



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Get in touch: hivcomm@lachiv.org

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COMMISSION ON HIV Virtual Meeting

Thursday, February 9, 2023

9:00am-1:30pm (PST)

**NBHAAD Panel Presentation 12PM-1PM*

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

To Register via your Smart Device, Click on Link Below:

<https://lacountyboardofsupervisors.webex.com/web link/register/r50254735e76d29b4605f97891f5ccb3f>

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

Access Code: 2591 303 4360

For a brief tutorial on how to use WebEx, please check out this video:

http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9360

**For those using iOS devices - iPhone and iPad - a new version of the WebEx app is now available and is optimized for mobile devices. Visit your Apple App store to download.*

LIKE WHAT WE DO?

Apply to become a Commission Member at:

<https://www.surveymonkey.com/r/2022CommissiononHIVMemberApplication>

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



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

Thursday, February 9, 2023 | 9:00 AM – 1:30 PM

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r50254735e76d29b4605f97891f5ccb3f>

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

Password*: COMMISSION Access Code: 2591 303 4360

**Password is for members of the public only*

AGENDA POSTED: February 3, 2023

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.

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 -or- submit your Public Comment electronically via 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.

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

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

SUPPORTING DOCUMENTATION can be obtained 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.



1. ADMINISTRATIVE MATTERS

A. Call to Order, Roll Call w/ Conflict of Interest, & Introductions		9:00 AM – 9:10 AM
B. Meeting Guidelines and Code of Conduct		9:10 AM – 9:15 AM
C. Approval of Agenda	MOTION #1	9:15 AM – 9:17 AM
D. Approval of Meeting Minutes	MOTION #2	9:17 AM – 9:20 AM

2. REPORTS - I

A. Executive Director/Staff Report		9:20 AM – 9:35 AM
(1) County/Commission Operations UPDATES		
a. Resumption of In-Person Brown Act Meetings Effective March 6, 2023		
(2) HRSA Site Visit for Ryan White Program (RWP) Part A Planning Council (COH)		
a. February 15, 2023 @ 1:30-3:30PM RWP Client Community Meeting for <i>Ryan White Clients</i> (Virtual)		
b. February 16, 2023 @ 1:30-2:30PM COH Leadership (Virtual)		
c. February 16, 2023 @ 2:30-3:30PM COH Planning Council Staff (Virtual)		
d. February 16, 2023 @ 4-5PM Closed Listening Session w/ Consumer Caucus (Virtual)		
(3) 2022 Annual Report		
B. Co-Chairs' Report		9:35 AM – 9:55 AM
(1) National Black HIV/AIDS Awareness Day (NBHAAD)		
(2) Conferences, Meetings & Trainings OPEN FEEDBACK		
(3) Member Vacancies & Recruitment		
a. (3) Executive At-Large Seats Open Nomination		
C. California Office of AIDS (OA) Report (Part B Representative)		9:55 AM – 10:10 AM
(1) OAVoice Newsletter Highlights		
D. LA County Department of Public Health Report (Part A Representative)		10:10 AM – 10:30 AM
(1) Division of HIV/STD Programs (DHSP) Updates		
a. Programmatic and Fiscal Updates		
• Emergency Financial Assistance (EFA) Program		
b. HRSA Ryan White Program Part A & Ending the HIV Epidemic (EHE) Site Visit		
c. Mpox Briefing Update		
E. Housing Opportunities for People Living with AIDS (HOPWA) Report		10:30 AM – 10:35 AM
F. Ryan White Program Parts C, D, and F Report		10:35 AM – 10:40 AM
G. Cities, Health Districts, Service Planning Area (SPA) Reports		10:40 AM – 10:45 AM
BREAK		10:45 AM – 11:00 AM



3. **REPORTS - II**

11:00 AM – 11:45 AM

A. Operations Committee

(1) Membership Management

a. Membership Applications

- Jonathan Weedman | Representative, Board Office #5 **MOTION #3**
- Leon Maultsby, MHA | Part C Representative **MOTION #4**

(2) Policy & Procedure Review

- ###### a. Proposed Revision to Policy #09.4205 (Commission Membership Evaluation, Nomination and Approval Process) **MOTION #5**

(3) 2023 Training Series Development

(4) Recruitment, Outreach & Engagement

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

(1) 2023 Committee Workplan Development

(2) Ryan White Program Expenditures and Programmatic Updates

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

C. Standards and Best Practices (SBP) Committee

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

(2) Universal Service Standards Review

(3) 2023 DHSP Solicitation Schedule

D. Public Policy Committee (PPC)

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

a. 2023 Legislative Docket Development

b. 2023 Policy Priorities – Action Plan Development

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

d. COH Coordinated Response to the STD Crisis

E. Caucus, Task Force and Work Group Report

11:45 AM – 12:00 PM

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

- ###### a. Addendum Recommendations: Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50 **MOTION #6**

(2) Black/African American Caucus | February 16, 2023 @ 4-5PM

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

(4) Prevention Planning Workgroup | March 22, 2023 @ 4-5:30PM

(5) Transgender Caucus | February 28, 2023 @ 10AM-12PM

(6) Women's Caucus | April 17, 2023 @ 2-4PM **Meets Quarterly*

(7) Policy #08.1104 (Co-Chair Terms & Elections) Workgroup



4. **PRESENTATION**

12:00 PM – 1:00 PM

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

5. **MISCELLANEOUS**

A. Public Comment

1:00 PM – 1:15 PM

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

B. Commission New Business Items

1:15 PM – 1:25 PM

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

C. Announcements

1:25 PM – 1:30 PM

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

D. Adjournment and Roll Call

1:30 PM

Adjournment for the meeting of February 9, 2023.

PROPOSED MOTION(s)/ACTION(s):

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Commission meeting minutes, as presented or revised.
MOTION #3:	Approve New Membership Application for Jonathan Weedman, Representative, Board Office #5, as presented or revised and forward to the Board of Supervisors for appointment.
MOTION #4:	Approve New Membership Application for Leon Maultsby, MHA, Part C Representative, as presented or revised and forward to the Board of Supervisors for appointment.
MOTION #5:	Approve Proposed Revision to Policy #09.4205 (Commission Membership Evaluation, Nomination and Approval Process), as presented or revised.
MOTION #6:	Approve Aging Caucus Addendum Recommendations: Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50, as presented or revised.



COMMISSION ON HIV MEMBERS:

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

MEMBERS: 38

QUORUM: 20

LEGEND:

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



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VISION

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

MISSION

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



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants — past, present, and emerging — as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands. We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order) the:

- Fernandeño Tataviam Band of Mission Indians
- Gabrielino Tongva Indians of California Tribal Council
- Gabrielino/Tongva San Gabriel Band of Mission Indians
- Gabrieleño Band of Mission Indians – Kizh Nation
- San Manuel Band of Mission Indians
- San Fernando Band of Mission Indians



LOS ANGELES COUNTY
COMMISSION ON HIV





2023 MEMBERSHIP ROSTER | UPDATED 1.12.23

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2021	June 30, 2023	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative	1	EXC OPS	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2021	June 30, 2023	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2021	June 30, 2023	
6	Director, DHSP	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative			Vacant		July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2021	June 30, 2023	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2021	June 30, 2023	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2021	June 30, 2023	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5			Vacant		July 1, 2021	June 30, 2023	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller	APLA	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2021	June 30, 2023	
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	OPS PP&A	Joseph Green	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2022	June 30, 2024	
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2021	June 30, 2023	
28	Unaffiliated consumer, Supervisorial District 2	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Arlene Frames	Unaffiliated Consumer	July 1, 2021	June 30, 2023	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2022	June 30, 2024	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2021	June 30, 2023	Jose Magana (OPS)
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2			Vacant		July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3			Vacant		July 1, 2022	June 30, 2024	
35	Unaffiliated consumer, at-large #4			Vacant		July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	SBP	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2021	June 30, 2023	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
40	Representative, Board Office 5			Vacant		July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2021	June 30, 2023	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			Vacant		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	PP	Pearl Doan	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP&A	Redeem Robinson	No affiliation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2021	June 30, 2023	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		36						

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

LOA: Leave of Absence

Overall total: 39



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ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: January 24, 2023
Assignment(s) Subject to Change

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

OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the Month Regular meeting time: 10:00 AM-12:00 PM Number of Voting Members= 7 Number of Quorum= 4		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Everardo Alvizo	Committee Co-Chair*	Commissioner
Justin Valero	Committee Co-Chair*	Commissioner
Miguel Alvarez	*	Commissioner
Jayda Arrington	*	Commissioner
Joseph Green	*	Commissioner
Jose Magaña	*	Alternate
Carlos Moreno	*	Commissioner

Committee Assignment List

Updated: January 24, 2023

Page 2 of 3

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

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

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

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

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

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

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

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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 1/25/23

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	Pearl	No Affiliation	No Ryan White or prevention contracts
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	LUCKIE	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			Nutrition Support
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	Jose	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	Anthony	Southern CA Men’s Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLLETTE	Andre	Southern CA Men’s Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MORENO	Carlos	Children’s Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
ROBINSON	Mallery	We Can Stop STDs LA (No Affiliation)	No Ryan White or prevention contracts
ROBINSON	Redeem	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

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



LOS ANGELES COUNTY
COMMISSION ON HIV



DRAFT

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

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

January 12, 2023

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

COMMISSION STAFF & CONSULTANTS
Cheryl Barrit, MPIA, Executive Director; Catherine Lapointe, MPH; Lizette Martinez, MPH; Dawn McClendon; Jose Rangel-Garibay, MPH; and Sonja Wright, BA, MSOM, Lac, Dipl. OM, PES
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF
Pamela Ogata, MPH; Ilish Perez, MPH; Victor Scott, MPH; and Julie Tolentino, MPH

**Commission members and 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://hiv.lacounty.gov/meetings/>

1. ADMINISTRATIVE MATTERS

A. CALL TO ORDER, ROLL CALL W/ CONFLICT OF INTEREST, & INTRODUCTIONS

Bridget Gordon, Co-Chair, called the meeting to order at 9:08 AM. James Stewart, Parliamentarian, conducted roll call. See meeting packet for conflict-of-interest statements.

