



COMMISSION ON HIV

Virtual Meeting

Thursday, June 9, 2022

9:00AM -12:45PM (PST)

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

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

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/onstage/g.php?MTID=e7c4b7b9f84d2092924ba41b4548a1121>

**link is for members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll Access Code: 2590 797 1995

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

**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>

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

Thursday, June 9, 2022 | 9:00 AM – 12:30 PM

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/onstage/g.php?MTID=e7c4b7b9f84d2092924ba41b4548a1121>

**link is for members of the public only*

To Join by Telephone: 1-415-655-0001 Access code: 2590 797 1995

AGENDA POSTED: June 3, 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.



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 | 9:17AM – 9:20 AM |

2. REPORTS - I

- | | | |
|--|--|---------------------|
| A. Executive Director/Staff Report | | 9:20 AM – 9:30 AM |
| a. Operational 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 | | |
| b. June 8 Caribbean-American HIV/AIDS Awareness Day | | |
| C. Presentation: Insights from the Healthy Young Men's Cohort Study | | 9:40 AM – 10:10 AM |
| Racism, homophobia, and basic needs access negatively impact health | | |
| Eric K. Layland, PhD, Post-Doctoral Fellow, Department of Social and Behavioral Sciences, Yale School of Public Health | | |
| D. California Office of AIDS (OA) Report | | 10:10 AM – 10:15 AM |
| E. LA County Department of Public Health Report | | 10:15 AM – 10:30 AM |
| a. Division of HIV/STD Programs (DHSP) Updates | | |
| • Programmatic and Fiscal Updates | | |
| • Ryan White Program (RWP) Parts A & B | | |
| • Monkeypox Update | | |
| F. Housing Opportunities for People Living with AIDS (HOPWA) Report | | 10:30 AM – 10:40 AM |
| G. Ryan White Program Parts C, D, and F Report | | 10:40 AM – 10:45 AM |
| H. Cities, Health Districts, Service Planning Area (SPA) Reports | | 10:45 AM – 10:50 AM |

BREAK

10:50 AM – 11:00 AM

4. REPORTS - II

11:00 AM – 12:00 PM

- | | |
|---|--|
| A. Standing Committee Reports | |
| (1) Operations Committee | |
| a. Membership Application Process/Interview Questions Workgroup | |
| b. PLANNING CHATT Learning Collaborative Participation | |
| c. Bylaws Review | |
| d. Involuntary Leave of Absence (LOA) – Ernest Walker | |
| (2) Planning, Priorities and Allocations (PP&A) Committee | |



- a. PY 32, 33, and 34 Comprehensive Program Directives to DHSP **MOTION #3**
- 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
- d. Oral Health Service Standard: Dental Implants Inclusion | 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 – 12:10 PM

- (1) Aging Task Force | June 7 @ 1pm
- (2) Black/African American Caucus | June 16 @ 4pm
- (3) Consumer Caucus | June 9 @ 3pm
- (4) Prevention Planning Workgroup | June 22 @ 5:30pm
- (5) Transgender Caucus | June 28 @ 10am
- (6) Women's Caucus | June 20 @ 2pm

5. MISCELLANEOUS

A. Public Comment

12:10 PM – 12:20 PM

Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment, virtually by registering via WebEx, or submit in writing at hivcomm@lachiv.org.

B. Commission New Business Items

12:20 PM – 12:25 PM

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

C. Announcements

12:25 PM – 12:30 PM

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

D. Adjournment and Roll Call

12:30 PM

Adjournment for the meeting of June 9, 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 Comprehensive Program Directives to DHSP for Program Years 32, 33, and 34 as presented or revised.



COMMISSION ON HIV MEMBERS:

<i>Danielle Campbell, MPH, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Miguel Alvarez	Everardo Alvizo, LCSW
Jayshawnda “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	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)
Justin Valero, MPA	Ernest Walker, MPH (LoA)		
MEMBERS:	41		
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



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

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

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 6/6/22

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

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

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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 Affiliation)	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 Affiliation)	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
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WALKER	Ernest	No Affiliation	No Ryan White or prevention contracts



ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: June 6, 2022
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 12 Number of Quorum= 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
Danielle Campbell	Co-Chair, Comm./Exec.*	Commissioner
Al Ballesteros	Co-Chair, PP&A	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
Justin Valero	Co-Chair, Operations	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 10:00 AM-12:00 PM		
Number of Voting Members= 11 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 Magaña	*	Alternate
Carlos Moreno	*	Commissioner
Juan Preciado	*	Commissioner

Committee Assignment List

Updated: June 6, 2022

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

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1 st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 10 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Alasdair Burton	*	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
Courtney Armstrong	DHSP staff	DHSP

Committee Assignment List

Updated: June 6, 2022

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEERegular meeting day: 1st Tuesday of the Month

Regular meeting time: 10:00AM-12:00 PM

Number of Voting Members = 11 | Number of Quorum = 6

COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
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 (LOA)	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUSRegular 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 TASKFORCE (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



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 May 12, 2022

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

COMMISSION STAFF & CONSULTANTS
Cheryl Barrit, Jose Rangel-Garibay, Dawn McClendon, Sonja Wright
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF
J. Tolentino, M. Haymer, Sherry Yin, L. Reynolds, C. Armstrong, A. Arsenyan, P. Ogata, V. Scott, B. Valencia, A. Doolittle, M. Haymer, S. Selassie, S. Oksuzyan, Carla Ibarra, Brett Moulton, W. Garland

*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 051222 Final.pdf \(kc-usercontent.com\)](#)

CALL TO ORDER AND ROLL CALL: Danielle Campbell, Co-Chair, called the meeting to order at 9:06am. James Stewart, Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, , M. Cielo, E. Davies, K. Donnelly, A. Fuller, T. Green, F. Gonzalez, K. Halfman, L. Kochems, J. Magaña, E. Martinez, C. Moreno, 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 April 14, 2022 Commission on HIV Meeting Minutes, as presented or revised (*✓Passed by Consensus*).

C. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- Danielle Campbell welcomed the attendees. Bridget Gordon 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 welcomed Dawn McClendon back from leave and expressed her appreciation for the Commission on HIV (COH) staff for being a strong team and supporting each other with workload and ensuring the smooth operations for the COH.
- On April 26, the Board of Supervisors (BOS) voted for the continuation of virtual meetings for another 30 days (through May 24). It is not known if the BOS will continue AB 361 findings after May 24. Per County Counsel's guidance, if the BOS does not continue the AB 361 findings, the Commission can make its own findings under AB361 going forward. The Executive Office has advised staff to put a motion on the next month's COH agenda to determine the continuance of virtual meetings. C. Barrit reminded the members to be flexible with the evolving guidance from the Executive Office and County Counsel on AB 361.
- C. Barrit reminded Commissioners of the mandatory training series for 2022 and the quizzes to promote ongoing learning. A quiz associated with the history of the COH was emailed to Commissioners on May 2. The first five Commissioners who provide the correct answers to all questions received a \$25 Target gift card. She congratulated the following Commissioners for providing the correct responses: Dr. L. Spencer; Felipe Findley; F. Gonzalez; Luckie Fuller; and Kevin Donnelly

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

- AJ King was not in attendance and the CHP update was provided by C. Barrit. AJ King is in the final stages of completing and pilot testing the HIV workforce capacity survey. The surveys are anticipated to be in circulation by next week.

B. Co-Chairs' Report

a. Vacant Seats, Renewals, and Membership Drive

- D. Campbell and B. Gordon welcomed new members. Jayshawnda "Jayda" Arrington, Unaffiliated Consumer for Service Planning Area (SPA) 6. Jayda is a former Consumer Caucus Co-Chair and has been actively participating in various Commission meetings. Jose Magaña serves as an Alternate and is from The Wall Las Memorias Project.
- The Co-Chairs announced several vacancies on the Commission and encouraged members of the public and agencies to support their clients to apply to the Commission. To qualify for any of the unaffiliated consumer seats, applicants must meet the following criteria defined by the Ryan White CARE Act: 1) be a person living with HIV; and 2) receiving a Ryan White Part A service in Los Angeles County; and 3) not employed, serve on the Board, or as a consultant of an agency receiving Ryan White Part A funding from the County. The following seats are vacant and applications are accepted on an ongoing basis:
 - Unaffiliated consumers for SPA 1, 3, 4, 6, and 7

- Unaffiliated consumers for supervisorial districts 1, 2, 3, 4, 5; 3
- 1 Unaffiliated consumer at-large
- 1 Provider representative
- 1 HIV stakeholder
- 1 local health/hospital planning agency
- D.Campbell reminded members whose seats are up for renewals to submit their membership applications to staff. She thanked Commissioners who have already submitted their renewal applications. Members who wish to renew their membership on the COH must submit their application by Friday, June 10, 2022. If the office does not receive a response by June 10th, staff will take the non-response as members' intent to not renew at this time.

C. Presentation: Act Now Against Meth (ANAM) Platform, Richard Zaldivar, Founder/Executive Director, The Wall Las Memorias

- D.Campbell welcomed Richard Zaldivar for joining the meeting to provide an update on the Act Now Against Meth Platform. R. Zaldivar is a former Commissioner and the Executive Director of The Wall Las Memorias Project. In 2020, The Wall Las Memorias (TWLM) launched the Act Now Against Meth campaign to meet the dire need to confront the methamphetamine epidemic in Los Angeles County. The presentation provided information about the community mobilization and advocacy platform they have developed to bring much-needed attention to the meth crisis in Los Angeles County.
- R. Zaldivar was joined by ANAM partners, Guilmar Perdomo, Everdardo Alvizo, and Elena Rosenberg-Carlson for the presentation. Refer to packet for presentation materials and details. Key messages from the presentation include:
 - The ANAM Coalition engaged in a very robust, thoughtful, and extensive community mobilization, planning, and advocacy process to develop the platform. Former meth users were involved in the platform development process and provided critical input in shaping the recommendations.
 - 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.
 - Incorporate comprehensive HIV, STI, and viral hepatitis screening, as well as PrEP/PEP navigation services, in substance use prevention.
 - Improve cultural proficiency among County departments and service providers.
 - Implement harm reduction principles.
 - Fund, invest in, and increase coordination of treatment efforts between mental health and substance use providers.
 - 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
 - Expand access to contingency management services.
 - 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.
 - Support efforts to decriminalize drug possession and increase diversion programs.
- R. Zaldivar noted that Supervisor Hilda Solis has committed to championing the platform and will sponsor a motion directing appropriate County departments to report back on their synthesis of the platform and develop a timeline for action. The motion is anticipated to be agendized in early June and would be an opportunity for the COH to lend their support. Furthermore, he appealed to the community to continue the advocacy efforts because the work of addressing meth is far from over.
- Questions and ideas from the audience:

- Consider creative and non-stigmatizing approaches to address meth use and sex such as the use of acupuncture and non-mainstream medicine or interventions.
- Explore using emergency financial assistance programs to provide financial assistance for individuals to seek treatment services in halfway houses to pay for their rent while they are in residential treatment facilities. This would prevent homelessness among a particular population that is extremely vulnerable.
- Provide more clarity on diversion programs. Identify treatment facilities in the County and engage more/pay more attention in the South Los Angeles area.
- Substance use treatment services are covered by Medi-Cal. Treatment facilities that require patients to pay cash must be investigated and policies put in place to prevent patients from being taken advantage of.
- R. Zaldivar stated that one concern to consider about treatment centers is that they have an adequate number of culturally and linguistically competent staff and programs for the LGBTQI communities. There is a need to train the existing network of treatment centers on LGBTQI issues and care.

D. California Office of AIDS (OA) Report

- Karl Halfman and Alicia Vargas provided the OA Report. The May 2022 issue of the OA Voice newsletter was used for the report. See packet for details.
- The *California HIV Surveillance Report - 2020* is now available on the OA Case Surveillance Reports webpage. 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.
- OA and the California Planning Group (CPG) will host a four-day virtual 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). 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.
- 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. The link to the infographic is provided in the OA Voice, included in the meeting packet.
- Vargas reported on behalf of the ADAP Program. As of 5/12/22, there are 4,298 enrolled in the PrEP-AP program.
- K. Halfman noted that 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.
- D. Thomas inquired if there was any process in place for ADAP to cover medications not directly related to HIV needed by PLWH and not require the client to pay any out-of-pocket costs. A. Vargas responded that ADAP covers various ART drugs medicines for STIs and other co-morbidities. ADAP takes a holistic approach to pharmaceutical care. There is a Medical Advisory Committee (MAC) that reviews requests for medicines to be included in the ADAP formulary. Anyone can submit suggestions to MAC for drugs to be included in the ADAP formulary. A. Vargas encouraged the public and Commissioners to submit suggestions to the OA suggestion email found on their website. The MAC meetings are open to the public.
- Dr. Sattah inquired if OA will include Apretude on the ADAP and PrEP-AP formulary. A. Vargas noted the OA is working on adding several long-acting injectibles drugs in phases and the rollout for inclusion in pharmacy benefits programs and sites is in the works.

E. LA County Department of Public Health Report

a. Division of HIV/STD Programs (DHSP) Updates

- Mario Pérez, DHSP Director, introduced their newly launched HIV and STD Data Dashboard and Sherry Yin provided a walkthrough of the interactive data dashboard. The dashboard is accessible via <http://publichealth.lacounty.gov/dhsp/Dashboard.htm>
- M. Pérez mentioned DPH's response memo to the Board motion on the STD crisis. The public-facing dashboard is one of the ways that DHSP seeks to monitor and respond to the ongoing STD crisis in Los Angeles County (LAC). There continue to be limited resources directed to STD response and infrastructure development which will continue to hamper an effective response to the epidemic.
- There is a user guide available on the DHSP website for more detailed information on its functionalities, data narratives/summaries, and navigation features.
- Data is available by demography, historical time trends, health districts, and service planning areas.
- The dashboard is a supplement to the annual HIV and STD surveillance report and is not final. S. Yin reminded the audience that trend data will change with monthly data updates to the platform.
- S. Yin encouraged the community to explore the dashboard on their own to fully appreciate the interactive nature of the dashboard. Feedback is welcomed. The audience appreciated the dashboard, with several Commissioners congratulating DHSP on their hard work.
- S. Yin noted that DHSP is looking into predictive modeling as another layer of improvement to the dashboard and overall data infrastructure to marshal an effective response to the STD crisis. For instance, are increases in syphilis infections among women, predictive of increases in HIV cases in women?
- In response to an audience question, the COVID dashboard is available at <http://publichealth.lacounty.gov/media/Coronavirus/data/>
- M. Pérez stated that DHSP is reviewing very closely if the increase in HIV and STD cases is real or an artifact of delayed or under-reporting in 2020.
- M. Pérez reported that Dr. Andrea Kim, former Chief Surveillance at DHSP, is now the Director of the DPH Vaccine-Preventable Disease Control Program. Dr. Ekow Sey will serve as DHSP Acting Chief of Surveillance. He thanked DHSP staff for leading DHSP's surveillance activities while Dr. A. Kim was deployed to COVID response assignment.
- DHSP is finalizing recommendations on the biomedical prevention contracts/funding which will start July 1. Recommendations will be shared with the COH once finalized. There are various system-level changes such as Medi-Cal expansion for people over 50 regardless of immigration status and CalAIM that have a potential impact on the Ryan White care system. He suggested carving out time at future COH meetings for a focused discussion on how these changes would impact HIV services. Potential services that may be impacted include home-based case management, transportation, and outpatient/ambulatory.

F. Housing Opportunities for People Living with AIDS (HOPWA) Report

- J. "Chuy" Orozco provided the HOPWA report. The Mayor recently provided the proposed budgets for HOPWA. Almost all regional offices are receiving large increases in funding to partially help retain frontline staff who serve as critical infrastructure and backbone for service delivery and navigation. He is waiting to get information on the number of tenant-based rental assistance (TBRA) certificates that will be available.
- His office is working on Request for Proposals (RFPs) for the Homeless Management Information System (HMIS) and central coordinating agency. They hope to improve the HMIS to provide real-time data on housing needs and available vouchers to be more expeditious in housing eligible clients. The DHSP dashboard is a good model to explore and help shape the HMIS RFP.
- J. Orozco noted that his office is continuing to work with HOPWA providers to ensure that all housing resources are maximized. Programs such as Housing is Key, have added more resources to permanent housing and short-term mortgage, rental, and utility assistance (STMURU).

- In response to increasing staff capacity to respond to client needs, his office will be releasing a job announcement for a project coordinator.
- The Housing Authority of the City of Los Angeles (HACLA) will be hosting a series of landlord orientations accessible via <https://www.hacla.org/en/about-section-8/landlord-information> to recruit more landlords to participate in Section 8 program.
- In response to a question from the audience, J. Orozco noted that some clients stay in the tenant-based rental assistance program for several years, while some are able to transition to permanent or other forms of housing in 24 to 40 months. The transition period depends on the client's needs and housing availability. Identifying landlords to accept Section 8 vouchers has been a historical issue and HACLA continues to conduct outreach and educational sessions to expand the network of landlords in the Section 8 program. K. Stalter and J. Valero offered landlord contacts who may be willing to participate in the program.
- D. Thomas implored HOPWA to establish a process to ensure accountability, productivity, and responsiveness among contracted housing providers. He would like to see the 7-month wait time reduced and for providers to return client phone calls and emails within a couple of days, especially in light of the increase in funding for contractors.
- K. Stalter expressed his support for working with landlords. He suggested developing fact sheets that highlight the benefits of participating in Section 8. He also suggested that HIV organizations reach out to their donors who may be landlords to participate in Section 8. Another source of possible Section 8 landlord partners is pastoral residences. There may be an option to support faith-based organizations financially while also expanding housing units for PLWH.
- Several consumers on the Commission and the audience had similar experiences with the paperwork burden, long waiting lists and turnaround time to hear from housing providers, and traumatic and stressful/unpleasant experiences with the HOPWA and Section 8 application process. Housing vouchers are hard to get and tend to be accepted only in unsafe neighborhoods. Incentivizing landlords and making the inspection process less burdensome might attract more landlords to engage in publicly funded housing programs.
- In response to a question from the audience, J. Orozco stated that housing specialists are charged with assessing the comprehensive needs of clients and linking them to benefits for which they may qualify. Housing specialists also provide education and coaching on personal finance and budgeting. Wrap-around services are provided by housing specialists and housing partners.

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

- Part C : *No report provided.*
- Part D: Dr. M. Cielo reported that UCLA LAFAN is in the process of implementing an incentives-based retention project for women, infants, children, and youth (WICY) clients with the overarching goals of keeping clients healthy, thriving, and virally suppressed. It is anticipated that the program will be launched in the Fall of 2022. The project will target 50 participants who are struggling with remaining engaged in care and achieving viral load suppression.
- Sixty-five women and ten children attended the Mother's Day event sponsored by LAFAN and APLA. Jazmin Rojano from LAFAN was elected as Co-Chair for the Los Angeles Women's HIV/AIDS Task Force.
- The MCHA Clinic was recently selected as one of four sites for an incentives-based retention program called "I Care" in California. The target population is patients under 30 years including pregnant women (could be over 30 years).
- Part F/AETC *No report provided.*

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

- City of Pasadena. *No report provided.*
- City of West Hollywood (CWH). *No report provided.*
- City of Long Beach (CLB). E. Alvizo reported that the Long Beach Department of Health and Human Services has put together a quarterly newsletter called, *The Long Beach HIV/AIDS Strategy Digest*, to communicate progress

with meeting the goals of the strategy. Examples of selected highlights include Long Beach HIV physician, Dr. Cliff Okada, leading rotations with Long Beach Memorial Care to ensure adherence to HIV standards of care; promoting of events and prevention messages via social media and in the community; and a Bicilin distribution program to curb the STD crisis.

- City of Los Angeles (CLA): *No report provided.*

4. REPORTS – II

A. STANDING COMMITTEE REPORTS

(1) Operations Committee

New Member Applications

- Justin Valero and Luckie Fuller provided the report. Operations Committee presented a motion for a new membership application. The applicant is Dr. Michael Cao for Board Office #5 Seat (Supervisor K. Barger’s office). Dr. Cao introduced himself to the Commission and indicated his appreciation for the group and excitement regarding the opportunity to be of service to the community. He is a US Air Force veteran and a cardiologist.
- **MOTION #3:** Approve motion to accept membership for Dr. Michael Cao for Board Office 5 seat, as presented or revised. **Passed by Majority Roll Call Vote (Ayes:** M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, L. Fuller, T. Green, F. Gonzalez, L. Kochems, J. Magaña, E. Martinez, M. Pérez, J. Preciado, R. Rosales, H.G. San Agustin, M. Sattah, L. Spencer, K. Stalter, J. Valero, B. Gordon, D. Campbell; **No:** 0; **Abstain:** K. Halfman, D. Thomas)
- **Attendance:** The Operations Committee reviewed the quarterly attendance at its last meeting held on Thursday, April 28. Overall, there were no red flags, and as such the Committee will discuss ways to acknowledge perfect attendance at its upcoming meeting.
- **2022 Mandatory Training Registration:** L. Fuller reminded Commissioners to register for the remaining 2022 trainings. The next training session will be held on July 21 from 3-4:30pm and will provide an overview of Ryan White Care Act Legislation and discuss Membership Structure and Responsibility. He encouraged Commissioners to participate in the quizzes for prizes.
- **Membership Application Process/Interview Questions Workgroup:** The workgroup met Thursday, May 5 and has almost completed the HIV Workforce/Service Provider Representatives section of the questions; there are only two sections left to review and revise. The next workgroup meeting is May 19, from 9am-11am, the group will finish the last two sections and review/reflect on the overall document.
- **Planning CHATT Learning Collaborative:** The last meeting was on April 21 and the training focused on new member engagement, orientation, and training. The main takeaway from this session was new Commissioners feel like outsiders who are less knowledgeable than the rest of the body and as such, we should focus on supporting active participation and encouraging new perspectives while valuing diverse community voices. The next Planning CHATT meeting is scheduled for Thursday, May 19, and will discuss leadership development and mentorship.
- L. Fuller reminded Commissioners whose seats are up for renewal must respond to staff by May 13 to confirm their intentions to renew membership.

