



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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# COMMISSION ON HIV Virtual Meeting

Thursday, August 11, 2022  
9:00am - 12:00pm (PST)

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

## TO REGISTER & JOIN BY COMPUTER/SMART DEVICE:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/onstage/g.php?MTID=e97122b824ea8f6139634cad72f0de4a>

*\*Link is for non-Commissioners/members of the public*

## TO JOIN BY PHONE:

1-415-655-0001 US Toll    Access Code: 2591 398 6462

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

[http://lacountymediahost.granicus.com/MediaPlayer.php?clip\\_id=9360](http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9360)

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

## LIKE WHAT WE DO?

Apply to become a Commission Member at:

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

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



LOS ANGELES COUNTY  
COMMISSION ON HIV



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

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

Thursday, August 11, 2022 | 9:00 AM – 12:00 PM

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/onstage/g.php?MTID=e97122b824ea8f6139634cad72f0de4a>

**\*link is for members of the public only**

To Join by Telephone: 1-415-655-0001 Access code: 2591 398 6462

AGENDA POSTED: August 5, 2022

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

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

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

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

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

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



## **1. ADMINISTRATIVE MATTERS**

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

## **2. REPORTS - I**

- |   |  |                     |
|---|--|---------------------|
| A. Executive Director/Staff Report  |  | 9:20 AM – 9:25 AM   |
| (1) County/Commission Operations   UPDATES  |  |                     |
| B. Co-Chairs' Report  |  | 9:25 AM – 9:45 AM   |
| (1) Membership Renewal, Resignations, Vacancies   |  |                     |
| (2) 2023 COH Co-Chair Open Nomination   |  |                     |
| (3) LA County Department of Health Services (DHS) Decision to No Longer Accept Ryan White Program Funding   UPDATES |  |                     |
| (4) Presidential Advisory Council for HIV/AIDS (PACHA) in Los Angeles   Sept 19-20                                  |  |                     |
| (5) AIDS 2022: International AIDS Conference (IAS)   UPDATES & FEEDBACK   |  |                     |
| C. California Office of AIDS (OA) Report (Part B Representative)  |  | 9:45 AM – 9:50 AM   |
| (1) OAVoice Newsletter Highlights   |  |                     |
| D. LA County Department of Public Health Report (Part A Representative)   |  | 9:50 AM – 10:10 AM  |
| (1) Division of HIV/STD Programs (DHSP) Updates   |  |                     |
| a. Programmatic and Fiscal Updates  |  |                     |
| b. RWP Parts A & B  |  |                     |
| c. Monkeypox Briefing Update  |  |                     |
| E. Housing Opportunities for People Living with AIDS (HOPWA) Report   |  | 10:10 AM – 10:15 AM |
| F. Ryan White Program Parts C, D, and F Report  |  | 10:15 AM – 10:20 AM |
| G. Cities, Health Districts, Service Planning Area (SPA) Reports  |  | 10:20 AM – 10:25 AM |

## **BREAK**

10:25 AM – 10:35 AM

## **3. REPORTS - II**

10:35 AM – 11:35 AM

- |  |  |
|--|--|
| A. Operations Committee  |  |
| B. Planning, Priorities and Allocations (PP&A) Committee         |  |
| (1) 2022-2026 Comprehensive HIV Plan (CHP) Development   UPDATES |  |



### 3. **REPORTS - II**

10:35 AM – 11:35 AM

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

- (1) Benefit Specialty Service Standards | UPDATES
- (2) Home Based Case Management Service Standards | UPDATES
- (3) Oral Health Service Standards: Dental Implants Addendum | UPDATES
- (4) Special Populations Best Practices Project | UPDATES

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

- (1) County, State and Federal Policy, Legislation, and Budget
- (2) 2022-23 Legislative Docket
- (3) 2022 Policy Priorities
- (4) BOS Response to STD Crisis | UPDATES

#### E. Caucus, Task Force and Work Group Report

11:35 AM – 11:45 AM

- (1) Aging Caucus | September 6 @ 1PM
- (2) Black/African American Caucus | September 15 @ 4PM
- (3) Consumer Caucus | September 8 @ 3PM
- (4) Prevention Planning Workgroup | August 24 @ 4:00PM
- (5) Transgender Caucus | August 23 @ 10AM
- (6) Women's Caucus | August 15 @ 2PM

### 4. **MISCELLANEOUS**

#### A. Public Comment

11:45 AM – 11:50 AM

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

#### B. Commission New Business Items

11:50 AM – 11:55 AM

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



## 5. MISCELLANEOUS

### C. Announcements

11:55 AM – 12:00 PM

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

### D. Adjournment and Roll Call

12:00 PM

*Adjournment in memory of Edgar Antonio Romero-Stalter, for the meeting of August 11, 2022.*

### PROPOSED MOTION(s)/ACTION(s):

<b>MOTION #1:</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2:</b>	Approve the Executive Committee minutes, as presented or revised.



### COMMISSION ON HIV MEMBERS:

<i>Danielle Campbell, MPH, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Miguel Alvarez	Everardo Alvizo, LCSW
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Michael Cao, MD
Mikhaela Cielo, MD	Erika Davies	Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS
Alexander Luckie Fuller	Jerry D. Gates, PhD	Joseph Green	Thomas Green
Felipe Gonzalez	Karl Halfman, MA	William King, MD, JD, AAHIVS	Lee Kochems, MA
Jose Magaña (*Alternate)	(Eduardo Martinez, *Alternate)	Anthony Mills, MD	Carlos Moreno
Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Jesus "Chuy" Orozco
Mario J. Pérez, MPH	Mallery Robinson (*Alternate)	Ricky Rosales	Harold Glenn San Agustin, MD
Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter (LoA)	Justin Valero, MPA
<b>MEMBERS:</b>	<b>35</b>		
<b>QUORUM:</b>	<b>18</b>		

#### LEGEND:

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





## LOS ANGELES COUNTY COMMISSION ON HIV



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

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

### CODE OF CONDUCT

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

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

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

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

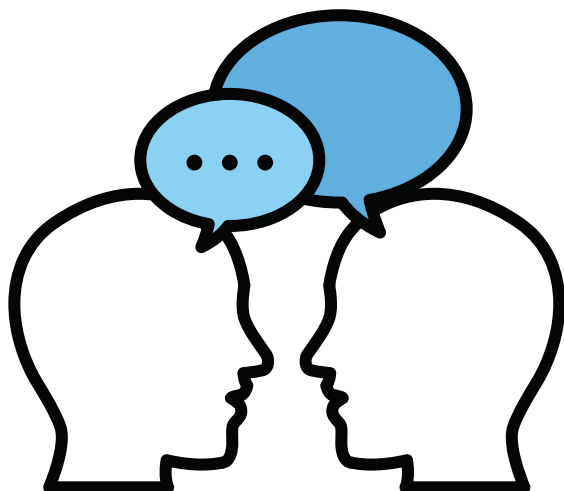


# Los Angeles County Commission on HIV Training Schedule 2022

## Come learn with us!

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

*Trainings are mandatory for all Commissioners.*



## **March 29**

### **General Orientation**

#### **Commission on HIV Overview**

3:00 - 4:30 PM - Register [here](#).

## **April 12**

### **Virtual Study Hour**

3:00 - 4:00 PM - Register [here](#).

## **July 21**

### **Ryan White Care Act Legislative Overview**

#### **Membership Structure and Responsibilities**

3:00 - 4:30 PM - Register [here](#).

## **August 17**

### **Virtual Study Hour**

3:00 - 4:00 PM - Register [here](#).

## **September 15**

### **Priority Setting and Resource Allocation Process**

#### **Service Standards Development**

3:00 - 4:30 PM - Register [here](#).

## **October 20**

### **Virtual Study Hour**

3:00 - 4:00 PM - Register [here](#).

## **November 16**

### **Policy Priorities and Legislative Docket**

#### **Development Process**

4:00 - 5:00 PM - Register [here](#).

## **November 17**

### **Co-Chair Roles and Responsibilities (Virtual live)**

4:00 - 5:00 PM - Register [here](#).

## **December 13**

### **Virtual Study Hour**

3:00 - 4:00 PM - Register [here](#).





## 2022 MEMBERSHIP ROSTER | UPDATED 8.8.22

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

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

LOA: Leave of Absence

Overall total: 36



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/11/22

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CAO	Michael	Golden Heart Medical	No Ryan White or prevention contracts
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
GATES	Jerry	AETC	Part F Grantee

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

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

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



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



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



510 S. Vermont Ave, 14<sup>th</sup> Floor, Los Angeles, CA 90020  
TEL. (213) 738-2816  
WEBSITE: [hiv.lacounty.gov](http://hiv.lacounty.gov) | EMAIL: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

**ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE**

## COMMITTEE ASSIGNMENTS

Updated: August 8, 2022

*\*Assignment(s) Subject to Change\**

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

OPERATIONS COMMITTEE		
Regular meeting day: 4 <sup>th</sup> Thursday of the Month Regular meeting time: 10:00 AM-12:00 PM Number of Voting Members= 8   Number of Quorum= 5		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Alexander Luckie Fuller	Committee Co-Chair*	Commissioner
Justin Valero	Committee Co-Chair*	Commissioner
Miguel Alvarez	*	Commissioner
Everardo Alvizo, LCSW	*	Commissioner
Jayda Arrington	*	Commissioner
Joseph Green	*	Commissioner
Jose Magaña	*	Alternate
Carlos Moreno	*	Commissioner

