



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Get in touch: hivcomm@lachiv.org

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COMMISSION ON HIV Virtual Meeting

Thursday, July 8, 2021

9:00AM - 12:30PM (PST)

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

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

<https://tinyurl.com/d5t83nvc>

**link is for members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll Access Code: 145 769 9556

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

PUBLIC COMMENTS

Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide live public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing PUBLIC COMMENT in the Chat box. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to hivcomm@lachiv.org. Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

LIKE WHAT WE DO?

Apply to become a Commissioner at <http://tinyurl.com/HIVCommApplication>



LOS ANGELES COUNTY
COMMISSION ON HIV



AGENDA FOR THE **VIRTUAL** MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV (COH)
MAIN (213) 738-2816 / FAX (213) 637-4748
EMAIL: hivcomm@lachiv.org WEBSITE: <http://hiv.lacounty.gov>

Thursday, July 8, 2021 | 9:00 AM – 12:30 PM

To Register/Join by Computer: <https://tinyurl.com/d5t83nvc>

**link is for members of the public*

To Join by Telephone: 1-415-655-0001 Access code: 145 769 9556

AGENDA POSTED: June 28, 2021

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

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

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

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. Currently all County buildings are closed to the public due to the COVID-19 public emergency until further notice. To request information, please contact the Commission office via email at hivcomm@lachiv.org or by leaving a voicemail at 213.738.2816.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting. If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of

the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

Call to Order and Roll Call		9:00 AM – 9:05 AM
1. <u>ADMINISTRATIVE MATTERS</u>		
A. Approval of Agenda	MOTION #1	9:05 AM – 9:07 AM
B. Approval of Meeting Minutes	MOTION #2	9:07 AM – 9:10 AM
2. <u>WELCOME, INTRODUCTIONS AND VIRTUAL MEETING GUIDELINES</u>		9:10 AM – 9:15 AM
3. <u>REPORTS - I</u>		
A. Executive Director/Staff Report		9:15 AM – 9:30 AM
(1) Commission/County Operational Updates		
B. Co-Chairs’ Report		9:30 AM – 9:45 AM
(1) COH Letter Re: Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government Request for Information (RFI) Due July 6, 2021		
(2) COH Support Letter Re: Using molecular epidemiology to identify high priority groups for HIV prevention and engagement, evaluate the effectiveness of prevention services for people living with HIV and people at risk for HIV in addressing the “Respond” pillar of the Ending the HIV Epidemic Initiative		
(3) Ending the HIV Epidemic (EHE) Steering Committee COH Liaison Report		
C. California Office of AIDS (OA) Report		9:45 AM – 9:55 AM
(1) California HIV Planning Group (CPG) Update		
D. LA County Department of Public Health Report		9:55 AM – 10:55 AM
(1) Division of HIV/STD Programs (DHSP) Updates		
(a) Programmatic and Fiscal Updates		
• Ryan White Parts A & B		
(b) Ending the HIV Epidemic (EHE) Activities & Updates		
• Community Engagement Project Presentation by AMAAD (Arming Minorities Against Addiction & Disease Institute)		
E. Housing Opportunities for People Living with AIDS (HOPWA) Report		10:55 AM – 11:00 AM
F. Ryan White Program Parts C, D, and F Report		11:00 AM – 11:05 AM
G. Cities, Health Districts, Service Planning Area (SPA) Reports		11:05 PM – 11:10 AM
4. <u>BREAK</u>		11:10 AM – 11:20 AM

5. REPORTS – II

F. Standing Committee Reports

11:20 AM – 12:00 PM

(1) Operations Committee

(a) Membership Management

- Standards and Best Practices (SBP) Committee Only Member Application: Mark Mintline, DDS **MOTION #3**
- Renewing Membership Partial Slate **MOTION #4**
- Revised Attendance Policy #08.3204 **MOTION #5**

(b) Recruitment & Outreach Efforts

- COH Tool Kit

(2) Standards and Best Practices (SBP) Committee

(a) Childcare Service Standards **MOTION #6**

(b) Substance Use and Residential Treatment Standards Review | UPDATES

(3) Public Policy Committee

(a) County, State, and Federal Legislation & Policy

- 2021 Legislative Docket **MOTION #7**
- COH Letter Re: STD Response and Appeal to the Board of Supervisors

(b) County, State, and Federal Budget

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

(a) RWP Priority Setting and Resource Allocation Process | UPDATES

(b) Data Summit | July 20, 2021 @ 1-4pm

(c) Prevention Planning Workgroup | UPDATES

12:00 PM – 12:10 PM

G. Caucus, Task Force and Work Group Report

(1) Aging Task Force | August 3, 2021 @ 1-3pm

(2) Black/African American Community (BAAC) Task Force | UPDATE

(3) Consumer Caucus | July 8, 2021 @ 3-4:30pm

(4) Prevention Planning Workgroup | July 28, 2021 @ 5:30-7PM

(5) Transgender Caucus | July 27, 2021 @ 10am-12pm

(6) Women's Caucus | July 19, 2021 @ 2-4pm

6. DISCUSSION

12:10 PM – 12:20 PM

A. "So You Want to Talk About Race" by Ijeoma Oluo Reading Activity

- Brief excerpts only of Chapters 6-7
- 5-minute debrief discussion

7. MISCELLANEOUS

A. Public Comment

12:20 PM – 12:25 PM

Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide live public comment, you must register and join WebEx through your computer or smartphone. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to hivcomm@lachiv.org.

B. Commission New Business Items

12:25 PM – 12:27 PM

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

C. Announcements

12:27 PM – 12:30 PM

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

Adjournment and Roll Call

12:30 PM

Adjournment for the meeting of July 8, 2021.

PROPOSED MOTION(S)/ACTION(S):

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Commission meeting minutes, as presented or revised.
MOTION #3:	Approve Standards and Best Practices (SBP) Committee member only application for Mark Mintline, DDS, as presented or revised and forward to Board of Supervisors for appointment.
MOTION #4:	Approve Renewal Membership Applications, as presented or revised, and forward recommendations to Board of Supervisors for appointment as follows: Everardo Alvizo (Seat 3); Derek Murray (Seat 5); Harold Glenn San Agustin (Seat 13); Alasdair Burton (Seat 21, Alternate); Joe Green (Seat 33), Bridget Gordon (Seat 35); Justin Valero (Seat 39); Maribel Ulloa (Seat 41); Paul Nash (Seat 45); and Felipe Findley (Seat 49).
MOTION #5:	Approve Revised Attendance Policy #08.3204 as presented or revised.
MOTION #6:	Approve Childcare Service Standards, as presented or revised.
MOTION #7:	Approve 2021 Legislative Docket, as presented or revised.

COMMISSION ON HIV MEMBERS:

Bridget Gordon, Co-Chair	David P. Lee, MPH, LCSW Co-Chair	Miguel Alvarez	Everardo Alviso, LCSW
Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Danielle Campbell, MPH	Mikhaela Cielo, MD
Pamela Coffey (Reba Stevens, **Alternate)	Michele Daniels (*Alternate)	Erika Davies	Kevin Donnelly
Felipe Findley, PA-C, MPAS, AAHIVS	Alexander Luckie Fuller	Gerald Garth, MS	Jerry D. Gates, PhD
Grissel Granados, MSW	Joseph Green	Thomas Green	Felipe Gonzalez
Damontae Hack (*Alternate)	Karl Halfman, MA	Kayla Walker-Heltzel (*Alternate)	Nestor Kamurigi
William King, MD, JD, AAHIVS (LoA)	Lee Kochems, MA	Anthony Mills, MD	Carlos Moreno
Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Frankie Darling-Palacios
Mario J. Pérez, MPH	Juan Preciado	Joshua Ray, RN (Eduardo Martinez, **Alternate)	Mallery Robinson (*Alternate)
Isabella Rodriguez, MA (*Alternate)	Ricky Rosales	Harold San Augustin, MD	Martin Sattah, MD
Tony Spears (*Alternate)	LaShonda Spencer, MD	Kevin Stalter (René Vega, MSW, MPH, **Alternate)	Damone Thomas (*Alternate)
Maribel Ulloa	Guadalupe Velazquez	Justin Valero, MPA	Ernest Walker, MPH
Amiya Wilson (LoA) (*Alternate)			

MEMBERS: 47

QUORUM: 24

LEGEND:

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



LOS ANGELES COUNTY COMMISSION ON HIV



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

VISION

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

MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County.

The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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



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TO END HIV, WE MUST END RACISM
[#STOPAAPIHATE](#)

The Los Angeles County Commission on HIV condemns all forms of hate and violence. We stand in solidarity with Asian American and Pacific Islander (AAPI) communities and condemn the attacks on our AAPI brothers and sisters across the Country. Acts of hate against AAPI communities have risen during the COVID-19 pandemic. An attack on one community, is an attack on all of US.

The harmful rhetoric of the previous administration and the repeated use of the term “China virus” to refer to COVID-19 have fueled the senseless increase in violence we are seeing across the country. These hurtful words and demonization of a particular community followed the long American history of using diseases to justify anti-Asian xenophobia, one that dates to the 19th and 20th centuries, and has helped to shape perception of AAPIs as “perpetual foreigners.”

Many scholars, historians, and activists have pointed out that racial violence against AAPIs often goes overlooked because of persistent stereotypes about the community. The pervasiveness of the model minority myth is a large contributing factor to the current climate. That false idea, constructed during the Civil Rights era to stymie racial justice movements, suggests that Asian Americans are more successful than other ethnic minorities because of hard work, education, and inherently law-abiding natures. Because the model minority myth suggests upward mobility, it creates a fallacy that Asian Americans don’t experience struggle or racial discrimination and misogyny.

We applaud the Los Angeles County Board of Supervisors in their decision to immediately identify funding to expand the County’s Anti-Hate program to combat hate against AAPIs. We call on all Angelenos to speak out against hateful and violent attacks on AAPI communities. Encourage those who experience or witness acts of hate toward the AAPIs communities to report an incident to 211 LA. Incidents can also be reported using the www.stopaapihate.org website. The STOP AAPI Hate reporting form is available in 11 languages.

The HIV movement knows too well that hateful language has real stigmatizing consequences. The hatred and violence we are witnessing perpetuated against AAPIs are rooted in the same form of racism, discrimination, and misogyny that continue to hinder our progress in ending HIV. Join us in stopping hate and support the AAPI communities.

In Solidarity,

Los Angeles County Commission on HIV

<https://www.lavshate.org/>
<https://stopaapihate.org/>

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.



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TO END HIV, WE MUST END RACISM

On the behalf of the Los Angeles County Commission on HIV, the Black/African American Community (BAAC) Task Force recognizes that these are extremely difficult, disturbing and painful times for us and our communities. We remain steadfast in solidarity with our Black/African American communities and vehemently condemn the pervasive, systemic racism that continues to plague our communities. “Without reckoning with our history of racial injustice and violence we will continue to be haunted by its ugly and painful legacy.” (Equal Justice Initiative [EJI].)

Racism IS a public health emergency and impacts us all. Racism impacts access to and the quality of health care and it dictates when, how and by whom health care is given or withheld. Medical mistrust by our Black/African American communities and implicit biases of the health care system are rooted in historical, institutional and socialized racism. It is without question we cannot end the HIV epidemic without dismantling these systems that continue to perpetuate the injustices that result in disproportionately poorer outcomes in our Black/African American communities. Our HIV community must remain diligent and committed to actively engaging in policy and action that promote health equity, eliminate barriers and address social determinants of health such as: implicit bias; access to care; education; social stigma, i.e. homophobia, transphobia and misogyny; housing; mental health; substance abuse; and income/wealth gaps.

As HIV advocates, we cannot sit idly by and allow these inequities to continue. We must act now by centering ALL of our work and conversations around the intersection of racism and the unequal burden of HIV on our Black/African American communities. The Commission is committed to taking action.

We stand in memoriam of Breonna Taylor, George Floyd, Tony Mc Dade, Ahmaud Arbery, and all those who have lost their lives to senseless acts of violence, police brutality and HIV/AIDS. We stand with you, we hurt with you, and we will take action to address these inequities and heal with you.

In Solidarity,

Los Angeles County Commission on HIV
Black/African American Community (BAAC) Task Force

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

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2021 COMMISSION ON HIV MEETING SCHEDULE

To comply with the County of Los Angeles and State of California directives and orders due to the COVID-19 public health pandemic, beginning June 1, 2020 until further notice, all full body, standing and subordinate working unit meetings will be held virtually.

Meeting dates/times are subject to change. For meeting notifications, please subscribe to the Commission's email list at <https://tinyurl.com/y83ynuzt> or contact Commission's office at hivcomm@lachiv.org or 213.738.2816 for updates.

All Committee and Commission meetings are open to the public and are held virtually via the WebEx platform. For a brief tutorial on how to join a WebEx meeting/event, check out: <https://help.webex.com/en-us/nrbgeodb/Join-a-Webex-Meeting>

Commission on HIV (COH)	2 nd Thursday of Each Month	9:00 AM	-	1:00 PM
Executive Committee				
Operations Committee	4 th Thursday of Each Month	1:00 PM	-	3:00 PM
Planning, Priorities & Allocations (PP&A) Committee	4 th Thursday of Each Month	10:00 AM	-	12:00 PM
Public Policy Committee (PPC)	3 rd Tuesday of Each Month	1:00 PM	-	3:00 PM
Standards and Best Practices (SBP) Committee	1 st Monday of Each Month	1:00 PM	-	3:00 PM
	1 st Tuesday of Each Month	10:00 AM	-	12:00 PM
Consumer Caucus				
Transgender Caucus	2 nd Thursday of Each Month	Following COH Meeting		
Women's Caucus	4 th Tuesday Bi-Monthly	10:00 AM	-	12:00 PM
	3 rd Monday of Each Month	2:00 PM	-	4:00 PM
Aging Task Force (ATF)				
Black African American Community (BAAC) Task Force	1 st Tuesday of Each Month	1:00 PM	-	3:00 PM
Prevention Planning Workgroup (PPW)	4 th Monday of Each Month	1:00 PM	-	3:00 PM
	4 th Wednesday of Each Month	5:30PM	-	7:00PM

The Commission office continues to remain closed to the public until further notice in compliance with stay at home orders and social distancing requirements. For inquiries, you may contact the Commission office at hivcomm@lachiv.org or 213.738.2816.



