



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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# EXECUTIVE COMMITTEE

Virtual Meeting

Thursday, May 26, 2022

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

\*Meeting Agenda + Packet will be available on our website at:

<http://hiv.lacounty.gov/Executive-Committee>

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## PUBLIC COMMENTS

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

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

All Public Comments will be made part of the official record.

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LOS ANGELES COUNTY  
**COMMISSION ON HIV**



510 South Vermont Avenue, 14<sup>th</sup> Floor, Los Angeles CA 90020

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

**Thursday, May 26, 2022 @ 1:00 P.M.– 3:00 P.M.**

To Join by Computer, please Register at: <https://tinyurl.com/2p8k2w8c>

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

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

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<b>Executive Committee Members:</b>			
<i>Danielle Campbell, MPH, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Al Ballesteros, MBA	Erika Davies
Kevin Donnelly	Luckie Fuller	Lee Kochems, MA	Katja Nelson, MPP
Mario J. Pérez, MPH	Kevin Stalter	Justin Valero, MPA	Gerald Garth, Executive at Large
Damone Thomas, Executive at Large			
<b>QUORUM:</b>	<b>7</b>		

AGENDA POSTED: May 23, 2022

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

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

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

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

- |  |                  |                       |
|--|------------------|-----------------------|
| Call to Order, Introductions, and Conflict of Interest Statements  |                  | 1:00 P.M. – 1:10 P.M. |
| <b><u>I. ADMINISTRATIVE MATTERS</u></b>  |                  |                       |
| 1. Approval of Agenda  | <b>MOTION #1</b> | 1:10 P.M. – 1:13 P.M. |
| 2. Approval of Meeting Minutes   | <b>MOTION #2</b> | 1:13 P.M. – 1:15 P.M. |
| <b><u>II. PUBLIC COMMENT</u></b>   |                  |                       |
| 3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission.  |                  | 1:15 P.M. – 1:20 P.M. |
| <b><u>III. COMMITTEE NEW BUSINESS ITEMS</u></b>  |                  |                       |
| 4. Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to take action arose subsequent to the posting of the agenda. |                  | 1:20 P.M. – 1:25 P.M. |
| <b><u>IV. REPORTS</u></b>  |                  |                       |
| 5. <b>Executive Director's/Staff Report</b>  |                  | 1:25 P.M. – 1:35 P.M. |
| A. Commission/County Operational Updates   |                  |                       |
| 6. <b>Co-Chair's Report</b>  |                  | 1:35 P.M. – 1:45 P.M. |
| A. May 12, 2022 COH Meeting   FOLLOW-UP + FEEDBACK   |                  |                       |
| B. June 9, 2022 COH Meeting Key Presentation   |                  |                       |
| (1) Healthy Young Men's Cohort Study, Eric Layland, PhD  |                  |                       |
| C. Findings to Continue Teleconference Meetings Under Assembly Bill 361 and Related Actions  |                  |                       |
| 7. <b>Division of HIV and STD Programs (DHSP) Report</b>   |                  | 1:45 P.M. – 1:55 P.M. |
| A. Fiscal, Programmatic and Procurement Updates  |                  |                       |
| (1) Ryan White Program (RWP) Parts A & MAI   UPDATES   |                  |                       |
| (2) Fiscal   UPDATES   |                  |                       |
| (3) CalAIM and Impact on Ryan White  |                  |                       |

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8. **Entre Hermanos Research Project, Homero E. del Pino, PhD** 1:55 P.M. - 2:15 P.M.  
Charles Drew University School of Medicine and Science
9. **Standing Committee Reports** 2:15 P.M. – 2:40 P.M.
- A. Operations Committee
- (1) Membership Management
- a. Attendance Review
- (2) Membership Application Process/Interview Questions Workgroup
- (3) PLANNING CHATT Learning Collaborative Participation
- B. Planning, Priorities and Allocations (PP&A) Committee
- (1) PY 32, 33, and 34 Comprehensive Program Directives to DHSP **MOTION# 3**
- (2) 2022-2026 Comprehensive HIV Plan (CHP) Development
- C. Standards and Best Practices (SBP) Committee
- (1) Benefit Specialty Service Standards | UPDATES
- (2) Transitional Case Management-Incarcerated/Post-Release | Updates
- (3) Oral Health Service Standard: Dental Implants Inclusion | UPDATES
- D. Public Policy Committee (PPC)
- (1) County, State and Federal Policy, Legislation, and Budget
- (2) 2022 Legislative Docket | UPDATES
- (3) COH Response to the STD Crisis | UPDATES
9. **Caucus, Task Force, and Work Group Reports:** 2:40 P.M. – 2:50 P.M.
- A. Aging Caucus
- B. Black Caucus
- C. Consumer Caucus
- D. Prevention Planning Workgroup
- E. Transgender Caucus
- F. Women’s Caucus
- VII. NEXT STEPS**
10. A. Task/Assignments Recap 2:50 P.M. – 2:52 P.M.
- B. Agenda development for the next meeting 2:52 P.M. – 2:53 P.M.
- VIII. ANNOUNCEMENTS** 2:53 P.M. – 2:55 P.M.
11. A. Opportunity for members of the public and the committee to make announcements
- IX. ADJOURNMENT** 3:00 P.M.
12. A. Adjournment of the May 26, 2022 Executive Committee

<b>PROPOSED MOTION(s)/ACTION(s):</b>	
<b>MOTION #1:</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2:</b>	Approve the Executive Committee minutes, as presented or revised.
<b>MOTION #3:</b>	Approve Comprehensive Program Directives to DHSP for Program Years 32, 33, and 34 as presented or revised.



## LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave 14<sup>th</sup> Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

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

### CODE OF CONDUCT

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

**All participants and stakeholders should adhere to the following:**

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

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22)**



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/5/22

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

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

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



COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
GARTH	Gerald	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
<b>MAGANA</b>	<b>Jose</b>	The Wall Las Memorias, Inc.	HIV Testing Storefront HIV Testing Social & Sexual Networks
<b>MARTINEZ</b>	<b>Eduardo</b>	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM) Benefits Specialty Medical Care Coordination (MCC) Mental Health Oral Healthcare Services STD Screening, Diagnosis and Treatment HIV Testing Storefront HIV Testing Social & Sexual Networks Sexual Health Express Clinics (SHEX-C) Transportation Services Medical Subspecialty HIV and STD Prevention Services in Long Beach
<b>MARTINEZ (PP&amp;A Member)</b>	<b>Miguel</b>	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM) HIV Testing Storefront STD Screening, Diagnosis and Treatment Biomedical HIV Prevention Medical Care Coordination (MCC) Transitional Case Management - Youth Promoting Healthcare Engagement Among Vulnerable Populations
<b>MILLS</b>	<b>Anthony</b>	Southern CA Men's Medical Group	Biomedical HIV Prevention Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) Promoting Healthcare Engagement Among Vulnerable Populations Sexual Health Express Clinics (SHEX-C) Transportation Services
<b>MINTLINE (SBP Member)</b>	<b>Mark</b>	Western University of Health Sciences	No Ryan White or prevention contracts

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
<b>THOMAS</b>	<b>Damone</b>	T.H.E Clinic, JWCH, Inc. and AHF	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education / Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Sexual Health Express Clinics (SHEx-C)(AHF)
			Medical Subspecialty(AHF)
HIV Prevention Services-Long Beach (AHF)			
<b>VALERO</b>	<b>Justin</b>	No Affiliation	No Ryan White or prevention contracts
<b>WALKER</b>	<b>Ernest</b>	No Affiliation	No Ryan White or prevention contracts



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

## JOINT MEETING OF THE EXECUTIVE COMMITTEE AND AGING TASK FORCE MEETING MINUTES

April 28, 2022

COMMITTEE MEMBERS			
P = Present   A = Absent			
Bridget Gordon, Co-Chair	P	Luckie Alexander Fuller	P
Danielle M. Campbell, MPH, Co-Chair	P	Katja Nelson, MPP	P
Erika Davies	P	Mario J. Pérez, MPH	P
Kevin Donnelly	P	Kevin Stalter	P
Lee Kochems, MA	P	Justin Valero, MA	P
Damone Thomas	P	Gerald Garth	EA
Aging Task Force: Al Ballesteros (Co-Chair), Joseph Green (Co-Chair), Octavio Vallejo, MD, Brian Risley, Alasdair Burton, Viviana Criado.			
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA, Jose Rangel-Garibay, MPH; and Sonja D. Wright, BA, MSOM, LAc, Dipl, PES			
DHSP STAFF			
Pamela Ogata, MPH Julie Tolentino, MPH			

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

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

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

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

[https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/f09d0d3d-e6f3-4920-a38f-6cfe5e94bc92/Pkt\\_Exec\\_042822-Rev042622.pdf](https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/f09d0d3d-e6f3-4920-a38f-6cfe5e94bc92/Pkt_Exec_042822-Rev042622.pdf)

### CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Bridget Gordon called the meeting to order at approximately 1:05 PM, led introductions, and asked attendees to state conflicts of interest, if any.

**I. ADMINISTRATIVE MATTERS**

**1. APPROVAL OF AGENDA**

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

**2. APPROVAL OF MEETING MINUTES**

**MOTION #2:** *Approve the March 24, 2022 Executive Committee Meeting Minutes, as presented or revised. (✓ Passed by Consensus)*

**II. PUBLIC COMMENT**

**3. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.** There were no public comments.

**III. COMMITTEE NEW BUSINESS ITEMS**

**4. OPPORTUNITY FOR MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.** There were no committee new business items.

**IV. REPORTS**

**5. EXECUTIVE DIRECTOR'S/STAFF REPORT**

**A. Commission/County Operational Updates**

- Cheryl Barrit informed the Executive Committee (EC) that the Board of Supervisors (BOS) voted to extend the continuation of virtual meetings through May 24<sup>th</sup>.
- Commission staff will schedule more walkthroughs at the Vermont Corridor building to allow Commissioners to see the conference rooms where meetings will be held.
- C. Barrit is in the process of filling staff vacancies.

**B. March 24 Executive Committee Follow-up Items**

**(1) Stipends and Reimbursement for Unaffiliated Consumers**

- C. Barrit directed the EC to the Commission bylaws regarding stipends, found in the meeting packet.

**(2) Colloquia and Guest Speakers | Partnerships to Inform the Planning Process**

- C. Barrit addressed questions regarding the selection of colloquia guest speakers and presenters at COH meetings. The COH has a long-standing relationship and partnership with academic institutions to bring research information to the COH to help inform the body's planning process and deliberations. The COH does not have a contract with any educational institutions or agencies that would

influence how speakers are invited to speak before the full body.

Commissioners suggest topics and speakers and staff would follow up on their suggestions to bring the conversation to the full body.

**6. CO-CHAIR'S REPORT**

**A. April 14, 2022 COH Meeting | FOLLOW-UP + FEEDBACK**

- B. Gordon was pleased with the number of participants at the April COH meeting.

**B. May 12, 2022 COH Meeting Key Presentations**

**(1) Human Relations Training | Session 10**

- Robert Sowell, Assistant Director, Human Relations Commission training has been confirmed to deliver this last session of the year-long training series for the Commission

**(2) Act Now Against Meth (ANAM): Platform Report**

- Richard Zaldivar, The Wall Las Memorias Founder and Executive Director, has been confirmed to provide a report on ANAM's community mobilization and advocacy recommendations around addressing methamphetamine in Los Angeles County.

**(3) DHSP Report | HIV and STD Data Dashboard**

- DHSP will provide an overview of their new interactive HIV and STD dashboard.