**Committee Assignment List**

Updated: August 8, 2022

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<b>PLANNING, PRIORITIES &amp; ALLOCATIONS (PP&amp;A) COMMITTEE</b>		
Regular meeting day: 3 <sup>rd</sup> Tuesday of the Month		
Regular meeting time: 1:00-4:00 PM		
Number of Voting Members= 12   Number of Quorum= 7		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Kevin Donnelly	Committee Co-Chair*	Commissioner
Al Ballesteros	Committee Co-Chair*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus “Chuy” Orozco	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

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

**Committee Assignment List**

Updated: August 8, 2022

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<b>STANDARDS AND BEST PRACTICES (SBP) COMMITTEE</b>		
Regular meeting day: 1 <sup>st</sup> Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 11   Number of Quorum = 6		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Kevin Stalter (LOA)	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Michael Cao, MD	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Thomas Green	**	Alternate
Mark Mintline, DDS	*	Committee Member
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Ernest Walker (LOA)	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

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

<b>AGING TASK FORCE (ATF)</b>
Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm Co-Chairs: Al Ballesteros, MBA & Joe Green <i>*Open membership*</i>

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

<b>WOMEN'S CAUCUS</b>
Regular meeting day/time: 3 <sup>rd</sup> Monday of Each Month @ 9:30am-11:30am Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo <i>*Open membership*</i>

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



# LOS ANGELES COUNTY COMMISSION ON HIV



# DRAFT

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

EMAIL: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) • WEBSITE: <http://hiv.lacounty.gov>

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

## COMMISSION ON HIV (COH) **VIRTUAL** MEETING MINUTES July 14, 2022

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

COMMISSION STAFF & CONSULTANTS
Cheryl Barrit, Catherine Lapointe, Dawn McClendon, Jose Rangel-Garibay, Sonja Wright
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF
Julie Tolentino

\*Commission members and Members of the public may confirm their attendance by contacting Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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

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

<https://hiv.lacounty.gov/meetings/>

### 1. **ADMINISTRATIVE MATTERS**

**A. CALL TO ORDER, ROLL CALL, & INTRODUCTIONS:** Bridget Gordon, Co-Chair, called the meeting to order at 9:08 am. Cheryl Barrit, Executive Director, conducted roll call.

## Commission on HIV Meeting Minutes

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**ROLL CALL (PRESENT):** M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, L. Fuller, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, A. Mills, K. Nelson, M. Robinson, H. San Agustin, M. Sattah, K. Stalter, J. Valero, D. Campbell, and B. Gordon

**B. MEETING GUIDELINES AND CODE OF CONDUCT:** B. Gordon went over meeting guidelines, Codes of Conduct, and speaking limits for Commissioners and public comments. She also read the Commission on HIV (COH)'s mission and vision statements.

### C. APPROVAL OF AGENDA

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

- Kevin Donnelly noted a typo in the meeting agenda. "Proposed Motion(s)/Action(s): Motion #2" states, "Approve the Executive Committee minutes, as presented or revised." It should say "Approve the June 9, 2022 Commission on HIV Meeting Minutes, as presented." This will be revised accordingly.

### D. APPROVAL OF MEETING MINUTES

**MOTION #2:** Approve the June 9, 2022 Commission on HIV Meeting Minutes, as presented or revised. (*✓Passed by Consensus*).

## 2. REPORTS – I

### A. EXECUTIVE DIRECTOR/STAFF REPORT

#### (1) Operational Updates

##### a. COH 2022 Operational Budget

- On June 23, 2022, the Executive Committee adopted the COH 2022 operational budget. C. Barrit provided a brief overview of the budget, which can be found in the meeting packet.

##### b. Board of Supervisors (BOS) Updates COVID-19 Vaccination Mandate

- C. Barrit informed the COH that the Board of Supervisors (BOS) sent out a COVID-19 Vaccination Mandate Addendum. Commissioners are required to either provide proof of vaccination or a negative COVID-19 test taken within 24 hours for an antigen test or within 48 hours for a PCR test before attending an in-person meeting. The addendum can be found in the meeting packet.
- On July 12, 2022, the BOS voted to extend the continuation of virtual meetings under AB 361 for 30 days.

#### (2) 2022-2026 Comprehensive HIV Plan (CHP) | UPDATES

- AJ King, Comprehensive HIV Plan (CHP) Consultant, will provide an update on the data section of the CHP at the July Planning, Priorities and Allocations (PP&A) meeting.
- A. King is working on conducting community listening sessions for seven priority populations: Latinx MSM, Black MSM, transgender persons, women of color, people who inject drugs, people under 30, and people over 50. Three listening sessions have been completed and the rest are underway.



**B. CO-CHAIRS' REPORT**

**(1) Vacant Seats, Renewals, and Membership Drive**

- B. Gordon acknowledged former commissioners Juan Preciado, Frankie Darling-Palacios, Reba Stevens, Michele Daniels, Gerald Garth, and Isabella Rodriguez for their time and dedication to the COH. She welcomed new commissioner Dr. Michael Cao, who will serve as Board Office 5 Representative for Supervisor Kathryn Barger.
- B. Gordon noted that there are several vacancies on the COH. Agencies are encouraged to support their clients to apply to be on the COH for unaffiliated consumer seats. To qualify for any of the unaffiliated consumer seats, applicants must meet the following criteria defined by the Ryan White CARE Act: 1) be a person living with HIV; and 2) receiving Ryan White Part A services in LA County and 3) not employed, serve on the Board, or act as a consultant for any agency receiving Ryan White Part A funding from the County. The following seats are vacant, and applications are accepted on an ongoing basis:
  - Unaffiliated consumers for Service Planning Areas (SPAs) 1, 2, 3, 4, and 7
  - Unaffiliated consumers for supervisorial districts 1, 2, 3, 4, and 5
  - 1 unaffiliated consumer at-large
  - 1 Part C representative
  - 1 provider representative
  - 3 HIV stakeholders
  - 1 local health or hospital planning agency

**(2) Presidential Advisory Committee for HIV/AIDS (PACHA) in Los Angeles | Sept 19-20**

- The Presidential Advisory Committee for HIV/AIDS (PACHA) will be held in-person in Los Angeles on September 19 and 20, 2022. More details will follow.

**(3) Commission's Response to the Department of Health Services (DHS) Decision to No Longer Accept Ryan White Program Funding**

- On June 23, 2022, the Executive Committee was informed that the Los Angeles County Department of Health Services (DHS) would no longer use Ryan White Program (RWP) funds to support services for people living with HIV (PLWH) in LA County. This decision was made retroactive March 1, 2022. This is a concern for PLWH who use safety net clinics within LA County. The COH co-chairs and PP&A co-chairs sent a letter to Christina Ghaly, MD, Director of Health Services and Barbara Ferrer, PhD, Director of Public Health, addressing their concerns and requesting a meeting to discuss the matter. A meeting will be held on July 18, 2022 from 9:00 to 9:30 am. C. Barrit, B. Gordon, Danielle Campbell, K. Donnelly, and Al Ballesteros will be participating in the meeting. B. Gordon extended the invitation to Public Policy Committee (PPC) co-chairs Katja Nelson and Lee Kochems. Updates from the meeting will be shared.

**(4) Human Relations Commission (HRC) Training Series | FOLLOW UP & NEXT STEPS**

- Robert Sowell, Human Relations Committee (HRC) Representative, attended the June Executive Committee meeting and provided a summary of the Constructive and Candid Conversations Training Series. The summary can be found in the meeting packet. R. Sowell made the following suggestions on feasible actions that the COH can take to hold constructive and candid conversations:

## Commission on HIV Meeting Minutes

July 14, 2022

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- Review meeting ground rules and interaction agreements to set the tone for each meeting.
- Distribute the training series summary to new commissioners and staff members as part of onboarding materials.
- Put on the agenda practice for constructive candid conversations skills for topics that are non-controversial. Skills include rephrasing and repeating, reflecting emotion, and practicing empathy.
- COH co-chairs and staff should meet with R. Sowell to discuss additional strategies to sustain the skills and knowledge gained from the training.

### C. CALIFORNIA OFFICE OF AIDS (OA) REPORT

#### (1) OA Voice Newsletter Highlights

#### (2) Project Cornerstone

- Sharisse Kemp, AIDS Drug Assistance Program (ADAP) Branch Chief, provided an overview of Project Cornerstone. Under Health and Safety Code 121295, the California Office of AIDS (OA) was awarded contracts totaling the sum of \$4.5 million over the course of three fiscal years in local assistance funds. The purpose of this award was to fund the development of up to four innovative, stigma-free, culturally, and linguistically competent, evidence-based demonstration projects intended to deliver services to improve the health and well-being of older people living with HIV. Project Cornerstone recognizes that the number of older people living with HIV is significantly increasing. This includes long-term survivors and those diagnosed later in life.
- An inquiry was made if there were any discussions to include people who were born with HIV. S. Kemp noted that Project Cornerstone did not specifically consider people who were born with HIV but will consider doing so for future funding.
- S. Kemp stated that hopefully this will be continuous funding, but there is no guarantee, in response to whether funding will be continued after the allocated time.
- Lastly, S. Kemp stated that funding was competitive, and many applications were received in response to why there were no projects in LA County, given the high amount of older people living with HIV.

### D. LA COUNTY DEPARTMENT OF PUBLIC HEALTH REPORT

**(1) Division of HIV/STD Programs (DHSP) Updates:** Julie Tolentino reported that under the Ending the HIV Epidemic (EHE) Initiative, DHSP has been able to execute a contract with Heluna Health. J. Tolentino stated that Heluna Health provides the Women, Infants, and Children (WIC) program for California as well as temporary staffing services for LA County. Within the contract, there are 6 proposed activities. Activities include a mini grant project for innovative projects for the community, grants for evidence-based interventions for priority populations, a mental health program for Spanish speakers living with HIV, a public health detailing program that is focused on HIV testing and pre-exposure prophylaxis (PrEP), an HIV workforce development program, and moving forward with implementing a RWP eligibility administrator to decrease the burden for people accessing RW services. Each mini grant will be approximately \$50,000 and will be open for competitive bid.

