LOS ANGELES COUNTY
COMMISSION ON HIV

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COMMISSION ON HIV

Virtual Meeting

Thursday, May 12, 2022

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

***Meeting Agenda + Packet will be available at: http://hiv.lacounty.gov/Meetings**

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

https://tinyurl.com/5fyt2p27

**link is for members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll Access Code: 2591 141 3518

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

**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.*

PUBLIC COMMENTS

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

To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -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.

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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

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

Thursday, May 12, 2022 | 9:00 AM – 1:30 PM
To Register + Join by Computer:

https://tinyurl.com/5fyt2p27

**link is for members of the public only*

To Join by Telephone: 1-415-655-0001 Access code: 2591 141 3518

AGENDA POSTED: May 6, 2022

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

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.

LOS ANGELES COUNTY
COMMISSION ON HIV

1. ADMINISTRATIVE MATTERS

A. Call to Order, Roll Call & 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 – 9:30 AM
   a. Operational and Staffing Updates
   b. 2022-2026 Comprehensive HIV Plan Overview | AJ King, Next Level Consulting

B. Co-Chairs' Report 9:30 AM – 9:40 AM
   a. Vacant Seats, Renewals, and Membership Drive

C. **Presentation**: Act Now Against Meth Platform 9:40 AM – 10:10 AM
   Richard Zaldivar, Founder/Executive Director, The Wall Las Memorias

D. California Office of AIDS (OA) Report 10:10 AM – 10:15 AM

E. LA County Department of Public Health Report 10:15 AM – 10:50 AM
   a. Division of HIV/STD Programs (DHSP) Updates
      - HIV/STD Data Dashboard
      - Programmatic and Fiscal Updates
      - Ryan White Program (RWP) Parts A & B

3. BREAK 10:50 AM – 11:00 AM

F. Housing Opportunities for People Living with AIDS (HOPWA) Report 11:00 AM – 11:05 AM

G. Ryan White Program Parts C, D, and F Report 11:05 AM – 11:10 AM

H. Cities, Health Districts, Service Planning Area (SPA) Reports 11:10 AM – 11:15 AM

4. REPORTS - II 11:15 AM – 12:00 PM

A. Standing Committee Reports
   (1) Operations Committee
      a. Attendance Review
      b. Membership Application
         i. Dr. Michael Cao | Board Office 5 **MOTION #3**
      c. 2022 Training Registration
      d. Membership Application Process/Interview Questions Workgroup
      e. PLANNING CHATT Learning Collaborative Participation

(2) Planning, Priorities and Allocations (PP&A) Committee
   a. DHSP Program Directives | UPDATES
   b. 2022-2026 Comprehensive HIV Plan (CHP)

(3) Standards and Best Practices (SBP) Committee
   a. Benefit Specialty Service Standards | UPDATES
   b. Home-based Case Management Service Standards | UPDATES
   c. Transitional Case Management – Jails Service Standards | UPDATES

(4) Public Policy Committee
   a. County, State and Federal Policy, Legislation, and Budget
   b. 2022 Legislative Docket | UPDATES
   c. COH Response to the STD Crisis | UPDATES

B. Caucus, Task Force and Work Group Report 12:00 PM – 12:15 PM
(1) Aging Task Force | June 7 @ 1pm
   a. Continue Aging Task Force as a Caucus **MOTION #4**
(2) Black/African American Caucus | June 16 @ 4pm
(3) Consumer Caucus | May 12 @ 3pm
(4) Prevention Planning Workgroup | May 25 @ 5:30pm
(5) Transgender Caucus | May 24 @ 10am
(6) Women's Caucus | May 16 @ 2pm

5. DISCUSSION

A. Los Angeles County Human Relations Commission Training & 12:15 PM – 12:45 PM
Guided Discussion | Disclosing, Part 3: Requesting a Different Behavior

5. MISCELLANEOUS

A. Public Comment 12:45 PM – 1:00 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, you may do so in-person, virtually by registering via WebEx, or submit in writing at hivcomm@lachiv.org.

B. Commission New Business Items 1:00 PM – 1:10 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 1:10 PM – 1:20 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 May 12, 2022.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the meeting minutes, as presented or revised.
MOTION #3:	Approve motion to accept membership for Dr. Michael Cao for Board Office 5 seat, as presented or revised.
MOTION #4:	Approve the continuation of the Aging Task Force as a Caucus.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION ON HIV MEMBERS:			
Danielle Campbell, MPH, Co-Chair	*Bridget Gordon, Co-Chair*	Miguel Alvarez	Everardo Alvizo, LCSW
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Mikhaela Cielo, MD
Michele Daniels (LoA) (*Alternate)	Erika Davies	Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS
Alexander Luckie Fuller	Gerald Garth, MS	Jerry D. Gates, PhD	Joseph Green
Thomas Green	Felipe Gonzalez	Karl Halfman, MA	William King, MD, JD, AAHIVS
Lee Kochems, MA	Jose Magaña (Alternate)	(Eduardo Martinez, *Alternate)	Anthony Mills, MD
Carlos Moreno	Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP
Jesus “Chuy” Orozco	Frankie Darling Palacios (LoA)	Mario J. Pérez, MPH	Juan Preciado
Mallery Robinson (*Alternate)	Isabella Rodriguez, MA (*Alternate)	Ricky Rosales	Harold Glenn San Agustin, MD
Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter	Reba Stevens, (*Alternate)
Damone Thomas (*Alternate)	Justin Valero, MPA	Ernest Walker, MPH	
MEMBERS:	**43**		
QUORUM:	**21**		

LOS ANGELES COUNTY
COMMISSION ON HIV

LEGEND:

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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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)**

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/5/22

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

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

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
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 Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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WEBSITE: hiv.lacounty.gov | EMAIL: hivcomm@lachiv.org

ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: May 3, 2022
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4th Thursday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 12 | Number of Quorum= 7		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Bridget Gordon	**Co-Chair, Comm./Exec.***	**Commissioner**
Danielle Campbell	**Co-Chair, Comm./Exec.***	**Commissioner**
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Alexander Fuller	Co-Chair, Operations	Commissioner
Gerald Garth	At-Large Member*	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
Damone Thomas	At-Large Member*	Commissioner
Justin Valero	Co-Chair, Operations	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4th Thursday of the Month Regular meeting time: 10:00 AM-12:00 PM Number of Voting Members= 12 | Number of Quorum= 6		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Alexander Luckie Fuller	**Committee Co-Chair***	**Commissioner**
Justin Valero	**Committee Co-Chair***	**Commissioner**
Miguel Alvarez	*	Commissioner
Everardo Alvizo, LCSW	*	Commissioner
Jayshawnda Arrington	*	Commissioner
Michele Daniels *(LOA)*	*	Alternate
Gerald Garth	At-Large Member*	Commissioner
Joseph Green	*	Commissioner
Jose Magana	*	Alternate
Carlos Moreno	*	Commissioner
Juan Preciado	*	Commissioner
Damone Thomas	At-Large Member*	Commissioner

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 1 2| Number of Quorum= 6		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Vacant		
Kevin Donnelly	**Committee Co-Chair***	Commissioner
Al Ballesteros	*	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
Frankie-Darling Palacios *(LOA)*	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 9 | Number of Quorum= 5		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Lee Kochems, MA	**Committee Co-Chair***	Commissioner
Katja Nelson, MPP	**Committee Co-Chair***	Commissioner
Alasdair Burton	*	Alternate
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Eduardo Martinez	**	Alternate
Isabella Rodriguez	*	Commissioner
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

Regular meeting day: 1st Tuesday of the Month
Regular meeting time: 10:00AM-12:00 PM
Number of Voting Members = 10 | Number of Quorum = 6

COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	**Committee Co-Chair***	**Commissioner**
Erika Davies	**Committee Co-Chair***	**Commissioner**
Mikhaela Cielo, MD	*	Commissioner
Thomas Green	**	Alternate
Mark Mintline, DDS	*	Committee Member
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Reba Stevens	*	Alternate
Ernest Walker	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS

Regular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting
Co-Chairs: Alasdair Burton & Ishh Herrera
Open membership to consumers of HIV prevention and care services*

AGING TASK FORCE (ATF)

Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm
Co-Chairs: Al Ballesteros, MBA & Joe Green
Open membership*

TRANSGENDER CAUCUS

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

WOMEN'S CAUCUS

Regular meeting day/time: 3rd Monday of Each Month @ 9:30am-11:30am
Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo
Open membership*

PREVENTION PLANNING WORKGROUP

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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DRAFT

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

April 14, 2022

COMMISSION MEMBERS P=Present | A=Absent | EA=Excused Absence									
Miguel Alvarez	P	Felipe Findley, PA-C, MPAS, AAHIVS	P	Lee Kochems	P	Mallery Robinson	A	Rene Vega (Alt)	P
Everardo Alvizo, MSW	P	Alexander Luckie Fuller	P	Eduardo Martinez (*Alt*)	A	Isabella Rodriguez (*Alt*)	P	Ernest Walker	A
Al Ballesteros, MBA	P	Gerald Garth	P	Anthony Mills, MD	P	Ricky Rosales	P		
Alasdair Burton (*Alt*)	P	Jerry Gates, PhD	P	Carlos Moreno	P	H. Glenn San Agustin, MD	P		
Danielle Campbell, MPH	P	Felipe Gonzalez	EA	Derek Murray	P	Martin Sattah, MD	P		
Mikhaela Cielo, MD	P	Bridget Gordon	P	Dr. Paul Nash, CPsychol, AFBPsS, FHEA	P	LaShonda Spencer, MD	P		
Michele Daniels	P	Joseph Green	P	Katja Nelson	P	Kevin Stalter	P		
Frankie Darling-Palacios (LoA)	P	Thomas Green	P	Jesus "Chuy" Orozco	P	Reba Stevens (*Alt*)	P		
Erika Davies	A	Karl Halfman, MA	P	Mario J. Perez, MPH	P	Damone Thomas *(Alt)*	P		
Kevin Donnelly	EA	William King, MD, JD, AAHIVS	P	Juan Preciado	P	Justin Valero, MPA	P		

COMMISSION STAFF & CONSULTANTS
Cheryl Barrit, Jose Rangel-Garibay, Sonja Wright, AJ. King
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF
J. Tolentino, M. Haymer, J. Rojas

**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:
Pkt-COH_041422.pdf (kc-usercontent.com)

CALL TO ORDER AND ROLL CALL: Bridget Gordon, Co-Chair, opened the meeting at 9:06am. Cheryl Barrit, Executive Director, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, , M. Cielo, E. Davies, F. Findley, A. Fuller, J. Gates, J. Green, T. Green, K. Halfman, W. King, L. Kochems, E. Martinez, T. Mills, C. Moreno, D. Murray, P. Nash, K. Nelson, J. Orozco, M. Perez, J. Preciado, I. Rodriguez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, K. Stalter, R. Stevens, D. Thomas, J. Valero, B. Gordon, and D. Campbell

1. ADMINISTRATIVE MATTERS

A. APPROVAL OF AGENDA

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

B. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the March 10, 2022 Commission on HIV Meeting Minutes, as presented or revised *(✓Passed by Consensus)*.

C. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- Bridget Gordon welcomed the attendees and went over the meeting guidelines, Codes of Conduct, and speaking time limits for Commissioners and public comments.

2. REPORTS - I

A. EXECUTIVE DIRECTOR/STAFF REPORT

a. Operational and Staffing Updates:

- Cheryl Barrit reported that she is in the process of canvassing and interviewing eligible candidates to fill staff vacancies due to retirements. She thanked the Commissioners for acknowledging Carolyn Echols-Watson's service to the Commission and the County at the March meeting. She thanked Commission staff for their hard work and for taking on additional tasks to maintain technical, programmatic, and administrative support for Commission committees and subgroups.

b. Accommodations for People with Disabilities

- In response to the Commissioners' request for information on how the Commission on HIV (COH) responds to the needs of people with disabilities, C. Barrit outlined the COH's process for providing accommodations for meetings. Arrangements can be made, free of charge, provided that staff receives notice at least 72 hours before the meeting date by contacting the Commission office as outlined on the agenda. All County-sponsored events, including those held at non-County owned facilities, must be accessible to persons without regard to disability. She noted that there is a designated American Disabilities Act (ADA) Departmental Coordinator available to assist in access services and guidance. Webex is 508 compliant, with the Commission staff securing a third-party vendor for visual-or-hearing-impaired services. Refer to the packet link for slides.

c. Board of Supervisors Motion to Continue Virtual Meetings

- C.Barrit reported that on March 29, the Board of Supervisors (BOS) passed a motion for the continuance of virtual meetings for 30 days for BOS and commissions under their authority. She went over plans and procedures for the resumption of in-person and/or hybrid meetings. Safety protocols for in-person meetings will be followed. Staff will provide a WebEx and/or telephonic line for members of the COH and the public to join remotely. She stated the COVID pandemic makes for a fluid and constantly changing environment. In-person meetings will apply to full Commission and standing committees (Operations; Executive; Planning, Priorities, and Allocations; Standards and Best Practices and Public Policy). Caucuses, workgroups, and task forces will remain virtual until further notice. In-person conference room occupancy will prioritize the physical space for the Commissioners and meeting rooms will be set up for social distancing. Members of the public will be strongly encouraged to join by phone or WebEx.
- Given the population served by the COH, masking will be required, and masks and hand sanitizers will be available at meetings. C. Barrit reminded the group that COVID-19 vaccination is required by the Board of Supervisors for all HIV Commissioners, including Alternates - verification must be provided to staff.
- When the COH resumes in-person meetings, the meetings will be held at the Vermont Corridor Terrace level conference rooms. The Vermont Corridor is located at 510 S. Vermont Ave. The St. Anne's Conference Center will still be used as a back-up if there is no room availability at the Vermont Corridor. Parking is free

and within walking distance from the Metro Red line Wilshire and Vermont station. Parking will be at 523 Shatto Place.

- The COH moved into this building in August 2021. The Vermont Corridor is a County-owned administration building that was financed through a public-private partnership. It has 21 floors and is the main headquarters for the Department of Mental health (DMH) and Workforce Development, Aging and Community Services (WDACS). The only floor that's open to the public is the Terrace Level. The rest of the areas are restricted to county employees only.
- The Terrace Level features a reception area, conference rooms, and refreshment area. The meeting rooms can be expanded and combined with other rooms to accommodate up to 300 people. There are modular tables and chairs. No food is allowed in the meeting rooms, except in the designated refreshment area. Staff invited Commissioners for a walkthrough of Vermont Corridor Terrace level on April 20 and 27 from 3 p.m. to 4 p.m. Commissioner IDs or any form of IDs for meeting participants will not be needed to gain access or enter the building. Names will be provided to security in advance. Restaurants are nearby within walking distance for convenience. The Terrace Level is equipped with Wi-Fi access

d. 2022-2026 Comprehensive HIV Plan (CHP) Overview | AJ King, Next Level Consulting

- AJ King, CHP consultant, provided an update on the progress and activities associated with the CHP. He is developing the HIV workforce capacity workforce survey. The provider survey seeks perspectives from frontline staff working in HIV prevention care, and management/executive level to assess agency-level issues related to workforce capacity. AJ is working with a small group of volunteers from the COH and the Division of HIV and STD Programs (DHSP) to review and refine the surveys. The target timeline for releasing the survey is mid-May. Gift card incentives will be used for the provider and consumer surveys.
- AJ King reported that he attended the Long Beach HIV Planning Group and held a listening session to help inform the development of the CHP. The State Office of AIDS also presented an overview of its plan. AJ King reported that he will coordinate listening sessions in health districts that are disproportionately affected by HIV in June or July. He will work with the Planning, Priorities, and Allocations (PP&A) Committee to plan the listening sessions.

B. Co-Chairs' Report

a. National Youth HIV/AIDS Awareness Day

- Bridget Gordon recognized National Youth HIV/AIDS Awareness Day and National Transgender HIV Testing Days for the month of April. April 10 is National Youth HIV/AIDS Awareness Day, a day to raise awareness about the impact of HIV on young people. Also, April 18 is National Transgender HIV Testing Day, a day to recognize the importance of routine HIV testing, status awareness, and continued focus on HIV prevention and treatment for transgender and nonbinary people. Together, we can help young, transgender, and non-binary people stay healthy by encouraging HIV testing, prevention, and treatment.

b. April 28 Executive Committee Meeting | Joint Meeting the Aging Task Force

- B.Gordon informed the COH that the April 28 meeting of the Executive Committee will be a joint meeting with the Aging Task Force. The Aging Task Force will provide feedback on the Executive Committee's instructions on the formation of the Aging Caucus and the specific charge for the group. The meeting will be held from 1pm to 3:30pm.

c. Executive At-Large Member | OPEN NOMINATIONS & ELECTIONS

B.Gordon congratulated Gerald Garth and Damone Thomas for being elected as Executive At-Large members. There is still 1 Executive At-Large seat to fill, and the nominations are still accepted. She stated that Commissioners may submit names to staff for nominations.