**7. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT**

**A. Fiscal, Programmatic, and Procurement Updates**

Mario Perez, DHSP Director, provided the following updates:

- DHSP is making progress with Ending the Epidemic (EHE)-related initiatives.
- DHSP provided a response to the BOS' September 28, 2021 motion regarding the STD crisis in Los Angeles County (LAC).
- There has been a 2-3% daily increase of COVID-19 cases in the County. COVID-19-related hospitalizations have remained stagnant in LAC due to vaccinations and therapeutics available.
- DHSP senior management will meet with Raniyah Copeland, whose expertise has been secured by DHSP to review her focus group findings on PrEP social marketing messages for the Black/African American community.

**(1) Ryan White Program (RWP) Parts A & MAI | Updates**

**(2) Fiscal | UPDATES**

The Health Resources & Services Administration (HRSA) received its full appropriation from Congress and is working on calculating fiscal awards to the different jurisdictions. DHSP will provide an update on funding awards for LAC once they hear from HRSA.



**Other Items:** In response to K. Stalter’s inquiry about the role and experience of the AMAAD Institute with leading the EHE community engagement project, Dr. Carl Highshaw, CEO and Founder of the AMAAD Institute, provided a brief overview of the history, mission, and service/programs provided by the organization. He also offered the opportunity to connect with K. Stalter to continue the conversation on the work that the AMAAD Institute has been doing with the EHE initiative along with the other community mobilization efforts. M. Perez supported more frequent EHE project updates from the AMAAD Institute at Commission meetings.

## 8. HEALTHY YOUNG MEN’S (HYM) COHORT STUDY | ERIK LAYLAND, PH.D

- Dr. Erik Layland gave a presentation on the Healthy Young Men’s Cohort Study. This study has been an ongoing collaboration with Children’s Hospital Los Angeles. Presentation materials can be found in the meeting packet. He stated that the first slide in his presentation provides the key takeaways from his presentation.
- Damone Thomas asked what the definition of “heterosexualism” is. Dr. Layland explained that this is similar to homophobia.
- Danielle Campbell asked if the study included transgender men or nonbinary individuals. Dr. Layland stated that the participants were cisgender men. The study’s funding was limited to individuals assigned male at birth.
- Pamela Ogata, DHSP staff, asked if there were any geographic patterns among the five cohorts and if there were demographic characteristics among the different groups. Dr. Layland explained that the study did not examine geographic differences in the group. There were demographic differences among the minimal stigma group. Black men reported the most instances of multiform racism, compound stigma, severe health outcomes, and barriers to care.
- B. Gordon stated that she would like to see the HYM Cohort Study presented at the full COH meeting.
- The Committee suggested the following ideas to enhance the presentation:
  - Use plain language
  - Address what the next steps are for the study
  - How will the data be used?

## 9. STANDING COMMITTEE REPORTS

### A. Operations Committee

#### (1) New Member Applications

- a. **MOTION #3:** *Approve motion to accept membership for Dr. Michael Cao, as presented or revised, and move to the full Commission for approval. Dr. Cao was referred to the COH by Supervisor K. Barger to fill the Board Office 5 seat on the COH. (Passed by roll call vote; Yes = 10; No = 0; Abstain = 1)*

**(2) 2022 Assessment of the Administrative Mechanism (AAM) Planning & Development**

- The AAM survey has been distributed to Commissioners. The survey for the contracted providers will be distributed in late June so as not to compete for attention with the HIV workforce capacity survey that AJ King is conducting for the Comprehensive Plan.

**(3) Membership Application Process/Interview Questions Workgroup**

- The revised membership application process and interview questions should be completed and ready for review by the June COH meeting.

**(4) PLANNING CHATT Learning Collaborative Participation**

- The COH continues to participate in the Planning CHATT learning collaborative to gain ideas for enhancing recruitment and retention strategies for consumers. Luckie Alexander, Operations Co-Chair, has been representing the COH at the training sessions, with COH staff attending for support. The final class will be held on June 16.

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

**(1) DHSP Program Directives | UPDATES**

- PP&A is in the process of updating the program directives and eliciting feedback from various caucuses, task forces, and workgroups.

**(2) 2022-2026 Comprehensive HIV Plan (CHP) Development**

- A workforce capacity survey will be sent out to providers and consumers to help inform the development of the CHP.

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

**(1) Benefit Specialty Service Standards | UPDATES**

- SBP has updated the benefit specialty service standards and will be discussed and approved in May.

**(2) Transitional Case Management-Incarcerated/Post Release | UPDATES**

- SBP has started the initial review of transitional case management-incarcerated/post-release service standards. The SBP Committee will hear a program overview and utilization data from DHSP at the May meeting to kick off the service standard review discussions.

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

- SBP is set to review the summary from the expert panel convening dental implants at the May meeting. Staff are preparing a draft of the service standard addendum for the SBP's review.

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

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

- The PPC continues to update its policy priorities document and incorporate feedback from the community consultation meeting.

**(2) 2022 Legislative Docket | UPDATES**

- The PPC is working on the legislative docket for 2022.

**(3) COH Response to the STD Crisis | UPDATES**

- K. Nelson developed a summary of DHSP/DPH response to the Board regarding the STD motion to address the crisis in Los Angeles. The PPC Committee will discuss the next steps and additional advocacy efforts at the May PPC meeting.

**10. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS**

**A. Aging Task Force | May 3 @ 1-2:30pm**

- Members of the Executive Committee and the Aging Task Force (ATF) held a robust discussion on the continuation of the ATF as a caucus. Key points were as follows:
  - The ATF would like to continue to focus primarily on the needs of people living with HIV (PLWH) over 50, while engaging with other stakeholders to define “long-term survivors. The ATF would like to seek participation from individuals who identify as long-term survivors and those who acquired HIV perinatally.
  - Joe Green noted that there has not been participation from PLWH who were perinatally infected. Al Ballesteros expressed concern regarding discussing perinatally infected PLWH without proper representation from the population.
  - Brian Risley stated that people over 50 are the majority of PLWH in Los Angeles County (57%). This number is projected to grow in upcoming years.
  - D. Campbell expressed concern that the ATF excludes long-term survivors and PLWH who were perinatally infected under the age of 50.
  - Lee Kochems stated that the ATF has always been inclusive to anyone affected by HIV and aging.
  - Justin Valero explained the importance of a specialized group for PLWH over 50. Not specializing in older adults presents the concern of elderly erasure. A. Ballesteros concurred.