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

K. Donnelly provided the report.

- **DHSP Program Directives:** The PP&A Committee met on April 19 and used most of its meeting time reviewing the updated draft of the Program Directives to DHSP. These directives go hand in hand with the Ryan White service rankings and resource allocations and direct DHSP on how the Commission expects the funds to be spent. There was a discussion on defining status neutral to help deliver a more inclusive spectrum of HIV prevention and care in Los Angeles County. The Committee also discussed input from the various caucuses and subgroups. The group hopes to secure the Committee’s approval on May 17. All are welcome and encouraged to attend.

- **2022-2026 Comprehensive HIV Plan (CHP):** An update was provided earlier in the meeting and K. Donnelly stated that PP&A continues to meet with AJ King on a monthly basis to provide feedback on the CHP and keep abreast of its development.
- K. Donnelly stated that he looks forward to more discussions around CalAIM and determining strategies to integrate efforts in the Commission's planning and resource allocations process.
- A. Ballesteros posed a question to the larger body and DHSP. He inquired how the expanded Medi-Cal eligibility to people 50 years and older regardless of immigration status would impact the Ryan White (RW) care system. What kind of impact will this change have on RW services? There are implications for ambulatory/outpatient medical, mental health, and other RW service categories. Is there any work being done at the Committee or DHSP level around the Medi-Cal expansion? K. Donnelly responded that the Committee would need to take up the issue and lead the larger discussion with the Commission. M. Pérez added that DHSP is currently looking at the potential impact of Medi-Cal expansion in California in persons over 50 years regardless of immigration documentation status. The Planning, Development and Research (PDR) unit at DHSP has started reviewing the number of visits to estimate the cost of tied to a number of RW clients who could potentially move to Medi-Cal. DHSP is reviewing service data around ambulatory/outpatient medical (AOM), mental health, and oral health services. DHSP will share the data once the analysis is completed. The outmigration from RW to Medicaid (aka Medi-Cal in California), will impact the PP&A Committee's funding deliberations. PP&A needs to be prepared to reprogram potential savings due to the movement of clients to Medi-Cal.
- A. Ballesteros added that it would be useful to get the hard, actual numbers of the clients who would move to Medi-Cal, in addition to the projections and estimates.. His agency and other community clinics are now starting to look at their patient population and informing them that they could now qualify for medical care under the expanded Medi-Cal program. Anything that DHSP could do to support similar efforts would be helpful for the community and those clients who will migrate to Medi-Cal to ensure continuity of care. M. Pérez noted that there are approximately 11,000 patients under AOM, 900 for oral health, and a far fewer number for mental health, and a potential cost saving of \$3.9 million when the average cost per client per visit over a year is taken into account—this data extrapolates data for clients between the ages of 50 and 64 and at 134% or below the federal poverty level (the income threshold for Medi-Cal eligibility).
- B. Gordon nominated A. Ballesteros as PP&A Co-Chair. A. Ballesteros accepted the nomination. The matter will be taken up as a vote at the next PP&A meeting.
- **Prevention Planning Workgroup:** M. Martinez provided the report. He thanked DHSP for encouraging the prevention services contractor to attend PPW meetings. The Prevention Planning Workgroup (PPW) met on April 27 and spent the majority of the time discussing the development of a survey to assess Commissioner's understanding and capacity to engage effectively in integrated prevention and care planning.
- The survey will provide a baseline for understanding attitudes, knowledge, and beliefs toward prevention planning. The workgroup will review a draft questionnaire with a timeline for completion at our next meeting on May 25 from 5:30pm to 7:00pm.
- The group also reviewed a list of activities as a potential list of goals/activities for the rest of the year.
- Dr. King suggested holding an educational session on injectable PrEP at an upcoming PPW or COH meeting.

(3) Standards and Best Practices (SBP) Committee

Erika Davies provided the report. SBP met on May 3 and discussed the following:

- **Benefit Specialty Service Standards:** The Committee did not have a quorum and was not able to approve the agenda and meeting minutes from the April 2022 meeting. The Committee also did not vote on the motion to approve the Benefits Specialty Services standards. The item will be taken up at the June 7 meeting for approval.
- **Dental Implants Addendum to Oral Health Service Standards:** COH staff shared a summary of the feedback received during the Oral Health Subject Matter Expert Panel held in February 2022 and noted they have begun drafting an addendum to the oral health service standards regarding dental implants. COH staff will present the draft addendum at the June 7th Committee meeting.

- **Home-based Case Management Service Standards:** The Committee announced a 30-day public comment period for the Home-Based Case Management (HBCM) service standards starting on May 6th and ending on June 6th. The document is available on the COH website and comments can be emailed to HIVCOMM@lachiv.org
- **Transitional Case Management – Jails Service Standards:** The Committee began a review of the Transitional Case Management-Incarcerated/Post-Release (TCM-IPR) service standards. Highlights from the discussion include determining if the comprehensive assessment is unique to Youth TCM; identifying appropriate terminology to replace “inmate” phrasing; and researching TCM standards in other jurisdictions.
- The Committee’s next meeting is Tuesday, June 7 from 10am-12PM. The Committee will continue reviewing the Transitional Case Management-Incarcerated/Post-Release (TCM-IPR) service standards and initiate a review of the Oral Health service standards addendum. Additionally, the Committee will review public comments received for the HBCM service standards and move to approve the Benefits Specialty Services (BSS) service standards.

(4) Public Policy Committee (PPC)

- K. Nelson reported that the Committee met on May 2 and continued to review the federal budget and legislative docket. The Committee also discussed at length the policy priorities document to refine its purpose and make the policy statements more organized and succinct. The Committee is looking into developing specific actionable items within the policy document.
- PPC will have a follow-up discussion on the ANAM presentation today and determine how the Commission can support community-wide efforts to address meth.
- The Governor’s May Budget Revision will be released on May 13 and the Committee will review the final budget.
- The Committee’s next meeting is Monday, June 6 from 1-3PM

B. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

(1) Aging Task Force (ATF)

- A. Ballesteros introduced the motion to approve the continuation of the ATF as a Caucus. He noted that the matter has been discussed several times within the ATF and Executive Committee and he appreciated the feedback from the Commissioners. He noted that the work product of the Caucus has been presented to the group and is in the packet. He thanked the Co-Chairs for their input and noted that when individuals are willing to discuss and understand different perspectives, the process tends to yield a better outcome for the group.
- **MOTON #4:** Approve the continuation of the Aging Task Force as a Caucus. The Parliamentarian originally asked for any objections but was redirected by C. Barrit to do a roll call vote due to the teleconferencing nature of the meeting. **Passed by Majority Roll Call Vote (Ayes:** M. Alvarez, E. Alvizo, J. Arrington, A. Burton, M. Cielo, E. Davies, K. Donnelly, L. Fuller, T. Green, F. Gonzalez, K. Halfman, L. Kochems, J. Magaña, K. Nelson, J. Orozco, M. Pérez, J. Preciado, I. Rodriguez, R. Rosales, H.G. San Agustin, K. Stalter, D. Thomas, J. Valero, B. Gordon; **No:** D. Campbell; **Abstain:** 0)
- A. Ballesteros noted that the Aging Caucus recognizes the needs of older PLWH but is also cognizant of being able to help people as they become older and ensure that they have the care they need. The Caucus will take the approach of looking at the individual throughout the life spectrum. You cannot have healthy older persons unless they understand how to take care of themselves when they are younger. The ATF understands the disease progression as they relate to getting older.

(2) Black Caucus (BC) | UPDATE

- COH staff, D. McClendon provided the report on D. Campbell’s behalf. The April BC meeting was canceled due to the Co-Chairs’ attendance at the HIV Biomedical Summit in Chicago. The next meeting will be held on May 19 at 4pm to provide feedback on the County’s Racial Equity Strategic Plan and provide feedback on the Comprehensive HIV Plan.

(3) Consumer Caucus

A. Burton provided the report. Consumer Caucus met on April 14 and discussed the following:

- Refined the workplan and received clarification that water will be permitted in the Vermont Corridor conference rooms but food consumption will be restricted to a specific area.
- The Caucus' next meeting is Thursday, May 12 from 3pm-5PM. The consumer Co-Chairs from various committees will report back on their key activities.
- The Caucus is still seeking nominations for a third Co-Chair. If time permits, the Caucus will discuss follow-up steps to the STD Board motion and a review of the COH website.

(4) Prevention Planning Workgroup (PPW) – See PPP&A report.

(5) Transgender Caucus (TG)

I. Rodriguez provided the report. The Transgender Caucus met on April 26 and discussed the meeting:

- The TG Caucus held a community listening session led, by AJ King on the Comprehensive HIV Plan. Examples of feedback provided include:
 - Focus on the strengths of the trans community such as the community being clever; protecting one another; hustlers; problem solvers; and strategic thinkers.
 - Incentivize HIV testing
 - Offer workforce development opportunities for TGI communities.
 - TGI communities may experience burnout in discussing HIV/STDs.
 - Identified medical mistrust, discrimination, and access to resources as barriers to HIV testing. More resources are needed for transmasculine individuals.
 - Use the term “wellness check” to provide support for people living with HIV.
- Finally, the Transgender Caucus planned their next virtual event for May 24 which will focus on sexual pleasure. The title of the virtual event is, "The Power in Pleasure: Inclusive Sexual Education Through a Youth Lens." The educational session will feature trans youth and explore the complexities of consensual sex, healing and sexuality, and the nuances of sex work within the landscape of HIV prevention. A flyer with the registration details will be released soon. Join this great learning opportunity on May 24 from 10 am to 12 noon.

(6) Women's Caucus

Dr. M. Cielo provided the report. The Women's Caucus met on April 18 and reviewed the draft Program Directives to DHSP to help the Planning, Priorities, and Allocations Committee update the document to ensure women's needs are met. Examples of suggestions on the directives included:

- Continuing to explore how to expand childcare services by funding informal childcare.
- HIV service providers should offer permanent services for women, such as support groups.
- Discussed the importance of providing a safe space for consumer input by improving outreach to women.
- Enhance the services provided to women to accommodate different needs.
- Transportation should be offered to women-centered events to increase participation. Events and services for women should be held in venues with free and accessible parking.

The Women's Caucus provided feedback to AJ King, Comprehensive HIV Plan (CHP) Consultant, on the draft workforce capacity survey that seeks to get the perspectives of consumers. Examples of suggestions provided by the group included:

- Advised against offering a raffle entry as an incentive for participation in the survey. They suggested providing a small incentive for every participant.
- Make the survey available in Spanish. AJ King confirmed that the survey will be available in Spanish.
- Add dental services to the survey.
- Rewording the phrase “culturally competent” to be more understandable for consumers.
- Shortening and simplifying the questions.

- Next Meeting: May 14 @ 2pm to 4pm via WebEx

5. DISCUSSION: Los Angeles County Human Relations Commission Training & Guided Discussion | Disclosing, Part 3: Requesting a Different Behavior

R. Sowell, Assistant Director, Human Relations Commission, facilitated the final workshop for the year-long training. The session focused on requesting a different behavior to engage in a constructive conversation. The training materials are in the packet. Several Commissioners thanked R. Sowell and A. Johnson for the training.

6. MISCELLANEOUS

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

- K. Donnelly shared that a consistent concern that he is hearing at meetings he attends is the insufficient level of funding and limited funding sources to help people attain adequate care and services. He advocated for universal healthcare. Many issues would be resolved if all members of the community are connected to care and once all people are connected to care, the community can focus on improving the quality of care.

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.

- D. Thomas stated that June is Caribbean Heritage Month and June 8 is Caribbean-American HIV/AIDS Awareness Day. He suggested that the COH recognize the day in some way to raise awareness and support for the Caribbean American community.
- J. Orozco stated that the City of Los Angeles released a report on bridge building and street engagement to reduce conflict. The report was sponsored by Council District 10. The report touches upon housing and how multiple partners collaborate to serve people who are experiencing homelessness. He suggested that a presentation of the report to the full body may help facilitate a dialogue around addressing homelessness.

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

- J. Moore from the AMAAD Institute announced that the Ending the HIV Epidemic Community Mobilization and Engagement Project is holding a community event in South Los Angeles. More information is available at the AMAAD Institute website.

D. ADJOURNMENT AND ROLL CALL:

The meeting was adjourned at 1:25pm.

Roll Call (Present): M. Alvarez, E. Alvizo, J. Arrington, A. Burton, M. Cielo, E. Davies, K. Donnelly, L. Fuller, T. Green, F. Gonzalez, K. Halfman, L. Kochems, J. Magaña, E. Martinez, K. Nelson, J. Orozco, M. Pérez, J. Preciado, I. Rodriguez, R. Rosales, H.G. San Agustin, K. Stalter, D. Thomas, J. Valero, B. Gordon, D. Campbell.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve the April 14, 2022 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 3: Approve motion to accept membership for Dr. Michael Cao for Board Office 5 seat, as presented or revised.	<i>Passed by Majority Roll Call Vote</i> Ayes: M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K.	MOTION PASSED AYES: 24

Commission on HIV Meeting Minutes

May 12, 2022

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MOTION AND VOTING SUMMARY		
	Donnelly, L. Fuller, T. Green, F. Gonzalez, L. Kochems, J. Magaña, E. Martinez, M. Pérez, J. Preciado, R. Rosales, H.G. San Agustin, M. Sattah, L. Spencer, K. Stalter, J. Valero, B. Gordon, D. Campbell; No: 0 Abstain: K. Halfman, D. Thomas	OPPOSED: 0 ABSTENTIONS: 2
MOTION 4: Approve the continuation of the Aging Task Force as a Caucus.	Passed by Majority Roll Call Vote Ayes: M. Alvarez, E. Alvizo, J. Arrington, A. Burton, M. Cielo, E. Davies, K. Donnelly, L. Fuller, T. Green, F. Gonzalez, K. Halfman, L. Kochems, J. Magaña, K. Nelson, J. Orozco, M. Pérez, J. Preciado, I. Rodriguez, R. Rosales, H.G. San Agustin, K. Stalter, D. Thomas, J. Valero, B. Gordon No: D. Campbell Abstain: 0	MOTION PASSED AYES: 24 OPPOSED: 1 ABSTENTIONS: 0



LOS ANGELES COUNTY
COMMISSION ON HIV

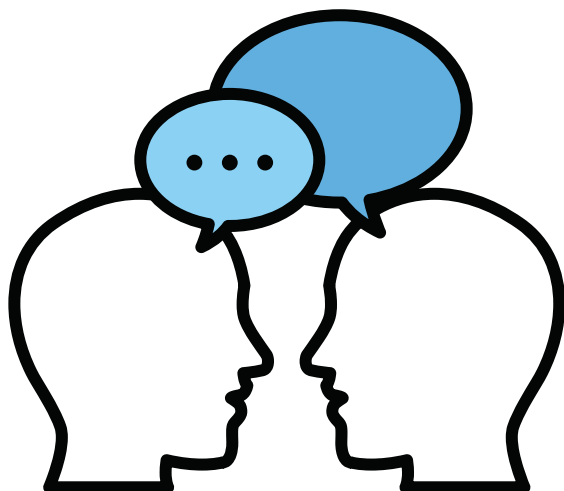


Los Angeles County Commission on HIV Training Schedule 2022

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](#).



2022 MEMBERSHIP ROSTER | UPDATED 6.7.22

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	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	
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	EXC 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	EXC 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 (LOA)	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: 42



National Caribbean-American HIV/AIDS Awareness Day | June 8

June 8 is Caribbean-American HIV/AIDS Awareness Day. The goal of the annual observance is to educate Caribbean-Americans about HIV/AIDS and provide resources for HIV testing and treatment. According to data from global HIV groups Avert and the Joint United Nations Programme on HIV/AIDS (UNAIDS), key factors fueling HIV rates in the Caribbean are homophobia and machismo. As in the United States, HIV rates disproportionately affect men who have sex with men as well as sex workers. About 72% of people with HIV in the Caribbean are aware of their status, and about 41% of all people living with HIV in the region maintain an undetectable level.

Source: <https://www.poz.com/article/national-caribbean-american-hiv-aids-awareness-day-2020>. Accessed 06/03/22.

HIV and the Caribbean community

Many U.S. cities have large communities of people born in the Caribbean. Miami, Florida, Atlanta, Georgia, Houston, Texas, and New York City, New York, are the cities with the largest Caribbean-born communities. These communities have also been deeply impacted by HIV. For example, more than a quarter of people living with HIV in Miami were born in the Caribbean. In New York City, new HIV diagnoses were highest among African-born people, followed by those born in the Caribbean. The most recent data we have about Caribbean Americans living with HIV in Atlanta and Houston is more than a decade old. More research is needed in these communities.

Source: <https://aidsunited.org/aids-united-honors-national-caribbean-american-hiv-aids-awareness-day/>. Accessed 06/03/22.



From Risk to Reasons

A Guide for Communicating and Connecting with Black Women about HIV

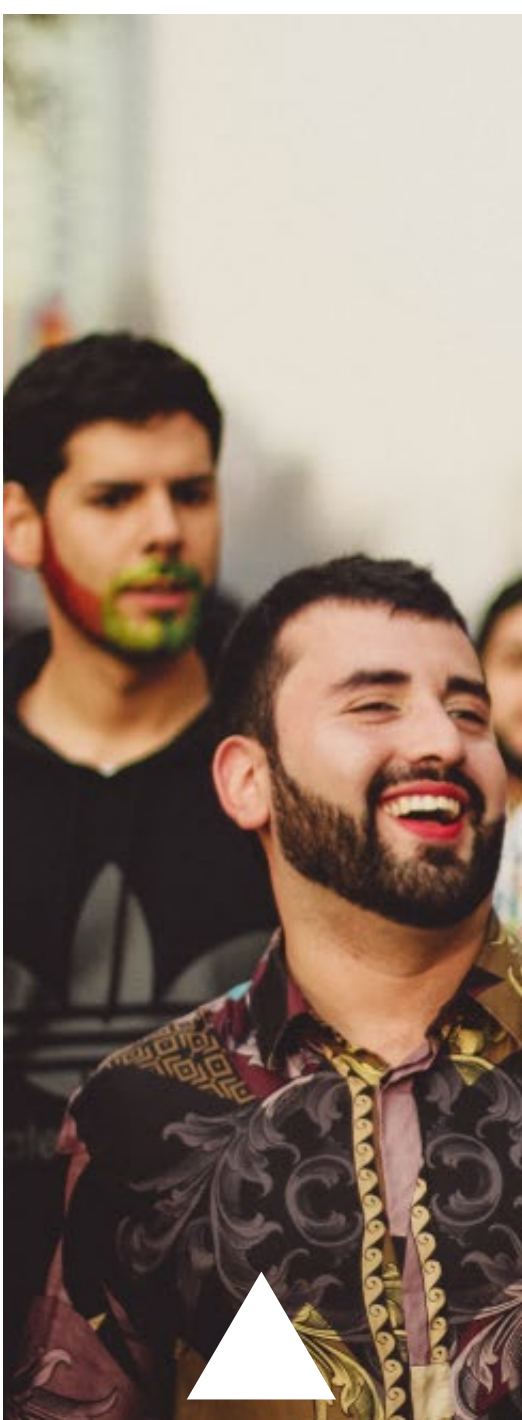




From Risk to Reasons:

A Guide for Communicating and Connecting with Black Women about HIV

https://viivhealthcare.com/content/dam/cf-viiv/viivhealthcare/en_US/pdf/from-risk-to-reasons-reframing-hiv-prevention-and-care-for-black-women-spreads.pdf



INSIGHTS FROM THE HEALTHY YOUNG MEN'S COHORT STUDY:

Racism, homophobia, and basic needs access negatively impact health

Eric K. LAYLAND, PhD

Research Fellow

Department of Social and Behavioral Sciences

Yale School of Public Health

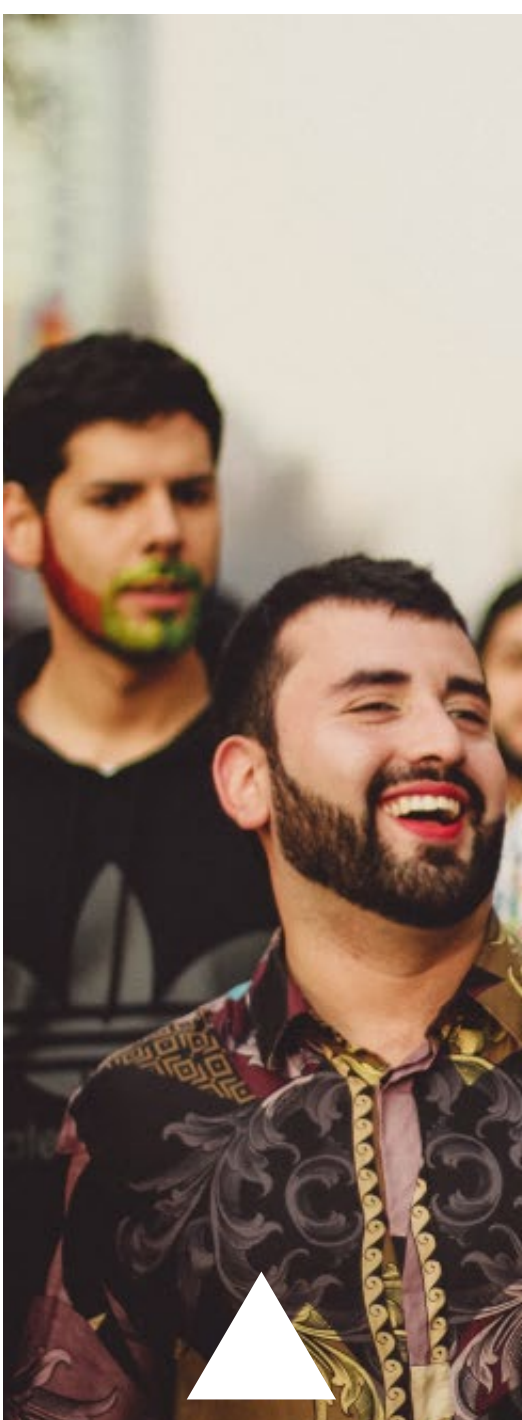
June 9, 2022

Los Angeles County

Commission on HIV



Yale
SCHOOL
OF PUBLIC
HEALTH



Racism & Heterosexism impact Black & Latino men who have sex with men:

→ More racism, more medical mistrust

→ Subgroups experience racism and heterosexism differently

→ Subgroups reveal risk of physical, mental, & behavioral health problems



Healthy Young Men's Cohort Study Purpose

Follow a cohort of Black and Latino young men who have sex with men to:

- Investigate what contributes to their healthcare engagement
- Look at overlap between substance use, HIV, and other health outcomes
- Contribute to solutions to ending the HIV epidemic, especially among Black and Latino MSM

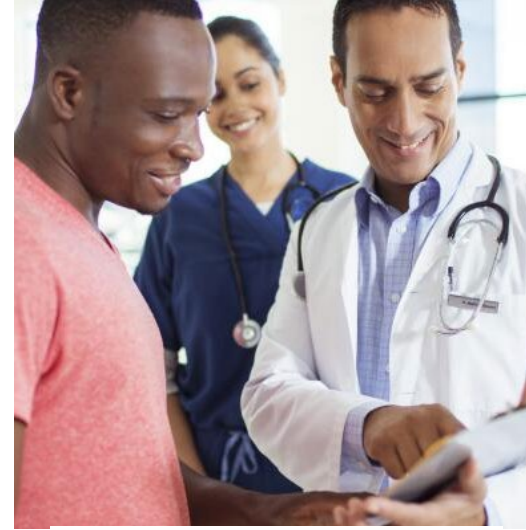
Who is in the cohort? Recruitment



LGBT Venues



Social Media



Health Clinic Referrals



Participant Referrals

Baseline
 $n = 448$

6-month
 $n = 393$

12-month
 $n = 398$

18-month
 $n = 398$

24-month
 $n = 414$

30-month
 $n = 393$

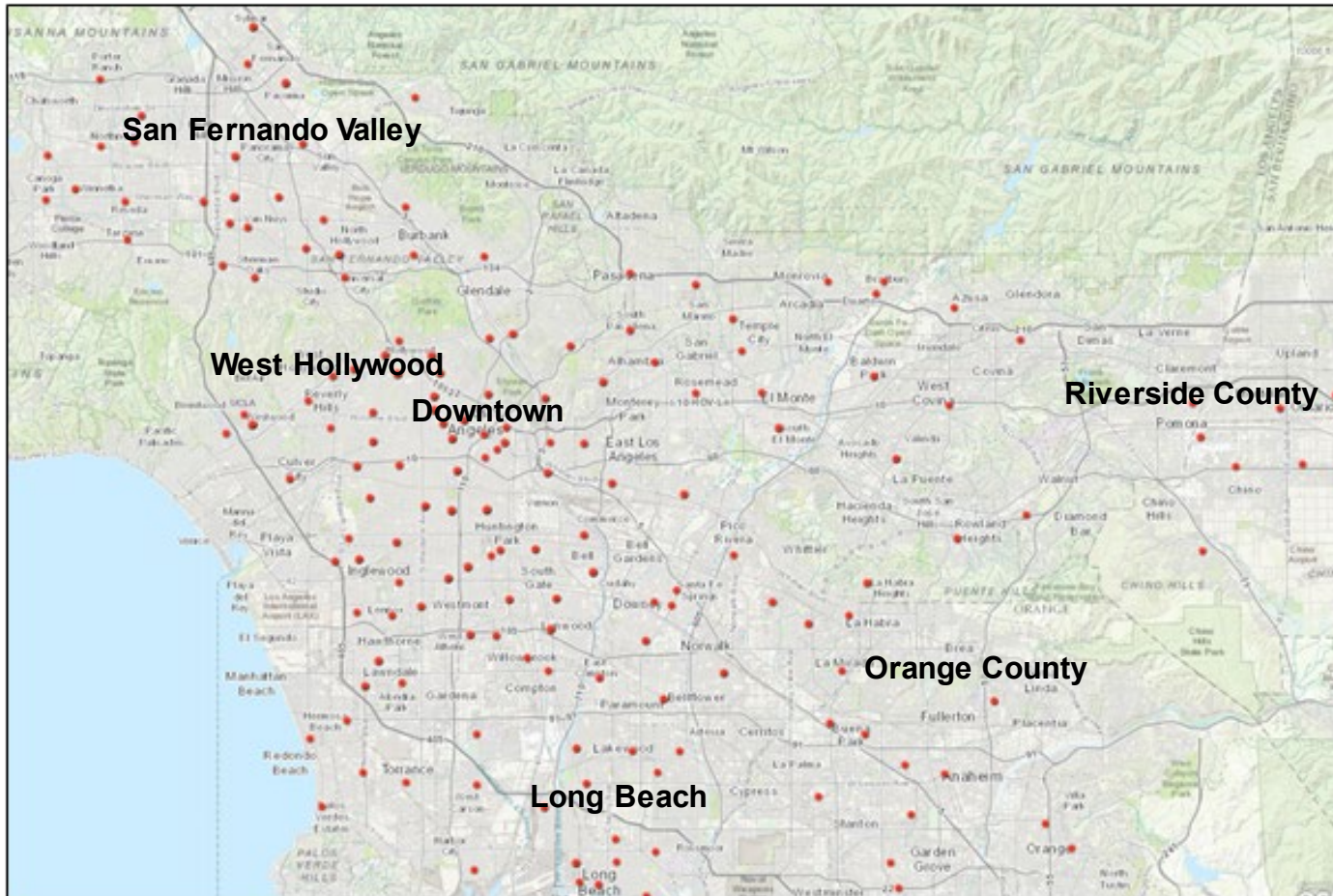
36-month
 $n = 365$



Who is in the cohort? By Location



448 participants recruited at baseline, living all across the greater Los Angeles area

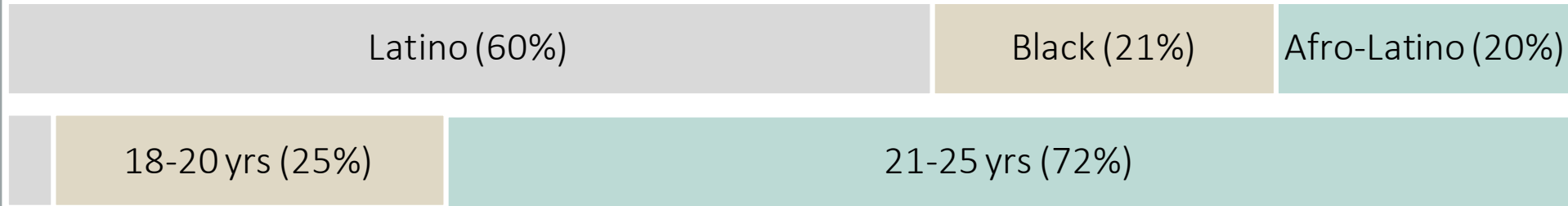


Who is in the cohort? Demographic



448 participants

16 to 25 years old at baseline

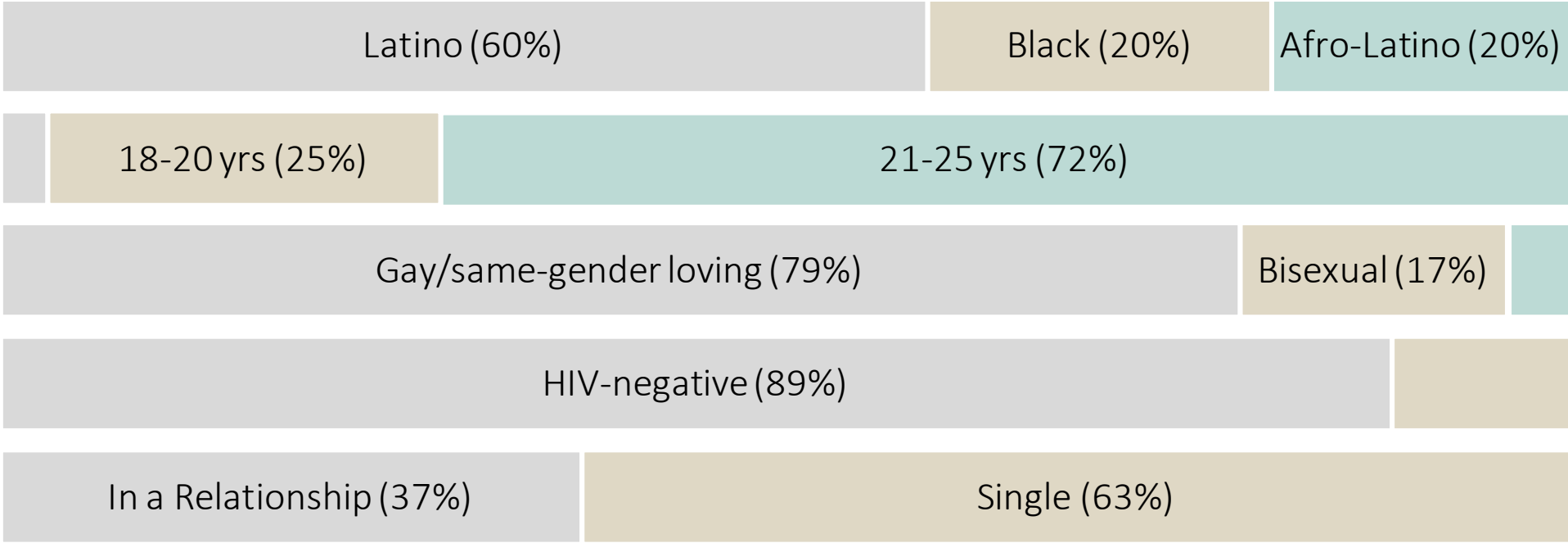


Who is in the cohort? Demographic



448 participants

16 to 25 years old at baseline

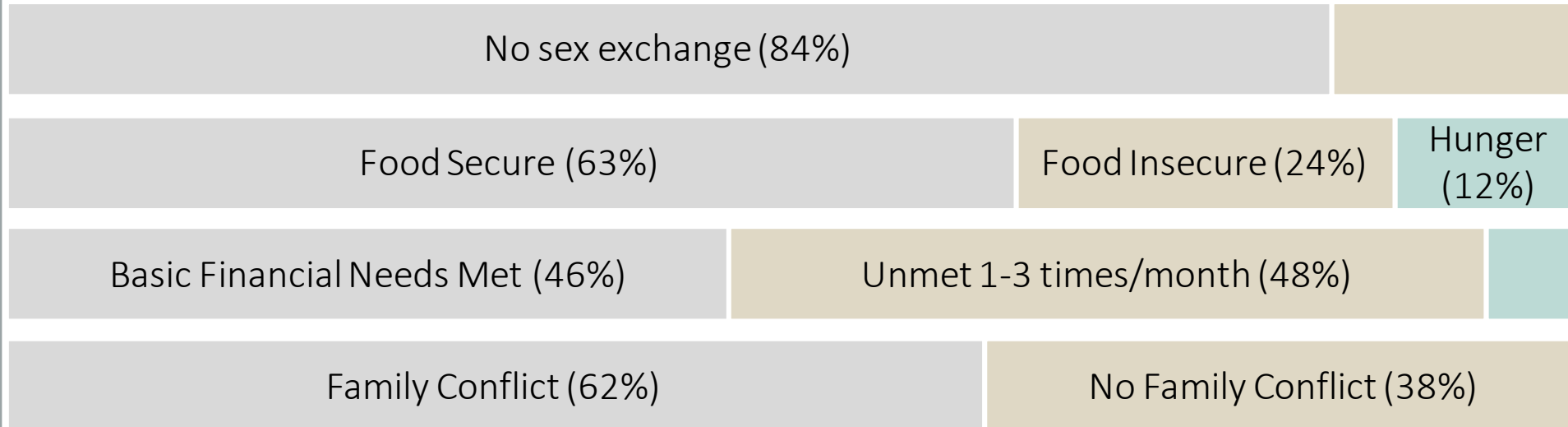


Who is in the cohort? Material Need



448 participants

Some participants facing major sociostructural burdens

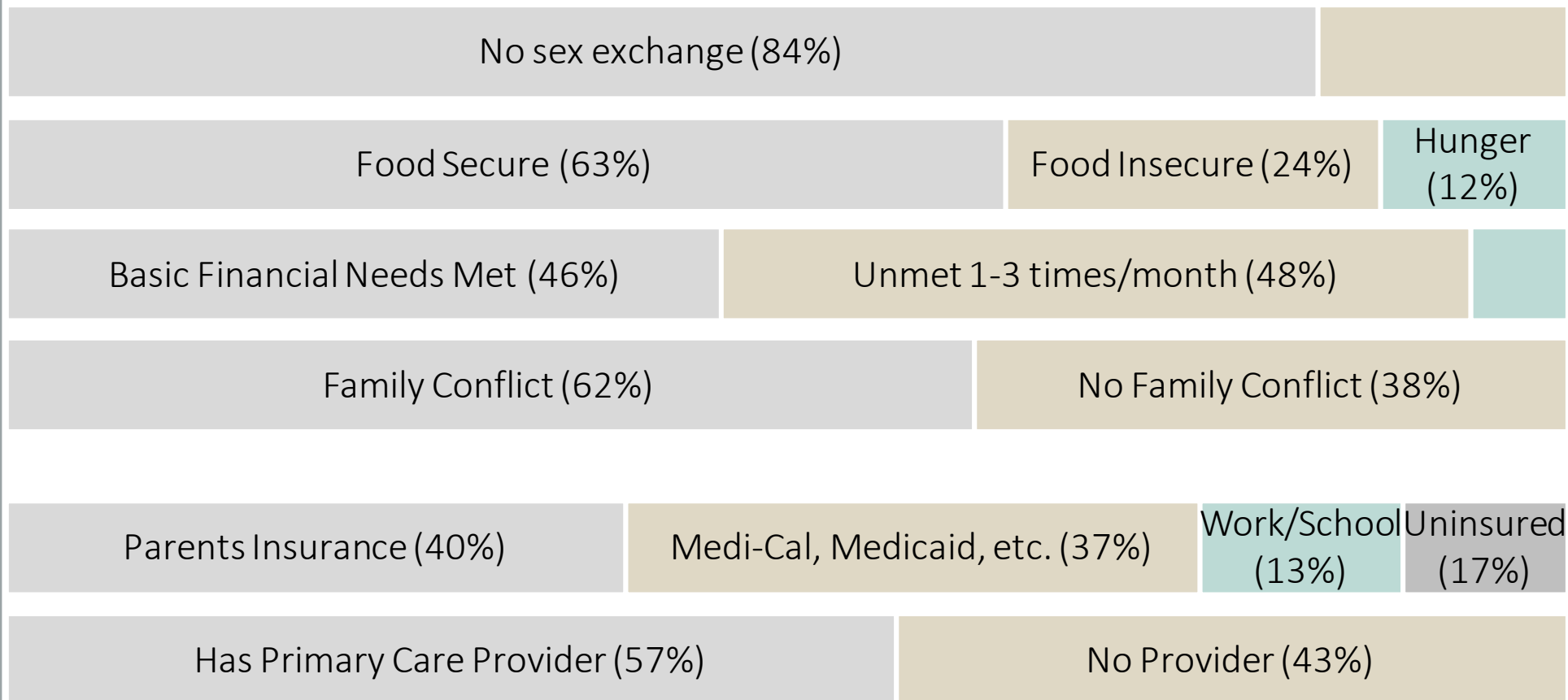


Who is in the cohort? Material Need



448 participants

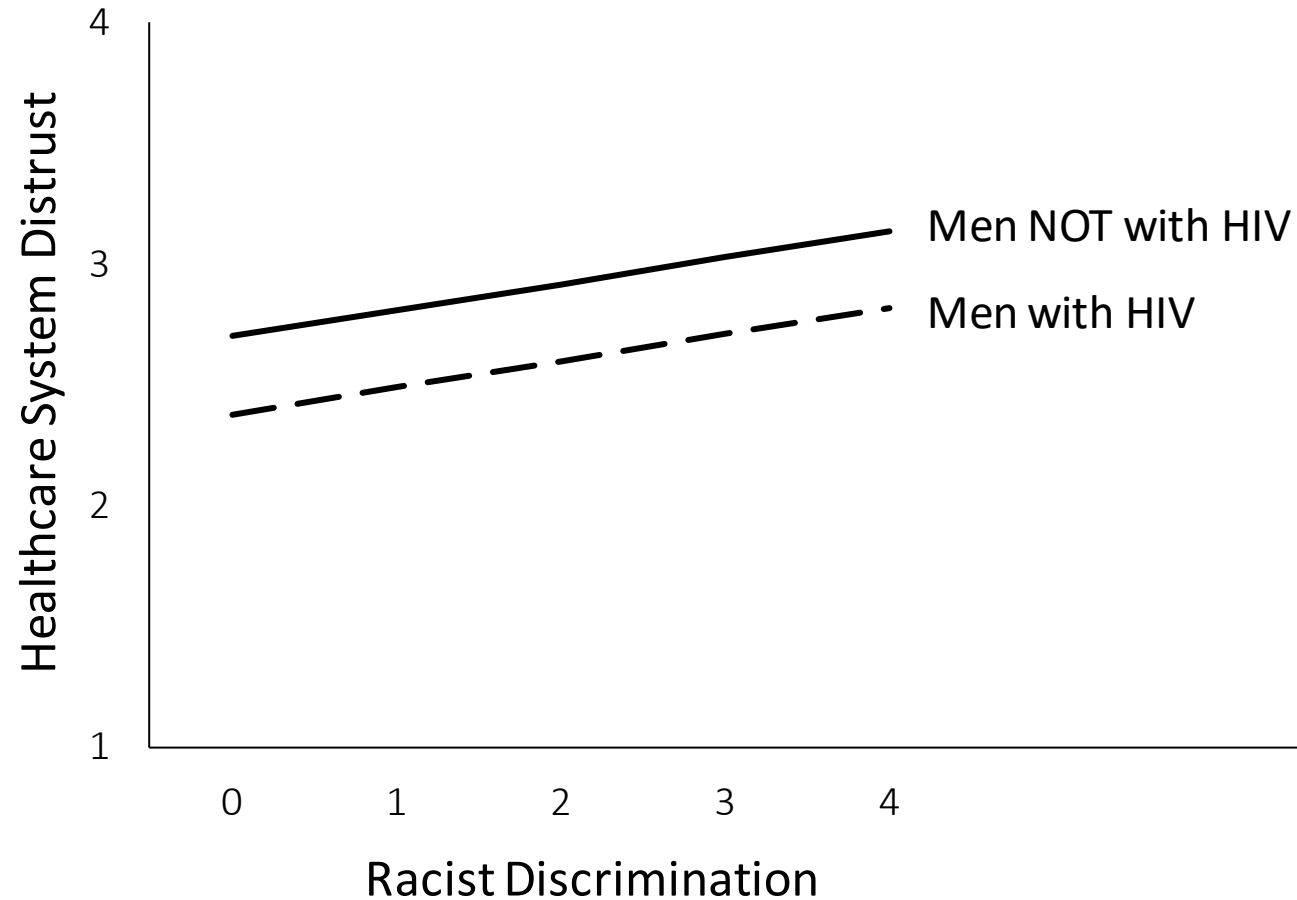
Some participants facing major sociostructural burdens



Hsueh, Layland et al. (2021) *Soc Sci & Med*

How do racism and heterosexism impact healthcare system mistrust?