C. **Presentation | Ending the HIV Epidemic and Youth Engagement and Leadership,** *Jamar Moore, AMAAD Institute*

- Jamar Moore, EHE Project Manager from the AMAAD Institute, and Ismael Castro from the Wellness Center Los Angeles led the presentation and introduced team members from the HIV Education and Empowerment (HIV.E) project. See the packet link for the presentation materials.
- The goal of the project is to reduce the number of new HIV infections in LA County by 1) increasing HIV knowledge and awareness across communities and 2) supporting community-led change projects to promote policy and systems change. The objective is to support 10 community cohorts and develop 10 institutional, structural, or local change projects to advance initiative goals to reduce infections and transmissions in LA County.
- The project has several cohorts: women of color and East LA Spanish speakers; Black MSM and South LA; Latinx MSM and Youth (12-18 years old); trans community and Antelope Valley and surrounding valley communities; young adults (19 to 30) and Long Beach. Official partners of the project include Project Q (youth), Reach LA (young adult), Unique Woman's Coalition (trans community). J. Moore noted that potential additional partners include Children's Hospital LA and the LA Trust for Children's Health.
- To date, there are 7 Active cohorts with 78 participants. Within the next month, they expect to have all 10 cohorts to become active. The goal is to have 10 meetings that the community will be able to attend for each cohort. J. Moore and I. Castro provided a glimpse of what takes place at HIV.E meetings to give the audience ideas on how to effectively engage youth in HIV conversations and empower them to assume leadership roles in the community. Meetings include community agreements, team-building activities, and interactive jeopardy games to build trust and relationships.
- Juana Mena, a HIV.E program participant, shared that an important part of being in this program is the opportunity to share all the things she is learning with her daughter, to create a more sympathetic community with these issues. Roderick Towns, a cohort member, stated that the program provides an opportunity for him to interact with people his own age and elders. He values the support, history, and knowledge shared at the meetings. Madin Lopez stated that the project is about communities coming together to build relationships, provide education, harm reduction, and conversations to destigmatize HIV. In response to a question from the audience, J. Moore noted that HIV.E is funded through the DHSP under the Ending the HIV Epidemic federal initiative.

D. California Office of AIDS (OA) Report

- Karl Halfman reported that the Office of AIDS and STD Control Branch have begun to roll out the California Strategic Plan to address the syndemics of HIV, Hep C, and other STIs. Over the next few months, a series of community engagement activities will help shape the development of a blueprint for implementation. The OA Voice newsletter included in the packet contains a link to a website with a list of upcoming community events.
- K. Halfman noted that the annual drug overdose deaths have reached another record high in the USA from fentanyl and other synthetic opioids. The CA Department of Public Health recommends providers provide free naloxone, which the Department of Healthcare Services provides through their Free Naloxone Distribution Project. He referred the COH to the OA Voice newsletter included in the packet for additional information.
- Christopher Unzueta reported that as of April 5, 2022, there are 199 PrEP-AP enrollment sites, which cover 173 clinics that also make up the PrEP-AP provider network. The OA Voice newsletter contains a comprehensive list of PrEP-AP providers and data regarding the program and clients enrolled.

- J. Preciado reported his agency, Northeast Valley Healthcare Corporation, has been selected to provide injectible HIV treatment via ADAP. He stated that there are other providers in the State and requested a list of those agencies. C. Unzueta indicated that he will get the information for the Commission.
- Kevin Stalter inquired if OA has considered changing its organizational name to the Office of Sexual Health or something similar as an effort to reduce HIV-related stigma and reflect the all-encompassing nature of the work of OA. Karl Halfman stated that the issue has come up as part of the OA and STD Branch integration efforts. However, the COVID pandemic has stalled integration activities because of staff reassignment to COVID response duties. He encouraged Commissioners and members of the public to submit ideas such as organization name changes or other suggestions to the OA suggestion portal at ("Help Make Us Better") https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAmain.aspx#
- Dr. Sattah inquired if there is an anticipated PrEP-AP approval date for Apretude for HIV prevention. K. Halfman will inquire with his OA colleagues and provide a response to the COH.

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

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

(a) Programmatic and Fiscal Updates

- Mario Perez, DHSP Director, reported that last week, in celebration of National Public Health Week, DHSP conducted HIV testing in SPAs 4 and 6. He noted that home HIV test kits, urine tests, chlamydia and gonorrhea tests are back up and running.
- This week is STD Awareness Week and people may have seen reports from the CDC that continue to highlight the STD increases across the country. He mentioned that DPH's response to the Board of Supervisors' September 28 STD motion was submitted two weeks ago. The response is in the packet, and he deferred to K. Nelson for a report on the letter to the Board.
- Next Tuesday, the 18th, is National Transgender HIV Testing Day. The transgender community is significantly disproportionately affected by the HIV epidemic. He encouraged the community to support efforts to increase testing and education in the trans community.
- As part of the Board motion response, DHSP now has the first-ever publicly facing dashboard that allows users to engage with the dashboard and look at HIV/STD trends by geography, race, ethnic group, and gender. The dashboard is accessible via the DHSP website.
- No new updates from HRSA regarding Ryan White program funding. State partners continue to figure out the best way to appropriate funds tied to STD revenue that was approved by the Governor last year. There are conversations on how best to allocate resources starting July 1, 2023. DHSP is beginning to plan on how best to use STD resources and will provide more details to the COH.
- D.Murray inquired about his inquiry to DHSP about what types of accommodations and activities are provided for PLWH with disability. M. Perez responded that DHSP is working on establishing a centralized administrator that should reduce barriers related to paperwork. He will provide a report once the process is more firmly in place.

F. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORT:

- J. "Chuy" Orozco, HOPWA Representative, provided the report. He met with Dr. Sattah and his staff last month and provided a presentation on the HOPWA program and explored embedding a HOPWA housing specialist in Medical Care Coordination teams. The idea is to have a housing specialist on-site a few hours a week to help facilitate the connection for housing-related services. He noted that he will investigate integrating this component in their next round of RFPs.
- The Homeless Management Information System (HMIS) proposal will be released in August. The current data collection process is too cumbersome, and the goal is to improve HMIS to be more efficient and extract more real-time information to help agencies understand their client populations and connect clients to services. There used to be an agency that would assist with short-term rental and housing assistance, but that responsibility has been given over to the regional offices. Streamlining the process for issuing payments will be in included in a

future RFPs.

- There is still COVID CARES Act funding for short-term rental and mortgage and utility assistance, as well as permanent housing available. Funding will expire in May 2023 and HOPWA providers are looking for referrals.
- The HOPWA program is slated to receive a 4% increase under its latest federal award. HOPWA was anticipating a much larger increase. This 4% increase does not align with inflation and the cost of living. The funding award is approximately $21 million. K. Stalter indicated that this is a decrease in funding if the award is not in line with inflation. K. Nelson encouraged Commissioners and the public to contact elected officials and state that sound investments in housing are needed. B. Gordon requested a short description of the funding issues reported by J. Orozco to be provided to COH staff for distribution to the group. The information would be useful for individuals who wish to contact their elected representatives. J. Orozco will also provide community meetings hosted by Housing and Community Development Department to provide input on budgets.
- Damone Thomas asked if HOPWA collects data on actual numbers of people served by contracted agencies along with the number of applications received and the number of days it took to get a client housed. He also inquired if HOPWA is making the application process easier. J. Orozco acknowledged that it is difficult to collect data on how long it takes to house a client. However, he reported that HOPWA has a grievance number where clients can report if they are not getting timely responses from providers. Those complaints are addressed by HOPWA with agencies. J. Orozco noted that a specific response timeframe may be considered for the next round of RFPs, directing providers to respond to client calls within a certain number of days. The HMIS RFP will address data sharing between HOPWA and Ryan White care system providers which should reduce redundancies for documents required for applications.

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

- Part C : *No report provided*.
- Part D: Dr. M. Cielo reported that Part D providers are still waiting to hear about the results of Part D funding applications. Jazmine Rojano from LAFAN and Sandra Rogers from the Department of Public Health were elected as Co-Chairs of the Los Angeles Women's Task Force (LAWTF). The LAWTF will be co-hosting a Mother's Day event with APLA. Flyers will be distributed soon.
- Part F/AETC *No report provided.*

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

- City of Pasadena. Erika Davies reported that they are continuing to assist people experiencing homelessness. Service components include food, clothing, housing, HIV testing, and showers.
- City of West Hollywood (CWH). D. Murray reported their 3-year grant cycle is up and the new RFP will be released on May 4, with a deadline for submitting proposals on June 1st. He encouraged attendees to contact him for questions.
- City of Long Beach (CLB). E. Alvizo thanked AJ King for hosting a listening session on the CHP at the Long Beach HIV Planning Group meeting on April 13. The CLB will align its strategy with the State and County efforts. The Act Now Against Meth (ANAM) campaign also presented at the meeting. CLB continues to meet with various providers on a regular basis to promote harm reduction, safer smoking, and syringe access programs. He invited interested individuals to attend the meetings.
- City of Los Angeles (CLA): Ricky Rosales reported that Mayor Garcetti will release his budget in a few weeks and his office is anticipating status quo funding.

4. REPORTS – II

A. STANDING COMMITTEE REPORTS

(1) Operations Committee

a. **New Member Applications**

- Luckie Fuller provided the report. Operations Committee has two motions for new membership applications.

The new applicants are Jose Magana and Jayshawnda (Jayda) Arrington. J. Arrington and Jose Magana introduced themselves to the COH.

- **MOTION #3:** Approve motion to accept membership for Jose Magaña, as presented or revised. **assed by Majority Roll Call Vote** (***Ayes:*** M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, M. Cielo, E. Davies, F. Findley, L. Fuller, G.Garth, J. Green, W.King, L. Kochems, A. Mills, C. Moreno, D. Murray, P.Nash, K. Nelson, J. Orozco, J. Preciado, I. Rodriguez, R. Rosales, H.G. San Agustin, M. Sattah, L. Spencer, D. Thomas, B. Gordon, D. Campbell; ***No***: 0; ***Abstain:*** K.Halfman)

- MOTION #4: Approve motion to accept membership for Jayshawnda Arrington, as presented or revised. **Passed by Majority Roll Call Vote** (***Ayes:*** M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, M. Cielo, E. Davies, F. Findley, L. Fuller, G.Garth, J. Green, W.King, L. Kochems, A. Mills, C. Moreno, D. Murray, P.Nash, K. Nelson, J. Orozco, J. Preciado, I. Rodriguez, R. Rosales, H.G. San Agustin, M. Sattah, R. Stevens, L. Spencer, D. Thomas, B. Gordon, D. Campbell; ***No***: 0; ***Abstain:*** K.Halfman, M.Perez)

b. **2022 Mandatory Training Registration**

- L. Fuller reminded the Commissioners to register for the remaining 2022 training sessions. The first training, General Overview of the Commission, was held on Tuesday, March 29th at 3pm and a virtual study hour was held on Tuesday, April 12th. The next training session will be held on July 21st from 3-4:30pm and will provide an overview of Ryan White Care Act Legislation and discuss Membership Structure and Responsibility. He also mentioned there are quizzes for prizes.

c. **Membership Application Process/Interview Questions Workgroup**

- The workgroup's last meeting was held April 7th . The workgroup has started revising the Returning Commissioners section of the questions. The next workgroup meeting is April 21st, from 9am-11am, the group will finish the Returning Commissioners section.

d. **PLANNING CHATT Learning Collaborative Participation**

- The last meeting was on March 24th and the training focused on recruitment messaging and promotion. There was a bonus learning collaboration session held on Thursday, April 7th which provided a tutorial for using social media for recruitment. The next Planning CHATT meeting is scheduled for Thursday, April 21st, and will discuss new member engagement, orientation, and training.

e. **Social Media Initiatives**

- Operations Committee continues its recruitment and engagement efforts as well as its social media initiatives. L. Fuller encouraged the group to check out and subscribe to our social media platforms: Facebook and Twitter @HIVCommissionLA and Instagram @HIVCommLA. If any commissioner is interested in being featured on social media, please contact staff member Catherine Lapointe at CLapointe@lachiv.org
- L. Alexander appealed to the COH and attendees to encourage consumers to apply to the COH. There are several vacancies for unaffiliated consumers on the planning council.
- The next Operations Committee meeting will be held on Thursday, April 28, 2022, from 10AM-12PM

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

a. **DHSP Program Directives | UPDATES**

- K. Donnelly was not in attendance and C. Barrit provided the report. The next Committee meeting will occur on Tuesday, April 19, 2022, from 1-3 PM. The Committee will continue to review the DHSP Program Directives. K. Donnelly has been soliciting feedback from the caucuses and an updated version of the directives will be discussed by PP&A.

- The Committee continues to receive ongoing reports/updates from AJ King on how the CHP is progressing.
- The Committee is still in need of a Co-Chair.

(3) Standards and Best Practices (SBP) Committee

- Davies reported that the SBP Committee SBP last met on April 5th.

a. Oral Health Service Standard: Dental Implants Inclusion | UPDATES

- COH staff are in the process of developing a comprehensive summary of the feedback received during the Subject Matter Expert Panel held in February 2022 and will meet with the discussion facilitator, Jeff Daniel, to begin drafting an addendum to the oral health service standards regarding dental implants.

b. Transitional Case Management-Incarcerated/Post-Release | UPDATES

- The Committee's next meeting is Tuesday, May 2nd from 10 am-12 noon. The agenda will include a review of the Transitional Case Management-Incarcerated/Post-Release (TCM-IPR) service standards. Additionally, the Committee will announce a public comment period for the HBCM service standards and move to approve the Benefits Specialty Services (BSS) service standards.
- Other Items: The SBP Committee held a discussion on the Home-based Case Management (HBCM) service standards and made the following recommendations:
  - Amend the social worker staffing requirements from requiring a master's in social work (MSW) to "MSW preferred, Bachelor of Arts (BA) in a related field with 1-2 years of experience."
  - Update the timeframe for re-assessments from "60 days" to "90 days more frequently as needed" and the waiver timeframe to 180 days.
  - Consider expanding the clinical scope of RN Case Managers to include home-based testing for communicable infections such as Sexually Transmitted diseases (STDs), Hepatitis C, COVID-19, blood pressure and blood glucose urinalysis to list a few.
  - Consider adding information on viral suppression to the client service plan discussion as well as including a housing stability assessment and providing referrals for housing assistance to clients that may need them.
  - Consider adding a "training and referrals" section to the end of the document to support HBCM staff.

(4) Public Policy Committee (PPC)

- K.Nelson reported that the Committee met on April 4 and continued to review community feedback on policy priorities and areas of focus for the PPC.
- The Committee started populating its legislative docket and is reviewing a few bills related to STD funding, harm reduction/safe consumption sites, and other health access issues.
- K. Nelson encouraged Commissioners to read the DPH response to the BOS STD motion. She highlighted a few items from the report:
  - STD data showing increases in Los Angeles County over the last decade
  - Public-facing data dashboard
  - Limited funding and STD funding levels have not matched the magnitude of the crisis in Los Angeles County.
  - Summary of partners and funding sources to support programs and services
  - List of individuals involved in various workgroups who helped shape the DPH response letter
  - Recommendations from the Center for Health Equity and Anti-Racism and Diversity Initiative
  - The COH will need to figure out what the group's next steps are and how to engage with the Board to sustain the momentum in addressing the STD crisis in Los Angeles County.

B. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

(1) Aging Task Force (ATF)

- J. Green provided the report. The Aging Task Force (ATF) met on April 5 to prepare for the joint meeting with the Executive Committee on April 28.
- The group discussed returning to the Executive Committee at the April 28 meeting to provide their feedback and vision for turning the task force into a Caucus with a primary focus on addressing the unique and critical needs of older adults living with HIV.
- The group discussed the Aging Caucus as being primarily focused on older adults but will also look at clearly defining "long-term survivors" and examining how HIV and aging affect long-term survivors and those who were perinatally infected by HIV.
- The Aging Task Force will need participation from communities and individuals who identify as long-term survivors, along with their providers, and join the ATF once it becomes a caucus. Their active engagement will be critical in defining the needs and challenges of those populations.
- The group also reviewed proposed changes/updates to the home-based case management service standards.
- The next Aging Task Force meeting will be held on May 3rd 1pm to 2pm

(2) Black Caucus | UPDATE

- Campbell reported that their next meeting will be held on April 21 from 4 pm to 5 pm. The Black Caucus (BC) continues to tackle four tasks from its comprehensive set of recommendations. BC looks forward to hearing from DHSP about the PrEP social marketing campaign for the Black community and technical assistance for Black-led organizations to facilitate a more equitable playing field for agencies to respond to County RFPs. The BC continues to champion the establishment of PrEP Centers of Excellence for Black women. D. Campbell acknowledged the hard work of individuals who attend the meetings and the progress the BC has made in implementing its recommendations.

(3) Consumer Caucus

- A.Burton provided the report. Consumer Caucus met on March 10th and discussed the following:
- Ish Herrera and Alasdair Burton were elected as co-chairs. One Co-chair position remains open.
- The Caucus held a robust discussion and proposed the following edits to their workplan:
    - Add new "Goal/Activity": Create a safe environment for consumers (people in need of HIV care and prevention services)
    - Add new "Goal/Activity": Advocacy—work with the Public Policy Committee to identify opportunities for consumer involvement to support HIV-related legislation
    - Add under "Action Step" for item #4: Continue soliciting ideas from consumers for training topics
    - Add under "Status/Comments" for item #5: Operations Committee is updating the application interview questions to be more consumer-friendly; has implemented the WebEx language interpretation function for meetings; revamped 202 mandatory training for Commissioners currently being implemented with virtual study hours to offer additional support, especially for consumers
    - Add under "Action Step" for item #6:
        - Identify an easier mechanism for consumers to join virtual meetings
        - Identify mechanism for retaining Caucus members
        - Recruit members that are not part of the Ryan White contracted agencies and/or not consumers of Ryan White service and need/use HIV care and prevention services
        - Develop an award ceremony to recognize individuals who volunteer their time to serve/participate in the Caucus
        - Hold the Caucus meetings in a hybrid in-person/virtual format
- The Caucus' next meeting is Thursday, April 14th from 3 pm-5 pm. The agenda will include further discussion on the Caucus workplan and discussion of the Department of Public Health (DPH) report to the Board of

Supervisors (BOS) regarding the STD crisis in Los Angeles County. Additionally, the Committee will hear updates from COH staff regarding the Special Populations Best Practices project.