**(1) MOTION #4:** *Approve the formation of the Aging Caucus to continue the work of the Aging Task Force, as presented or revised, and move to the full Commission for approval. (Passed by roll call vote; Yes = 7; No = 1; Abstain = 1)*

**B. Black Caucus | May 19 @ 4-5pm**

- The Black Caucus did not meet in April. There were no updates.

## Joint Executive Committee and Aging Task Force Meeting Minutes

April 28, 2022

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### C. Consumer Caucus | May 12 @ 3-5pm

- There were no updates.

### D. Prevention Planning Workgroup | May 25 @ 5:30-7pm

- The Prevention Planning Workgroup (PPW) held a discussion on how to assess the knowledge, attitudes, and beliefs on prevention from commissioners. Possible tools to assess this are a survey or an educational session.

### E. Transgender Caucus | May 24 @ 10am-12noon

- The Transgender Caucus will be hosting an educational session at their May meeting on sexual education for youth with an emphasis on pleasure and sex positivity

### F. Women's Caucus | May 16 @ 2-4pm

- The Women's Caucus has discussed and provided feedback on the comprehensive program directives to DHSP to ensure that the needs of women are addressed.

## V. NEXT STEPS

### 11. RECAP

#### A. Task Assignments/Recap

- C. Barrit will follow up with Dr. Eric Layland to designate a time to present to the Commission.
- The motion to change the Aging Task Force to a Caucus will be moved to the May Commission meeting for approval.

#### B. Agenda Development for the Next Meeting

- Discuss the possibility of developing a task force to address the needs of people who were perinatally infected with HIV.

## VI. ANNOUNCEMENTS

### A. Opportunity for Members of the Public and the Committee to Make Announcements

- There were no announcements.

## VII. ADJOURNMENT

### A. Adjournment of the April 28, 2022 Joint Executive and Aging Task Force Meeting

- The meeting adjourned at approximately 3:38 PM.

# Entre Herman@s

HIV Commission Executive Committee  
May 26, 2022



# Engaging Siblings in PrEP Promotion for Latinx MSM



# Data Collection

To develop intervention messages to increase PrEP use in high-risk Latinx MSM that can be delivered by their siblings.

## **March 2020 – April 2021**

- ▶ Semi-structured dyadic interviews ( $n=31$ )
- ▶ Surveys ( $n=62$ )
- ▶ Focus groups only with siblings (3 groups,  $n=20$ )
- ▶ Follow-up individual interviews
  - LMSM ( $n=13$ )
  - Siblings ( $n=11$ )

**Table 1. Participant Characteristics (*n*=31 sibling pairs)**

	<b>Sibling <i>n</i> (%)</b>	<b>LMSM <i>n</i> (%)</b>
<b>Age (mean: 27.3 [Siblings] and 26.3 [LMSM])</b>		
18-20	6 (19)	4 (13)
21-30	17 (55)	19 (61)
31-39	6 (19)	8 (26)
40+	2 (6)	NA
<b>Born</b>		
Outside US (e.g., Mexico)	9 (29)	11 (35)
United States	22 (71)	20 (65)



# Results

## 1. Siblings can motivate their brothers to use PrEP

- 71% reported that they would take PrEP if it made their brother/sister worry less about them, even though 45% of LMSM agreed that they would benefit from taking PrEP
- 8 (26%) of LMSM are currently using PrEP (as of 4/15/21)

## 2. Siblings are ready to support PrEP use

- 90% agreed: "I could... go to the doctor with him, help him get refills, help him manage any initial side effects."
- Siblings discussed taking PrEP along with their brother just to be supportive.

# Product

- ▶ Educational brochure for the community



**IS MY  
BROTHER  
SAFE FROM  
HIV?**



**Ideas for talking about PrEP  
as a strategy to prevent HIV.**

# PrEP is...

## Pre-Exposure Prophylaxis

Pre-exposure = before sex  
Prophylaxis = prevent infection



**A pill that provides 99% protection against HIV.**

Used by any sexually active people without HIV.<sup>1</sup>

### Is my brother a part of the 79%?

In a study of over 184 Latino men: **79%** reported condomless anal sex, the highest risk for HIV.

**95%** heard of PrEP, but only **29%** used it.<sup>2</sup>

### Our study, *Entre Herman@s*, found:

Only **23%** of participants thought that their brother was at risk for HIV.

In reality, **58%** reported condomless anal sex.

Even people close with their brother don't always know his actual level of risk.<sup>3</sup>

## OUR STUDY PARTICIPANTS WOULD WORRY LESS IF THEIR BROTHER TOOK PrEP

“As your sister, I would tell you to use it. It's a crazy world out there, and if you have that extra layer of protection, there's no harm in using it.”

Christina, 24 years old

“There's a lot of sexual relationships going on and chances are, they're not using condoms. The last thing I want to find out is that my brother has HIV. I definitely want him to use PrEP.”

Jennifer, 35 years old

“My brother can go do his thing... I'm just really scared of him getting HIV or something else.”