## Commission on HIV Meeting Minutes

July 14, 2022

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- a. **Programmatic and Fiscal Updates:** DHSP is continuing to work with DHS to address the change in RWP funding usage for County-funded HIV services. DHS will no longer bill DHSP for RWP services and has identified alternative revenue streams.
- b. **RWP Parts A & B:** Mario Perez stated that there are ongoing efforts to prepare for the annual RWP application.
- c. **Preliminary Estimates of Impact of Medi-Cal Expansion on the RWP:** DHSP highlighted the impacts on spending because of the Medi-Cal expansion for people over 50.
- d. **Monkeypox Update:** There are 82 cases of monkeypox in LA County. Men who have sex with men (MSM) are the most affected population. DHSP is working on getting more vaccines from their federal partners.

### E. HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH AIDS (HOPWA) REPORT

- Jesus (Chuy) Orozco provided the report. HOPWA is in the middle of executing their next contracts for August 1<sup>st</sup>. C. Orozco is planning to consult with HOPWA providers regarding updated rent standards. The short-term rental mortgage and utility assistance program moratorium in LA County is set to expire in December 2022.
- In response to whether there are coordination efforts with DHS or DHSP to provide coverage in eastern LA County to accommodate the rise in migration, C. Orozco stated that HOPWA is working to provide services in all areas of LA County.

### F. RYAN WHITE PROGRAM PARTS A, C, D, AND F REPORT – *No reports were provided.*

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

- Everardo Alvizo reported that Long Beach Pride was held last weekend. The City of Long Beach is working on holding a Long Beach Trans Pride.

## 3. REPORTS – II

### A. OPERATIONS COMMITTEE

- Justin Valero provided the report. For their July meeting, the Operations Committee will discuss the COH Operational Budget, a potential change to the COH bylaws regarding the two-person per organization rule, a final review on the membership application process, and the possibility of an attendance acknowledgement award program.

#### (1) 2022 Membership Renewal Slate

**MOTION #3:** Approve Membership Applications, as presented or revised, and forward recommendations to Board of Supervisors for re-appointment, as follows: Erika Davies (Seat 3); Ricky Rosales (Seat 4); Karl Halfman (Seat 7); LaShonda Spencer (Seat 14); Anthony Mills (Seat 16); Martin Sattah (Seat 18); Kevin Donnelly (Seat 26); Felipe Gonzalez (Seat 34); Al Ballesteros (Seat 36); Katja Nelson (Seat 38); Lee Kochems (Seat 42); William King (Seat 50); Miguel Alvarez (Seat 51)

***Passed by Majority Roll Call Vote (Ayes:*** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, T. Green, F. Gonzalez, K. Halfman, W. King, L.

## Commission on HIV Meeting Minutes

July 14, 2022

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Kochems, J. Magaña, E. Martinez, A. Mills, K. Nelson, J. Orozco, R. Rosales, H. San Agustin, M. Sattah, K. Stalter, J. Valero, D. Campbell, B. Gordon; **No: 0; Abstain: 0**)

### (2) Seat Vacate | Ernest Walker

**MOTION #4:** Approve Seat Vacate for Member Ernest Walker, as presented or revised **Passed by Majority Roll Call Vote** (**Ayes:** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, T. Green, F. Gonzalez, K. Halfman, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, K. Nelson, J. Orozco, R. Rosales, H. San Agustin, M. Sattah, K. Stalter, J. Valero, D. Campbell, B. Gordon; **No: 0; Abstain: 0**)

### (3) Planning CHATT Learning Collaborative

- Committee Co-Chair Alexander Luckie Fuller has been attending the Planning CHATT Learning Collaborative meetings on behalf of the COH. On June 23, 2022, L. Fuller presented the final project report to the Operations Committee. The presentation highlighted commissioner recruitment goals and activities to increase consumer participation; retention goals such as leadership and capacity building trainings; key activities implemented such as social media campaigns and testimonials; and key activities to implement in the future such as wellness checks for commissioners. The PowerPoint presentation can be found in the Operations Committee June meeting packet.

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

### (1) Revised PY 32 Ryan White Service Category Funding Allocations

**MOTION #5:** Approve revised PY 32 Ryan White Service Category Funding Allocations, as presented or *revised*, and provide DHSP the authority to make adjustments of 10% greater or lesser than approved allocations amount, as expenditure categories dictate, without returning to this body **Passed by Majority Roll Call Vote** (**Ayes:** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, K. Nelson, J. Orozco, R. Rosales, H. San Agustin, M. Sattah, K. Stalter, J. Valero, D. Campbell, B. Gordon; **No: 0; Abstain: K. Halfman**)

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

- PP&A will dedicate their July meeting to discuss the CHP data section, specifically regarding epidemiology and surveillance data analysis, PLWH and populations at risk, and syndemic data analysis.

## C. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

- Erika Davies provided the report. She welcomed Dr. Cao to the COH. Dr. Cao will serve on the SBP Committee.
- At their July meeting, the SBP Committee received public comments requesting a review of Medical Care Coordination (MCC) service standards to address changes to staffing requirements and client expectations regarding assessments.
- The next SBP Committee meeting is on Tuesday August 2, 2022, from 10 am to 12 pm. The group will review public comments on the dental implant addendum, discuss transitional case

management for incarcerated/post-release individuals, and vote to approve the dental implants addendum.

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

- At their June meeting, the SBP Committee approved the Benefit Specialty Service Standards. The document will move forward for approval from the Executive Committee.

**(2) Home Based Case Management Service Standards | UPDATE**

- At their June meeting, the SBP Committee approved the Home-Based Case Management Service Standards. The document will move forward for approval from the Executive Committee.

**(3) Oral Health Service Standards: Dental Implants Addendum | UPDATE**

- The SBP Committee announced a public comment period for the draft dental implants addendum to the Oral Health Service Standards. The public comment period ends on August 5, 2022.

**(4) Special Populations Best Practices Project | UPDATE**

- COH staff provided an update on the Special Populations Best Practices Project. A final draft will be presented to the SBP Committee at their August meeting.

**D. PUBLIC POLICY COMMITTEE (PPC)**

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

- The governor signed the budget for the State of California. EHE received \$30 million over three years for highly impacted local health jurisdictions to address syphilis and congenital syphilis. There is an \$8 million over three years investment to support Hepatitis B demonstration projects. The budget did not include funding for Hepatitis C, harm reduction, or expansion of the state's Family Planning, Access, Care, and Treatment (PACT) program to cover LGBTQ+ folks. The budget also did not include the \$150 million ask for the Health Equity and Racial Justice Fund.
- By January 1, 2024, Medi-Cal expansion is going to expand to include all eligible Californians, regardless of immigration status.
- \$2 million has been allocated for reproductive rights.
- \$3 million has been allocated for state and local public health departments.

**(2) 2022-23 Legislative Docket**

- K. Nelson informed the COH that AB 357 (Wiener): Crimes: loitering for the purpose of engaging in a prostitution offense was signed into law on July 1, 2022.

**MOTION #6:** Approve the 2022-23 Legislative Docket, as presented or revised **Passed by Majority Roll Call Vote** (**Ayes:** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, K. Nelson, J. Orozco, R. Rosales, H. San Agustin, M. Sattah, K. Stalter, J. Valero, D. Campbell, B. Gordon; **No:** 0; **Abstain:** K. Halfman)

**(3) 2022 Policy Priorities | UPDATE**

- The PPC will continue their discussion on Policy Priorities at their August meeting.

**(4) COH Response to the STD Crisis Updates**

- K. Nelson indicated that a future discussion needs to be held to decide the next steps to address the STD Crisis.

**E. CAUCUS, TASK FORCE AND WORK GROUP REPORT**

**(1) Aging Caucus | August 2 @ 1pm**

- A. Ballesteros provided the report. The Aging Caucus met on July 5<sup>th</sup> and focused their meeting on hearing from long-term survivors under 50 years of age who had acquired HIV perinatally. Dr. Cielo and Dr. Allison Agwu gave presentations to better inform the Aging Caucus on issues within this population. Takeaways from the meeting include:
  - It is important to talk about the life course perspective for adolescents with HIV and address each stage of life.
  - 25%-65% of youth with HIV experience mental health problems, including anxiety and depression.
  - There are significant comorbidities associated with long-term survivors. Antiretroviral therapy (ART) has been shown to affect cardiovascular disease, cause medication side effects, and produce increased inflammation.
  - Providers can help this population through education, counseling, and screening.
- The Aging Caucus also heard feedback from DHSP on their key activities for aligning the Ryan White Program with the California Master Plan on Aging. Key points are as follows:
  - Look at increasing the provision of intergenerational housing rather than creating housing ghettos.
  - Add gerontology trainings rather than geriatric only.
  - Foster interlinked service provision to meet the needs of intersectional clients.
  - Avoid offering services solely online.
  - Peer navigation systems could assist in upskilling people and providing them with employment to help others navigate health and social care as well as housing and benefits.

**(2) Black/African American Caucus | July 21 @ 4pm**

- D. Campbell provided the report. The Black Caucus will meet on July 21<sup>st</sup> at 4 pm and will hear from DHSP regarding updates on the task force/workgroup recommendations and task tracker.