(4) Prevention Planning Workgroup (PPW)

- G. Wilson provided the report. The Prevention Planning Workgroup last met on 2/23 and did not meet on March 23 because of staffing support issue.
- Miguel Martinez, Dr. William King, and Greg Wilson were elected as co-chairs for the Prevention Planning Workgroup in February.
- The Co-Chairs met on March 22 to discuss recentering the Prevention Workgroup around the purpose of creating the PPW which is to ensure that there is a strong prevention lens in the Commission's planning efforts. For the April 27 meeting, the PPW will discuss what are the ways that we can establish a baseline on the COH's understanding and comfort in engaging in prevention-focused conversations. How do we do more status-neutral service planning as a body? Another item for PPW discussion is looking at the current directives to ensure that they are updated, fully inclusive, and center prevention alongside care. The next meeting will be on April 27 from 5:30pm to 7:00pm via WebEx.
- The PPW acknowledges DHSP's support in encouraging prevention providers to attend and engage with the PPW.

(5) Transgender Caucus (TG)

- I. Rodriguez provided the report. The Transgender Caucus held a special meeting called, *The Power of Our Lives: Trans-Intersectional Visibility,* on March 22 at 10am in commemoration of International Transgender Day of Visibility.
- The panel of presenters were Dr. Thalia Mae Bettcher (professor of Philosophy at California State University, Los Angeles), Jazzmun Crayton (Associate Director of the Asian Pacific AIDS Intervention Team, Los Angeles), and Jaden Fields (Equity Director of the Association for Size Diversity and Health and Co-Director of Mirror Memoirs. The TG Caucus Co-Chairs Xelestial Moreno-Luz and Isabella Rodriguez acted as panel moderators.
- Key speaker Dr. Bettcher discussed:
    - Oppression/Resistance
    - Reality Enforcement
    - Intersectionality
    - Separable vs. Inseparable Oppression
    - Privileged Oppression
    - Oppression Resistance
    - Strategies
- The presentation materials can be found on the Commission's website. The next meeting will be held on Tuesday, April 26, 2022, from 10AM-12PM

(6) Women's Caucus

- S. Alonzo provided the report. The Women's Caucus met on March 21 and Dr. Cielo held a special presentation and discussion on perinatal syphilis and HIV transmission in commemoration of National Women and Girls HIV/AIDS Awareness Day. The presentation was well-received. Examples of key points from the presentation include the following:
    - 23% of people living with HIV are women.
    - Adult and adolescent women accounted for 19% of new HIV cases in 2018.
    - 1 in 9 women living with HIV are unaware of their status.
    - Heterosexual contact is the primary mode of transmission of HIV for women.
    - 52% of women living with HIV of reproductive age are virally suppressed.
    - In 2020, 4 babies in LA County were perinatally infected with HIV - a steep incline from previous years.

- Congenital syphilis (CS) rates are rising in California.
- Mothers co-infected with HIV and syphilis had a 2-2.5 increased risk for transmitting infection to their babies.
- The Women's Caucus also discussed feedback for updating the Program Directives to DHSP. PP&A Committee requested feedback on the directives from the Women's Caucus to ensure women's needs are met. Next Meeting: April 18 @ 2pm to 3pm via WebEx

5. MISCELLANEOUS

A. PUBLIC COMMENT: OPPORTUNITY TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION

- G. Wilson stated that In The Meantime Men's Group (ITM) is hosting For the Sages, a wellness initiative focusing on the health and wellness of Black men 40 years and older. He noted the growing number of older adults in LAC and the County. ITM Executive Director, J. King, would like the COH to prioritize aging PLWH and those who are at risk for HIV.
- S. Alonzo expressed her disappointment and concern with the inadequate level of funding for HOPWA.

B. COMMISSION NEW BUSINESS ITEMS: OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR FULL BODY OR COMMITTEE DISCUSSION ON FUTURE AGENDAS, OR MATTERS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO POSTING THE AGENDA.

NO NEW BUSINESS ITEMS WERE RECOMMENDED.

C. ANNOUNCEMENTS: REGARDING COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES

- C. Moreno thanked individuals who supported The Wall Las Memorias Project's, CHLA, REACH LA, and Bienstar event this past weekend. He noted that the event was a success and provided an opportunity for community education and awareness.

D. ADJOURNMENT AND ROLL CALL:

The meeting was adjourned at 12:25pm.

Roll Call (**Present)**: E. Alvizo, A. Ballesteros, A. Burton, M. Cielo, E. Davies, F. Findley, L. Fuller, J. Gates, J. Green, T. Green, K. Halfman, W. King, L. Kochems, C. Moreno, D. Murray, P. Nash, K. Nelson, J. Orozco, M. Peréz, J. Preciado, I. Rodriguez, R. Rosales, G. San Agustin, M. Sattah, D. Thomas, D. Campbell, and B. Gordon

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve the March 10, 2022 Commission on HIV Meeting Minutes, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 3: Approve motion to accept membership for Jose Magaña, as presented or revised.	***Passed by Majority Roll Call Vote*** ***Ayes:*** M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, T. Green, W. King L. Kochems, C. Moreno, M. Murray, K. Nelson, J. Orozco, M. Perez, J. Preciado, E. Martinez, I. Rodriguez, R. Rosales, H.G. San Agustin, M. Sattah, L. Spencer,	**MOTION PASSED** **AYES: 29** **OPPOSED: 0** **ABSTENTIONS: 1**

MOTION AND VOTING SUMMARY		
	K. Stalter, D. Thomas, J. Valero, B. Gordon, D. Campbell ***No***: 0 ***Abstentions:*** *K.* Halfman,	
MOTION 4: Approve motion to accept membership for Jayshawnda Arrington, as presented or revised.	***Passed by Majority Roll Call Vote*** ***Ayes:*** M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, M. Cielo, E. Davies, F. Findley, L. Fuller, G.Garth, J. Green, W.King, L. Kochems, A. Mills, C. Moreno, D. Murray, P.Nash, K. Nelson, J. Orozco, J. Preciado, I. Rodriguez, R. Rosales, H.G. San Agustin, M. Sattah, R. Stevens, L. Spencer, D. Thomas, B. Gordon, D. Campbell; ***No***: 0; ***Abstain:*** K.Halfman, M.Perez)	**MOTION PASSED** **AYES: 28** **OPPOSED: 0** **ABSTENTIONS: 2**

LOS ANGELES COUNTY
COMMISSION ON HIV

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COMMISSION ON HIV| A LIVING HISTORY

(Updated 12.7.21)

BACKGROUND

In the early 1980s, Los Angeles County was among several metropolitan areas in the United States to report the first documented cases of what is now known as Human Immunodeficiency Virus infection/Acquired Immune Deficiency Syndrome (HIV/AIDS). The initial group of five cases in Los Angeles County later grew to nearly 90,000 diagnosed cases of HIV/AIDS, at the height of the epidemic.[1]

At its onset, the HIV/AIDS epidemic took an enormous toll on the gay community with continuous savagery. Thousands lost friends, family, and loved ones to the harshness of this disease. As time went on, the epidemic hit hardest among populations that were poor, lacked health insurance, had limited or no access to health care, and communities of color.

In response, in 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and allocated funding for HIV/AIDS medical services to improve the quality and accessibility of care for low-income, underinsured and uninsured individuals and families affected by HIV/AIDS. The CARE Act services were designed to reduce the use of more costly inpatient care, increase access to care for underserved populations, and improve the quality of life for those affected by the epidemic. Since the legislation was first enacted in 1990, the CARE Act has been amended and reauthorized four times (1996, 2000, 2006, and 2009)[2].

In anticipation of receiving CARE Act grant funding, from 1989 to 1991, the Los Angeles County Board of Supervisors (BOS) established the Commission on AIDS, comprised of five community members who represented each supervisorial district and were reflective of the disease. In tandem, the County's Department of Public Health (DPH) created the AIDS Program Office, which was later renamed the Office of AIDS Programs and Policies (OAPP), and is now known as the Division of HIV and STD Programs (DHSP)[3].

[1] County of Los Angeles Public Health Division of HIV and STD Programs, *Los Angeles County HIV/AIDS Strategy for 2020 and Beyond*
[2] Ryan White HIV/AIDS program Part A Manual-Revised 2013
[3] The County of Los Angeles Public Health Department merged OAPP, HIV, EPI and the STD Programs in 2012 to become the Division of HIV and STD Programs

To coordinate federal funding for HIV/AIDS-related services awarded through the CARE Act, the BOS created the HIV Health Services Planning Council to prioritize and allocate the funding and meet the grant funding requirements. Additionally, as a mechanism to inform the BOS on policy matters related to the HIV/AIDS epidemic in Los Angeles County, the Commission on AIDS also became an advisory board. However, on or around 1997-1998, the BOS dissolved both the Commission on AIDS and the HIV Health Services Planning Council and established the Los Angeles County Commission on HIV Health Services (Commission) in its place, placing the Commission under the scope and leadership of the County's CARE Act grantee, OAPP.

In 2003, in an effort to address concerns of perception and potential conflicts of interest, the BOS amended the County Code to provide autonomy to the Commission, allow OAPP staff to serve on the Commission as non-voting members, reduce the size of the voting membership, and provide the Commission with staff independent of DHSP (formerly known as OAPP). Based on this milestone, the Commission was able to produce its own operating budget and work independently of its grantee, as the Commission was now and continues to be under the supervision of the BOS' Executive Office.

In April 2004, the BOS appointed Craig Vincent-Jones as the Commission's first Executive Director, and the Commission moved its office to 3530 Wilshire Blvd, Suite 1140, Los Angeles, CA 90010. In May of 2005, the Commission's name was officially changed to the Los Angeles County Commission on HIV (Commission). In August 2021, the Commission moved to 510 S. Vermont Ave 14th Floor, Los Angeles, CA 90020.

In July 2013, the Commission was one of the very few planning councils, nationwide, that was able to successfully embody the "prevention is care" model and integrated its CARE Act planning body with the County's local CDC HIV Prevention Planning Council (PPC), thus creating an integrated and comprehensive HIV/AIDS planning body catering to the needs of those who are living with and who are at risk of HIV/AIDS.

In February 2016, Cheryl A. Barrit, MPIA, succeeded Mr. Vincent-Jones, as the Commission's second appointed Executive Director.

ROLES AND RESPONSIBILITIES

Los Angeles County is the second-largest eligible metropolitan area (EMA) in the country, with an estimated 57,005 people living with HIV residing within its jurisdiction.

Under the Ryan White CARE Act, the Commission is legislatively mandated to carry out the following responsibilities: Conduct an assessment of local community needs; establish priorities for the provision of HIV services in the local community; allocate CARE Act resources according to priorities and the availability of other sources of funding; ensure that CARE Act funds are used to support services of the last resort; directs the grantee on how best to meet the needs of those living with HIV; manage the service system grievance process; participate in the quality management process by developing service standards and best practices; develop a

comprehensive care plan for the provision of services; assess the effectiveness of service delivery; assess the efficient administration and rapid disbursement of CARE Act funds. The guiding principles for CARE Act programs are to revise care systems to meet emerging needs; ensure access to quality HIV/AIDS care; coordinate CARE Act services with other health care delivery systems; evaluate the impact of CARE Act funds and make needed improvements.

The Commission relies on its five standing committees - Executive, Operations, Planning, Priorities & Allocations (PP&A), Public Policy (PP), and Standards and Best Practices (SBP) - caucuses and various other ad hoc committees as its support system to sustain its ongoing operations, critical functions, assigned responsibilities, and heavy workload, all designed for better and effective planning, implementation and evaluation of HIV services in Los Angeles County. As an integrated planning body for both HIV care and prevention services, the Commission's planning activities include HIV prevention, care, and treatment; sexually transmitted diseases (STD) prevention, control, and treatments; and other co-morbidities (e.g., mental illness, substance abuse) that intersect with HIV and STD services.

The Commission is staffed by experienced and committed County employees, led by an Executive Director appointed by the BOS. Commission staff is responsible for Commission, committee, and member support; facilitating operational efficiency and work development; providing or securing technical expertise; ensuring that all governance and legal requirements, guidance, and rules are adhered to and met; and serving as the liaison and work representative with other County departments, agencies, and personnel. The Commission's operational budget, reviewed and approved by DHSP, is comprised of a percentage of the administrative portion Ryan White CARE Act, CDC prevention grant award, and Net County Cost, to fund the Commission's administrative support and grant requirement activities.

In 2018, the Commission, in partnership with DHSP and a host of individuals and agencies dedicated to providing the highest quality HIV service to the residents of Los Angeles County, launched HIVConnect.org, an HIV/AIDS and STD online tool for community members and providers looking for HIV resources, such as information on HIV/STD testing, prevention and care, service locations, and housing throughout Los Angeles County.

Today, an estimated 57,005 people are living with HIV/AIDS in Los Angeles County. The Commission, in partnership with DHSP and a network of community and government stakeholders, continues its efforts to significantly reduce the amount of new HIV infections annually and help bring an end to the HIV epidemic in Los Angeles County once and for all.

PAST CO-CHAIRS

Since January 2000, there have been eleven (11) Co-Chairs of the Commission.

January 2000 – April 2000:	Mark Briggs and Eileen G. Chun, MD
May 2000:	Mark Briggs
June 2000 – January 2002:	Nettie DeAugustine and Alvaro Ballesteros
February 2002 – January 2006:	Alvaro Ballesteros and Nettie DeAugustine
February 2006 – December 2010:	Carla Bailey and Anthony Braswell
January 2011 – June 2013:	Carla Bailey and Michael Johnson, Esq.
July 2013 – December 2015:	Michael Johnson, Esq. and Ricky Rosales
January 2016 – December 2016:	Bradley Land and Ricky Rosales
January 2017 – December 2017:	Bradley Land and Ricky Rosales
January 2018 – December 2018:	Ricky Rosales and Grissel Granados
January 2019 – December 2019:	Grissel Granados and Alvaro Ballesteros
January 2020 – December 2020:	Alvaro Ballesteros and Bridget Gordon
January 2021 – December 2021:	Bridget Gordon, David Lee (resigned August 2021), and Danielle Campbell
January 2022 – December 2022:	Bridget Gordon and Danielle Campbell

LOS ANGELES COUNTY COMMISSION ON HIV

2022 MEMBERSHIP ROSTER| UPDATED 5.9.22

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, 2020	June 30, 2022	
3	City of Long Beach representative	1	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, 2020	June 30, 2022	
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|PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	PP&A	Frankie Darling Palacios ***(LOA)***	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2021	June 30, 2023	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2021	June 30, 2023	
12	Provider representative #2			***Vacant***		July 1, 2020	June 30, 2022	
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, 2020	June 30, 2022	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2021	June 30, 2023	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	EXC|OPS	Alexander Luckie Fuller	APLA	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1			***Vacant***		July 1, 2021	June 30, 2023	Damone Thomas (EXC|OPS)
20	Unaffiliated consumer, SPA 2			***Vacant***		July 1, 2020	June 30, 2022	
21	Unaffiliated consumer, SPA 3			***Vacant***		July 1, 2021	June 30, 2023	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4			***Vacant***		July 1, 2020	June 30, 2022	
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, 2020	June 30, 2022	
25	Unaffiliated consumer, SPA 7			***Vacant***		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			***Vacant***		July 1, 2021	June 30, 2023	Michele Daniels (OPS) ***(LOA)***
28	Unaffiliated consumer, Supervisorial District 2			***Vacant***		July 1, 2020	June 30, 2022	Reba Stevens (SBP)
29	Unaffiliated consumer, Supervisorial District 3			***Vacant***		July 1, 2021	June 30, 2023	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			***Vacant***		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			***Vacant***		July 1, 2021	June 30, 2023	Jose Magana (OPS)
32	Unaffiliated consumer, at-large #1			***Vacant***		July 1, 2020	June 30, 2022	
33	Unaffiliated consumer, at-large #2	1	OPS|PP&A	Joseph Green	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2	1	EXC	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, 2020	June 30, 2022	
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, 2020	June 30, 2022	
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, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1			***Vacant***		July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	No affiliation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	EXC|OPS	Gerald Garth, MS	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
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, 2020	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
	TOTAL:	35						

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: 43


THE WALL
las Memorias
ActNOW
Against Meth

Process

Community Meeting

- 5 community conversations with community sharing their experiences with meth
- 4 focus groups

Roundtable Meetings

- 2 Roundtable meetings with over **115** community members and health professionals in attendance
- Creation of the Planning Committee

Community Summit

- A 3 hour summit with over **140** people in attendance
- Participants provided key insight to develop recommendations in the areas of prevention, treatment and policy

Los Angeles County
Act Now Against Meth Platform

THE WALL
Las Memorias

RECOMMENDATIONS RELATED TO PREVENTION

- **Ensure substance use prevention and treatment referrals are offered to clients accessing HIV, STI, and viral hepatitis screening, as well as HIV Pre-Exposure Prophylaxis/Post-Exposure Prophylaxis (PrEP/PEP) services, to promote a holistic approach to wellness.** When using meth and other drugs, individuals often engage in sexual behaviors that are primary risk factors for HIV transmission. Sexual health screening and PrEP programs offer prime opportunities for referrals to substance use prevention and treatment services.

- **Incorporate comprehensive HIV, STI, and viral hepatitis screening, as well as PrEP/PEP navigation services, in substance use prevention and treatment programs through collaboration with clinical service providers across LA County.** Despite substance use being a key risk factor for and frequent comorbid condition with HIV, individuals in meth and other substance use prevention and treatment programs are not routinely offered prevention or screening services for HIV and related conditions. Incorporating these auxiliary services is critical to optimizing meth use prevention efforts.