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ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: July 06 2021
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 11 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
David Lee, MPH, LCSW	Co-Chair, Comm./Exec.*	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Carlos Moreno	Co-Chair, Operations	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Frankie-Darling Palacios	Co-Chair, PP&A	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Juan Preciado	Co-Chair, Operations	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero	At-Large Member*	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 10:00 AM-12:00 PM		
Number of Voting Members= 9 Number of Quorum= 5		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Carlos Moreno	Committee Co-Chair*	Commissioner
Juan Preciado	Committee Co-Chair*	Commissioner
Miguel Alvarez	*	Commissioner
Danielle Campbell, MPH	*	Commissioner
Michele Daniels	*	Alternate
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Joseph Green	*	Commissioner
Kayla Walker-Heltzel	**	Alternate
Justin Valero	*	Commissioner

Committee Assignment List

Updated: July 06, 2021

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 17 Number of Quorum= 9		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Frankie-Darling Palacios	Committee Co-Chair*	Commissioner
VACANT	Committee Co-Chair*	Commissioner
Everardo Alviso, LCSW	*	Commissioner
Al Ballesteros	*	Commissioner
Kevin Donnelly	*	Commissioner
Luckie Fuller	*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Damontae Hack	*	Alternate
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS (LOA)	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Damone Thomas	*	Alternate
Maribel Ulloa	*	Commissioner
Guadalupe Velazquez	*	Commissioner
TBD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1 st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 11 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Alasdair Burton	*	Alternate
Gerald Garth, MS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Eduardo Martinez	**	Alternate
Nestor Kamurigi	*	Alternate
Isabella Rodriguez	*	Commissioner
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Tony Spears	*	Alternate

Committee Assignment List

Updated: July 06, 2021

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1 st Tuesday of the Month		
Regular meeting time: 10:00AM-12:00 PM		
Number of Voting Members = 15 Number of Quorum = 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter (Rene Vega, Alternate)	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Pamela Coffey (Reba Stevens, Alternate)	*	Commissioner
Grissel Granados	*	Commissioner
Thomas Green	**	Alternate
Felipe Gonzalez	*	Commissioner
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Katja Nelson, MPP	**	Commissioner
Joshua Ray (Eduardo Martinez, Alternate)	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Justin Valero, MA	*	Commissioner
Ernest Walker	*	Commissioner
Amiya Wilson (LOA)	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS

Regular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting
 Co-Chairs: Alasdair Burton & Jayda Arrington

Open membership to consumers of HIV prevention and care services

AGING TASKFORCE (ATF)

Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm

Chair: Al Ballesteros, MBA

Open membership

BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE

Regular meeting day/time: 4th Monday of Each Month @ 10am-12pm

Co-Chairs: Danielle Campbell, MPH & Greg Wilson

Open membership

TRANSGENDER CAUCUS

Regular meeting day/time: 4th Tuesday of Every Other Month @ 10am-12pm

CO-Chairs: Frankie Darling-Palacios & Luckie Fuller

Open membership

Committee Assignment List

Updated: July 06, 2021

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WOMEN'S CAUCUS

Regular meeting day/time: 3rd Monday of Each Month @ 9:30am-11:30am

Co-Chairs: Shary Alonzo & Dr. LaShonda Spencer

Open membership

PREVENTION PLANNING WORKGROUP

Regular meeting day/time: 4th Wednesday of Each Month @ 5:30pm-7:00pm

Co-Chairs: Maribel Ulloa, Miguel Martinez, and Luckie Fuller

Open membership



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/06/21

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
ALVISO	Everardo	Long Beach Health & Human Services	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
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
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
COFFEY	Pamela	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FULLER	Luckie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testng Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GARTH	Gerald	AMAAD Institute	No Ryan White or Prevention Contracts
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
GRANADOS	Grissel	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
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
HACK	Damontae	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KAMURIGI	Nestor	No Affiliation	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
Transportation Services			
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			
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
Transportation Services			
RAY	Joshua	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ROBINSON	Mallery	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			
RODRIGUEZ	Isabella	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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)
SPEARS	Tony	Capitol Drugs	No Ryan White or prevention contracts
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	Reba	No Affiliation	No Ryan White or prevention contracts
THOMAS	Damone	No Affiliation	No Ryan White or prevention contracts
ULLOA	Maribel	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts
VEGA	Rene	Via Care Community Clinic	Biomedical HIV Prevention
VELAZQUEZ	Guadalupe	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	Kayla	No Affiliation	No Ryan White or prevention contracts
WALKER	Ernest	Men's Health Foundation	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			
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts



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

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

COMMISSION ON HIV VIRTUAL MEETING MINUTES June 10, 2021

COMMISSION MEMBERS									
P=Present A=Absent									
Miguel Alvarez	P	Kevin Donnelly	P	Karl Halfman, MA	P	Mario J. Pérez, MPH	P	Reba Stevens (Alt)	P
Everardo Alviso, LCSW	P	Felipe Findley, PA-C, MPAS, AAHIVS	P	Kayla Heltzel-Walker (Alt)	A	Juan Preciado	P	Maribel Ulloa	P
Al Ballesteros, MBA	P	Alexander Luckie Fuller	A	Nestor Kamurigi	A	Joshua Ray, RN	A	Guadalupe Velasquez	A
Alasdair Burton (Alt)	P	Gerald Garth	A	William King, MD, JD, AAHIVS (LoA)	A	Ricky Rosales	P	Justin Valero, MPA	P
Danielle Campbell, MPH	P	Jerry Gates, PhD	P	Lee Kochems	P	Mallery Robinson	A	Ernest Walker	P
Mikhaela Cielo, MD	A	Felipe Gonzalez	P	Eduardo Martinez (Alt)	A	Isabella Rodriguez (Alt)	P	Amiya Wilson (Alt) (LoA)	A
Pamela Coffey	P	Grissel Granados, MSW	P	Anthony Mills, MD	P	H. Glenn San Agustin, MD	P	Bridget Gordon	P
Michele Daniels (Alt)	A	Joseph Green	P	Carlos Moreno	P	Tony Spears (Alt)	A	David Lee, MPH, LCSW	P
Frankie Darling-Palacios	P	Thomas Green	P	Derek Murray	P	LaShonda Spencer, MD	A		
Erika Davies	P	Damontae Hack (Alt)	P	Dr. Paul Nash, CPsychol, AFBPS, FHEA	P	Kevin Stalter	P		

COMMISSION STAFF & CONSULTANTS

Cheryl Barrit, MPIA, Executive Director; Carolyn Echols-Watson, MPA; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; and Sonja Wright, BA, MSOM, LAc, Dipl.OM, PES
Jim Stewart, Parliamentarian

Robert Sowell and April Johnson, MA (LAC Human Relations Commission)

DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF

Jane Rhodes-Bowers, MPH; Pamela Ogata, MPH; and Julie Tolentino, MPH

*Commission members and Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org

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

Meeting agenda and materials can be found on the Commission's website at:
http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Packet/Pkt_COH_061021_updated.pdf?ver=46QrVIGNIV1Z-ButVGcztQ%3d%3d

CALL TO ORDER AND ROLL CALL: David Lee, LCSW, MPH, Co-Chair, opened the meeting at 9:04am and James Stewart, Parliamentarian, took the roll.

ROLL CALL (PRESENT): M. Alvarez, E. Alviso, A. Ballesteros, D. Campbell, R. Stevens, F. Darling-Palacios, K. Donnelly, F. Findley, J. Gates, F. Gonzalez, G. Granados, K. Halfman, L. Kochems, D. Murray, P. Nash, K. Nelson, M. Pérez, J. Preciado, R. Rosales, H. San Agustin, K. Stalter, I. Rodriguez, M. Ulloa, J. Valero, D. Lee, and B. Gordon

1. ADMINISTRATIVE MATTERS

A. APPROVAL OF AGENDA

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

B. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the May 13, 2021 Commission on HIV Meeting Minutes, as presented (*✓Passed by Consensus*).

2. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- COH Co-Chairs David Lee welcomed all attendees and provided the following reminders and meeting guidelines. Bridget Gordon recited the Commission's Code of Conduct and Vision statement as a reminder.
 - Please refer to the messages in the Chat from staff regarding virtual meeting etiquette. Please mute yourself when not speaking.
 - Commissioners are limited to 3 minutes per Commissioner and one comment per agenda item. After all Commissioners who wish to speak have done so, Commissioners who wish to speak a second time on the same topic may do so. To speak a third time, a Commissioner must move to suspend the rules, which requires a second and a two-thirds vote. This rule does not apply to those giving reports or invited speakers.
 - Public comments are limited to 2 minutes per person. Any person may speak for one two-minute period in non-agenda Public Comment and one two-minute period on any agenda topic at the time the topic comes to the floor.

3. REPORTS - I

A. EXECUTIVE DIRECTOR/STAFF REPORT

(1) Commission and County Operational Updates

- Chery Barrit, MPIA, Executive Director, welcomed new COH staff Jose Rangel-Garibay who hails from the LA County Department of Public Health Tuberculosis Control Program where he worked as a Health Educator in Education, Evaluation, and Elimination Unit. J. Rangel-Garibay will be the lead staff assigned to the Standards and Best Practices (SBP) Committee and assist with Ending the HIV Epidemic (EHE) activities around community engagement
- County Commissions have been directed to anticipate and plan for a return to conducting business in person. It is anticipated that on June 15, 2021, the Governor may announce the reopening of the State. A group of local legislative bodies has asked the State to permit a 30-day transition period after any reopening is announced by the Governor so that cities and counties have time to effectively adjust to any new public health and safety requirements to ensure a coordinated and collaborative return to in-person public meetings.
- COH staff have reached out to conference venues to determine space availability and crafting scenarios for which a limited number of Commissioners may participate in meetings in person using the COH's conference room in the Metroplex building.
- Once a specific date lifting the Executive Order has been identified, the COH's Teleconference Policy will be utilized for members wanting to continue attending Brown Act governed meetings via WebEx.
- ➔ COH Staff will send Teleconferencing Policy to membership.

B. CO-CHAIRS' REPORT

(1) Meeting Management | UPDATES

- Today's agenda has been modified to address standing reports upfront followed by the Implicit Bias training that will be facilitated by the Human Relations Commission staff towards the second half of the meeting. At the last COH meeting, it was suggested that the committee reports and other business items be agendaized at the beginning of the meeting, followed by trainings. This suggestion was made to ensure the full body and committees provide their reports without feeling rushed towards the end of the meeting.

(2) Reading Activity Goals, Objectives, and Process

- Moving forward the reading format of "So You Want to Talk About Race" will focus on shortening the pages and sections read during the meeting. The brief reading will then be followed by 5 minutes reaction and self-reflection time from Commissioner who wish to speak. This format was tested at the most recent Operations and Executive Committee meetings and was well received.
- There will be no book excerpt reading today due to the IB training.

(3) Revisiting STD Response and Appeal to the Board of Supervisors

- The Executive Committee discussed revisiting the Commission's response to the STD crisis and appeal to the Board of Supervisors and noted that the expansion of STD services and overall response have been scaled back due to the COVID-19 pandemic. However, with the infusion of federal dollars to support public health infrastructure and the sobering surveillance data reported by DHSP, it is imperative that we reinvigorate our attention to the STD crisis in Los Angeles County.
- As recommended by the Executive Committee, the Commission and Public Policy Co-Chairs met with the Women's, Transgender, and Consumer Caucus Co-Chairs, to strategize on the specific asks and call to action from the Board of Supervisors.

- A letter addressed to the Board will be drafted. Talking points will also be developed to help Commissioners make public comments at Board meetings. The letter will touch upon the intersection of STDs, HIV, COVID, disproportionate impact on communities of color, and the need for sustained investment and commitment to addressing STDs in the County.

(4) Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government | Request for Information (RFI) Due July 6, 2021

- The Executive Committee discussed the Request for Information on Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government, which was released through the Federal Register on May 5. The Request for Information (RFI) seeks to identify effective methods for assessing whether federal agency policies and actions (e.g., programs, services, processes, and operations) equitably serve all eligible individuals and communities, particularly those that are currently and historically underserved.
- A response to the RFI will be drafted and reviewed by the Executive Committee at its June 24 meeting. Ideas discussed to include in the letter include describing examples of barriers faced by consumers at the local level such as cumbersome and duplicative paperwork and building upon the recommendations from the Stronger Together Partnership.

(5) Ryan White Program 75/25 Waiver Proposed Rule Change

- A proposed rule change from the Health Resources Services Administration (HRSA) was published on the Federal Register on April 20 to simplify the waiver request process for RWHPA Parts A, B, and C recipients. The proposed changes would reduce the administrative burden for recipients by lessening the documentation they must submit to HRSA when requesting a waiver. Under the proposed policy, recipients would be required to submit a one-page "HRSA RWHPA Core Medical Services Waiver Request Attestation Form" to HRSA in lieu of the multiple documents currently required to submit a waiver request.
- The Positive Women's Network (PWN) is coordinating the collection of letters of support for the proposed rule change. A letter of support has been submitted on behalf of the Commission to PWN. We hope to see more changes to federal rules that are aimed at reducing and simplifying the grants management requirements.

(6) Ending the HIV Epidemic (EHE) Steering Committee COH Liaison Report

- As reported last month, B. Gordon, will serve as the primary COH liaison to the DHSP Ending the HIV Epidemic Steering Committee. Katja Nelson, Kevin Stalter and Felipe Findley will be supporting and working with various Committees to ensure free flow of information and foster collaboration between the 2 groups. The next DHSP EHE Steering Committee will be held on June 25 and the liaisons will report back to the full body.

C. CALIFORNIA OFFICE OF AIDS (OA) REPORT

- Karl Halfman, MA, noted the innovative interventions implemented by the California Consortium Ending the HIV Epidemic (EtHE) initiative county – Alameda; see the June OA Voice for more information.
- California Consortium EtHE Plan Summaries can be found on the OA website [here](#).

(1) California HIV Planning Group (CPG) Update

- K. Halfman reported that the CPG ended its virtual spring meeting on May 17, 2021. The May 10 meeting featured a community presentation by Dr. Kristopher Lyon, MD titled "Routine Opt-Out Testing in Kern County", and May 17 featured an OA presentation on "COVID-19 and HIV Update" by Dr. Phillip Peters, MD; presentations can be found on the OA website [here](#).
- The CPG elected two community co-chairs.
- K. Halfman noted that any questions for Sharisse Kemp, ADAP Branch Chief, be forwarded to him.
 - Concerns were shared regarding the delay in receiving ADAP enrollment applications rejection notices leaving applicants having to wait until the next open enrollment period to reapply. A request was made to modify the application process to create a faster turnaround time for rejection notices w/ an option to submit corrections.

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

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

(a) Programmatic and Fiscal Updates

- Mario J. Pérez, MPH, Director (DHSP), reported that the Department of Public Health is in process of reconstituting staff deployed to COVID activities back into the workplace and that there is a shared commitment and sense of urgency in getting back to normal.
- M. Pérez noted, as demonstrated in the recent HIV/STD surveillance report, that COVID has had a significant impact on HIV testing; fewer people have been diagnosed and linked to care. COVID has had an impact on clients

accessing services and while telehealth has helped with some services, not so much in others, i.e. mental health services, PrEP and dental services.

- The HRSA site visit concluded. M. Pérez expressed concerns with the visit to include lack of support of the Emergency Financial Services (EFA) program. More details will be forthcoming once findings are provided by HRSA.
- M. Pérez reported that the homelessness and meth crisis continue to be of concern. Moreover, there are increased reports of women diagnosed with syphilis and more cases of congenital syphilis being reported. Currently, there are six pregnant women at risk of perinatal HIV transmission in Los Angeles County. DHSP has a strike team in place and are doing everything possible to prevent HIV transmission to the babies.
- HRSA Part C grant applications are due June 21, 2021. M. Pérez noted that this is an opportunity for Part C providers to be explicit when submitting their applications on how they will advance the EHE efforts.
- M. Pérez shared that on May 18, 2021, the Board of Supervisors (BOS) passed a [motion](#) proclaiming June 5th as a day to reflect on the 38,000 lives claimed by HIV/AIDS in Los Angeles County over the last 40 years; a day to honor and support the 57,700 Los Angeles County residents living with HIV; and a day to encourage all County Departments, elected officials, community-based partners and residents to join us as we strive to End the HIV Epidemic by 2030 as we now have the right data, the right tools, and the right leaders.
- M. Pérez reported that the State of California announced its \$2 billion rental assistance program; DHSP is learning more about the program and will share updates appropriately.
- M. Pérez announced that DHSP has distributed 4,000 Take Me Home (TMH) HIV test kits and more will be distributed during June in commemoration of Pride month.
- DHSP is preparing to submit a CDC grant application focusing on epidemiology to help double down on addressing the syphilis crisis.
- The Disease Intervention Specialists (DIS) of the National Coalition of STD Directors (NCSDD) are currently meeting to determine how to expand and leverage the \$6 million over five years funding in its response to the STD crisis.
- Harold Phillips was named Director of the Office of National AIDS Policy.
- Dr. Jeffrey Gunzenhauser, Director, Quality Improvement Division, Department of Public Health will be retiring at the end of the month.

(b) Ending the HIV Epidemic (EHE) Activities and Updates

- J. Tolentino, MPH, EHE Program Coordinator, reminded the group that Oral Health and Mental Health services fact sheets for people living with HIV have been developed, disseminated and are available on the DHSP website [here](#). Additional fact sheets will soon be developed.
- J. Tolentino announced that she will provide a comprehensive EHE update at the July COH meeting and will begin reporting out on EHE activities on a quarterly basis. It was also noted that a presentation by AMAAD, the EHE Community Engagement partner will be provided at the July COH meeting.
- J. Tolentino noted that the EHE newsletter will be released by the end of the week and encouraged those to subscribe for future communications regarding the EHE here EHEInitiative@ph.lacounty.gov.

C. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORT

- Maribel Ulloa reported that HOPWA's CARES Act program has been delayed but will begin July 2021 while the program's training for housing specialists will take place at the end of this month. This program hopes to have an impact on those still in need of rental assistance due to COVID.
- M. Ulloa indicated that HOPWA will be starting their new program year July 1, 2021 and will focus on the Short Term Rent, Mortgage, Utility (STRMU) assistance program; significant changes have been made to this program. M. Ulloa indicated she will provide a more comprehensive update at the next COH meeting.

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

- Part C F. Darling Palacios indicated they will work with Rachel @ Charles Drew University to secure more information on Part C activities and provide an update at the next meeting.
- Part D No report provided
- Part F/AETC Dr. Jerry Gates reported on the demographics of the HIV fellows program; refer meeting packet for more information. Dr. Gates also noted and encouraged attendance at the Coping with Hope conference on June 23-25, 2021.

Commission on HIV Meeting Minutes

June 10, 2021

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

- City of Pasadena. Erika Davies announced that the Pasadena Public Health Department is holding community clinics for the COVID vaccine; schedule available on their website [here](#). The Pasadena Public Health Department will provide COVID-19 vaccines at The Boulevard Bar; special prizes will be awarded; more information can be found [here](#).
- City of West Hollywood (CWH). Dereck Murray announced that CWH will be holding community events on Saturday and Sunday, shutting down Robertson Blvd & Melrose/Santa Monica during June and is set to give away 100 TMH kits. If organizations are interested in participating as vendors in providing sexual health education information, contact D. Murray at dmurray@weho.org.
- City of Long Beach (CLB).
 - Everardo Alviso, LSCW, reported that the City is working with DHSP to develop a PrEP tracking system to monitor and increase PrEP enrollment as part of the City's strategy to the EHE. CLB is working with the California Prevention Training Center to explore PrEP-Rx, an intervention tool that combines innovative technology and client-centered approaches to reduce the access and disparities related to PrEP utilization.
 - CLB is currently partnering with UCLA on their mobile van testing HPTN 094 study which will launch June 14 in Long Beach.
 - CLB is finalizing relationships with Bienestar Human Services regarding conducting their syringe exchange program in CLB; updates forthcoming.
- City of Los Angeles (CLA):
 - Ricky Rosales, AIDS Coordinator, reported that the Request for Proposals process have been completed and that the CLA is currently in contract negotiations with 17 providers. Thereafter, the contracts will be submitted to the City Council and the Mayor for approval. R. Rosales noted that the CLA hopes to have everything in place by July 1st, at the latest, August.

F. STANDING COMMITTEE REPORTS

(1) Operations Committee (Next Meeting June 24, 2021 @ 10:00AM-12PM)

- (a) Membership Management
 - Operations welcomed newest commissioners: Dr. Mikhaela Cielo, Part D Representative Seat and Mallery Robinson Alternate #25 Seat
 - New Member Application: Rene Vega | Alternate #22 **MOTION #3** (✓ Passed by Majority, Roll Call Vote)
 - New Member Application: Damone Thomas | Alternate #19 **MOTION #4** (✓ Passed by Majority, Roll Call Vote)
- (b) 2021 Renewal Membership Slate Process + Update
 - The updated draft membership application was approved at the Operations and Executive Committee levels and has been forwarded to County Counsel for guidance. Once County Counsel has completed their review, the revised membership application will be placed on the Commission's agenda as a motion for approval by the full body.
 - Operations developed two options for renewing commissioners to streamline the interview process: (1) renewing commissioners can either complete the SurveyMonkey interview questions in lieu of an interview or (2) request to have a virtual interview in place of the SurveyMonkey questionnaire. The SurveyMonkey questionnaire will be sent out in the upcoming days.
 - Once applications are received: 1) the renewal slate will be placed on the Operations agenda for approval, next 2) the Executive agenda for approval, then 3) the full body's agenda for approval, and 4) last forwarded to the Board of Supervisors to be agendaized for final approval. It is anticipated that the renewal slate will be agendaized for the Operations and Executive Committees at their next meeting.

(2) Planning, Priorities and Allocations (PP&A) Committee (Next Meeting June 15, 2021 @ 1-3PM)

- (a) Ryan White Program Year 31 (FY 2021) Revised Allocation **MOTION #5** (✓ Passed by Majority, Roll Call Vote)
- (b) Prevention Planning Work Group | UPDATES
 - PPW met on May 26, 2021. DHSP addressed questions developed from the prevention data provided at the April meeting and addressed issues including but limited to:
 - Health Education/Risk Reduction (HERR) program, funding sources and limited demographics information were provided.
 - Data regarding PrEP utilization and limitations and data collection efforts
 - COVID impact on testing efforts and prevention efforts overall
 - Funding for prevention (biomedical, vulnerable population services, HERR, HIV counseling/testing, STD testing screening and home self-test kits)
 - Prevention data for inclusion in the PP&A July data summit albeit data would be preliminary

(3) Standards and Best Practices (SBP) Committee (Next Meeting July 6, 2021 @ 10AM-12PM)

Next meeting on July 6, 2021 will consist of a training on service standards delivered and facilitated by consultant and HRSA technical assistance provider, Emily Gantz-McKay. This training will be open to all Commissioners and members of the public.

(a) Childcare Service Standards

- Childcare service standards will be up for Executive Committee approval at its June 24 meeting and will be before the full body on July 8 for approval.

(b) Substance Use and Residential Treatment Standards Review | UPDATES

- Committee performed additional revisions to the Substance Use Treatment Services and Residential service standards; refer to service standards in meeting packet.
- ➡ Members to review service standards and email comments to C. Barrit by June 18 to ensure feedback is incorporated in the version that will be released for public comment.

(4) Public Policy Committee (PPC) (Next Meeting July 5, 2021 @ 1-3PM)

(a) County, State, and Federal Legislation and Policy

- Richard Zaldivar, Executive Director, The Wall Las Memorias, provided the PPC updates on the Act Now Against Meth campaign, requesting the COH's continued support. R. Zaldivar indicated the campaign is currently developing strategies to ensure that HIV and meth are part of the universal conversation and requested the COH's partnership in those efforts.
- Following bills were added to the legislative docket with a position of support and will be presented to the Executive Committee at their June meeting. (Note: The Executive Committee was unable to approve the docket at the May meeting due to time constraints.) These bills were added because voting empowers suppressed, disenfranchised communities to improve living conditions which include healthcare. Additionally, these bills are consistent with the Commission's Policy Priorities:
 - H.R.1280 is the George Floyd Justice in Policing Act
 - H.R. 1 is the For the People Act of 2021
 - S.4263 - John Lewis Voting Rights Advancement Act

(b) County, State, and Federal Budget

- Governor Gavin Newsome's revised budget was discussed. It was noted there was no increase in the States public health services beyond an investment of \$3 million for a Public Health needs assessment.

B. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

(1) Aging Task Force (ATF): (Next Meeting July 6, 2021 @ 1-3PM)

- ATF discussed what a comprehensive care for 50+ PLWHA could look like for Los Angeles County.
- Using materials related to the Golden Compass program from San Francisco as a model, the ATF identified which assessments are important service components.
- The ATF discussed leveraging and building upon the Medical Core Coordination (MCC) teams to pilot test an HIV care program specifically designed for PLWH over 50.
- Discussed approaching the Standards and Best Practices Committee to develop best practices guidelines for older adults and to define HIV care versus primary care as they are becoming more intertwined and blurred for many PLWH.
- The group is considering inviting Dr. Meredith Greene to present the Golden Compass Program at one of the Commission meetings.
- At its next meeting, the ATF will continue to refine the framework for a comprehensive HIV care for PLWH over 50 and present the concept to the Executive Committee and the full body.

(2) Black/African American Community (BAAC) Task Force: (Next Meeting June 24, 2021 @ 1-3PM)

- Co-Chair, Danielle Campbell resigned as chair due to concerns surrounding management and leadership of the task force.
- The BAAC continues to work with DHSP in identifying key recommendations in addressing PrEP marketing campaign for the Black/African American (AA) community, technical assistance for Black/AA providers, addressing how Request for Proposal (RFP) language around mandatory minimum requirements "boxes" out potential applicants, and culturally appropriate training for DHSP-contracted providers.

(3) Consumer Caucus: (Next Meeting June 10, 2021 @ 3-4:30PM)

- Consumer Caucus met on May 13 and discussed the following:
 - Third co-chair vacancy & recruitment
 - HealthHIV findings and DHSP's surveillance report
 - Legal needs and the Legal Needs Assessment for People Living with HIV.
 - Developing a set of consumer-focused recommendations/priorities for Commission consideration and implementation.
 - Last parliamentary procedure training session by Jim Stewart.

(4) Prevention Planning Workgroup: (Next Meeting June 23, 2021 @ 5:30-7PM)

Refer to the PP&A Committee Report.

(5) Transgender Caucus (TG): (Next Meeting July 27, 2021 @ 10AM-12PM)

- The Transgender Caucus met on May 25, 2021 and discussed the following:
 - Laurie Aronoff, LACBA AIDS Legal Services Project (ALSP), provided a project overview of which their mission is to fight against stigma for the rights of the HIV community and has provided direct legal advocacy to low-income people living with HIV (PLWH). With the help of highly motivated pro bono attorneys, the ALSP focuses on core HIV-related legal services
 - Continue monitoring of the EHE plan as a standing agenda item to capture ongoing feedback from the transgender community.
 - Continued discussions of SB 225 (Bodily Autonomy, Dignity, and Choice Act) and supporting community advocacy efforts to secure \$15M for the Transgender Wellness Fund (AB2218); as well as continued collaboration with the Public Policy Committee to review bills that impact transgender health and welfare.
 - Resource: free HIV home testing kits from Take Me Home HIV Test Kits; they can be requested at takemehome.org

(6) Women's Caucus: (Next Meeting June 21, 2021 @ 2-4PM)

- In lieu of the May Women's Caucus meeting and in commemoration of Mental Health Awareness month, the Caucus held a special Virtual Lunch & Learn presentation on May 26th around Women Living with HIV and Mental Health & Wellness. The event was successful, bringing in approximately 55 attendees.
- Roxane Lewis @ JWCH and Dr. Guadalupe Morales Avendano provided much needed tools and resources for women living with HIV on how to care for their mental health and wellness, followed by personal testimonies from our consumer members – Shary Alonzo, Monica Chagoyan, Kim Nelson Rogers & Guadalupe Velazquez. The event recording can be found on the Commission's website at <http://hiv.lacounty.gov/Events>.

6. TRAINING

A. Implicit Bias Training | Los Angeles County Human Relations Commission (HRC)

- A 90-minute IB training was conducted by Robert Sowell and April Johnson of the HRC; see PowerPoint (PPT) presentation in meeting packet.
- ➡ Members are requested to complete the IB training survey to solicit feedback to ensure trainings are relevant and meets our goal and objective in creating a more cohesive and understanding body of diverse voices whose common purpose is to end HIV in our communities once and for all. Survey can be accessed here: https://qfreeaccountssjc1.az1.qualtrics.com/ife/form/SV_9nStDCQtHJ0yYLA.

7. MISCELLANEOUS

A. PUBLIC COMMENT: OPPORTUNITY TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION (To provide live public comment, register and join WebEx via computer or smartphone. Those joining via telephone cannot provide live public comment, but may submit written comments or materials via email to hivcomm@lachiv.org.)

- Felipe Gonzalez, Commission member, thanked the COH for a great job in coordinating the IB training and thanked DHSP for mailing out the Undetectable=Untransmissible (U=U) kits to consumer members. Additionally, F. Gonzalez thanked AIDS Project LA (APLA) for incorporating CalFresh as part of their Necessity of Life Program (NOLP).

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

Commission on HIV Meeting Minutes

June 10, 2021

Page 8 of 8

C. ANNOUNCEMENTS: REGARDING COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES
(Provision of announcements will follow the same protocol as that listed for public comments above.):

D. ADJOURNMENT AND ROLL CALL: The meeting adjourned at or around 1:11PM.

Roll Call (Present): E. Alviso, A. Burton, D. Campbell, R. Stevens, K. Donnelly, F. Findley, J. Gates, F. Gonzalez, G. Granados, J. Green, L. Kochems, D. Murray, P. Nash, K. Nelson, T. Green, J. Preciado, R. Rosales, H. San Agustin, I. Rodriguez, M. Ulloa, J. Vallero, E. Walker, D. Lee and B. Gordon

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve the May 13, 2021 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 3: Approve recommendation for New Member Applicant, Rene Vega, to occupy Alternate (#22) seat, and forward to the full body for approval, as presented or revised.	Ayes: Alviso, Ballesteros, Burton, Campbell, Stevens, Darling-Palacios, Donnelly, Findley, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas), Kochems, Moreno, Murray, Nash, Nelson, Pérez, Preciado, Rosales, San Agustin, Rodriguez, Ulloa, Valero, Walker, Lee and Gordon. Opposed: None Abstentions: Halfman	MOTION PASSED Ayes: 28 Opposed: 0 Abstentions: 1
MOTION 4: Approve recommendation for New Member Applicant, Damone Thomas, to occupy Alternate (#19) seat, and forward to the full body, as presented or revised.	Ayes: Alviso, Burton, Campbell, Stevens, Darling-Palacios, Donnelly, Findley, Gates, Gonzalez, Granados, Green (Joseph), Green (Thomas) Kochems, Moreno, Murray, Nash, Nelson, Pérez, Preciado, Rosales, San Agustin, Rodriguez, Ulloa, Valero, Walker, Lee and Gordon Opposed: None Abstentions: Halfman	MOTION PASSED Ayes: 27 Opposed: 0 Abstentions: 1
MOTION 5: Approve Ryan White Program Year 31 (FY 2021) Revised Allocations, as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.	Ayes: Alviso, Ballesteros, Burton, Stevens, Darling-Palacios, Donnelly, Findley, Gates, Granados, Kochems, Murray, Nash, Nelson, Green (Thomas), Pérez, San Agustin, Ulloa, Walker, Lee, and Gordon Opposed: Campbell, Gonzalez, Green (Joseph) Abstentions: Halfman, Moreno, Preciado, Rodriguez, Valero	MOTION PASSED Ayes: 22 Opposed: 3 Abstentions: 5



LOS ANGELES COUNTY COMMISSION ON HIV (COH) 2021 MASTER WORK PLAN (Updated 5.25.21)

****Subject to change and does not include ongoing activities for Committees and subgroups.****

Co-Chairs: Bridget Gordon & David Lee		Revision Dates: 1/5/21; 3/31/21; 5/5/21; 5/25/21
<p>Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.</p> <p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH; 2) advance the goals of the local Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.</p>		
#	TASK/ACTIVITY	TARGET COMPLETION DATE/STATUS
1	Collaborate with the Human Relations Commission and other trainers to design and implement trainings and facilitated discussions on managing conflicts, interpersonal relationships, and implicit bias.	Start February/Ongoing STARTED/IN PROGRESS
2	Planning Council effectiveness evaluation technical assistance provided by HealthHIV. <ul style="list-style-type: none"> • Will evaluate the effectiveness of the structure, policies and procedures, membership, and stakeholder/consumer engagement integrated HIV planning groups. 	June STARTED/IN PROGRESS
3	Support implementation of local EHE Plan within duties of the COH as defined in its ordinance. <ul style="list-style-type: none"> • Bridget Gordon, Co-Chair, will serve as the primary Commission liaison to the DHSP EHE Steering Committee, with Katja Nelson, Kevin Stalter, and Felipe Findley serving as backups. The liaison team represents a diverse set of perspectives and community experience. • The liaisons will work as a team and serve as conduit of information and collaborative opportunities between the Commission and Steering Committee. • In addition, the liaisons will also facilitate EHE-focused conversations at Commission, Committee, and subgroup meetings to identify specific activities that the COH can implement within its charge as the planning council for Los Angeles County. • The liaisons will engage Commissioners in thinking of broader ways the Commission can end the HIV epidemic in Los Angeles County. 	ONGOING
4	Develop an EHE Community Engagement and HIV Service Promotion Speaker's Tool Kit for Commissioners to use in community outreach and presentations. <ul style="list-style-type: none"> • Toolkit seeks to increase community awareness of EHE and local services. through Commission meetings, Virtual Lunch and Learn events; HIV Connect resource website; social media; virtual and in-person (pending DPH guidance) health and resource fairs (these may be ongoing activities) 	March STARTED/IN PROGRESS
5	Implement National Minority AIDS Council (NMAC) BLOC training for consumers <ul style="list-style-type: none"> • Customized training aimed at supporting consumer leadership development. 	September 13-17 PLANNING IN PROGRESS
6	Implement activities aimed at integrated prevention and care planning, priority setting and resource allocation.	Start Jan/Ongoing STARTED/IN PROGRESS
7	Review BAAC and ATF charge and implement recommendations best aligned with the purpose and capacity of the Commission	Start Jan/Ongoing STARTED/IN PROGRESS

MOTION BY SUPERVISOR HILDA L. SOLIS

JUNE 22, 2021

Care with Pride: Ensuring Appropriate LGBTQ+ And Gender-Affirming Care in Los Angeles County

More than 1.4 million adults and 150,000 youths identify as transgender in the United States, meaning those individuals' gender identity is different from cultural expectations based on the sex they were assigned at birth. Transgender (trans) people face unique and unfair stressors, including the stress some trans people experience when their gender identity is not affirmed. Trans people also experience higher rates of discrimination, harassment, and violence than cisgender people and, as a result, poorer mental health outcomes. In fact, according to a national survey of trans people, a staggering 39% of respondents experienced serious psychological distress in the month prior to completing the survey, compared to only 5% of the general U.S. population.