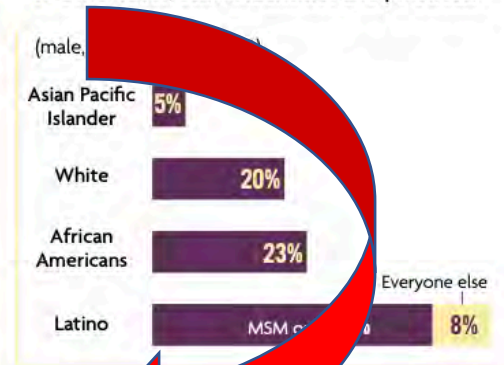
Lalo, 34 years old

**73%** of men in our study said they would take PrEP to make their brother or sister worry less.

## IN LOS ANGELES COUNTY, LATINO MEN CONTINUE TO BE HIGHLY IMPACTED BY HIV<sup>5</sup>

### New HIV Cases in Los Angeles County (n=1,660)

Comparing Latino men who have sex with men (MSM) to other races, sexual identities and practices.



Latino men were **43%** of the **1,660** new infections in 2018

These facts suggest that Latino men would benefit from taking PrEP to stop new HIV infections.

## HOW CAN I HELP MY BROTHER STAY SAFE FROM HIV?

Recommend that he use condoms and take PrEP.<sup>4</sup>

In our study, **26%** of the men started using PrEP after talking to their brother/sister about it, suggesting that *herman@s* can influence Latino MSM to use PrEP.

# PrEP is...

## Pre-Exposure Prophylaxis

Pre-exposure = before sex  
Prophylaxis = prevent infection



A pill that provides  
**99%** protection  
against HIV.

Used by any sexually active  
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their brother was at risk for HIV.

In reality, **58%** reported condomless anal sex.

Even people close with their brother don't  
always know his actual level of risk.<sup>3</sup>

## THIS IS HOW HERMAN@S HAVE ENCOURAGED THEIR BROTHERS TO USE PrEP

“If something helps prevent HIV,  
why not take it? If something  
helps prevent cancer, why not  
take it?”

Yamilet, 24 years old

“You need to start taking PrEP  
whatever you need to do so  
your health is not at risk.”

Carlos, 20 years old

“If you are sexually active then  
PrEP would be a good idea. I  
would hope that it would be  
something you think about.”

Sara, 33 years old

## HOW CAN I HELP MY BROTHER STAY SAFE FROM HIV?

Recommend that he use condoms  
and take PrEP.<sup>4</sup>



## WHAT CAN I DO NOW?

- Tell my brother that I love him.
- Support his sexual health decisions.
- Review this brochure together.
- Get informed together.

## HOW CAN WE GET PrEP?

California offers PrEP (1) at little or no cost, (2) regardless of health insurance or immigration status, and (3) without a prescription for the first time.

## HOW CAN WE MAKE AN APPOINTMENT TO SPEAK WITH A PrEP EXPERT?

Contact: Edwin at (213) 293-0056

Email: [siblings.and.prep@gmail.com](mailto:siblings.and.prep@gmail.com)

For more information about PrEP and footnotes 1, 2, 3, 4, and 5 scan this code.



EntreHermanosLA

Project is supported by NIH/NIMHD  
#U54MD007598/K01MD015002

The content does not represent the official views of the NIH.



# Disruptive PrEP Narratives: Estamos PrEP-arados!

▶ <https://youtu.be/NsuaL3wGpVc?t=56>



# Q & A



LAST UPDATED 5.19.22/Approved by Planning, Priorities, and Allocations 5/17/22

**Program Directives for Maximizing Health Resources Services Administration (HRSA) Ryan White Part A and MAI Funds for Program Years (PY) 32, 33, 34 and Centers for Disease Control and Prevention (CDC) Funding**

**Purpose:** These program directives approved by the Los Angeles County Commission on HIV (COH) on XXX articulate instructions to the Division of HIV and STD Programs (DHSP) on how to meet the priorities established by the COH. The Ryan White PY Years 32, 33, and 34 service rankings and allocations table are found in Attachment A.

1. Across all prevention programs and services, use a status-neutral approach in service delivery models and create a connected network of services that promote access to PrEP, ongoing preventive care, mental health, substance use, and housing services. A status-neutral approach considers the steps that can lead to an undetectable viral load and steps for effective HIV prevention (such as using condoms and PrEP). The status-neutral approach uses high-quality, culturally affirming care and empowers PLWH to get treatment and stay engaged in care. Similarly, high-quality preventive services for people who are at risk of HIV exposure help keep them HIV-negative.<sup>1</sup> A status-neutral approach to HIV care means that all people, regardless of HIV status, are treated the same way, with dignity and respect, and with the same access to high-quality care and services.
2. Across all funding sources for prevention and care, prioritize investments in populations most disproportionately affected and in health districts with the highest disease burden and prevalence, where service gaps and needs are most severe. To determine populations and geographic areas most affected by HIV, request DHSP to provide data on the following:
  - a. HIV and STD surveillance
  - b. Continuum of care
  - c. PrEP continuum
  - d. Data on low service utilization in areas with high rates of HIV
  - e. Viral suppression and retention rates by service sites
  - f. and other relevant prevention and care data

Priority populations are those groups defined in the Los Angeles County Ending the HIV Epidemic plan. “Based on the epidemiologic profile, situational analysis, and needs assessment in Los Angeles County, the key populations of focus selected for local Ending the HIV Epidemic activities to reduce HIV-related disparities include Black/African American

<sup>1</sup> [hiv-status-neutral-prevention-and-treatment-cycle \(nyc.gov\)](https://www.nyc.gov/hiv-status-neutral-prevention-and-treatment-cycle)



MSM, Latinx MSM, women of color, people who inject drugs, transgender persons, and youth under 30 years of age. Although priority populations have been selected for EHE, the LAC HIV portfolio will continue to support all populations affected by HIV and will not diminish efforts to prevent, diagnose, and treat HIV for populations who remain a critical concern, including people over age 50 who account for over 51% of PLWH in LAC and people experiencing unstable housing or homelessness, among others” (pg. 21).

