



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Thursday, February 25, 2021 @ 1:00 P.M.– 3:00 P.M.

To Join by Computer, please Register at:

<https://tinyurl.com/9jwpjq4e>

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

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

Access code: 145 330 4497

Executive Committee Members:			
<i>Bridget Gordon, Co-Chair</i>	<i>David Lee, MPH, LCSW, Co-Chair</i>	Raquel Cataldo	Michele Daniels (Exec, At Large)
Erika Davies	Lee Kochems, MA	Carlos Moreno	Katja Nelson, MPP
Frankie Darling-Palacios	Mario J. Pérez, MPH	Juan Preciado	Kevin Stalter
Justin Valero (Exec, At large)			
QUORUM:	7		

AGENDA POSTED: February 19, 2021

ATTENTION: Any person who seeks support or endorsement from the Commission or Committee 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 (213) 738-2816 or via email at hivcomm@lachiv.org.

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto la oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á hivcomm@lachiv.org, por lo menos 72 horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of

the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of a meeting. If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.

Call to Order, Introductions, and Conflict of Interest Statements 1:00 P.M. – 1:03 P.M.

I. ADMINISTRATIVE MATTERS

- | | | | |
|----|-----------------------------|------------------|-----------------------|
| 1. | Approval of Agenda | MOTION #1 | 1:03 P.M. – 1:05 P.M. |
| 2. | Approval of Meeting Minutes | MOTION #2 | 1:05 P.M. – 1:07 P.M. |

II. PUBLIC COMMENT

- | | | | |
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| 3. | Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. | | 1:07 P.M. – 1:10 P.M. |
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III. COMMITTEE NEW BUSINESS ITEMS

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| 4. | Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda. | | 1:10 P.M. – 1:13 P.M. |
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IV. REPORTS

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| 5. | Executive Director's/Staff Report | | 1:13 P.M. – 1:50 P.M. |
| | A. Commission/County Operational Updates | | |
| | B. HealthHIV Assessment Re Planning Council Effectiveness SURVEY REMINDER | | |
| | C. LAC Human Relations Commission Partnership | | |
| | D. Ending the HIV Epidemic and Commission Activities | | |

6. **Co-Chair's Report** 1:50 P.M. – 2:05 P.M.
- A. February 11, 2021 COH Meeting Follow Up & Feedback
 - B. "So You Want to Talk About Race?" Book Reading Activity
 - C. COVID-19 Vaccination Priority for People Living with HIV/AIDS
 - D. 2.24.21 PACE Listening Session in Commemoration of NBHAAD
 - E. 2021 Committee Work Plans
 - F. At Large Executive Committee Member Open Nominations | REMINDER+ONGOING
7. **Division of HIV and STD Programs (DHSP) Report** 2:05 P.M. – 2:15 P.M.
- A. Fiscal, Programmatic and Procurement Updates
 - (1) Emergency Financial Assistance (EFA) Updates
 - B. Ending the HIV Epidemic (EHE) Activities
8. **Standing Committee Reports:** 2:15 P.M. – 2:45 P.M.
- A. Operations Committee
 - (1) Membership Management
 - Attendance Letters
 - Eduardo Martinez
 - Tony Spears
 - Amiya Wilson
 - Seat Vacates
 - Michele Daniels **MOTION #3**
 - Diamantae Johnson **MOTION #4**
 - Membership Seat Changes
 - Miguel Alvarez to HIV Stakeholder #8 **MOTION #5**
 - Alasdair Burton to Alternate (#21) **MOTION #6**
 - Thomas Green to Provider Representative #5 **MOTION #7**
 - Nestor Kamurigi to Unaffiliated Consumer Supervisorial District 2 **MOTION #8**
 - Amiya Wilson to Alternate (#20) **MOTION #9**
 - (2) Membership Application Redevelopment | UPDATES
 - (3) Mentorship Program | UPDATES
 - B. Planning, Priorities and Allocations (PP&A) Committee
 - (1) DHSP Fiscal and Procurement Updates
 - (2) Prevention Planning Activities
 - C. Standards and Best Practices (SBP) Committee
 - (1) Child Care Standards of Care Update
 - (2) 2021 Standards of Care Review
 - Home Based Case Management,
 - Benefits Specialty
 - Substance use and residential treatment.
 - D. Public Policy Committee
 - (1) County, State and Federal Policy and Legislation
 - (2) County, State and Federal Budget
9. **Caucus, Task Force, and Work Group Reports:** 2:45 P.M. – 2:50 P.M.
- A. Aging Task Force | March 22, 2021 @ 10am-12pm
 - (1) Extend Task Force for One Additional Year **MOTION #10**
 - B. Black/African American Community (BAAC) Task Force | March 22, 2021 @ 1-3pm
 - C. Consumer Caucus | March 11, 2021 @ 3-4:30PM
 - D. Women's Caucus | March 15, 2021 @ 2-4PM
 - E. Transgender Caucus | March 23, 2021 @ 10am-12pm

V. NEXT STEPS

10. Task/Assignments Recap 2:50 P.M. – 2:53 P.M.
11. Agenda development for the next meeting 2:53 P.M. – 2:55 P.M.

VI. ANNOUNCEMENTS

2:55 P.M. – 3:00 P.M.

12. Opportunity for members of the public and the committee to make announcements

VII. ADJOURNMENT

13. Adjournment for the meeting of February 25, 2021. 3:00 P.M.

PROPOSED MOTION(s)/ACTION(s):

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MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve Recommendation to Vacate Membership Seat of Michele Daniels, Unaffiliated Consumer, SPA 1, as presented or revised.
MOTION #4:	Approve Recommendation to Vacate Membership Seat of Diamantae Johnson, Unaffiliated Consumer, Supervisorial District 5, as presented or revised.
MOTION #5:	Approve Recommendation to Change Membership Seat of Miguel Alvarez from Alternate (#51) to HIV Stakeholder #8, as presented or revised.
MOTION #6:	Approve Recommendation to Change Membership Seat of Alasdair Burton from Alternate (#24) to Alternate (#21), as presented or revised.
MOTION #7:	Approve Recommendation to Change Membership Seat of Thomas Green from Alternate (#15) to Provider Representative #5, as presented or revised.
MOTION #8:	Approve Recommendation to Change Membership Seat of Nestor Kamurigi from Alternate (#28) to Unaffiliated Consumer, Supervisorial District 2, as presented or revised.
MOTION #9:	Approve Recommendation to Change Membership Seat of Amiya Wilson from HIV Stakeholder #6, to Alternate (#20), as presented or revised.
MOTION #10:	Approve extension of Aging Task Force for one additional year to complete directives, as presented or revised.



LOS ANGELES COUNTY COMMISSION ON HIV



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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



2020: RISING ABOVE THE CHALLENGE

ANNUAL REPORT JANUARY-DECEMBER 2020



LOS ANGELES COUNTY
COMMISSION ON HIV



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 **Ending
the
HIV
Epidemic**

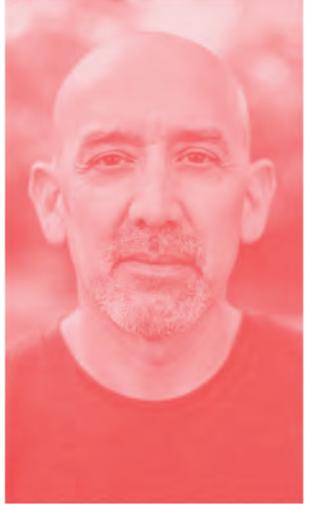


TABLE OF CONTENTS

VISION AND MISSION STATEMENTS | 3

2020: RISING ABOVE THE CHALLENGE | 4

**#STRONGERTOGETHER:
RAPID MOBILIZATION AND RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY | 4**

COMPASSION IN TIME OF COVID-19 | 5

COMMITMENT TO ALLYSHIP AND RACIAL JUSTICE: TO END HIV, WE MUST END RACISM | 7

COMMUNITY ENGAGEMENT | 8

ENDING THE HIV EPIDEMIC IN THE CONTEXT OF COVID-19 | 9

COMMISSIONERS | 11

STAFF | 11

VISION AND MISSION STATEMENTS

VISION

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

MISSION

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

ROLES AND RESPONSIBILITIES

The Los Angeles County Commission on HIV (COH) serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Diseases (STD) services.

The COH is composed of 51 members appointed by the Board of Supervisors (BOS) and represent a broad and diverse group of providers, consumers, and stakeholders. Thirty-three percent of the membership are people living with HIV who are consumers of the federally funded Ryan White Program.