In particular, within healthcare settings, trans patients, both adults and youth, often face insurmountable hurdles in accessing medically necessary healthcare services. The same survey found that 33% of those who saw a healthcare provider had at least one negative experience related to being transgender, such as verbal

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harassment or refusal of treatment due to their gender identity. Additionally, nearly one-quarter (23%) of respondents reported that they did not seek the health care they needed in the year prior to completing the survey due to fear of being mistreated as a transgender person, and 33% did not go to a health care provider when needed because they could not afford it.

More disturbingly, trans people of color face even more hurdles and deeper patterns of discrimination when compared to their white counterparts. The effects of racism are then compounded, resulting in trans people of color having even higher rates of unemployment, homelessness, suicide, and discrimination which often turns violence. All of these factors are intertwined with the efforts by some states to further marginalize trans adults and youth in healthcare settings by outlawing healthcare professionals from providing gender-affirming care to their trans patients.

Fortunately, within the Los Angeles County Department of Health Services (DHS), a clinic exists providing the essential healthcare services for transgender individuals. Additionally, there are other clinics and community-based organizations (CBOs) that specifically focused on supporting local trans and gender nonconforming individuals. Through a partnership between The Alexis Arquette Family Foundation and the Violence Intervention Program (VIP) at the LAC+USC Medical Center, the Alexis Project is one example of a successful LGBTQ+ clinic where queer and trans youth and adult patients can find a safe and welcoming environment and access health services tailored to best meet their unique needs. At these clinics, there are specialized medical and mental health staff attuned to the needs of LGBTQ+ youth and providing a high-quality standard of care without any prejudice.

These clinics and CBOs can provide appropriate health services, including primary care, child and adult care, pelvic exams, cancer screenings, vaccinations, and critically for trans individuals, gender-affirming hormone therapy and pubertal suppression therapy services. Furthermore, reproductive health services are also available, including pregnancy testing, contraception, STD and HIV testing and treatment, and STD counseling with providers competent in tailoring counseling to LGBTQ+ needs. The Alexis Project also offers a wide array of mental health programs to serve LGBTQ+ teens, transitional age youth, and young adults, including assessment for gender-affirming services, mental health needs, individual and group therapy, and crisis intervention.

To improve and guarantee access to quality medical and mental health care for all LGBTQ+ patients in Los Angeles County systems, successful programs that have developed the experience and expertise in providing culturally-appropriate care should be expanded. Facilities across relevant County departments should expand their capacity to provide this care, and establish a referral process to connect patients with specialized resources available to them at clinics like the Alexis Project and other experienced providers.

According to the American Medical Association, expanding access to gender-affirming care is an important means of improving health outcomes for trans people. Receipt of gender-affirming care has been linked to dramatic reductions in the rate of suicide attempts, decreased rates of depression and anxiety, decreased substance use, improved HIV medication adherence, reduced use of harmful self-prescribed hormones, construction-grade silicone injections and other interventions that have potential to

cause adverse events, and positive health effects from gender-affirming care can extend to children and adolescents.

I, THEREFORE, MOVE that the Board of Supervisors instruct the Department of Health Services, in collaboration with the Department of Mental Health, the Department of Children and Family Services, and relevant community-based organizations, to:

1. Establish connections to the Alexis Project and other service providers to create regional clinics across the County to provide gender-affirming and culturally appropriate healthcare for LGBTQ+ individuals. These regional clinics shall further engage with other trusted community-based organizations to establish community engagement and support.
2. Assess the current protocols with regard to gender-affirming care at County-run health clinics and develop a standardized referral process to link transgender individuals seeking gender-affirming care to the Alexis Project and other service providers.
3. Partner with the Alexis Project and other providers to establish a toolkit and informational materials for all foster youth who identify as LGBTQ+, with a focus on transgender youth.
4. Partner with the Alexis Project and other providers to identify mental health resources and support for LGBTQ+ patients of all ages, with a focus on transgender people.
5. Report back within 60 days with a plan to implement these directives to expand LGBTQ+ care, specifically gender-affirming services, at County-run health clinics. The plan should include existing Departmental revenues to expand programs to

provide gender-affirming care and resources, similar to the services at the Alexis Project.

#

HLS:hn:ac



LOS ANGELES COUNTY COMMISSION ON HIV



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

Response to the Request for Information (RFI): Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government (86 FR 24029)

Organization: Los Angeles County (LAC) Commission on HIV (COH)

Contact Person: Cheryl Barrit, Executive Director

E-Mail: cbarrit@lachiv.org

Telephone: 213-639-6714

Cell: 213-618-6164

Areas of Response: Sections 1, 2, 4, and 5

Organization Description: The LAC Commission on HIV (COH) is Los Angeles County's legislatively mandated HIV planning council (PC). The COH operates under the authority of the LAC Board of Supervisors (BOS) and is institutionalized through the County's Code of Ordinances, Chapter 3.29 HIV Commission. The COH is comprised of 51 voting members who are nominated by the Commission and appointed by the BOS. The COH is composed of a diverse group of community stakeholders, people living with HIV, communities disproportionately impacted by HIV, STDs, and other social and health issues, service providers, healthcare professionals, and government partners. The vision of the COH is to achieve a comprehensive, sustainable, accessible system of prevention and care that empower people at risk, living with or affected by HIV/STDs to make decisions and to maximize their lifespans and quality of life. The COH has been a leader in the HIV movement for over 30 years and continues its unwavering commitment to end HIV, once and for ALL.

The COH submits the following comments to address structural barriers at the federal level that further exacerbates systemic racism and undue burden on poor and working-class people, communities of color, women and the LGBTQ communities.

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

racial/ethnic groups as well as cisgender American Indian/Alaskan Native, Asian or Pacific Islander men who have sex with men. Black/African American males, female and transgender persons and American Indian/Alaskan Native males are disproportionately impacted with HIV compared to their share of the LAC population.

The COVID-19 National Rapid Assessment Report conducted by [Stronger Together Partnership](#) (STP) describes the impact of COVID-19 on people of color (POC)-led and serving organizations. The findings validate that agencies led by POCs and serve POCs, have been underfunded and overtaxed with ongoing increased demand for services. These agencies are often unable to successfully compete for federal funding due lack of infrastructure support and capacity. The COH endorses the preliminary recommendations from STP and implores agencies across the federal government to champion and operationalize the recommendations in their Equity Action Plans.

Area 1: Equity Assessments and Strategies

- Several municipalities have implemented programs and changes to local services to address racial inequities. Consider reviewing and adopting elements of the Government Alliance for Race and Equity ([GARE](#)) tools and best practices around racial equities. These tools are only useful and meaningful if communities who are users of services and those most impacted by a particular health, social or economic issue are involved in developing and implementing assessments and strategies.
- Leaders and stakeholders from highly impacted communities should be paid equal monetary compensation like academicians and consultants for training and administration of assessments in their respective communities.
- Assessment tools should be in multiple languages most used in communities with additional accommodations provided for those with learning, vision, physical or hearing disabilities.
- Federal agencies should adopt a community participatory process for developing Requests for Proposals (RFP) to ensure that grant requirements prioritize the needs of communities of color and integrate equity assessments in federally funded programs.

Area 2: Barrier and Burden Reduction

- Federally funded programs require clients to provide copious amount of documents to prove eligibility for services. Such practices should be reviewed for hardship, undue burden, duplication, and traumatic impact on client. Bi-annual or yearly renewals often seek the same duplicative documents to retain services. For instance, unstably housed individuals may not be able to provide an address or other documentation due to the nature of their circumstances. Reapplications should be limited to annual process using a self-attestation form rather than a resubmission of duplicative paperwork.
- One of the major barriers and a stumbling blocks for local service providers/grant recipients to innovate and take bold steps in delivering a comprehensive, integrated, and customized

menu of services is the federal requirement on federal funding as the “payor of last resort.” Consumers in Los Angeles County and on the COH have reported that they have experienced being turned down for services because of inability to prove with documentation that they been denied from other publicly funded programs. In essence, the burden of demonstrating that other payor systems have been exhausted is on the client. The result of such confusion and grant recipients’ attempt to comply with the federal requirements, is devastating, endangering lives, and further exacerbates health and social conditions that fuel implicit bias. One client testified in a COH meeting, “If I am told that a Ryan White service is a payor of last resort, and I go to HOPWA to hear the same thing, where do I go?”

- State and local agencies tasked with administering federally programs should receive ongoing funding to build and maintain interoperable and integrated client data systems to facilitate continuity of care/services and store client records and proof of eligibility within one centralized system accessible by multiple agencies. Safeguards for protecting personal private information and confidentiality should be established for data systems. Providers are also burdened with duplicative and time consuming data entries for the same client on multiple databases which takes away staff time and attention from direct client interaction and case management services. Carefully designed, integrated databases should allow providers and local health departments to conduct a comprehensive analysis of the health and social wellbeing of individuals accessing multiple federally funded programs which could help guide the implementation of prevention strategies, best practices, clinical guidelines, and overall improvements in the Nation’s ability to address social determinants of health, healthcare and social service systems.

Area 4: Financial Assistance

- Federal agencies should consider longer term funding cycles for grant recipients. With federal funding operating on a 3 to 5-year cycles, grantees are not able to adequately plan and respond to longer term needs of the populations they serve. Local governments and non-profit organizations rely on Federal grants to provide a lifeline for community members and their ability to successfully secure and maintain funding is critical to our collective efforts to achieve healthy communities. Federal agencies should hold townhall meetings and focus groups with municipal governments, non-profits and philanthropic organizations to identify unique challenges and solutions faced by POC-led and serving agencies when applying for federal grants. Lack of sustainable long-term funding impedes capacity building and infrastructure development for many local organizations. Federal partners should consider implementing a grant writing and program management capacity building and technical assistance center to increase the number of POC-led agencies that can successfully compete for and maintain federal contracts.
- Federal agencies should consider a stronger language or requirement for primary grant recipients to subcontract and partner with POC organizations in a formal and binding manner. POC led and POC serving organizations serve as lynchpins in underserved communities across the Country but are usually underfunded and unrecognized for their contributions to maintaining the health and welfare of communities of color. Federal

agencies should consider staff diversity, equity, and inclusion (DEI) data as part of grant application applications to hold grantees accountable in hiring and retaining staff of color and ensure that staff reflect the populations they serve.

- Federal agencies that serve similar populations (such as Ryan White, HOPWA, CDC, SAMHSA), should consider releasing a single RFP that seeks to address the multiple issues that impact people living with HIV and affected by STDs. Local agencies are often left to determine how to braid funding sources on their own to support and sustain services at the local level.
- Because disease and socioeconomic burdens vary by communities across the Country, formula-based grants should take into account the POC populations and immigrant (documented and undocumented) communities residing in a particular geographic area.
- Because local needs are dynamic, grant recipients should be given flexibility to use innovative and locally defined ways to maximize funding. Rollovers of unused funds should be permitted whenever possible and appropriate.

Area 5: Stakeholder and Community Engagement

- The Ryan White care system provides a good model of direct community input and decision making from consumers and stakeholders. The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act mandates that local Planning Councils set priorities and allocate funds for services based on the size, demographics, and needs of the HIV population in their local jurisdictions. These Planning Councils also develop a comprehensive plan to provide services to people with HIV, including strategies to identify people living with HIV who are not in care. Membership of each Planning Council must reflect the local epidemic, including members with expertise such as health planning, housing for the homeless, incarcerated populations, substance abuse, and mental health treatment, or include members who represent other CARE Act and Federal programs. The CARE Act requires that at least 33 percent of Planning Council members must be people living with HIV who are consumers of CARE Act service. Federal agencies should consider formalizing the direct involvement of communities most affected by health and social issues in designing, implementing and improving programs that are intended to uplift their lives.
- Community engagement should be financially supported by federal grants and compensate POC-led and POC-serving agencies, and communities of color for their participation in community engagement activities. Consumers of services should be paid to honor their expertise, lived experience and direct knowledge of how to improve federally funded programs.