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ROLL CALL (PRESENT): M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, E. Davies, P. Doan, K. Donnelly, F. Findley, A. Frames, J. Gates, J. Green, T. Green, F. Gonzalez, K. Halfman, L. Kochems, C. Moreno, D. Murray, P. Nash, M. Perez, R. Robinson, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, K. Stalter, L. Fuller, and B. Gordon

B. MEETING GUIDELINES AND CODE OF CONDUCT

B. Gordon briefly went over the Commission on HIV (COH)'s meeting guidelines and code of conduct; see meeting packet.

C. APPROVAL OF AGENDA

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

D. APPROVAL OF MEETING MINUTES

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

E. 2023 CEREMONIAL OATH OF OFFICE

Vivian Martirosyan, Executive Office Commission Services, led commissioners through the 2023 Ceremonial Oath of Office. Commissioners were asked to turn on their cameras, raise their right hand, and repeat the oath.

2. REPORTS – I

A. EXECUTIVE DIRECTOR/STAFF REPORT

(1) County/Commission Operations | UPDATES

a. AB 361 Continuation of Virtual Meetings for February 2023

MOTION #3: Acting on behalf of the Commission on HIV (COH), and on behalf of the COH's five (5) subcommittees for which the COH members serve as governing members and are subject to the Brown Act, finds: (1) in accordance with Assembly Bill (AB) 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that the COH has reconsidered the circumstances of the State of Emergency due to the COVID-19 pandemic and that the State of Emergency remains active and, (2) in accordance with AB 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that local officials continue to recommend measures to promote social distancing. As a result of these findings, the COH approves to continue virtual meetings for February 2023. ✓ **Passed by Roll Call Vote**

b. 2023 Brown Act Updates | Presented by County Counsel

Noro Zurabian, Senior Deputy County Counsel, provided a presentation on the Ralph M. Brown Act; see meeting packet for PowerPoint (PPT) slides.

(2) 2022 Annual Report

C. Barrit provided an overview of the 2022 COH Annual Report and requested that feedback be sent to COH staff; see meeting packet for full report.

B. CO-CHAIRS' REPORT

(1) 2023 COH Co-Chair Priorities

Luckie Fuller, Co-Chair, presented the 2023 COH Co-Chairs' Priorities and Strategies for Action; see meeting packet for full document. The priorities include the following:

- Confront the deafening silence on the STD crisis
- Increase the pace of local efforts to end the HIV Epidemic (EHE)
- Eliminate poverty and systemic and structural racism to end HIV
- Continue the movement towards more inclusive data collection and reporting

Mario Perez, Director, DSHP, commented that the priority list should be more specific and action oriented. Al Ballesteros concurred and commented that the COH often places too much focus on process and not enough on HIV, data, and priority populations.

(2) Conference, Meetings & Trainings | OPEN FEEDBACK

L. Fuller opened the floor to give commissioners the opportunity to report back on any conferences, meetings, or trainings they have attended relevant to the work of the COH. Responses were as follows:

- Kevin Donnelly reported that he attended the HIV Mental Health Task Force, Long Beach Planning Council, and Service Planning Area (SPA) 2 Stakeholder meetings. The SPA 2 Stakeholder meeting discussed the rise in syphilis rates among people who can get pregnant. Dr. Mikhaela Cielo reported that syphilis is a major risk factor for transmitting HIV perinatally. She noted that a lot of work is being done on the clinical side to address this topic and that she would gladly attend any meetings discussing congenital syphilis/perinatal HIV transmission.
- Joe Green noted that he is planning to attend the LifeGroupLA meeting on confidential conversations.
- Justin Valero reported that the office of Supervisor Hahn was notified that the New York Planning Council is putting together a task force to address syphilis. He asked if Los Angeles County (LAC) was planning to create one as well. Currently, there are no plans for a syphilis task force.
- Derek Murray reported that he attended the American Public Health Association (APHA) Annual Conference and found that many members of the public find harm reduction strategies to be ineffective when the data has shown the opposite. This shows that there is a need for increased harm reduction messaging and implementation.

(3) Member Vacancies & Recruitment

a. Executive At Large Seats

L. Fuller reported that there are 10 vacant unaffiliated consumer seats on the COH. The Operations Committee completed applicant interviews for Part C and Board Office 5 representatives on December 14, 2022. The applications are making their way through the approval process. L. Fuller encouraged commissioners to continue to promote membership applications to the COH.

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

(1) OAVoice Newsletter Highlights

Commissioner Karl Halfman reported that the OAVoice monthly newsletter will be released soon. OA is currently working on a strategic plan to address the HIV, Hepatitis C (HCV), and sexually transmitted infections (STI) syndemics.

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

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

a. Programmatic and Fiscal Updates

- M. Perez reported that DHSP is nearing the end of program year (PY) 32 and is planning for unexpected savings due to a shift in billing from the Department of Health Services (DHS).
- DHSP has responded the Board of Supervisors (BOS) motion requesting specific information on the STD crisis by SPA.
- M. Perez reported that Governor Newsom has approved funding to improve the response to congenital syphilis.
- Julie Tolentino reported that the Ending the HIV Epidemic (EHE) Coalition will be hosting a virtual town hall meeting on January 25th. There are several positions available on the EHE Steering Committee. She also reported that EHE has partnered with Heluna Health to provide mini grants to high-risk target HIV populations.
- A. Ballesteros recommended holding listening session titled “Community Discussion – LA County STD Crisis” and having a calendar of community sectors join, including health plans, drug and alcohol programs, community health centers, youth groups, women’s groups, and high-risk populations. The sessions would discuss what the groups are doing, what the gaps are, and what their recommendations are to get the STD crisis under control. Felipe Findley commented that he loved the idea, and recommended bringing in groups that are action oriented, address the drivers of HIV, and shape action priorities.

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- F. Findley inquired if DHSP should start tracking trichomoniasis (trich) cases in LAC. M. Perez responded that DHSP can start examining lab reports on trich.
- Damone Thomas inquired why commercial sex venues (CSVs) no longer provide HIV/STD testing. M. Perez noted that this is not funded by DHSP; however, DHSP can help promote testing. Kevin Stalter noted that DHSP should also look at commercial sex parties.
- Jayda Arrington inquired why certain STIs, such as herpes, human papillomavirus (HPV), and mycoplasma genitalium are not commonly spoken of. M. Perez responded it is not required to report these STIs in California.

b. Mpox Briefing Update

- M. Perez reported that that LAC is experiencing 1-2 mpox infections per week, a remarkable decline from its peak in Summer-Fall 2022. DHSP is still promoting mpox vaccinations for at-risk populations.
- Thomas Green asked how long the mpox vaccine will protect from the virus. M. Perez responded that he would reach out to Drs. Nava Yeganeh and Sonali Kulkarni for the answer to this question.
- J. Valero asked if providers would continue to recommend the mpox vaccine. M. Perez responded yes; and that he believes vaccine recommendations will continue for a long time.

E. Housing Opportunities for People Living with AIDS (HOPWA) Report – *No report provided.*

F. Ryan White Program Parts C, D, and F Report – *No report provided.*

G. Cities, Health Districts, and Service Planning Area (SPA) Reports

- City of Long Beach: Everardo Alvizo reported that the Long Beach Planning Group is planning for a new strategy to promote community engagement. E. Alvizo also reported that the Long Beach Planning Group year-end review is now available, and to contact him if interested in viewing the document.
- City of West Hollywood: Derek Murray congratulated Supervisor Lindsey Horvath for winning the election to be on the BOS. He also reported that he presented on West Hollywood's HIV response at APHA and is happy to present to the COH as well.
- City of Los Angeles: Ricky Rosales reported that there is a lot of change happening within HOPWA, and he will try to find a representative to provide a report at a future COH meeting. He also reported that the "Inside Safe" program has provided temporary housing to persons experiencing homelessness in Hollywood and Venice.

3. REPORTS – II

A. OPERATIONS COMMITTEE

J. Valero provided the report. The Operations Committee last met on December 7, 2022, and elected E. Alvizo and J. Valero as 2023 co-chairs. The next meeting will be on January 26th from 10AM-12PM. The Committee will begin developing their 2023 workplan.

(1) Membership Management

- J. Valero thanked Commissioner Thomas Green for his service on the COH and wished him the best on his future endeavors.
- The Committee interviewed two new applicants: Jonathan Weedman (Representative, Board Office #5 seat) and Leon Maulsby (Part C Representative seat). The applicants have been placed on the January 26th Operations and Executive Committee meeting agendas.
- The Committee approved seat changes for Commissioners Alasdair Burton, Bridget Gordon, Felipe Gonzalez, and Joe Green; see meeting packet for updated roster.
- The Committee will resume their “Getting to Know You” exercise at the beginning of their meetings to foster connectiveness and build trust among members.

(2) Policy & Procurement Review

- The Committee decided to keep the 2 person/per agency rule as is. No more than two persons per agency may be appointed to the COH to minimize undue influence from one agency and to ensure that the consumer voice is lifted.
- The Committee agreed to update its policy to include a requirement for new members who are employed by DHSP-contracted providers to provide a letter of support as part of their application. The Committee will wordsmith the language further and finalize the policy at their January 26th meeting.

(3) Recruitment, Outreach & Engagement

- The Committee and COH staff continue to engage the community with outreach efforts by expanded social media presence and attending community events.

B. PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE

Kevin Donnelly provided the report. The PP&A Committee last met on November 15th and held nominations for 2023 co-chair positions. K. Donnelly and A. Ballesteros were nominated. K. Donnelly accepted the nomination. Nominations remain open, and elections will be held during the January 17th PP&A meeting. At their next meeting, PP&A will discuss their 2023 workplan, strategies for incorporating Prevention Planning Workgroup (PPW) activities into PP&A meetings, and recommendations for addressing the STI crisis.

(1) 2022-2026 Comprehensive HIV Plan (CHP) | UPDATES

- The CHP has been submitted to the COH's federal partners.