As an integrated planning body for HIV/STD prevention and care services in Los Angeles County, through its five standing committees (Executive, Operations, Planning, Priorities and Allocations (PP&A), Public Policy, and Standards & Best Practices (SBP), the COH is responsible for:

- Setting care/treatment priorities/allocations
- Developing a comprehensive prevention and care plan
- Assessing the administrative mechanism of service delivery
- Evaluating service system effectiveness
- Service coordination
- Conducting needs assessments
- Setting minimum service standards/outcomes
- Defining ways to best meet the needs
- Resolving service system grievances
- Promoting the availability of services
- Evaluating other streams of funding
- Advising the BOS on all County HIV and STD funding
- Policy development and advocacy work
- Advising the Board on other HIV and STD-related matters



2020: RISING ABOVE THE CHALLENGE

2020 was a year like no other in the recent history of mankind. The year was marked by several global challenges, leading with the devastating impact of the novel coronavirus (COVID-19) pandemic and the nation's reckoning with the ills of racism anti-Blackness in America and beyond. COVID-19 laid bare before our eyes what the HIV movement has recognized as the biggest wall preventing our victory over HIV - racism is the root cause of health and social disparities. The same communities of color who have overwhelmingly shouldered the burden COVID-19 infections, deaths, and hospitalizations, are the same communities that suffer from HIV and STDs the most. At the end of 2018, approximately 0.6% of the 10.3 million Los Angeles County (LAC) residents were living with HIV. The group with the plurality of people with HIV (PWH) are Latinx cisgender men who have sex with men (~40%), followed by White cisgender men who have sex with men (26%), followed by Black/African-American cisgender men who have sex with men (23%).¹ The balance of males with HIV are injection drug users of multiple racial/ethnic groups as well as cisgender American Indian/Alaskan Native, Asian or Pacific Islander men who have sex with men. Black/African American males, female and transgender persons and American Indian/Alaskan Native males are disproportionately impacted with HIV compared to their share of the LAC population.

Despite the unprecedented events of 2020, the COH rose above the challenges of the pandemic and made notable accomplishments in moving closer to ending the HIV epidemic, once and for all. The Commissioners showed exemplary leadership in their courageous counter-response to the novel coronavirus. In the midst of the COVID-19 pandemic, the fight to end the HIV/AIDS pandemic which started in the 1980s, continues to ravage communities. With the biomedical and treatment advances accrued over the years to fight HIV, we can no longer excuse another day and another case of HIV. We have the tools to prevent HIV and keep those living with HIV, healthy and thriving. The COH 2020 Annual Report reflects upon its key 2020 accomplishments in acknowledgement of the core values that have sustained the HIV movement.

#STRONGERTOGETHER: RAPID MOBILIZATION AND RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY

The COH cancelled its March 13, 2020 in-person meeting out of abundance of caution due to the growing cases of the novel coronavirus. Commissioners, staff, and stakeholders swiftly mobilized to care for themselves and connected with friends and community members to ensure their safety and access to essential supplies for the duration of the shelter in place order. Commissioners affiliated with medical clinics, acted quickly to protect their staff, and maintain critical services for PWH and communities at risk for HIV, STD, and COVID-19. Collectively, the Commission contributed to a stronger public health response as evidenced by the following key accomplishments:

- The COH, in partnership and consultation with the DHSP and local HIV service organizations, developed a letter to the community offering medical advice and resources to help promote and protect the health and safety of people living with HIV (PLWH) in response to the novel coronavirus pandemic. The letter, published in English and Spanish, was much needed and reached over 6,000 individuals through the COH's listserv, website and social media platforms. ([Novel Coronavirus, COVID-19 and People Living with HIV A Message to the Community and Our Partners March 16, 2020](#))

¹ Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2019. Published May 2020. <http://publichealth.lacounty.gov/dhsp/Reports.htm>. Accessed 1/5/21.

- Service calls for maintaining access HIV medicines and care increased around the initial rounds of shelter in place orders. In response, staff reorganized the COH and HIV Connect websites to publish a series of COVID-19 information bulletins to keep the community informed of critical resources, such as medical care, social services, and other public health messages. ([Information and Resource Updates from the Commission on HIV: Sustaining the HIV Movement Amidst the COVID-19 Public Health Emergency](#))
- Rapidly transitioned from in-person to virtual meetings using WebEx. Staff and Commissioners are to be commended for quickly learning and adapting to the WebEx videoconferencing platform. Despite technical challenges, the COH saw an increase in meeting participants due to the ease of participating through videoconferencing technology.
- The COH's number of GovDelivery subscribers grew from 6,000 to over 14,000 by the end of 2020, an indication of increased community participation in the Commission's work and activities.
- Answering the call for duty, COH staff served as Disaster Service Workers (DSWs) to support the COVID-19 contact tracing teams, Project Room Key, food delivery calls for seniors, and the general elections. Staff maintained full business operations and responded to calls for service referrals while teleworking and with staff deployed to DSW assignments.

COMPASSION IN TIME OF COVID-19

Without question, COVID-19 has affected people from all walks of life and with even more profound impact on communities of color and people experiencing poverty and homelessness. Many individuals have lost their jobs, social support networks, and access to care. In response, the COH used its Board-directed charge and resources to demonstrate compassion in the following ways:

- Increased stipends for unaffiliated consumer members from \$100 to \$150 as allowed by the COH bylaws in recognition of the economic hardships faced by PWH due to the pandemic.
- In collaboration with DHSP, the COH conducted a communitywide bilingual COVID-19 Impact Survey to assess and understand the impact of the novel coronavirus on Commissioners, PWH, service providers, and individuals at high risk for HIV and STDs. The survey was administered mid-March to May and nearly 300 individuals responded. Of those, 219 were PLWH, and 12% completed the survey in Spanish. Service providers reported transitioning most clinical services to telehealth and working longer and more intense hours to balance work and family commitments. Some indicated that they had been furloughed at the time of the survey and feared losing their jobs. In addition, service providers reported challenges of being supportive from a distance, lack of personal protective equipment (PPE), and surge capacity (resources and staffing). For consumers, they reported feelings of anxiety, isolation, and stress. Some reported complete loss of income. Consumers and providers reported an increase in demand for food, ride sharing transportation, financial assistance, mobile phones, mental health services, childcare, home delivered food and medicines. For some, their housing situation became more unstable. Lack of access to high-speed and broad band internet and reliable computers was also reported. To respond to these community needs, the COH worked with DHSP to increase food pantry services, ensured that access to HIV medications and core medical services were maintained, and PPE kits were made widely available PWH using a network of HIV service sites throughout the County.

- The Aging Task Force (ATF) developed the recommendations to the COH, DHSP, and other County and City partners to address the unique needs of older adults (individuals who are aged 50 and older) population. According to the Health Resources and Service Administration (HRSA), the Ryan White program client population is aging. Of the more than half a million clients served by Ryan White program, 46.1 percent are aged 50 years and older and this continues to grow. While Ryan White clients in LAC show higher engagement and retention in care, and viral suppression rates, within the 50+ population there exists disparities by racial/ethnic, socioeconomic, geographic, and age groups stratification. The ATF recommendations were centered around the core issues of ongoing research and needs assessment, workforce and community education and awareness, and expansion of HIV/STD prevention and care services for older adults.
- Under the leadership of the Planning, Priorities and Allocations (PP&A) Committee, the COH worked with DHSP to allocate and shift funding as appropriate, to critical medical and support services including but not limited to emergency financial assistance, housing, and mental health. PP&A continued to lead the COH's multi-year priority setting and resource allocation process to avoid interruption of care for PWH.
- A most notable achievement for the COH was the accelerated pace at which the service standards for the **Emergency Financial Assistance (EFA)** was completed and approved. In June 2020, the COH, approved the EFA service standards and requested that DHSP move expeditiously to put in place the contractual mechanisms to implement EFA services especially during these economically challenging times. The Standards and Best Practices (SBP) Committee worked diligently with providers, consumers, subject matter experts, and DHSP staff to develop the EFA standards. EFA provides limited one-time or short-term payments to assist a Ryan White Part A client with an urgent need for essential items or services due to hardship. The purpose of EFA is to ensure clients can pay for critical services that play a role on whether a client is able to stay engaged in medical care and/or adhere to treatment. By the end of 2020, DHSP implemented training for Medical Care Coordination (MCC) teams on how to provide EFA to eligible clients and enacted contracts with 2 agencies to administer the program. The COH continues to work with DHSP to troubleshoot, improve the program, and minimize barriers to services.
- The COH updated and approved the **psychosocial support** services standards in September to keep PWH in care and maintain their quality of life. The purpose of psychosocial support services is to remove or lessen barriers to care and treatment through counseling services and mental health support. The implementation of psychosocial services would help in meeting the increase in demand for mental health services and social support during the pandemic and the recovery phase of the County's emergency response.
- COVID-19 has deeply impacted women and families with school-aged children. To support women living with HIV, the SBP Committee updated the childcare service standards and harnessed feedback from key partners such as local HIV providers that serve a large number of women of child-bearing age and the Women's, Consumer, and Transgender Caucuses. The childcare standards are slated for approval in early 2021.