LA County AS_PIRE

Assessment of Phylogenetics and Phylogenetics to Improve Resource Equity

RFA-AI-21-023: Respond EHE RFA

UCSD: Little, Chaillon, Martin, Mehta, Wertheim, Wynn

LAC: Andrea Kim, Wendy Garland

UCLA: Alison Hamilton

Cornell: Bruce Schackman

EHE Goals

- ▶ 75% Reduction in new HIV infections by 2025
- ▶ 90% Reduction in new HIV infections by 2030

- Definition of a new infection = persons newly infected within a specified period of time (e.g., a year), i.e., INCIDENT infection.
- New HIV diagnosis - persons newly diagnosed, who may have been infected years before being diagnosed

Progress towards Ending the HIV Epidemic Targets

Variable	EHE Targets for 2025	EHE Targets for 2030	LAC Current
Number of new infections ¹	380	150	1,200 (2019)
Number of new HIV diagnoses ²	450	180	1,505 (2019)
Knowledge of HIV-status among HIV-infected persons ¹	95%	95%	91% (2019)
Linkage to HIV care among PLWDH ²	95%	95%	77% (2019)
Viral suppression among PLWDH ²	95%	95%	60% (2020)
Percentage of persons in priority populations prescribed PrEP ³	50%	50%	39%

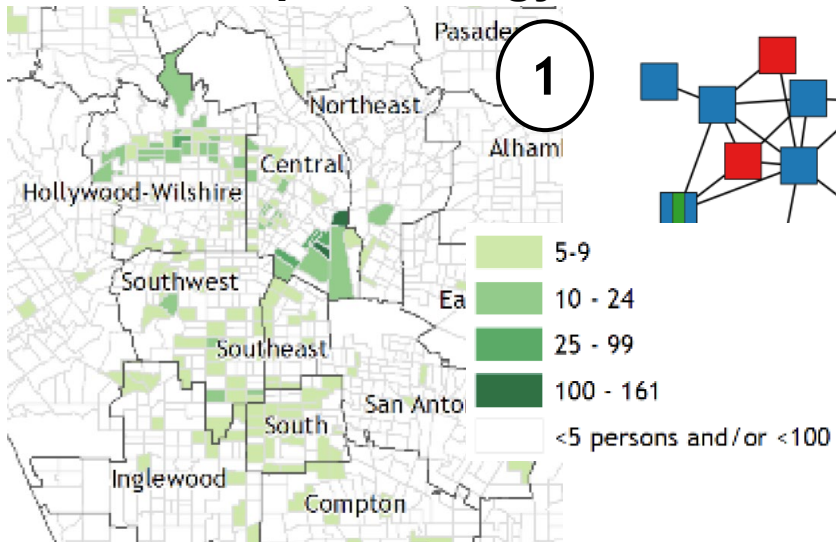
1. Using LAC HIV surveillance data in the CDC enhanced HIV/AIDS reporting system (eHARS)
2. Using the CD4-based model (CDC), modified for use by LAC
3. Using LAC data from the NHBS system, STD clinic data, online Apps survey COE program data, and AEHEAD dashboard

Specific Aims

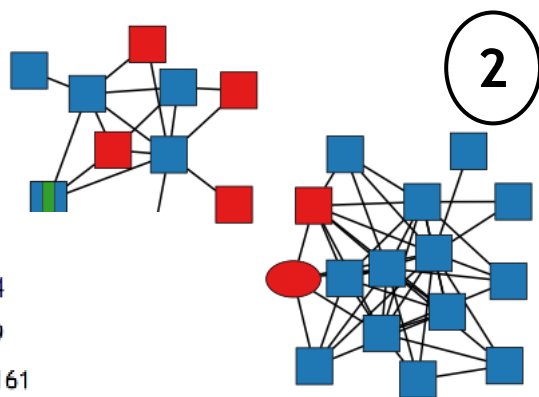
- ▶ **Aim 1.** Identify populations that are the highest priority for prevention and engagement efforts.
- ▶ **Aim 2.** Evaluate the cost-effectiveness of LA County prevention programs directed to PWH and PWOH and identify how to optimally allocate resources to improve EHE incidence outcomes and equity.
- ▶ **Aim 3.** Develop a data-informed strategy for allocating HIV prevention resources and examining the impact of resource allocation shifts on HIV incidence in LAC, in collaboration with key stakeholders

Methods to Identify Priority Populations

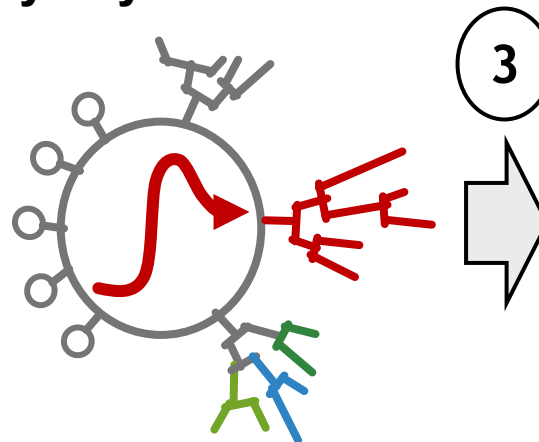
Standard Epidemiology



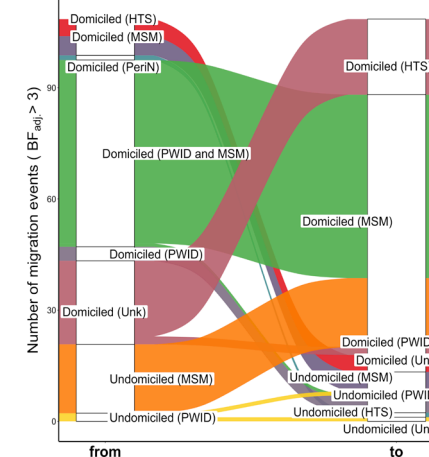
Cluster identification



Phylodynamic models



HIV transmission flow between groups



Goal: Identify Populations Associated with Greatest Rates of HIV Transmission

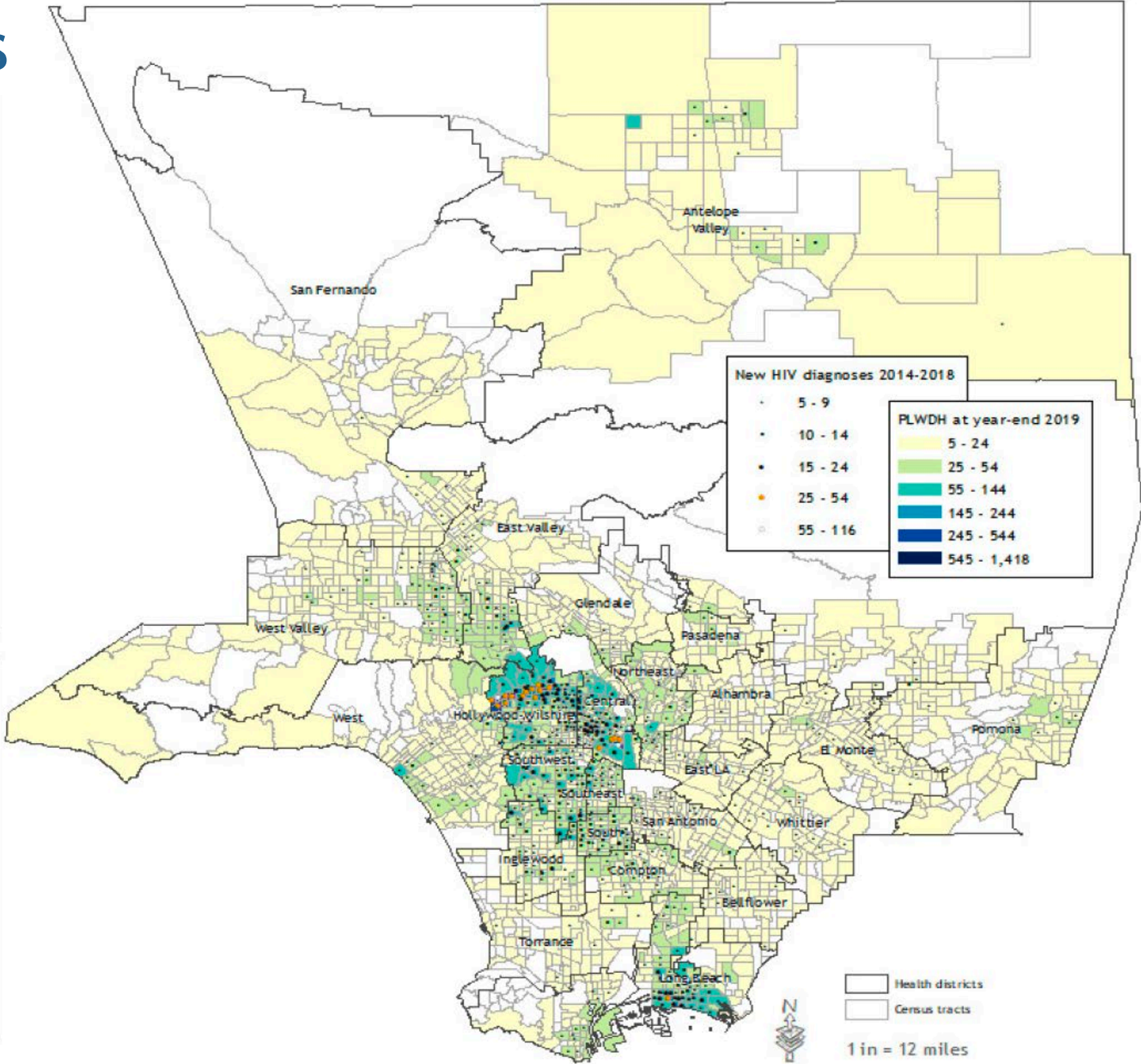
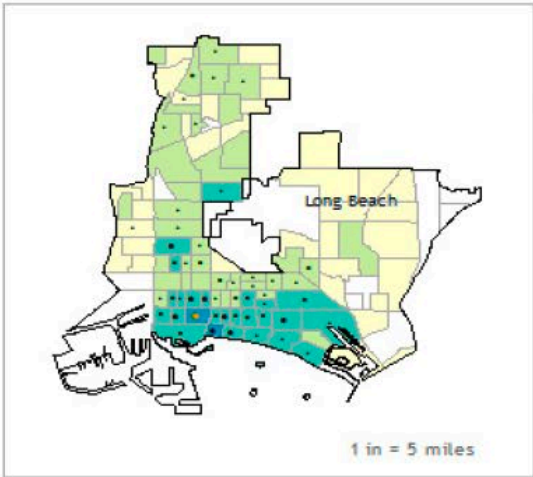
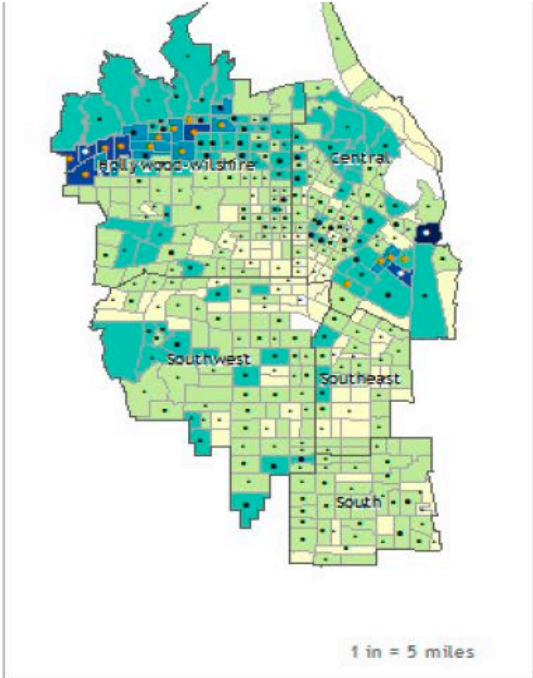
Priority Populations = Highest Transmission Rates

	New HIV diagnoses N	Stage 0 ¹		Stage 1-2 ²		Stage 3 ³		Unknown ⁴	
		N	%	N	%	N	%	N	%
Total	1,660	365	22%	733	44%	261	16%	301	18%
Gender									
Male	1,445	332	23%	630	44%	222	15%	261	18%
Female	180	21	12%	83	46%	38	21%	38	21%
Transgender	35	12	34%	20	57%	<5		<5	
Race/ethnicity⁵									
White	323	73	23%	146	45%	41	13%	63	20%
Black	379	64	17%	161	42%	57	15%	97	26%
Latinx	817	193	24%	368	45%	135	17%	121	15%
API	88	22	25%	35	40%	19	22%	12	14%
Age group									
13-19	64	17	27%	30	47%	3	5%	14	22%
20-29	637	191	30%	293	46%	45	7%	108	17%
30-39	485	82	17%	231	48%	83	17%	89	18%
40-49	257	44	17%	104	40%	64	25%	45	18%
50-59	140	25	18%	49	35%	38	27%	28	20%
≥60	77	6	8%	26	34%	28	36%	17	22%
Transmission category									
MSM	1,352	323	24%	602	45%	194	14%	233	17%
IDU	92	8	9%	41	45%	21	23%	22	24%
MSM-IDU	57	14	25%	20	35%	12	21%	11	19%
Heterosexual	157	20	13%	69	44%	34	22%	34	22%

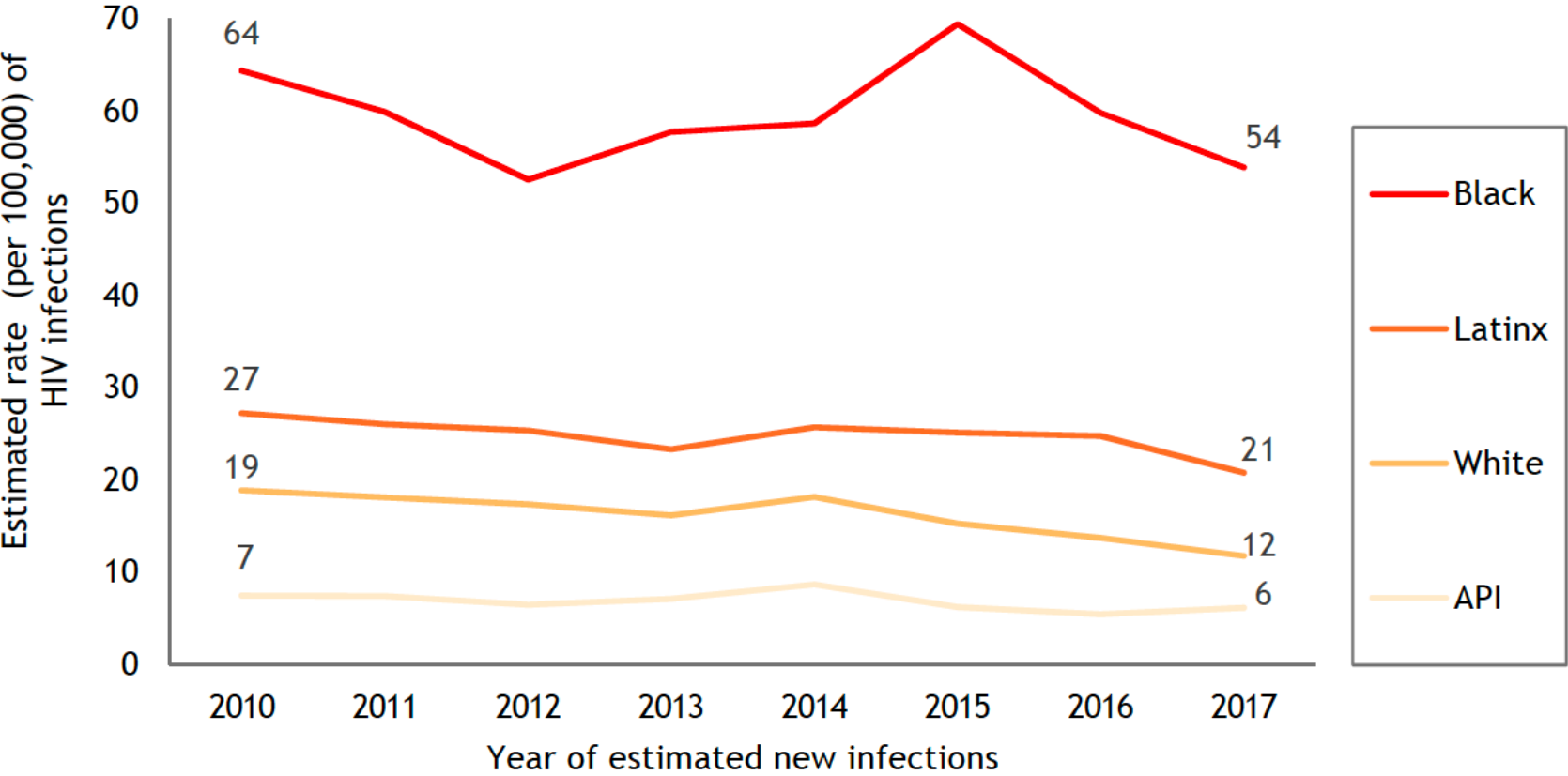
- In 2018, 1 in 5 new HIV diagnoses had stage 0 disease (infected ≤ 6 months).
- The proportion of stage 0 diagnoses was highest among transgender persons, Whites, Latinx, API, persons aged < 30 years, MSM, and MSM-IDU.

HIV Prevention Programs

- Testing
- Treatment
- Prevention
- Others...