Results Healthcare System Distrust



More racism → *greater* healthcare system distrust

Living *with HIV* → *lower* healthcare system distrust

Layland, Maggs et al. (2022) *Soc Sci & Med*

How do sexual minority subgroups differ in their mental health & substance use?

WHAT DO WE KNOW?

Intersecting Stigma

Black & Latino

RACISM

Higher incarceration

Diabetes

Cardiovascular Disease

Premature death

Obesity

HIV

Sexual Minority

HETEROSEXISM

Substance Use

Suicide

Depression

Homelessness

HIV

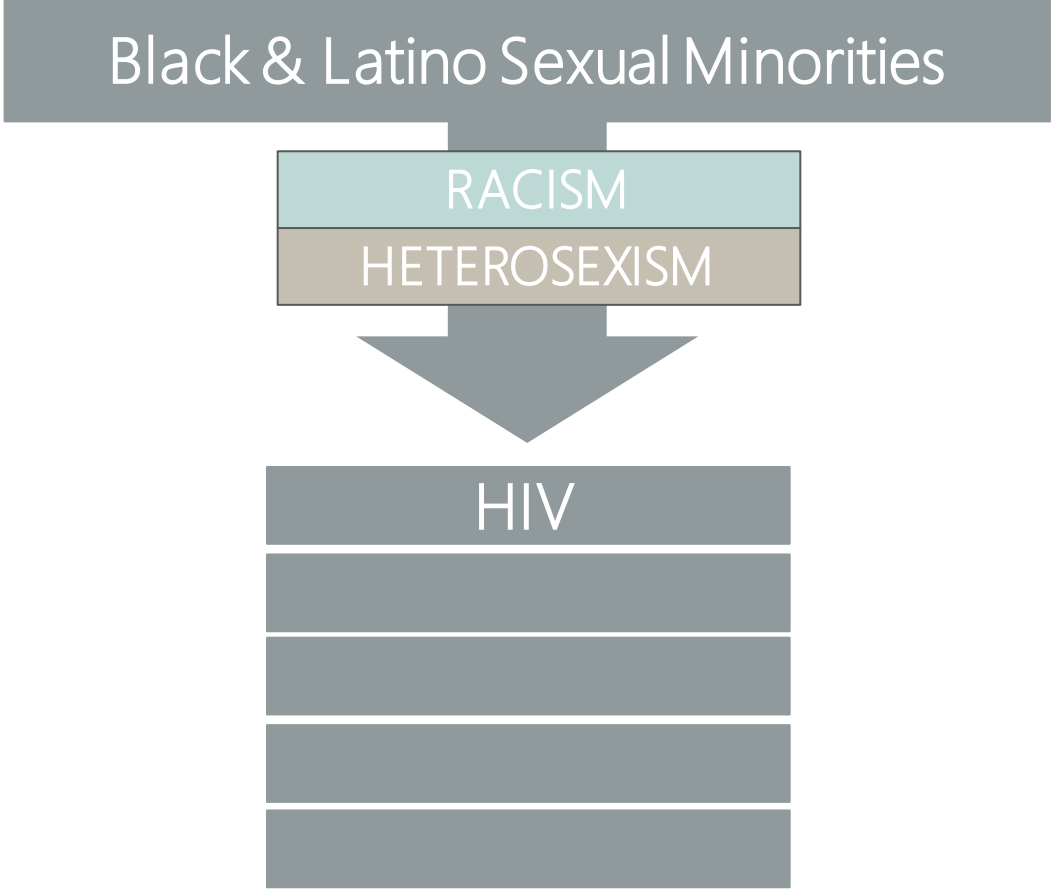
Eating Disorders

Western & Wildeman (2009); HHS (2015); CDC (2014); Lara et al. (2005); NCHS (2016); Levine et al. (2007); Dermody et al. (2014); Fish et al. (2019); Marshal et al. (2011); Millet et al. (2007); Blashill et al. (2020)



WHAT DO WE KNOW?

Intersecting Stigma



Western & Wildeman (2009); HHS (2015); CDC (2014); Lara et al. (2005); NCHS (2016); Levine et al. (2007); Dermody et al. (2014); Fish et al. (2019); Marshal et al. (2011); Millet et al. (2007); Blashill et al. (2020)

SUBGROUP ANALYSIS

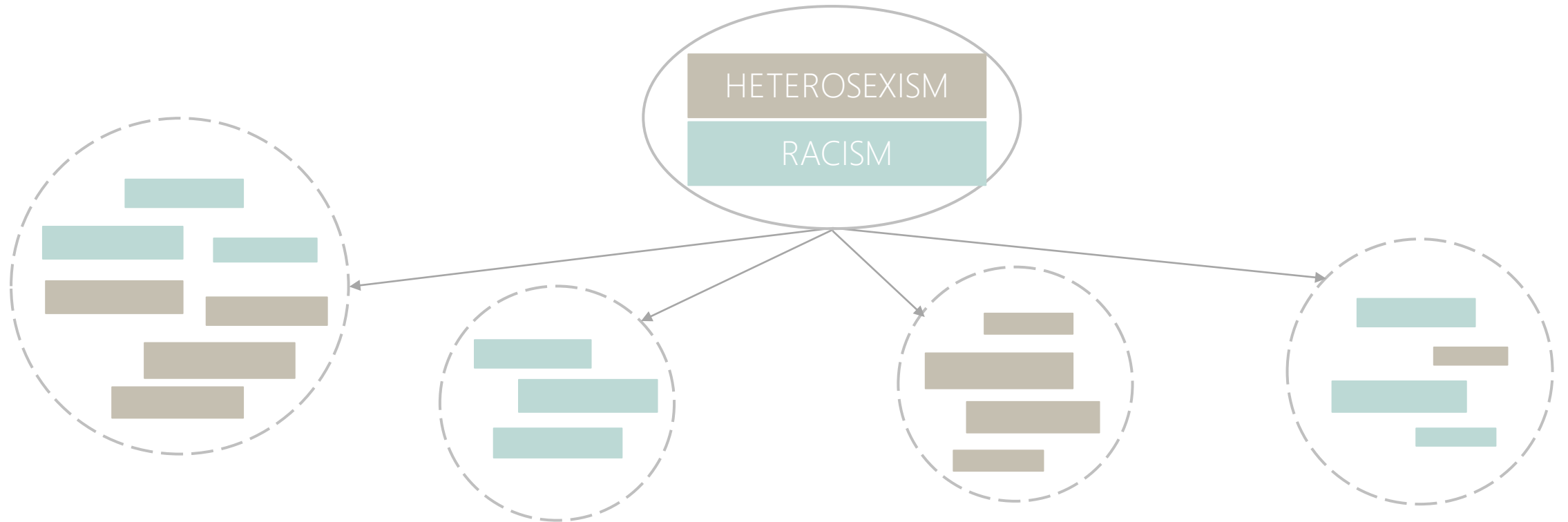
Unpacking heterogeneity in stigma experiences

HETEROSEXISM

RACISM

SUBGROUP ANALYSIS

Unpacking heterogeneity in stigma experiences





Intersectional Discrimination Subgroups

Study Purpose

- 01 Identify subgroups characterized by patterns of racist and heterosexist stigma experiences
- 02 Investigate subgroup differences in sociostructural burdens
- 03 Examine subgroup differences in mental, physical, and behavioral health

LATENT CLASS INDICATORS Stigma



Racist Stigma

Violence	Gay Bars	Relationships
Mistreatment	Preoccupation	Rejection
Police	Sexualization	Objectification
Workplace	Diaz et al. 2001	



Heterosexist Stigma

Violence	Embarrassment	Concealment
Police	Avoidance	Internalized
Workplace	Diaz et al. 2001; Ross & Rosser 1996	



DEPENDENT VARIABLES Health Outcomes



Sociostructural Burdens

- Unemployment
- Sex Exchange
- Unmet financial needs
- Food insecurity
- Unstable Housing



Physical Health

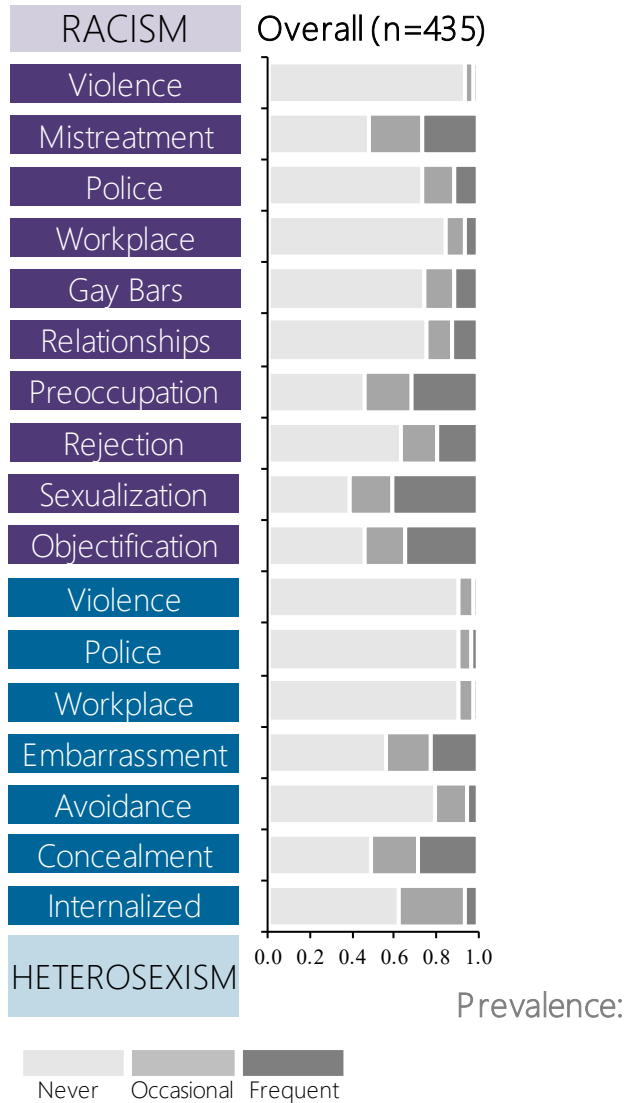
- Asthma
- Sleep Disorders
- Sexually Transmitted Infections
- Gastro Disorders



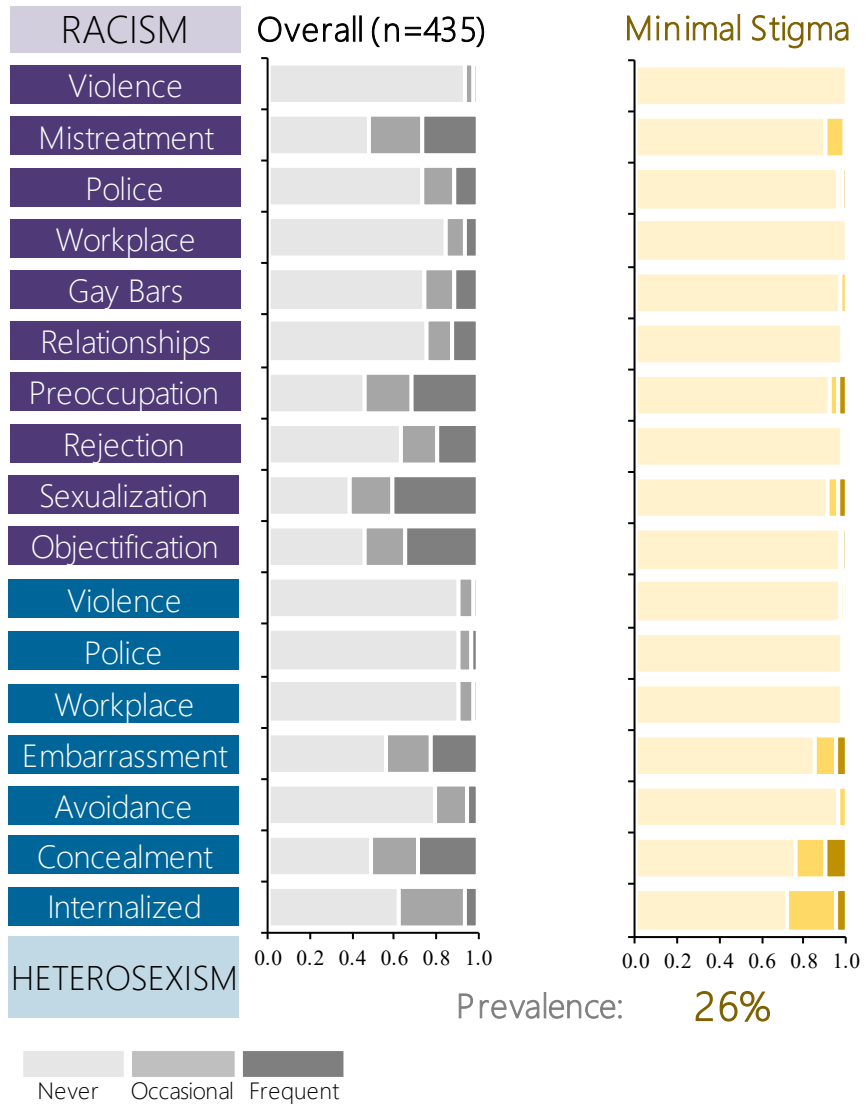
Substance Use & Mental Health

- Mental Healthcare needs
- Hazardous Drinking
- Marijuana Use Disorder Symptoms
- Depression
- Anxiety