COMMITMENT TO ALLYSHIP AND RACIAL JUSTICE: TO END HIV, WE MUST END RACISM

Institutionalized racism affects general health care as well as HIV/AIDS health intervention and services in communities of color. The overrepresentation of Black individuals in various disease categories, including HIV/AIDS/STDs, is rooted in racism. To accelerate an end to HIV, communities from across the County and the nation must build alliances dedicated to ending racism. While the COH has grappled with its own stance and discomfort in addressing privilege and manifestations of implicit bias in the body, there continues to be willingness for members to be more self-reflective and engage in trainings. While these steps may seem small, they are a starting point for engaging in the lifelong journey of unlearning and undoing racism.

- On February 12, the Black/African American Community Task Force (BAAC TF) in commemoration of the National Black HIV/AIDS Awareness Day led a [panel](#) composed of Black/African American medical providers who shared their experiences and best practices in serving Black/African Americans impacted by HIV/AIDS and STDs in LAC, how to address barriers and social determinants of health that disproportionately affect Black/African Americans, and solutions in ending the HIV epidemic.
- Under the leadership of the BAAC TF, the COH released a [Statement Solidarity](#) to acknowledge that the Black community shoulders the unequal and unacceptable burden of HIV and STDs. Racism is the root cause health, social, economic and inequities, injustice and generational trauma in the United States. The unacknowledged history of the colonization of Native Americans, slavery, and the sustained forms of structural racism in the United States, continue to manifest in police brutality, generational poverty and trauma, and anti-Blackness. The COH joined the Board of Supervisors, Department Directors, and leaders across the country in condemning the killing of George Floyd and the far too many Black men, women, and children that have perished in the hands of police for engaging the daily rituals of life and for simply breathing and living.
- The BAAC TF submitted recommendations aimed at expanding access to the County's contracting process to Black-led organizations to [Prosper LA](#). The Task Force advocated for an inclusive contracting process to identify agencies who have a track record of proven and effective grassroots/community empowerment efforts that reach specified Black/African American audiences. A strong network of County-funded organizations that are Black-led and serve the Black community would improve trust, outreach, linkages to care, retention in care, and other interventions that are effective in reducing new HIV cases.
- Under the leadership of the Public Policy Committee, the COH's 2020 Policy Priorities sought to advance health equity, reduce HIV-related stigma, and address social determinants of health such as poverty, education, violence, substance use, food insecurity, and transportation in order to improve health outcomes for PLWHA and special populations at highest risk for contracting HIV. The PP Committee worked with the BAAC TF, Transgender Caucus and other subgroups of the COH to facilitate more cross-collaborations on policy actions.
- The COH submitted comments to the Housing and Urban Department (HUD) opposing a proposed rule change that would deny affordable housing to transgender individuals and leave them even more vulnerable to HIV disease acquisition and progression. In LAC, transgender individuals shoulder a disproportionate burden of HIV, with poorer health outcomes across the HIV continuum.

- The COH supported community mobilization efforts that led to the passage of AB2218 Transgender Wellness and Equity Fund. AB2218 opens the way for the California Department of Public Health to establish funding grants to organizations serving people that identify as transgender, gender nonconforming, or intersex (TGI), to create or support TGI-specific housing programs and partnerships with hospitals, health care clinics, and other medical providers to provide TGI-focused health care, and related education programs for health care providers.

COMMUNITY ENGAGEMENT

One of the hallmarks of the HIV movement is sustaining a robust community engagement in ending HIV. Throughout 2020, the COH worked diligently to convene virtual spaces for meaningful deliberations and forums about ending HIV in the context of COVID-19.

- In an effort to continue community engagement and connect individuals to services during the COVID-19 pandemic, the COH launched the **Virtual Lunch and Learn (VLL)** series to hear from service providers how the public health crisis has affected services and programs they offer, and share challenges, successes and lessons learned during these unprecedented times. In addition, the series provided a virtual space for participants to share insights and recommendations on how to sustain the HIV movement in LAC amidst the COVID-19 pandemic. From May through November, the COH held 11 virtual panels and educational series featuring speakers and experts in the HIV field and community health. Approximately 300 individuals attended these series and provided a critical space for community support in time of physical distancing and sheltering in place.
- The Operations Committee led the recruitment efforts and training for new and returning Commissioners. The community interest in serving on the COH remained strong as evidenced by the recruitment of 11 new Commissioners. **Six virtual training sessions** were completed between September through November with strong participation including members of the public.
- The COH launched the Mentorship/Peer Collaborator Program in October and held a virtual orientation for participants in November. The goal of the program is to nurture leadership by providing one-on-one support for each new Commissioner. Peer collaboration fosters a culture of understanding and decision making where each member appreciates their unique contribution to the group.
- Young gay and bisexual men, especially those who come from Black, Latinx, and Native communities, are disproportionately represented in the HIV epidemic. Active and sustained involvement is an integral part of an inclusive community planning process. To that end, the COH engaged with youth serving organizations and youth receiving HIV/STD prevention and care services in developing recommendations for outreach, engagement and retention on the COH and HIV community advisory boards. Consultations with youth stakeholders led to the development of youth-friendly social media content for the COH's Facebook and Twitter messages.

ENDING THE HIV EPIDEMIC IN THE CONTEXT OF COVID-19

The U.S. Department of Health and Human Services has set a national agenda, the [Ending the HIV Epidemic \(EHE\)](#): A Plan for America initiative to reduce new HIV cases by at least 90% by 2030. The 2020 theme for World AIDS Day (WAD) was “Ending the HIV/AIDS Epidemic through Resilience and Impact”. The theme was especially poignant as the HIV community had been newly challenged by, and often led the response to, COVID-19 in communities around the globe. COVID-19 not only forced us to adapt our response to HIV/AIDS in communities to ensure continuity of services, but also reinforced the urgency of ending the HIV/AIDS epidemic in the U.S. and around the world. The theme was a reminder of what we can achieve together when we focus on impact by using data to deliver high quality, people-centered HIV prevention and treatment services to those most in need, tackling stigma and discrimination, and empowering communities. It reaffirmed the essential role of resilience, which enables individuals and communities to meet the challenge of HIV/AIDS even in times of adversity.

- The COH forged ahead with its commitment to ending HIV by hosting several meetings for ongoing community input in shaping local strategies aimed at addressing HIV health inequities and elevating consumer voices in all aspects of service delivery, community planning, and policy development.
- Promoted the DHSP EHE Townhall meetings in English and Spanish in September and October and reached over 6,000 subscribers to the COH information network. The townhalls aimed to engage the community at large in developing the local EHE plan. COH created a standing agenda item at meetings to ensure ongoing flow of communication and feedback on the plan and ideas for service enhancements. The COH formally submitted recommendations on the draft EHE plan to DHSP during the public comment period.

The COH dedicated for community dialogues and presentations around EHE to facilitate information sharing and coordination of services across multiple key stakeholders and service delivery partners.

- The University of California Center for HIV Identification, Prevention and Treatment Services (CHIPTS) presented their EHE-related research at the August COH Meeting. The topics were:
 - 1) Regional Response to HIV Eradication Efforts in California Counties presented by Steve Shoptaw, PhD;
 - 2) Use of Technology-based PrEP Services to Improve Uptake, Adherence, and Persistence presented by Ronald A. Brooks, PhD and Dilara K. Üsküp, PhD; and
 - 3) Preparing for Long-Acting Injectable Treatment for HIV in Los Angeles presented by David Goodman-Meza, MD, MAS.
- The Los Angeles Homeless Services Authority (LAHSA) joined the September COH meeting to provide an update on the County’s Homeless Count, Project RoomKey and permanent housing for PLWH.
- The City of Los Angeles Housing Opportunities for Persons with AIDS (HOPWA) provided information on the \$2.8 million in funding they received under the CARES Act and solicited input from Commissioners and the community on how to use those resources.
- In response to the community’s interest and concerns about the impact of COVID-19 on PLWH, Dr. Eric S. Daar, M.D., Chief, Division of HIV Medicine Harbor-UCLA Medical Center, Investigator, Lundquist Institute discussed the Intersection of COVID-19 and HIV at the October COH meeting.