THE WALL
las Memorias

- **Improve cultural proficiency among County departments and service providers.** County departments and service providers must be culturally proficient in the areas of race, ethnicity, language, sexual orientation, gender identity, and religious beliefs. These characteristics each intersect with methamphetamine use in unique ways that service providers should be aware of and be competent to address. County departments and service providers should be required to receive annual training in these areas to ensure that clients receive culturally proficient services. Training should follow curricula approved by the Los Angeles County Center for Health Equity.

Guilmar Perdomo, *Supervisor for HIV and Meth Prevention*
The Wall Las Memorias (TWLM)

RECOMMENDATIONS RELATED TO TREATMENT

- **Implement harm reduction principles.** It is crucial for LA County to require and promote harm reduction principles in all meth treatment programs to prevent and reduce the negative individual and community consequences of meth use. To that end, all meth treatment services across the County must be delivered in accordance with training in harm reduction principles and trauma-informed care.

- **Fund, invest in, and increase coordination of treatment efforts between mental health and substance use providers.** We call upon the Los Angeles County Department of Public Health and Department of Mental Health to streamline and implement coordinated services to adequately address co-occurring disorders impacting those using meth. When services are managed by different departments in silos, clients are less likely to have their health needs met.

- **Ensure meth treatment programs address the complex, holistic needs of marginalized racial and ethnic communities by investing in and expanding the capacity of service providers who reflect the racial and ethnic identities of those communities.** Increasing the capacity of service providers from Latinx, Black, Asian, Native Hawaiian and other Pacific Islander, Indigenous, and other marginalized racial and ethnic communities is critical to improving the engagement and outcomes of clients from these communities.

Everardo Alvizo, *LCSW, HIV/STD Strategic Implementation Specialist*
Health and Human Services, City of Long Beach

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Las Memorias

RECOMMENDATIONS RELATED TO POLICY

Policy #2: Expand access to contingency management services.

Policy #5: Increase funding for low-barrier harm reduction services, including syringe service programs, and work to increase public awareness of the effectiveness of harm reduction to reduce stigma.

Policy #7: Support efforts to decriminalize drug possession and increase diversion programs.

Elena Rosenberg-Carlson, *Ending the HIV Epidemic Coordinator,*
UCLA Center for HIV Identification. Prevention, and Treatment Services (CHIPTS)

THE WALL
Las Memorias

Press Conference 3.21.22

THE WALL
Las Memorias

ANAM Workgroup

Guilmar Perdomo - The Wall Las Memorias Project

Elena Rosenberg - UCLA CHIPTS

Craig Pulsipher - APLA Health

Katja Nelson - APLA Health

Everardo Alvizo - Long Beach Comprehensive HIV Planning Group

Kevin Sitter - CA State Office of AIDS

Tim Young - SAPC

Rangell Oruga - SAPC

Sarah Blanch - Institute for Public Strategies

Dean Ambrosini - Institute for Public Strategies

THE WALL
las Memorias

Community Partners

RESEARCH PARTNER

ActNOW Against Meth

thewalllasmemorias.org/ANAM

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Against Meth

LOS ANGELES COUNTY PLATFORM ADDRESSING THE METH EPIDEMIC

2022

RESEARCH PARTNER

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

thewalllasmemorias.org/ANAM

LOS ANGELES COUNTY PLATFORM ADDRESSING THE METH EPIDEMIC 2022

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HISTORY OF ACT NOW AGAINST METH

In the summer of 2005, as the Los Angeles County Department of Public Health moved slowly to address the crystal methamphetamine (meth) outbreak, The Wall Las Memorias created the Act Now Against Meth Coalition. The aim of the coalition was to demand a strong public health response to rapidly increasing meth use in vulnerable communities across LA County. The coalition consisted of a variety of community-based organizations, private businesses, public high schools, and community leaders, including the Asian Pacific AIDS Intervention Team (APAIT), Being Alive, Lincoln High School, Midtowne Spa, and the Metropolitan Community Church.

The Act Now Against Meth Coalition developed a petition demanding funding be allocated specifically for meth use prevention projects. Coalition members held support groups, educational meetings, community forums, and media conferences to increase public awareness of meth and its impact on the community at large. The coalition conducted outreach at a variety of venues such as night clubs, festivals, high schools, and public spaces.

By September 2006, the coalition had gathered over 10,000 petition signatures. A press conference was held on the steps of the Los Angeles County Hall of Administration prior to presenting the petition to the LA County Board of Supervisors.

As a result of the coalition presenting the petition, the members of the Board of Supervisors introduced a motion to allocate $1.5 million to fund new prevention and treatment programs. This was a major accomplishment in which the community advocated and received action upon a request.

In 2020, following the arrest of Ed Buck and reports of crystal meth use back on the rise, The Wall Las Memorias reinitiated Act Now Against Meth to meet the dire need to confront the meth epidemic in Los Angeles County. Community members were invited to attend virtual roundtable meetings to discuss the current state of meth and listen to community concerns about the meth crisis. As a result of this grassroots outreach, a new coalition was formed, with 15 community partners committing their support.

Following a virtual Act Now Against Meth Community Summit in March 2021, the coalition established a workgroup to draft the Los Angeles County Platform Addressing the Meth Epidemic. The workgroup met for over 54 cumulative hours to draft a list of recommendations to better address crystal meth in LA County, reflecting the needs community stakeholders have expressed throughout the past two years. **We are delighted to submit the following platform, which details recommendations for meth prevention, treatment, and policy.**

RECOMMENDATIONS RELATED TO PREVENTION

It is self-evident that preventing the initiation of methamphetamine use offers optimal individual and community benefits. The Act Now Against Meth Coalition, henceforth referred to as ANAM, explicitly acknowledges that social stressors, unmet necessities, ignorance, denial of the problem, and blaming the user all impede prevention efforts. A robust, LA County-wide strategy to tackle methamphetamine use must address the social determinants of health through investment in our public health and social services infrastructure, effective services that follow harm reduction principles, awareness and education, and grassroots community engagement.

ANAM offers the following methamphetamine use prevention recommendations:

1. **We call upon the LA County Board of Supervisors to: 1) Improve coordination among the Los Angeles Department of Health Services, Department of Public Health, Department of Mental Health, Department of Children and Family Services, Department of Probation, Sheriff's Department, Homeless Services Authority, Department of Public Social Services, and other affiliated agencies, and 2) Direct the County of Los Angeles Alliance for Health Integration to help support and facilitate this coordinated approach across County Agencies.** The multiple needs of people at risk of using meth require concerted coordination among County agencies to ensure a comprehensive approach to primary and secondary meth use prevention. As part of this coordinated effort, all County departments that provide services to the public should be required to include substance use navigation services in their contracts to the extent feasible. Additionally, all County department personnel should be trained on the various substance use resources that are available in the community.

2. **We call upon the LA County Department of Mental Health to allocate Prevention and Early Intervention (PEI) funds for meth prevention activities and implement holistic prevention efforts in collaboration with the Department of Public Health's Substance Abuse Prevention and Control (SAPC) program**. Meth use frequently intersects with mental health disorders. It is critical that the Department of Mental Health and SAPC provide collaborative leadership to address the meth crisis in LA County.

3. **Improve coordination among community-based organizations, prevention providers, treatment programs, medical providers, and community health centers/Federally Qualified Health Centers.** As people at risk for meth use or currently using meth engage with community organizations and service providers across the County, it is imperative that they encounter a coordinated service system to ensure continuity of support. To that end, LA County should

require funded organizations to demonstrate that they work collaboratively with service providers to prevent and address methamphetamine and other drug use.

4. **Expand housing capacity for unhoused residents in LA County.** Homelessness is strongly correlated with methamphetamine use. In addressing the root causes of methamphetamine use, housing opportunities for residents of LA County regardless of drug use status or the ability to pay rent must be expanded to decrease the likelihood of methamphetamine use and to promote the dignity of the person.

5. **Expand and promote access to navigation services for unhoused people who are placed into temporary housing facilities.** Navigation services are critical to expanding access to substance use prevention and treatment services for unhoused people, which will increase the health and wellness of both the individual and the community. It is essential that these services be provided to unhoused people where they are located to ensure accessibility.

6. **Prioritize funding for prevention case management as part of harm reduction efforts.** Linking individuals at risk of using or currently using meth to the services they need to establish stable housing, food security, employment, health care, and substance use and mental health support is critical to primary and secondary meth use prevention efforts. Prioritizing funding for prevention case management is essential to addressing the meth epidemic.

7. **Ensure substance use prevention and treatment referrals are offered to clients accessing HIV, STI, and viral hepatitis screening, as well as HIV Pre-Exposure Prophylaxis/Post-Exposure Prophylaxis (PrEP/PEP) services, to promote a holistic approach to wellness**. When using meth and other drugs, individuals often engage in sexual behaviors that are primary risk factors for HIV transmission. Sexual health screening and PrEP programs offer prime opportunities for referrals to substance use prevention and treatment services.

8. **Incorporate comprehensive HIV, STI, and viral hepatitis screening, as well as PrEP/PEP navigation services, in substance use prevention and treatment programs through collaboration with clinical service providers across LA County**. Despite substance use being a key risk factor for and frequent comorbid condition with HIV, individuals in meth and other substance use prevention and treatment programs are not routinely offered prevention or screening services for HIV and related conditions. Incorporating these auxiliary services is critical to optimizing meth use prevention efforts.

9. **Increase the availability and accessibility of effective mental health services across Los Angeles County.** Mental illness is a key contributor to initial and continued methamphetamine use. Therefore, LA County should pursue a robust approach to addressing mental illness alongside

meth use. Mental health services must be culturally proficient and provide appropriate assessment, diagnosis, and treatment. Further, mental health intake services should be available to methamphetamine users within three business days of initial contact to support tertiary prevention and ensure urgent needs are addressed.

10. **Improve cultural proficiency among County departments and service providers.** County departments and service providers must be culturally proficient in the areas of race, ethnicity, language, sexual orientation, gender identity, and religious beliefs. These characteristics each intersect with methamphetamine use in unique ways that service providers should be aware of and be competent to address. County departments and service providers should be required to receive annual training in these areas to ensure that clients receive culturally proficient services. Training should follow curricula approved by the Los Angeles County Center for Health Equity.

11. **Continue and increase support for those returning to the community after incarceration.** Those returning to the community after a period of incarceration are at risk for meth and other substance use. These individuals should have a menu of services that they can access to improve their health and wellness. Reentry services must include navigation support to assist clients with proper referrals to housing, workforce placement, and substance use and mental health prevention and treatment programs. Additionally, all individuals exiting incarceration should receive education on fentanyl and overdose prevention, including provision of Naloxone and fentanyl test kits to help prevent overdoses.

12. **Provide evidence-based, age-appropriate substance use curricula from K-12.** Substance use prevention must be addressed from K-12 and should not be delayed until middle or high school. Early education is essential to promote the importance of connections with others and address the needs of children who may experience the harms of meth use by caretakers or parents. Youth involvement in collaborative learning during K-12 or engagement in making social connections with others who have prosocial behaviors will slow the use of meth and other drugs. Students should learn about harm reduction concepts and strategies, in addition to abstinence, that will empower them to make healthy choices for themselves and others regarding substance use.

13. **Fund community-based, grassroots prevention efforts that specifically address methamphetamine.** It is essential for public health to value the work of grassroots organizations that are grounded in the community and work with the target population daily. Therefore, funding must be prioritized to support community-based, grassroots, locally developed programs that focus on preventing meth use.

RECOMMENDATIONS RELATED TO TREATMENT

When it comes to treating meth dependency, effective treatment must encompass a "macro" approach that moves away from blaming the person with a substance use disorder for their behavior and toward addressing the factors that are negatively impacting their health and wellbeing.

ANAM offers the following methamphetamine treatment recommendations:

1. **Fund, invest in, and promote the use and expansion of evidence-based behavioral and interventions to treat methamphetamine addition.** Currently, evidence-based behavioral treatment options for methamphetamine addiction include contingency management, cognitive behavioral (individual and group counseling) interventions, motivational enhancement therapy, and community reinforcement. Very few places currently offer contingency management, which has the strongest evidence of success. Investing in these evidence-based approaches to treating methamphetamine use disorder is critical to addressing the methamphetamine epidemic in Los Angeles County

2. **Expand efforts to explore, formalize, and fund biomedical treatments.** Biomedical treatment options are just now coming on-line. Two clinical trials support the use of mirtazapine (30 mg per day), and one large trial demonstrates positive outcomes for a combination of extended-release naltrexone and high-dose bupropion, for reducing methamphetamine use over placebo (Trivedi et al, New England Journal of Medicine 2021). According to Dr. Steve Shoptaw at UCLA, "The agreement between the two trials of mirtazapine is impressive. The combination of Vivitrol and high-dose bupropion is outstanding. These findings require us as a community to make available mirtazapine and/or extended-release naltrexone plus high-dose bupropion to help people reach their methamphetamine use goals."

3. **Require physicians, counselors, behavioral health providers, social workers, educators, judicial system, law enforcement officers, and others across the County service system to participate in annual trainings on trauma-informed approaches to addressing methamphetamine use.** Many individuals who use meth have experienced significant trauma. Individuals who experience negative interactions with County services when seeking care may disengage in care and have detrimental outcomes. Successful treatment of methamphetamine use requires a holistic, trauma-informed approach to care across the County service system.

4. **Promote and normalize the use of naloxone, fentanyl strips, syringe services and other harm-reduction measures as meth treatment tools across the County.** These evidence-based harm-reduction tools have been proven effective and must be readily available to all who need them.

5. **Implement harm reduction principles.** It is crucial for LA County to require and promote harm reduction principles in all meth treatment programs to prevent and reduce the negative individual and community consequences of meth use. To that end, all meth treatment services across the County must be delivered in accordance with training in harm reduction principles and trauma-informed care.

6. **Fund, invest in, and increase the number of certified detox facilities throughout each Service Planning Area, and ensure no patient shall be turned away due to lack of financial ability.** Clients are often unable to access services when ready due to lack of service availability or limited financial resources. Additional, subsidized services must be made available across the County.

7. **Fund, invest in, and increase coordination of treatment efforts between mental health and substance use providers.** We call upon the Los Angeles County Department of Public Health and Department of Mental Health to streamline and implement coordinated services to adequately address co-occurring disorders impacting those using meth. When services are managed by different departments in silos, clients are less likely to have their health needs met.

8. **Ensure meth treatment programs address the complex, holistic needs of marginalized racial and ethnic communities by investing in and expanding the capacity of service providers who reflect the racial and ethnic identities of those communities.** Increasing the capacity of service providers from Latinx, Black, Asian, Native Hawaiian and other Pacific Islander, Indigenous, and other marginalized racial and ethnic communities is critical to improving the engagement and outcomes of clients from these communities.

9. **Invest in and increase the number of LGBTQ+ meth treatment centers specifically designed for LGBTQ+ patients in all Service Planning Areas to ensure treatment services are culturally and linguistically proficient and accessible to people of all identities within the LGBTQ+ community.** These centers should employ staff that are knowledgeable about the higher rates of meth and other substance use due to societally imposed obstacles that LGBTQ+ populations encounter daily. Co-occurring disorders common to the LGBTQ+ community such as anxiety, depression, self-harming tendencies, suicide/suicide attempts, compulsive sexual behavior, and trauma resulting from sexual abuse and assault must be addressed during treatment to support and sustain health and wellbeing.

RECOMMENDATIONS RELATED TO POLICY

Legislative and regulatory barriers impede wide-scale implementation and sustainable funding of more expansive prevention and treatment services for methamphetamine use. Effectively addressing the current crisis will require active engagement and support from federal, state, and local government officials to amend or eliminate these statutory and regulatory barriers.

At the same time, government officials must commit the resources and additional funding that will be needed to effectively scale up programs and services for communities affected by methamphetamine use. This effort includes ensuring adequate, sustainable funding for outreach and education, provider training, evidence-based interventions, harm reduction services, and low-barrier treatment options.

ANAM offers the following key policy recommendations to expand access to effective prevention and treatment options and develop a more robust, compassionate response to the methamphetamine crisis in LA County:

1. **Increase access to comprehensive health coverage.** Ensuring that all LA County residents, regardless of legal status, have access to affordable, high-quality health care and achieving universal health care coverage are among the most important steps to effectively address methamphetamine use. Policymakers must ensure that both public and private payors cover and provide adequate reimbursement for effective prevention and treatment interventions, including contingency management.

2. **Expand access to contingency management services.** Contingency management is an evidence-based intervention for methamphetamine use that encourages positive behavior through the use of rewards or incentives. The California Department of Health Care Services (DHCS) recently received approval to cover contingency management in the Medi-Cal program through a pilot that will run from July 1, 2022, through March 31, 2024. DHCS will launch the contingency management benefit in select Drug Medi-Cal Organized Delivery System (DMC-ODS) counties using county-contracted providers. We urge the LA County Board of Supervisors to fully participate in the pilot program and develop a robust network of County-contracted providers so that contingency management services are widely available. Further, we urge LA County to develop an effective communications and outreach strategy so that impacted communities are aware of this new benefit for Medi-Cal beneficiaries.

3. **Support the creation of a new safe harbor provision to the federal anti-kickback statute.** Despite its demonstrated effectiveness in reducing methamphetamine use, contingency management is rarely available, due in part to federal policy limiting the type and allowable cash

value of incentives that can be used. The Biden-Harris administration's drug policy platform cites the need to end "policy barriers related to contingency management interventions (motivational incentives) for stimulant use disorder" as part of its effort to expand evidence-based treatment. Establishing a safe harbor for contingency management, with guardrails in place to ensure its appropriate use, would allow for the further implementation of these effective programs.

4. **Increase funding for effective prevention and treatment interventions**. Increased funding to support effective prevention and treatment interventions is paramount to addressing methamphetamine use in LA County. Funding must also be allocated to support provider education and training on evidence-based, culturally responsive approaches to methamphetamine use. In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced that State Opioid Response Grant dollars could be used to support evidence-based prevention, treatment, and recovery support services to address methamphetamine use. It will be critical for LA County to maximize these federal and state resources while addressing any remaining funding gaps.

