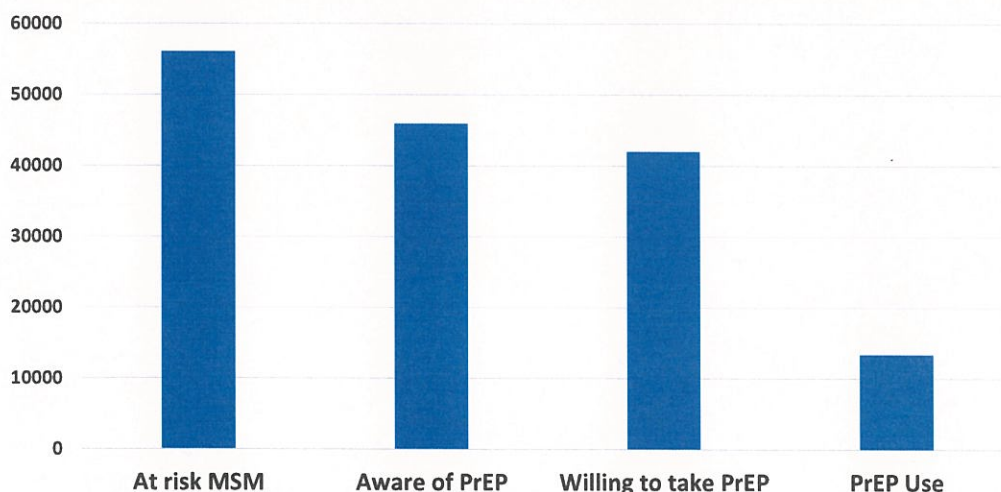
18

PrEP Awareness by Race/Ethnicity

- Similar patterns between groups across surveys
 - Improvements in awareness for all groups
 - But PrEP awareness lowest among Latinos with a notable gap between Latinos responding in English compared with Spanish.

	App Survey (April 2016)	App Survey (Sept 2016)	Natl HIV Behav Surv (2014)
White	93.1%	92.8%	76.1%
Black	88.9%	93.7%	67.0%
Latino (English)	82.4%	88.3%	54.0%
Latino (Spanish)	60.4%	72.4%	42.9%

Los Angeles County PrEP Continuum of Care for MSM, May 2016



At risk LAC MSM population established by determining the number of virally unsuppressed HIV positive MSM and multiplying by the average number of annual unique HIV –ve sex partners of HIV positive MSM, 3* (NHBS, 2014). Aware of PrEP, willing to take PrEP, and use of PrEP in past 12 months based on MSM response to meet-up app based survey, May 2016, of 82%, 75%, and 24% respectively (Los Angeles County Division of HIV and STD programs internal data).

38

Case

- 20-something yo African American man from AV presents to Curtis Tucker HC in late January with widespread rash on torso consistent with secondary syphilis.
- He had originally presented two weeks earlier to a primary care clinic in Inglewood where he was diagnosed and had labs drawn including RPR, HIV, GC/CT testing.
- Office does not stock PCN so he was referred to Curtis Tucker STD clinic for treatment;
- Took him two weeks to come in; brought his partner as well
- Partner is 20-something yo African American man with previous history of syphilis in 2016, also has similar rash
- Neither had heard of PrEP, interested and want to start next week
- Fail to return to appt; Multiple calls and finally return this PM

Acknowledgements: DHSP PrEP Team

Executive Office

Mario J. Pérez

Kyle Baker

Clinical and Quality Management

Sonali Kulkarni

Leo Moore

Jason Dawson

Marisa Cohen

Mike Squires

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Michael Green

John Mesta

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Paulina Zamudio

David Pieribone

Aletha Wild

Research and Innovation

Wendy Garland

Ryan Murphy

Shoshanna Nakelsky

Program Evaluation and Data Management

Mike Janson

Janice Casil

LAC PrEP/PEP Workgroup and LACPEN Group

- Consumers and representatives from over 20 different organizations
- Frequent meetings an opportunity to discuss DHSP progress on PrEP Implementation Strategy and to coordinate efforts
- Three sub workgroups that align with DPH's efforts
- LACPEN group to increase capacity of PrEP navigators and exchange best practices

Thank you!