- The theme for the Annual Meeting, held in November, was “Continuing the Commitment to End HIV, Once and For All” and demonstrated the Commission’s commitment community and engagement to end HIV. Guest speaker, Harold Phillips, Senior HIV Advisor and Chief Operating Officer of Ending the HIV Epidemic: A Plan for America. US Department of Health and Human Services, Office of Infectious Disease and HIV/AIDS Policy (OIDP), shared federal updates on what to expect in 2021 and insights on building an inclusive HIV movement. DHSP colleagues provided an overview of EHE funding awards received by the Division and status of program expenditures. Staff also shared common themes and feedback received from the community on the draft EHE plan. Examples of general feedback include focusing on highly impacted communities and vulnerable populations (communities of color, youth, transgender population, people who inject drugs (PWID)/substance users, people experiencing homelessness, etc.) and creating an overarching strategy or goal specific to anti-racism, supporting communities of color, racial justice.
- Given the importance of prevention and linkage to care, DHSP also provided an overview of the Take Me Home HIV Self-Testing program and their plans to expand the program throughout the County. TakeMeHome is a national platform for ordering home HIV test kits that helps public health departments to expand testing access to community members who might hesitate about walking into a clinic. According to the DHSP 2019 Annual HIV Surveillance Report, among the estimated 57,700 persons aged ≥ 13 years living with HIV at yearend 2017, approximately 11% or 6,400 persons were unaware of their infection. Knowing one’s HIV status is a critical strategy for ending HIV.
- The Annual Meeting also featured Naina Khanna, Executive Director, Positive Women’s Network, USA who presented on how HIV planning councils can engage in more intentional work on achieving health equity. The group’s discussion on racism and privilege elicited an uncomfortable, yet necessary conversation on authentic forms inclusivity and racial and social justice.

Los Angeles County has been a national pace setter in developing and implementing responsive and innovative programs to curb the HIV/STD epidemics. With the continued support and revitalized commitment to ending HIV, resilience and optimism, the COH looks forward to working the Board of Supervisors and County leadership to finally end HIV, once and for all. **THE TIME TO END HIV IS NOW AND TO END HIV, WE MUST END RACISM.**



COMMISSIONERS (JANUARY - DECEMBER 2020)

Alvaro Ballesteros, MBA, Co-Chair, Supervisorial Board Office 1 Representative

Bridget Gordon, Co-Chair, Unaffiliated Consumer, At-Large

Miguel Alvarez, Alternate

Everardo Alvizo, MSW, City of Long Beach Representative

Traci Bivens-Davis, MA, Supervisorial Board Office 2 Representative (resigned 6/16/20)

Alasdair Burton, Alternate

Danielle Campbell, MPH, Supervisorial Board Office 2 Representative

Raquel Cataldo, Supervisorial Board Office 5 Representative

Pamela Coffey, Unaffiliated Consumer, Service Planning Area 6

Michele Daniels, Unaffiliated Consumer, Service Planning Area 1

Frankie Darling-Palacios, Provider Representative

Erika Davies, City of Pasadena Representative

Kevin Donnelly, Unaffiliated Consumer, Service Planning Area 8

Aaron Fox, MPM, Ryan White Part C Representative

Jerry D. Gates, PhD, Ryan White Part F Representative

Felipe Gonzalez, Unaffiliated Consumer, At-Large

Grissel Granados, MSW, HIV Stakeholder Representative

Joseph Green, Unaffiliated Consumer, At-Large

Thomas Green, Alternate

Karl Halfman, MA, Ryan White Part B Representative

Diamante Johnson, Unaffiliated Consumer Supervisorial District 5

William King, MD, JD, AAHIVS, HIV Stakeholder Representative

Lee Kochems, MA, Behavioral/Social Scientist Representative

David P. Lee, MPH, LCSW, Provider Representative

Eduardo Martinez, Alternate

Anthony Mills, MD, Provider Representative

Carlos Moreno, Provider Representative

Derek Murray, City of West Hollywood Representative

Paul Nash, PhD, HIV Stakeholder Representative

Katja Nelson, MPP, Supervisorial Board Office 3 Representative

Mario Pérez, MPH, Ryan White Part A Representative

Juan Preciado, HIV Stakeholder Representative

Joshua Ray, Unaffiliated Consumer Supervisorial District 3

Nestor Kamurigi, Alternate

Ricky Rosales, City of Los Angeles Representative

Harold Glenn San Agustin, MD, Provider Representative

Martin Sattah, MD, Provider Representative

Tony Spears, Alternate

LaShonda Spencer, MD, Provider Representative

Kevin Stalter, Unaffiliated Consumer, Service Planning Area 4

Maribel Ulloa, Housing Opportunities for People with AIDS (HOPWA) Representative

Justin Valero, Supervisorial Board Office 4 Representative

Kayla Walker-Heltzel, Alternate

Amiya Wilson, HIV Stakeholder Representative

Greg Wilson, HIV Stakeholder Representative (resigned 6/11/20)

STAFF

Cheryl A. Barrit, Executive Director

Dawn P. McClendon, Assistant Director

Carolyn Echols-Watson, Senior Staff Analyst

Jane Nachazel-Ruck, Administrative Assistant

Sonja Wright, Senior Board Specialist

Yeghishe Nazinyan, Epidemiologist/COH-DHSP Liaison



LOS ANGELES COUNTY
COMMISSION ON HIV



LOS ANGELES COUNTY COMMISSION ON HIV
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LOS ANGELES COUNTY COMMISSION ON HIV (COH) 2021 MASTER WORK PLAN DRAFT/FOR REVIEW and DISCUSSION ONLY (1.5.21)

Co-Chairs: Bridget Gordon & David Lee		
Approval Date:		Revision Dates:
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.		
Prioritization Criteria: Select activities that 1) represent the core functions of the COH; 2) advance the goals of the local Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.		
#	TASK/ACTIVITY	TARGET COMPLETION DATE
1	Collaborate with the Human Relations Commission and other trainers to design and implement trainings and facilitated discussions on managing conflicts, interpersonal relationships, and implicit bias.	Start February/Ongoing
2	Planning Council effectiveness evaluation technical assistance provided by HealthHIV. <ul style="list-style-type: none"> • Will evaluate the effectiveness of the structure, policies and procedures, membership, and stakeholder/consumer engagement integrated HIV planning groups. 	June
3	Conduct EHE focused strategic planning for the Commission. <ul style="list-style-type: none"> • Strategic planning sessions will lead to the development of an EHE operational plan for the Commission. • Conduct an in-depth analysis of EHE plan and operationalize relevant activities for the Commission. • Determine how to best support and supplement the work of the DHSP EHE Steering Committee. • Operationalize specific roles and goals for the Commission to end the HIV epidemic in LA County in 10 years. • Collaborate with Commission Liaison to the DHSP EHE Steering Committee to learn and understand how to best support and supplement each other's work. 	May-June
4	Develop an EHE Community Engagement and HIV Service Promotion Speaker's Tool Kit for Commissioners to use in community outreach and presentations. <ul style="list-style-type: none"> • Toolkit seeks to increase community awareness of EHE and local services. through Commission meetings, Virtual Lunch and Learn events; HIV Connect resource website; social media; virtual and in-person (pending DPH guidance) health and resource fairs (these may be ongoing activities) 	March
5	Implement National Minority AIDS Council (NMAC) BLOC training for consumers <ul style="list-style-type: none"> • Customized training aimed at supporting consumer leadership development. 	June
6	Implement activities aimed at integrated prevention and care planning, priority setting and resource allocation.	Start Jan/Ongoing
7	Review BAAC and ATF charge and implement recommendations best aligned with the purpose and capacity of the Commission	Start Jan/Ongoing
Subject to change and does not include ongoing activities for Committees and subgroups.		



**Los Angeles County Commission on HIV
Commitment to Racial Justice Framework
(DRAFT 1.20.21/Executive Committee 1/28/21)**

Purpose and Background:

To end HIV, once and for all, we must confront racism in all forms. Guided by the Los Angeles County Board motion establishing an anti-racist policy agenda, this document proposes an overarching framework to guide the Commission on HIV's efforts to advance racial justice and eliminate HIV disparities.

The principles outlined in this framework seek to challenge COH practices, behaviors, and ways of thinking to root out racism, implicit and explicit biases, and create allies from all sectors of the community. To accelerate an end to HIV, Commissioners must build alliances dedicated to ending racism. Black/African American males, female and transgender persons and American Indian/Alaskan Native males are disproportionately impacted with HIV compared to their share of the LAC population.

While the COH has grappled with its own stance and discomfort in addressing privilege and manifestations of implicit bias within the body, there continues to be a willingness amongst members to be more self-reflective and engage in trainings. While these steps may seem small, they are a starting point for engaging in a lifelong journey of unlearning and undoing racism.

I. Build skills to engage in difficult conversations

Confronting racism is an uncomfortable but a necessary ongoing conversation. It is proposed that Commissioners first engage in ongoing coaching and training on interpersonal communication skills and how to engage in difficult conversations. The ongoing training strives to normalize dialogues about race and other forms of "isms" and move the tone of the discussions from a place of silence, denial, and personal attacks to courageous and inclusive conversations.