5. **Increase funding for low-barrier harm reduction services, including syringe service programs, and work to increase public awareness of the effectiveness of harm reduction to reduce stigma**. Harm reduction organizations, including syringe service programs, are often the first point of contact for people who use drugs. These programs offer lifesaving services including Naloxone, sterile syringes, and testing for HIV, STIs, and other communicable diseases. Harm reduction organizations are also trusted community partners, and they remain critical resources to connect people who use drugs with treatment, recovery services, and health care. Increased funding is needed to support the further expansion of low-barrier harm reduction services across LA County. Increasing public awareness of the effectiveness of harm reduction will help to reduce the stigma and change the public perception of harm reduction to reflect its important role as a tool to curb problematic drug use.

6. **Continue to support statewide and local efforts to authorize and establish supervised consumption services.** Supervised consumption services are designated overdose prevention services where people can use pre-obtained drugs under the supervision and support of trained personnel. These programs have been extensively researched and shown to reduce health and safety problems associated with drug use, including overdose deaths. Senate Bill 57, by Senator Scott Wiener (D-San Francisco), would give LA County the ability to implement and evaluate these promising programs. We applaud the LA County Board of Supervisors for supporting this important legislation and urge the Board to continue moving toward establishing supervised consumption services.

7. **Support efforts to decriminalize drug possession and increase diversion programs.** Data from the U.S. and around the world indicate that treating drug use as a health issue, instead of as a criminal issue, is a more successful model for keeping communities healthy and safe. Using diversion programs aimed at addressing drug use in place of criminal prosecution for drug possession would save money by reducing prison and jail costs, free up law enforcement resources to be used for effective prevention and treatment services and prioritize health and safety over punishment for people who use drugs. Oregon recently became the first state in the nation to decriminalize drug possession, including methamphetamine. We support these efforts and urge the LA County Board of Supervisors to take appropriate steps toward decriminalizing drug possession.

8. Advance racial equity policy and legislation. The War on Drugs of the 1970s and '80s and its continued legacy of discriminatory policies has had a profoundly disproportionate impact on Black, Indigenous, and People of Color (BIPOC) communities. Higher arrest and incarceration rates for these communities are not reflective of increased prevalence of drug use, but rather of law enforcement's focus on communities of color. At the same time, BIPOC communities experience disparate access to health care, differential treatment, and poorer health outcomes. We urge policymakers at all levels of government to take steps to advance racial equity policy and legislation to address the harmful effects of the War on Drugs and eliminate health inequities in BIPOC communities.

9. Endorse legislation to declare methamphetamine an emerging drug threat. In 2021, Senators Dianne Feinstein (D-CA) and Chuck Grassley (R-IA) and Representatives Scott Peters (D-CA) and John Curtis (R-UT) introduced the Methamphetamine Response Act, a bill declaring methamphetamine an emerging drug threat which would require the Office of National Drug Control Policy (ONDCP) to develop, implement, and make public a national emerging threats response plan that is specific to methamphetamine. The plan would be required to be updated annually and include short- and long-term goals, performance measures, and the funding needed to implement the plan. We urge the LA County Board of Supervisors to endorse this important legislation.

10. Create a Meth Awareness Day in the County of Los Angeles. Greater awareness efforts are needed to educate LA County residents about the dangers of methamphetamine use. A countywide Meth Awareness Day would allow community-based organizations and LA County residents to have conversations about the impacts of methamphetamine use and increase awareness of available prevention and treatment services.

RESEARCH PARTNER

CHIPTS

Center for HIV Identification, Prevention and Treatment Services

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Approved by the Act Now Against Meth Coalition on December 8, 2021.

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the OA Voice

Issue: May 2022

In This Issue:

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 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.

Staff Highlights:

Congratulations to **Matt Willis**, Chief of the Local Capacity Building and Program Development Unit for his PHAME Beyond the Call of Duty Award. The PHAME – Public Health Acknowledging My Efforts Awards, is an annual employee recognition event in which individuals or groups are recognized for exemplary work or actions that support and further the mission, goals, core values, and initiatives of the California Department of Public Health (CDPH) in serving the public. It was well deserved as Matt stepped up as acting chief of his unit for two years as the chief was diverted to COVID duty. This added the management duties in addition to his day-to-day job requirements. At the same time, he became one of the OA Co-Chairs of the California Community Planning Group for HIV, STIs and Hepatitis (CPG). In this capacity, he worked with co-chair Tiffany Woods and the community co-chairs to oversee the functioning of the CPG, including developing agendas and chairing meetings, ensuring the committees had the resources needed to proceed in their work, and checking in with CPG members monthly, which required evenings and weekends to connect with members. As if that was not enough, he also led the development of the Project Cornerstone RFA, which will distribute the funding the state legislature provided to create demonstration projects to develop comprehensive programs addressing the needs of people living with HIV, 50 years and older. This required ensuring compliance with the legislative mandate, coordination between CDPH and the California Department of Aging, creating scoring criteria, and organizing review teams. You could find e-mails from Matt coming in the early morning or the late evening. Matt was definitely deserving of the recognition for his going above and beyond the call of duty. THANKS MATT!!

We are also very excited to share **Loris Mattox**, has been accepted to participate in the 2022 NASTAD Minority Leadership Program (MLP). For those of you who don't know Loris, she

is a Capacity Building Specialist in the Harm Reduction Unit leading the California Harm Reduction Initiative (CHRI) which is California's first fiscal commitment explicitly for supporting syringe services programs (SSPs) through grant-making and technical assistance. Loris also provides technical assistance and harm reduction education to SSPs, county health departments and other entities. Prior to her role in OA, Loris had a huge impact in moving the needle for harm reduction services here in Northern California. Loris is recognized in California's harm reduction community during her time at The HIV Education and Prevention Project of Alameda County (HEPPAC); the county's only Black-led harm reduction organization. Loris served 15 years with HEPPAC where for 10 of those years she operated as the HEPPAC Executive Director. Loris also created a public health internship program at three high schools in the East Oakland community, specifically for Black high school seniors that is still in operation.

Some of you may also know Loris for her work as the Co-Chair of OAs Racial & Health Equity Workgroup. She keeps racial equity conversations going among colleagues by facilitating regular division-wide meetings and e-communications.

We are confident that Loris will be an asset to the MLP while also gaining additional tools that will assist her in her leadership roles here in OA. Please join us in congratulating Loris on this amazing opportunity!

HIV Awareness:

On **May 18, 2022**, OA will recognize **National HIV Vaccine Awareness Day** (NHVAD). The National Institutes of Health's National Institute of Allergy and Infectious Diseases leads this observance. NHVAD is observed each year to recognize and appreciate those who are working to develop a vaccine to prevent HIV. NHVAD provides an opportunity to educate communities about the importance of preventative HIV vaccine research.

In addition, on **May 19, 2022**, OA will observe **National Asian & Pacific Islander HIV/AIDS Awareness Day** (NAPIHAAD). This day is observed to raise awareness about the impact of HIV related stigma on Asian and Pacific Islander communities. NAPIHAAD also provides educational information on prevention, testing and treatment, and encourages individuals to get tested for HIV.

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 at www.cdph.ca.gov/programs/cid/doa/pages/oamain.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 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 is reviewing the, Under our Skin Project – A series of personal reflections about race, racism and inclusiveness. Topics include white privilege, institutional racism and diversity.

The RHE Consciousness Raising & Development Sub-Committee, has also partnered with staff in the STD Control Branch and the Environmental Health Investigations Branch to launch the Racial and Health Equity Action & Learning Lounge (RHEAL Lounge), a podcast/video discussion group that meets every other month. April's inaugural meeting discussed a podcast episode titled Toxic Burden, which focused on environmental racism.

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 at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

CDPH Ending the Epidemics Strategic Plan

CDPH-OA/STDCB are pleased to report that the roll-out of the California Strategic Plan to address the syndemic of HIV, HCV and STIs continues with our ongoing provider needs assessment being implemented through May and our planned regional listening sessions scheduled May through July 2022 (*see above flyer for dates through June)*. We have worked hard to ensure that this plan reflects the diverse voices from CDPH, other state agencies, community-based organizations (CBOs) and people with lived experience. In this plan, we have a picture of what we hope the HIV, HCV and STI landscape will look like in five years and some ideas for how to create it. We introduced the plan at a Statewide Townhall to over 300 community partners via Zoom March 18th. Over this year, we will continue our community engagement to develop a blueprint to help us implement this plan. We need your ongoing input as we engage communities across California. CDPH will partner with Facente Consulting to lead the regional listening sessions.

Partners can find links to the plan, the Statewide Town Hall recording, the provider survey, the schedule of regional meetings and up-to-date registration information at:

- https://facenteconsulting.com/CDPH_HIV.HCV.STI_strategicplan.php
- https://tinyurl.com/CDPHNeedsAssessment

Ending the HIV Epidemic

In April, the Federal Ending the Epidemic counties met with the Federally Qualified Health Centers (FQHCs) funded with Health Resources and Services Administration Ending the Epidemics funding. The FQHCs are increasing routine opt-out testing to identify individuals who have not been aware of their HIV status and link them to care, as well as expand the use of PrEP among their patient populations. The meeting is increasing the coordination and collaboration between the counties, clinics and community-based organizations and will result in a more seamless set of services supporting individuals' sexual health and our goal of reducing new infections 75% by the end of 2025.

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

PrEP-Assistance Program (AP)

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.

Cabotegravir Added to Medi-Cal Drug List

Cabotegravir* extended-release IM injection for HIV pre-exposure prophylaxis (PrEP) was just added to the Medi-Cal Rx Contract Drug List (CDL) as of May 1st, 2022.

* Restricted to use as prophylaxis therapy in Human Immunodeficiency Virus (HIV) negative patients at risk of acquiring HIV infection.

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/) 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 19 months, between September 1, 2020, and March 31, 2022, 2821 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 77 (53.8%) of the 143 total tests distributed.

Of individuals ordering a test in March, 39.1% reported never before receiving an HIV test, and 43.4% were 18 to 29 years of age. Among individuals reporting ethnicity, 40.2% were Hispanic/Latinx, and of those reporting sexual history, 50.5% indicated 3 or more partners in the past 12 months. To date, 353 recipients have completed an anonymous follow up survey, with 94.1% 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 (73.7%) or having had more than one sex partner in the past 12 months (63.2%).

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	332	8%	---	---	---	---	52	1%	384	9%
25 - 34	1,176	27%	1	0%	---	---	346	8%	1,523	35%
35 - 44	1,000	23%	---	---	3	0%	237	6%	1,240	29%
45 - 64	768	18%	---	---	18	0%	155	4%	941	22%
65+	43	1%	---	---	159	4%	8	0%	210	5%
TOTAL	**3,319**	**77%**	**1**	**0%**	**180**	**4%**	**798**	**19%**	**4,298**	**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	176	4%	---	---	40	1%	34	1%	---	---	105	2%	8	0%	21	0%	384	9%
25 - 34	849	20%	1	0%	154	4%	91	2%	3	0%	342	8%	12	0%	71	2%	1,523	35%
35 - 44	792	18%	4	0%	101	2%	57	1%	2	0%	241	6%	9	0%	34	1%	1,240	29%
45 - 64	683	16%	2	0%	41	1%	24	1%	2	0%	174	4%	---	---	15	0%	941	22%
65+	39	1%	1	0%	4	0%	3	0%	---	---	159	4%	---	---	4	0%	210	5%
TOTAL	**2,539**	**59%**	**8**	**0%**	**340**	**8%**	**209**	**5%**	**7**	**0%**	**1,021**	**24%**	**29**	**1%**	**145**	**3%**	**4,298**	**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	500	12%	1	0%	6	0%	16	0%	---	---	14	0%	1	0%	1	0%	539	13%
Male	1,896	44%	7	0%	313	7%	188	4%	6	0%	977	23%	24	1%	137	3%	3,548	83%
Trans	135	3%	---	---	16	0%	4	0%	1	0%	16	0%	3	0%	3	0%	178	4%
Unknown	8	0%	---	---	5	0%	1	0%	---	---	14	0%	1	0%	4	0%	33	1%
TOTAL	**2,539**	**59%**	**8**	**0%**	**340**	**8%**	**209**	**5%**	**7**	**0%**	**1,021**	**24%**	**29**	**1%**	**145**	**3%**	**4,298**	**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: 04/30/2022 at 12:02:05 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

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

The National Drug Control Strategy Urges More Harm Reduction

For the first time, the national drug control plan emphasizes the need to bring down overdose deaths and gives special importance to preventative efforts amid a record number of drug-related deaths in the United States. The plan underscores the need for prevention education and treatment and prioritizes harm reduction and fewer barriers to treatment.

The National Drug Control Strategy can be found at https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm.

Learn Harm Reduction Basics

The National Harm Reduction Coalition has launched "Foundational Fridays," a series of introductory trainings on all essential harm reduction topics. It is a perfect series for new staff and others who need a basic education on harm reduction philosophy and practice.

Register for May – June Trainings at https://campsite.bio/harmreduction.

California Harm Reduction Initiative (CHRI) Point in Time Infographic

The National Harm Reduction Coalition leads CHRI and funds 37 syringe services programs (SSPs) across the state. Grantees completed their second point-in-time survey in October of 2021, with a total of 500 unique responses from people who use syringe services in California and report on their experiences.

Data Report provides insights into participant's experiences with accessing treatment for substance use disorders and drug use trends, including the increase of people who smoke drugs utilizing syringe services programs.

You can view the infographic at https://d15k2d11r6t6rl.cloudfront.net/public/users/Integrators/BeeProAgency/593057_574761/unnamed_3.png?emci=4b200405-e890-ec11-a507-281878b83d8a&emdi=6bf9da7e-3393-ec11-a507-281878b83d8a&ceid=9575163.

Racial Equity Training Series for California Harm Reduction Programs

The National Harm Reduction Coalition and OA will launch a racial equity training series this month for California harm reduction programs. The fourth training of the CHRI collaborative series highlights topics related to racism in the context of the Drug War. The series was developed and will be facilitated by Reframe Health + Justice and Healing Equity United.

Syringe Services Programs can register at https://secure.everyaction.com/HGmEzJUNh02ImFeVhjg5DQ2.

Strategy M: Improve Usability of Collected Data

The *California HIV Surveillance Report - 2020* is now available on the OA Case Surveillance Reports page. This report includes statewide summary tables and summary tables by local health jurisdiction of new diagnoses of HIV infection, persons living with HIV infection, and deaths among persons with diagnosed HIV infection for years 2016-2020. Statewide summary tables also include data by selected demographics and transmission category.

Strategy N: Enhance Collaborations and Community Involvement

California Planning Group: HIV, STD, and Hepatitis C & Harm Reduction (CPG)

OA and the CPG will host a four-day virtual CPG meeting on May 11, 13, 18, and 20.

The meeting will be comprised of four separate Zoom sessions (three hours each day, 1:00 – 4:00 pm). On May 11 we will host our fourth CPG Leadership Academy which will focus on skills and capacity building for our CPG members. May 11 will only be open to OA and CPG members.

Beginning May 13, the meetings will be open to the public. Members of the public are encouraged to attend to learn about the CPG, observe what the CPG is currently working on, and discover opportunities to join our HIV & Aging, Meth, Youth, and Women's Committees. There will be a 10-minute public comment period held on May 13, 18, and 20.

During this virtual meeting, CPG members will also elect a new Community Co-Chair to succeed outgoing chair Natalie Sanchez. This role requires a high level of dedication to being available for discussions regarding the direction and goals of the CPG. The nomination process will occur on Day 2 and the election will occur on Day 4. Additional meeting information, Zoom links, and agenda will be posted on the OA/CPG website at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx.

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

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov ORG • *VIRTUAL WEBEX MEETING*

Dr. Michael Cao

Application on file at Commission office

Interview panel: Luckie Alexander, Justin Valero, and Carlos Moreno

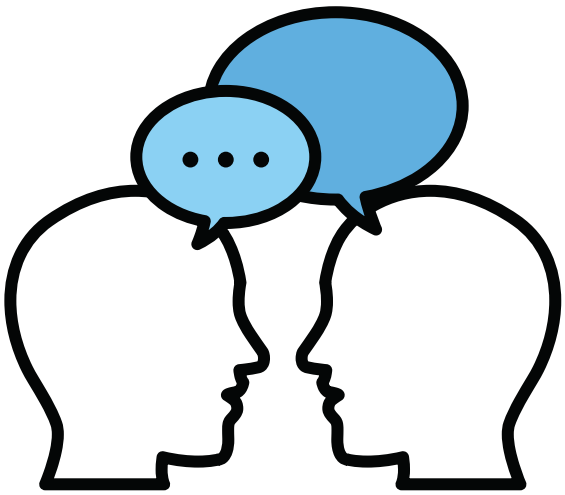
LOS ANGELES COUNTY
COMMISSION ON HIV

Los Angeles County Commission on HIV Training Schedule 2022

Come learn with us!

All trainings are open to the public. Virtual study hours will be available for all commissioners and members of the public who have any questions about the purpose and functions of the Commission on HIV.

Trainings are mandatory for all Commissioners.



March 29
General Orientation
Commission on HIV Overview
3:00 - 4:30 PM - Register here.

April 12
Virtual Study Hour
3:00 - 4:00 PM - Register here.

July 21
Ryan White Care Act Legislative Overview
Membership Structure and Responsibilities
3:00 - 4:30 PM - Register here.

August 17
Virtual Study Hour
3:00 - 4:00 PM - Register here.

September 15
Priority Setting and Resource Allocation Process
Service Standards Development
3:00 - 4:30 PM - Register here.