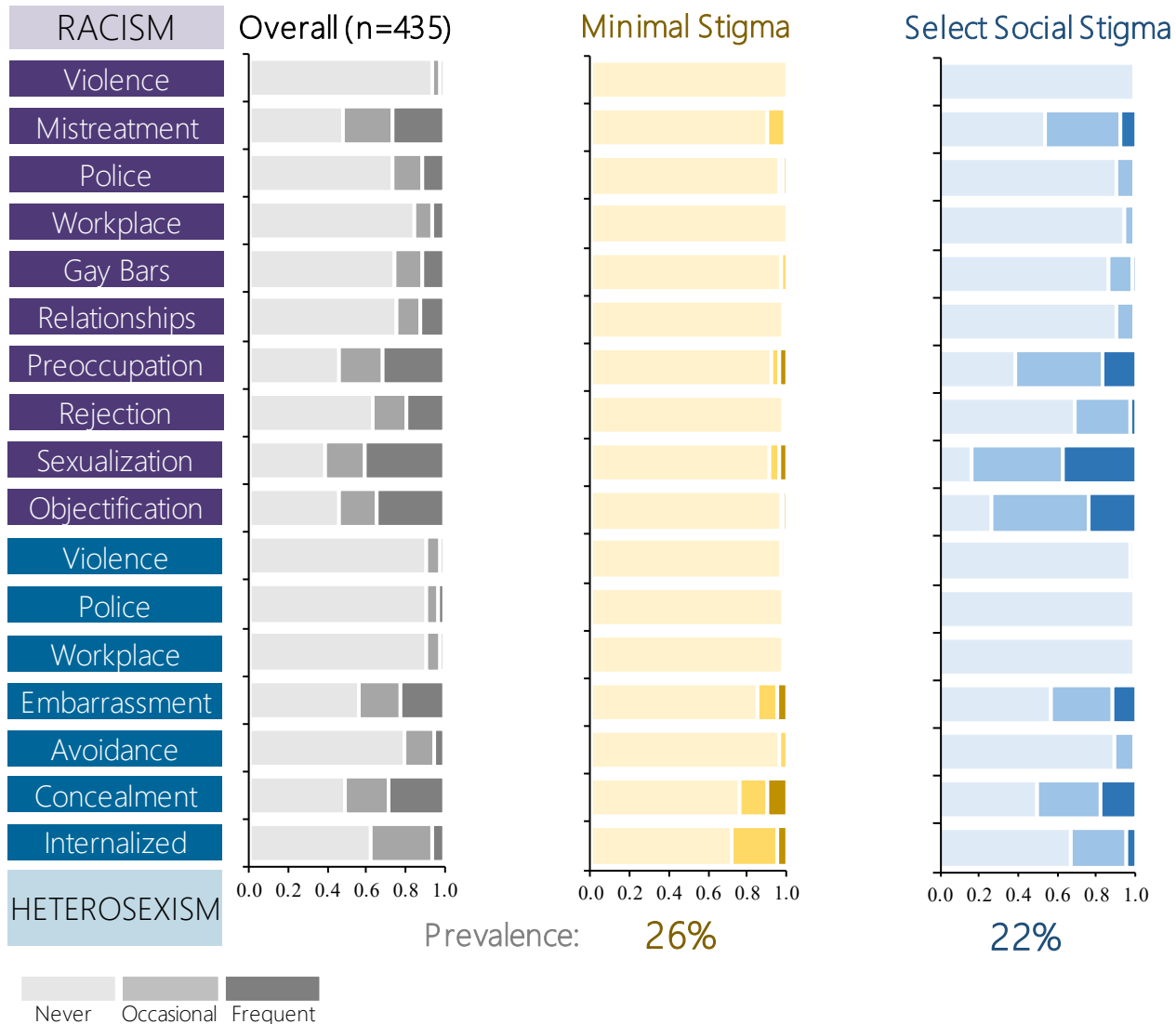
Results identifying subgroups



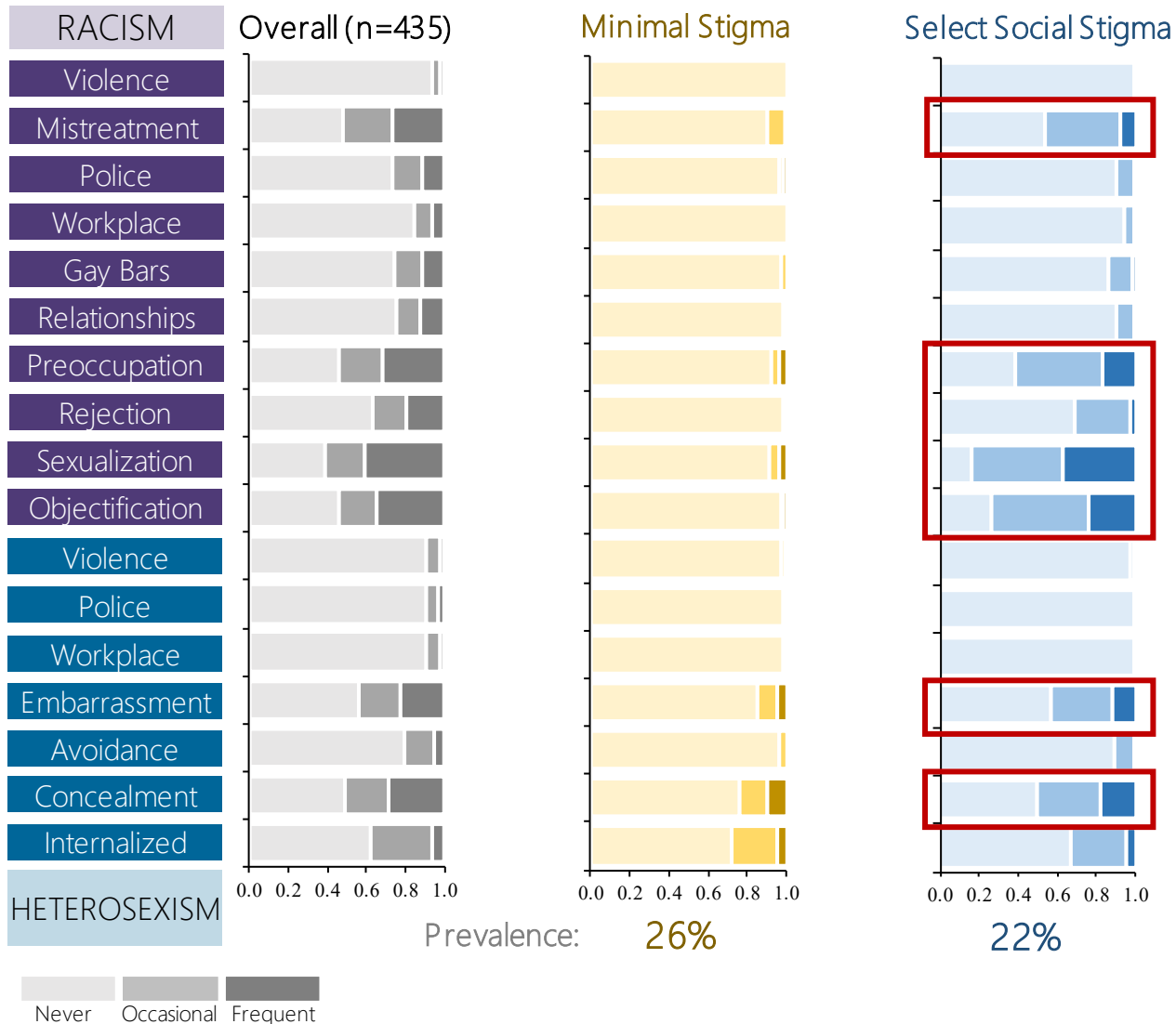
Results identifying subgroups



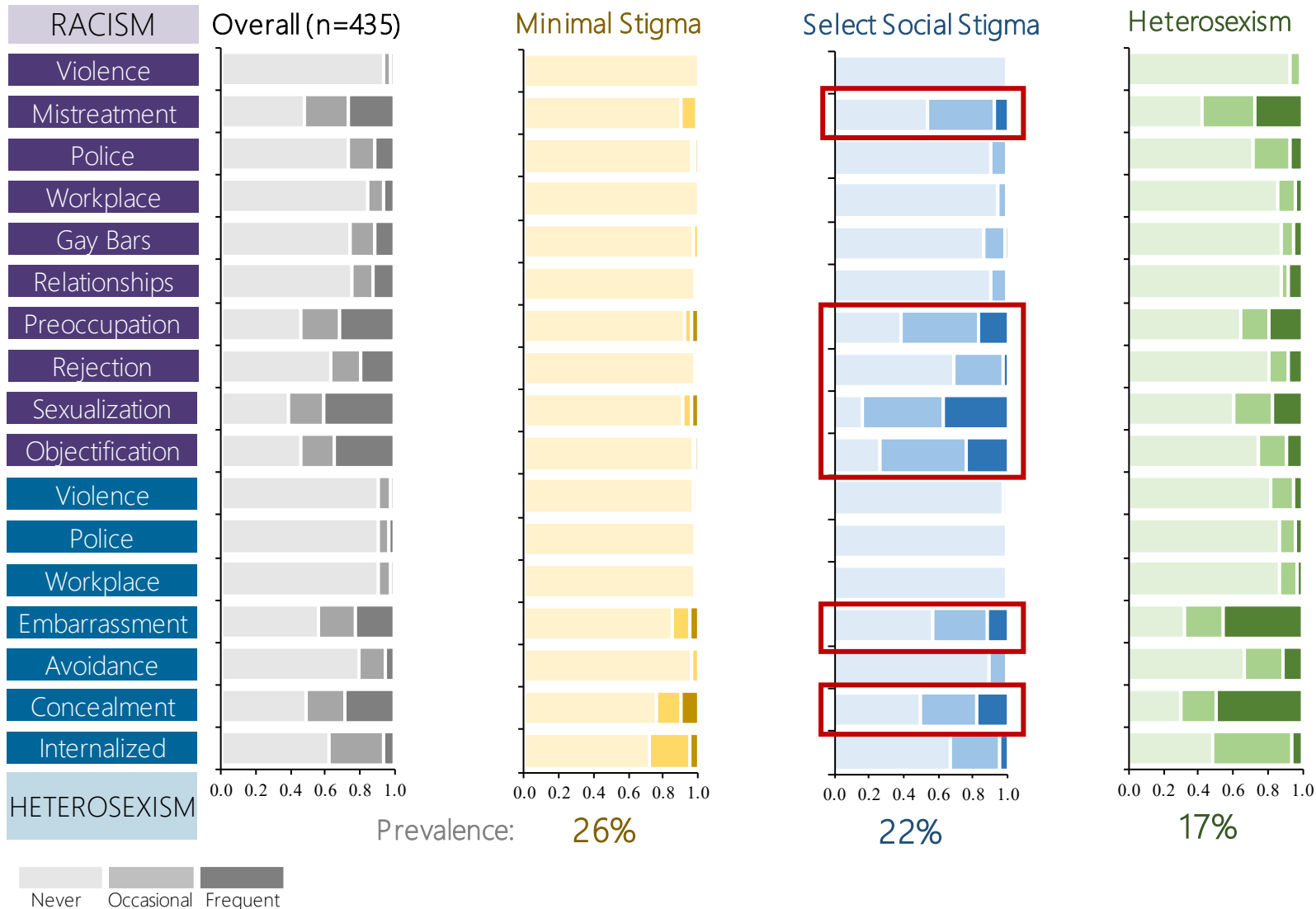
Results identifying subgroups



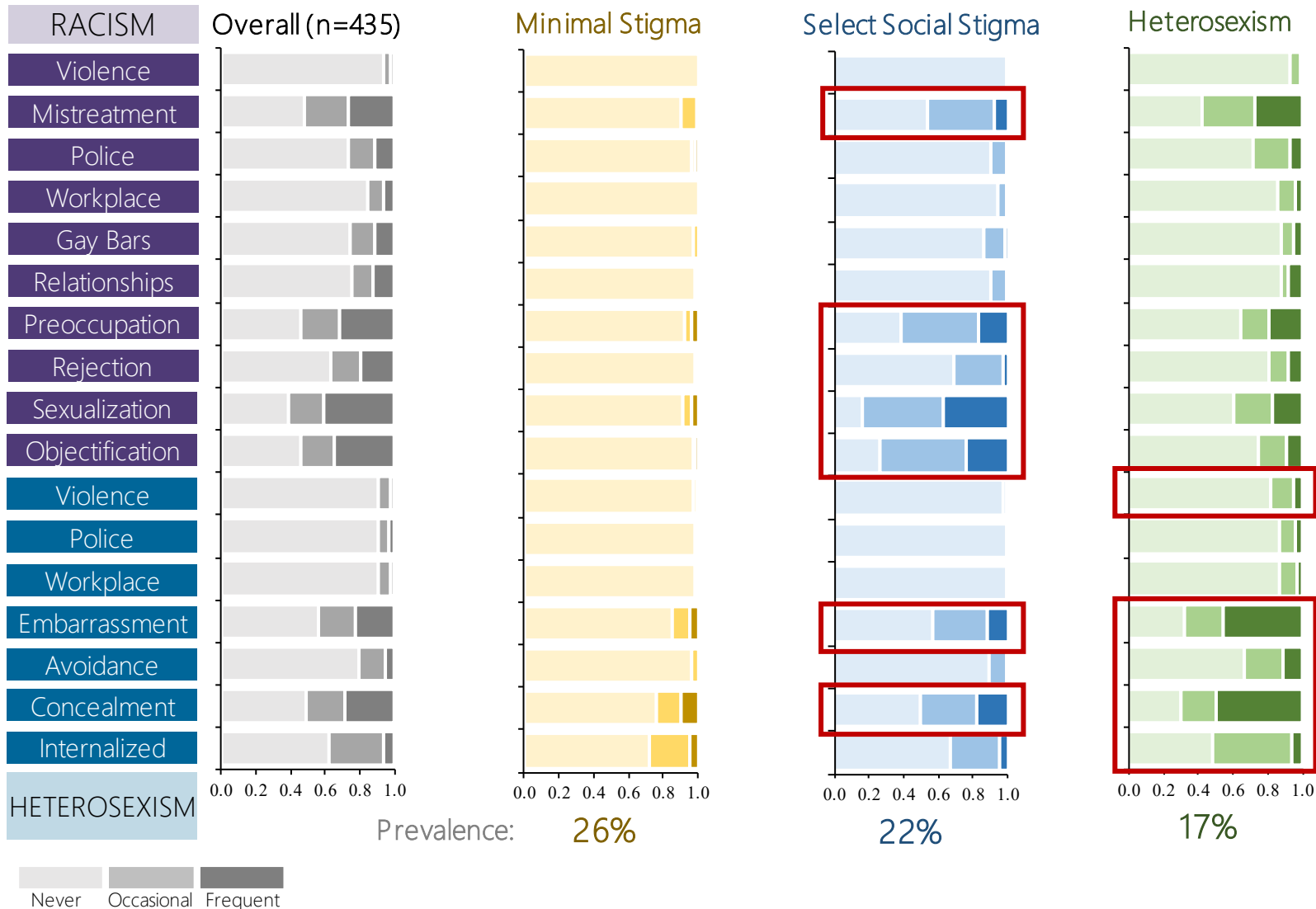
Results identifying subgroups



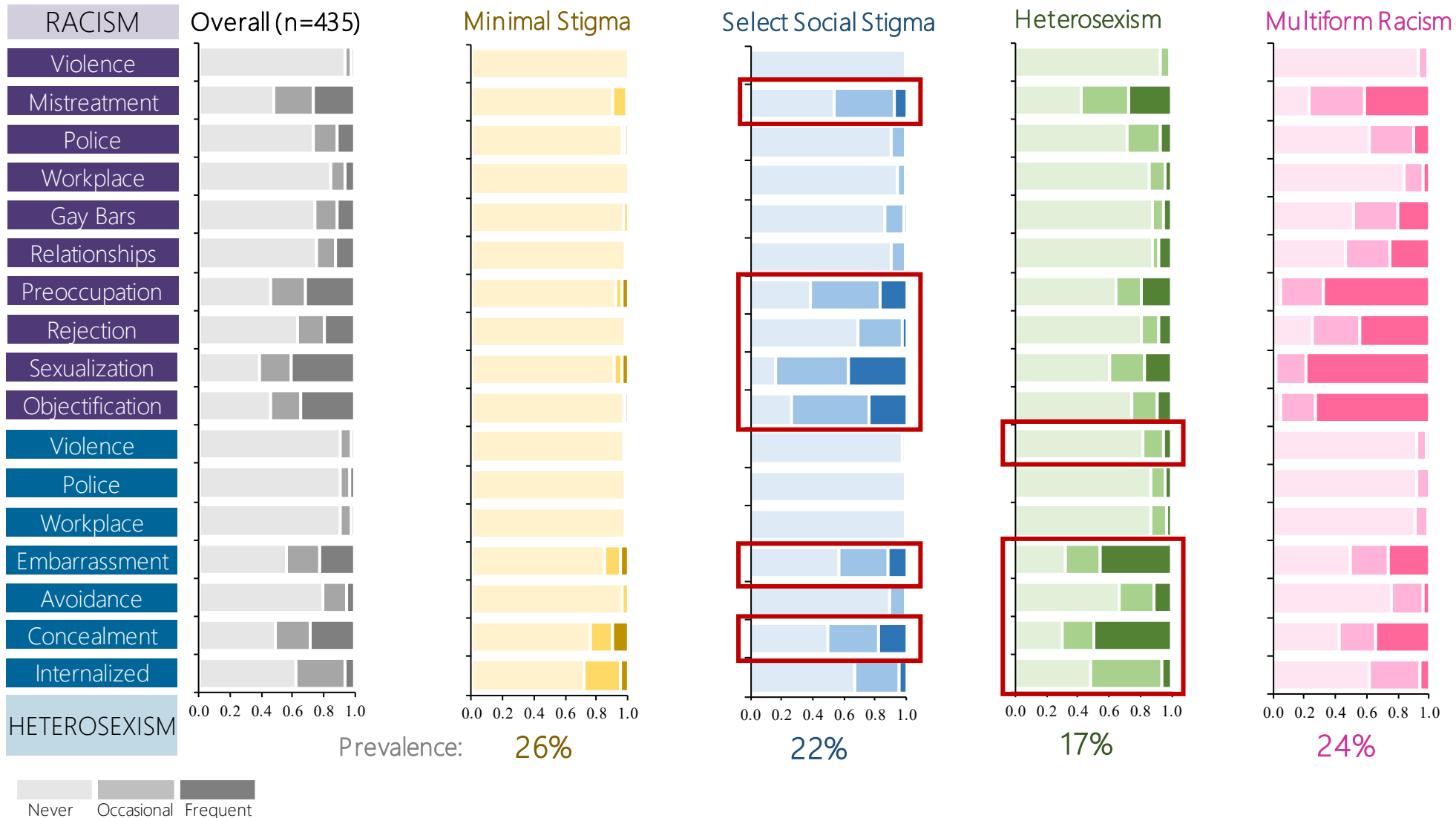
Results identifying subgroups



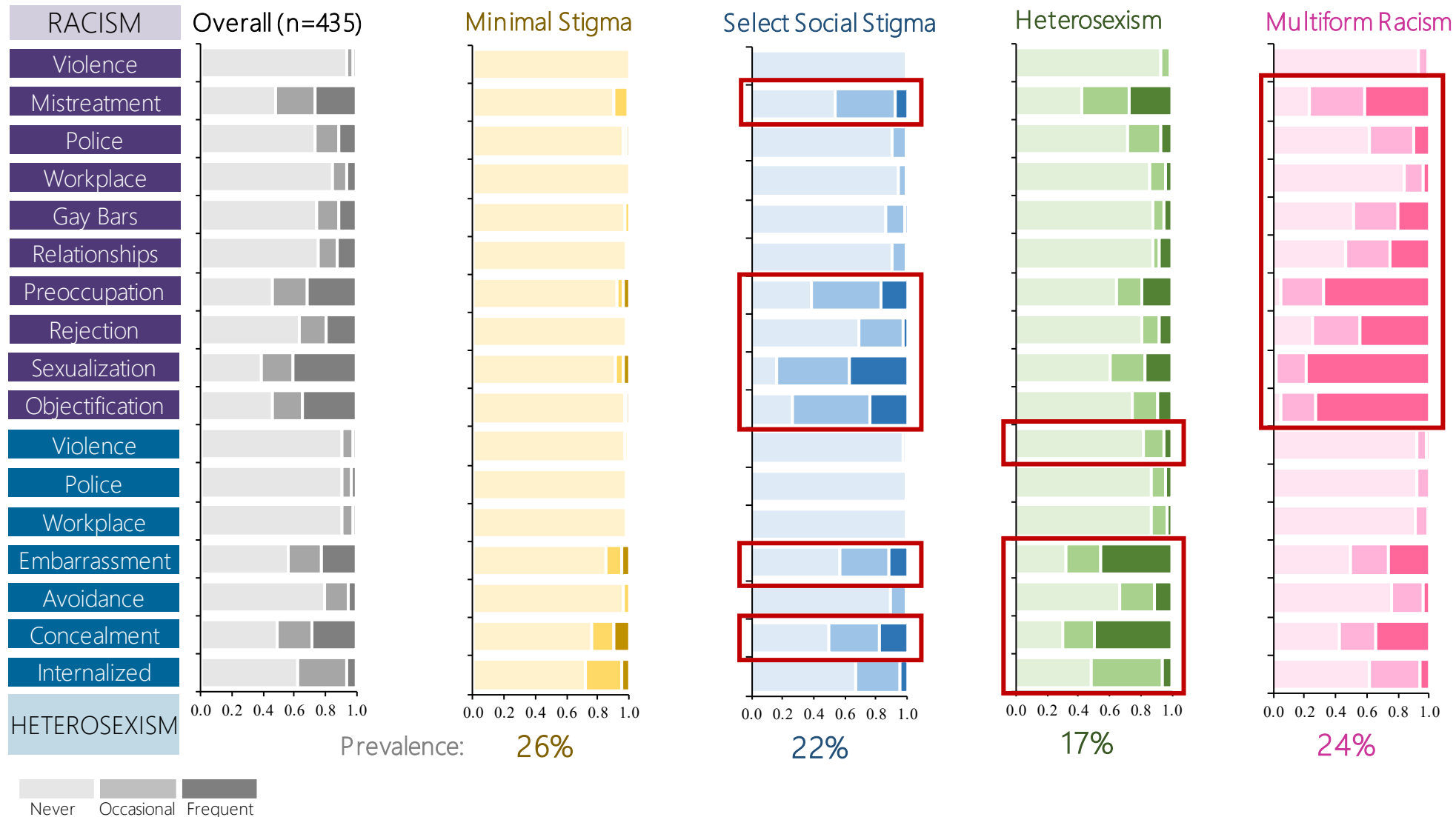
Results identifying subgroups



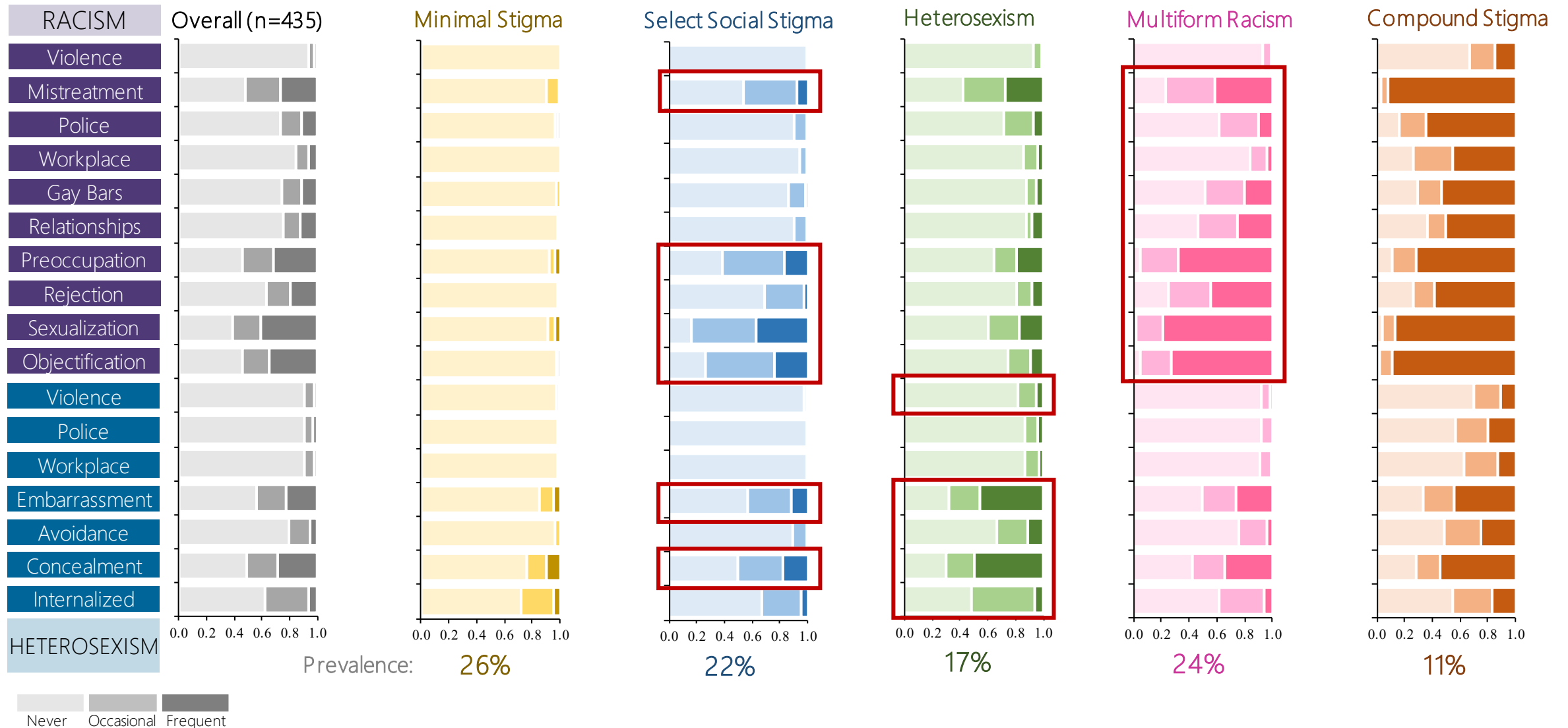
Results identifying subgroups



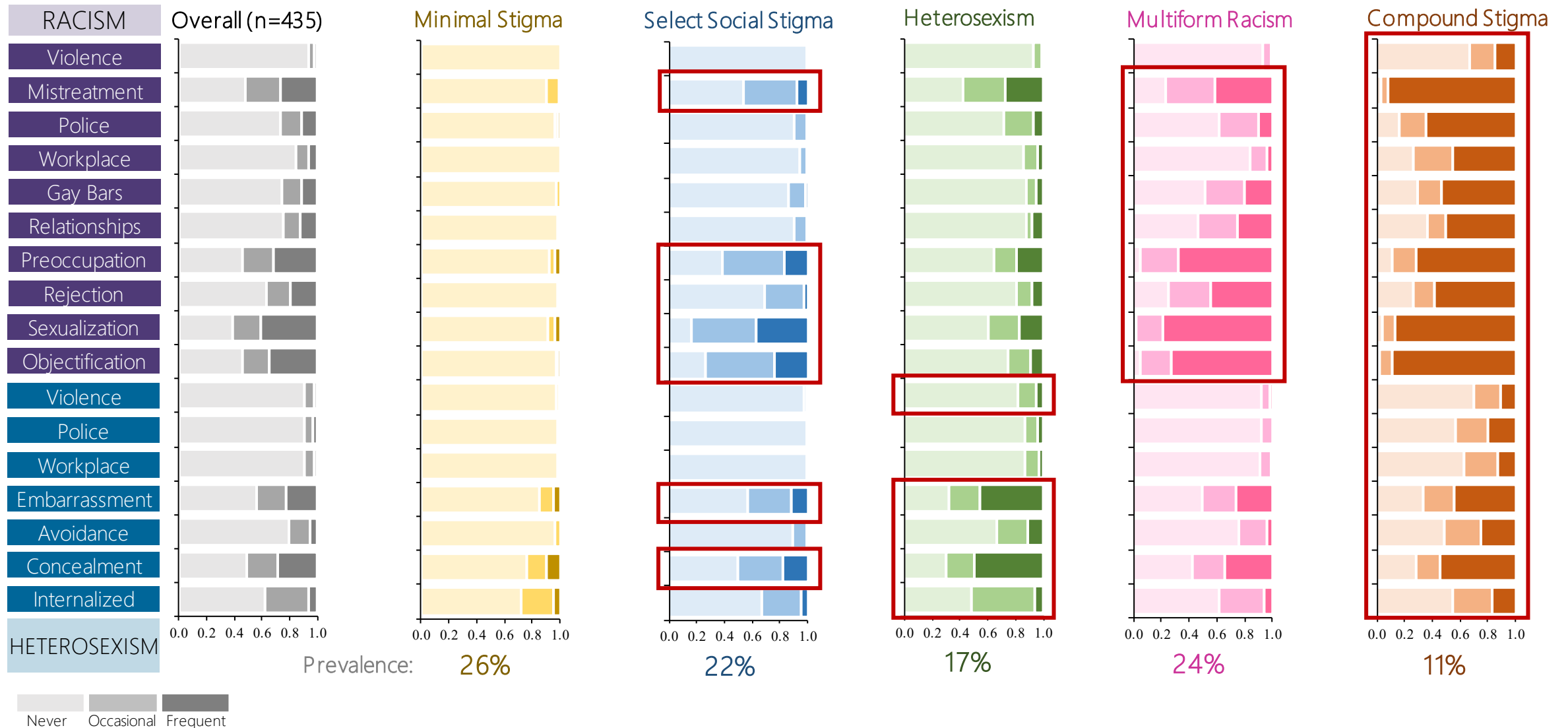
Results identifying subgroups



Results identifying subgroups

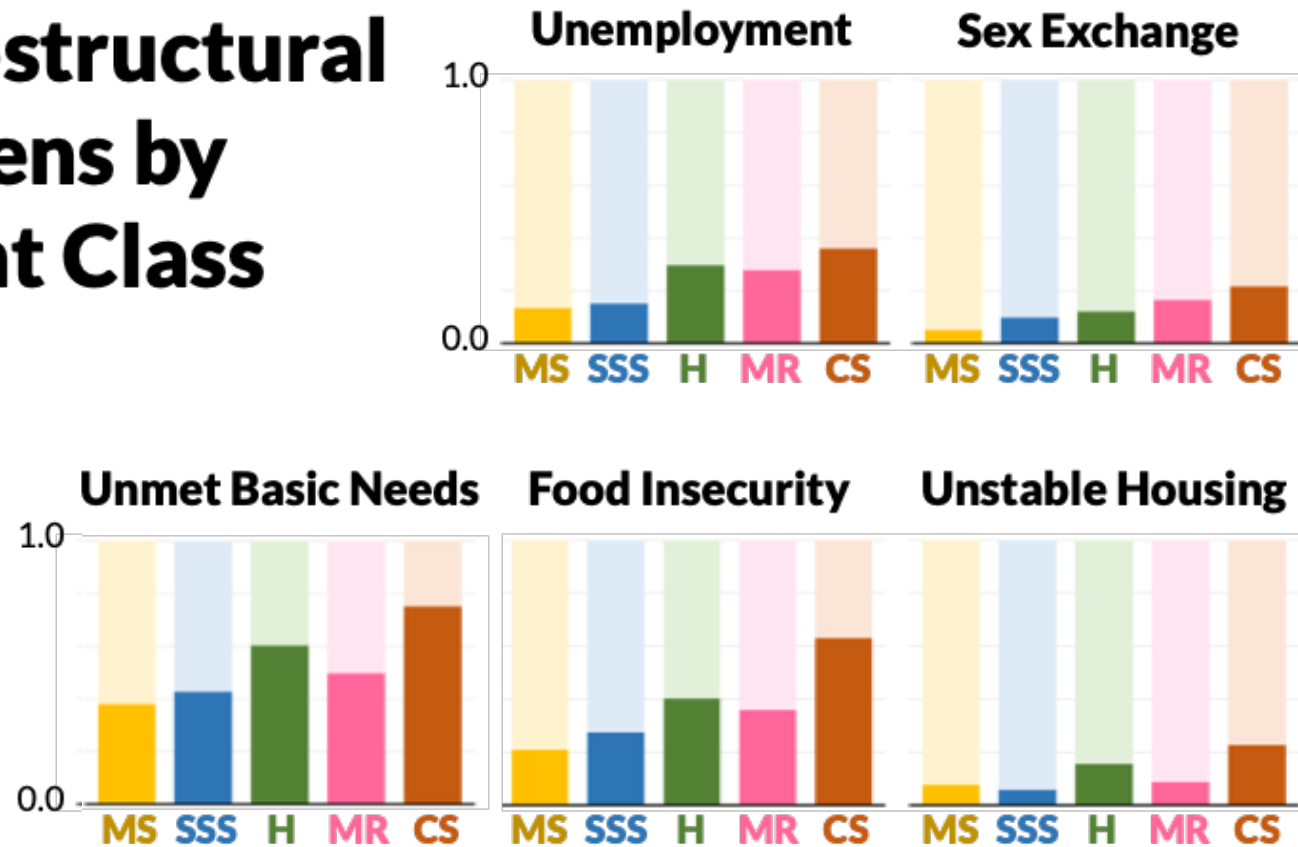