Proposed Actions:

- Partner with the Los Angeles County Human Relations Commission for ongoing coaching, training, facilitation support, and one-on-one or small group mediation, as needed. The Human Relations Commission is committed to working with the Executive Committee and the full body in developing customized trainings for the Commission. The Board has directed the Human Relations Commission and the Chief Executive Office (CEO) to track the outcomes and progress made under the Board's motion and policies that address

racial justice. An ongoing partnership between the two Commissions would be mutually beneficial to achieve similar goals and objectives.

- Encourage self-paced learning by recommending books on racism and building alliances. Commissioners may join discussion groups in the community to help process critical information and reflect on personal commitment to racial justice.
- Consider other trainers recommended by the Black/African Community Task Force on topics such as, but not limited to, implicit bias, medical mistrust, and historical/generational trauma.

II. Embrace key areas from the Los Angeles County Board motion establishing an anti-racist policy agenda within the context of the Commission on HIV's charge and functions.

- A. Recognize, affirm, and declare that racism is a public health matter. Racism against Black people has reached crisis proportions that result in large disparities in family stability, health and mental wellness, education, employment, economic development, public safety, criminal justice, and housing.

Actions:

- Center the work of the COH around the needs of the Black community and use the Black/African American Community Task Force recommendations to help inform the body's deliberations, decisions, and priorities.
- Consider reviewing HIV and STD data in the context of other health, social, and economic issues and how overlapping data may be used to help understand and appreciate the magnitude of HIV disparities.
- Take time to read and support recommendations and issues emanating from the various COH caucuses and task forces (i.e., Women, Transgender, Consumer, Aging, Black/African) and strive to understand the role of intersectionality in the context of HIV/STD.

B. Address the eliminate racism and bias in the County.

Actions:

- Participate in trainings on implicit bias, medical mistrust, privilege, power dynamics, and other relevant topics provided by the County and partners in the academic and non-profit sectors.

- As part of the COH membership application and renewal process, consider identifying at least one concrete way Commissioners could demonstrate their commitment to racial justice as part of member responsibilities.
 - Achieve consensus on how Commissioners would name and call out racism, bigotry, and other forms of “isms” when they manifest in group discussions and deliberations. In calling out manifestations of racism, one must be thoughtful about the language used and focus must be placed on the behavior, not the individual. The Human Relations Commission may play a role in facilitating this process and teach Commissioners the skills needed to adopt attitudes of mutual acceptance and respond productively to conflicts and differences.
- C. Evaluate existing County policies, practices, operations, and programs through a lens of racial equity in order to more effectively promote and support policies that prioritize physical and mental health, housing, employment, public safety, and justice in an equitable way for African Americans.**

Actions:

- Continually assess and reflect on the composition of the COH and gauge how people of color are represented in decision-making and leadership positions.
- Prioritize the recruitment and leadership development of members who represent communities disproportionately impacted with HIV compared to their share of the LAC population (Black/African American males, female and transgender persons and American Indian/Alaskan Native males).
- Rank HIV service categories and allocate resources based on data and populations that demonstrate the greatest need for prevention and care services.
- Use racial equity lens to help shape service standards and improve service delivery systems.
- Champion public policies that dismantle structural racism and those that advance equitable access to universal healthcare, education, social services, and economic opportunities.

COVID-19 Vaccination PLWH and Equity Advocacy Letter
Draft

{DATE}

{TO/RECIPIENT}

We write to urge the {State of California Department of Health and Human Services and Los Angeles County Board of Supervisors} to include positive HIV status in the criteria used to define persons considered immunocompromised for purposes of determining eligibility for COVID-19 vaccination. Recent evidence published by the New York State Department of Health AIDS Institute and the New York City Department of Health and Mental Hygiene (DOHMH) shows that people with HIV (PWH) in New York have experienced significantly higher rates of COVID-related hospitalization and mortality than the general population, strongly supporting the inclusion of people with an HIV diagnosis as a category of immunocompromised people at enhanced risk of poor COVID-19 outcomes and increased mortality. ^{1 2}

Governor Cuomo recently announced that people with HIV and people with liver disease in New York State would be eligible for the COVID-19 vaccine beginning February 15, 2021. As Los Angeles County shoulders 38% of the HIV burden in the California, the Board of Supervisors should set the leadership standard in including PWH in the COVID-19 vaccine distribution prioritization. Failure to do so would cause more harm and undue burden on a population that is already grappling with HIV-related stigma.

COVID-19 laid bare the systemic inequities that have hindered our ability to achieve optimal health for all Angelenos. The communities highly impacted by HIV/STDs mirror the same populations most affected by COVID-19. At the end of 2018, approximately 0.6% of the 10.3 million LA County residents were living with HIV. The group with the plurality of PWH are Latinx cisgender men who have sex with men (~40%), followed by White cisgender men who have sex with men (26%), followed by Black/African-American cisgender men who have sex with men (23%). The balance of males with HIV are injection drug users of multiple racial/ethnic groups as well as cisgender American Indian/Alaskan Native, Asian or Pacific Islander men who have sex with men. Separately, Latinx and Black/African American cisgender heterosexual females each represent approximately 40% of the cases among females while White cisgender heterosexual females represent nearly 19% of female cases. Approximately 1% of female cases

¹ Tesoriero, J.M., Swain, C.E., Pierce, J.L., Zamboni, L., Wu, M., Holtgrave, D.R., Gonzalez, C.J., Udo, T., Morne, J.E., Hart-Malloy, R., Rajulu M.S., D.T., Leung, S.J., Rosenberg, E.S. Elevated COVID-19 outcomes among persons living with diagnosed HIV infection in New York State: Results from a population-level match of HIV, COVID-19, and hospitalization databases. medRxiv. doi: <https://doi.org/10.1101/2020.11.04.20226118>, posted November 6, 2020.

² Braunstein, S.L., Lazar, R., Wahnich, A., Daskalakis, D.C., Blackstock, O.J. COVID-19 infection among people with HIV in New York City: A population-level analysis of linked surveillance data, *Clinical Infectious Diseases*, 2020; ciaa1793, <https://doi.org/10.1093/cid/ciaa1793>

are among cisgender heterosexual females who identify as American Indian/Alaskan Native, Asian or Pacific Islander.

Transgender persons continue to be the most disproportionately impacted gender group compared to their share of the LA County population with HIV positivity rates exceeding 30%. The disproportionate impact is evident across all racial/ethnic groups. Black/African American males, female and transgender persons and American Indian/Alaskan Native males are disproportionately impacted with HIV compared to their share of the LA County population. Access to healthcare is unequal in our community and barriers to acquiring the COVID-19 vaccine must be alleviated for vulnerable populations. We support the recommendations enumerated by Drs. Muriel Jean-Jacques and Howard Bauchner in an editorial submitted to JAMA.³

1. Prioritize vaccine distribution to zip codes that have been most severely affected by COVID-19 and that have high indexes of economic hardship.
2. Partner with local health care institutions, community organizations, and other trusted sources to promote vaccine awareness and uptake within local communities, with particular attention to institutions and organizations that serve communities who have borne the brunt of COVID-19 exposure, illness, and death.
3. Prioritize vaccine distribution to those who face mobility or other transportation barriers to receipt of the vaccine (e.g., vans to deliver vaccine to homebound older persons, vaccination sites that are near public transportation, and hours of operation that are accessible to those who work or who rely on those who work during standard business hours).
4. Simplify registration procedures. Ensure registration options that do not require the internet or digital platforms (such as phone or in-person registration). Ensure registration is accessible to those with limited English proficiency or limited literacy. Registration should not require nonessential documentation and offer vaccination options that do not require preregistration (e.g., at local community centers, schools, houses of worship, or other highly frequented and trusted sites in the community).

We have an opportunity to send a powerful message of support for the HIV community and people with underlying conditions that often co-exist for people living with HIV. Thank you for your leadership in navigating the COVID-19 pandemic and we hope to strengthen our shared commitment to end the HIV pandemic that has affected our community for over 30 years.

³ <https://jamanetwork.com/journals/jama/fullarticle/2776053>. Accessed February 17, 2021.

A handwritten signature in black ink, appearing to read 'B. Gordon', with a long horizontal flourish extending to the right.

Bridget Gordon,
Commission Co-Chair

David Lee,
Commission Co-Chair

A handwritten signature in black ink, appearing to read 'Cheryl A. Barrit', written in a cursive style.