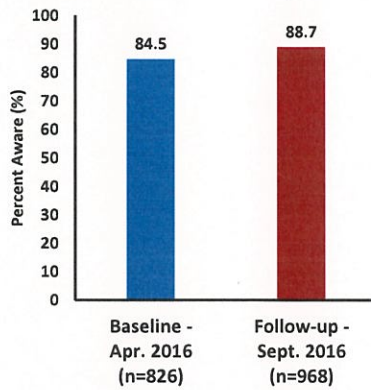
Contact information:

Sonali Kulkarni, MD, MPH
skulkarni@ph.lacounty.gov

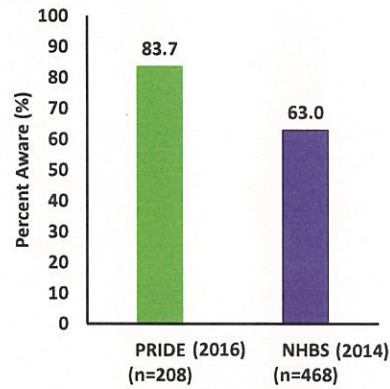
Leo Moore, MD, MSHPM
lmoore@ph.lacounty.gov

PrEP Awareness among HIV- MSM in LAC

App Surveys



Other Surveys*

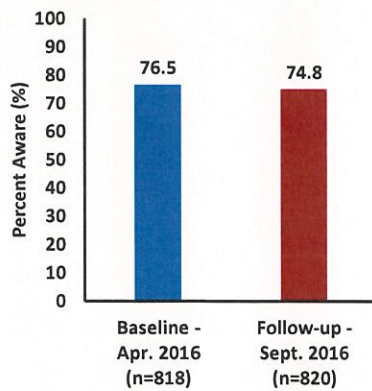


*A 2015 CHRP online survey of California residents found 73% of PrEP naïve MSM were aware of PrEP.

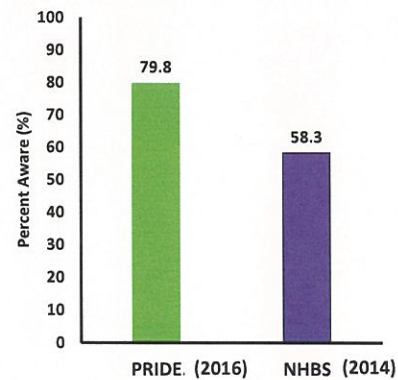
43

PrEP Willingness among HIV- MSM

App Surveys



Other Surveys*

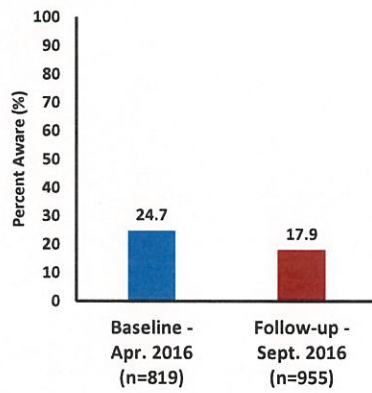


*A 2015 CHRP online survey of California residents found 56% of PrEP naïve MSM said they would be likely to take PrEP, if it was available to them.

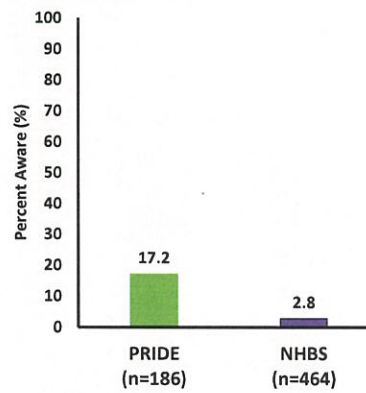
44

PrEP Use (past 12 months) among HIV- MSM

App Surveys



Other Surveys*



*A 2015 CHRP online survey of California residents found 10% of MSM had used PrEP.