The Health Districts with the highest disease burden represent five cluster areas that account for more than 80% of the disease burden (LACHAS, pg. 7)

1. Hollywood Wilshire (SPA 4)
2. Central (SPA 4)
3. Long Beach (SPA 8)
4. Southwest (SPA 6)
5. Northeast (SPA 4)

*See health district (HD) maps for ranking by HIV disease burden (Attachment B).*

3. Integrate telehealth across all prevention and care services, as appropriate.
4. Continue the implementation of the recommendations developed by the Black/African Community (BAAC) Task Force (TF) which set a progressive and inclusive agenda to eliminate the disproportionate impact of HIV/AIDS/STDs in all subsets of the African American/Black diaspora. PP&A is calling special attention to the following recommendations from the BAAC TF as key priorities for RFP development, funding, and service implementation starting in 2020:
  - a. Require contracted agencies to complete training for staff on cultural competency and sensitivity, implicit bias, medical mistrust, and cultural humility. DHSP should work with the Black/African American community as subject matter experts in developing training materials and curriculum, monitoring, and evaluation.
  - b. In collaboration with the Black/African American community, conduct a comprehensive needs assessment specific to all subsets of the Black/African American population with larger sample size. Subgroups include MSM, transgender masculine and feminine communities, and women. Integrate needs assessment objectives and timelines in the 2022-2026 Comprehensive HIV Plan.
  - c. Assess available resources by health districts by order of high prevalence areas.
  - d. Conduct a study to identify out-of-care individuals, and populations who do not access local services and why they do not.
  - e. Fund mental health services for Black/African American women that are responsive to their needs and strengths. Maximize access to mental services



by offering services remotely and in person. Develop a network of Black mental health providers to promote equity and reduce stigma and medical mistrust.

5. Earmark funds for peer support and psychosocial services for Black gay and bisexual men. The Commission allocated 1% funding for Psychosocial Support Services in PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 include peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis. It is recommended that DHSP collaborate with SBP to convene subject matter experts from the African American community to ensure that mental health and psychosocial support services are culturally tailored to the needs of the community. For 2022, SBP is developing Best Practices for Special Populations with a specific document for Black/African community across multiple service categories.
6. Provide Non-Medical Case Management (NMCM) services in non-traditional and traditional locations to support improved service referrals and access points to Ryan White services for identified priority populations, such as young men who have sex with men (YMSM), African American men and women, Latinx communities, transgender individuals, and older adults (over 50 years). The COH's approved allocations for NMCM for PYs 32, 33, and 34 are as follows: 2.44% Part A and 12.61% MAI. The COH requests a solicitations schedule and updates from DHSP on an annual basis.
7. Continue to enhance Foodbank and Home Delivered Meals services to include dietary guidance, better quality foods (specifically more high-quality nutrient-rich fruits, vegetables, and lean proteins), and increase the amount of food available for clients based on their individual needs or by gaps observed or reported by agencies and clients; cover essential non-food items such as personal hygiene products (to include feminine hygiene items), household cleaning supplies, and personal protective equipment (PPE). Permit contracted agencies to provide grocery, gas, and transportation support (e.g., Metro Tap cards, rideshare services) to clients to facilitate expanded access to food.
8. Food insecurity affects all people regardless of their HIV status. Support agencies providing prevention services to have access to and the ability to provide or link clients to foodbanks, food delivery services, and nutritious meals to maintain overall health and wellness. The PrEP navigation system offers a model for linking clients regardless of their status to benefits counseling and leveraging prevention funds to link individuals to wrap-around services and social supports such as housing, transportation, job referrals, legal services, and foodbanks.



9. Support intensive case management services for people living with HIV served in Ryan White HIV housing programs and increase the target number of clients served during the reallocation process. Funds should also be used to support additional training for housing specialists to serve the housing needs of families.
10. Continue to support the expansion of medical transportation services for all individuals regardless of their HIV status.
11. Continue efforts to develop Ryan White client eligibility cards and welcome packets, with information on Ryan White-funded services in Los Angeles County; train providers on the use of eligibility cards to reduce the paperwork burden on clients. Develop and implement eligibility cards without the need to issue a Request for Proposals (RFP) to expedite the distribution of eligibility cards as stated by DHSP representatives. The COH requests a solicitations schedule and updates from DHSP on annual basis.
12. Augment contracts to permit agencies to have an operational line-item budget for childcare and transportation to facilitate consistent engagement in care and support services. This strategy would avoid releasing a stand-alone RFP for childcare and transportation and give service providers the flexibility to provide these services to all clients with children. Explore funding informal childcare for Medical Care Coordination (MCC) programs for maximum flexibility. The County's Department of Public and Social Services administers a program under CalWORKs that provides childcare allowances to foster care parents. This model may provide insights on a possible contractual or administrative mechanism to expand childcare options using Ryan White or Net County Cost funding.
13. Continue to expand flexibility to provide emergency financial support for PLWH. Augment Medical Case Management/Medical Care Coordination services to include Emergency Financial Assistance (EFA) and Childcare services. Priority populations such as women and their families, YMSM, and transgender women, may have unique needs for emergency financial assistance due to domestic and intimate partner, or community violence.
14. Fund mobile care teams or clinics that provide holistic care for women living with HIV. Mobile teams should be available for all agencies and link women to services where they reside, congregate, or prefer to be engaged. Mobile clinics should aim to be all-inclusive and include bilingual services, STI services, linkages to clinics for ongoing care, STI/HIV testing, PrEP, mammograms, health education, and made availability to women of all ages. Mobile clinics should have the capacity to provide community referrals to food, childcare, housing, recreation and wellness resources, and other support services. Explore partnering with existing street medicine programs to enhance mobile care teams specifically designed for women.



15. Fund psychosocial services and support groups for women. Psychosocial support services must include peer support to build a stronger sense of community, empowerment, and resilience among women living with HIV. Maximize access to psychosocial and support group services by offering services remotely and in person. The Commission allocated 1% funding for Psychosocial Support Services for PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 include peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis.
16. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program and integrate the HIV and Aging care framework developed by the Aging Task Force. This framework seeks to facilitate medical wellness examinations and offers a flexible and adaptable guide to customizing care for older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, who experience aging-related issues earlier in life (before age 50). See Attachment C for the HIV and Aging Framework.
17. Integrate a geriatrician in medical home teams and establish a coordination process for specialty care services for older adults living with HIV.