Cheryl Barrit
COH Executive Director

Stop HIV Together

a virtual panel discussion with
Black American Community Leaders



**WEDNESDAY, FEBRUARY 24, 2021
11:00 AM – 12:15 PM PST**

In Honor of **National Black History Month and National Black HIV/AIDS Awareness Day**, please join the *Prevention through Active Community Engagement Program*, Los Angeles County Commission on HIV, Faith-Based Action Coalition of San Diego, Christie's Place and the LGBTQ Center Long Beach on a virtual panel discussion with Black American community leaders to **increase awareness, spark conversations, and highlight missed opportunities to reduce HIV in the Black American community.**

REGISTRATION IS NOT REQUIRED

Join from the **Meeting Link**

<https://hhs.webex.com/hhs/j.php?MTID=m0c0ed6010adf9b4b24f19e37ad487ad7>

Meeting number (Access code): 1991459867

Meeting password: mPx4wC3JdJ3

Join by **Phone** +1-415-527-5035

Access code: 1991459867#

**LOS ANGELES COMMISSION ON HIV
BLACK/AFRICAN AMERICAN COMMUNITY
TASK FORCE**

CHRISTIE'S PLACE

**FAITH-BASED ACTION COALITION
OF SAN DIEGO**

**THE LGBTQ CENTER LONG BEACH,
TRANSGENDER HEALTH PROGRAM**

JOIN US TO LEARN THE FOLLOWING

- 1 Review key federal activities and ending the HIV Epidemic updates centered on Black American lives.
- 2 Raise awareness about how HIV/AIDS disproportionately affects the Black American community.
- 3 Consider the impact of stigma, discrimination, and other social determinations of health on ending the HIV Epidemic among Black American communities.
- 4 Share best practices for addressing missed opportunities to eliminate HIV disparities and inequities in the Black American community, combat HIV-related Stigma and advance HIV prevention, diagnosis, and treatment.

#NBHAAD



Ending
the
HIV
Epidemic



BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE

SOCIAL MEDIA TOOL KIT

PURPOSE

Bringing awareness to and calling for community participation in joining the efforts of the Los Angeles County Commission on HIV, Black African American Community (BAAC) Task Force in addressing HIV racial justice to improve HIV-related health outcomes for our Black/African American communities in Los Angeles County.

CALL TO ACTION

Please join us in mobilizing our efforts and share this Social Media Tool Kit far and wide in your communities.

#nothingaboutuswithoutus

Click links below to access resources

[COMMITMENT STATEMENT](#)

[STATEMENT OF SOLIDARITY](#)

[RECOMMENDATIONS](#)

[SOCIAL MEDIA POSTS](#)

[Sample #1](#)

[Sample #2](#)

[Sample #3](#)

[Sample #4](#)

[Sample #5](#)

[HASHTAGS](#)

[#nothingaboutuswithoutus](#)

[#BAAC](#)

[#BAACNBHAAD](#)

[INTEREST FORM](#)





**2021 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
DRAFT 02/16/2021**

Committee Name: PLANNING, PRIORITIES AND ALLOCATION COMMITTEE (PP&A)	Co-Chairs: Raquel Cataldo and Frankie Darling Palacios
Committee Approval Date:	Revision Dates:
<p>Committee Responsibilities: The PP&A Committee is charged with the following responsibilities: ⁽¹⁾</p> <ul style="list-style-type: none"> A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making including gathering expressed need data from consumers on a regular basis and reporting regularly to the Commission on consumer service needs, gaps and priorities; B. Overseeing development and updating of the comprehensive HIV plan and monitoring of the plan; C. Recommending to the Commission annual priority rankings among service categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV and STD funding; D. Ensuring that the priorities and implementation efforts are consistent with needs, the continuum of HIV services, and the service delivery system; E. Monitoring the use of funds to ensure they are consistent with the Commission’s allocations; F. Recommending revised allocations for Commission approval, as necessary; G. Coordinating planning, funding, and service delivery to ensure funds are used to fill gaps and do not duplicate services provided by other funding sources and/or health care delivery systems; H. Developing strategies to identify, document, and address “unmet need” and to identify people living with HIV who are unaware of their status, make HIV testing available, and bring them into care; I. Collaborating with DHSP to ensure the effective integration and implementation of the continuum of HIV services; J. Reviewing monthly fiscal reporting data for HIV and STD expenditures by funding source, service category, service utilization and/or type of activity; K. Monitoring, reporting and making recommendations about unspent funds; L. Identifying, accessing, and expanding other financial resources to meet Los Angeles County’s HIV service needs; and M. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS. 	
<p>Purpose of Work Plan: To focus and prioritize key activities for COH 2021</p>	
<p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH; 2) advance goals of the local Ending the HIV Epidemic (EHE) Plan; 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.</p>	
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**2021 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
DRAFT 02/16/2021**

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Committee Member Training	Conduct Priority Setting and Resource Allocation (PSRA) Process trainings	Ongoing	Collaborate with the Consumer Caucus for ongoing customized training.
2	Develop Strategies for Maximizing Part A Funding	Monitor and assess the effectiveness of approved allocations and service priority plan. Use data provided by resources such as Department of HIV and STD Programs (DHSP), Ending the HIV Epidemic (EHE) Plan, listening sessions, Transgender, Women and Consumer Caucuses; Black African American Community (BAAC) and Aging Taskforce (TF) recommendations. Use the data to establish increasingly effective service strategies.	On-going	
3	Conduct Integrated Prevention and Care Multi-Year Planning	Monitor, review, assess and approve multi-year service and resource allocation plans for coherence.	04/2021	



**2021 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
DRAFT 02/16/2021**

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
4	Update program Directives for Maximizing Ryan White Part A and Minority AIDS Initiative (MAI) Funds for PY 31 & 32	Monitor, review, and update Ryan White (RW), Prevention and Minority AIDS Initiative (MAI) directives to DHSP based on current program outcomes.	06-2021	
5	Organize and present financial information	Review and monitor fiscal reports on all HIV funding supporting LAC HIV Care and Prevention services.	Ongoing	Provided by DHSP monthly.
6	Data review	Review epidemiology, programmatic, service utilization for vulnerable populations and prevention data. Prevention data to include HIV testing, PrEP, and PEP.	06/2021	Substance Abuse Prevention and Control (SAPC) presented on Needle Exchange, Wellbeing Center and Meth TF.
7	Unmet Needs	Review and analyze available data on unmet needs annually	07/2021	DHSP presents this data
8	Annual Progress Report (APR)	Review progress report prepared for Health Resources and Services Administration (HRSA) by DHSP	08/2021	
9	Rank Service Categories for PY 33 (FY 2023-24)	Rank (HRSA) Ryan White services numerically and obtain Commission approval to provide service rankings to DHSP for program implementation.	08-2021	Part of integrated prevention and care multi-year planning.
10	Allocations for PY 33 (FY 23-24)	Determine financial resource allocation percentages for HRSA ranked services and obtain Commission approval to provide to DHSP for program implementation.	08/2021	Part of integration prevention and care multi-year planning.



**2021 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
DRAFT 02/16/2021**

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
11	Los Angeles County Ending of the HIV Epidemic (EHE) Plan	Monitor LAC efforts to meet EHE plan goals.	09/2021	
12	Prevention Planning	Develop integrated prevention and care planning strategies. Participate in the CDC prevention application process by recommending strategies for inclusion in the CDC prevention plan.	08/2021	The committee established a Prevention Planning Workgroup to prepare short- and long-term prevention activities for recommendation to DHSP; DHSP to provide prevention data

Footnote:

(1) – Taken from Policy/Procedure #60.1000: Commission Bylaws; Adopted July 11, 2013; Page 17 and 18; Section 2 Planning, Priorities and Allocations (P&A) Committee Responsibilities



STANDARDS AND BEST PRACTICES COMMITTEE 2021 WORK PLAN

Updated 2/18/21

Co-Chairs: Erika Davies & Kevin Stalter		
Approval Date:		Revision Dates:
<p>Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.</p> <p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH; 2) advance the goals of the local Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.</p>		
#	TASK/ACTIVITY	TARGET COMPLETION DATE
1	Review BAAC and ATF charge and implement recommendations best aligned with the purpose and capacity of the Commission	Start Jan/Ongoing
2	Complete Universal service standards. COMPLETED	March-Executive Committee April-COH
3	Complete Childcare service standards. Waiting for DHSP on provider survey results/summary.	May
4	Recommendations on how to engage with private health plans and providers	On hold
5	Update Benefits Specialty service standards	?
6	Update Home-based Case Management service standards	?
7	Update Substance use outpatient and residential treatment service standards	?