(2) Multi-Year Contingency Planning & Maximizing Part A Funds

a. Letter from Aging Caucus to Consider Reallocation of Funds

- At their next meeting, the Committee will review recommendations from the Aging Caucus to consider reallocation of funds.

b. Ryan White Program Unmet Needs Review

- At their November meeting, Pamela Ogata provided a presentation on DHSP's responses to the Comprehensive Program Directives as well as an updated expenditure report. The report showed an estimated carryover of approximately \$2.3 million in Minority AIDS Initiative (MAI) funds.

C. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

Jose Rangel-Garibay provided the report. The Standards and Best Practices Committee (SBP) last met on January 3rd and discussed their 2023 workplan. Their next meeting is on February 7th from 10AM-12PM. The Committee will update and move to adopt their 2023 workplan, conduct an initial review of the Patient Bill of Rights, and COH staff will provide a mini training on the service standard development process for new committee members.

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

- The Committee announced a public comment period for the Oral Health Care Service Standards starting on January 4th and ending on February 3rd. Feedback from consumers is highly encouraged.

D. PUBLIC POLICY COMMITTEE (PPC)

Lee Kochems provided the report. The Public Policy Committee (PPC) last met on January 9th and discussed the following:

- The Committee welcomed new members Mary Cummings and Pearl Doan.
- The Committee reviewed their draft workplan for 2023.

The next PPC meeting will be on February 6th from 1-3PM. At the meeting, the Committee will review the Presidential Advisory Council on HIV/AIDS (PACHA) resolution on the MSM blood donation deferral policy, review the 2023-2024 legislative docket, and continue to work on the Policy Priorities Action Plan document.

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

a. Act Now Against Meth (ANAM) | UPDATES

- The Committee is awaiting a response from County departments regarding the BOS motions to address the STD crisis in LAC and the ANAM platform.

b. FDA Blood Donation Policy

- At the last PPC meeting, Catherine Lapointe provided a presentation on her research regarding the Food and Drug Administration (FDA) blood donation deferral policy for men who have sex with men (MSM).

c. 2022-23 Legislative Docket | UPDATES

- The PPC will begin developing their 2023 legislative docket as new bills arise.

d. 2022-23 Policy Priorities | UPDATES

- The Committee held a robust discussion around the Policy Priorities document and identified items to include in the Action Plan document. The Committee is preparing to hold a broader discussion at their March meeting and invite community stakeholders to share their feedback on the action plan and draft legislative docket.

E. CAUCUS, TASK FORCE, AND WORKGROUP REPORT

(1) Aging Caucus | January 3, 2023 @ 1-3pm

K. Donnelly provided the report. The Aging Caucus last met on January 3rd and discussed the following:

- Viviana Criado, Program Manager for the Los Angeles Alliance for Community Health, and Aging (LAACHA) provided a presentation on LAACHA's structure, vision and mission statements, values, leadership structure, and accomplishments.
- The Caucus finalized and approved an addendum to recommendations to include activities and strategies to address the needs of long-term survivors and individuals who acquired HIV perinatally.
- The Caucus discussed their 2023 workplan and collaboration with DHSP to implement strategies that align with Los Angeles County's Ryan White Program (RWP) with the California Master Plan on Aging.
- The Caucus discussed their frustrations and concerns with the slow pace of implementing programs and recommendations tailored for HIV and aging.

The next meeting will be on February 7th from 1-3PM.

(2) Black/African American Caucus | January 19, 2023 @ 4-5PM

D. Campbell provided the report. The Black/African American Caucus last met on December 15th; however, due to low attendance, the co-chairs decided to reconvene in January. At their next meeting, the Caucus will finalize the organizational capacity needs

assessment, discuss their 2023 workplan, and finalize planning for National Black/African American HIV/AIDS Awareness Day (NBHAAD) activities.

(3) Consumer Caucus | January 12, 2023 @ 3-4:30PM

D. Thomas provided the report. The Consumer Caucus last met on December 8, 2022 and discussed the following:

- A. Burton and D. Thomas were nominated for co-chair seats. Elections will take place at their January 12th meeting.
- The Caucus discussed ongoing concerns regarding accessing the Emergency Financial Assistance (EFA) program and other RWP services.
- The Caucus further discussed barriers with the AIDS Drug Assistance Program (ADAP) recertification process.
- In response to these concerns, Chris Unzueta, Operations Eligibility Section Chief, OA, CDPH, will be presenting an overview of the ADAP program and will be available to answer any questions at the next Caucus meeting.
- D. Thomas invited those with lived experience to join the Caucus to be part of a unified effort to help improve HIV prevention and care service delivery in LAC.

(4) Prevention Planning Workgroup | January 25, 2023 @4-5PM

Greg Wilson provided the report. The PPW last met on November 16, 2022 and discussed the following:

- The PPW held co-chair nominations. Miguel Martinez, Dr. William King, and G. Wilson were nominated. Dr. King accepted the nomination. Elections will be held at the January 25th meeting.
- DHSP staff provided a presentation on the “Don’t Think, Know” program.
- C. Lapointe provided an overview of the responses from the Prevention Knowledge, Attitudes, and Beliefs (KAB) survey.

At their next meeting, the PPW will discuss its 2023 workplan, capacity-building opportunities, and opportunities for incorporating PPW activities into PP&A meetings.

(5) Transgender Caucus | January 24, 2023 @ 10AM-12PM

J. Rangel-Garibay provided the report. The Transgender Caucus cancelled their December 2022 meeting and will reconvene on Tuesday, January 24th from 10AM-12PM. At this meeting, the Caucus will elect new co-chairs and develop their 2023 workplan and learning session schedule.

(6) Women's Caucus | January 23, 2023 @ 2-4PM

Dr. Cielo provided the report. The Women's Caucus last met on November 21, 2022, and discussed the following:

- The Caucus opened nominations for co-chair seats. Dr. Cielo was nominated and accepted. Elections will take place at the January 23, 2023, meeting.
- The Caucus debriefed on the success of their 2-part Virtual Lunch and Learn series addressing women living with HIV and sexuality.
- The Caucus discussed recommendations for potential funding options for psychosocial support services through DHSP. Paulina Zamudio requested feedback from the Caucus to assist in developing a request for proposal (RFP) for a women's peer support group.

At their next meeting, the Caucus will discuss their 2023 workplan.

4. MISCELLANEOUS

- A. PUBLIC COMMENT: Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so via**

https://www.surveymonkey.com/r/PUBLIC_COMMENTS.

K. Donnelly shared that he has attended several meetings where interest was expressed for further discussions on Undetectable = Untransmittable (U=U) and Transgender Empathy Trainings.

- B. COMMISSION NEW BUSINESS ITEMS: Opportunity for Commission members to recommend new business items for the full body or a Committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to act arose after the posting of the agenda. *No Commission New business items.***

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

D. Campbell announced that she is recruiting cis and transgender Black women living with HIV for a mobile health app study.

- D. ADJOURNMENT AND ROLL CALL: Adjournment for the meeting of January 12, 2023.**

The meeting was adjourned by L. Fuller at 12:01 PM. C. Barrit conducted roll call.

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January 12, 2022

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ROL CALL (PRESENT): E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, D. Campbell M. Cielo, K. Donnelly, F. Findley, J. Gates, J. Green, T. Green, F. Gonzalez, K. Halfman, L. Kochems, A. Mills, A. Molette, C. Moreno, D. Murray, P. Nash, M. Perez, R. Robinson, R. Rosales, H. San Agustin, M. Sattah, J. Valero, and L. Fuller

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve the November 10, 2022 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 3: Acting on behalf of the Commission on HIV (COH), and on behalf of the COH's five (5) subcommittees for which the COH members serve as governing members and are subject to the Brown Act, finds: (1) in accordance with Assembly Bill (AB) 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that the COH has reconsidered the circumstances of the State of Emergency due to the COVID-19 pandemic and that the State of Emergency remains active and, (2) in accordance with AB 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that local officials continue to recommend measures to promote social distancing. As a result of these findings, the COH approves to continue virtual meetings for February 2023.	Ayes: M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, D. Campbell, M. Cielo, E. Davies, A. Frames, J. Gates, T. Green, F. Gonzalez, K. Halfman, L. Kochems, A. Mills, A. Molette, D. Murray, P. Nash, M. Perez, R. Robinson, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, L. Fullert, and B. Gordon Opposition: K. Donnelly, J. Green, K. Stalter, and J. Valero Abstentions: 0	MOTION PASSED



LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
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February 6, 2023

TO: Commission on HIV Members and Alternates
FROM: Cheryl Barrit, Executive Director

RE: **Resumption of In-Person Brown Act Meetings Beginning March 6, 2023**

This memorandum serves to communicate important information pertaining to the Commission on HIV in-person Brown Act meetings procedures beginning March 6, 2023.

On October 17, 2022, Governor Gavin Newsom announced that the COVID-19 State of Emergency will end on February 28, 2023. The announcement signaled the end of Assembly Bill (AB) 361, which permits teleconferencing without complying with some of the Brown Act teleconferencing requirements should a legislative body hold a public meeting during a proclaimed state of emergency. A state of emergency can only be declared by the Governor, not declared by local officials or public health departments.

Assembly Bill 2449 | Applies to Full Commission and Standing Committee Meetings

Governor Newsom signed **AB 2449**, effective January 1, 2023 until January 1, 2026 which changed the law to:

- Teleconferencing may be conducted without posting the agenda at each teleconference location and without each location being accessible to the public under certain conditions, including:
 - At least a quorum of the members are present in person from a singular public location.
 - The legislative body provides two-way audio-visual platform or two-way telephonic service with live webcasting to allow the public to remotely hear and visually observe the meeting, and remotely address the legislative body;
 - The agenda notifies the public of the ways to access the meeting and offer public comment via a call-in or internet-based service option, and in person.