**(3) Consumer Caucus | July 14 @ 3pm**

- Ish Herrera provided the report. The Consumer Caucus meet on July 14<sup>th</sup> at 3pm and will discuss issues with the HOPWA program with C. Orozco.
- Damone Thomas was selected to serve as a co-chair for the Consumer Caucus.

**(4) Prevention Planning Workgroup | July 27 @ 5:30pm**

- Dr. King provided the report. The PPW is in the process of finalizing their survey on knowledge, attitudes, and beliefs (KAB) towards HIV prevention. A high-level overview of the survey will be provided at the July 27<sup>th</sup> meeting. The survey is expected to be sent out to commissioners by the end of July.
- The PPW is changing their meeting time to 4:00 - 5:30 PM starting in August.
- Dr. King will provide a presentation on injectable PrEP at the August PPW meeting.



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### (5) Transgender Caucus | July 26 CANCELLED

- Xelestíal Moreno-Luz provided the report. The Transgender Caucus met on June 28<sup>th</sup> and debriefed on their May 24<sup>th</sup> educational event. The event was a workshop titled “The Power in Pleasure: Inclusive Sexual Health Education from a Youth Lens.” The Transgender Caucus will host another educational event at their September meeting. All commissioners were invited to attend.

### (6) Women’s Caucus | July TBD

- The Women’s Caucus is planning their next virtual Lunch and Learn event, which will focus on women living with HIV and sexual empowerment. The event is expected to take place in September.

## 4. PRESENTATION

### **Entre Hermanos: Engaging Siblings in PrEP Promotion for Latinx MSM**

***Homero E. del Pino, Ph.D., M.S., Associate Professor, Psychiatry and Human Behaviors, Charles R. Drew University of Medicine and Science***

- Dr. Homero E. del Pino and Angel J. Martinez held a presentation on their Entre Hermanos: Engaging Siblings in PrEP Promotion for Latinx MSM research project. The project focuses on the role of siblings in promoting PrEP for HIV prevention among Latinx MSM. Presentation slides can be found in the meeting packet.

## 5. MISCELLANEOUS

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

**B. COMMISSION NEW BUSINESS ITEMS: OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NO POSTED ON THE AGENDA, TO BE DISCUSSED (AND IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY, OR WHERE THE NEED TO ACT AROSE AFTER THE POSTING OF THE AGENDA.**

- Jayda Arrington requested more information on the process of increasing consumer incentives. C. Barrit will coordinate with the Operations Committee for follow up.

**C. ANNOUNCEMENTS: OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ANNOUNCE COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES**

- Alasdair Burton announced that the Consumer Caucus will be meeting on July 14<sup>th</sup> at 3 PM to discuss the HOPWA program.
- L. Fuller announced that the APLA Health Out Here Program will be having a Block Party on Saturday July 23<sup>rd</sup> from 12 - 4 PM. The event will provide HIV testing, resources, and giveaways and will be held at 3741 La Brea Ave, Los Angeles, CA 90016.

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### D. ADJOURNMENT AND ROLL CALL: ADJOURNMENT FOR THE MEETING OF JULY 14, 2022

The meeting adjourned at 1:30 PM.

**Roll Call (Present):** M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, L. Fuller, J. Gates, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, C. Moreno, K. Nelson, C. Orozco, R. Rosales, H. San Agustin, J. Valero, D. Campbell, B. Gordon.

MOTION AND VOTING SUMMARY		
<b>MOTION 1:</b> Approve the Agenda Order, as presented.	<b><i>Passed by Consensus</i></b>	<b>MOTION PASSED</b>
<b>MOTION 2:</b> Approve the June 9, 2022 Commission on HIV Meeting Minutes, as presented.	<b><i>Passed by Consensus</i></b>	<b>MOTION PASSED</b>
<b>MOTION 3:</b> Approve Membership Applications, as presented or revised, and forward recommendations to Board of Supervisors for re-appointment, as follows: Erika Davies (Seat 3); Ricky Rosales (Seat 4); Karl Halfman (Seat 7); LaShonda Spencer (Seat 14); Anthony Mills (Seat 16); Martin Sattah (Seat 18); Kevin Donnelly (Seat 26); Felipe Gonzalez (Seat 34); Al Ballesteros (Seat 36); Katja Nelson (Seat 38); Lee Kochems (Seat 42); William King (Seat 50); Miguel Alvarez (Seat 51)	<b><i>Passed by Majority Roll Call Vote</i></b>  <b><i>Ayes:</i></b> M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, T. Green, F. Gonzalez, K. Halfman, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, K. Nelson, J. Orozco, R. Rosales, H. San Agustin, M. Sattah, K. Stalter, J. Valero, D. Campbell, B. Gordon  <b><i>No: 0</i></b>  <b><i>Abstain: 0</i></b>	<b>MOTION PASSED</b>  <b>AYES: 27</b>  <b>OPPOSED: 0</b>  <b>ABSTENTIONS: 0</b>
<b>MOTION #5:</b> Approve revised PY 32 Ryan White Service Category Funding Allocations, as presented or <i>revised</i> , and provide DHSP the authority to make adjustments of 10% greater or lesser than approved allocations amount, as expenditure categories dictate, without returning to this body	<b><i>Passed by Majority Roll Call Vote</i></b>  <b><i>Ayes:</i></b> M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, T. Green, F. Gonzalez, K. Halfman, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, K. Nelson, J. Orozco, R. Rosales, H. San Agustin, M. Sattah, K. Stalter, J. Valero, D. Campbell, B. Gordon  <b><i>No: 0</i></b>  <b><i>Abstain: 0</i></b>	<b>MOTION PASSED</b>  <b>AYES: 27</b>  <b>OPPOSED: 0</b>  <b>ABSTENTIONS: 0</b>

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MOTION AND VOTING SUMMARY		
<b>MOTION #6:</b> Approve the 2022-23 Legislative Docket, as presented or revised	<p><b><i>Passed by Majority Roll Call Vote</i></b></p> <p><b><i>Ayes:</i></b> M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, J. Magaña, E. Martinez, A. Mills, K. Nelson, J. Orozco, R. Rosales, H. San Agustin, M. Sattah, K. Stalter, J. Valero, D. Campbell, B. Gordon</p> <p><b><i>No: 0</i></b></p> <p><b><i>Abstain:</i></b> K. Halfman</p>	<p><b>MOTION PASSED</b></p> <p><b>AYES: 26</b></p> <p><b>OPPOSED: 0</b></p> <p><b>ABSTENTIONS: 1</b></p>



# **DUTY STATEMENT**

## **COMMISSION CO-CHAIR**

(APPROVED 3-28-17; REVISIONS 3-19-18)

In order to provide effective direction and guidance for the Commission on HIV, the two Commission Co-Chairs must meet the following demands of their office, representation and leadership:

### **SPECIFIC:**

One of the Co-Chairs must be HIV-positive. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

### **ORGANIZATIONAL LEADERSHIP:**

- ① Serve as Co-Chair of the **Executive Committee**, and lead those monthly meetings.
- ② Serve as ex-officio member of all standing Committees:
  - attending at least one of each standing Committee meetings annually or in Committee Co-Chair's absence
- ③ Meet monthly with the Executive Director, or his/her designee, to prepare the Commission and Executive Committee meeting agendas and course of action,
  - assist Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate.
- ④ Lead Executive Committee in decision-making on behalf of Commission, when necessary.
- ⑤ Act as final Commission-level arbiter of grievances and complaints

### **MEETING MANAGEMENT:**

- ① Serve as the Presiding Officer at the Commission, Executive Committee and Annual meetings.
- ② In consultation with the other Co-Chair, the Parliamentarian, the Executive Director, or the senior staff member, lead all Commission, Executive and special meetings, which entail:
  - conducting meeting business in accordance with Commission actions/interests;
  - maintaining an ongoing speakers list;
  - recognizing speakers, stakeholders and the public for comment at the appropriate times;
  - controlling decorum during discussion and debate and at all times in the meeting;
  - imposing meeting rules, requirements and limitations;
  - calling meetings to order, for recesses and adjournment in a timely fashion and according to schedule, or extending meetings as needed;
  - determining consensus, objections, votes, and announcing roll call vote results;
  - ensuring fluid and smooth meeting logistics and progress;
  - finding resolution when other alternatives are not apparent;
  - apply Brown Act, conflict of interest, Ryan White Program (RWP) legislative and other laws, policies, procedures, as required;

## **Duty Statement: Commission Co-Chair**

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- ruling on issues requiring settlement and/or conclusion.
- ③ Ability to put aside personal advocacy interests, when needed, in deference to role as the meetings' Presiding Officer.
- ④ Assign and delegate work to Committees and other bodies.

### **REPRESENTATION:**

In consultation with the Executive Director, the Commission Co-Chairs:

- ① Serve as Commission spokesperson at various events/gatherings, in the public, with public officials and to the media after consultation with Executive Director
- ② Take action on behalf of the Commission, when necessary
- ③ Generates, signs and submits official documentation and communication on behalf of the Commission
- ④ Participate in monthly conference calls with HRSA's RWP Project Officer
- ⑤ Represent the Commission to other County departments, entities and organizations.
- ⑥ Serve in protocol capacity for Commission
- ⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

### **KNOWLEDGE/BACKGROUND:**

- ① CDC HIV Prevention, RWP, and HIV/AIDS and STI policy and information
- ② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
- ③ LA County's HIV/AIDS and STI, and other service delivery systems
- ④ County policies, practices and stakeholders
- ⑤ RWP legislation, State Brown Act, applicable conflict of interest laws
- ⑥ County Ordinance and practices, and Commission Bylaws
- ⑦ Topical and subject area of Committee's purview
- ⑦ **Minimum of one year active Commission membership prior to Co-Chair role**

### **SKILLS/ATTITUDES:**


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

## **Duty Statement: Commission Co-Chair**

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### **COMMITMENT/ACCOUNTABILITY TO THE OFFICE:**

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

considering common co-morbidities of those infected with  PACHA Group Photo  
HIV as needed to promote effective HIV prevention and  
treatment and quality services to persons living with HIV disease and AIDS.