45



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13. CALIFORNIA OFFICE OF AIDS (OA) REPORT

*California Department of Public Health, Office of AIDS
Report to Los Angeles County Commission on HIV
February 2017*

Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention and Care Plan

- On January 11, 2017, the California Needs Assessment and Integrated Plan Workgroup met to resume work on the needs assessment. Discussion centered on the Partner Services Brief, which was circulated for feedback to California Planning Group and the Coauthors for sharing with their local planning councils. The California Department of Public Health, Office of AIDS (OA) plans to gather all the feedback by February 1, 2017, and enter the next phase of revisions. The Workgroup welcomed a new member--Vicky Ramirez--from the San Jose Transitional Grant Area, reviewed the status of the remaining briefs and reaffirmed state and local roles in supporting the data-driven elements of the briefs.

Ryan White (RW) Part B: AIDS Drug Assistance Program (ADAP)

- **Contractor Update**
 - The highest priority activity now at the Office of AIDS and within CDPH is supporting ADAP enrollment workers and clients to insure that eligible clients have uninterrupted access to medications and health insurance assistance while at the same time addressing systems issues with the ADAP enrollment portal. Many Office of AIDS and CDPH IT managers and staff, as well as CDPH Executive Staff, are regularly working over 10 hours a day and on weekends to address these issues, and have been for months. We are committed to ensuring that our clients have the services that they need.
 - The ADAP enrollment portal is available to a few enrollment workers who are testing the system with access via a secure Citrix connection set up by OA. OA will contact enrollment workers with more information and instructions on how to access the portal once it becomes available. The portal is available to ADAP Advisors, A.J. Boggs Customer Support Team (CST), and Magellan call center staff.
 - The Magellan call center is able to provide real-time, 24/7 access to a 30-day supply of medications for existing ADAP clients who experience access issues at the pharmacy. The A.J. Boggs CST also has access to the Magellan system and is able to make real-time eligibility updates.

- **Eligibility Extensions**

- Since the portal became unavailable, OA has taken proactive measures to ensure that clients have access to ADAP prescriptions. As of early February, no active clients should have eligibility that expires before July 1, 2017.
- Even though clients' eligibility has been extended, enrollment workers must continue to meet with clients to conduct the re-enrollment or recertification process to ensure that clients are still eligible for ADAP. This is a requirement of ADAP's federal funder, written in federal Ryan White legislation. The application and supplemental documentation must be stored in the client's physical file at the enrollment site for audit purposes.

- **A.J. Boggs Customer Support Team (CST)**

ADAP will continue to monitor the call center to ensure wait times for clients and enrollment workers are kept to a minimum. On a daily basis, OA continues to test A.J. Boggs fax capacity to ensure information is successfully transmitted.

Enrollment workers are encouraged to contact their ADAP Advisor if they have difficulties reaching the A.J. Boggs CST or submitting faxes. An ADAP Advisor list is available on the OA website at

www.cdph.ca.gov/programs/aids/Documents/ADAPStaffLHJAssignments.pdf.

AIDS Medi-Cal Waiver Program (MCWP)

- MCWP and Department of Health Care Services staff continue to respond to Centers for Medicare and Medicaid Services (CMS) questions regarding the 2017 – 2021 AIDS Waiver Renewal Application. An extension of the 2012 – 2016 Waiver has been granted by CMS through March 1, 2017. Until the new application is approved, the policies and procedures of the 2012 – 2016 Waiver will remain in effect.
- The release of All Project Director's Letter 16-03 on December 30, 2016, has prompted several AIDS Waiver agencies to request additional guidance on the new service hierarchy format in ARIES. The MCWP in collaboration with the OA SRE Branch is developing a training module to present at the next Project Director Teleconference scheduled for February 8, 2017.
- MCWP Program Advisors have finalized the 2017 Program Compliance Review (PCR) site visit schedule. All Waiver Agencies scheduled for a PCR in 2017 have been notified, and Project Directors will be contacted a month prior to their site visit with further instructions.