Results identifying subgroups



Results subgroup & sociostructural burdens

Sociostructural Burdens by Latent Class



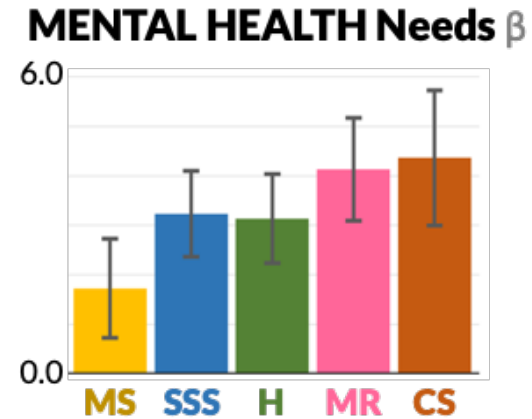
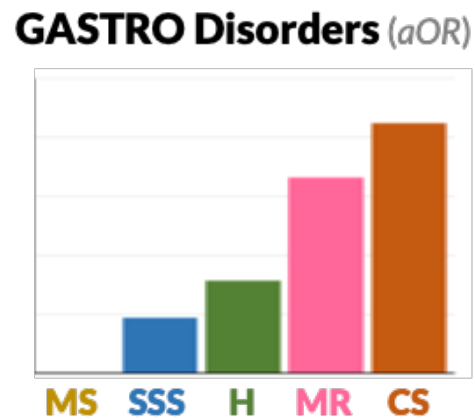
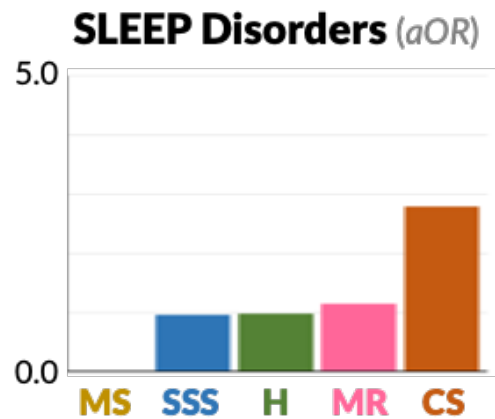
Classes

- Minimal Stigma
- Select Social Stigma
- Heterosexism
- Multiform Racism
- Compound Stigma

Results subgroup & physical health

Health Outcome by Latent Class

Asthma prevalence did not differ
between classes.

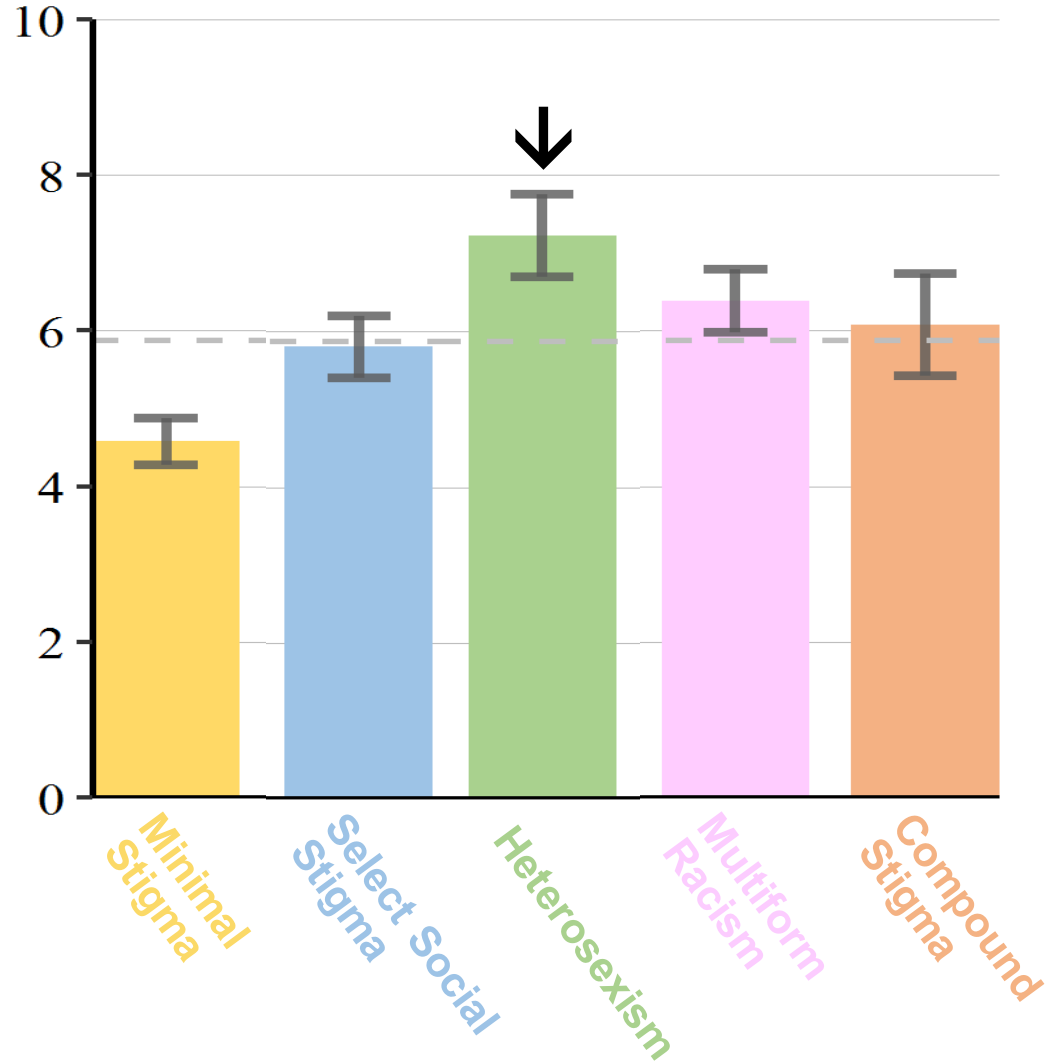


Classes

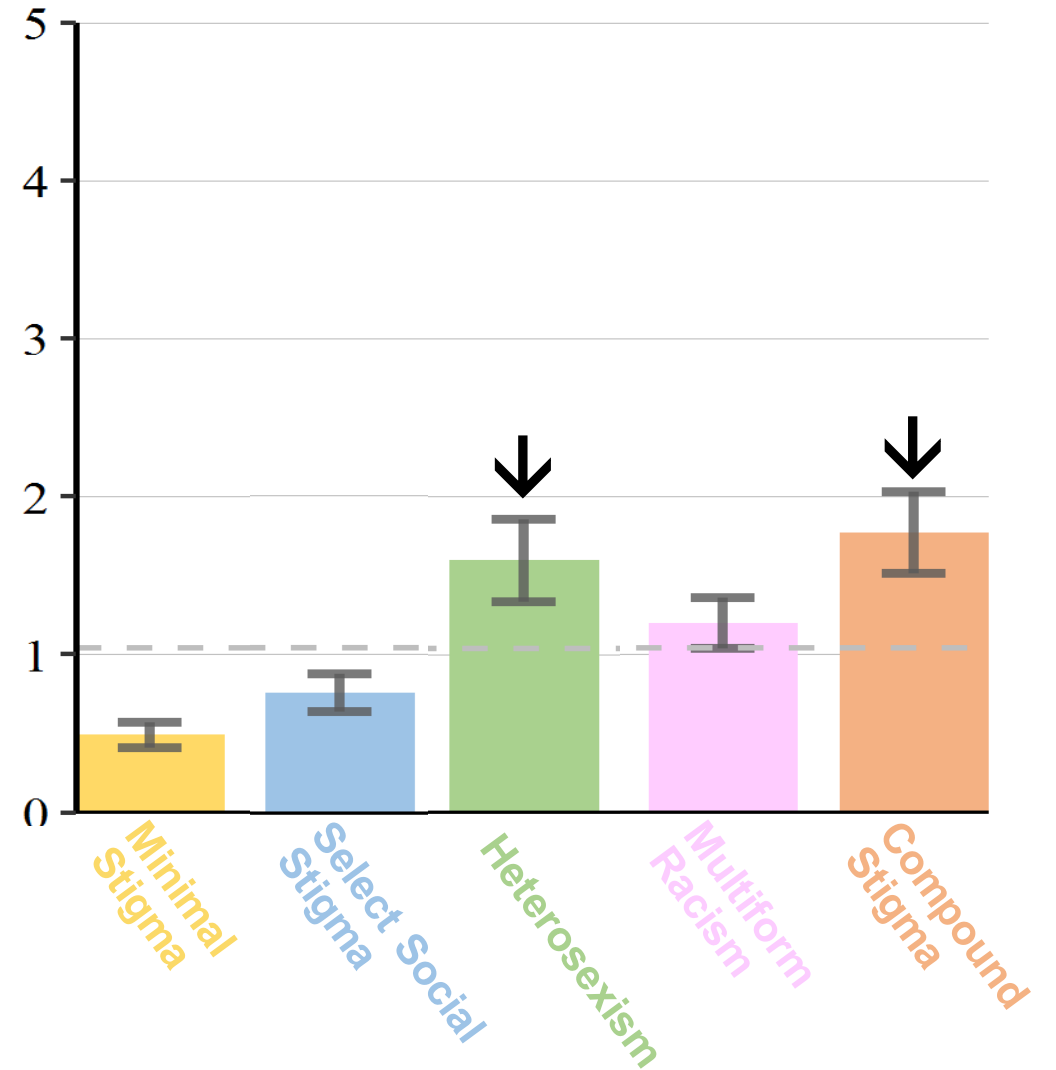
- Minimal Stigma
- Select Social Stigma
- Heterosexism
- Multiform Racism
- Compound Stigma