October 20
Virtual Study Hour
3:00 - 4:00 PM - Register here.

November 16
Policy Priorities and Legislative Docket Development Process
4:00 - 5:00 PM - Register here.

November 17
Co-Chair Roles and Responsibilities (Virtual live)
4:00 - 5:00 PM - Register here.

December 13
Virtual Study Hour
3:00 - 4:00 PM - Register here.

LOS ANGELES COUNTY
COMMISSION ON HIV

HOME-BASED CASE MANAGEMENT SERVICES SERVICE STANDARDS

DRAFT FOR PUBLIC COMMENT

PUBLIC COMMENT PERIOD:

May 6, 2022—June 6, 2022

Email comments to HIVComm@lachiv.org

LOS ANGELES COUNTY
COMMISSION ON HIV

Service Standard Review
Guiding Questions for Public Comments

The Los Angeles County Commission on HIV (LACHIV) announces an opportunity for the public to offer comments for the draft service standards for **Home-based Case Management (HBCM)** being updated by the Standards and Best Practices Committee. Consumer, provider, and community feedback is critical for the service standards development process. We invite you to share your comments and distribute the document widely within your networks. The document is included below and can accessed at: **https://hiv.lacounty.gov/service-standards**

Please email comments to: HIVCOMM@LACHIV.ORG
The public comment period ends on **June 6, 2022.**

When providing public comment, consider responding to the following:

1. Are the Home-based Case Management (HBCM) service standards presented up-to-date and consistent with national standards of high quality HIV and STD prevention services?

2. Are the standards reasonable and achievable for providers? Why or why not?

3. Will the services meet consumer needs for HBCM? Why or why not?

4. Are the proposed HBCM standards client-centered? Is there anything missing related to HIV prevention and care?

5. Is there anything missing regarding accessing Home-based Case Management Services under Ryan White HIV/AIDS Program funding?

Changes discussed at the Standards and Best Practices Committee are denoted by italics and are highlighted in yellow.

DRAFT FOR PUBLIC COMMENT

LOS ANGELES COUNTY COMMISSION ON HIV

HOME-BASED CASE MANAGEMENT SERVICES
SERVICE STANDARDS

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

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

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

Service Standards: Ryan White HIV/AIDS Programs

INTRODUCTION

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

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

SERVICE INTRODUCTION

Home-based case management services are client-centered case management and social work activities that focus on care for people living with HIV who are functionally impaired and require intensive home and/or community-based care. Services are conducted by qualified Registered Nurse (RN) case managers and master's [1]degree-level social workers who facilitate optimal health outcomes for functionally impaired people living with HIV through advocacy, liaison, and collaboration.

Home-based case management services may include:

- Assessment
- Service planning
- Attendant care
- Homemaker services
- Medical case management
- Care coordination
- Psychosocial case management
- Mental health therapy

The goals of home-based case management for functionally impaired people living with HIV include:

- Assessing and facilitating in-home services
- Helping clients locate needed health care and supportive services
- Helping service providers coordinate care for clients
- Helping clients understand and manage their medical diagnoses, including comorbidities and other health-related diagnoses that impact HIV care treatment
- Educating clients on reducing risks for HIV infection
- Helping patients adhere to medical regimens and drug therapies
- Helping clients transition appropriately to self-management and care
- Providing appropriate, quality, cost-effective care

All service providers receiving funds to provide Home-based Case Management services are required to adhere to the standards outline in Table 2.

[1] *Social workers providing home-based case management services will hold an MSW (or related degree) or BA in social work with 1-2 years of experience and practice according to State and Federal guidelines and the Social Work Code of ethics.*

Table 2. HOME-BASED CASE MANAGEMENT SERVICE REQUIREMENTS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
OUTREACH	Home-based case management programs will outreach to potential patients and providers.	Outreach plan on file at provider agency.
INTAKE	Intake process will begin during first contact with client.	Intake tool, completed and in client file, to include (at minimum): • Documentation of HIV status • Proof of LA County residency • Verification of financial eligibility • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number
	Confidentiality Policy and Release of Information will be discussed and completed.	Release of Information signed and date by client on file and updated annually.
	Consent for Services will be completed.	Signed and dated Consent in client file.
	Client will be informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.
ASSESSMENT	Assessments will be completed within 30 days following intake. Updates to the assessment will be done on a continuous basis, but no less than once every 90 days.	Assessment or update on file in client record to include: • Date • Signature and title of staff person • Client's educational needs related to treatment • Assessment of psychological adjustment and coping • Consultation (or documented attempts) with health care and

		related social service providers • Assessment of need for home-health care services • *Assessment of need for housing stability* A client's primary support person should also be assessed for ability to serve as client's primary caretaker.
SERVICE PLAN	Home-based case management service plans will be developed in conjunction with the patient.	Home-based case management service plan on file in client record to include: • Name of client, RN case manager and social worker • Date/signature of RN case manager and/or social worker • Documentation that plan has been discussed with client • Client goals, outcomes, and dates of goal establishment • Steps to be taken to accomplish goals • Timeframe for goals • Number and type of client contacts • Recommendations on how to implement plan • Contingencies for anticipated problems or complications
IMPLEMENTATION AND EVALUATION OF SERVICE PLAN	RN case managers and social workers will: • Provide referrals, advocacy and interventions based on the intake, assessment, and case management plan • *Provide referrals for housing assistance to clients that may need*	Signed, dated progress notes on file to detail (at minimum): • Description of client contacts and actions taken • Date and type of contact • Description of what occurred

	them based on housing stability assessment conducted on intake • Monitor changes in the client's condition • Update/revise the case management plan • Provide interventions and linked referrals • Ensure coordination of care • Conduct monitoring and follow-up • Advocate on behalf of clients • Empower clients to use independent living strategies • Help clients resolve barriers • Follow up on plan goals • Maintain ongoing contact based on need • Be involved during hospitalization or follow-up after discharge from the hospital • Follow up on missed appointments by the end of the next business day • Ensuring that State guidelines regarding ongoing eligibility are followed	• Changes in the client's condition or circumstances • Progress made toward plan goals • Barriers to plan and actions taken to resolve them • Linked referrals and interventions and current status/results of same • Barriers to referrals and interventions/actions taken • Time spent • RN case manager's or social worker's signature and title
ATTENDANT CARE	Attendant care will be provided under supervision of a licensed nurse, as necessary.	Record of attendant care on file in client chart.
	When possible, programs will subcontract with at least Home Care Organizations (HCO) or Home Health Agencies (HHA).	Contracts on file at provider agency.
HOMEMAKER SERVICES	Homemaker services will be provided under the supervision of a licensed nurse, as necessary.	Record of homemaker services on file in client record.

	Homemaker services will be monitored at least once every 6 months.	Record of monitoring on file in the client record.
	When possible, programs will subcontract with at least HCOs or HHAs.	Contracts on file at provider agency.
HIV PREVENTION, EDUCATION AND COUNSELING	RN case manager and social worker will provide prevention and risk management education and counseling to all clients, partners, and social affiliates.	Record of services on file in client medical record.
	RN case managers and social workers will: • Screen for risk behaviors • Communicate prevention messages • Discuss sexual practices and drug use • Reinforce safer behavior • Refer for substance abuse treatment • Facilitate partner notification, counseling, and testing • Identify and treat sexually transmitted diseases including Hepatitis C *Consider expanding the clinical scope of RN case managers to include home-based testing for communicable infections such as Sexually Transmitted Infections (STIs), Hepatitis C, COVID-19, blood pressure and blood glucose, and urinalysis.*	Record of prevention services on file in client record.
	When indicated, clients will be referred to appropriately credentialed/licensed professionals for prevention education and counseling.	Record of linked referral on file in client record.

REFERRAL AND COORDINATION OF CARE	Home-based case management programs will maintain a comprehensive list of providers for full spectrum HIV-related services referrals.	Referral list on file at provider agency.
	Home-based case management programs will collaborate with other agencies and providers to provide effective, appropriate referrals.	Memoranda of Understanding detailing collaborations on file at provider agency.
	Home-based case management programs will develop procedures and protocols for referrals.	Written procedures and protocols on file at provider agency that includes process for tracking and monitoring referrals.
CASE CONFERENCE	Case conferences held by RN case managers and social workers, at minimum, will review and revise services plans at least every 60 days. Client or representative feedback will be sought.	Documentation of case conferences on file in client record to include names and titles of those participating in the review and client or representative input.
PATIENT RETENTION	Programs will develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
	Programs will provide regular follow-up procedures to encourage and help maintain a client in home-based case management.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: • Telephone calls • Written correspondence • Direct contact
CASE CLOSURE	Clients will be formally notified of pending case closure.	Contact attempts and notification about case closure on file in client record
	Home-based case management cases may be closed when the client: • Has achieved their home-based case management service plan goals • Relocates out of the service area	Case closure summary on file in client chart to include: • Date and signature of RN case manager and/or social worker • Date of case closure • Service plan status • Statue of primary health care and service utilization

	• Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Uses the service improperly or has not complied with the client services agreement • Has died	• Referrals provided • Reason for closure • Criteria for re-entry into services
POLICIES, PROCEDURES AND PROTOCOLS	Home-based case management programs will have written policies procedures and protocols, including eligibility criteria.	Policies, procedures, and protocols on file at provider agency.
STAFFING REQUIREMENTS AND QUALIFICATIONS	RNs providing home-based case management services will: • Hold a license in good standing form the California State Board of Registered Nursing • Have graduated from an accredited nursing program with a BSN or two-year nursing associate degree • Have two year's post-degree experience and one year's community or public health nursing experience • Practice within the scope defined in the California Business & Professional Code, Section 2725	Resumes on file at provider agency to verify experience. Program review and monitoring to confirm.
	Social workers providing home-based case management services will hold an MSW (or related degree) *or BA in social work with 1-2 years of experience and practice*	Resumes on file at provider agency to verify experience. Program review and monitoring to confirm.

	according to State and Federal guidelines and the Social Work Code of ethics	
	RN case managers and social workers will attend an annual training/briefing on public/private benefits.	Documentation of attendance in employee files.
	Staff will maintain licenses by completing continuing education requirements of their respective professional boards.	Record of continuing education in employee files at provider agency.

DEFINITIONS AND DESCRIPTIONS

Assessment is a comprehensive evaluation of each client's physical, psychological, social, environmental, and financial status to determine the type and level of service needs. Assessments will be performed in accordance with guidelines set forth by the California Department of Public Health (CDPH) Case Management Program (CMP).

Attendant Care includes the provision of non-medical personal care by a home health aide or nurse assistant certified by the CDPH. Services are provided under the direct supervision of a licensed nurse.

Home Care Organization (HCO) is an entity that provides attendant care and/or homemaker services only. HCOs are not licensed by the CDPH and are not subject to State-issued service standards or criteria.

Home Health Agency (HHA) is a public or private entity that provides skilled nursing and other therapeutic services to clients in their place of residence under a treatment plan prescribed by an attending physician. HHAs must be qualified and licensed by the CDPH as a home health agency.

Homemaker Services include general household activities performed when the client is unable to manage home care for himself or herself at home. Services are provided under the direct supervision of a licensed nurse.

Registered Nurse (RN) Case Management Services include the provision of comprehensive medical case management for people living with HIV who require intensive home and/or community-based services.

Service Plan is a written document identifying a client's problems and needs, intended interventions, and expected results, including short- and long-range goals written in measurable terms.

Social Work Case Management Services include the provision of comprehensive social work case management services including, but not limited to, psychosocial, financial, housing, and related concerns for people living with HIV who require intensive home- and/or community-based services.

Social Workers, as defined in this standard, are individuals who hold a master's degree in social work (or related field) *or BA in social work with 1-2 years of experience from an accredited program.*

From: Barrit, Cheryl
Cc: Wright, Sonja; Lapointe, Catherine; Garibay, Jose
Subject: FW: BOS Motion STD Report Summary
Date: Friday, April 15, 2022 9:26:14 AM
Attachments: 9.28.21 LAC BOS STD Motion.pdf
Commission on HIV STD Letter.pdf
1122150_AddressingtheSTDCrisisinLosAngelesCounty_Item14_Agenda9.28.21_.pdf

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Hello Commissioners:

Please review the summary provided by Commissioner Katja Nelson on the Department of Public Health, Division of HIV and STD Program's response to the Board's STD motion.

Katja: Thank you so much for developing the summary.

From: Katja Nelson <knelson@aplahealth.org>
Sent: Thursday, April 14, 2022 4:11 PM
To: Barrit, Cheryl <CBarrit@lachiv.org>; Wright, Sonja <SDWright@lachiv.org>; Garibay, Jose <JGaribay@lachiv.org>; Lapointe, Catherine <CLapointe@lachiv.org>
Cc: 'Bridget Gordon (bridget.gordon@gmail.com)' <bridget.gordon@gmail.com>; Danielle Campbell <danielle.m.campbell1@gmail.com>; Lee Kochems <LMKanthroconsult@aol.com>
Subject: BOS Motion STD Report Summary

Hi Cheryl,

In case you want to send to Commissioners (or at least PPC), here are my notes for the summary of the STD report:

The DPH/DHSP report on LA's STD crisis in response to the September 2021 Board Motion has now been posted on the Board Correspondence webpage. As a refresher, the Commission sent a letter (attached) to the Board of Supervisors calling on them to take action to combat the STD crisis. Sup. Solis' office authored a motion (attached) asking for an updated landscape of the crisis and opportunities to improve infrastructure and expand resources in LA County.

As part of the report, DHSP has launched a new public-facing STD dashboard that shows data in real-time (cases reported through 3-months prior to the current date) for syphilis, congenital syphilis, and gonorrhea: http://publichealth.lacounty.gov/dhsp/dashboard.htm. The dashboard breaks out cases by demographic characteristics and geographic area for 2019, 2020, and 2021. Future iterations of the dashboard will include key STD metrics and milestones, and DHSP hopes to include a mapping function in the future.

The report is 40 pages long – the main points are summarized below:

- The report reiterates the 2020 statistics included in the Board motion with an emphasis on the increase in syphilis and congenital syphilis rates over the last decade (450% increase among females, 235% increase among males, and an 1100% increase in congenital syphilis cases) and emphasizes that year-to-year increases in STD morbidity have been consistently reported long pre-dating the COVID-19 pandemic.
- The report stresses many times throughout that the STD crisis has not benefited from the same infusion of resources that the HIV epidemic and COVID-19 pandemic have received, including year-to-year increases in federal and state appropriations commensurate to increases in morbidity, large

new federal investments to support national strategies/initiatives, disease control efforts that have longevity, and infusion of resources to undergird all parts of STD control efforts instead of only a few.

- The report stresses that an updated County STD response must align with the magnitude of the existing responses to HIV and COVID-19 in order to have deliberate and sustained progress in reducing STDs in LAC.
- Pages 3-4 name existing partners (Health plans and providers accessed through employer-based or private plans, FQHCs and CHCs, FPACT providers, DPH clinics, DHS-operated care, Ryan White supported programs, community based specialty STD providers, Jail-based services, street medicine and mobile testing for PEH, and school based wellness centers) and a summary of DHSP's funding (which complements STD control efforts from health plans, FPACT, and FQHCs):

Table 1: Summary of Current STD Control Resources Managed by Public Health

Source	Grant Name/ Funding Source	Term	Annual Amount	Target or Focus Areas
Federal (CDC)	Strengthening STD Prevention and Control for Health Departments (PCHD)	January 1, 2022 – December 31, 2022	$3,371,049	Support health department-based STD services
Federal (CDC)	Gonococcal Isolate Surveillance Project (GISP)	January 1, 2022 – December 31, 2022	$15,000	Lab support to detect levels of gonococcal resistance to antibiotics
State (CDPH)	California STD Control Branch – Core STD Program Management	July 1, 2021 – June 30, 2022	$547,050	Personnel, Training, Patient Delivered Partner Therapy, Education, Essential Access Health (EAH)
State (CDPH)	California STD Control Branch – STD Management and Collaboration	July 1, 2021 – June 30, 2022	$497,400	Rapid Tests Kits, STD SDTS Contracts, STD Casewatch, Condoms
County DPH (DHSP)	STD Net County Cost	July 1, 2021 – June 30, 2022	$9,800,000	Personnel, service contracts
County DPH (SAPC)	Federal Substance Abuse Block Grant	July 1, 2021 – June 30, 2022	$9,150,000	School-based Wellness Centers
Resources with Partial STD Focus				
Federal (CDC)	CDC Disease Investigation Specialist (DIS) Infrastructure for COVID, HIV, STD, TB, and Hepatitis (via PCHD Grant)	January 1, 2021 – December 31, 2022	TBD (STD-related investment out of $6,598,516 total)	DIS, Training, Mapping, Evaluation
County DPH (Clinic Services)	Net County Cost	July 1, 2021 – June 30, 2022	$25,300,000 (STD-related investment out of $63,250,000)	Public Health STD Clinic Services

- The report stresses that for many partners, DPH is not involved in financing of services nor is it able to easily influence responsiveness, completeness, or accessibility.
- The report then summarizes the various workgroups DHSP pulled together in the fall to elicit key recommendations. These groups included an internal LAC group, an internal/external group, and an internal metrics and milestones group. Recommendations include:
    - Having an initial focus on strategies to flatten the STD curve
    - Focusing on congenital syphilis and perinatal HIV transmission
    - Identifying interim and long-term benchmarks and reviewing data collection and measurement progress
    - Focusing on clinical practices/provider detailing like syphilis screening during pregnancy
    - Identifying intersecting program areas/strategies to maximize opportunities
    - Ensuring broader access to Bicillin for syphilis and Expedited Partner Therapy (EPT) for gonorrhea and chlamydia
    - Better engaging physicians (provider detailing) and pharmacists (targeted education to increase PrEP and EPT antibiotic prescribing practices)
- On page 17, DPH identified 4 key measures from the Federal STI Strategic Plan that LAC will focus on:

Table 3: STD Performance Indicators and Targets1 for Adoption in LA County (LAC)

Core Indicator	2020 National Baseline	2025 National Target	2030 National Target	2019 LAC Baseline	2020 LAC Baseline
2. Reduce rates of Primary & Secondary (P&S) syphilis	13.6 per 100,000	13.2 per 100,000	12.2 per 100,000	25 per 100,000	TBD
3. Reduce rates of congenital syphilis[2]	67.7 per 100,000	57.6 per 100,000	33.9 per 100,000	86 per 100,000	114 per 100,000
8. Reduce P&S syphilis rate among MSM[3]	461.2 per 100,000	440.4 per 100,000	392.0 per 100,000	385 per 100,000	TBD
12. Reduce gonorrhea rate among African Americans/Blacks	632.9 per 100,000	604.5 per 100,000	538.0 per 100,000	644 per 100,000	TBD

[1] Rates (per 100,000 population) are provisional due to reporting delay and subject to change.
[2] Cases include probable congenital syphilis cases and syphilitic stillbirths. Case counts for 2020 congenital syphilis cases were made available after consultation with the cities of Long Beach and Pasadena. Data source: Long Beach Health and Human Services STD Surveillance (as of 10/29/2021), Pasadena Health Department STD Surveillance (as of 11/3/2021). Rate calculated per 100,000 live births. 2020 live births not yet available. 2020 rates calculated using 2019 live births as a proxy.
[3] MSM defined as men who have sex with men or both men and women. Data for the cities of Long Beach and Pasadena do not differentiate between sexual partners who identify as men and sexual partners who identify as transgender women (male-to-female transgender individuals), and therefore, both are included in the case counts. Rates for MSM were calculated with the assumption that 8% of men in LA County are estimated to be MSM. This was estimated utilizing data from the 2017 National HIV Behavioral Surveillance Survey conducted in LA County

- Additionally, the report emphasizes that more robust reporting, compliance, and monitoring can accelerate STD control efforts:

Table 4: Current Monitoring Mechanism and Consequences for Non-Compliance

Performance Item	Implementation Partner	Service Description	Oversight Body	Systematic Tracking Mechanism	Impact/ Consequence for Non-Compliance
California Healthy Youth Act	School Districts in California	2016 California law requiring school districts to provide comprehensive sexual education once each in middle school and high school	California Department of Education	None; please see Appendix F for more information	None
HEDIS Measure for Chlamydia intended to drive high quality patient centered care	Health Plans (Commercial HMO, Commercial PPO, Medicaid HMO)	Performance metric tied to annual CT screening of young women 16 to 24	National Committee for Quality Assurance		Influences Health Plan Ratings
National Health Center Program Uniform Data System (UDS)	Federally Qualified Health Centers		Health Resources and Services Administration	UDS System; Reporting compliance is high due to rate influence	Reimbursement Rates
1st and 3rd Trimester Screening for Syphilis Among Pregnant Persons	Ob/Gyns, Emergency Room Physicians,	Require syphilis screening during 1st and 3rd trimester of pregnancy	N/A	None	Unclear
Expedited Partner Therapy Utilization	Physicians/Health care providers diagnosing an STD	EPT allows diagnosing clinicians to prescribe or pharmacists to provide treatment for GC or CT for the partners of index patients with a medical visit or a partner name	N/A	None	N/A

- The report recognizes that with limited infrastructure and resources, DHSP must currently support interventions based on core public health principles and functions that will have the greatest impact on reducing rates.
- A chart on page 8 summarizes DHSP's current programming and implementation level across STDs, followed by a description of and current challenges for each intervention on pages 9-14:

Table 2: Summary of Interventions: Current Outreach, Education and Other Program Efforts

Implementation Level

No implementation due to limited funding
Low level implementation
Medium level of implementation
High level of implementation
Service Not Applicable
Highly Recommended Intervention

Congenital Syphilis Focused Interventions	Syphilis Focused Interventions	Gonorrhea Focused Interventions	Chlamydia Focused Interventions
Social Marketing	Social Marketing	Social Marketing	Social Marketing
Community Engagement	Community Engagement	Community Engagement	Community Engagement
Provider Outreach/ Public Health Detailing	**Provider Outreach/ Public Health Detailing**	Provider Outreach/Public Health Detailing	Provider Outreach/Public Health Detailing
Clinical Provider Education and Training	Clinical Provider Education and Training	Clinical Provider Education and Training	Clinical Provider Education and Training
	Condom Distribution	Condom Distribution	Condom Distribution
	Sexual Health Education	**Sexual Health Education**	**Sexual Health Education**
		School-Based Well-being Centers	School-Based Well-being Centers
Syphilis Screening During Pregnancy and Delivery	**Screening, Diagnosis, and Treatment Services**	**Screening, Diagnosis and Treatment Services**	**Screening, Diagnosis and Treatment Services**
Pre-natal Care for Pregnant Persons			
Bicillin Delivery Program	Bicillin Delivery Program		
		Expedited Partner Therapy	**Expedited Partner Therapy**
Treatment Verification	Treatment Verification	Treatment Verification	Treatment Verification
Partner Elicitation and Notification Services	**Partner Elicitation and Notification Services**	Partner Elicitation and Notification Services	Partner Elicitation and Notification Services

- The report highlights the intersection between racism and disparities in STD rates. DPH will work with the County's Center for Health Equity and Anti-Racism, Diversity, and Inclusion Initiative on the following recommendations:
    - Increase contracting incentives and target outreach programs; support utilization of equitable contracting policies to increase eligibility and capacity of diverse organizations led by and who serve disproportionately impacted communities in LAC (including Black and other women of color)
    - Increase inclusion of people with lived experience and more diverse service providers
    - Expand workforce training to ensure staff can identify and address sexual health needs of highly impacted populations (including youth and women of color)
    - Increase access to and utilization of STD services by integrating sexual health and STD prevention programming through community partners and schools
    - Provide training that addresses racism, transphobia, homophobia, and other biases among providers that perpetuate stigma and shame among clients
    - Provide guidance and reporting support to disaggregate data by race and ethnicity and normalize data collection and reporting of sexual orientation and gender identities
    - Facilitate collaboration among multiple County partners to reduce siloed efforts
    - Incorporate data with Equity Explorer to display geographic concentrations of STD infections, increase awareness of geographic need amongst partners and drive investment and collaboration
- The report emphasizes that there is a significant need for training a wide range of public and private sectors to improve sexual health service access patterns, screening rates, treatment rates and the use of partner service and EPT to reduce the number of new infections
- The report concludes on pages 19-25 with a summary of the most recent federal and state investments (including ETE budget and bill successes), LAC's legislative office's support for various budget asks, and a reiteration of the lack of STD resources commensurate with the magnitude of the crisis. The report includes a set of recommendations to increase federal and state funding to support the various activities and challenges described in the report, including:

Table 5: Federal Advocacy Recommendations

Recommendation 1	Appeal to Secretary of Health and Human Services Xavier Becerra to support an STD Control Pilot Program for LA County that helps accelerate progress towards meeting four of the fourteen indicators and targets identified in the Federal STI Strategic Plan.
Recommendation 2	Appeal to Secretary of Health and Human Services Xavier Becerra to launch the Ending the STD Epidemic Initiative: A Plan for America, modeled after the recently launched EHE Initiative and that enlists a renewed commitment from federal agencies, States, Counties and Cities, public and commercial health plans, the biotech sector and the vast network of Federally Qualified Health Centers and Community Health Centers to combat the STD crisis.
Recommendation 3	Appeal to the National Clinical Quality Association (NCQA) to adopt new incentives to improve compliance with the health plan HEDIS measure tied to annual chlamydia screening for young sexually women ages 16 to 24. Furthermore, given the growing rates of chlamydia among young men and gonorrhea among both men and women, appeal for NCQA's adoption of new HEDIS measures to enhance screening in these areas and among these disproportionately impacted sub-populations.

Table 7: State Advocacy Recommendations

Recommendation 1	Appeal to the Superintendent of Public Instruction to develop and implement a systematic tracking system to monitor compliance with the 2016 California Healthy Youth Act (CHYA) and implement strategies to address non-compliance with a focus on areas with the highest numbers and rates of chlamydia and gonorrhea.
Recommendation 2	Appeal to the Secretary of Health and Human Services to develop and implement a tracking system to monitor compliance with the recommendations outlined in the November 16, 2021 Dear Colleague letter related to the expansion of HIV and syphilis testing for pregnant patients and the newly enacted SB 306.
Recommendation 3	Appeal to Governor Newsom to appropriate funds to support the enhancement of California's STD Control Infrastructure to fully operationalize an STD Master Plan that includes congenital syphilis elimination, a reduction of syphilis morbidity to at least 2010 levels, enhanced STD surveillance, geo-mapping and cluster detection capacity, novel STD screening, diagnosis and treatment models and expansion of home testing modeled after the COVID response.

- The report includes 4 appendices including the 2020 STD Data Snapshot released last year, a list of workgroup participants, a 2021 CDPH letter about expanded HIV and syphilis testing for pregnant women, and the core STD indicators summary from the Federal STI National Strategic Plan

I'm going to forward this to some of my other networks, including the folks cc'd in the Commission letter. Any questions can be directed to me and I'll do my best to answer or refer to someone else who might be able to answer ☺

Thanks,

Katja

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The President's Federal Fiscal Year 2023 Budget Proposal
Highlights from the Los Angeles County Perspective

Overview

Introduction: On March 28, 2022, President Joseph R. Biden, Jr. released his Federal Fiscal Year (FFY) 2023 budget proposal. The $5.8 trillion proposal requests $829.2 billion in non-defense discretionary funding and $813.3 billion in defense funding. This represents a nearly 14 percent increase for non-defense spending from the $730 billion enacted in FFY 2022 and a 4 percent increase for defense spending from $782 billion.

The budget includes tax proposals that would raise net revenues by $2.5 trillion over ten years. According to the Administration, this would be accomplished by requiring the wealthy and corporations to pay a minimum tax and close loopholes in the tax code.

The largest proposed change in the tax code would implement a 15 percent minimum tax on corporate profits and create a 20 percent minimum tax on households worth more than $100 million.

The delay in final passage of the FFY 2022 budget, pandemic-related supplemental appropriations, and passage of the Bipartisan Infrastructure Law (BIL) at the end of 2021 has greatly complicated the FY 2023 budget blueprint. As a result, year-to-year comparisons of funding for some programs can be misleading due to large amounts of remaining unspent funds.

Economic Outlook: In 2021, the American economy grew at 5.7 percent, the fastest rate in nearly four decades. The budget projects this growth to continue. The Budget projects a deficit of $1.4 trillion, or 5.8 percent, of GDP for 2022—less than half the deficit and more than $1 trillion less than the deficit for 2021.

The President's Proposed Budget is not binding, rather it serves as a symbolic document highlighting the Administration's priorities.

Prospects of Adoption of this Proposal: The budget serves as a blueprint, but its programs must be passed by Congress and signed by the President to take effect through the appropriations process.

The budget resolution and appropriations bills for FFY 2023 must be approved by Congress. Therefore, it is uncertain if final passage will occur by the start of the new FFY on October 1, 2022. Moreover, this proposal is expected to trigger a debate over deficits and spending.

Purpose of this Document: To highlight key programs and proposals of interest to the County as well as existing policy positions.

Next Steps: This Office is working with affected departments to determine the potential County impact of the President's budget proposal. Working with departments, this Office will identify County advocacy positions for issues of highest priority to the County. This Office will continue to keep the Board advised.

Discretionary Funding – Key Programs of County Interest

Issue Area	Program	Enacted FFY 2022 Funding Level	Proposed FFY 2023 Funding Level
Health and Behavioral Health	Hospital Preparedness Program (HPP)	$295.5 million	$291.7 million
	Substance Use Prevention, Treatment and Recovery Block Grant	$1.9 billion	$3.0 billion
	Community Mental Health Services Block Grant	$1.870 billion	$4.18 billion
	State Opioid Response Grants	$1.525 billion	$2.0 billion
	Ryan White HIV/AIDS Program	$2.5 billion	$2.655 billion
	988 and Behavioral Health Crisis Services[1]	$282 million[1]	$697 million
	Public Health Emergency Preparedness (PHEP)	$715 million	$715 million
	Ending the HIV Epidemic in the U.S. Initiative (EHE)	$125 million	$290 million
Housing	Tenant-Based Rental Assistance	$27.4 billion	$32.1 billion[2]
	Project-Based Rental Assistance	$13.9 billion	$15billion
	Public Housing Fund	$8.45 billion	$8.78 billion
	Community Development Fund	$3.3 billion	$3.77 billion
	Homeless Assistance Grants	$3.2 billion	$3.576 billion
	HOME Investment Partnerships Program	$1.5 billion	$1.95 billion
Children and Families	Child Care and Development Block Grant	$6.2 billion	$7.56 billion
	Child Support Enforcement and Family Support	$4.195 billion	$4.183 billion
	Child Care Entitlement to States	$3.55 billion	$3.55 billion
Aging/Community Services	Home and Community-Based Support	$2.309 billion	$2.83 billion
Homeland Security	State Homeland Security Grant Program	$415 million[3]	$331 million[3]
	Urban Area Security Initiative	$615 million[3]	$531 million[3]
	Emergency Management Performance Grants (EMPG)	$355 million	$355 million
	Assistance for Firefighter Grants	$355 million	$370 million
	Disaster Relief Fund	$18.8 billion	$19.7 billion
Justice	Edward Byrne Memorial Justice Assistance Grants (Byrne JAG)	$674.5 million	$533.5 million
	State Criminal Alien Assistance Program (SCAAP)	$234 million	$0
	COPS Hiring Grants	$157 million	$388 million
	Los Angeles County Drainage Area Operations & Maintenance	$20.22 million	$26.146 million

Infrastructure (Army Corps of Engineers)	Marina del Rey Maintenance Dredging	N/A	$6.91 million
Federal Transit Administration Projects	West Side Purple Line Extension (Sections 1/2/3)	$522.8 million	$813 million
	East San Fernando Valley Light Rail Transit	$5 million	$250 million
Arts	National Endowment for the Arts	$262 million	$203.55 million
	National Endowment for the Humanities	$168 million	$200.68 million
	Institute for Museum and Library Services	$257 million	$277 million

[1] Includes $4 billion in advance emergency appropriations included in the FFY 2022 Omnibus Appropriations bill.
[2] Includes $4 billion in advance emergency appropriations included in the FFY 2022 Omnibus Appropriations bill.
[3] Excluding program set-asides.

Discretionary Funding – County-Advocacy Programs

HEALTH AND BEHAVIORAL HEALTH

Public Health Infrastructure – The budget requests $600 million in flexible funding for Centers for Disease Control and Prevention (CDC) to support core public health capacity investments at the Federal, state, and local levels, an increase of $400 million from FFY 2022. *Consistent with existing Board-approved policy, the County continues to advocate in support of proposals and funding to enhance the nation's public health infrastructure.*

9-8-8 and Behavioral Health Services — The budget requests $697 million, an increase of $590 million over FFY 2022, for Substance Abuse and Mental Health Services Administration (SAMHSA) to support implementation of 9-8-8. *Consistent with existing Board-approved policy, the County continues to advocate in support of proposals to expand and improve access to health and behavioral health services.*

Community Mental Health Centers — The budget requests $413 million in FFY 2023 to support community-based mental health and proposes permanently extending the program. Additionally, the budget proposes funding for Certified Community Behavioral Health Center Expansion Grants by $238 million above FY 2022 enacted and would expand and convert existing demonstrations into a permanent program, allowing all states and territories to participate in the existing Certified Community Behavioral Health Clinic demonstration, including the enhanced Federal Medical Assistance Percentage (FMAP). It would also convert existing and any new demonstration programs to a more sustainable Medicaid state plan option. *Consistent with existing Board-approved policy, the County continues to advocate in support of proposals to expand and improve access to health and behavioral health services.*

Youth Mental Health — The budget requests $308 million, an increase of $163 million above FFY 2022 enacted, for Project AWARE and the Mental Health Awareness Training program. The budget also proposes $225 million, $100 million above FFY 2022, to support the development, implementation, expansion, and sustainability of comprehensive, community-based services for youth with severe emotional disturbance (SED). *Consistent with existing Board-approved policy, the County continues to advocate in support of Rep. Napolitano's Mental Health Services for Students Act (H.R. 721) which would expand Project AWARE.*

HOMELAND SECURITY

State Homeland Security Grant Program – The budget proposes $331 million for the State Homeland Security Grant Program which provides funding to State, local, tribal, and territorial governments to

enhance national resilience and rapidly recover from natural and manmade disasters. *Consistent with existing Board-approved policy, the County continues to advocate in support of increased SHSGP funding, as the County is a direct recipient of funding for this program.*

INFRASTRUCTURE

Additional Army Corps of Engineers Funding for the Los Angeles County Drainage Area – Separate from the FFY 2023 budget proposal, the Army Corps of Engineers released its FFY 2023 "work" plan which uses designates funding from the Bipartisan Infrastructure Law to priority projects. The FFY 2023 work plan designated an additional $33.722 million for operations and maintenance of the LACDA system. The FFY 2022 work plan provided $8.86 million for this project. This funding is not subject to further action by Congress. *Consistent with existing Board-approved policy, the County continues to advocate in support of increased funding for the Los Angeles County Drainage Area.*

Marina del Rey Maintenance Dredging – The budget provides a total of $4.451 billion for the Army Corps of Engineers' Operation and Maintenance program. *Consistent with existing Board-approved policy, the County continues to advocate in support of funding for Marina del Rey.*

KEY PROGRAMS AND REFORMS OF COUNTY INTEREST

HEALTH AND BEHAVIORAL HEALTH

New Mental Health System Transformation Fund — The budget requests $7.5 billion to improve access to mental health services through workforce development and service expansion, including the development of non-traditional delivery sites and the integration of behavioral health services into primary care.