HIV Prevention

- OA posted on its website the results of a data analysis OA presented at the National Harm Reduction Conference in San Diego in November. The poster presents information from a demonstration project established to develop innovative HIV/HCV prevention programs, including purchasing syringe exchange supplies for California Syringe Exchange Programs (SEPs). The poster is available on the OA website (under the "Data" heading) at www.cdph.ca.gov/programs/aids/Pages/AccessstoSterileSyringes.aspx). SEP directors completed an application with questions about their legal authority to operate, annual budget and number of clients served, among other questions. Data were compared to previously published studies. Among the notable findings: the number of SEPs statewide has remained relatively stable since 2002. However, there has been a substantial increase in the percentage of SEPs that have explicit local government authorization to operate (2002: 40%; 2015: 97%). Volume of syringes exchanged has increased since 2002, while average annual SEP budget decreased by three percent (2002: \$186,065; 2015: \$179,745). However, the change in average annual SEP budget, in inflation-adjusted dollars, represents a 25 percent decrease.

Neither 2002 nor 2015 data represented the full census of SEPs in California and some programs indicated they did not routinely collect all of the data points in the survey. However, the results provide an overview of trends within the SEP network - including greater local control over decreasing budgets within the context of increased client need. Program data on participating SEPs will continue to be collected over the span of the project.

- The Kings County Public Health Department has applied to CPDH/OA to authorize a new syringe exchange program. The proposed Kings County Needle Exchange will have fixed site locations in Hanford, Lemoore, Corcoran, and Avenal health clinics. The Kings County Board of Supervisors voted to endorse the application.

The 90-day public comment period for the Kings County SEP certification application closed on January 29. CDPH has 30 business days to review the public comment and application and issue a decision by March 13, 2017.

California Planning Group (CPG)

- Applications for the CPG are currently being reviewed. Final decisions are expected by the end of February, in which all applicants will be notified. Questions about CPG can be sent to cpg@cdph.ca.gov.

- An in-person CPG meeting is scheduled for April 4-6, 2017, in Sacramento. This will be the first meeting of the new CPG membership. The meeting is open to the public and there will be an opportunity for public comment. Information about the meeting and the public comment opportunity will be posted on the OA website at www.cdph.ca.gov/programs/aids/Pages/OACPG.aspx, at least 30 days prior to the meeting.

For questions regarding this report, please contact: majel.arnold@cdph.ca.gov.



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14. STANDING COMMITTEE REPORTS

A. Planning, Priorities & Allocations (PP&A) Committee:

- (1) Comprehensive HIV Plan (CHP)
 - (a) Tier 3 Listening Sessions Update

Los Angeles County Commission on HIV



in collaboration with the
Department of Public Health
Division of HIV and STD Programs



If you fit any of these targets groups and/or are a consumer of HIV prevention and care services, you are invited to a

COMMUNITY LISTENING SESSION

The listening session (focus group) seeks to understand the needs, gaps, and barriers in accessing HIV prevention and care services within Los Angeles County.

Participants must be 18 years of age or older to participate.

Sessions are strictly confidential.

Target Group	Location	Date	Time	RSVP Deadline
Asian/Pacific Islander	APAIT Building 1730 W Olympic Blvd #300	January 25 th	6-7:30pm	January 23 rd
Trans-Masculine	APAIT Building 1730 W Olympic Blvd #300	January 30 th	6-7:30pm	January 27 th
Recently Incarcerated	Commission on HIV 3530 Wilshire Blvd Ste. 1140	February 14 th	5:30-7pm	February 10 th
25-29 Year Olds	Reach LA 1400 E Olympic Blvd # 240	February 16 th	3-4:30pm	February 14 th

A maximum of 15 consumer participants per session.

Food and gift cards will be made available to those who participate.

Waivers of liability will be required and made available at the Listening Session.

For RSVP and more information please call: (213) 738-2816

Los Angeles County Commission on HIV



in collaboration with the
Department of Public Health
Division of HIV and STD Programs



If you are a provider of HIV prevention and care services in Los Angeles County, you are invited to a:

HIV WORKFORCE COMMUNITY LISTENING SESSION

The listening session (focus group) seeks to understand the needs, gaps, and barriers in accessing HIV prevention and care services within Los Angeles County.

Food and gift cards will be made available to those who participate.

Participants must be 18 years of age or older to participate.