Results subgroup & substance use

Hazardous Drinking Level

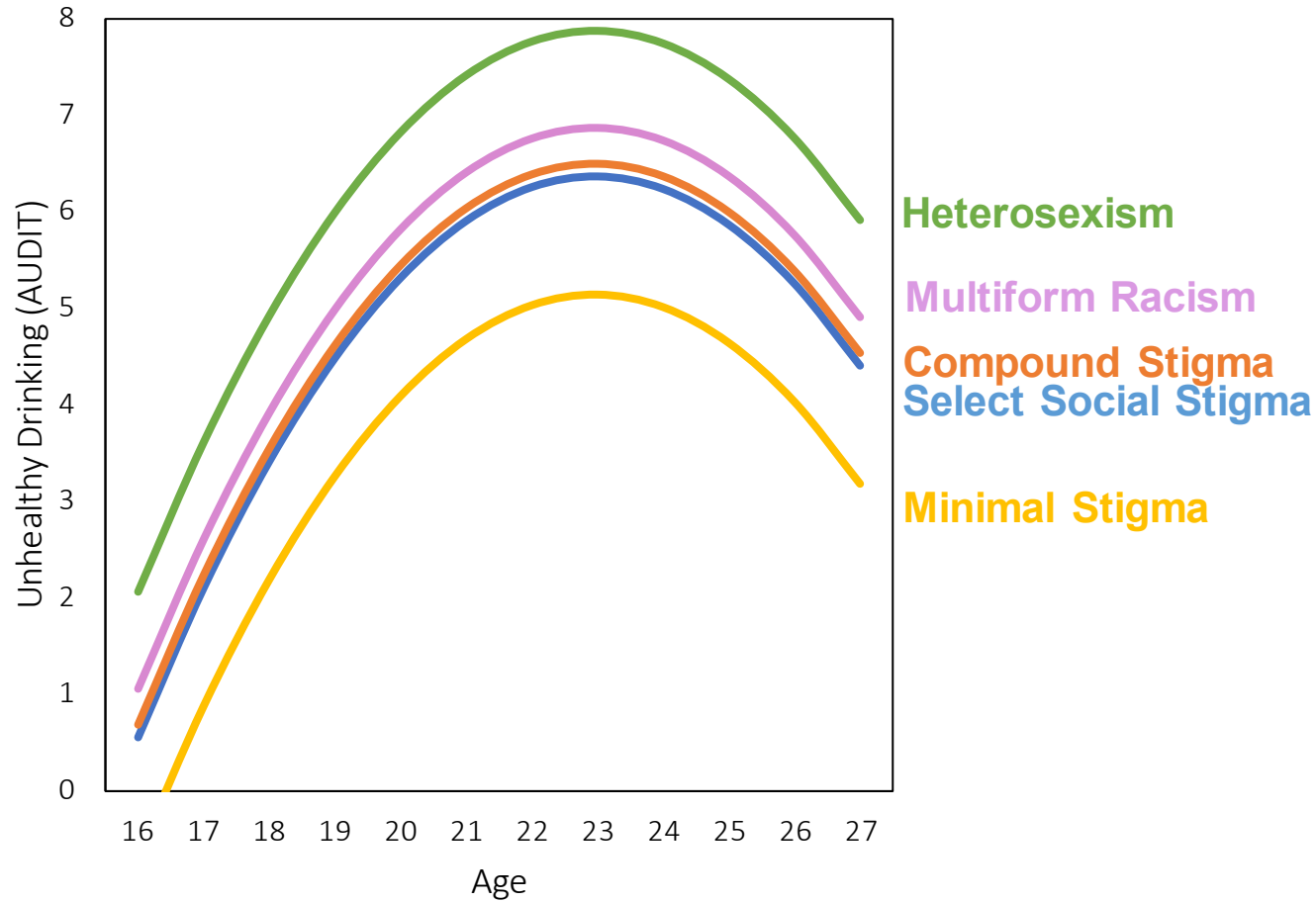


Marijuana Use Disorder Symptoms

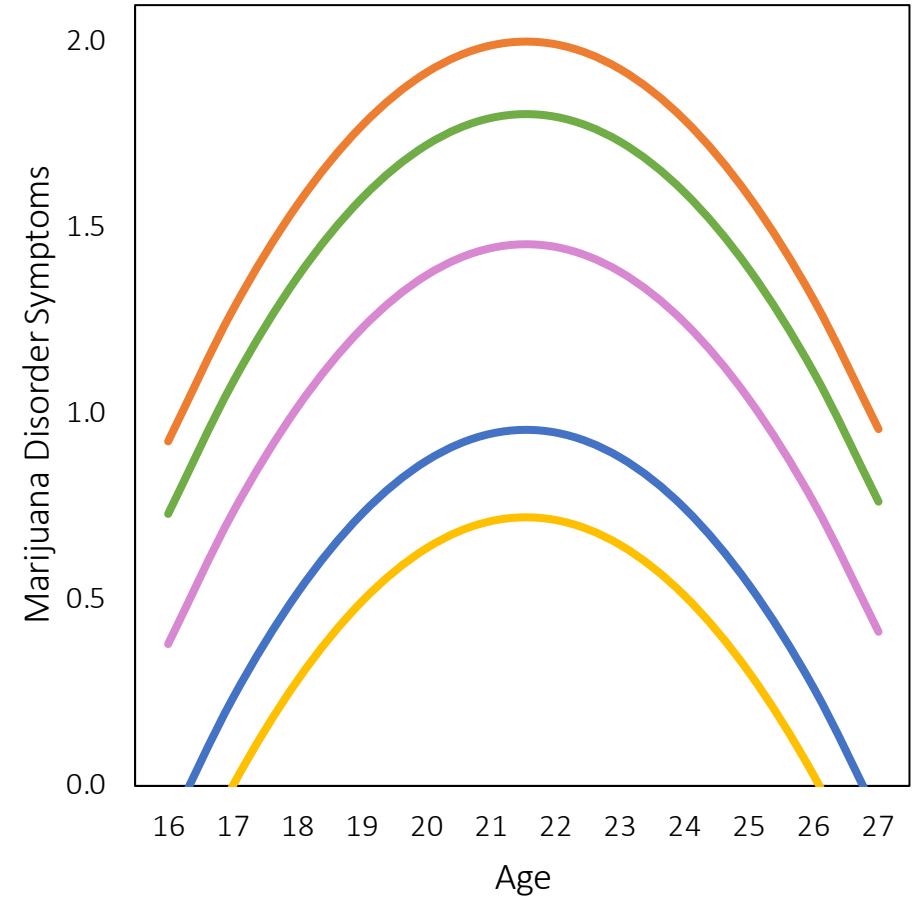


Results subgroup & substance use

Hazardous Drinking Level



Marijuana Use Disorder Symptoms

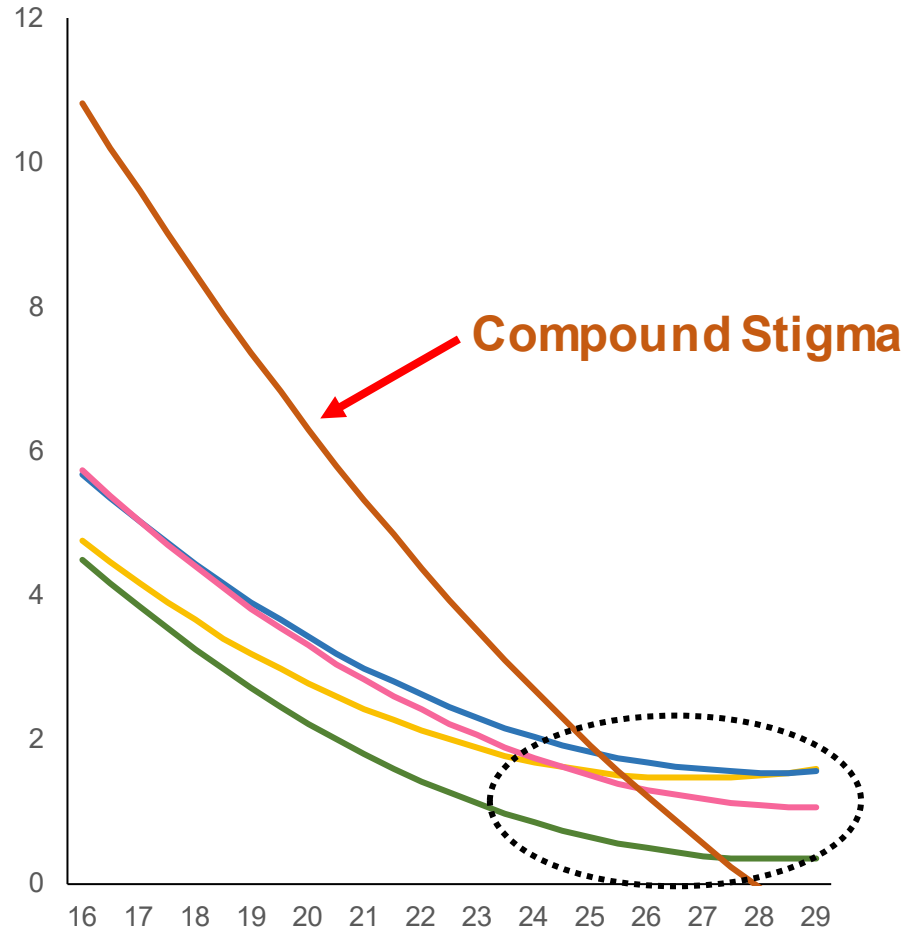


Results subgroup & mental health trajectories

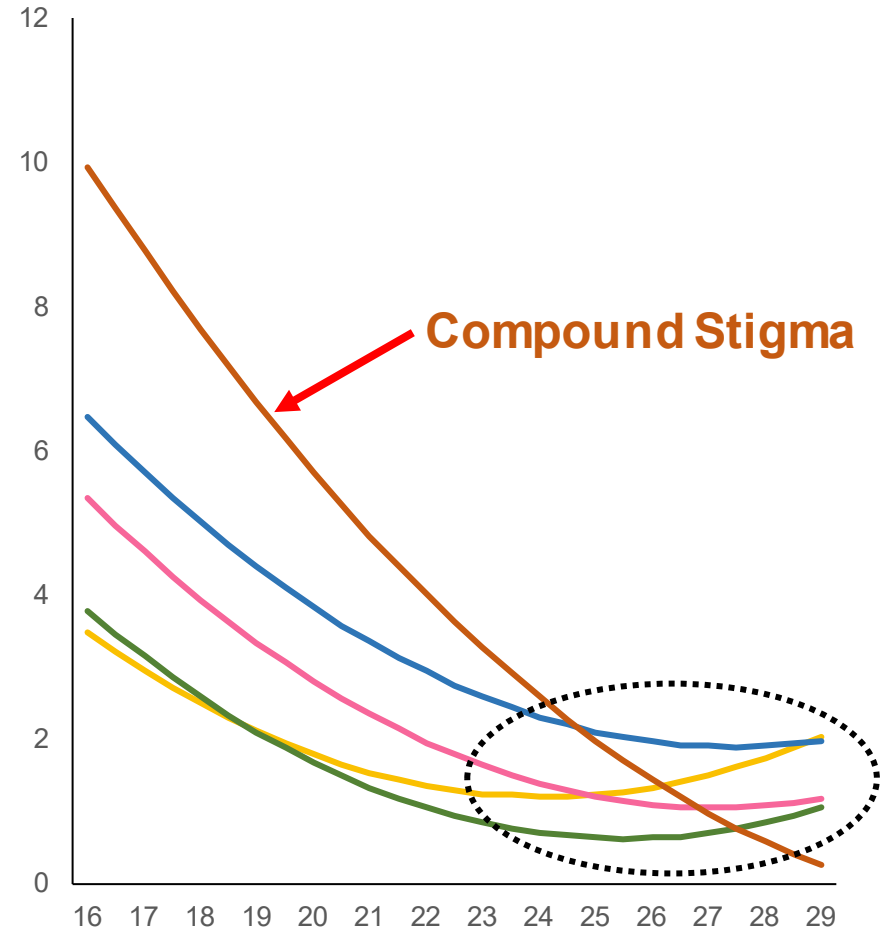
Classes

- Minimal Stigma
- Select Social Stigma
- Heterosexism
- Multiform Racism
- Compound Stigma

Depressive Symptoms



Anxious Symptoms



Stigma experiences are complex & common, but not the same for everyone

- Black and Latino sexual minority men are not monolithic
- Racism & HIV status contribute to healthcare system distrust
- Identifying subgroups reveals systemic precursors of disparities rather than pathologizing identities



Image credit: The Guardian, 2019

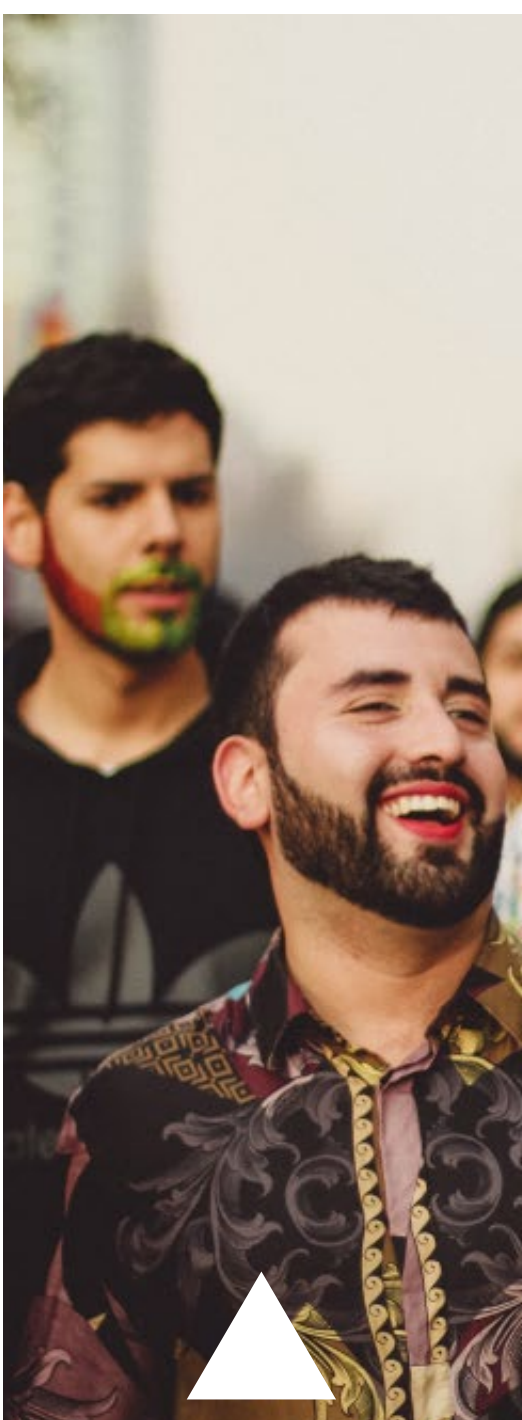
Intersecting stigma as shared driver of physical, mental, & behavioral health

- Young men experiencing the most severe and frequent pattern of stigma need intervention most urgently
- Intersecting stigma paired with major deficits in material needs
- Physical, mental, and behavioral health driven by overlapping racism and homophobia



What is being done now?

- PrEPresent: intervention focused on PrEP uptake through PrEP navigation and app-based resources
- Trans Youth of Color Cohort (TRUTH)
- COVID Vaccine hesitation overlaps with homophobia, racism, and transphobia as barriers to care
- Positioned now for dissemination, sharing, and communication



Racism & Heterosexism impact Black & Latino men who have sex with men:

→ More racism, more medical mistrust

→ Subgroups experience racism and heterosexism differently

→ Subgroups reveal risk of physical, mental, & behavioral health problems

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

In This Issue:

- Strategy A
- Strategy B
- Strategy J
- Strategy K
- Strategy M
- Strategy N

Staff Highlight:

Our new **OA Care Business Unit** is responsible for making sure our subrecipients are paid while ensuring we meet state and federal fiscal and budgetary requirements. You've met Sean Abucay in a previous edition of the *OA Voice*, now let's meet his team!

Christina White (HPSI) is the lead on managing and reporting for the Ryan White HIV/AIDS Program (Part B) grants. She is responsible for writing grant applications, conducting program planning and compliance, preparing grant budgets, and compiling progress and data reports. She also tracks and analyzes expenditures, ensures billing complies with state

and federal fiscal requirements, and reviews and responds to audits. Christina has been with California Department of Public Health (CDPH) for about 5 years working in various capacities, including as a Staff Services Analyst in the AIDS Drug Assistance Program and an Associate Governmental Program Analyst (AGPA) in OA's Support Branch. Christina graduated from California State University, Sacramento (CSUS) with a bachelor's degree in Criminal Justice. In her free time, she likes to travel, spend time with friends and family, and relax at home with her two cats, Billie and The Dude.

Moiz Rydhan, Ryan Takeoka, and Matthew Brown (APGAs) serve as fiscal advisors and assist in the administration, planning, and



oversight of the HIV Care Program (HCP). The Fiscal Team conducts desk audits and on-site monitoring of HCP subrecipients to determine compliance with fiscal regulatory and programmatic requirements and provide a high degree of technical assistance and guidance to local health departments, community-based organizations, and state staff regarding fiscal policies and procedures. They analyze and prepare invoices for payment, track expenditures, and ensure that billing complies with state and federal fiscal requirements.

- **Moiz Rydhan** graduated from CSUS with a BS in Health Care Administration. He came to OA after working as a contract analyst with Covered CA, and a contract administrator with the Department of Rehabilitation. Moiz loves to build Legos, work on his cars, watch the Sacramento Kings play some good basketball, video games, board games, and enjoys some really good food. He has a cat named Akira.
- **Matthew Brown** graduated from Delaware State University with a BS in Management. He worked in the private sector, where he excelled in multiple roles with Bank of America. In his free time Matthew enjoys anything Marvel or DC and is an avid video gamer and loves playing story driven games. He also started listening to several audio books and is currently working his way through the storm light archive by Brandon Sanderson which is one of his new favorite authors.
- **Ryan Takeoka** came over from his previous role as a Staff Services Analyst with the Department of General Services. He was also co-owner of Big Brother Comics that wasn't too far from OA's headquarters! He currently coaches girls' basketball and tennis at Kennedy high school where he recently had one of his young tennis stars make Metro Championships! When Ryan isn't coaching youth sports, he loves playing basketball, board/card games, eating, or hanging out with family and friends. He has a dog and a cat.

OA Promotions:

We are very excited to announce the newest member of ADAP/PrEP-AP family, **Alej Contreras**. In March, Alej started as the Eligibility Manager overseeing the PrEP-AP Unit 4. Alej has a master's in social work from the University of Southern California and comes to the ADAP Branch with a wealth of knowledge in HIV and community experience. As many of you know, Alej comes to us from the OA Prevention Branch, where he was a HIV Program Capacity Building and Health Equity Coordinator. In the Prevention Branch, Alej provided technical assistance and capacity building to local health jurisdictions and community-based organizations. In addition, Alej has also made an impact on many OA staff as he has led and facilitated the 21-day challenge sessions, racial and health equity workgroups, and ADAP OA Transgender Cultural Humility Awareness & Responsiveness Training.

Alej was previously the Director of Healthcare Services at the Gender Health Center (GHC) in Sacramento. He oversaw and supported the planning, implementation, monitoring and



evaluation of multiple health programs, including a gender affirming services clinic for the trans community, HIV/STD counseling and testing, and a syringe services program. At the GHC, Alej also served as a PrEP-AP Enrollment Worker.

In his spare time, he likes to hang out with his cat, take care of their many house plants, binge watch TV and try and go to at least one concert a month. We are very excited Alej has joined the ADAP Branch.

Additionally, we are equally excited to congratulate **Tiffany Woods** on her promotion to Health Program Specialist II, State Transgender Health Manager. In this position Tiffany will be responsible for the development and coordination of departmental and statewide HIV/STD prevention programs, trainings, and marketing material focused on gender health and transgender health education and will focus on statewide coordination of HIV prevention services related to the health and well-being of transgender individuals in California. Tiffany will also continue her role as State Co-Chair of the HIV California Planning Group as community



outreach and engagement will remain a critical function in her new role.

Tiffany has been with the OA Prevention Branch since 2019 serving as the Transgender Health and PrEP Local Capacity Building Specialist where she led the coordination and development of policies, procedures, and guidance related to PrEP uptake, retention, and PEP utilization among priority populations. She also provided perspective by leading branch initiatives and activities that promoted equity and assisted in eliminating HIV-related health disparities for transgender individuals. In 2020, Tiffany became the Transgender Sexual Health and Community Engagement Specialist providing expert level technical assistance to LHJs to address and identify solutions for eliminating transgender stigma and discrimination and implemented quality improvement interventions. Additionally, Tiffany developed implemented and facilitated the Transgender Cultural Humility and Responsiveness Training provided to all OA staff and most recently LHJs upon request.

Prior to OA, she worked for 16 years as the Transgender Programs Manager at Tri-City Health, in Fremont, where she provided oversight of leadership, administrative, and operational services related to all agency transgender services, programs, grant deliverables and activities. She provided agency-wide trainings, and provided direct supervision of staff, program development, implementation, monitoring and evaluation

HIV Awareness:

June is PRIDE Month! During this month various events are held to recognize the influence Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) people have made around the world. We celebrate diversity and reflect on the progress made in the fight for inclusion, justice, equity, and the freedom to be yourself. It's also an opportunity to raise awareness of current issues while reaffirming commitments to do more to support LGBTQI+ rights. ●●●●●●●●●●

On **June 5, we recognize HIV Long-Term Survivors Awareness Day**, which celebrates and honors long-term survivors of the epidemic. It is a day of remembrance, reflection, and is also recognized to raise awareness of the needs, issues, and journeys long term survivors face.

June 8 is Caribbean American HIV/AIDS Awareness Day, an annual observance to educate Caribbean-Americans about HIV/AIDS and provide resources for HIV testing, treatment and care.

On **June 27, we observe National HIV Testing Day**, a day meant to encourage people to get tested for HIV and know their status. Knowing your status provides the opportunity to make decisions to prevent getting or transmitting, HIV. There are many places to get an HIV test, find one near you at the [HIV Testing Sites & Care Services Locator](#) or see **Strategy O** in the *Integrated Plan* for more information.

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 the CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

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.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

CDPH-OA/STD Control Branch are pleased to report that the roll-out of the California Strategic Plan to address the syndemic of HIV, HCV and STIs continues with our ongoing provider needs assessment and our planned regional listening sessions scheduled June through July 2022. 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 through 30 innovative strategies organized over six social determinants of health.

We continue to engage communities across California through twenty-two regional focus groups and a provider needs assessment survey. We have had our first seven regional community listening sessions in Southern California including San Diego, San Bernardino/Inland Empire, El Centro/Imperial County, Kern County, Willits/Mendocino County, and Eureka. We are reaching a diversity of stakeholders including consumers, advocates, public health, and CBO staff. We have additional listening sessions planned for June and July. The COVID surge has necessitated rescheduling some in-person meetings. Four regional virtual listening sessions and community survey are also being

ENDING THE EPIDEMICS
Addressing HIV, HCV, and STIs in California
coming to a city near you in 2022
COMMUNITY ENGAGEMENT MEETINGS

SAN DIEGO May 9th, 1PM-4 PM
EL CENTRO May 10th, 9AM-12PM
SAN BERNARDINO May 11th, 9AM-12PM
BAKERSFIELD May 12th, 9AM-12PM
WILLITS May 24th, 9AM-12PM
EUREKA May 25th, 9AM-12PM
REDDING May 26th, 1PM-4PM
SANTA BARBARA June 28th, 9AM-12PM
SAN FRANCISCO June 28th, 3PM-6PM
OAKLAND June 29th, 9AM-12PM
FRESNO June 29th, 9AM-12PM
MODESTO June 30th, 9AM-12PM
SANTA CRUZ June 30th, 9:30AM-12:30PM
SACRAMENTO July 11th, 1PM-4PM
QUINCY July 12th, 9AM-12PM
NEVADA CITY July 13th, 1PM-4PM

Share your thoughts on how to employ strategies to end the epidemics. TO REGISTER FOR AN EVENT OR SEE VIRTUAL OPTIONS PLEASE GO TO [TINYURL.COM/CDPHSTRATPLAN](https://tinyurl.com/CDPHStratPlan) OR SCAN THE QR CODE AT RIGHT

CDPH California Department of Public Health
Consulting Partner: **FACENTE CONSULTING**

implemented for those that cannot attend in-person meetings (see above flyer for dates through July 13th).

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

- <https://tinyurl.com/CDPHStratPlan>
- <https://tinyurl.com/CDPHNeedsAssessment>

Ending the HIV Epidemic

A virtual symposium for all eight California Phase I Ending the Epidemic counties is being held on June 2nd and 3rd and June 9th and 10th. An opening address will be provided

by Toni Newman, Interim President and CEO of the Black AIDS Institute. Panels of stakeholders, consumers, and subject matter experts represented young gay/MSM of color, transgender individuals, cis-gender Black/African American Women, and people with experience not having secure housing. There will also be presentations on monitoring ETE progress through the [AHEAD Dashboard](https://ahead.hiv.gov/) (<https://ahead.hiv.gov/>), Partner Services, and Street Medicine mobile interventions.

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

PrEP-Assistance Program (AP)

As of May 31, 2022, there are 199 PrEP-AP enrollment sites covering 173 clinics that currently make up the PrEP-AP Provider network.

A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) 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 6 of this newsletter.

Strategy B: Increase and Improve HIV Testing

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

In the first 20 months, between September 1, 2020, and April 30, 2022, 2958 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

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	338	8%	---	---	---	---	52	1%	390	10%
25 - 34	1,114	27%	2	0%	1	0%	333	8%	1,450	36%
35 - 44	927	23%	---	---	3	0%	230	6%	1,160	28%
45 - 64	700	17%	1	0%	18	0%	146	4%	865	21%
65+	39	1%	---	---	160	4%	10	0%	209	5%
TOTAL	3,118	77%	3	0%	182	4%	771	19%	4,074	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	180	4%	---	---	38	1%	31	1%	---	---	111	3%	10	0%	20	0%	390	10%
25 - 34	795	20%	1	0%	146	4%	87	2%	2	0%	337	8%	10	0%	72	2%	1,450	36%
35 - 44	726	18%	4	0%	102	3%	59	1%	1	0%	226	6%	9	0%	33	1%	1,160	28%
45 - 64	618	15%	2	0%	39	1%	25	1%	1	0%	167	4%	---	---	13	0%	865	21%
65+	33	1%	1	0%	4	0%	3	0%	---	---	163	4%	---	---	5	0%	209	5%
TOTAL	2,352	58%	8	0%	329	8%	205	5%	4	0%	1,004	25%	29	1%	143	4%	4,074	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	428	11%	1	0%	6	0%	13	0%	---	---	11	0%	1	0%	1	0%	461	11%
Male	1,785	44%	7	0%	304	7%	188	5%	4	0%	965	24%	24	1%	134	3%	3,411	84%
Trans	132	3%	---	---	15	0%	3	0%	---	---	16	0%	2	0%	3	0%	171	4%
Unknown	7	0%	---	---	4	0%	1	0%	---	---	12	0%	2	0%	5	0%	31	1%
TOTAL	2,352	58%	8	0%	329	8%	205	5%	4	0%	1,004	25%	29	1%	143	4%	4,074	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: 05/31/2022 at 12:01:52 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

gonorrhea and chlamydia) accounted for 78 (56.9%) of the 137 total tests distributed.