- Members may only appear remotely in their official capacity if:
 - The member notifies the body at their earliest opportunity, including at the start of a regular meeting, of the need to appear remotely for "**just cause**". "Just cause" is defined as a childcare or caregiving need, a contagious illness, a need related to a disability, or travel while on official business of the body or another agency. In this case, the body does not need to vote to allow the remote appearance) **or**;
 - There are "**emergency circumstances**" preventing the member's in-person appearance. "Emergency circumstances" are defined as a physical or family medical emergency that prevents a member from attending in person. In this case, the member must provide a general description of the circumstance, and the legislative body must vote to allow the remote appearance.
 - The member participates using **both audio and video** and discloses the presence of any persons over 18 years of age.

A member cannot appear remotely due to "just cause" or "emergency circumstances" for more than three consecutive months, or for 20% of regular meetings in a calendar year, or **more than two meetings if the legislative body meets fewer than ten times per year**

Please be aware that due to the limitations for Commissioners to attend meetings virtually and/or via teleconference under AB 2449, members must be prepared to attend the full Commission and their assigned Committee meetings **in person beginning on March 6, 2023**. Staff will be tracking attendance in compliance with AB 2449. The number of remote attendance due to "just cause" or "emergency circumstances" are counted separately for Commission and Committee meetings.

To ensure the safety and well-being of Commissioners, County staff, and members of the public, the COH will enforce the following safety measures for in-person meetings:

- Caucuses, workgroups, and subgroups will continue to be held virtually, unless the groups have agreed by consensus to meet in person, subject to the availability of meeting rooms at the Vermont Corridor. Staff will work with these non-Brown Act subgroups to plan in advance and select months that they will meet in person.
- Masking will be recommended for in-person meetings. Masks will be provided to participants upon request.
- In-person meetings will provide the capability for the public to participate via WebEx and in-person.
- Meeting notices and agendas will encourage members of the public to participate in COH full body and standing committee meetings via WebEx.

COVID-19 Vaccination Mandate

On June 27, 2022, the Executive Office of the BOS notified County Commissioners of updates to the County mandate on COVID-19 vaccination.

On October 1, 2021, the BOS COVID-19 vaccination mandate went into effect, requiring that all “County workforce members,” including County employees, interns, volunteers, and commissioners, be [fully vaccinated](#) against COVID-19. Consistent with this mandate, Commissioners are encouraged to be vaccinated against COVID-19 before in-person meetings resume.

Once in-person meetings resume, members who have not provided proof of vaccination against COVID-19 will be required to submit a negative COVID-19 test taken within 24 hours for an antigen test or within 48 hours for a PCR test before attending an in-person meeting.

Thank you for your leadership and service and please reach out for any questions at cbarrit@lachiv.org or 2130618-6164.

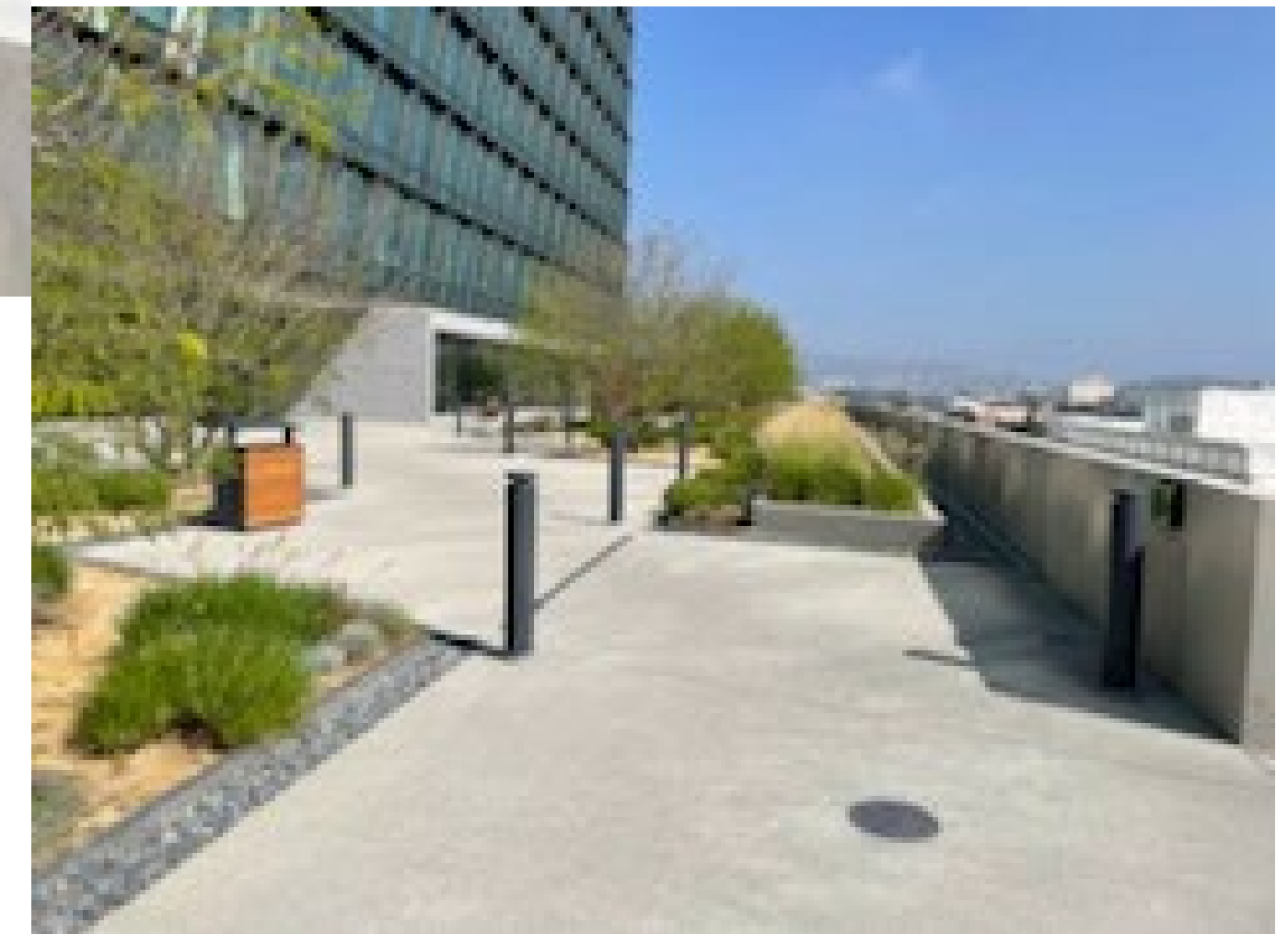
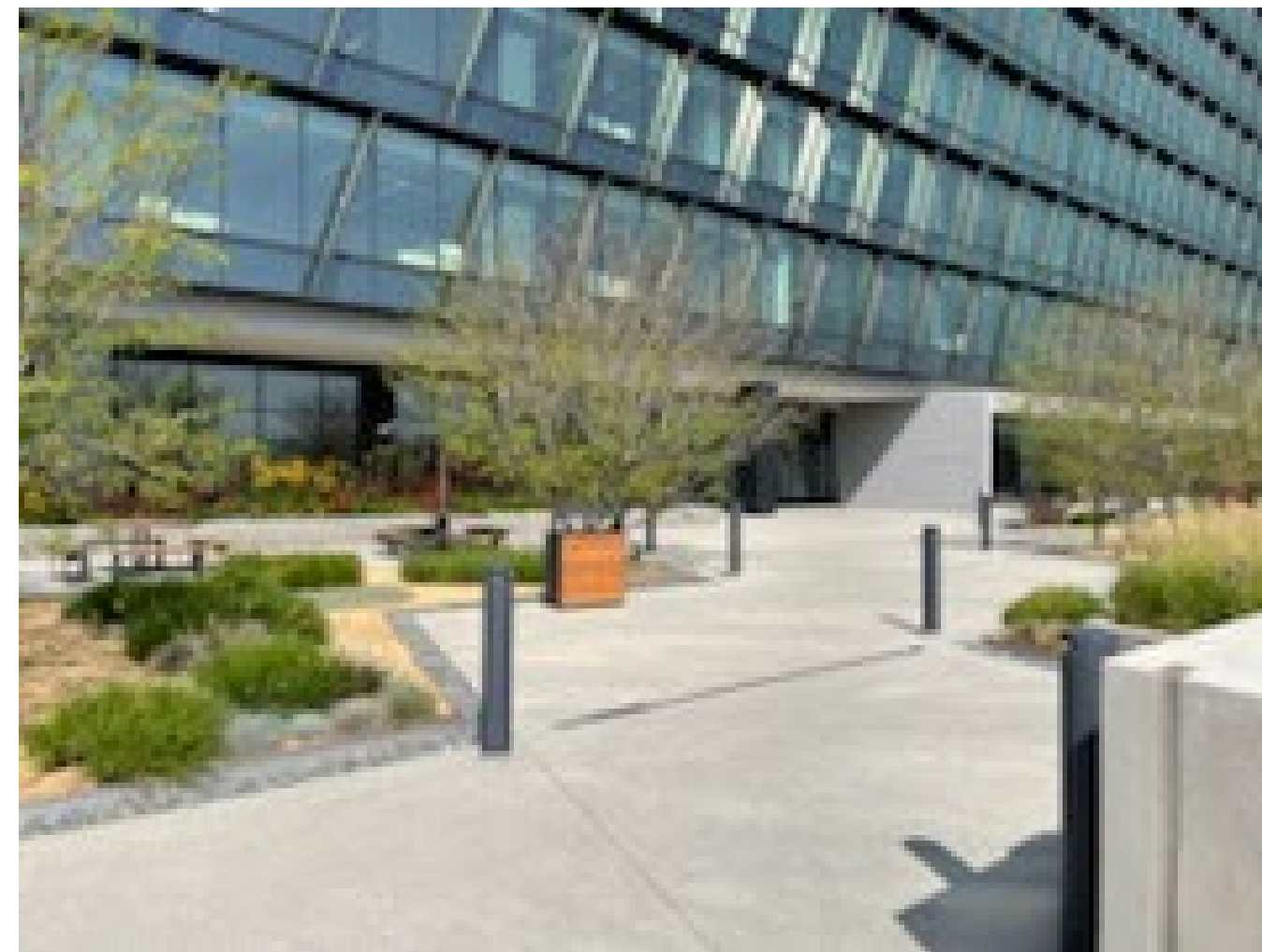
VERMONT CORRIDOR PARKING AND STREET & LEVEL ACCESS | WHAT TO EXPECT