LOS ANGELES COUNTY COMMISSION ON HIV 2021 WORK PLAN (WP) OPERATIONS COMMITTEE

DRAFT FOR 01.28.01 OPS MEETING

Committee/Subgroup Name: Operations Committee			Co-Chairs: Juan Preciado & Carlos Moreno	
Committee Adoption Date: 1.28.21			Revision Dates: 2.18.21	
<p>Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.</p> <p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan & Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment.</p>				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Planning Council effectiveness evaluation technical assistance provided by HealthHIV	Will evaluate the effectiveness of the structure, policies and procedures, membership, and stakeholder/consumer engagement integrated HIV planning groups	June 2021	Kick off presentation by HealthHIV @ January 28, 2021 Executive Committee meeting. Survey sent out.
2	BAAC and ATF Recommendations	Implement recommendations best aligned with the purpose and capacity of Operations Committee	Ongoing	Awaiting guidance from BAAC Task Force and ATF.
3	Update Membership Application	Update membership application to a more condensed community friendly format	Jan-April 2021	First draft submitted to January 28, 2021 Ops for feedback. Also present to Consumer Caucus for addl feedback. Draft application presented to Consumer Caucus 2.11.21; feedback provided. Staff making updates and will submit to Ops.
4	Consumer Engagement and Retention Strategies	Development Engagement and retention strategies to align with EHE efforts.	Ongoing	
5	Consumer Leadership and Training	Continue development of training and capacity building opportunities to prepare & position consumers for leadership roles	Ongoing	NMAC BLOCC series; COH 2021 e-Training Series, etc.
6	Review Membership to Ensure PIR	Review membership to ensure PIR is reflected throughout the membership, to include Alternate seat review, seat changes, attendance	Quarterly	



**LOS ANGELES COUNTY COMMISSION ON HIV 2021 WORK PLAN (WP)
OPERATIONS COMMITTEE**

DRAFT FOR 01.28.01 OPS MEETING

7	Attendance Review	Review Attendance Matrix Quarterly	Quarterly	Attendance reviewed in January: attendance letters issued, motions to vacate placed on agenda.
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Consumer Caucus Workplan 2021

Updated 2.18.21 – UPDATES IN RED/ITALICS

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Consumer Caucus will lead and advance throughout 2021.

PRIORITIZATION CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the local Ending the HIV (EHE) Plan, and 3) align with COH staff and member capacities and time commitment.

CAUCUS RESPONSIBILITIES: 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	Activities & Lead/Champion(s)	Priority Level (High, Medium, Low)	Approach/Comments/Target Deadline
1	Foster and nurture consumer (both PLWH and HIV-negative) leadership and empowerment in COH and community	High	<ul style="list-style-type: none"> • Trainings, meeting debriefs and Q&As to be determined by Consumer Caucus and weaved into Consumer Caucus meetings. • Confirm NMAC BLOC training in early May or June. <i>Staff emailed NMAC on 2/12/21. Waiting for a reply.</i>
2	Increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities.	High	<ul style="list-style-type: none"> • Work with community advisory boards. <i>Explore follow-up opportunities to the CAB conference held in 2019.</i> • <i>Use testimonials from members and use in social media-based recruitment. Staff emailed Commissioners on 2/2/21 to solicit testimonials. No replies received as of 2/18/21.</i> • <i>Encourage consumers to attend caucuses and task forces first as those meetings may be less intimidating than full body or Committee level meetings.</i> • <i>Develop outreach tracking form that Commissioners will use to what events they attended to promote the COH and consumer participation. C. Moreno to share draft template for consideration.</i>
3	Support/partner with Black/African American Community Task Force (BAAC TF), Women’s Caucus, Transgender Caucus and Aging Task Force to develop a more coordinated and collaborative planning agenda for consumers from all priority communities on the COH.	High	<ul style="list-style-type: none"> • Host an “all Caucus/Task Force” meeting to combine planning efforts for consumers from all priority communities. <ul style="list-style-type: none"> ○ Schedule an “all Co-Chair” meeting to brainstorm and develop agenda. <i>Staff sent out Doodle Poll on 2/18/21</i> • Help implement BAAC TF, WC and ATF recommendations. • Work with ATF to coordinate an activity for Long Term Survivors Day (June 5); activity can be leveraged to build consumer-led coalitions.
4	Increase integration of consumer voice into all COH Committees		<ul style="list-style-type: none"> • Encourage consumers (including non-COH members) to attend COH Committee meetings. Attendance at meetings may incite consumers to apply to the COH or as Committee members. <i>Ask Committee and other subgroups to attend Consumer Caucus meetings.</i>

			<ul style="list-style-type: none">• Encourage at least two consumers attend each Committee and subordinate work group meetings as champions and representatives for CC and report back to CC.• Encourage more consumers to apply to the COH.• Consumer voices should drive the COH agenda.• Provide feedback on updated membership application to create a more consumer friendly format and use as a recruitment tool for consumers• <i>Encourage providers to support and promote consumer participation at COH meetings.</i>
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**LOS ANGELES COUNTY COMMISSION ON HIV 2021
WOMEN'S CAUCUS WORKPLAN**

Caucus Name: Women's Caucus	Co-Chairs: Shary Alonzo & Dr. LaShonda Spencer
Caucus Adoption Date: 1.26.21	Revision(s) Date:

Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.
Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan and Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Child Care Services Standards of Care: FOLLOW UP	Follow up to ensure the service meets the needs of parents; follow up on how to include non-licensed childcare providers.	Ongoing	Waiting for provider survey updates. Identify strategies in supporting non-licensed child care providers.
2	Take Me Home (TMH) HIV Tests: FOLLOW UP	Follow up to ensure service is inclusive of women, to include how and to whom TMH is marketed.	Ongoing	
3	Emergency Financial Assistance (EFA) Service: FOLLOW UP	Follow up on concerns with how EFA has been rolled out, access to and the number of individuals who have submitted applications vs accepted.	Ongoing	Draft a letter to DHSP to recommend strategies in streamlining the EFA to create a more community/consumer friendly process; create Spanish translated forms.
4	Plan topical discussions via Virtual Lunch & Learns, special Caucus meetings and in collaboration with other working groups. Topics to include: <ul style="list-style-type: none"> • Advocacy 101 (March) • U=U + STDs + Reproductive Justice (April) • Coping w/ Stress + Social Support (May) • Trauma + IPV • Women + Aging • Women Giving Birth to Babies w/ & w/out HIV • Demo/Geo Epi Data 	Follow up to 2020 VLL series in addressing barriers and social determinants of health of women living with and impacted by HIV through community engagement activities.	2021	A special Women's Caucus will be held on March 15 to address Advocacy 101. Venita Rey from PWN has been invited as a guest speaker. An all-Caucus meeting is currently being coordinated.
5	Address technical challenges among consumers especially monolingual Spanish speakers	Identify solutions to mitigate challenges in accessing virtual meetings.		Suggestions expressed include eliminate registration, research potential translation feature on WebEx, develop a "cheat sheet" or tutorial.
6	Coordinate w/ D2 to partner on policy priorities involving women living with HIV.	Partners with D2 on matters involving women living with HIV.		Per D2, Supervisor H Mitchell still in transition, reach back in mid-February to coordinate. Staff will follow up.



**LOS ANGELES COUNTY COMMISSION ON HIV 2021
BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE WORKPLAN (2.22.21)**

Task Force Name: BAAC Task Force		Co-Chairs: Danielle Campbell + Greg Wilson		
Task Force Adoption Date:		Date:		
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.				
Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan and Los Angeles County HIV/AIDS Strategy; and 3) align with COH staff and member capacities and time commitment.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Finalize assignment of recommendations to Committees, subordinate workgroups and DHSP and develop corresponding guidance.	Committees requested guidance on how to best implement/incorporate recommendations into its planning activities.	February 2021	Task to be completed and presented at the February 22 task force meeting.
2	Coordinate with DHSP to Address Recommendations	Work with DHSP to address recommendations within its scope and capacity	March 2021	Pre-meet w/ BAAC and DHSP leadership held January 6. March 22 Task Force meeting dedicated to collaborating with DHSP.
3	Develop Social Media Tool Kit	Bring awareness to the BAAC Task Force, its work, and serves for recruitment purposes.	February 2021	Launch on February 2 in celebration of Black History Month and in commemoration of National Black HIV/AIDS Awareness Day.
4	Collaborate w/ District 2	Partner on aligned issues addressing the disproportionate impact of HIV/AIDS and STDS in the Black community.	February 2021	D2 still transitioning new staff and requested that the Commission loop back in mid-February. Staff to follow up.
5	Plan Special Virtual Lunch & Learn to Address Institutional Violence Against Black Women	Address systemic and institutional violence against Black women.	2021	Danielle Campbell will provide updates.