Sessions are strictly confidential.

Target Group	Location	Date	Time	RSVP Deadline
HIV Workforce #1	The California Endowment 1000 North Alameda St. Los Angeles, CA	February 24 th	12-1:30pm	February 22 nd
HIV Workforce #2	Building Healthy Communities Long Beach 920 Atlantic Ave. Suite 102 Long Beach, CA	February 28 th	12-1:30pm	February 24 th

A maximum of 15 participants will be accepted.

**Waivers of liability will be required and made available at the Listening Session.*

For RSVP and More Information Please Call: (213) 738-2816



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14. STANDING COMMITTEE REPORTS (cont'd)

D. Operations Committee:

(1) Membership Applications


- (a) Matthew F. Emons, MD, MBA | Local Health/Hospital Planning Agency Rep**
- (b) Ace Robinson, MPH | HIV Stakeholder Rep #2**

- Please refer to separate membership application packet -

City of West Hollywood

Derek Murray
Social Services Program Administrator
February 9, 2017

1



Community Member Age



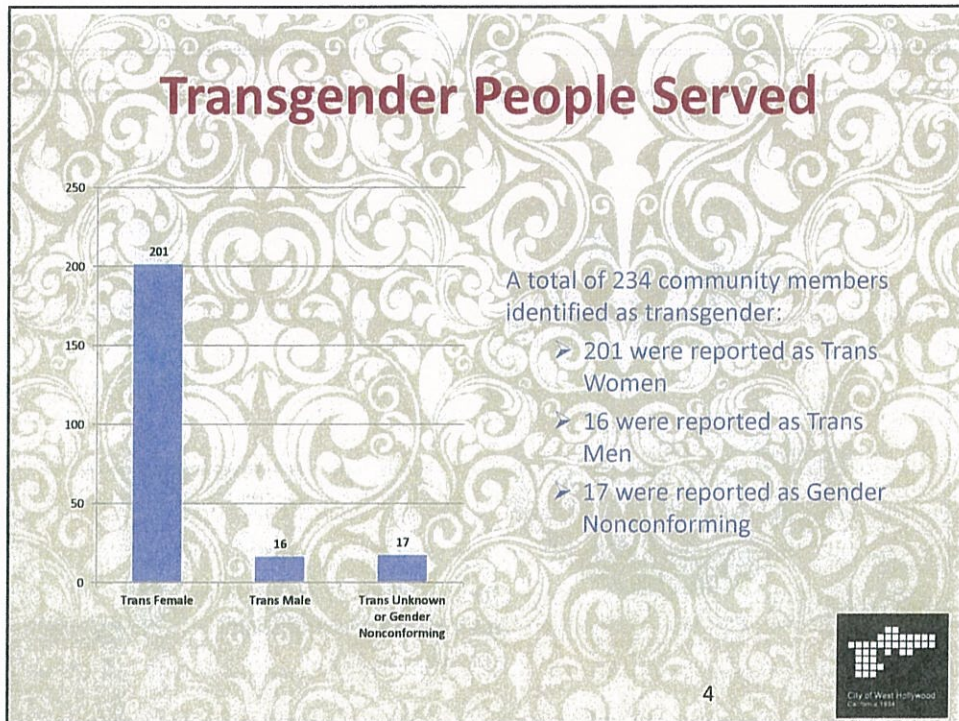
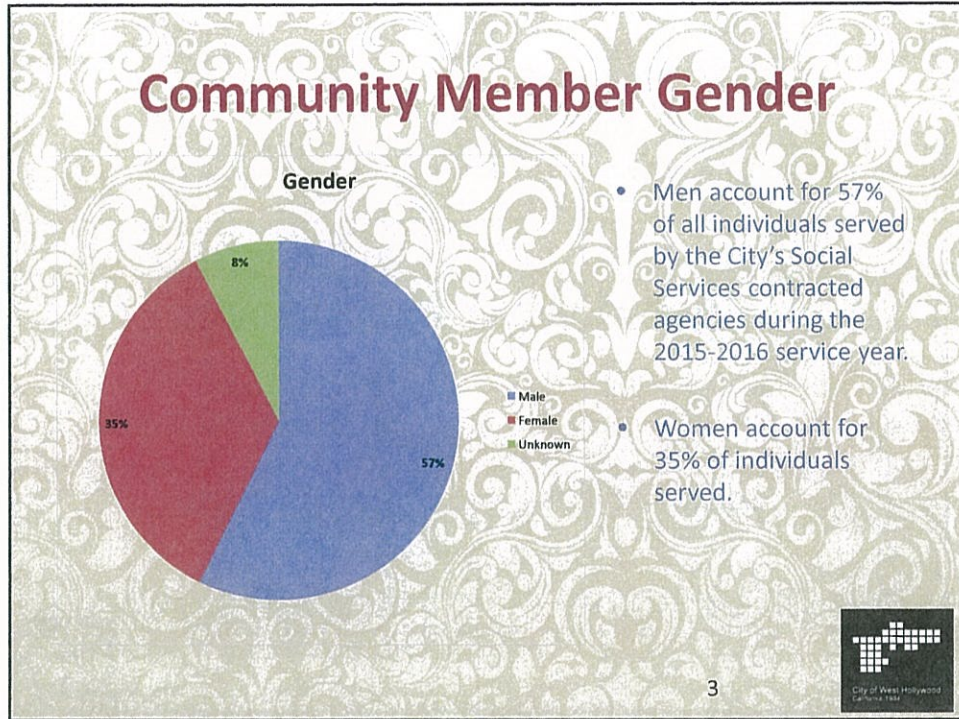
Age Group	Percentage
<17	5%
18-23	7%
24-39	12%
40-59	21%
60-69	16%
70-79	11%
80+	28%