**LOS ANGELES COUNTY COMMISSION ON HIV  
 APPROVED ALLOCATIONS FOR  
 PROGRAM YEARS (PYs) 33 AND 34 (Approved by COH 01-13-2022; PY 32 Approved by COH Sept 2021)**

		FY 2022 RW Allocations (PY 32) <sup>(1)</sup>				FY 2023 RW Allocations (PY 33) <sup>(2)</sup>			FY 2024 RW Allocation (PY 34) <sup>(2)</sup>		
PY 32 Priority #	Core/Support Services	Service Category	Part A %	MAI %	Total Part A/MAI %	Part A %	MAI %	Total Part A/MAI % <sup>(3)</sup>	Part A %	MAI %	Total Part A/MAI % <sup>(3)</sup>
1	S	Housing Services RCFI/TRCF/Rental Subsidies with CM	0.96%	87.39%	8.33%	0.96%	87.39%		0.96%	87.39%	
2	S	Non-Medical Case Management - BSS/TCM/CM for new positives/RW clients	2.44%	12.61%	3.30%	2.44%	12.61%		2.44%	12.61%	
3	C	Ambulatory Outpatient Medical Services	25.51%	0.00%	23.33%	25.51%	0.00%		25.51%	0.00%	
4	S	Emergency Financial Assistance	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
5	S	Psychosocial Support Services	0.00%	0.00%	0.00%	0.00%	0.00%		1.00%	0.00%	
6	C	Medical Care Coordination (MCC)	28.88%	0.00%	26.41%	28.88%	0.00%		28.00%	0.00%	
7	C	Mental Health Services	4.07%	0.00%	3.72%	4.07%	0.00%		4.07%	0.00%	
8	S	Outreach Services (LRP)	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
9	C	Substance Abuse Outpatient	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
10	C	Early Intervention Services	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
11	S	Medical Transportation	2.17%	0.00%	1.99%	2.17%	0.00%		2.17%	0.00%	
12	S	Nutrition Support Food Bank/Home-delivered Meals	8.95%	0.00%	8.19%	8.95%	0.00%		8.95%	0.00%	
13	C	Oral Health Services	17.60%	0.00%	16.13%	17.60%	0.00%		17.48%	0.00%	
14	S	Child Care Services	0.95%	0.00%	0.87%	0.95%	0.00%		0.95%	0.00%	
15	S	Other Professional Services - Legal Services	1.00%	0.00%	0.92%	1.00%	0.00%		1.00%	0.00%	
16	S	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
17	S	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
18	C	Home Based Case Management	6.78%	0.00%	6.21%	6.78%	0.00%		6.78%	0.00%	
19	C	Home Health Care	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
20	S	Referral	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
21	C	Health Insurance Premium/Cost Sharing	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
22	S	Language	0.65%	0.00%	0.60%	0.65%	0.00%		0.65%	0.00%	
23	C	Medical Nutrition Therapy	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
24	S	Rehabilitation	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
25	S	Respite Care	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
26	C	Local Pharmacy Assistance	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
27	C	Hospice	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
		<b>Overall Total</b>	<b>100.0%</b>	<b>100.00%</b>	<b>100%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.00%</b>	<b>100.0%</b>	<b>100.00%</b>	<b>0.00%</b>

Footnotes:

- 1 - Service Category Rankings and Allocation Percentages Approved by the Commission on 09/09/2021
- 2 - PY 33 and 34 Allocation percentages approved by PP&A on 11/16/2021 and the Executive Committee on 12/09/2021
- 3 - To determine total percentages, funding award amounts for Part A and MAI must be known.