Street Level Entry: 510 S. Vermont Ave

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

Parking Structure Access: 523 Shatto Place

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





DUTY STATEMENT

AT-LARGE MEMBER, EXECUTIVE COMMITTEE

(APPROVED 3-28-17)

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

COMMITTEE PARTICIPATION:

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

REPRESENTATION:

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

Duty Statement: Executive Committee At-Large Member

Page 2 of 2

KNOWLEDGE/BACKGROUND:

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

SKILLS/ATTITUDES:

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

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

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

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

In This Issue:

- Strategy A
- Strategy J
- Strategy B
- Strategy K

Staff Highlight:

OA would like to thank and acknowledge the tireless and continued work of the **Mpox Health Equity Team (MHET)**. The team merged with the Mpox Stakeholder Outreach & Engagement Team and was created in July 2022. MHET is comprised of OA Prevention Branch staff members Health Program Specialist, Staci Ho, Disease Outbreak and Field Investigation Unit, Tee-Jai Lampkins, PrEP Local Capacity Building Analyst, Co-Leads OA Division Chief, Marisa Ramos and State Transgender Health Manager, Tiffany Woods. Center of Infectious Diseases (CID) Health Equity Liaison and Equity Team lead, Sharon Eghigian, and Mpox lead, Gil Chavez.

Successes include working with the California Department of Public Health (CDPH) Communications and Media team to develop social media and dating app campaigns for mpox education, messaging, and vaccination access with a focus on equity. The facilitation of monthly stakeholder listening sessions held in both English and Spanish to provide mpox updates and a space for questions and answers from the community. Cross-section Mpox Equity team weekly meetings were held to provide updates and develop strategies to address equity across all mpox efforts. In addition, the MHET with the assistance of Visual Communications Specialist, John Keasling, created a public Mpox Health Equity Webpage to highlight equity efforts



including stigma reduction and released a survey seeking feedback to help shape the content on the webpage.

Ongoing equity team goals/efforts include improving access to vaccines through Pride Season, improve vaccination rates for African/American and Latino/Latinx populations, improve rates for second dose of vaccine, integrate mpox vaccination/treatment into ongoing sexual health networks - focusing on underserved populations, and development of an Equity Framework for mpox & future disease responses. Thank you to the Mpox Health Equity Team for their hard work and dedication to keeping Californian's healthy.

HIV Awareness:

February 7th is **National Black HIV/AIDS Awareness Day (NBHAAD)**. This day is observed to acknowledge the disproportionate impact of HIV in the Black/African American community, increase awareness and access to HIV testing, prevention, and care. The Black/

African American communities are making strides in reducing HIV; however, racism, discrimination and medical mistrust continue to affect whether or not Black/African American people seek and/or receive HIV services. These factors contribute to the impact of lack of access to information, preventative and lifesaving measures such as Pre-exposure prophylaxis (PrEP), and Post-exposure prophylaxis (PEP), HIV treatments and access and retention in care.

According to CDPH HIV Surveillance data, in 2020 Black/African Americans make up approximately 6% of California's population however, they account for both 17% of living HIV cases and newly diagnosed cases. A [factsheet depicting demographics and health outcomes for the community](https://www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/black-africanamericanfactsheet_ada.pdf) is located at https://www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/black-africanamericanfactsheet_ada.pdf.

NBHAAD provides educational opportunities on PrEP and other treatment options, promotes testing, and aims to help community members make healthier choices and live more positive lifestyles.

General Office Updates:

COVID-19

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

Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases, and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer

to the [DCDC website](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/mpox.aspx) at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/mpox.aspx>, to stay informed.

Racial Justice and Health Equity

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout the CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

The OA RHE workgroup convened in January and discussed the term, *people of color* and its varied meanings and perceptions and provided RHE updates across other departments.

HIV/STD/HCV Integration

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

Ending the Epidemics Strategic Plan

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

OA and the STD Control Branch are pleased to report that the roll-out of the **California Strategic Plan** to address the syndemic of HIV, HCV and STIs continues in February as we review public comments to the released draft of our phase-2 *Implementation Blueprint* and finalize the plan. Public comment has been overwhelmingly

positive and helpful. Thank you!

A reminder: The activities in this customizable *Implementation Blueprint* were the result of community input from across all regions of California and they help us drill down into specific goals under our 30 strategies organized over 6 social determinants of health: racial equity, health access for all, housing first, mental health and substance use, economic justice and stigma free.

The next stage of our process is to release the final document for wide distribution to our partners. In addition, early in 2023 we will host a series of webinars that will help local health jurisdictions customize this plan for their communities.

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

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

Ending the HIV Epidemic (EHE)

In January, OA completed site visits of six counties funded through the Ending the Epidemic (EHE) Initiative: Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego. As a group the counties have expanded routine opt out and focused testing, home delivered HIV/HCV/STI integrated testing, enhanced status-neutral linkages to care and prevention services and implemented special intervention-pilots focused on EHE priority populations at intersections of mental health, substance use and housing security. OA wishes to applaud their efforts and progress made in the most difficult of circumstances. More information about the county specific EHE plans can be found on the [Ending the Epidemics landing page](#) under the CDC 20-2010 header.

Of note, some of the EHE counties have been working to implement the Street Medicine Model in their street-based services. We will continue to provide updates on their progress in future OA Voice editions. Some of our OA community partners have asked how they can get more information about the Street Medicine Model. One way is by joining the California Street Medicine Collaborative.

The California Street Medicine Collaborative, hosted by Keck School of Medicine of University of Southern California (USC) Street Medicine, is designed to create a common, neutral space for street medicine programs and supporting organizations to discuss the current and future state of street medicine in California. The Collaborative meets virtually, once a month. Street medicine is receiving an unprecedented amount of state and local support to provide primary care and other services directly to people experiencing unsheltered homelessness in their lived environment (e.g., encampment, in a park, under a bridge). A common space to discuss these opportunities, and how to leverage them to build and sustain street medicine programs for all, is key to building a collective street medicine strategy informed by the people who are doing and supporting this work. Those interested in joining the California Street Medicine Collaborative can contact sara.castro@med.usc.edu to be added to the Collaborative.

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

PrEP-Assistance Program (AP)

As of January 27, 2023, there are 200 PrEP-AP enrollment sites covering 187 clinics that currently make up the PrEP-AP Provider network.

A [comprehensive list of the PrEP-AP Provider Network](#) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 5 of this newsletter.

Strategy B: Increase and Improve HIV Testing

OA's HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. The program, [TakeMeHome®](https://takemehome.org/), (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

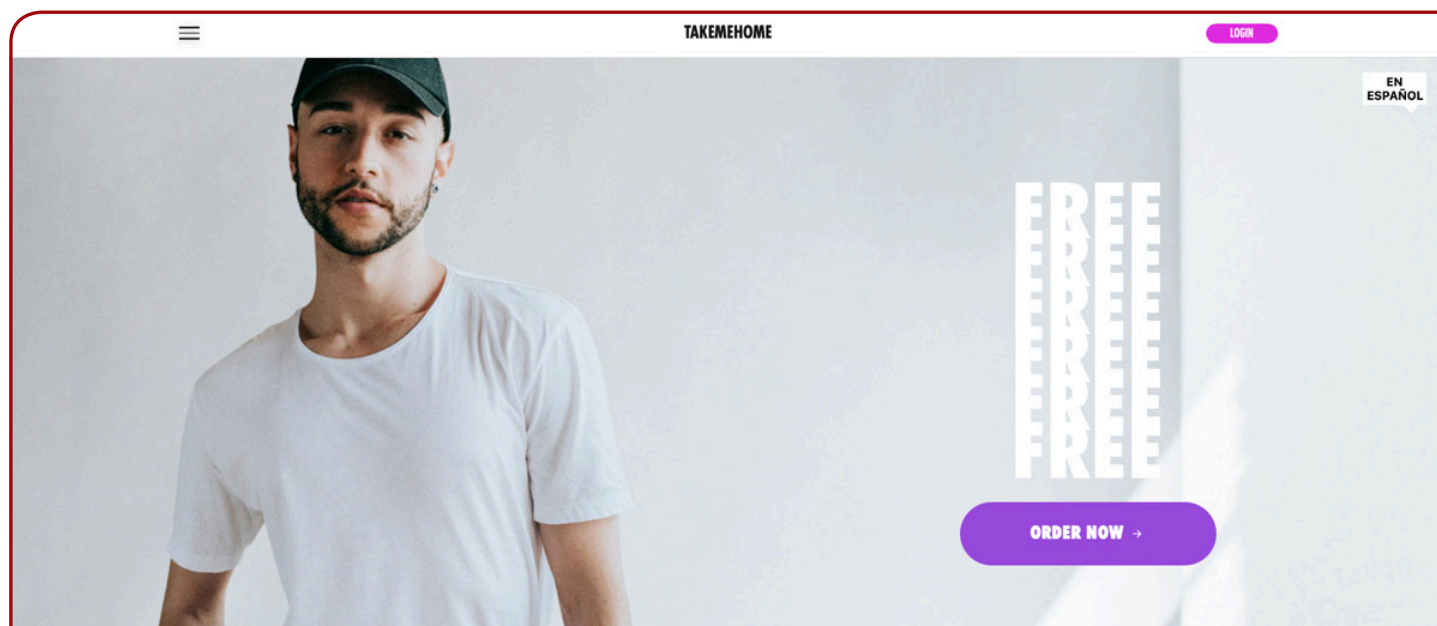
In the first 28 months, between September 1, 2020, and December 31, 2022, 4453 tests were distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 181 (77.0%) of the 235 total tests distributed.