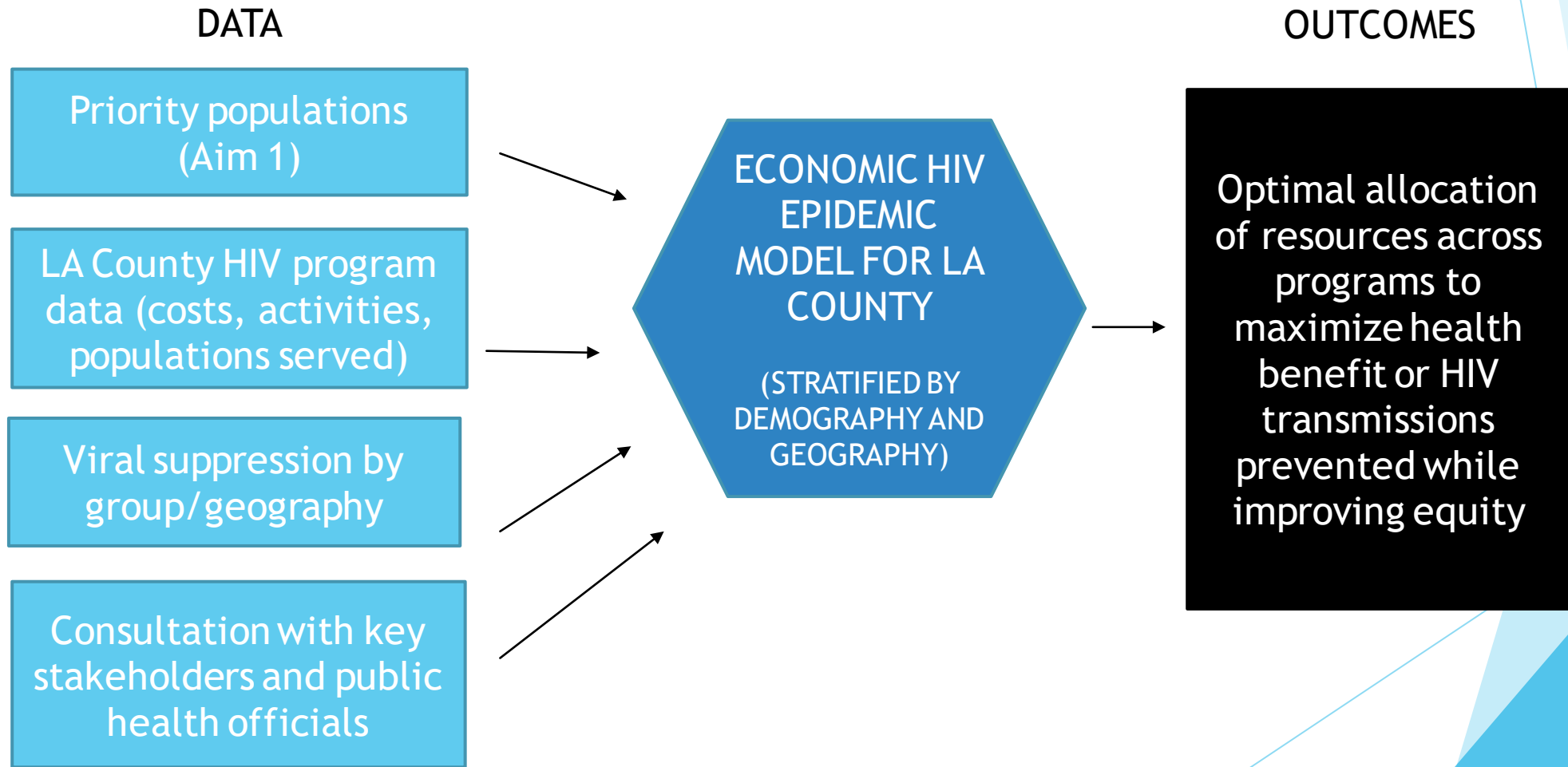


Estimated NEW infections by race/ethnicity



How can we reduce new diagnoses **EQUITABLY** - among all groups, not just among those easiest to reach?

Aim 2. Determine how to optimally allocate resources across LA County HIV prevention programs



Aim 3. Develop a data-informed strategy for allocating HIV prevention resources and examining the impact of resource allocation shifts on HIV incidence in LAC, in collaboration with key stakeholders

- Previous models identified the ‘optimal’ prevention mix but did not use local data on program availability and costs
 - We’ll be working with local data
- Goal is to work with key stakeholders in HIV treatment, policy, and prevention to develop a strategy for allocating resources
 - Use expert panel methods
 - What will be an appropriate strategy to act upon the results from Aims 1 & 2, that will make sense for stakeholders and agencies?
 - What impact do potential allocation shifts have?
- Can’t do Aim 3 without stakeholders, who know the system!

LA County ASPIRE

Request:

- 1) Letter of support for application - willingness to support the process - esp. engagement in AIM 3
 - 2) Regular opportunities to present study-related data to this committee for feedback during the course of the grant and engagement in a separate study specific advisory group.
-
- ▶ Contact Information:
 - ▶ Susan Little, MD: slittle@health.ucsd.edu
 - ▶ Natasha Martin, DPhil/PhD: natasha-martin@health.ucsd.edu



LOS ANGELES COUNTY
COMMISSION ON HIV



MOTION #3

Mark Mintline, DDS

Membership Application on File with the Commission Office

**Western University College of Dental Medicine
CURRICULUM VITAE**

Prepared: 12/03/2020

Name: Mark Mintline

Position: Assistant Professor, Co-Director of Advanced Diagnostic Workgroup

EDUCATION:

09/2005-06/2009	University of California, Davis	Davis, California	B.S.
09/2009-06/2013	UCLA School of Dentistry	Los Angeles, California	D.D.S.
07/2013-06/2016	University of Florida, College of Dentistry	Gainesville, Florida	Certificate

LICENSES, CERTIFICATION:

2013	Dental National Board Certification
2013	Dentist License, California Dental Board
2013	DEA Certification
2015	Fellow, American Academy of Oral & Maxillofacial Pathology
2016	Board Certification, American Board of Oral & Maxillofacial Pathology
2016	Basic Life Support Certification
2018	Oral and Maxillofacial Pathology Laboratory Director, California Department of Public Health

PRINCIPAL POSITIONS HELD:

07/2015-06/2016	University of Florida, College of Dentistry Gainesville, Florida	Chief Resident of Oral & Maxillofacial Pathology
07/2016-10/2016	University of Florida, College of Dentistry Gainesville, Florida	Post-Residency, Fellow ABOMP Board Preparation
01/2017-01/2018	Good News Rescue Mission Redding, CA	Dentist, volunteer
07/2017-06/2018	Shasta Community Health Center Redding, California	Dentist

07/2017-06/2018	UCSF School of Dentistry San Francisco, California	Clinical Instructor
07/2017-06/2018	Western University of Health Sciences Pomona, California	Assistant Clinical Professor
07/2017-06/2018	NYU Lutheran, Dental Medicine Brooklyn, New York	AEGD Assistant Clinical Professor
07/2017-06/2018	AT Still University Arizona School of Dentistry & Oral Health Mesa, Arizona	Assistant Clinical Professor
01/2018-06/2018	Rolling Hills Dental Clinic Red Bluff, California	Dentist
09/2017-06/2018	Shasta Pathology Associates Redding, California	Oral & Maxillofacial Pathologist
07/2018-Present	Western University of Health Sciences Pomona, California	Assistant Professor

HONORS AND AWARDS:

2009	UC Davis, Graduated with Highest Honors
2009	UC Davis, Completed the Integration Studies Honors Program
2009	UC Davis, Completed the Davis Honors Challenge Program
2009	UC Davis, College of Biological Sciences Citation for Outstanding Performance
2013	Wilson-Jennings-Bloomfield UCLA Venice Dental Center Award: Excellence in General Dentistry and Clinical Care
2013	UCLA, Section of Oral & Maxillofacial Surgery Award
2013	UCLA, AAOMP Student Award
2015	AAOMP, Waldron Award: Best Resident Research Poster at Annual Meeting
2016	UFCD, Spring Synergy First Place Oral Presentation: Excellence in MS/Resident Research

KEYWORDS/AREAS OF INTEREST:

Oral health, clinical oral pathology, general dentistry, bone lesions, preventive dentistry, dental imaging, hematologic malignancies, oral pathology, dental education.

CLINICAL ACTIVITIES SUMMARY:

I am committed to improving the public's oral health with compassionate clinical care and education. I want to provide the public with a better understanding of oral health, deliver comprehensive oral care, and diagnose oral lesions. I take pride in providing oral medicine services to underserved populations and mentoring dental professionals.

PROFESSIONAL ACTIVITIES

PROFESSIONAL ORGANIZATIONS

Memberships

- 2013-2017 American Dental Association
- 2013-2017 California Dental Association
- 2017 Northern California Dental Society
- 2015-2020 American Academy of Oral & Maxillofacial Pathology

INVITED PRESENTATIONS

NATIONAL

- 2018 American Academy of Oral & Maxillofacial Pathology Annual Meeting, Cincinnati,
OH (oral presentation)
- 2016 American Academy of Oral & Maxillofacial Pathology Annual Meeting, Cincinnati,
OH (oral presentation)
- 2015 American Academy of Oral & Maxillofacial Pathology Annual Meeting, San Diego,
CA (poster)
- 2014 American Academy of Oral & Maxillofacial Pathology Annual Meeting, St.
Augustine, FL (poster)

REGIONAL AND OTHER INVITED PRESENTATIONS

- 2015 Society for Hematopathology Workshop, Long Beach, CA (presentation)
- 2017 Oral Surgery Grand Rounds, UCLA School of Dentistry, Los Angeles, CA (lecture)
- 2017-2018 UCLA School of Dentistry, Oral Surgery Department (lecture series)
- 2019 Indian Health Services Dental Conference, Sacramento, CA (oral presentation)

2021 MEMBERSHIP RENEWAL SLATE-MOTION #4

Approve Membership Applications, as presented or revised, and forward to the June 24, 2021 Executive Committee meeting and then to the July 8, 2021 Commission meeting for recommendation to Board of Supervisors, as follows:

- Everardo Alviso (Seat 3)
- Derek Murray (Seat 5)
- Harold Glenn San Agustin (Seat 13)
- Alasdair Burton (Seat 21, Alternate)
- Joe Green (Seat 33)
- Bridget Gordon (Seat 35)
- Danielle Campbell (Seat 37)
- Justin Valero (Seat 39)
- Maribel Ulloa (Seat 41)
- Paul Nash (Seat 45)
- Felipe Findley (Seat 49)



2021 MEMBERSHIP ROSTER | UPDATED 06.22.21

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
3	City of Long Beach representative	1	PP&A	Everardo Alviso, LCSW	Long Beach Health & Human Services	July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2020	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	PP&A EXC	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	EXC OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	EXC	David Lee, MPH, LCSW	Charles Drew University	July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2020	June 30, 2022	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	PP&A	Alexander Luckie Fuller	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2019	June 30, 2021	Damone Thomas (PP&A)
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2020	June 30, 2022	Amiya Wilson (SBP)(LOA)
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2019	June 30, 2021	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	Damontae Hack (PP&A)
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Reba Stevns (SBP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2019	June 30, 2021	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2019	June 30, 2021	Michele Daniels (OPS)
28	Unaffiliated consumer, Supervisorial District 2	1	PP	Nestor Kamurigi (PP)	No affiliation	July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			Vacant		July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (OPS)
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Tony Spears (PP)
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	EXC OPS SBP	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5			Vacant		July 1, 2020	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	PP	Gerald Garth, MS	AMAAD Institute	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	OPS	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS (LOA)	W. King Health Care Group	July 1, 2020	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS SBP	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
TOTAL:		40						



POLICY/ PROCEDURES:	NO. #08.3204	Commission and Committee Meeting Absences
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PROPOSED REVISIONS - MOTION #5

SUBJECT: Commission and Committee Meeting Absences

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

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

Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused. *Unaffiliated Consumer members experiencing hardship will be assessed on a case by case basis on their overall level of participation and record of attendance to determine appropriate next steps.*

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

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


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

PROCEDURE:

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

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

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

NOTED AND APPROVED:		EFFECTIVE DATE:	07/11/2019
Original Approval: 11/24/2008	Revision(s): 05/23/16; 7/24/17; 7/11/2019; <i>7/8/21</i>		



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Get in touch: hivcomm@lachiv.org

Subscribe to the Commission's Email List: <https://tinyurl.com/y83ynuzt>

NOTICE OF CANCELLATION

OPERATIONS COMMITTEE Virtual Meeting

Thursday, July 22, 2021

The July 22, 2021 Operations Committee meeting has been cancelled. We hope that this break provides a much-needed reprieve and we will see you at the next regularly scheduled meeting on August 26, 2021.

For any questions, contact the COH office at hivcomm@lachiv.org or 213.738.2816.

LIKE WHAT WE DO?

Apply to become a Commissioner at <http://tinyurl.com/HIVCommApplication>



LOS ANGELES COUNTY
COMMISSION ON HIV



CHILDCARE STANDARDS OF CARE

FINAL—UPDATED 12/14/20

APPROVED BY SBP 5/4/21

EXECUTIVE COMMITTEE APPROVAL 5/27/21

FOR COH APPROVAL 7/8/21 **MOTION #6**



CHILDCARE SERVICES STANDARDS OF CARE

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

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

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

[Service Standards: Ryan White HIV/AIDS Programs](#)

INTRODUCTION

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

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

CHILDCARE SERVICES OVERVIEW: ALLOWABLE USE OF FUNDS

HRSA allows the use of Ryan White Part A funding for childcare services for the children of clients living with HIV, provided intermittently, **only while** the client attends in person, telehealth, or other appointments and/or Ryan White HIV/AIDS Program-related meetings, groups, or training sessions. Part A funded childcare services cannot be used while the patient is at school or work. Only Ryan White Part A community advisory board meetings and Part A funded support groups are covered in these standards. The goal of childcare services is to reduce barriers for clients in accessing, maintaining and adhering to primary health care and related support services. Childcare services are to be made available for all clients using Ryan White Part A medical and support services. **“Licensed”** means childcare providers who are

licensed by the State of California and are required to maintain minimum standards related to physical size of the facility, safety features, cleanliness, staff qualifications, and staff-to-child ratios.

Childcare services may include recreational and social activities for the child/children, if provided in a licensed childcare setting including drop-in centers in primary care or satellite facilities. However, funds may not be used for off-premise social/recreational activities or gym membership. Existing Federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services.

All service providers receiving funds to provide childcare services are required to adhere to the following standards.

Table 1. CHILDCARE SERVICE REQUIREMENTS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Eligibility and Need	Eligibility for Ryan White and need for childcare service are identified at intake and assessments by agencies providing licensed childcare.	Documentation of eligibility and in the client’s primary record must reflect the appointment and/or meeting/group/training session attended.
Licensed Child Care Centers and Family Child Care Homes	Licensed childcare facilities must carry a valid active license as a childcare provider in the State of California. Services must be delivered according to California State and local childcare licensing requirements which can be found on the California Department of Social Services, Community Care Licensing Division website. ¹	<ul style="list-style-type: none"> a. Appropriate liability release forms are obtained that protect the client, provider, and the Ryan White program b. Providers must develop policies, procedures, and signed agreements with clients for childcare services. c. Documentation that no cash payments are being made to clients or primary care givers
Training	Agencies providing childcare are responsible for ensuring	Record of trainings on file at provider agency.