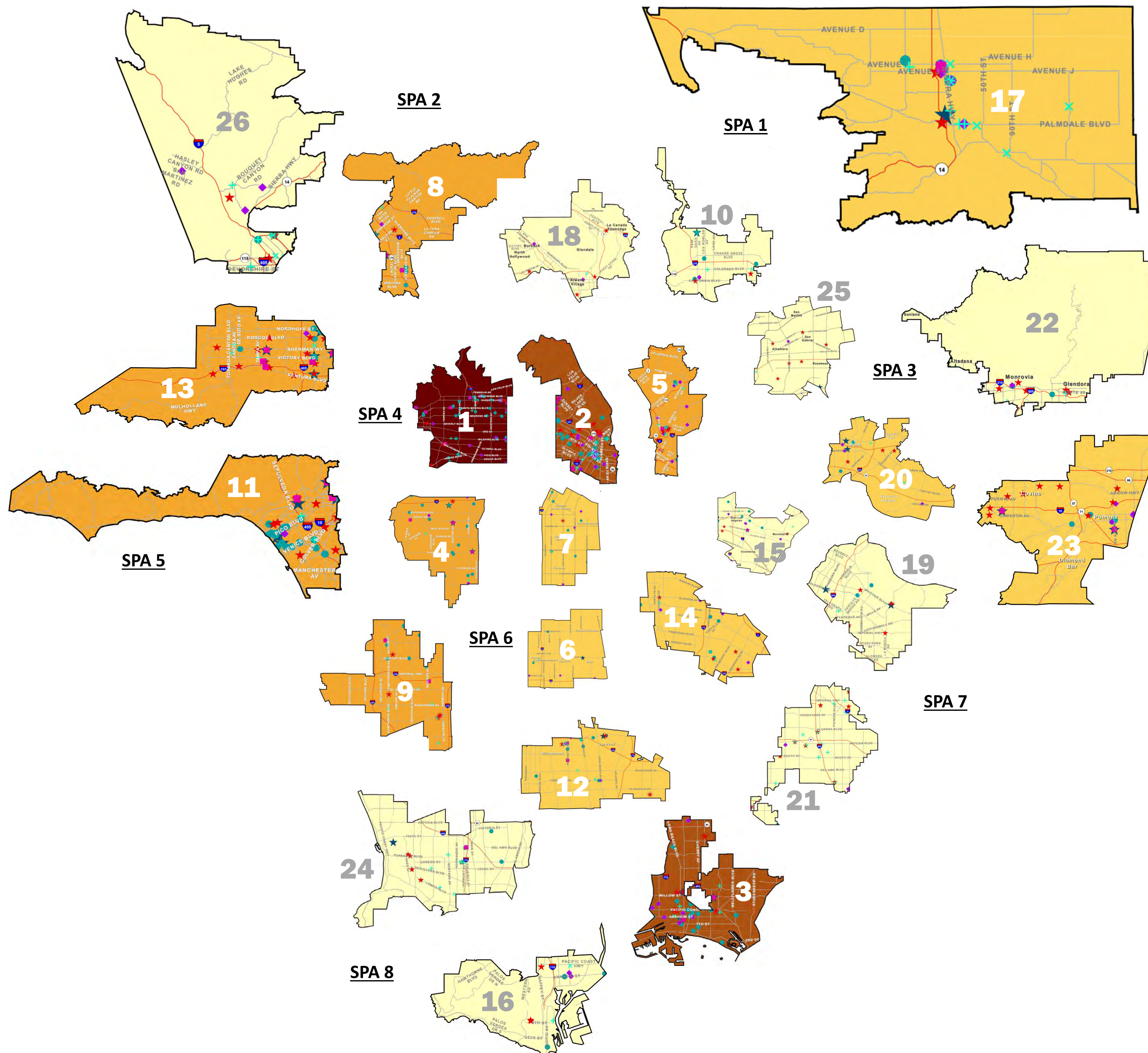
# Los Angeles County Health Districts



The Health District approach allows for the development of goals for each health district and ensure that at the community level, all HIV/AIDS Strategy stakeholders, service providers and residents can see how their efforts contribute to the overall achievement of the LACHAS goals.

Health Districts ranked by highest rate of HIV transmission.

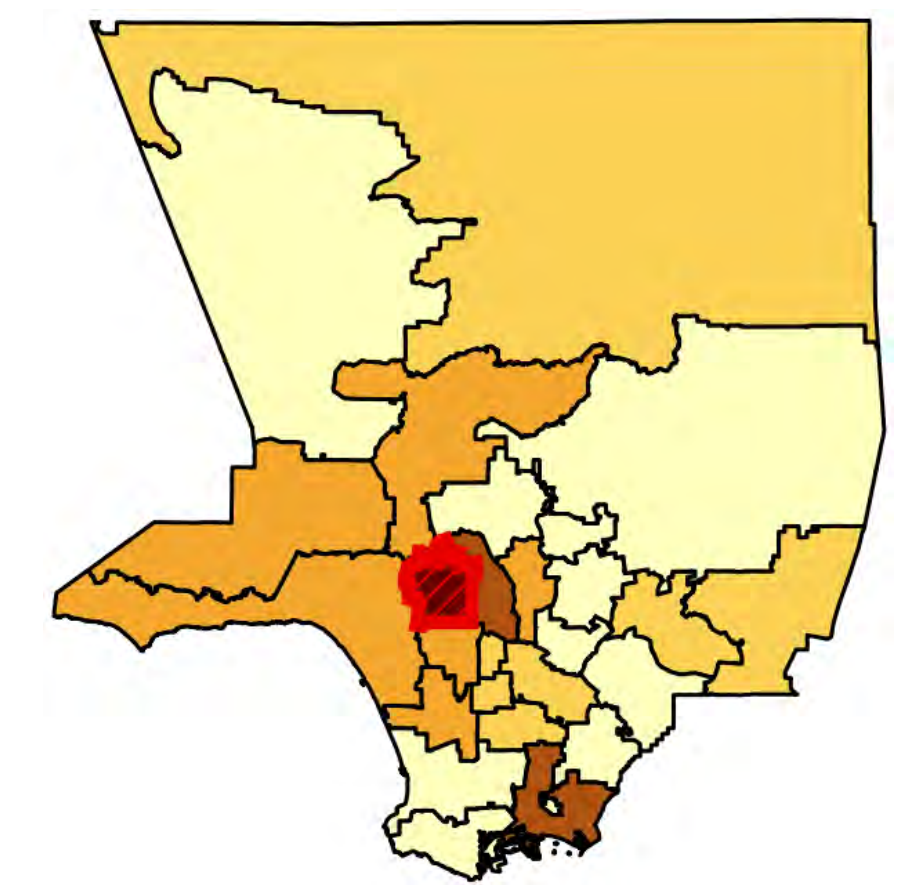
1. Hollywood Wilshire
2. Central
3. Long Beach
4. Southwest
5. Northeast
6. South
7. Southeast
8. East Valley
9. Inglewood
10. Pasadena
11. West
12. Compton
13. West Valley
14. San Antonio
15. East LA
16. Harbor
17. Antelope Valley
18. Glendale
19. Whittier
20. El Monte
21. Bellflower
22. Foothill
23. Pomona
24. Torrance
25. Alhambra
26. San Fernando



## Los Angeles County HIV/AIDS Strategy Goals

By 2022:

1. Reduce annual HIV infections by 500
2. Increase diagnoses to at least 90%
3. Increase viral suppression to 90%



**Legend**

		HIV Testing Provider		Hospital (in Statistically Impacted Area)
		Ryan White Provider		Hospital
		PrEP Provider		Federally Qualified Health Center
		DHS Facility		DMH Facility



## STRATEGIES:

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

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

### Assessments and Screenings

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

 From Golden Compass Program

 From Aging Task Force/Commission on HIV

# Screenings & Assessment Definitions

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

# Screenings & Assessment Definitions

(continued)

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

# Other Suggestions from ATF/COH Discussions

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