This includes advice, information, and recommendations to the Secretary regarding the development and implementation of the *Ending the HIV Epidemic in the U.S.* initiative and the National HIV/AIDS Strategy.

[Read more about PACHA.](#)

## Meetings/Announcements

Information on the next and most recent meetings and/or current announcements about PACHA are provided here.

### September 19–20, 2022

PACHA will convene the 74th full council meeting in Los Angeles, California, and online on September 19 and 20, 2022. This “PACHA-to-the-People” meeting will convene on the afternoon of September 19 and for the full day on September 20. Additional details are forthcoming.

[Review assets from prior meetings back to 2008.](#)

## How the Council Performs Its Work

Subcommittees consisting of members of PACHA may be established to perform specific functions within the Council's jurisdiction. Subcommittees make preliminary recommendations for consideration of the full council. Currently, PACHA consists of three subcommittees: The Ending the HIV Epidemic in the U.S. and the National HIV/AIDS Strategy Subcommittee, Stigma and Disparities Subcommittee, and the Global Subcommittee. The Department Committee Management Officer is notified upon establishment of each subcommittee and is provided information on its name, membership, function, and estimated frequency of meetings.

Management and support services are provided by the Office of Infectious Disease and HIV/AIDS Policy, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services (HHS).

Meetings are held at the call of the Chair(s), with the advance approval of a full-time Government official, who also approves the agenda. A Government official is present at all meetings.

This newsletter is organized to align the updates with Strategies from the ***Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*** (Integrated Plan). The [Integrated Plan](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) is available on the Office of AIDS' (OA) website at [www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP\\_2016\\_Final\\_ADA.pdf](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf).

## **In This Issue:**

- Strategy A
- Strategy B
- Strategy C
- Strategy J
- Strategy K
- Strategy M
- Strategy O

## **Staff Highlight:**

OA is pleased to announce that **Yesenia Corona** has accepted a promotion to Health Program Specialist (HPS) II within the SuPER branch, where she will be working closely with staff involved in “data to services” activities, along with other duties related to report publication and acting as a liaison between surveillance and program.

Yesenia joined OA in December 2017 as a HPS I in the Surveillance Section. In this position, she worked on publishing all HIV/AIDS surveillance related reports and fact sheets ensuring all documents meet ADA compliance requirements. She coordinated with programs within the office by providing internal reports for program planning purposes. She also serves as OA liaison on the Women's sub-committee of the CPG, tasked with working on issues specific to HIV and women.

Prior to OA, Yesenia worked for the California Department of Public Health (CDPH) Licensing and Certification Program and has been with the state for over 11 years.

Yesenia received her bachelor's degree in Business Administration from California State University, Sacramento. In her free time, Yesenia loves to travel, bake, and spend time with her family including her dog, Snoopy.



Additionally, OA is pleased to announce and congratulate **Chris Kent** on his promotion to Care Housing Unit Chief. In his new role, Chris will be overseeing the Housing Opportunities for Persons with AIDS Program, the Housing Plus Project, and the Minority AIDS Initiative. We are very excited to have Chris working with the Special Programs Section!

Chris (pronouns: he, him, his) has worked at OA since January 2020. He served as an Associate





Chris

Governmental Program Analyst and HPSI in the Care Section of the Care Branch. Prior to joining OA, he worked in higher education for almost a decade at Sacramento State, serving in coordinator roles for social justice centers and mentoring programs. Chris also graduated from Sacramento State (stingers up!) with a BA and MA in History, with a focus on 20th Century US history and gender/sexuality in the US. He also served as board president and volunteer coordinator for the Lavender Library, a local Queer/Trans nonprofit, for four years. In his free time, he loves hanging out with his partner Jesus and cat Mary Jane, playing tennis, and visiting family and friends back in his hometown of Fresno.

Congratulations to both Yesenia and Chris!

### HIV Awareness:

**August 31 is International Overdose Awareness Day** (IOAD). This day is observed to honor lives lost to overdose and reduce the stigma associated with drug-related death. IOAD

is also recognized to educate and remind people that addiction is a disease and bring awareness that overdose death is preventable.

Naloxone is a life-saving medication used to reverse an opioid overdose, including heroin, fentanyl, and prescription opioid medications. It can be given through nasal spray (Narcan) or through auto-injector into the outer thigh. Those at risk for opioid overdose to include those taking a high-dose opioid medication, should carry naloxone.

By way of overdose awareness, education and resources, countless lives can be saved.

The [Naloxone Finder](#) from the National Harm Reduction Coalition, provides location information in the community.

### General Office Updates:

#### **COVID-19**

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

#### **Monkeypox (MPXV)**

OA is committed to providing updated information related to Monkeypox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases, and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](#) at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.aspx>, to stay informed.

On August 2, the CDPH hosted a Monkeypox LGBTQ+ Community Stakeholder Meeting for Community Based Organizations (CBOs) serving the LGBTQ+ community, local health department

sexual health programs, and community advocates for a briefing about monkeypox in California. CDPH provided up to date information about diagnoses, vaccines, and responding to monkeypox cases. If you were unable to attend, the [webinar was recorded](#). The passcode is: As!1WhkU

### Racial Justice and Health Equity

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

### HIV/STD/HCV Integration

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

### Ending the Epidemics Strategic Plan



CDPH-OA/STD Control Branch are pleased to report that the roll-out of the **California Strategic Plan** to address the syndemic of HIV, HCV and STIs continues in August as we review all of the community stakeholder input from our provider needs assessment, community survey and regional listening sessions. We have

reached a diversity of stakeholders including consumers, advocates, public health, and CBO staff. Thank you for your ideas about how to drill down into our **30 strategies** organized across **six social determinants of health**. Also, thanks to Facente Consulting for leading this community engagement effort.

In September we will be releasing a blueprint draft for community input based on what we learned. There will be a comment period that will last through October. Thank you in advance for reviewing this draft plan to be finalized by the end of November and submitted to the CDC and HRSA by their deadline on December 9th. Below is the [website that documents our work](#) including the draft roadmap, the recording our Statewide Town Hall, and the list of completed regional listening sessions:

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

### Ending the HIV Epidemic (EHE)

On July 18th the California Consortium, a quarterly meeting of the eight EHE-funded counties in California met to share challenges and successes about workforce development as part of the EHE initiative: Alameda, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, and San Francisco. We learned about the Community Health Leadership Initiative being implemented in San Francisco. This initiative is aimed at making sure that the future HIV/STI/HCV workforce looks like those most impacted by the epidemic.

In August, EHE counties will attend a special training offered by the Keck School of Medicine about the Street Medicine Model to help strengthen their mobile services especially aimed at people experiencing homelessness. Thanks to all the EHE counties that continue to implement their EHE plan to help accelerate the end of HIV in California.

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

### **PrEP-Assistance Program (AP)**

As of July 27, 2022, there are 195 PrEP-AP enrollment sites covering 175 clinics that currently make up the PrEP-AP Provider network.

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

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

### **Strategy B: Increase and Improve HIV Testing**

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

In the first 22 months, between September 1, 2020, and June 30, 2022, 3369 tests were distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 163 (61.5%) of the 265 total tests distributed.

Of individuals ordering a test in June, 34.0% reported never before receiving an HIV test, and 50.9% were 18 to 29 years of age. Among individuals reporting ethnicity, 41.9% were Hispanic/Latinx, and of those reporting sexual history, 64.6% indicated 3 or more partners in the past 12 months. To date, 392 recipients have completed an anonymous follow up survey,

with 94.1% indicating they would recommend TakeMeHome® HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (73.7%) or having had more than one sex partner in the past 12 months (62.5%).

### **Strategy C: Expand Partner Services**

CDPH-OA is pleased to announce the availability of a NEW tool for HIV field services in California. A new CalREDIE disease condition called "STD/HIV Field Investigation Incident" or SHFII will be available in CalREDIE starting in August 2022. Several counties will be piloting its use, with plans to expand to all counties by the end of 2022. SHFII is not intended for use by all counties until pilot testing is complete.

SHFII can be used to document HIV field services for:

- Newly diagnosed HIV infection
- Contacts to HIV (Partner Services)
- Data to Care (D2C)
- Linkage and re-engagement in care
- Outbreak/molecular cluster

A SHFII can be linked to an HIV surveillance incident, as well as a Hepatitis C incident. Field services for both syphilis cases and co-infected Syphilis and HIV cases should continue to be documented only in the syphilis incident. OA will provide training materials and user guide to participating jurisdictions. If you have [questions on SHFII implementation](#), contact Brett AugsJoost ([brett.augsjoost@cdph.ca.gov](mailto:brett.augsjoost@cdph.ca.gov)), Outbreak and Field Investigation Unit Chief.

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

As of July 27, 2022, the [number of ADAP clients enrolled in each respective ADAP Insurance Program](#) are shown in the table at the top of page 6.

### Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	334	9%	---	---	---	---	50	1%	384	10%
25 - 34	1,094	28%	2	0%	---	---	295	8%	1,391	36%
35 - 44	882	23%	---	---	3	0%	202	5%	1,087	28%
45 - 64	634	16%	1	0%	22	1%	127	3%	784	20%
65+	32	1%	---	---	161	4%	10	0%	203	5%
TOTAL	2,976	77%	3	0%	186	5%	684	18%	3,849	100%

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	184	5%	---	---	42	1%	27	1%	---	---	94	3%	9	0%	28	1%	384	10%
25 - 34	773	20%	---	---	139	4%	83	2%	2	0%	312	8%	9	0%	73	2%	1,391	36%
35 - 44	682	18%	4	0%	96	2%	52	1%	1	0%	208	5%	9	0%	35	1%	1,087	28%
45 - 64	530	14%	3	0%	58	2%	19	0%	---	---	160	4%	---	---	14	0%	784	20%
65+	26	1%	1	0%	6	0%	3	0%	---	---	161	4%	---	---	6	0%	203	5%
TOTAL	2,195	57%	8	0%	341	9%	184	5%	3	0%	935	24%	27	1%	156	4%	3,849	100%

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

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	362	9%	1	0%	18	0%	9	0%	---	---	11	0%	1	0%	5	0%	407	11%
Male	1,698	44%	7	0%	304	8%	172	4%	3	0%	902	23%	23	1%	140	4%	3,249	84%
Trans	125	3%	---	---	15	0%	2	0%	---	---	15	0%	1	0%	4	0%	162	4%
Unknown	10	0%	---	---	4	0%	1	0%	---	---	7	0%	2	0%	7	0%	31	1%
TOTAL	2,195	57%	8	0%	341	9%	184	5%	3	0%	935	24%	27	1%	156	4%	3,849	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 07/31/2022 at 12:02:13 AM  
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.



ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from June
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	554	-1.42%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,971	-2.59%
Medicare Part D Premium Payment (MDPP) Program	2,056	-0.82%
<b>Total</b>	<b>8,581</b>	<b>-2.10%</b>

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

### **CDC Reports Significant Overdose Deaths Rates of Black and Indigenous People**

In July, the CDC released a [report that surveyed overdose data from 25 states and the District of Columbia](#). The report found young Black people, ages 15 to 24, had the biggest death rate increase from 2019 to 2020, at 86%, compared to 34% for white people that age. American Indian or Alaska Native women from age 25 to 44 died from overdoses at nearly twice the rate of white women in that age group, and overdose death rates in older Black men were nearly seven times as high as those in older white men. The deaths were broadly driven by illicit fentanyl, though deaths attributed to other types of drugs, including stimulants like methamphetamine, have also been rising. In 2021, CDPH data shows Blacks (25.7%) surpassing whites (19.98%) in deaths attributable to psychostimulants (including methamphetamine and cocaine).

## **Strategy M: Improve Usability of Collected Data**

The [California HIV/AIDS Health Disparities Report](#) is now available on the [OA Case Surveillance Reports](#) webpage. The report focuses on disparities among new HIV diagnoses by looking at rates of new HIV

diagnoses, rate trends over time, and health outcomes by demographics. This report highlights differences in HIV burden and health outcomes by gender, race/ethnicity, and transmission category.

## **Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California**

### **Recruiting members for HIV Cluster Detection and Response Community Advisory Board!**

OA in partnership with the Los Angeles County Department of Public Health is currently seeking members to serve on the HIV Cluster Detection and Response Community Advisory Board (referred to hereafter as “the community advisory board”). The community advisory board is being formed to have real-time community input integrated into HIV cluster detection and response activities. Utilizing public health data (including data on new HIV diagnoses, data from partner services, and data from HIV sequence summaries) is a method to identify possible transmission clusters that would otherwise go unrecognized. Identifying a transmission cluster and understanding its characteristics that may result in a high number of HIV transmissions can help focus HIV prevention and treatment interventions on communities and networks of people who need increased access.

CDPH is committed to ensuring the representation of the population living with and affected by HIV is appropriately represented on the community advisory board. Those who wish to apply must be aware that their HIV-positive status may become known due to their participation and are required to sign an Applicant Acknowledgement and Consent Form, agreeing to hold CDPH/OA harmless for any disclosures.

If you wish to [apply to serve as a member](#), please contact [James.Vo@cdph.ca.gov](mailto:James.Vo@cdph.ca.gov) for the application and cover letter. Please submit the completed application to both [James.Vo@cdph.ca.gov](mailto:James.Vo@cdph.ca.gov) and [cibarra@ph.lacounty.gov](mailto:cibarra@ph.lacounty.gov) by Friday August 12, 2022.

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

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# WHAT GAY & BISEXUAL MEN NEED TO KNOW ABOUT MONKEYPOX



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

## WHAT IS MONKEYPOX?

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

## WHAT ARE THE SYMPTOMS?

KEY SYMPTOM



### RASH, BUMPS, OR BLISTERS

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

OTHER SYMPTOMS



FEVER &  
HEADACHES



MUSCLE  
ACHES



SWOLLEN  
LYMPH NODES

Symptom onset ranges from 5-21 days

## WHAT YOU CAN DO



### STAY INFORMED

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



### CONTACT

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



### ISOLATE

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

Updated: June 2022



## ANYONE CAN GET MONKEYPOX

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

Get the latest updates & downloadable files from  
Gay Sexuality & Social Policy Initiative @ UCLA Luskin  
[gaysexresearch.com](http://gaysexresearch.com)



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



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

## ¿QUÉ ES LA VIRUELA DEL MONO?

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

## ¿CUÁLES SON LOS SÍNTOMAS?

SÍNTOMAS PRINCIPALES



### ERUPCIONES, ABULTAMIENTOS O AMPOLLAS

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

OTROS SÍNTOMAS



FIEBRE Y DOLORS DE CABEZA



DOLORS MUSCULARES



GANGLIOS LINFÁTICOS INFLAMADOS

El inicio de los síntomas oscila entre 5-21 días

## LO QUE PUEDE HACER



### MANTÉNGASE INFORMADO

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



### CONTACTE

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



### AÍSLE

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

Actualizada: junio 2022



## CUALQUIER PERSONA PUEDE CONTRAER LA VIRUELA DEL MONO

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

Obtenga las últimas actualizaciones y archivos descargables de  
**Gay Sexuality & Social Policy Initiative @ UCLA Luskin**  
[gaysexresearch.com](http://gaysexresearch.com)



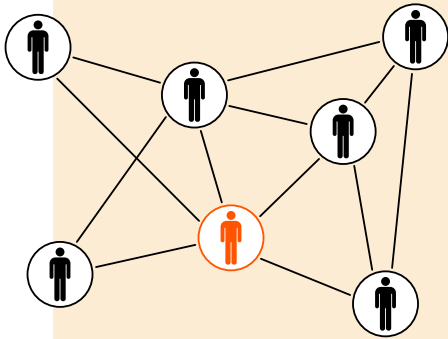


# 6 WAYS WE CAN REDUCE RISK IN THE TIME OF MONKEYPOX

## Consider taking a break from group sex spaces

It might be time to **temporarily** pause going to places with lots of sexual activity until we all get vaccinated. As soon as *fall 2022* we hope to have enough vaccines available for our communities.

*Forget slutty summer, hold off for anal autumn!  
Do it in cider donut season.*



## Form a "sex pod"

Similar to how people established pods to make socializing safer from COVID-19, try a sex pod! Pod members monitor symptoms after last exposure and limit sexual partners to other pod members.

## Practice open & honest communication

Before meeting up with a partner, discuss if you or they have had any other recent sex partners or have had prolonged skin-to-skin contact with others. Talk about your health and whether you have any sores or other monkeypox symptoms.



## Consider condoms

Although the hallmark monkeypox rash or pox can appear anywhere, they are commonly reported on the genitals and anal area. Condom use won't fully protect against monkeypox, but it could help **reduce the risk of skin-to-skin contact** with any lesions in these areas (including internal lesions!).

## Wear more clothing

Monkeypox is mostly spread through skin-to-skin contact. Anything you can do to reduce the amount of exposed skin will make crowded spaces less risky.

*T-shirt at a circuit party? Long sleeves  
at the Eagle? Break out the fetish gear!  
If Kim K can do it, you can too.*



## Take care of yourself and others

**Get vaccinated if you can.** If you test positive for monkeypox, or if you have flu-like symptoms or a new rash, please stay home, get tested, and try to get TPOXX—a safe and likely effective **antiviral treatment** for monkeypox.