- About 12% of clients are under the age of 24.
- 49% of clients are between the age of 24 and 59.
- 16% of clients are between the age of 60-69.
- About 23% of clients served are over the age of 70.

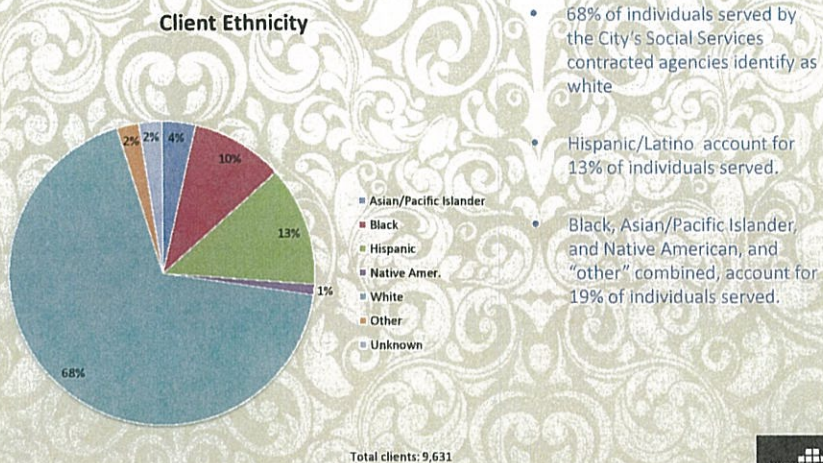
Total number of community members accessing social services: 10,125

2





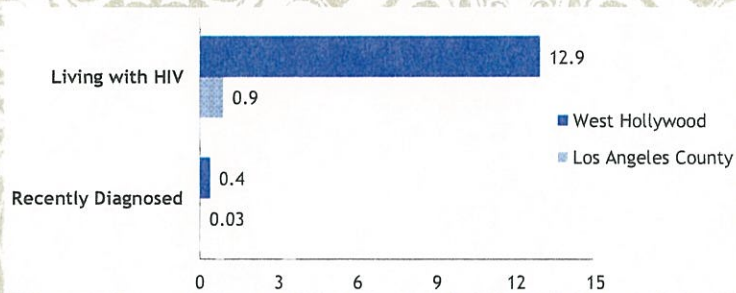
Community Member Ethnicity



5



Figure 1: Men Living with HIV and Recently Diagnosed (per 100)