Of individuals ordering a test in September, 35.7% reported never before receiving an HIV test, and 37.9% were 18 to 29 years of age. Among individuals reporting race or ethnicity, 34.9% were Hispanic/Latinx, and of those reporting sexual history, 58.0% indicated 3 or

more partners in the past 12 months. To date, 490 recipients have completed an anonymous follow up survey, with 94.5% indicating they would recommend TakeMeHome HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (72.2%) or having had more than one sex partner in the past 12 months (63.3%).

OA is pleased to announce that we have expanded our OraQuick HIV self-testing program to all counties in California on **January 23, 2023**, through the [Building Healthy Online Communities: Take Me Home program](#) (BHOC-TMH). This is a collaboration between BHOC-TMH, OA and local health departments. This program puts an effective free HIV screening tool directly into the hands of Californians (ages 17+) who request it via the BHOC-TMH website. Outreach for this program is automated mostly through advertising on gay dating applications (apps) and websites. Help spread the word! Please send this announcement to your networks.

Thank you for all you do to end the HIV epidemic in California. If you have any questions, please [contact us](mailto:OfficeofAIDS@cdph.ca.gov) at OfficeofAIDS@cdph.ca.gov.



Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	239	7%	---	---	---	---	25	1%	264	8%
25 - 34	1,019	32%	1	0%	---	---	235	7%	1,255	39%
35 - 44	790	25%	---	---	2	0%	185	6%	977	30%
45 - 64	387	12%	---	---	20	1%	107	3%	514	16%
65+	22	1%	---	---	169	5%	10	0%	201	6%
TOTAL	2,457	77%	1	0%	191	6%	562	18%	3,211	100%

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	136	4%	---	---	32	1%	9	0%	1	0%	59	2%	5	0%	22	1%	264	8%
25 - 34	704	22%	1	0%	116	4%	87	3%	2	0%	272	8%	6	0%	67	2%	1,255	39%
35 - 44	611	19%	4	0%	81	3%	41	1%	---	---	197	6%	5	0%	38	1%	977	30%
45 - 64	298	9%	2	0%	32	1%	16	0%	---	---	147	5%	---	---	19	1%	514	16%
65+	19	1%	1	0%	4	0%	4	0%	---	---	168	5%	---	---	5	0%	201	6%
TOTAL	1,768	55%	8	0%	265	8%	157	5%	3	0%	843	26%	16	0%	151	5%	3,211	100%

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

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	105	3%	---	---	2	0%	6	0%	---	---	12	0%	1	0%	7	0%	133	4%
Male	1,501	47%	8	0%	247	8%	149	5%	3	0%	808	25%	12	0%	136	4%	2,864	89%
Trans	151	5%	---	---	16	0%	2	0%	---	---	16	0%	1	0%	4	0%	190	6%
Unknown	11	0%	---	---	---	---	---	---	---	---	7	0%	2	0%	4	0%	24	1%
TOTAL	1,768	55%	8	0%	265	8%	157	5%	3	0%	843	26%	16	0%	151	5%	3,211	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 01/31/2023 at 12:01:20 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

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

As of January 27, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

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

Fact Sheet: The California Harm Reduction Initiative

OA released a [fact sheet about the California Harm Reduction Initiative \(CHRI\)](#) and the project's significant effect on syringe services programs (SSPs) and the people who use harm reduction services. The fact sheet highlights the shift in drug use from heroin to fentanyl and the substantial expansion of harm reduction services across 42 of California's 58 counties, reaching over 28,000 new program participants.

The Impact of the California Harm Reduction Initiative

[Research Triangle Institute](#) (RTI) released an [article demonstrating how CHRI funding helped](#)

[SSPs reach and protect people in California](#). RTI found that CHRI was game-changing for SSPs in California, greatly improving their ability to deliver life-saving interventions to people who use drugs. Most notably, programs supported by CHRI distributed 68% more naloxone doses to their participants than other programs, and 85% of CHRI-supported SSPs offered buprenorphine to their participants, compared to only 31% of non-CHRI SSPs.

New Medi-Cal Guidelines Support Street Medicine Programs

In November 2023, California's Department of Health Care Services (DHCS) released new guidelines to Medi-Cal managed care plans that will make it easier for communities to establish and maintain street medicine programs. [California Health Care Foundation](#) (CHCF) released an [issue brief of key takeaways from the new Medi-Cal guidelines](#) including new policy that allows reimbursement for non-clinical street medicine care teams, like community health workers and linkage to care coordinators.

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

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from December
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	503	- 1.95%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,724	+ 2.32%
Medicare Part D Premium Payment (MDPP) Program	1,812	- 10.87%
Total	8,039	- 1.24%

Source: ADAP Enrollment System



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Jonathan Weedman

Board Representative #5

Application on file at Commission office

Interview panel: Everardo Alvizo and Luckie Fuller



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Leon Maultsby

Part C Representative

Application on file at Commission office

Interview panel: Miguel Alvarez, Everardo Alvizo, and Luckie Fuller



POLICY/PROCEDURE #09.4205	Commission Membership Evaluation, Nomination and Approval Process	Page 1 of 8
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SUBJECT: The submission, evaluation, scoring, selection, and nomination of applications/ candidates for seats on the Los Angeles County Commission on HIV.

PURPOSE: To outline consistent method for evaluating, scoring and selecting candidates to fill Commission seats, and for appropriate communication with those applicants before and after evaluation of the application.

PROCEDURE(S):

- 1. Membership Applications:** There are two Commission membership application forms:
 - a. New/Renewal Member Application: for first-time applicants for Commission membership and renewing members, refer to electronic Membership Application found at <https://www.surveymonkey.com/r/2022CommissiononHIVMemberApplication>
 - b. Non-Commission Committee Member Application(s): for applicants who are applying for membership on one of the Commission's standing committees, but not for the Commission, see Policy/Procedure #09.1007 (Non-Commission Committee Membership) for details regarding the process for evaluating and nominating non-Commission Committee member candidates.
- 2. Application Submission:** All candidates for Commission or Committee membership must complete and submit a Commission or Committee-only membership application. Once the application is submitted and received by staff:
 - a. Staff will review the application for member eligibility, completeness, and accuracy, and will verify with the candidate, via telephone and email, to ensure all eligibility requirements are met and/or to seek clarification on incomplete sections or confirm information not understandable/ accurate. Additionally, staff will review with the applicant the Commission's requirements, commitment expectations, and onboarding process for membership.
 - b. Once the application has been completed and verified by staff, staff will coordinate interview and/or next steps with the Operations Co Chairs.

3. **Application Evaluation Timeline:** Provided all conditions for a Commission membership application are met, the Operations Committee, via a designated interview panel, will evaluate and score the application within 60 days of its receipt. Necessary conditions include, but are not limited to:
 - a. Candidate meets or will meet by time of appointment, the Board of Supervisor's COVID-19 vaccination requirement.
 - b. All sections of the application are complete,
 - c. Original or electronic signatures have been provided,
 - d. The applicant is willing and available to sit for an interview when appropriate.
 - e. Current Commissioners or Alternates who are seeking to continue their membership on the Commission are required to complete an application prior to the expiration of their membership terms. The renewal application focuses on the member's past performance, strengths and weaknesses, and methods for improving any gaps in service and/or participation.
 - f. Candidates for institutional seats will not be required to sit for an interview but may be assessed for strengths and skill sets for training opportunities and placement in the appropriate committee, task force, caucus, or workgroup.
 - g. Candidates who are employed by organizations who receive Ryan White Program Part A funding through the Division of HIV and STD Programs (DHSP) must provide a written letter of support from their employer and provide to staff prior to interview. This requirement ensures that the employer is not only aware of their staff's participation on the Commission but confirms their support given the nature of the Commission's work and member expectation.

4. **Candidate Interviews:** All new member candidates must sit for an interview with a panel composed of at least two Commission members or alternates in good standing with at least one member assigned to the Operations Committee. To maintain transparency and integrity of the nomination process, should an interview panelist be assigned to an interview of an applicant with which the panelist has a personal relationship, working relationship while employed by same employer, used as reference by the applicant, and/or other conflict of interest as identified by the Operations Co-Chairs and Executive Director, the panelist will be removed from the interview panel and a qualified Commission member will be selected in their stead.

The Operations Committee, in consultation with the Commission Co-Chairs, may request an interview with a member seeking to renew his/her Commission membership. Likewise, a renewal membership candidate may request an interview with the Operations Committee.

5. **Interview/Scoring Sequence:** Applications are always evaluated and scored following the interview. At its discretion, the interview panel may request a second interview after it has scored an application, and re-score the application following the interview to incorporate any new information learned at subsequently and/or at the interview. Point scores may or may not change when an application is re-scored following an interview.

6. **Score(ing):** The interview panel evaluates the applicant according to the appropriate “Los Angeles County Commission on HIV New Member Application Evaluation & Scoring.”
 - a. Each member of the interview panel participating in the evaluation assigns a point value to each factor of criteria.
 - b. All interview panel members’ scores are totaled and averaged. The final point value is the applicant’s final score.

7. **Scoring Forms:** The Commission’s Operations Committee is responsible for the development and revision of the Membership Candidate Evaluation/Scoring Forms. The Committee develops separate scoring forms for new member candidates and renewal candidates:
 - a. Scoring criteria is based on essential skills and abilities, qualities and characteristics, experience, and past performance (for renewal candidates) that the Committee determines is necessary for effective Commission member participation.
 - b. The Operations Committee determines those factors and their relative importance through annual membership assessments.
 - c. The Operations Committee is authorized to revise the scoring form as needed. To the degree that revisions are substantial, or criteria are altered, the revised scoring form must be approved by the Commission.

8. **Qualification Status:** By virtue of their application scores, candidates’ application will be determined to be “Qualified” or “Not Qualified” for nomination to a Commission membership seat. A minimum of 60 points qualifies the candidate for nomination consideration (“Qualified”); a score of less than 60 indicates that a candidate is “Not Qualified”.
 - a. If the applicant earns a “Not Qualified” score, the Operations Co-Chairs will inform the applicant accordingly and suggest opportunities of other HIV/AIDS planning or volunteer involvement as further preparation for future Commission service.