¹ <https://cdss.ca.gov/inforesources/child-care-licensing>

	<p>childcare providers are trained appropriately for their responsibilities. In addition to State-required training for licensed childcare providers, childcare staff must complete the following training:</p> <ul style="list-style-type: none"> • Domestic violence • HIPAA and confidentiality • Cultural diversity • HIV stigma reduction • LGBTQ 101 • Ryan White programs and service referral 	
Language	<p>Whenever possible, childcare should be delivered in the language most familiar to the child or language preferred by the patient. If this is not possible, interpretation services must be available in cases of emergency.</p>	<p>Appropriate language noted in client or program file.</p>
Confidentiality	<p>Agencies coordinating and providing childcare services must ensure client confidentiality will always be maintained. HIV status shall never be disclosed to anyone.</p>	<p>Written confidentiality and HIPAA policy in place.</p> <p>Documentation of notice of privacy and confidentiality practices provided to clients and/or family members before the start of service.</p> <p>Signed confidentiality policy and agreements for all employees on file and reviewed during new hire orientation and annually.</p>
Service Promotion	<p>Agencies coordinating licensed childcare services are expected to promote the availability of childcare to potential clients, external partners, and other</p>	<p>Program flyers, emails, or website documenting that childcare services was promoted to clients and HIV service providers.</p>

	<p>DHSP-funded Ryan White service providers.</p>	
<p>Referrals</p>	<p>Programs coordinating childcare services will provide referrals and information about other available resources to adults living with HIV who have the primary responsibility for the care of children. Special consideration should be given to helping clients find longer term or additional childcare options and resources.² Whenever appropriate, program staff will provide linked referrals demonstrating that clients, once referred, have accessed services.</p> <p>Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients’ needs are met.</p>	<p>Documentation of referral efforts will be maintained on file by coordinating agency.</p> <p>Description of staff efforts of coordinating across systems in client file (e.g. referrals to</p>

² Los Angeles County Department of Public Health, Office for the Advancement of or Early Care and Education: <https://childcare.lacounty.gov/resources-for-families-and-communities/>

	<p>Follow up with client in 30 days to track referrals related to care coordination.</p>	<p>housing case management services, etc.).</p> <p>Documentation of follow up in client file.</p>
<p>Transportation</p>	<p>Clients who demonstrate a need for transportation to and from the childcare site, must be provided transportation support. Agencies must follow transportation programmatic guidance and requirements from DHSP. Childcare must be provided in a manner that is more accessible and convenient for the client.</p>	
<p>Physical Environment</p>	<p>The design and layout of the physical environment have a profound impact on children's safety, learning, behavior and on the client's ability to focus on their medical and support services appointments.</p> <p>Childcare environments must have:</p> <ul style="list-style-type: none"> • Internet access and computers for children to use to complete schoolwork or participate in virtual classes if the parent/caregiver Ryan White appointment occurs during school hours • Age-appropriate educational supplies • Healthy food/snacks • Masks and personal protective equipment (PPEs) especially designed for children • A variety of inviting equipment and play materials accessible to children • Kid-friendly and visually appealing space with sufficient and uncluttered space for active play with an additional cozy space set aside for individual and quiet play • Kid-friendly videos available to watch • Available 5 days a week 	

Appendix A: Examples of Childcare Resources

California Department of Social Services, Childcare Licensing

<https://www.cdss.ca.gov/inforesources/child-care-licensing>

The State of California requires licensed childcare providers to complete trainings in First Aid/CPR; fire and electrical safety; child development; waste disposal procedures; child abuse (includes sexual abuse); Health Insurance Portability and Accountability Act of 1996 (HIPAA) and confidentiality; infection control and preventative health measures; and the American Disabilities Act (ADA). Visit the website for additional information on childcare licensing rules and regulations.

Child Care Alliance Los Angeles offers voucher-based services for low income families.

<https://www.ccala.net/>

Los Angeles County Department of Public Health, Office for the Advancement of or Early Care and Education: <https://childcare.lacounty.gov/resources-for-families-and-communities/>

Los Angeles Education Partnership

www.laep.org

LAEP offers childcare for parent workshops, meetings, conferences, and other activities on a fee-for-service basis. LAEP brings all the necessary materials and supplies, including snacks.



2021-2022 Legislative Docket

(Approved by the Executive Committee as of 06/24/2021)

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH | County bills noted w/asterisk

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 4 (Arambula)	Medi-Cal: eligibility	The bill would extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB4	Support	16-JUNE-21 Referred to Committee on Health
AB 15 (Chiu)	COVID-19 relief: tenancy: Tenant Stabilization Act of 2021	This bill would extend the definition of "COVID-19 rental debt" as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and December 31, 2021. The bill would also extend the repeal date of the act to January 1, 2026. The bill would make other conforming changes to align with these extended dates. By extending the repeal date of the act, the bill would expand the crime of perjury and create a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB15	Support with questions	11-JAN-21 Referred to Committee on Housing and Community Development
AB 16 (Chiu)	Tenancies: COVID- 19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021	This bill would establish the Tenant, Small Landlord, and Affordable Housing Provider Stabilization Program. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB16	Watch	13-JAN-21 Re-referred to Committee on Housing and Community Development

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 19 (Santiago)	Unemployment insurance compensation: COVID-19 pandemic: temporary benefits	This bill would require the Employment Development Department to provide, until July 1, 2022, following the termination of assistance pursuant to Pandemic Unemployment Assistance (PUA) and Pandemic Emergency Unemployment Compensation (PEUC) or any other federal or state supplemental unemployment compensation payments for unemployment due to the COVID-19 pandemic, in addition to an individual's weekly benefit amount as otherwise provided for by existing unemployment compensation law, unemployment compensation benefits equivalent to the terminated federal or state supplemental unemployment compensation payments for the remainder of the duration of time the individual is unemployed due to the COVID-19 pandemic, notwithstanding the weekly benefit cap. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB19	Watch with more information	11-JAN-21 Referred to Committee on Insurance
AB 32 (Aguiar-Curry)	Telehealth	The bill would authorize a provider to enroll or recertify an individual in Medi-Cal programs through telehealth and other forms of virtual communication. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB32	Support	09-JUNE-21 Referred to Committee on Health
AB 65 (Low)	Low. California Universal Basic Income Program	This bill would declare the intent of the Legislature to enact legislation to create a California Universal Basic Income Program, with the intention of ensuring economic security for all Californians. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB65	Watch	20-MAY-21 In Committee: Held Under Submission
AB 71 (Luz Rivas)	Homelessness funding: Bring California Home Act	This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer's global low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions. The bill would exempt any standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB71	Support	03-JUNE-21 Ordered to Inactive File at the Request of Assembly Member Luz Rivas
AB 77 (Petrie-Norris)	Substance use disorder treatment services	This bill would declare the intent of the Legislature to enact Jarrod's Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the <i>State Department of Health Care Services</i> . https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB77	Support	26-MAR-21 Re-referred to Committee on Health

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 218 (Ward)	Change of gender and sex identifier	This bill would recast these provisions relating to new birth certificates to provide for a change in gender and sex identifier and to specify that a person who was issued a birth certificate by this state, rather than a person born in this state, may obtain a new birth certificate. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB218	Support	<i>09-JUNE-21 Referred to Committees on Judiciary and Health.</i>
AB 240 (Rodriguez)	Local health department workforce assessment.	This bill would require the department to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB240	Support with Questions	<i>17-JUNE-21 From Committee: Amend, and Do Pass as Amended and Re-refer to Committee on Appropriations</i>
AB 245 (Chiu)	Educational equity: student records: name and gender changes	This bill would require a campus of the University of California, California State University, or California Community Colleges to update a former student's records to include the student's updated legal name or gender if the institution receives government-issued documentation, as described, from the student demonstrating that the former student's legal name or gender has been changed. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB245	Support	<i>03-JUNE-21 Referred to Committees on Education and Judiciary</i>
AB 328 (Chiu)	Reentry Housing Program	This bill would establish the Reentry Housing Program. The bill would require the Department of Housing and Community Development to, on or before July 1, 2022, take specified actions to, upon appropriation by the Legislature, provide grants to counties and continuums of care , as defined, for evidence-based housing and housing-based services interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB328	Support	<i>20-May-21 In Committee: Hearing Postponed by Committee</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 369 (Kamlager)	Medi-Cal: street medicine and utilization controls	<p>This bill would require the department to implement a program of presumptive eligibility for individuals experiencing homelessness, under which an individual would receive full-scope Medi-Cal benefits without a share of cost.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB369</p>	Support	<p><i>15-JUNE-21 From Committee Chair, with Author's Amendments: Amend, and Re-refer to Committee. Read Second Time, Amended, and Re-referred to Committee on Health</i></p>
AB 439 (Bauer- Kahan)	Certificates of death: gender identity	<p>This bill would authorize the decedent's gender identity to be recorded as female, male, or nonbinary.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB439</p>	Support	<p><i>16-JUNE-21 Read Second Time. Ordered to Third Reading</i></p>
AB 789 (Low)	Health care facilities	<p>This bill would require a primary care services in an outpatient department of a health facility or a primary care clinic, as specified, to offer a patient receiving health services a hepatitis B screening test and a hepatitis C screening test, as specified. The bill would also require the practitioner to offer the patient follow up health care or refer the patient to a health care provider who can provide follow up health care if the screening test is positive or reactive, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB789</p>	Support	<p><i>09-JUNE-21 Referred to Committees on Health and Judiciary</i></p>
AB 835 (Nazarian)	Hospital emergency departments: HIV testing	<p>This bill would require every patient who has blood drawn at a hospital emergency department to be offered an HIV test, as specified. The bill would specify the manner in which the results of that test are provided. The bill would state that a hospital emergency department is not required to offer an HIV test to a patient if the department determines that the patient is being treated for a life-threatening emergency or if they determine the person lacks the capacity to consent to an HIV test.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835</p>	Support	<p><i>16-JUNE-21 Referred to Committee on Health</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1038 (Gipson)	California Health Equity Program	<p>This bill would establish the California Health Equity Program, a competitive grant program administered by the Office of Health Equity to community-based nonprofit organizations, community clinics, local health departments, and tribal organizations to take actions related to health equity. The bill would establish the California Health Equity Fund.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20210220AB1038</p>	Support	16-JUNE-21 Referred to Committee on Health
AB 1344 (Arambula)	State Department of Public Health: needle and syringe exchange services	<p>This bill would expressly exempt needle and syringe exchange services application submissions, authorizations, and operations from review under the California Environmental Quality Act. Further, the bill would provide that the services provided by an entity authorized to provide those needle and syringe exchange services, and any foreseeable and reasonable consequences of providing those services, do not constitute a public nuisance under specified existing law.</p> <p>https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=20210220AB1344</p>	Support	16-JUNE-21 From Committee: Do Pass and Re- refer to Committee on Environmental Quality
AB 1400 (Kalra)	Guaranteed Health Care for All	<p>This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20210220AB1400</p>	Support	22-FEB-21 Read first time.
AB 1407 (Burke)	Nurses: implicit bias courses.	<p>This bill would state the intent of the Legislature to enact legislation that would address discrimination in health care.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20210220AB1407</p>	Support	15-JUNE-21 From Committee Chair, with Author's Amendments: Amend, and Re-refer to Committee. Read Second Time, Amended, and Re-referred to Committee on Business, Professions, and Economic Development

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2218 (Santiago) (Formerly)	Transgender Wellness and Equity Fund	This law establishes the Transgender Wellness and Equity Fund to organizations serving people that identify as transgender, gender nonconforming, or intersex (TGI), to create or fund TGI-specific housing programs and partnerships with hospitals, health care clinics, and other medical providers to provide TGI-focused health care, as defined, and related education programs for health care providers.	In Support of Transgender Wellness Fund	26-SEP-20 Approved by the Governor
SB 17 (Pan)	Public health crisis: racism	This bill would state the intent of the Legislature to enact legislation to require the department to address racism as a public health crisis. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB17	Support	<i>10-JUNE-21 Referred to Committee on Accountability and Admin. Review</i>
SB 56 (Durazo)	Medi-Cal: eligibility	This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB56	Support	<i>14-JUNE-21 From Committee with Author's Amendments. Read Second Time and Amended. Re-referred to Committee on Health</i>
SB 57 (Wiener)	Controlled Substances: Overdose Prevention Program	This bill would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, and providing access or referrals to substance use disorder treatment. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB57	Support	<i>28-MAY-21 Referred to Committees on Health and Public Safety</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 110 (Weiner)	Substance use disorder services: contingency management services	This bill will expand substance use disorder services to include contingency management services, as specified, subject to utilization controls. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB110	Support	<i>17-JUNE-21 Referred to Committee on Health</i>
SB 217 (Dahle)	Comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education.	This bill would require the governing board of a school district to adopt a policy at a publicly noticed meeting specifying how parents and guardians of pupils may inspect the written and audiovisual educational materials used in comprehensive sexual health education. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB217	Opposed Unless Amended	<i>20-MAY-21 May 20 Hearing: Held in Committee and Under Submission</i>
SB 221 (Wiener)	Health care coverage: timely access to care	The bill would require both a health care service plan and a health insurer to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan or a health insurer to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a follow up appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. By imposing new requirements on health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB221	Support	<i>10-JUNE-21 Referred to Committee on Health</i>
SB 225 (Wiener)	Medical procedures: individuals born with variations in their physical sex characteristics	This bill would prohibit a physician and surgeon from performing certain sex organ modification procedures on an individual born with variations in their physical sex characteristics who is under 12 years of age unless the procedure is a surgery required to address an immediate risk of physical harm, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB225	Support	<i>05-APR-21 April 5 Set for First Hearing Canceled at the Request of the Author.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 258 (Laird)	Aging	The bill would revise this definition "greatest social need" to include human immunodeficiency virus (HIV) status as a specified noneconomic factor. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB258	Support	<i>08-JUNE-21 June 15 Hearing Postponed by Committee</i>
SB 306 (Pan)	Sexually transmitted disease: testing	This bill would require a health care provider to include "expedited partner therapy" on a prescription if the practitioner is unable to obtain the name of a patient's sexual partner. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB306	Support	<i>10-JUNE-21 Referred to Committees on Health and Business and Professions</i>
SB 316 (Eggman)	Medi-Cal: federally qualified health centers and rural health clinics	This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB316	Support	<i>10-JUNE-21 Referred to Committee on Health</i>
SB 357 (Wiener)	Crimes: loitering for the purpose of engaging in a prostitution offense	Existing law prohibits soliciting or engaging in an act of prostitution. This bill would repeal those provisions related to loitering with the intent to commit prostitution and would make other conforming changes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB357	Support	<i>10-JUNE-21 Referred to Committee on Public Safety</i>
SB 464 (Hurtado)	California Food Assistance Program: eligibility	This bill, commencing January 1, 2023, would instead make a noncitizen applicant eligible for the California Food Assistance Program if the noncitizen satisfies all eligibility criteria for participation in the CalFresh program except any requirements related to immigration status. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB464	Support	<i>10-JUNE-21 Referred to Committee on Human Services</i>
SB 523 (Leyva)	Health care coverage: contraceptives	This bill would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issues, amended, renewed, or delivered on and after January 1, 2022. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB523	Support	<i>14-JUNE-21 Re-referred to Committees on Health and Labor and Employment</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 803 (Beall) (Formerly)	Mental health services: peer support specialist certification	This law requires the department, by July 1, 2022, to establish statewide requirements for counties to use in developing certification programs for the certification of peer support specialists. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB803	Requires funding to implement. The State has proposed \$4.7 million for 22-23 fiscal year. LAC is in support of the proposal.	25-SEP-20 Approved by the Governor
FEDERAL BILLS				
H.R.5 (Cicilline)	Equality Act	This bill prohibits discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system. https://www.congress.gov/bill/117th-congress/house-bill/5	Support	25-FEB-21 Passed in House
H.R. 1201 (Lowenthal-Markey)	International Human 5 Rights Defense Act of 2021	The bill is to establish in the Bureau of Democracy, Human Rights, and Labor of the Department of State a Special Envoy for the Human Rights of LGBTQI Peoples. The Special Envoy shall serve as the principal advisor to the Secretary of State regarding human rights for LGBTQI people internationally. https://www.congress.gov/bill/117th-congress/house-bill/1201/text	Support	<i>02-APRIL-21 Referred to the Subcommittee on Africa, Global Health and Global Human Rights</i>
H.R. 1280 (Bass)	George Floyd Justice and Policing Act of 2021	This bill addresses a wide range of policies and issues regarding policing practices and law enforcement accountability. It increases accountability for law enforcement misconduct, restricts the use of certain policing practices, enhances transparency and data collection, and establishes https://www.congress.gov/bill/117th-congress/house-bill/1280?q=%7B%22search%22%3A%5B%22George+Floyd+Justice+and+Policing+Act+of+2021%22%5D%7D&s=2&r=1	Support	<i>03/09/2021 Received in the Senate</i>
S.1 (Merkley)	For the People Act	This bill addresses voter access, election integrity and security, campaign finance, and ethics for the three branches of government. https://www.congress.gov/bill/117th-congress/senate-bill/1?q=%7B%22search%22%3A%5B%22S+1%22%5D%7D&s=1&r=1	Support	<i>05/11/2021 Committee on Rules and Administration. Failed to report favorably</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
S. 4263 (Leahy)	John Lewis Voting Rights Advancement Act	<p>To amend the Voting Rights Act of 1965 to revise the criteria for determining which States and political subdivisions are subject to section 4 of the Act, and for other purposes.</p> <p>https://www.congress.gov/bill/116th-congress/senate-bill/4263?q=%7B%22search%22%3A%5B%22S+4263%22%5D%7D&s=6&r=1</p>	Support	<p><i>07/22/2020 Read twice and referred to the Committee on the Judiciary.</i></p>

Commission STD Draft Letter

June XX, 2021

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Board of Supervisors
Los Angeles County
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Dear Board of Supervisors and Dr. Ferrer:

Los Angeles County is in the midst of an ongoing STD crisis that has seen rates explode over the last six years. As the federally-mandated integrated HIV and sexually transmitted diseases (STD) prevention and care planning council for the County, the Commission on HIV (Commission) is extremely concerned about both the sharp increase in STD rates in the last three years, especially of syphilis and congenital syphilis cases, and the ability of the County's STD public health infrastructure and existing resources to respond to this crisis and reduce STD rates.