Compared to Los Angeles County, the number of persons living with HIV and recently diagnosed, per 100 residents, is disproportionately large in West Hollywood

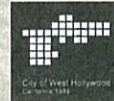
1 Division of HIV and STD Programs, Los Angeles County Department of Public Health.
West Hollywood data report, Los Angeles, CA: Department of Public Health; 2016



Gender By Social Service Category

Number of Clients in Each Service Category by Gender					
Social Service Category		Male	Female	No Gender Marker	Total
Social Service Category	Employment	104	90	1	195
	Nutrition	620	510	5	1,135
	HIV/AIDS	3,184	225	12	3,421
	Homeless Services	641	95	29	765
	Legal	214	230	36	480
	Mental Health/Health	830	649	2	1,481
	Senior/Disabled	704	1148	0	1,852
	Substance Abuse	83	19	0	102
	Youth	120	46	528	694

7




Age By Social Service Category

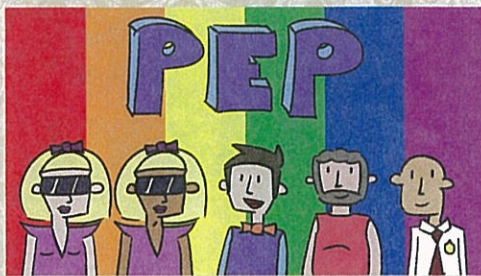
Age	Employment Services	Health/Mental Health	HIV/AIDS Services	Homeless Services	Legal Services	Nutrition Services	Senior/Disability Services	Substance Abuse Services	Youth Services
<17	0%	3%	0%	0%	0%	1%	0%	0%	75%
18-23	8%	2%	8%	5%	0%	1%	0%	11%	20%
24-39	34%	30%	56%	40%	13%	11%	2%	61%	6%
40-59	46%	44%	30%	46%	25%	25%	12%	26%	0%
60-69	12%	18%	6%	8%	25%	22%	21%	2%	0%
70-79	0%	3%	1%	1%	17%	18%	29%	0%	0%
80+	0%	1%	0%	0%	19%	22%	36%	0%	0%

8






Hakuna Truvada
a public service announcement

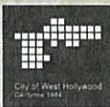


PEP


**The Trans*
Community
Is PrEPared
to End HIV**



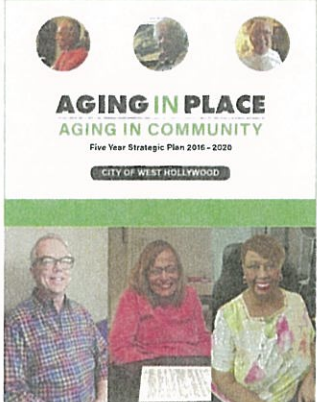
9



Initiatives

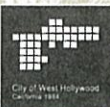


**HIV
ZERO
STRATEGIC PLAN**



**AGING IN PLACE
AGING IN COMMUNITY**
Five Year Strategic Plan 2016 - 2020
CITY OF WEST HOLLYWOOD

10



HIV activism can mean taking to the streets to protest or simply unashamedly stating you're 100% positive. We can all decide to take a risk and defy the stigma, homophobia and racism that fuel the epidemic.
 - Alex Guey
 HIV Activist, Los Angeles, CA

Transwomen's lives are scrutinized, dehumanized and under constant surveillance. Often times, these disparities make it difficult for us to preserve our health. PrEP will help eliminate the spread of HIV by providing individuals with an effective HIV Prevention Tool for those who engage in High Risk Behaviors. However, doing must continue when it comes to affirming and validating a positive sex life.
 - Izabell Crayton
 HIV Testing Coordinator, AIDS-HIV

Every person should have the right to protect their health, no matter who their sexual partners. PrEP is an evidence-based tool that should be available to anyone who wants it.
 - Faith Kaufman
 Aids/HIV Specialist, Los Angeles, CA

We have all of the knowledge, skills and resources necessary to bring HIV to its knees. Allies and all members from every community can play a part in eradicating this epidemic.
 - Jason Alvarez
 Director of Programs, AIDS-HIV, Los Angeles, CA

City of West Hollywood
 CA 90069