9. **New Member Candidate Eligibility:** New member candidates must also be “eligible” for Commission membership nomination. New member candidates are considered eligible if they meet the following conditions:
 - a. The application score qualifies (“Qualified”) the candidate for Commission membership.
 - b. There is no purposefully misleading, untruthful or inaccurate information on the application.
 - c. The applicant has fully participated in the evaluation/scoring process, as appropriate.
 - d. The applicant does not violate the Commission’s “two persons per agency” rule.
 - e. *To avoid potential influence and to preserve the integrity of the Commission’s decision-making and planning process, the Commission’s membership cannot consist of more than two agency representatives from the same agency.*

- 10. Renewal Candidate Eligibility:** Current Commissioners seeking re-appointment to the Commission must be “eligible” for continued Commission membership. Renewal candidates are considered eligible if they meet the following conditions:
- a. There is no purposefully misleading, untruthful or inaccurate information on the application.
 - b. The applicant does not violate the Commission’s “two persons per agency” rule.
 - c. The candidate has fulfilled Commission member requirements in his/her prior term of service, including, but not limited to:
 - **Commission Meeting Attendance:** unless the reason for the absence falls within Policy #08.3204 Excused Absences, members cannot miss three sequential, regularly scheduled Commission or primary assignment committee meetings in a year, or six of either type of meeting in a single year. Policy 08.3204 dictate that excused absences can be claimed for the following reasons:
 - personal sickness, personal emergency and/or family emergency.
 - vacation; and/or
 - out-of-town travel
 - **Primary Committee Assignment:** members have actively participated in the committee to which they have been assigned, including compliance with meeting attendance requirements.
 - **Training Requirements:** members are required to participate in designated trainings as a condition of their memberships.
 - **Plan of Corrective Action (PCA):** the member must fulfill the terms of any PCA required of him/her by the Operations and/or Executive Committee(s).
- 11. Nominations Matrix:** If the applicant is eligible for Commission membership, the Operations Committee will place the candidate among those that can be nominated for available and appropriate seats on the Commission on its upcoming agenda for Committee approval. The candidate’s name is entered on the “Nominations Matrix” which lists candidates in order of scores, alongside available Commission seats and vacancies.
- 12. Seat Determination:** At the recommendation of the interview panel, the Committee will then determine the individual seats, if any, that are most appropriate for the available qualified candidates—based on the seats the candidates indicated in their applications, and any other seat(s) identified by Committee members that the candidate(s) are qualified to fill.
- a. Duty Statements for each seat dictate requirements for each membership seat on the Commission.

- 13. Multiple Application Requirement:** In accordance with HRSA guidance, there should be multiple candidates for membership seats when possible. All consumer and provider representative seats, along with other seats designated by the Operations Committee, require two or more applications. The Operations Committee may exempt a seat previously designated to require multiple applications from that requirement under the following circumstances:
- There has been a vacancy in the seat for six or more months,
 - The pool of available, possible candidates is limited, and
 - The Committee is convinced that every effort has been made and exhausted by the appropriate stakeholders to identify additional membership candidates.
- 14. “Representation” Requirement:** Ryan White legislation and HRSA guidance require the Part A planning council membership to include specific categories of representation. The Commission’s membership seats have been structured to fulfill that requirement. As specified in the COH Bylaws (Policy/Procedure #06.1000), Commission membership shall include individuals from areas with high HIV and STD incidence and prevalence. The Commission endeavors to ensure those categories are always represented by planning council membership.
- 15. “Unaffiliated Consumer” Requirement:** Ryan White legislation and HRSA guidance require one-third or 33% of the voting membership of the Ryan White Part A planning council to be “unaffiliated” or “non-aligned” consumers. “Unaffiliated” consumers are patients/clients who use Ryan White Part A-funded services **and** who are not employees or contractors of a Ryan White Part A-funded agency **and** do not have a decision-making role at any Ryan White Part A-funded agency. (Policy/Procedure #08.3107 contains information on Consumer Definitions and Related Rules and Requirements). In addition, the Commission defines “Unaffiliated Consumer” as someone using Ryan White Part A-funded services within the last year and who is “unaffiliated” or “non-aligned,” consistent with Ryan White legislative and HRSA definitions.
- Following the updated ordinance of the Commission as an integrated HIV prevention and care planning body, a “Consumer” is defined as an HIV-positive and/or AIDS-diagnosed individual who uses Ryan White-funded services or is the caretaker of a minor with HIV/AIDS who receives those services, or an HIV-negative prevention services client.
- 16. “Reflectiveness” Requirement:** Ryan White legislation and HRSA guidance require both the entire Commission membership and the subset of unaffiliated consumer members to “reflect” the gender and ethnic/racial distribution of the local HIV epidemic. The Commission endeavors to always reflect the gender and ethnic/racial demographic distribution of Los Angeles County’s HIV epidemic among its membership and consumer members. Furthermore, the CDC HIV Planning Guidance notes that planning bodies place special emphasis on identifying representatives of at-risk, affected, HIV-positive, and socioeconomically marginalized populations.

- 17. Committee Nominations:** All factors being equal among two or more applications that meet the requirements of a particular open seat, the Committee will forward the candidate with the highest application score to the Commission for nomination to the Board of Supervisors for appointment to the Commission.
- 18. Special Considerations:** There are several “special considerations” that may preclude the Committee from nominating the candidate with the highest score, resulting in the nomination of a candidate with a lower score to a seat. Those factors may include, but are not limited to:
- a. the necessity of maintaining “reflectiveness”,
 - b. an adequate proportion of consumer members,
 - c. the need to fill certain “representative” categories,
 - d. Board of Supervisors interest or feedback,
 - e. over-representation of a particular stakeholder/constituency, otherwise known as the “two persons per agency” rule.
 - f. potential appointment challenges.
 - g. candidate would violate the COH’s two person/per agency rule
- 19. Conditional Nomination(s):** The Operations Committee may nominate candidates “conditionally.” Conditional nominations require candidates to fulfill certain obligations from the Executive and/or Operations Committee prior to or following the nomination. Conditions are detailed in a “Plan of Corrective Action (PCA)” imposed to correct past Commission performance issues or to enhance certain skills and abilities of the candidate/member.
- a. The PCA is written with expected timelines and objectives and must be agreed to and signed by the candidate, the Executive Director and an Executive or Operations Committee co-chair, as appropriate.
 - b. The candidate must agree to the PCA by the subsequent regularly scheduled committee meeting following the development of the PCA. A candidate’s refusal to accept a PCA may render his/her application ineligible.
 - c. If the PCA obligates the candidate to certain conditions prior to nomination, the nomination will not proceed until the candidate has fulfilled those obligations.
 - d. If the candidate/member has not fulfilled the conditions of the PCA, he/she will not be eligible for future re-nomination to the Commission.
 - e. Terms of the PCA may be modified at any time upon agreement from all three parties (candidate/member, Executive Director, committee).
 - f. The Operations Committee is responsible for monitoring a candidate’s progress and fulfillment of any PCA obligations and requirements.

- 20. Candidate Communication:** At the conclusion of a candidate's evaluation (interview, scoring, qualification and eligibility designation, seat determination, nomination), the Committee shall notify the candidate in written communication of the results of the evaluation and scoring process. The notification will detail one of the three possible results:
- a. The Committee has nominated the candidate for a particular Commission seat;
 - b. The Committee has judged that there are no specific seats available concurrent with the candidate's qualifications, but the Committee will keep the candidate's application and evaluation scores for ongoing consideration for up to a year from the date of application submission; or
 - c. The candidate's application and/or evaluation has been placed on hold temporarily.
- 21. Temporary Hold:** A candidate's application may be held temporarily for up to a year under certain conditions that preclude an otherwise eligible nomination to proceed, including but not limited to:
- a. Multiple candidates have not applied for a seat that requires multiple applications,
 - b. Appointment of the candidate to a seat would interfere with the Commission's capacity to meet representation, consumer and/or reflectiveness requirements, and/or
 - c. The Committee intends to nominate the candidate to a seat that is expected to be vacated soon.

The Operations Committee will provide the reason(s) for a temporary hold when it notifies the candidate of his/her application status. Once a candidate's application has been released from the hold, the candidate must agree to the nomination before it proceeds. If the hold is not released within the year, the candidate must submit a new application for Commission membership.

- 22. Withdrawal/Declination:** At any time after a candidate has submitted an application up until the appointment is approved by the Board of Supervisors, a candidate is entitled to withdraw his/her application and/or decline a proposed nomination.
- 23. Training Requirements:** Commissioners and Alternates are required to fulfill all training requirements, as indicated in the Commission's approved comprehensive training plan, including, but not limited to, the New Member Orientation(s), and Los Angeles County Ethics and Sexual Harassment trainings.
- a. Failure to fulfill training requirements as a Commission member may render the member's subsequent renewal applications ineligible.

- 24. Nomination and Approval:** Once the Operations Committee has nominated a candidate for Commission membership, the Committee forwards the nomination(s) to the Commission for approval at its next scheduled meeting. When a candidate's nomination has been approved by the Commission, the candidate's Statement of Qualifications shall be forwarded within two weeks to the Executive Office of the Board of Supervisors.
- Candidates are advised to attend the Commission meeting at which their nomination will be considered.
 - Upon Commission approval, the candidate is encouraged to attend all committees to learn how they operate and assess the best fit for a committee assignment.
 - Upon Commission approval, the candidate is asked to select its preferred primary Committee assignment. In most instances, the candidate will be asked to review the Committee Description and select their preferred committee in advance of approval to allow staff to review committee membership assignments to ensure parity, inclusion, and reflectiveness.
- 25. Appointment:** The Executive Office of the Board of Supervisors places the nomination on a subsequent Board of Supervisors agenda for appointment. Upon Board of Supervisors approval, the candidate is appointed to the Commission.
- Candidates are not required to appear before the Board of Supervisors, although they may attend the designated meeting if so desired.
 - Candidates will be notified in writing when their nomination will appear before the Board of Supervisors and following appointment.
 - A newly appointed Commission member is expected to begin his/her service on the Commission at the next scheduled Commission meeting following Board appointment.
 - Each Commission seat has a pre-designated term of office in which the Commission member will serve until the term expires or he/she resigns from the seat. Should a member's seat change during their membership which prompts a change in their term of office, an updated signed SOQ must be resubmitted to the Executive Office to place the member on the BOS agenda for reappointment to formalize the change in term of office.