Adapted from the Poz.com article "[Six Ways We Can Have Safer Sex in the Time of Monkeypox](#)" by Nicholas Diamond, MPH, Joe Osmundson, PhD, and Grant Roth, MPH



Gay Sexuality & Social Policy Initiative  
@ UCLA Luskin



**Community Clinics Offering Monkeypox Vaccinations, July 22, 2022\***

**\*Vaccinations available for clinic's eligible patients**

<b>Agency</b>	<b>Site Name</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone Number</b>
APLA Health and Wellness	APLA Health - CDU/MLK Medical Campus	1679 E. 120th St.	Los Angeles	CA	90059	323.329.9700
APLA Health and Wellness	APLA Health - Baldwin Hills	3741 S. La Brea Ave.	Los Angeles	CA	90016	213.201.5000
APLA Health and Wellness	APLA Health - Mid-Wilshire	5901 W. Olympic Blvd., #310	Los Angeles	CA	90036	323.215.1725
APLA Health and Wellness	APLA Health - Long Beach	1043 Elm Ave., Suite 302	Long Beach	CA	90813	562.247.7740
Wesley Health Centers (JWCH)	JWCH Bellflower	14371 Clark Ave.	Bellflower	CA	90706	562.867-7999
Wesley Health Centers (JWCH)	JWCH East Hollywood	954 N Vermont Ave.	Los Angeles	CA	90029	562.867-7999
Wesley Health Centers (JWCH)	JWCH Lancaster	45105 10th St. W	Lancaster	CA	93534	562.867-7999
Wesley Health Centers (JWCH)	JWCH Palmdale Central	2151 E. Palmdale Blvd.	Palmdale	CA	93550	562.867-7999
Kaiser Permanente Los Angeles Medical Center	Kaiser SC - Los Angeles Medical Center	4867 W Sunset Blvd	Los Angeles	CA	90027	323.783.4011
Kaiser Permanente South Bay Medical Center	Kaiser SC - South Bay Medical Center	25825 Vermont Ave	Harbor City	CA	90710	310.325.5111
Kaiser Permanente West LA Venice Medical Center	Kaiser SC - WLA Venice MOB	6041 Cadillac Avenue	Los Angeles	CA	90034	1.833.574.2273
Long Beach Comprehensive Health Center	Long Beach Comprehensive Health Center Tom Kay Clinic	1333 Chestnut Ave.	Long Beach	CA	90813	562.753.2300
Los Angeles LGBT Center	Los Angeles LGBT Center - McDonald/Wright-LA LGBT Center	1625 N. Schrader Blvd	Los Angeles	CA	90028	323.993.7400
Los Angeles LGBT Center	Los Angeles LGBT Center - South	2313 W. Martin Luther King Jr. Blvd.	Los Angeles	CA	90008	323.860.3799

Los Angeles LGBT Center	Los Angeles LGBT Center - Trans Wellness Center	3055 Wilshire Blvd. #360	Los Angeles	CA	90010	323.993.2900
Los Angeles LGBT Center	Los Angeles LGBT Center - WeHo	8745 Santa Monica Blvd. 2nd Floor	West Hollywood	CA	90069	323.993.7500
Men's Health Foundation	Men's Health Foundation -West Hollywood	8280 Santa Monica Blvd.	West Hollywood	CA	90046	310.550.2271
Northeast Valley Health Corporation	NEVHC-Van Nuys Adult-Northeast Valley Health Corporation	14624 Sherman Way, Ste 600	Van Nuys	CA	91405	818.988.6335
St. John's Community Health	St. John's Community Health - Compton WM Keck Foundation Community Health Center	2115 Wilmington Ave.	Compton	CA	90222	323.541.1411
St. John's Community Health	St. John's Community Health - Warner Traynham Clinic	326 W. 23 <sup>rd</sup> St	Los Angeles	CA	90007	323.541.1411
St. John's Community Health	St. John's Community Health - Williams - S. Mark Taper Foundation Chronic Disease and Environmental Health Center	808 W. 58 <sup>th</sup> St.	Los Angeles	CA	90037	323.541.1411

**MOTION BY SUPERVISORS HOLLY J. MITCHELL  
AND HILDA SOLIS**

8/2/2022

**RESPONDING TO LOS ANGELES COUNTY’S SEXUALLY TRANSMITTED  
DISEASE CRISIS**

The rate and number of sexually transmitted diseases (STD) have been increasing in Los Angeles County (County) for over a decade. STDs are a type of disease or infection caused by a pathogen (bacterium, virus, or other microorganism) that can be transmitted or acquired via direct sexual contact from person to person. Congenital syphilis and syphilis, STDs that were nearly eradicated in the early 2000s, have increased at especially alarming rates. Syphilis, left untreated, can lead to serious health complications including heart disease, stroke, and infertility. Untreated syphilis amongst pregnant mothers can be passed on to the infant at birth. Known as congenital syphilis, the Centers for Disease Control and Prevention (CDC) estimates that up to [40%](#) of babies born with congenital syphilis are stillborn or die at an early age. Infants can also experience short- and long-term complications including blindness, deafness, and liver and spleen complications.

In the County, congenital syphilis rates increased by [1300%](#) and syphilis rates increased by [450%](#) amongst women and [250%](#) amongst men within the last 10 years. By 2018, in light of the sharp uptick in syphilis and congenital syphilis cases, the County Board of Supervisors (Board) allocated [\\$5 million](#) to the expansion of STD treatment and

- MORE -

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services and directed the Department of Public Health (DPH) to provide quarterly updates on the County's STD crisis. Since then, the ongoing COVID-19 pandemic has exacerbated challenges to the County's delivery of STD services. In 2020, the National Coalition of STD Directors reported that [78%](#) of the STD/HIV health department workforce had redirected their priorities towards the pandemic. Therefore, on [September 28, 2021](#), the Board directed DPH to provide an updated plan of action to address the STD crisis.

DPH's report back, submitted to the Board on [April 1, 2022](#), recognizes that the decade-long increase in STD rates stems from systemic funding inequities predating the pandemic. Local public health departments and family planning clinics, which spearhead STD control efforts, are supported through a [fragmented](#) network of local, state, and federal funds. Unfortunately, federal funding sources for sexual health services have been cut or remained stagnant over the last decade. President Joseph Biden's budget proposal for [Fiscal Year \(FY\) 2023](#) allocates a flat amount towards STD control, despite STDs like congenital syphilis increasing by [279%](#) within 4 years nationally. The Title X Family Planning Program, a federal fund for clinics providing reproductive health services such as Planned Parenthood, has also received stagnant funding.

Inflation places an additional constraint on services. The CDC STD Prevention Budget decreased in purchasing power by [40%](#) between FY 2003 and FY 2018 due to inflation. With consumer prices increasing by [8.6%](#), the fastest increase in 4 decades, the operational costs to provide sexual health services will increase, forcing providers to do more with less. DPH's existing STD programming prioritizes the most vulnerable populations needing sexual health services, including uninsured individuals, those without a regular primary care provider, and people experiencing homelessness or at-risk of becoming homeless. Given the growing rate of STDs, DPH and other local community health partners cannot address the STD crisis alone. As asserted in DPH's recommendations, a sustainable path forward requires participation and partnership across multiple sectors, agencies, providers, and advocates.

Private and public health insurance plans, in particular, are considered the [largest payors](#) for sexual health services including gynecological exams, birth control, and other services. An overwhelming majority of the County's residents are covered through their employer or a Medi-Cal managed care plan. Yet, despite being one of the largest payors

for sexual health services, current performance metrics for providers do not include comprehensive STD measures. The Healthcare Effectiveness Data and Information Set (HEDIS), managed by the National Committee for Quality Assurance, is the industry standard for evaluating the performance of insurance plans. HEDIS allows consumers to compare the performance of various health plans (Commercial, Medicare, and Medicaid) based on their ability to address significant public health issues such as cancer and heart disease. The data used to develop HEDIS measurements currently includes a limited range of STD measures. For example, chlamydia screening is included in HEDIS data, however, syphilis is not. Furthermore, HEDIS only collects STD rates among women. These gaps in data must be addressed, for providers and plans to adequately meet the needs of their members and improve the quality of their sexual health services.

Furthermore, as mandated through the [California Healthy Youth Act](#) (CHYA), school districts are also responsible for providing comprehensive sexual health education—including information on STDs—to middle and high school students. DPH reports that young people under the age of 25 have the [highest risk](#) for STDs. In [2016](#), youth represented the largest proportion of gonorrhea and chlamydia cases in the County. On a national level, young people ages 15 to 24 accounted for 22% of all reported syphilis cases, 42% of all gonorrhea cases, and 62% of all chlamydia cases despite making up only 13% of the population in [2018](#). Although considered an at-risk demographic for STDs, CHYA does not have a mechanism to ensure or assess whether school districts are disseminating up-to-date and accurate sexual health education in an effective and regulatorily compliant way.

A coordinated and collaborative response that engages partners in addition to local health departments is necessary to effectively address the STD crisis. California will pay a major cost if further action is not taken. One study, provided by the [California Health Benefits Review Program](#) (CHBRP), reports that each case of congenital syphilis costs an estimated \$8,743 in direct costs and \$78,396 in indirect costs for a total of \$28.7 million for 329 cases in California (adjusted to 2021 dollars). The CHBRP also estimates that each case of syphilis would cost \$742 per case in direct costs and \$145 in indirect costs, translating to a total of \$22.2 million in California for 25,344 cases in California (adjusted to 2021 dollars).



Moreover, untreated STDs can lead to serious short-term and long-term issues, and chronic health conditions that cause additional long-term costs, including costs of medical care, lost wages, and education. These long-term costs are disproportionately experienced by historically underrepresented and marginalized communities. This includes low-income persons, youth (ages 15-24), pregnant women and infants, transgender individuals, men who have sex with men, the prison population, individuals with substance use disorders, individuals in the child welfare system, and communities of color. In [2019](#), the National Association of County & City Health Officials (NACCHO) found that the rate of gonorrhea was 8.5 times higher in black men compared to white men and 6.9 times higher in black women than white women. Furthermore, [NACCHO](#) found that the rate of reported chlamydia cases is 5 times higher among black women relative to white women and 6.8 times higher amongst black men compared to white men. In the County, congenital syphilis and syphilis have disproportionately affected low-income communities of color. In [2020](#), Service Planning Areas (SPA) 4 and 6, which comprise Central and South Los Angeles, experienced the highest case of syphilis cases amongst females. Furthermore, a greater percentage of SPA 4 and 6 women diagnosed with syphilis did not receive treatment following their diagnosis. As we continue adapting to present health challenges, we must engage all partners in addressing an over decade long crisis.