The Commission has a 30-year history of collaborating with the County and a broad set of stakeholders in elevating the needs of people living with HIV (PLWH), lesbian, gay, bisexual, transgender and queer (LGBTQ) communities, women, youth, and communities of color to advance health equity and justice and shape local programs, services, and policies. We are especially concerned about rising STD rates because the communities we seek to serve, including men who have sex with men (MSM), transgender individuals, women of color, and youth (especially young MSM of color), are disproportionately impacted. Moreover, some of these same communities have been disproportionately impacted by COVID-19, exacerbating existing health and social inequities.

We write to you today because we face a crisis that mirrors the significant rise of STDs across the country. According to the California Department of Public Health (CDPH), from 2014-2018, Los Angeles County experienced some of the highest incident rates of STDs in California. Over the five-year period, syphilis incidence rates increased by 98%, gonorrhea by 80.63%, and chlamydia by 25%. Most concerning, in 2018 the County reported 54 cases of congenital syphilis (CS), reflecting an increase of 23% from 2017, and 800% since 2012¹. Since 2018, these numbers have continued to grow. Preliminary surveillance data from the Division of HIV and STD Programs (DHSP) for 2020 shows that syphilis rates have increased 450% among females in the last decade (2009-2019), and rates are rapidly increasing among persons who inject drugs

¹ http://publichealth.lacounty.gov/dhsp/Providers/CS_EliminationPlan_January2020.pdf

(PWID), particularly methamphetamine. As syphilis rates increase rapidly among women, LA County has reported 113 CS cases in 2020 and a case rate much higher than the rest of the nation. After a rapid decline since 2006, LA County also had a perinatal HIV transmission rate of 8% in 2020, the highest ever seen. 3 of the 4 babies were also co-infected with CS.

STDs are a life-changing and life-threatening set of diseases that can cause infertility, cancer, ectopic pregnancy, and pelvic inflammatory disease. CS is 100% preventable, and failure to protect newborns from this disease reflects a failure to invest in public health and to care for the most vulnerable members of our community. There are also signs that the STD crisis has been neglected for far too long. The CDC confirmed in 2020 that a new, antibiotic-resistant strain of gonorrhea began to spread across the country during the COVID-19 crisis, and the number of disseminated gonococcal infections (DGI), which causes severe complications if untreated, has risen at an alarming rate. Additionally, STDs and HIV are inextricably linked. The incidence of HIV infection in the United States is higher among persons with STDs, and the incidence of STDs is increased among persons with HIV infection. Because STDs increase the risk for HIV acquisition and transmission, successfully preventing and treating STDs helps reduce the spread of HIV among persons at high risk². All people, regardless of gender, sexual orientation, or ability to reach a health center need access to safe, quality STD testing and treatment, and ensuring service integration and coordination is an essential strategy to reduce the incidence of STDs and HIV.

The STD Crisis and COVID-19

With the onset of the COVID-19 pandemic, HIV and STD testing and treatment rates plummeted. As LA County entered lockdown, a new syndemic of HIV, STDs, and COVID-19 emerged, exacerbating the STD crisis and laying bare gaps in our local public health system. Particularly concerning, the intersection of these three diseases has been felt in the same communities disproportionately impacted by other social determinants of health. These include drivers of health inequities such as poverty, homelessness, stigma, discrimination, health literacy, and access to culturally appropriate sex-positive health services. Particularly, communities of color in LA County bear a significant burden of the STD crisis, and South LA communities have experienced the highest burden of all three crises. In addition, methamphetamine use, which is associated with behaviors that increase risk for HIV and STDs, plays a role in the County's HIV and STD epidemics, and is swiftly reaching crisis levels as well.

STD rates were skyrocketing before the COVID-19 pandemic and only continued to grow throughout. The STD crisis was further impacted as the COVID-19 pandemic exacerbated gaps in the nation's already overstressed public health system that was not prepared for the pandemic. For example, the same people who work to prevent the spread of STDs – contact tracers and disease intervention specialists – were redeployed to address the COVID-19 pandemic over the last year. The National Coalition of STD Directors (NCSDD) estimates

² [MMWR Morb Mortal Wkly Rep](#). 2017 Apr 7; 66(13): 355–358. Published online 2017 Apr 7. doi: 10.15585/mmwr.mm6613a2

nationwide that STD public health divisions experienced an 80% reduction in staffing – including in LA County, at a time when STD rates are at an all-time high. Staff had to quickly pivot to balance the demands of COVID-19 work with the existing STD crisis, and STDs were always left in the backseat. The diversion of most staff to COVID-19 work resulted in a significant reduction in the timely surveillance work necessary to identify clusters and outbreaks, missed opportunities to treat individuals and their partners because County clinics were closed or at reduced capacity, and overburdened DIS workers with a large COVID-19 caseload on top of their STD caseload. Community providers also had to close or reduce services and focus mainly on serving symptomatic individuals. Moreover, while gonorrhea and chlamydia rates remain high in LA County, public health was so stretched thin that it had to begin utilizing CDPH’s syphilis reactor grid and focus solely on the most acute syphilis and CS cases, leaving thousands of Angelenos without the proper STD testing and treatment that could have improved health outcomes and broken STD transmission chains that are perpetuating the STD crisis.

While we sincerely appreciate that the COVID-19 pandemic necessitated an immediate and acute public health response, the effects of this compounded public health crisis are evident in the most recent surveillance data and what providers and community see on the ground, and we must act now to prevent the STD crisis from getting worse.

LA County’s STD Infrastructure, Resources, and Response

LA County faces significant challenges that have made it difficult to combat exploding STD rates, including inadequate infrastructure, suboptimal access to care, and few resources. Reducing the STD crisis requires a robust public health infrastructure with a fully-staffed surveillance team, comprehensive and up-to-date public health lab capacity, adequate contact tracers and disease intervention specialists (DIS), timely partner services, a strong network of County and community providers who offer access to culturally competent STD testing and treatment, and adequate resources to support all of this programming. As reflected in DPH’s quarterly STD reports over the last year, the majority of the County and community programming for STDs has either been severely reduced in capacity or entirely put on hold.

Exacerbating these challenges is the fact that resources to combat the STD crisis are minimal at all levels, requiring DHSP to prioritize certain efforts to the detriment of other necessary efforts. LA County receives approximately \$14 million per year across County, State, and Federal funding sources but estimates that an additional baseline investment of at least \$30 million annually is necessary to support adequate programming and access to STD prevention, testing, and treatment. DPH receives approximately \$3 million per year from the CDC to fund STD prevention, testing, and treatment, as well as \$3 million per year from CDPH. Various County resources, including a small STD NCC fund, make up the remainder. While we are glad that DHSP receives funding at all levels, LA County’s resources to support STD public health infrastructure remain woefully inadequate.

At the federal level, in 2020 the CDC distributed \$160.8 million nationwide to combat STDs³. This allocation for the entire country is less than six times what DHSP estimates is needed in LA County as a baseline investment, demonstrating the significant mismatch between resources and need. The National Coalition of STD Directors (NCSN) estimates that because federal STD allocations have remained level since 2003, there has been a 40% decrease in purchasing power over the last 17 years, when adjusted for inflation. NCSN estimates that at a minimum, an additional \$90 million annually is needed to kickstart an effective response, plus \$20 million to activate a new CS elimination plan. While the Department of Health and Human Services (HHS) released a Federal STI Action Plan shortly before the COVID-19 pandemic, local health jurisdictions and community advocates expressed concern that the plan was largely symbolic, as there was no additional funding to support the activities outlined in the plan. Despite many years of fierce advocacy nationwide, federal resources remain at a minimum.

At the State level, there is approximately \$7 million allocated annually. While there are a number of champions in the legislature who have supported budget proposals from community advocates over the years, resulting in a small increase to annual STD funding statewide, overall support and resource allocations from multiple administrations has fallen short. And despite several years of the statewide End the Epidemics Coalition calling on the Governor to address this growing crisis, no declaration has been forthcoming. At the same time, approximately \$1 billion is spent annually in California on health care costs associated with STDs – costs that could be reduced with more resources to reduce and prevent STDs and decrease the cost burden to our public health and health care delivery systems.

Given the minimal resources available at the State and Federal level, in November 2018, the Commission recommended a motion to the Board of Supervisors requesting the additional \$30 million in ongoing funding necessary to expand programs and access for STD prevention, testing, and treatment (see attachment). As a result of the advocacy work of the Commission and the community, the Board allocated \$5 million in County tobacco settlement funds to support STD programming. While the Commission thanks the Board for this allocation, we remain steadfast in our belief that the funding request of \$30 million is warranted and vital to effectively control and treat STDs in LA County. Additionally, the \$5 million is already expended. While one-time funding sources are helpful, having to advocate for piecemeal allocations each year at all levels allows the STD crisis to continue to grow uncontained. It is essential that the County recognize that federal and state resources will likely not grow enough to help stem the tide of STDs in the County, and it is necessary to identify a long-term, sustainable funding source commensurate to the magnitude of the STD crisis.

Opportunities

Despite the extremely concerning data and challenges highlighted above, the Board of Supervisors and LA County's public health leadership have the opportunity to make an impact and be champions in combatting our STD crisis. The COVID-19 pandemic has highlighted the

³ <https://www.cdc.gov/budget/documents/fy2022/FY-2022-CDC-Budget-Detail.pdf>

core function of public health departments and how they are able to mobilize when given adequate resources. In addition to identifying long-term and sustainable funding sources, the County must act to ensure that any newly identified resources are invested wisely. We must also emphasize that it is critical that the County's STD response be guided through a health equity lens. There are a few new incoming Federal and State public health resources that the County must leverage.

At the federal level, DPH is receiving approximately \$6.5 million per year over 5 years from the CDC to expand DIS capacity and infrastructure so that public health departments are better prepared for future pandemics. This funding flows through the CDC PCHD grant and can be used for STD infrastructure to expand DIS and surveillance capacity. While we understand that COVID-19 will most likely not be eliminated and will be folded into the portfolio of infectious diseases that public health departments address, LA County must ensure that a significant portion of these new DIS resources go to STD infrastructure rather than added to COVID-19 expenditures. The County has many COVID-19 resources but few STD resources. We must not miss this opportunity.

Second, through the advocacy work of the statewide End the Epidemics Coalition, of which DPH is a member, we anticipate a small increase in ongoing STD funding from the state in the Governor's June 2021 budget. We are also hopeful that a budget proposal from the County Health Executives Association of California (CHEAC), which would expand public health infrastructure at the local level, will be funded. If the proposal is fully funded, LA County could receive tens of millions of dollars for public health infrastructure, and it is critical that a portion of these funds be invested in STDs.

A Call to Action

The Commission and the broader HIV and STD advocacy community feel that we have done everything we can do and talked to leadership at all levels, but have been met with silence all around. DHSP, with support from the Commission, has developed and implemented responsive and innovative programs to curb the HIV epidemic, and these efforts are supported with federal, state, and local resources proportional to the magnitude of the HIV epidemic in Los Angeles. However, the County lacks a comparable, robust infrastructure to address the STD crisis. As an example, one of DPH's Center for Health Equity (CHE) goals is reducing STDs, but this plan feels largely symbolic as we do not have resources to achieve the objectives outlined in CHE action plan. Our policies and resource allocations reflect our values and priorities; with the continued support and revitalized commitment to ending HIV, we must respond with similar urgency and resources to curb the STD epidemic and be successful in ending HIV.

The data should speak for itself and the voices of the community should be heard even louder. Given the current STD resource and policy landscape in Los Angeles County, and the opportunity to act as we move out of the pandemic, the Commission asks the Board of Supervisors and the Director of Public Health to address the following concerns and questions/take the following actions:

Board of Supervisors

- Allocate additional tobacco settlement funds to support the rebuilding of STD public health infrastructure and DPH-funded STD services provided by community partners, and mandate a minimum that must be allocated per year to address the STD crisis.
- Increase DHSP's STD NCC annual allocation to support the additional staff needed to expand surveillance capacity.
- Re-engage with the Director of Public Health on the individual program, policy, and resource issues highlighted in the quarterly STD reports, and select key priorities.
- For each Board office, name key priorities and communities related to reducing STD rates in their district, with a focus on addressing health inequities.
- Declare the STD crisis a local public health crisis and work with other counties to have the Governor declare a statewide STD public health crisis.
- Work with DPH and community partners to develop short-term and long-term policy and structural interventions to alleviate the crisis.

Department of Public Health

- Work with the Board of Supervisors, area health officers, DHSP, and the Commission to identify a concrete timeline to end the STD crisis, key immediate and long-term activities, and approximate funding allocations necessary to reduce STD rates in LA County.
- Clearly identify all existing funding streams and allocations at all levels for STDs, and explore other local public health funding streams to identify areas with unspent funds that could be utilized for STDs. Also, explore how to better align with other public health programs where issues overlap with STDs (SAPC, etc.)
- Identify unspent, extra COVID-19 funding and divert leftover funds to help build sustainable STD infrastructure.
- Create a public-facing STD data dashboard to track in real-time the County's progress towards reducing this crisis. Establish performance metrics.
- Call on California STD Control Branch to advocate with the Governor for additional resources to combat the statewide crisis.
- Implement and finance the County's Congenital Syphilis Action Plan that has been on hold since the beginning of January 2020.
- Work with DHSP on additional action steps to combat the STD crisis, which have been clearly outlined in documents including STD Quarterly Reports, RFI responses, and presentations at the Commission.

We kindly request a meeting with Board representatives and DPH leadership within the next 30 days (or at DPH leadership's earliest possible opportunity given the need to respond to COVID-19) to discuss the concerns and opportunities outlined in this letter. Community engagement

and collaboration are critical components of a healthy and well-functioning public health system. We urge DPH to be transparent in its communication process with the community and work with Commissioners and other key stakeholders to identify solutions to our common concerns around STDs and HIV. With the scientific advances in HIV and STD treatment, we truly have a chance at ending HIV and curbing the STD epidemic.

DPH and the Board of Supervisors have the opportunity to demonstrate leadership and a public commitment to ending the *decades long* crisis of the (HIV/STD epidemics) that *severely traumatize our communities* and impact the health and well-being of tens of thousands of Angelenos and *their families*. Let us not waste the opportunity of a lifetime by remaining inactive and ignoring community voices and strengths and focus instead on transparency, investment and authentic collaboration. We have directed Cheryl Barrit, Executive Director, to work with your office to coordinate a meeting and ensure an immediate response to our concerns. Thank you.

Sincerely,

Bridget Gordon & David Lee

Co-Chairs, Commission on HIV

Attachments

cc: Board of Supervisors

Health Deputies

Muntu Davis, MD, MPH

Jeffrey Gunzenhauser, MD, MPH

Mario Perez, MPH

Lorayne Lingat



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