2021 MEMBERSHIP ROSTER | UPDATED 02.08.21

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2022	
3	City of Long Beach representative	1	PP&A	Everardo Alvizo	Long Beach Health & Human Services	July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2018	June 30, 2022	
8	Part C representative		PP&A EXC	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2018	June 30, 2022	
9	Part D representative	1		Vacant		July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2022	
11	Provider representative #1	1	EXC OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	EXC	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2018	June 30, 2022	
15	Provider representative #5			Vacant		July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2018	June 30, 2022	
17	Provider representative #7	1	PP&A	Alexander Luckie Fuller	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2018	June 30, 2022	
19	Unaffiliated consumer, SPA 1	1	EXC OPS	Michele Daniels	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2018	June 30, 2022	
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2018	June 30, 2022	
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	Damontae Hack
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	Unaffiliated Consumer	July 1, 2018	June 30, 2022	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2019	June 30, 2021	Thomas Green (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2018	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2018	June 30, 2022	Nestor Kamurigi (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2018	June 30, 2022	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez	Unaffiliated Consumer	July 1, 2018	June 30, 2022	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2018	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2022	
37	Representative, Board Office 2	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2022	
39	Representative, Board Office 4	1	EXC OPS SBP	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5	1	PP&A EXC	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	Unaffiliated Consumer	July 1, 2018	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2018	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5			Vacant		July 1, 2018	June 30, 2022	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2018	June 30, 2022	
51	HIV stakeholder representative #8			Vacant		July 1, 2018	June 30, 2022	Miguel Alvarez (OPS/SBP)
TOTAL:		38						

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

	B	C	D	E	F	G	H
1							
2	Planning Council/Planning Body Reflectiveness (Updated 01.26.21)						
3	Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
4		Number	Percentage**	Number	Percentage**	Number	Percentage**
5	White, not Hispanic	13,965	27.50%	11	23.91%	5	41.67%
6	Black, not Hispanic	10,155	20.00%	13	28.26%	5	41.67%
7	Hispanic	22,766	44.84%	18	39.13%	2	16.67%
8	Asian/Pacific Islander	1,886	3.71%	3	6.52%	0	0.00%
9	American Indian/Alaska Native	300	0.59%	1	2.17%	0	0.00%
10	Multi-Race	1,705	3.36%	0	0.00%	0	0.00%
11	Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
12	Total	50,777	100%	46	100%	12	100%
13							
14	Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
15	Male	44,292	87.23%	31	67.39%	8	66.67%
16	Female	5,631	11.09%	13	28.26%	4	33.33%
17	Transgender	854	1.68%	2	4.35%	0	0.00%
18	Unknown	0	0.00%	0	0.00%	0	0.00%
19	Total	50,777	100%	46	100%	12	100%
20							
21	Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
22	13-19 years	122	0.24%	0	0.00%	0	0.00%
23	20-29 years	4,415	8.69%	2	4.35%	1	8.33%
24	30-39 years	9,943	19.58%	19	41.30%	3	25.00%
25	40-49 years	11,723	23.09%	10	21.74%	1	8.33%
26	50-59 years	15,601	30.72%	9	19.57%	6	50.00%
27	60+ years	8,973	17.67%	6	13.04%	1	8.33%
28	Other	0	0.00%	0	0.00%	0	0.00%
29	Total	50,777	99.99%	46	99.99%	12	99.99%
30	**Percentages may not equal 100% due to rounding.**						
31							
32							



POLICY/ PROCEDURES:	NO. #08.3204	Commission and Committee Meeting Absences
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SUBJECT: Commission and Committee Meeting Absences

PURPOSE: To clarify how absences from a Commission or Committee meeting must be claimed, how it must be communicated, why it is important, and what purpose it serves.

POLICY: It is recommended that all Commissioners and Committee members regularly and faithfully inform staff of their intentions to be absent from either Commission and/or Committee meetings. Knowledge of member attendance/absences prior to meetings helps Commission Co-Chairs and staff ascertain quorums in advance.

Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused.

COH bylaws dictate that excused absences can be claimed for the following reasons:

- personal sickness, personal emergency and/or family emergency*;
- vacation; a
- out-of-town travel; and/or
- unforeseen work schedule conflict(s)

In cases of an extended absence from the COH due to personal sickness, personal emergency and/or family emergency, members are allowed to take a leave of absence for up to three months. Should a member's leave of absence extend beyond three months, the Operations' Committee Co-Chairs and Executive Director will confer with the member and determine appropriate next steps, to include a voluntary resignation from the Commission with the understanding that they can reapply at a later time.

PROCEDURE:

To claim an excused absence for reasons of vacation and/or out-of-town business, members must notify the Commission Secretary or respective Committee support staff person two weeks prior to the meeting. For purposes of personal/family emergency or sickness, members have until two days after a meeting to notify the aforementioned staff that they are claiming an excused absence.

Policy #08.3204: Commission and Committee Meeting Absences

July 11, 2019

Page 2

For leaves of absence, members must notify the Executive Director immediately upon knowledge of the extended absence. It is the responsibility of the member to keep the Executive Director updated on their status and estimated return to the COH. If the Member does not notify the Executive Director appropriately, the member's absence is therefore deemed unexcused and the member is subject to suspension of voting privileges or removal from the Commission.

Notification must occur by e-mail or fax for documentation purposes (e-mail preferred). Receipt of the excused absence notification will be acknowledged within 48 hours through the same medium; an absence is not considered excused until receipt has been acknowledged. Notification must detail the member's name, meeting for which an excused absence is being claimed, and reason for the excused absence.

NOTED AND APPROVED:		EFFECTIVE DATE:	07/11/2019
Original Approval: 11/24/2008	Revision(s): 05/23/16; 7/24/17; 7/11/2019		



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Sent Via Email:

February 3, 2021

Michele Daniels

Dear Ms. Daniels:

Thank you for your service to the Los Angeles County Commission on HIV (COH). As an HIV Stakeholder on the COH, your participation in discussions around the needs of people living with and impacted by HIV/AIDS (PLWHA) is an important and valuable public service.

This letter serves to alert you of the absences incurred for the 2020 calendar year. The COH via the Operations Committee has a standing policy to track the attendance of members at Commission and Committee meetings. Policy/Procedure #08.3204 notes that:

“Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused.”

A copy of the full policy is enclosed in this letter.

For calendar year 2020, our records indicate that you missed five (5) Operations (OPS) Committee, seven (7) Executive Committee and four (4) Commission meetings.

In order to regain good standing as a Commissioner, please take the following actions no later than February 15, 2021:

1. Contact my office to confirm your service to the Commission on HIV via phone call or email.
2. Begin attending Commission, OPS and Executive Committee meetings;
3. Read the attached Policy #08.3204/Excused Absences and notify me or any COH staff by email or phone if you will not attend a meeting due to personal sickness, personal emergency and/or family emergency; vacation; and/or out-of-town travel.

If my office does not receive a response regarding this letter by February 15, 2021, the Operations Committee will review your membership on the Commission and recommend that your seat be vacated at its next meeting on February 25, 2021.

February 3, 2021

Page 2 of 2

The COH staff and Operations Committee are committed to supporting all Commissioners in their role as planners for the County. We understand that a full engagement on the COH may not be feasible at this time; hence, we encourage you to self-assess your commitment to the COH and consider resigning and reapply again once you determine a more appropriate timing for your participation on the COH.

I look forward to hearing from you. Please contact my office at 213.618.6164 or via email at cbarrit@lachiv.org.

Sincerely,

A handwritten signature in cursive script that reads "Cheryl Barrit".

Cheryl Barrit
Executive Director
Los Angeles County Commission on HIV

c: Operations Co-Chair
COH Co-Chairs



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Sent Via Email:

February 4, 2021

Diamante Johnson

Dear Diamante:

On behalf of the Los Angeles County Commission, we thank you for your service. This letter serves to inform you that, at its last meeting on January 28, 2021, the Operations Committee conducted its quarterly review of members' attendance and recommended to move, at its next meeting on February 25, 2021, to vacate your seat as an Unaffiliated Consumer, Supervisorial District 5 representative..

As indicated in the October 4, 2019 attendance letter sent to you notifying you of your excessive absences, "Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused." (Policy #08.3204; a copy is enclosed with this letter.) ***For calendar year 2020, our records indicate that you have missed six (6) Planning, Priorities, & Allocations (PP&A) Committee and five (5) Commission meetings.***

We understand that full engagement on the COH may not be feasible at this time; hence, we encourage you to reapply again once you determine a more appropriate timing for your participation on the COH. We are grateful for your contributions to the Commission and to ending the HIV epidemic in our community and invite you to continue to participate in our meetings and activities as a member of the public.

If you have any questions, please feel free to contact me at 213.618.6164 or via email at cbarrit@lachiv.org.

Sincerely,

A handwritten signature in cursive script that reads "Cheryl A. Barrit".

Cheryl A. Barrit, MPIA, Executive Director
Los Angeles County Commission on HIV
c: Operations Committee; Commission Co-Chairs