Of individuals ordering a test in April, 32.9% reported never before receiving an HIV test, and 57.7% were 18 to 29 years of age. Among individuals reporting ethnicity, 35.1% were Hispanic/Latinx, and of those reporting sexual history, 65.7% indicated 3 or more partners in the past 12 months. To date, 375 recipients have completed an anonymous follow up survey, with 94.4% 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 (73.3%) or having had more than one sex partner in the past 12 months (62.7%).

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

As of May 31, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown below.

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

Test Counselor Trainings for Syringe Services Programs

In the last five years, the number of SSPs that offer HIV and viral hepatitis point-of-care testing hasn't matched the increase in the number of programs. In 2017, CA had 38 SSPs; 82% of them offered HIV testing and a similar number offered screening for HCV. Data from 2021 found only 36 of 56 programs currently offer onsite testing. OA has amended the contract with Alliance Health Project to add 56 test counselor training slots specifically for SSP staff. Trainings began in May and will significantly increase point-of-care testing throughout the state.

DHCS Increases Investment in California Emergency Departments to Address Overdose Deaths, Mental Health Crisis

Drug overdose deaths more than doubled in California from 2017 to 2021, Department of Health Care Services (DHCS) has announced \$8.5 million in additional funding to the Bridge Navigator Program, which aims to expand the emergency department workforce to address the urgent need for behavioral health patient care. This will increase the number of behavioral health navigators in emergency departments that currently participate in the CA Bridge program and expand the program to new emergency departments across the state.

[California Bridge Program](https://cabridge.org/)
<https://cabridge.org/>

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from April
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	558	-18.66%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,306	+10.10%
Medicare Part D Premium Payment (MDPP) Program	2,080	+11.65%
Total	8,944	+8.06%

[Behavioral Health Program Info](https://cabridge.org/general/behavioral-health-pilot-project-bhpp/)

<https://cabridge.org/general/behavioral-health-pilot-project-bhpp/>

[List of Behavioral Health Program](#)

[Sites](#) (excel) https://secureservercdn.net/166.62.108.229/1k4.8f5.myftpupload.com/wp-content/uploads/BHPP_Hospital_List.xlsx

Strategy M: Improve Usability of Collected Data

The [Supplemental Tables to the California HIV Surveillance Report - 2020](#) are 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 persons classified as Stage 3 (AIDS) by selected demographics and transmission category for 2016-2020. This report provides information supplemental to the [California HIV Surveillance Report — 2020](#).

Strategy N: Enhance Collaborations and Community Involvement

Since 2011, the Kaiser Family Foundation (KFF), through its Greater Than AIDS public information initiative, and Walgreens, have teamed with health departments and HIV service organizations across the nation to provide free HIV testing and information in Walgreens stores in support of **National HIV Testing Day (NHTD) on June 27**. Over the years, OA has partnered with KFF to encourage our California-based testing organizations to sign up and participate in this event.

To date, more than 72,000+ free HIV tests have been provided through the Greater Than AIDS/ Walgreens National HIV Community Partnership (NHCP), including 15,300 self-tests, and even more people have been reached with critical HIV resources.

The NHCP offers a unique public-private model to support communities in their [Ending the HIV Epidemic](#) responses. By extending the reach of testing and informational resources in non-traditional settings, the partnership helps normalize conversations about HIV and reach populations most affected by HIV about the latest advances in prevention and treatment.

In 2020 and 2021, the Partnership shifted from in-store testing to HIV self-testing because of COVID-19. Greater Than AIDS and Walgreens, together with OraSure Technologies Inc., donated 15,300+ OraQuick In-Home HIV Tests to nearly 300 HIV organizations and health departments across 39 states to support expanded testing options during COVID-19. A majority of organizations had previously never offered HIV self-testing.

We are happy to announce that the Partnership is returning to in-store HIV testing on June 27, 2022, for National HIV Testing Day. We also want to express our sincerest thanks and gratitude to the folks at KFF and our California-based testing organizations for their ongoing work and participation in this event year after year.

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



State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

Tomás J. Aragón, M.D., Dr.P.H.
Director and State Public Health Officer *Acting Director*

May 17, 2022

TO: ALL INTERESTED PARTIES

RE: NOTIFICATION OF INTENT TO AWARD CONTRACTS IN RESPONSE TO
PROJECT CORNERSTONE REQUEST FOR APPLICATIONS (RFA) 2022-2025, 22-
10150

The California Department of Public Health, Office of AIDS (CDPH/OA) will award contracts in the amount of \$4.5 million over the course of three fiscal years in local assistance funds to fund the development of up to four innovative, stigma-free, culturally and linguistically competent, evidence-based demonstration projects that will deliver services to improve the health and well-being of older people living with HIV (PLWH50+). CDPH/OA will award four demonstration projects in the following award amounts: one \$1.5 million award (tier 1), one \$1.2 million award (tier 2), and two \$900,000 awards (tier 3). These awards are based on application responses to this RFA and the tier selected by eligible entities. Eligible entities include local health jurisdictions, community based organizations, federally qualified health centers, other community clinics, and hospital emergency departments to provide clinical and non-clinical services to PLWH50+.

After completing an evaluation of the applications that were submitted, OA has selected and hereby intends to award contracts to the following applicants:

Tier 1: Family Health Centers of San Diego, Inc.	\$1,500,000
Tier 2: County of Santa Clara, Public Health Department	\$1,200,000
Tier 3: Lifelong Medical Care	\$900,000
Tier 3: Centro de Salud de la Comunidad de San Ysidro	\$900,000

Please note that awards are contingent upon verification that awardees are in good standing and licensed to conduct business within the State of California. The applicants listed above will receive an email with additional details regarding the status of their application.

For questions, please email Projectcornerstone@cdph.ca.gov.

Sincerely,



ALL INTERESTED PARTIES

May 17, 2022



Marisa Ramos, Ph.D.
Office of AIDS Division Chief
Center for Infectious Diseases
California Department of Public Health

Cc: Sharisse Kemp, MSW
ADAP Branch Chief
Office of AIDS

Matthew Willis
Local Capacity Building & Program Development Unit, Chief
High Impact Prevention Section Office of AIDS

Alejandro Contreras, MSW, ASW
ADAP Branch, PrEP-AP Unit Manager
Office of AIDS

CDPH Office of AIDS, MS 7700 ● P.O. Box 997426 ● Sacramento,
CA 95899-7426
(916) 449-5900 ● (916) 449-5909
Internet Address: www.cdph.ca.gov



BRIEFING INVITATION



313 North Figueroa Street, Room 806 • Los Angeles, CA 90012 • (213) 240-8144 • media@ph.lacounty.gov
PublicHealth.LACounty.gov • [Facebook.com/LAPublicHealth](https://www.facebook.com/LAPublicHealth) • [Twitter.com/LAPublicHealth](https://twitter.com/LAPublicHealth)

INVITE ONLY

Telebriefing on Monkeypox

Public Health Officials Provide Update on Monkeypox

Public Health will conduct a telebriefing to update you on the latest information on Monkeypox; and we'll answer your questions and listen to your feedback.

WHEN: Thursday, June 9, 2022
Time: 11:00 a.m. – 12:00 p.m. (PDT)

WHERE: Telephone Call-in: 877-226-8189
Access Code: 752438

*Participants are strongly urged to **call in 15 minutes prior** to the start time of the call to check-in. Call starts promptly.*

WHO: Muntu Davis, MD, MPH, Health Officer
Los Angeles County Department of Public Health

Sharon Balter, MD, Director
Acute Communicable Disease Control Program
Los Angeles County Department of Public Health

Sonali Kulkarni, MD, MPH
Medical Director, Division of HIV/STD Programs
Los Angeles County Department of Public Health

CONTACT: LA County Department of Public Health | (213) 240-8144 | media@ph.lacounty.gov

###

*Los Angeles County Department of Public Health works to protect health,
prevent disease, and promote health and well-being.*

WHAT GAY & BISEXUAL MEN NEED TO KNOW ABOUT

MONKEYPOX



Cases have been detected among gay and bisexual men but **not exclusively**

WHAT IS MONKEYPOX?

Monkeypox is a viral infection transmitted through close personal contact, including kissing, sex, and other skin-to-skin contact. Fatality during the current outbreak is estimated to be very low.

WHAT ARE THE SYMPTOMS?

KEY SYMPTOM



RASH, BUMPS, OR BLISTERS

These may appear anywhere on the body, including the genitals. This may look similar to syphilis, herpes, or other common skin rashes.

OTHER SYMPTOMS



FEVER &
HEADACHES



MUSCLE
ACHES



SWOLLEN
LYMPH NODES

Symptom onset ranges from 5-21 days

WHAT YOU CAN DO



STAY INFORMED

Remain calm. This is a rapidly changing situation. Visit the CDC website for up-to-date guidance.



CONTACT

If you have symptoms, call (do not visit) your health care provider, and ask about testing.



ISOLATE

If you have symptoms, stay at home, wear a mask, and cover lesions to protect others.

Updated: June 2022



ANYONE CAN GET MONKEYPOX

Blaming gay, bisexual, and other men who have sex with men may harm public health efforts and cause providers to miss monkeypox in other communities.

Get the latest updates & downloadable files from
Gay Sexuality & Social Policy Initiative @ UCLA Luskin
gaysexresearch.com



LO QUE LOS HOMBRES GAY Y BISEXUALES NECESITAN SABER SOBRE LA VIRUELA DEL MONO



Se han detectado casos entre hombres gay y bisexuales, pero **no exclusivamente**.

¿QUÉ ES LA VIRUELA DEL MONO?

La viruela del mono es una infección viral transmitida a través del contacto personal cercano, que incluyen besos, sexo y otro contacto de piel a piel. Se estima que la mortalidad durante el brote actual es muy baja.

¿CUÁLES SON LOS SÍNTOMAS?

SÍNTOMAS PRINCIPALES



ERUPCIONES, ABULTAMIENTOS O AMPOLLAS

Pueden aparecer en cualquier parte del cuerpo, incluyendo los genitales. Esto puede parecer similar a sífilis, herpes u otras erupciones cutáneas comunes.

OTROS SÍNTOMAS



FIEBRE Y DOLORS DE CABEZA



DOLORS MUSCULARES



GANGLIOS LINFÁTICOS INFLAMADOS

El inicio de los síntomas oscila entre 5-21 días

LO QUE PUEDE HACER



MANTÉNGASE INFORMADO

Mantenga la calma. Esta es una situación que cambia rápidamente. Visite el sitio web de los CDC para obtener orientación actualizada.



CONTACTE

Si tiene síntomas, llame (no visite) a su proveedor de atención médica y pregunte acerca de las pruebas.



AÍSLE

Si tiene síntomas, quédese en casa, use una máscara y cubra las lesiones para proteger a los demás.

Actualizada: junio 2022



CUALQUIER PERSONA PUEDE CONTRAER LA VIRUELA DEL MONO

Al culpar a los hombres gay, bisexuales y otros hombres que tienen sexo con hombres puede dañar los esfuerzos de salud pública y causar que los proveedores de atención médica no detecten la viruela del mono en otras comunidades.

Obtenga las últimas actualizaciones y archivos descargables de Gay Sexuality & Social Policy Initiative @ UCLA Luskin gaysexresearch.com



MOTION #3

Approve Comprehensive Program Directives to the Division of HIV and STD Programs (DHSP) for Program Years 32, 33, and 34 as presented or revised.

June 9, 2022



LOS ANGELES COUNTY
COMMISSION ON HIV



Planning Tools Unique to the Commission



**Paradigms and Operating
Values**

Paradigms for Decision- Making

- Compassion: response to suffering of others that motivates a desire to help
- Equity: allocating levels of investments and commitment that meaningfully address the needs of populations disproportionately impacted by HIV/STDs and social determinants of health

Operating Values

Operating Values

- Efficiency: accomplishing the desired operational outcomes with the least use of resources
- Quality: the highest level of competence in the decision-making process
- Advocacy: addressing the asymmetrical power relationships of stakeholders in the process
- Representation: ensuring that all relevant stakeholders and constituencies are adequately represented in the decision-making process

Program Directives— Part of the Priority Setting and Resource Allocations Process



GUIDANCE TO THE
RECIPIENT (DHSP) ON
HOW TO MEET
PRIORITIES



INVOLVE
INSTRUCTIONS FOR
THE RECIPIENT TO
FOLLOW IN
DEVELOPING
REQUIREMENTS FOR
PROVIDERS FOR USE
IN PROCUREMENT
AND CONTRACTING



USUALLY ADDRESS
POPULATIONS TO BE
SERVED, GEOGRAPHIC
AREAS TO BE
PRIORITIZED, AND/OR
SERVICE MODELS OR
STRATEGIES TO BE
USED

Directives Development Process

- Discussions held at Planning, Priorities, and Allocations (PP&A) Committee meetings from Jan-May 2022
- PP&A Committee received status updates on program directives for program years (PY) 30, 31, 32.
- Feedback on the updated draft of the directives solicited from caucuses, workgroups, and task forces.

Q & A



LAST UPDATED 5.19.22/Approved by Planning, Priorities, and Allocations 5/17/22/Approved by Executive Committee 5/26/22

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

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

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

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

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



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

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

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

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

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



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

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



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



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



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

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

Footnotes:

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

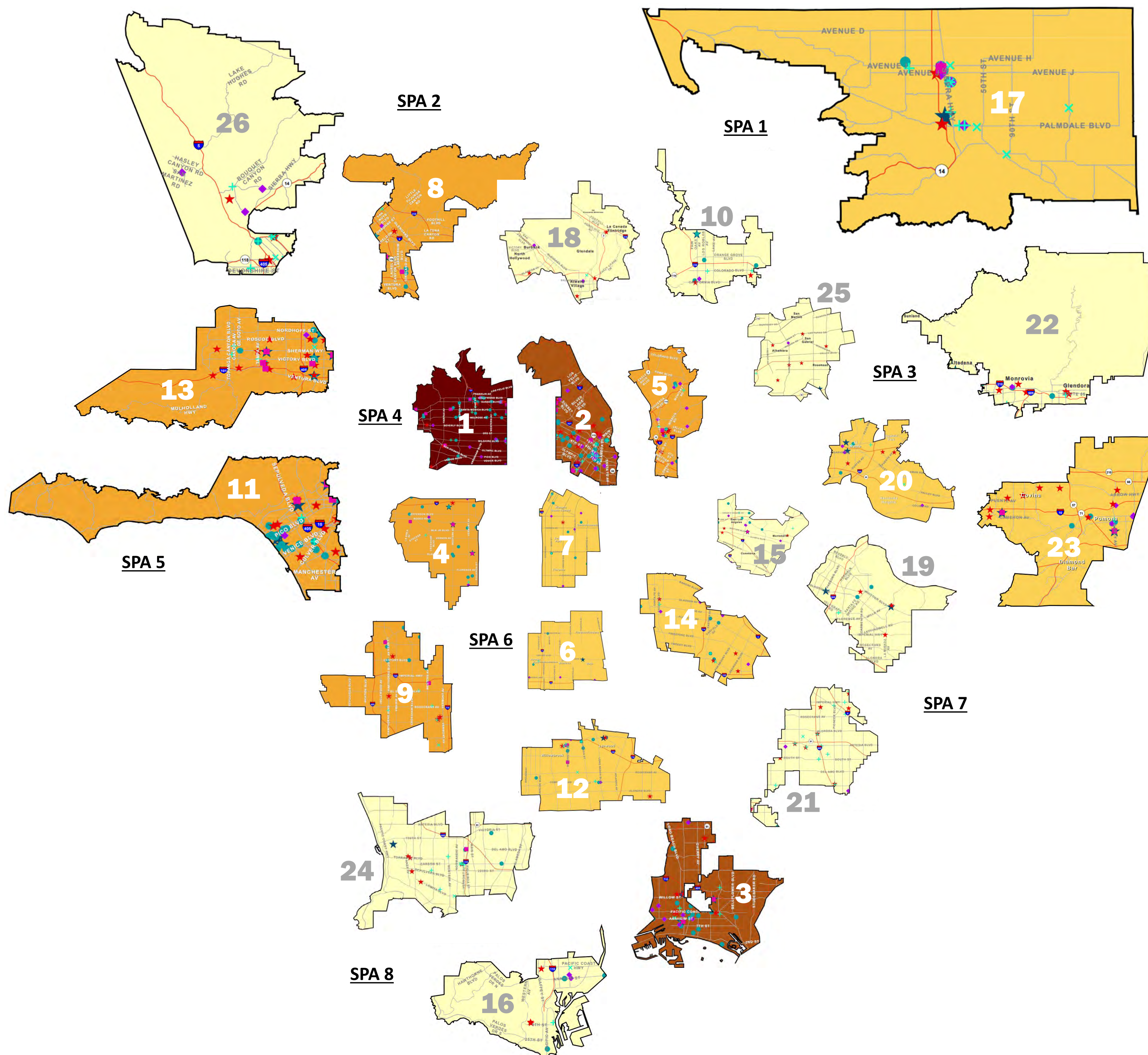
Los Angeles County Health Districts



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

Health Districts ranked by highest rate of HIV transmission.

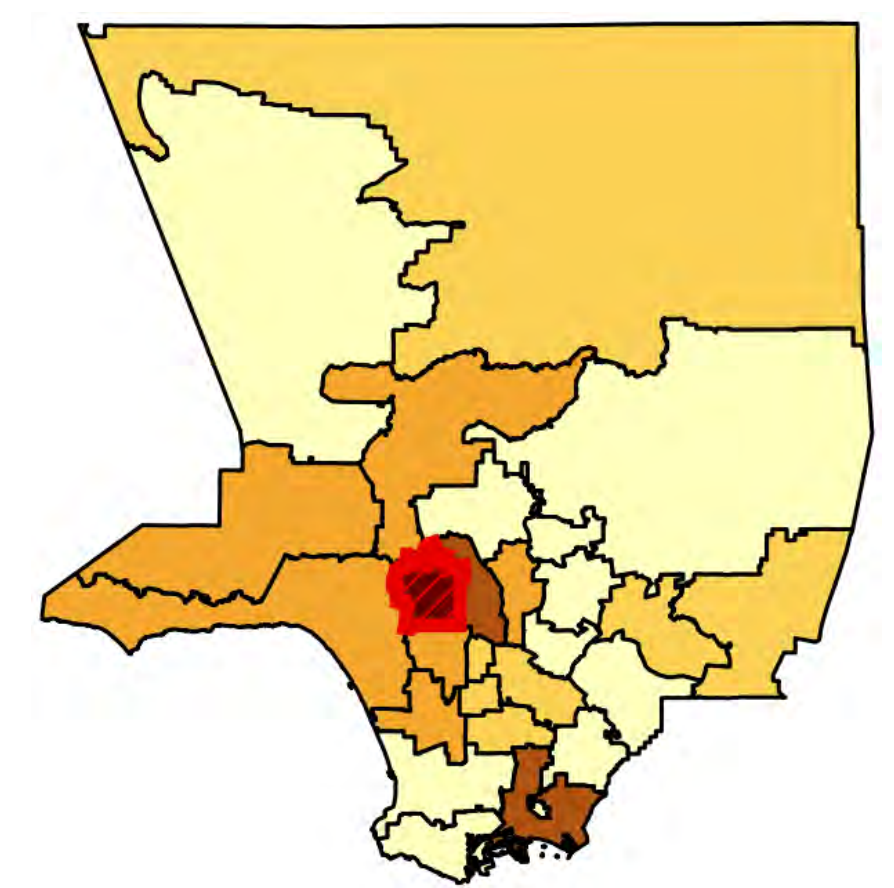
1. Hollywood Wilshire
2. Central
3. Long Beach
4. Southwest
5. Northeast
6. South
7. Southeast
8. East Valley
9. Inglewood
10. Pasadena
11. West
12. Compton
13. West Valley
14. San Antonio
15. East LA
16. Harbor
17. Antelope Valley
18. Glendale
19. Whittier
20. El Monte
21. Bellflower
22. Foothill
23.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



Los Angeles County HIV/AIDS Strategy Goals

By 2022:

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



Legend

STRATEGIES:

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

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

Assessments and Screenings

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

 From Golden Compass Program

 From Aging Task Force/Commission on HIV

Screenings & Assessment Definitions

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

Screenings & Assessment Definitions

(continued)

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

Other Suggestions from ATF/COH Discussions

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