**I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:**

1. Direct the Directors of the Department of Public Health (DPH), Department of Health Services (DHS), Department of Mental Health (DMH), and the Chief Executive Officer (CEO), to work with the Alliance for Health Integration, CEO's Anti-Racism, Diversity, and Inclusion Initiative, the CEO's Legislative Affairs and Intergovernmental Relations Branch, and relevant community stakeholders to:
  - a. Appeal to the federal Department of Health and Human Services and to Congress to increase the federal investment for sexually transmitted disease (STD) Control efforts, including through, but not limited to services supported by the following agencies and funding streams, such as:

- i. The Centers for Disease Control and Prevention and resources targeted for STD prevention and control that remain inadequate to address the high and growing level of STD morbidity;
    - ii. The Substance Abuse and Mental Health Services Administration and their State block grants given the strong nexus between substance use and STD risk and morbidity;
    - iii. The Health Resources and Services Administration through its grants to support Federally Qualified Health Centers (Bureau of Primary Health Care) and the Ryan White Program (HIV/AIDS Bureau) given the intersection of populations at risk for syphilis who are also at elevated risk for HIV.
  - b. Identify, with relevant stakeholder community-based advocacy organizations, additional opportunities to jointly advocate for more local, state, and federal funding, including STD policy proposals that prioritize communities or demographics that are disproportionately impacted by the STD epidemic.
  - c. Assess the impact workplace vacancies have on the delivery of STD-related programming, outreach, surveillance, and engagement administered through the County;
- 2. Direct the Director of DPH, the CEO, and the Executive Director of the Los Angeles County Youth Commission in coordination with the Superintendent of the Los Angeles County Office of Education, Superintendent of the Los Angeles Unified School District, and other relevant stakeholders to assess and report back in 60 days in writing on the implementation of the California Healthy Youth Act (CHYA).
  - a. This report should include, but not be limited to:
    - i. Available statistics on how often sexual health education is provided to middle school and high school students by school district;
    - ii. Available statistics on student attendance and participation including the number of students who opt-out of receiving sexual health education at the request of a parent or guardian;



- iii. Strategies for ensuring curriculum is medically accurate, unbiased, up-to-date, inclusive, and adheres to all other requirements mandated by CHYA;
    - iv. Peer-led approaches which are promising or effective at delivering sexual health education; and
    - v. Input from family members, students, and instructors who have delivered sexual health education in compliance with CHYA.
  - b. Based on the findings in 2a above, this report should also specify any implementation challenges and recommendations for improvement related to CHYA including, but not limited to:
    - i. Funding needed, with cost estimates, to administer sexual health education in compliance with the CHYA;
    - ii. Feedback from educators, families, and students regarding CHYA and the effectiveness of sexual health education; and
    - iii. Limitations in the delivery or content of sexual health education being administered.
- 3. Instruct the Directors of DHS and DPH in partnership with managed care plans, and other relevant stakeholders to design a pilot program that implements antenatal syphilis point of care testing for pregnant mothers at-risk of syphilis and report back in writing in 60 days.
- 4. Instruct the Directors of DHS and DPH to identify the benefits and challenges of including STD testing (including oral, anal, and urine testing, blood tests, and bundled testing) within DHS-operated urgent care centers and emergency room settings, especially those located in high STD-incidence regions, and report back in writing in 60 days.
- 5. Direct the Directors of DPH and DHS to review their existing processes for sexual health screening and identify challenges and solutions to delivering screenings as it relates to asymptomatic people, young people, people with no pre-existing health conditions, and other target demographics who may not visit a provider or clinic frequently.

6. Direct the Directors of DPH, DHS and DMH in partnership with local managed care plans to improve messaging to increase Pre-Exposure Prophylaxis uptake.
7. Direct the Directors of DPH, DHS and DMH, in coordination with the Alliance for Health Integration, local managed care plans, and other relevant stakeholders to identify opportunities for improving Healthcare Effectiveness Data and Information Set measures or other related metrics tied to evaluating a health provider's provision of medically appropriate STD services, and report back in writing in 60 days.
8. Direct the Director of DPH to include reports on implementation progress in its quarterly STD updates.

# # # #

(KM/YV)

MOTION BY SUPERVISORS HILDA L. SOLIS

August 2, 2022

**Advocating for Federal and State Resources to Combat the STI Epidemic**

Los Angeles County is in the midst of an ongoing sexually transmitted infections (STI) crisis that has seen case rates skyrocket over the past decade, with the highest ever annual reported case of syphilis, congenital syphilis, gonorrhea, and chlamydia. Recent data from the Los Angeles County Department of Public Health (Public Health), Division of HIV and STI Programs (DHSP) show a 450% increase in syphilis rates among females and a 235% increase in males in the last decade. Congenital syphilis rates have increased by 1100% in less than a decade, with 113 congenital syphilis cases reported in 2020 compared to 88 in 2019, and just 10 in 2010. In response to the September 28, 2021 Board-approved motion introduced by Supervisor Hilda L. Solis titled *Addressing the STI Crisis in Los Angeles County*, the Department of Public Health (Public Health), in collaboration with the Department of Health Services (DHS), Department of Mental Health (DMH), the Alliance for Health Integration (AHI), and the Chief Executive Office's (CEO) Anti Racism, Diversity and Inclusion Initiative (AHI) provided a report back with an updated plan of action and additional recommendations

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to address the STI Crisis in Los Angeles.

Pursuant to the motion, the County provided an analysis of funding streams to address the STI response, established a framework and timeline to end the STI crisis, created a planning process to ensure coordination of efforts including the creation of an STI workgroup, are developing a publicly facing STI dashboard, and worked with community partners to provide an analysis of community capacity and infrastructure needs to respond to the crisis, including identifying communities disproportionately impacted such as African American and Latinx residents, persons experiencing homelessness, and newborns.

Regrettably, despite the yearly increases in STI rates that have now reached record levels across the United States, California, and locally, there has not been the necessary increase in revenue to combat this epidemic. Despite continued efforts on behalf of the County, STI advocacy on the federal and state levels have not had the same level of success as compared to the HIV epidemic, the opiate epidemic, or the COVID pandemic. Key funding to combat the HIV epidemic over the last three decades and the recent funding dedicated to combat COVID-19 and opioid overdoses has shown that given the proper investment, significant progress can be made in combating public health crises faced by the County.

On the federal level, the County applauds the recently released Federal STI Strategic Plan, which sets forth a vision for the nation with goals, objectives, and strategies to meaningfully prevent and control STIs in the United States. The plan sets out goals to prevent new STIs, improve the health of people by reducing adverse outcomes of STIs, accelerates progress in STI research, technology, and innovation,

reduces STI-related health disparities and health inequities, and seeks to achieve integrated, coordinated efforts to address the STI epidemic. This strategic plan represents an important step in addressing the crisis, but currently lacks a large infusion of resources to bring to scale the interventions needed to meet the objectives outlined.

On the State level, the Governor's budget includes the continuation of \$7 million for STI treatment and prevention services. And Governor Newsom signed into law SB 306, the STD Coverage and Care Act, which allows for a more comprehensive approach to addressing California's rising STI crisis. The new law expands access to testing and treatment and sets out to create a more equitable health system, requiring health plans to cover at-home tests, increasing providers who provide testing in the community, and requiring syphilis screening during both the first and third trimesters in pregnancy. However, there are further opportunities for funding and to improve compliance and tracking with respect to existing policies and tools in place to combat the spread of STIs. In 2016, the state legislature passed the California Healthy Youth Act, which has the California Department of Education partner with school districts to provide students with the knowledge and skills necessary to protect their sexual and reproductive health from HIV and other sexually transmitted diseases and unintended pregnancy. Although a recent study found most districts in compliance with the law, many continue to resist and enforcement of compliance remains requires clarity and improvement.

**I THEREFORE MOVE** that the Board of Supervisors instruct the Chief Executive Office (CEO) Legislative Affairs team, in collaboration with the Departments of Public Health, Health Services, and Mental Health, to send a five-signature letter to

the Department of Health and Human Services (HHS) Secretary Xavier Becerra requesting the following:

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

**I FURTHER MOVE** that the Board of Supervisors instruct the Chief Executive Office (CEO) Legislative Affairs team, in collaboration with the Departments of Public Health, Health Services, and Mental Health, to send a five-signature letter to Governor Gavin Newsom, California Health and Human Services Secretary Mark Ghaly, and State Superintendent of Public Instruction Tony Thurmond, requesting the following:

- a. Request the Department of Education develop and implement a systematic tracking system to monitor compliance with the 2016 California Healthy Youth Act (CHYA) and implement strategies to address non-compliance with a focus on areas with the highest numbers and rates of chlamydia and gonorrhea;
- b. Request Health and Human Services develop and implement a tracking system to monitor compliance with the recommendations outlined in the November 16, 2021 Dear Colleague letter related to the expansion of HIV and syphilis testing for pregnant patients and the newly enacted SB 306; and
- c. Request appropriate funds to support the enhancement of California's STD Control Infrastructure to fully operationalize an STD Master Plan that includes congenital syphilis elimination, a reduction of syphilis morbidity to at least 2010 levels, enhanced STD surveillance, geo-mapping and cluster detection capacity, novel STD screening, diagnosis and treatment models and expansion of home testing modeled after the COVID-19 response.

**I FURTHER MOVE** that the Board of Supervisors direct the CEO Legislative Affairs and Intergovernmental Relations division, in collaboration and consultation with the Department of Health Services Housing for Health (HFH), to advocate to the state and federal government to increase funding for street medicine interventions to ensure that people experiencing homelessness receive care for STIs.

**I FURTHER MOVE** that the Board of Supervisors direct the Departments of Public Health, Health Services, and Mental Health to incorporate STI education and resources into outreach efforts of *promotoras*/community health workers.

# # #

HLS:ac