Immunization Programs –The budget requests $1.3 billion, $383 million above FFY 2022, in discretionary funding for Immunization and Respiratory Diseases, that includes $994 million for the discretionary Section 317 Immunization program, research related to long COVID-19, and efforts related to HPV vaccination. Within the discretionary total, the budget also proposes $251 million for CDC's influenza program, with a focus on increased surveillance of novel influenza viruses.

Maternal Health – The budget proposes $470 million across Agency for Healthcare Research and Quality (AHRQ), CDC, Health Resources and Services Administration (HRSA), National Institute of Health (NIH), and the Indian Health Service (IHS) to reduce maternal mortality and morbidity.

Substance Use Disorder — The budget requests $11.4 billion, including $10.8 billion in discretionary funding, for programs addressing opioids and overdose-related activities across U.S. Health and Human Services, for foundational programs supporting the Department's Overdose Prevention Strategy that focuses on four key target areas—primary prevention, harm reduction, evidence-based treatment, and recovery support.

Behavioral Health Workforce — The budget proposes $397 million for Behavioral Health Workforce Development Programs HRSA to train paraprofessionals, increase the number of behavioral health providers in the workforce, and promote team-based approaches to care.

Medicaid Mental Health Provider Capacity — The budget proposes $7.5 billion for the Medicaid program to give planning grants and a demonstration opportunity for states to improve Medicaid mental health provider capacity, complementing the existing Medicaid provider capacity demonstration program for substance use disorder treatment.

Apply Parity to Medicare — The budget proposes legislation to ensure that mental health and substance use disorder benefits under Medicare do not face greater limitations on reimbursement or access to care relative to medical and surgical benefits.

Mandatory Funding for State Enforcement of Mental Health Parity Requirements — The budget proposes $125 million in mandatory funding over five years for grants to support states' efforts to enforce mental health and substance use disorder parity laws.

HUMAN SERVICES

Child Welfare – The budget includes:

- $100 million in competitive grants to advance equity through reforms that would reduce the overrepresentation of children and families of color in the child welfare system, address the disparate experiences and outcomes of these families, and provide more families with the support they need to remain safely together.
- Reduces reimbursement rates for placements in Child Care Institutions and Qualified Residential Treatment Programs (QRTPs) to 5 percentage points below each state's FMAP rate.
- Adds kinship support services as an allowable spending category under the Promoting Safe and Stable Families (PSSF) program and requires states to report on their use of kinship diversions, including the number of children in those settings and the support offered to children and caregivers.
- Maintains the 100 percent Federal reimbursement rate for the Title IV-E Prevention Services Program through FFY 2022, and 90 percent reimbursement for each year thereafter through FFY 2026 (rather than 50 percent as under current law). Thereafter, it provides for the greater of 75 percent or the state's FMAP rate plus 10 percentage points, rather than the current FMAP rate.
- Adjusts Title IV-E reimbursement rates to promote kinship foster care and guardianships by reimbursing states at 10 percentage points above each state's FMAP rate. Title IV-E-eligible placements in unrelated family foster homes would continue to be reimbursed at each state's FMAP rate.
- Increases funding for the John H. Chafee Foster Care Program for Successful Transition to Adulthood by $100 million per year, for a total of $243 million per year. It allows states to serve youth up to age 27. In addition, the budget proposal eliminates the cap on assistance for housing and adds driving and transportation as an allowable cost with no cap.

HOUSING

Housing Supply Fund – The budget requests $35 billion in new mandatory spending over ten years for the Housing Supply Fund. The proposal includes $25 billion in formula grants to State and local housing finance agencies to streamline financing tools for affordable housing development and $10 billion to assist State and local jurisdictions that have adopted housing-forward policies in further removing barriers to the production of affordable housing.

Rental Assistance Programs — The budget proposes $32.1 billion for Tenant-Based Rental Assistance (also known as the Housing Choice Voucher Program) to provide housing assistance to approximately 2.3 million families, including $1.55 billion for 200,000 new incremental housing vouchers. The budget also includes $15 billion for the Project-Based Rental Assistance (PBRA) program. The PBRA program assists approximately 1.2 million low-income households, including transitional housing for people experiencing homelessness. The budget also proposes $8.78 billion for the Public Housing Fund, including $5 billion for operating costs and $3.2 billion for public housing capital needs.

Community Development Fund – The budget proposes $3.6 billion for entitlement and non-entitlement Community Development Block Grants (CDBG) and an additional $195 million through the Community Development Fund to spur economic development in historically underserved communities.

HOME Investment Partnerships Program- The budget also includes $1.95 billion for the HOME Investment Partnerships program to increase affordable housing production and access to homeownership for low-income households.

Homeless Assistance Grants - The budget proposes $3.576 billion for Homeless Assistance Grants to fund a range of housing and service interventions for individuals and families experiencing homelessness, including at least $134 million for new projects to rehouse survivors of domestic violence and for youth, and $20 million to augment local Continuum of Care (CoC) capacity.

IMMIGRATION

Immigration and Asylum – The budget includes $765 million for USCIS to efficiently process increasing asylum caseloads, address the immigration application backlog, and improve refugee processing. It also includes $1.4 billion, an increase of $621 million above the 2021 enacted level, in the Executive Office for Immigration Review (EOIR) to continue addressing the backlog of over 1.5 million cases that are currently pending in the immigration courts. This funding supports 100 new immigration judges, as well as an expansion of EOIR's virtual court initiative. Finally, it would provide $150 million in discretionary resources to provide access to representation for adults and families in immigration proceedings; and $4.5 billion in mandatory resources to expand these efforts over a 10-year period to provide resources to support legal representation in the immigration court system.

JUSTICE

Federal Criminal Justice System Workforce Development – The budget supports key investments in First Step Act implementation, including $100 million for a collaboration between the Department of Labor and Bureau of Prisons to provide comprehensive workforce development services to individuals in the Federal prison system, both during their time in custody and after they are transferred to community placement.

Juvenile Justice Reform – The budget proposes $760 million for juvenile justice programs, an increase of $414 million over the 2021 enacted level, to bolster diversionary juvenile justice strategies. In addition to these resources, funding is provided to support existing reform programs such as the Second Chance Act of 2007, research and innovation programs, and alternative court systems.

TRANSPORTATION, ENVIRONMENT, AND INFRASTRUCTURE

Department of Transportation – To modernize, repair, and improve the safety and efficiency of the Nation's network of roads and bridges, the budget proposes $142 billion for the U.S. Department of Transportation that includes:

- $68.9 billion for the Federal-aid Highway program; $23.6 billion for the Federal Aviation Administration; and $21.1 billion for the Federal Transit Administration.
- $8 billion for new competitive and formula grant programs to rebuild the Nation's bridges; and $4 billion for the Rebuilding American Infrastructure with Sustainability and Equity (RAISE) discretionary grants and the new National Infrastructure Project Assistance (Mega) Grant program
- $1.7 billion for a new resiliency grant program; $1.4 billion to deploy a nationwide, publicly accessible network of electric vehicle chargers and other alternative fueling infrastructure; and $1.3 billion for a new carbon reduction grant program.

Department of the Interior – The budget includes:

- $62.4 million for Reclamation's WaterSMART (Sustain and Manage America's Resources for Tomorrow) programs, which work cooperatively with States, Tribes, and local communities as they plan for and implement actions to increase water supply.

- $5 billion in climate adaptation and resilience programs, and over $675 million for Western water resource infrastructure to address the ongoing drought.

- $321 million to plug orphaned oil and gas wells and reclaim abandoned mine lands on Federal and non-Federal lands, complementing the $16 billion provided in the BIL for orphaned well remediation and abandoned mine reclamation.

Environmental Protection Agency – The budget includes:

- $4 billion for upgrades to drinking water and wastewater infrastructure, including more than $900 million in new resources to fully fund all the water programs authorized in the Drinking Water and Wastewater Infrastructure Act.

- $126 million to research, restrict and remediate PFAS compounds in the environment; $160 million to reduce lead in drinking water; $20 million and for climate adaptation efforts to strengthen the adaptive capacity of Tribes, states, territories, local governments, communities, and businesses; and $25 million for a new water sector cybersecurity grant program.

- $300.8 million to expand support for community-based organizations, indigenous organizations, Tribes, states, local governments, and territorial governments in pursuit of identifying and addressing environmental justice issues through multi-partner collaborations.

- An increase of $240 million for the Sewer Overflow and Stormwater Reuse grant program; and maintains funding for the State Revolving Funds (SRF), which will complement the $23.4 billion provided for the traditional SRF programs over five years in the recently enacted BIL

GENERAL GOVERNMENT

Census – The budget includes $1.5 billion in funding, an increase from the $1.3 billion it received in fiscal 2022. This includes $408 million to finalize and evaluate the Decennial Census and lay the groundwork for a Census 2030 Census.

Elections Assistance Commission – The proposed budget includes $2.04 billion to fund election grants to state and local election officials for critical capital investments and increased staffing and services to protect elections and the right to vote. This is part of a proposed $10 billion over 10 years in new elections assistance funding to provide a predictable funding stream.

EQUITY

Gender Equity and Equality Action Fund – The budget includes $2.6 billion to advance gender equity and equality across a broad range of sectors. This includes $200 million for the Gender Equity and Equality Action Fund to advance the economic security of women and girls. This total also includes funding to strengthen the participation of women in conflict prevention, resolution, and recovery through the implementation of the Women, Peace, and Security Act. It also includes $1.45 billion to bolster the EPA's environment justice efforts that will help create good-paying jobs, clean up pollution, implement Justice40, advance racial equity, and secure environmental justice for communities that too often have been left behind.

Sacramento – Pursuits of County Advocacy Position on Fiscal Year (FY) 2022-23 State Budget Proposals Related to Health, Public Health, and Early Care and Education

This report contains pursuits of County advocacy position on State budget proposals included in Governor Gavin Newsom's FY 2022-23 January Proposed Budget related to Health, Public Health, and Early Care and Education.

Pursuits of County Advocacy Position on State Budget Proposals

HEALTH AND PUBLIC HEALTH

- **Medi-Cal Coverage for All Low-Income Undocumented Adults** – $819.3 million ($613.5 million) in State General Fund (SGF) in FY 2023-24 and $2.7 billion ($2.2 billion SGF) annually at full implementation, inclusive of In-Home Supportive Services (IHSS) costs, to expand full-scope Medi-Cal eligibility to all income-eligible adults aged 26 through 49 regardless of immigration status. Beginning no sooner than January 1, 2024, Medi-Cal would be available to all income-eligible Californians.

  The Department of Health Services (DHS) recommends supporting efforts to protect the uninsured and low-income populations in Los Angeles County and has invested substantially in creating a robust safety net health system to do so.

  Therefore, unless otherwise directed by the Board, consistent with existing policy to support proposals for a public health insurance option for all residents in the State, considering but not limited to, the development of a new State health plan, county-based public options, or a Medi-Cal buy-in option, **the Sacramento Advocates will support the proposed $819.3 million ($613.5 million SGF) in FY 2023-24 and $2.7 billion ($2.2 billion SGF) annually to expand full-scope Medi-Cal for all low-income undocumented adults.**

- **Public Hospital Financing Reform** – To further the standardization of the Medi-Cal program and move towards a more streamlined financing system, the Administration proposes to work with the public hospital systems in FY 2022-23 to reform Medi-Cal payments for public hospitals. The goal of these payment reforms is to drive system transformation to provide person-centered care, reduce administrative burden, and focus on integration, quality, outcomes, and value.
  DHS recommends supporting proposals and funding that are in the best interest of both the State and County to standardize funding sources and increase efficiency while allowing DHS to create and maintain a robust safety net health system that safeguards the health of some of the County's most vulnerable residents.

Therefore, unless otherwise directed by the Board, consistent with existing policy to support, through a coalition with other counties and providers, a dependable, long-term funding source for the health care safety net, **the Sacramento Advocates will support the proposed reform to Medi-Cal payments for public hospitals.**

- **Expanding Home Visiting Services/Black Infant Health** – $50 million in ongoing SGF to expand the California Home Visiting Program and the California Black Infant Health Program, serving approximately 6,000 additional families over five years on top of 3,700 currently served by the Home Visiting Program and 1,650 served by the Black Infant Health Program. Additionally, the proposal will provide greater flexibility for the home visiting models and support early literacy programming.

  The Department of Public Health (Public Health) recommends supporting the proposal for funding and for creating greater flexibility in the language about home visiting. However, Public Health is concerned about the lack of additional ongoing funding support for the Perinatal Equity Initiative, which is the only funding support for a broader range of evidence-based responses to inequality in birth outcomes and has been an important resource locally in the County to address these inequities.

  Therefore, unless otherwise directed by the Board, consistent with existing policy to support proposals that protect the public's health and/or that preserve or increase funding for public health activities including, maternal and child health, **the Sacramento Advocates will support the proposed $50 million in ongoing SGF to expand the California Home Visiting Program and the California Black Infant Health Program and will advocate for additional ongoing funding for the Perinatal Equity Initiative.**

EARLY CARE AND EDUCATION

- **Early Care and Education** – $823.7 million for 36,000 additional subsidized slots compared to FY 2021-22. When combined with the slots funded in the 2021 State Budget Act, this brings the total to over 145,000. Additionally, $373.0 million to support a full year of rate increases while the State continues work with partners and stakeholders toward further rate reform, and increased access to a comprehensive, quality, and affordable childcare and development system as set forth in the Master Plan for Early Learning and Care.

  The Department of Public Health – Office for The Advancement of Early Care and Education recommends supporting additional investments to subsidize childcare slots and reimbursement rate increases, among other investments made in early care and education.

  Therefore, unless otherwise directed by the Board, consistent with existing policy to support proposals to adequately fund high-quality early care and education services for all children from low- and moderate-income families, **the Sacramento Advocates will support the proposed $823.7 million for additional subsidized slots and $373 million for rate increases.**

LA County Commission on HIV

Constructively Candid Conversations

Session 10

County of Los Angeles Department of Workforce Development, Aging, and Community Services
Commission on Human Relations
April Johnson, AJohnson@wdacs.lacounty.gov **Robert Sowell,** RSowell@hrc.lacounty.gov

LOS ANGELES COUNTY COMMISSION ON HIV

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

Plan

30-minute sessions in monthly Commission meetings: presentation of principle or technique and practice/application

One special 90-minute training on what Implicit Bias is and how it operates

Schedule:

1) Why Some Conversations are Uncomfortably Difficult
2) Stages of Relationships
3) Words Matter

< Special 90-minute training on what Implicit Bias is and how it operates >

4) Self-Management
5) Empathy
6) Inquiry
7) Listening without Judging
8) Disclosing, Part 1 - affirming Shared Views
9) Disclosing, Part 2 - presenting Different Facts or Perspective
10) Disclosing, Part 3 - requesting Different Behavior

LOS ANGELES COUNTY COMMISSION ON HIV

Interaction Agreements

Engage Fully – avoid distractions

Represent Yourself – don't claim to speak for others

Share the Space – give room for others to speak

Receive Generously – don't attribute motives

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

Protect Confidentiality – take learning with you, leave stories behind

LOS ANGELES COUNTY COMMISSION ON HIV

Review – Essential Skills for Constructively Candid Conversations

- Self-Management, including Self-Awareness and Self-Control
- Empathy, imagining what another person is experiencing
- Inquiry, learning with open-ended questions
- Listening without judging to Understand
- Disclosing, begin with shared view, end with a request

LOS ANGELES COUNTY COMMISSION ON HIV

Today – 5th of 5 Skills for Constructively Candid Conversations: ***Disclosing*** (Part 3)

Conversations are 2-way communications, so, after we listen, we need to respond

Today – 5th of 5 Skills for Constructively Candid Conversations: ***Disclosing*** (Part 2)

Conversations are 2-way communications, so, after we listen, we need to respond

WHAT we disclose and HOW we disclose it

LOS ANGELES COUNTY COMMISSION ON HIV

	Calling Out	Calling In
WHAT	Denouncing harmful words or behavior	Invitation to discuss harmful words or behavior
WHEN	Urgent need to prevent further harm and express disagreement	Safety is not threatened
	Severe power imbalance that makes conversation unlikely or unsafe	Relationship with potential for influence
	Previous unsuccessful attempts for conversation	Evidence of openness to conversation and learning

"Interrupting Bias: Calling Out vs. Calling In" by Dr. Rebecca Eunmi Haslam, Seed the Way, LLC
"Calling In and Calling Out Guide," Harvard Diversity Inclusion & Belonging

LOS ANGELES COUNTY COMMISSION ON HIV

Today – 5th of 5 Skills for Constructively Candid Conversations: ***Disclosing*** (Part 3)

Disclosing, Part 3

Calling In by Requesting Different Behavior

LOS ANGELES COUNTY COMMISSION ON HIV

Today – 5th of 5 Skills for Constructively Candid Conversations: ***Disclosing*** (Part 3)

Calling In by Requesting Different Behavior

"When I experience (see, hear)…"
"I feel (or think)…"
"I prefer…" (specific behavior)
"Can we agree on that moving forward?"

Practice

"If you really wanted to make things better, you would focus on all the things we have in common rather than the few things that make us different."

"When I experience (see, hear)…"
"I feel (or think)…"
"I prefer …" (specific behavior)
"Can we agree on that moving forward?"

Today – 5th of 5 Skills for Constructively Candid Conversations: ***Disclosing*** (Part 3)

Conversations are 2-way communications, so, after we listen, we need to respond

WHAT we disclose and HOW we disclose it

LA County Commission on HIV

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