**NOTED AND
APPROVED:**

Cheryl A. Barnt

**EFFECTIVE
DATE:**

5/10/18

Original Approval: 9/6/2004

Revision(s): 5/12/2011; 2013; 4/27/16; 4/12/16; 5/12/16; 5/2/17; 5/22/17; 9/14/17; 05/10/18; Proposed Revisions 2/9/23

February 07, 2023

**MOTION BY SUPERVISORS JANICE HAHN
AND LINDSEY P. HORVATH**

**Five-Signature Letter to the Food and Drug Administration Supporting New Guidelines
Easing Restrictions on Blood Donations by Gay and Bisexual Men**

For too long, the Food and Drug Administration (FDA) has maintained a discriminatory ban that prevents many gay and bisexual men from becoming blood donors, but that may soon be changing under newly proposed guidelines announced by the FDA.

The current blood donor policy requires gay or bisexual men to abstain from sex for a minimum of three months before they can donate blood. The roots of the policy date back to the HIV/AIDS crisis of the 1980s, in an era when HIV was poorly understood by scientists and doctors. For years, the American Medical Association has been calling on the FDA to remove this discriminatory ban and treat all potential blood donors equally. Today, every unit of blood is rigorously tested to detect any trace of HIV, syphilis, hepatitis, West Nile virus or other blood-borne diseases.

In February, 2022, the Los Angeles County Board of Supervisors unanimously approved a motion to send a five-signature letter to FDA Acting Commissioner, Janet Woodcock, urging the FDA to end its discriminatory blood donor policy that prevents many gay and bisexual men from becoming blood donors.

On January 27, 2023, the FDA proposed new guidelines that would ease restrictions by no longer requiring gay and bisexual men in monogamous relationships to abstain from sex before

MOTION

SOLIS _____

MITCHELL _____

HORVATH _____

BARGER _____

HAHN _____

donating blood.

These new guidelines do not remove all existing restrictions on LGBTQ blood donors, but they represent a step in the right direction and should be supported by the Los Angeles County Board of Supervisors.

WE, THEREFORE, MOVE that the Board of Supervisors direct the Chief Executive Officer, through the Legislative Affairs and Intergovernmental Relations Division, to send a five-signature letter to the Federal Drug Administration (FDA) Commissioner Robert M. Califf in support of the newly proposed FDA guidelines which eases the discriminatory blood donor policy that prevents many gay and bisexual men from becoming blood donors.

#

JH: jm/lo



LOS ANGELES COUNTY COMMISSION ON HIV



MOTION #7

ADDENDUM TO AGING CAUCUS (Formerly Aging Task Force) RECOMMENDATIONS

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

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

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

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

Cross-cutting recommendations

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

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

- Utilize multimodal and combination strategies and approaches to whole-person care and treatment
- Assess individual response to anti-retroviral treatment (ART) and monitor appropriate adjustment and modification in dosing and frequency.
- Assess and monitor ART resistance and make customized adjustments that address the individual needs of the patient.
- Use different delivery modes and strategies such as telehealth, dedicated teen clinics, women's clinics, technology, age-specific and intergenerational support groups, music, art, and multi-media communications.
- Support research on monoclonal antibody drug treatment for long-term survivors under 50
- Administer/offer vaccines for vaccine-preventable diseases as a part of comprehensive care across the lifespan
- Support research on the impact of latency-reversing agents for LTS and PLWH who acquired HIV perinatally. One of the main obstacles to curing HIV infection is that the virus can remain hidden and inactive (latent) inside certain cells of the immune system (such as CD4 cells) for months or even years. While HIV is in this latent state, the immune system cannot recognize the virus, and antiretroviral therapy (ART) has no effect on it. Latency-reversing agents reactivate latent HIV within CD4 cells, allowing ART and the body's immune system to attack the virus. Currently, latency-reversing agents are still under investigation and have not been approved by the Food and Drug Administration (FDA).
- Collaborate with LTS in identifying strategies for improved engagement and retention in care.
- Integrate behavioral and community interventions with clinical care
- Optimize care models by offering a diverse menu of wellness and preventive care services
- Support alternative venues for care delivery
- Expand the use of technology to deliver personalized care
- Research and clinical practice should examine the dynamic nature of epigenetic age, through examinations of differences in viral load over time, or how interventions leading to improved adherence impact epigenetic age¹.

Screening, Education and Counseling

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

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

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

The Los Angeles County Commission on HIV Black/African American (AA) Caucus Presents

In Commemoration of 2023 National
Black HIV/AIDS Awareness Day #NBHAAD

Mobilizing Momentum: Building and Maintaining Movement of Black Communities *A Virtual Panel Presentation*

KUJICHAGULIA *Self-Determination*

Thursday,
February 9, 2023

12:00PM-1:00PM*

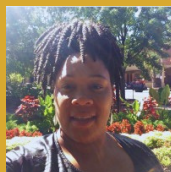
**Panel presentation will take
place as part of the Commission
meeting.*

To Register & Join

<https://tinyurl.com/yrmr8fzk>

Using the principles of Kujichagulia, this panel discussion will explore opportunities to align mobilization strategies and best practices to address HIV in the Black community.

Panel Facilitators:



Danielle M. Campbell, MPH, Black/AA Caucus
Co-Chair



Gerald Garth, Jr., MBA, Black/AA Caucus
Co-Chair





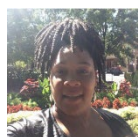
2023 National Black HIV/AIDS Awareness Day (NBHAAD)

Special Panel Presentation:

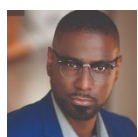
Mobilizing Momentum: Building and Maintaining Movement of Black Communities

Participant Bios

PANEL FACILITATORS



Danielle Campbell, MPH, is a pre-doctoral fellow in the Department of Medicine, Division of Global Public Health at the University of California, San Diego. She received her Bachelor of Science in Public Health from the University of California, Irvine, and her Master of Public Health degree from Charles R. Drew University of Medicine and Science. Danielle is a member of Delta Omega honorary society for studies in Public Health. Danielle works with Dr. Jamila K. Stockman on research projects that examine the syndemics of HIV, substance use, and interpersonal violence among populations of women living with and affected by HIV/AIDS. She has a passion for health equity and social justice, which has led her to women centered advocacy spaces around the world. Danielle is passionate about research equity, and systems of power; in particular, how they influence differential health outcomes among marginalized and minoritized populations.



Gerald Garth, Jr, MBA, currently serves as the Director of Diversity, Equity, and Inclusion with the Los Angeles LGBT Center and was the former Director of Programs and Operations with the AMAAD Institute (Arming Minorities Against Addiction and Disease). He previously served as Manager of Prevention and Care with the Black AIDS Institute. Garth leads a new initiative that works with young Black gay and bisexual men to use their own personal experiences to hone compelling writing and storytelling abilities, called "Your Story, Your Words." Garth has given dozens of presentations across the country highlighting the work he has done with youth, women, people living with HIV, the faith community, and the impacts of substance use on Black communities. Garth was a Fellow of the California HIV/AIDS Policy Research Centers Fellowship Program (CHPRC), which supports research and policy analysis to address critical issues related to HIV/AIDS care and prevention in California. In 2021, Garth was appointed to the Los Angeles Commission on HIV.



PANELISTS



Leisha McKinley-Beach, MPH, is a national HIV expert, community mobilization trainer, and strategic planner for state HIV prevention programs. She earned a Master of Public Health degree from the University of West Florida and conducts training and presents on public health concepts and issues, primarily for communities of color. Her career as a peer educator began while she was a student at UF in 1991, with a group called the AIDS Peer Educators. Ms. McKinley-Beach leads training sessions around COVID-19 and racism in health care at Morehouse College. She is also working with on research projects with Emory University focused on COVID-19 and its impact on people of color with HIV, and Black communities and their perceptions and attitudes around COVID-19 prevention strategies. One of her greatest honors came from her work around National Black HIV/AIDS Awareness Day in which the mayor of Pensacola issued a proclamation thanking her for her work on the cause. In addition, she's received recognition from the CDC Office of Minority Health and Equity and several NAACP branches across Florida.



Abraham Johnson, MPH, "The Urban Intellect", was born and raised in Albany, Georgia. In 2021, Abraham was recognized by POZ magazine as one of the Top 100 Black HIV Advocates. He has a strong theoretical background in public health education, HIV clinical research as well as a practical experience both inside and outside academic and rural settings. Abraham is not only passionate about ending HIV in marginalized communities, but also dismantling racist systems, and ending health disparities. His unorthodox approaches to public health and awareness of intersectionality is what makes him The Urban Intellect. Abraham is now a published public health practitioner and HIV advocate whose experience in community health and HIV biomedical research spans 8 years. He earned a Bachelor of Science in Biology from Savannah State University and a Master of Public Health from Georgia Southern University. Abraham currently works at Treatment Action Group as the Senior HIV Community Engagement Officer where he leads the community engagement for the HIV Program.



DaShawn Usher is an award-winning advocate, published researcher and celebrated leader within the LGBT and HIV prevention field. Having cultivated over 12 years of extensive experience in LGBT research, program development and design, health communications and campaigns, DaShawn has been featured in OUT magazine's 2017 OUT100 list for his efforts. He is the Director, Communities of Color and Media within the GLAAD Media Institute (GMI) at GLAAD, and the Founder and Executive Director of Mobilizing Our Brothers Initiative (MOBI), a series of curated social connectivity events for Black, gay, and queer men to see their holistic self while promoting community, wellness, and personal development.