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, September 9, 2021

9:00AM -1:45PM (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/6kvc6yy5

**link is for members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll Access Code: 145 905 8441

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

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, September 9, 2021 | 9:00 AM – 1:45 PM

To Register/Join by Computer:
https://tinyurl.com/6kvc6yy5
**link is for members of the public*
To Join by Telephone: 1-415-655-0001 Access code: 145 905 8441

AGENDA POSTED: August 31, 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 via the Commission's website at http://hiv.lacounty.gov or at the Commission office located at 510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020. Validated parking is available.

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. ADMINISTRATIVE MATTERS		
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. WELCOME, INTRODUCTIONS AND VIRTUAL MEETING GUIDELINES		9:10 AM – 9:15 AM
3. PANEL PRESENTATION AND DISCUSSION		9:15 AM – 10:15 AM
A. Golden Compass Program and a Proposed HIV Care Framework for Older Adults Living with HIV		
4. **REPORTS - I**		
A. Executive Director/Staff Report		10:15 AM – 10:30 AM
(1) Commission/County Operational Updates		
(2) HealthHIV Assessment of COH Effectiveness | Final Report & Analysis		
(3) November 18, 2021 Annual Meeting Planning		
B. Co-Chairs' Report		10:30 AM – 10:40 AM
(1) COH Co-Chair Opening Nomination | Election October 14, 2021		
(2) Ending the HIV Epidemic COH Leads Report		
C. California Office of AIDS (OA) Report		10:40 AM – 10:50 AM
D. LA County Department of Public Health Report		10:50 AM –11:05 AM
(1) Division of HIV/STD Programs (DHSP) Updates		
(a) Programmatic and Fiscal Updates		
• Ryan White Parts A & B		
E. Housing Opportunities for People Living with AIDS (HOPWA) Report		11:05 AM – 11:10 AM
F. Ryan White Program Parts C, D, and F Report		11:10 AM – 11:20 AM
G. Cities, Health Districts, Service Planning Area (SPA) Reports		11:20 AM – 11:25 AM
5. BREAK		11:25 AM–11:35 AM

6. REPORTS - II 11:35 AM –12:15 PM

H. Standing Committee Reports

(1) Operations Committee

A. 2021 Renewing Member Applications

- Thomas Green Seat #15 **MOTION #3**
- Eduardo Martinez Seat #29 **MOTION #4**
- Alexander Fuller Seat#17 **MOTION #5**

B. Commissioner Resignations

C. Quarterly Attendance Report | Review + Discussion

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

A. Proposed RWP PY 32 Service Category Rankings **MOTION #6**

B. Proposed RWP PY 32 Service Category Funding Allocations **MOTION #7**

(3) Standards and Best Practices (SBP) Committee

A. Substance Use and Residential Treatment Standards Review

B. Service Standards Development Trainer Recommendations for Improvements

(4) Public Policy Committee

A. County, State and Federal Policy and Legislation

- 2021 Legislative Docket | UPDATES
- COH Response to the STD Crisis | UPDATES

B. County, State and Federal Budget

I. Caucus, Task Force and Work Group Report 12:15 PM – 12:30 PM

(1) Aging Task Force | October 5, 2021 @ 1-3PM

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

(3) Consumer Caucus | September 9, 2021 @ 3:00-4:30PM

(4) Prevention Planning Workgroup | September 22, 2021 @ 5:30-7PM

(5) Transgender Caucus | September 28, 2021 @ 10am-12PM

(6) Women's Caucus | September 20, 2021 @ 2-4PM

7. DISCUSSION

A. "So You Want to Talk About Race" by Ijeoma Oluo Reading Activity 12:30 PM – 1:25 PM

- Brief excerpts only of Chapters 12-13
- 5-minute debrief discussion

B. Los Angeles County Human Relations Commission Guided Discussion & Training

- ""Empathy – What it is and what it isn't; how to strengthen it"

8. MISCELLANEOUS

A. Public Comment 1:25 PM – 1:35 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 1:35 PM – 1:40 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 1:40 PM – 1:45 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 1:45 PM

Adjournment for the meeting of September 9, 2021.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve Membership Application for Thomas Green (Seat #15), as presented or revised, and forward to the Executive Committee for approval.
MOTION #4:	Approve Membership Application for Eduardo Martinez (Seat #29) , as presented or revised, and forward to the Executive Committee for approval.
MOTION #5:	Approve Membership Application for Alexander Fuller (Seat #17) , as presented or revised, and forward to the Executive Committee for approval.
MOTION #6:	Approved proposed RWP PY 32 Service Category Rankings, as presented or revised.
MOTION #7:	Approve proposed RWP PY 32 Service Category Funding Allocations, as presented or revised, and provide DHSP authority to adjust 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.

COMMISSION ON HIV MEMBERS:			
Bridget Gordon, Co-Chair	David P. Lee, MPH, LCSW	Miguel Alvarez	Everardo Alvizo, LCSW
Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Danielle Campbell, MPH	Mikhaela Cielo, MD
Pamela Coffey (Reba Stevens, **Alternate)	Michele Daniels (*Alternate) (LoA)	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
Karl Halfman, MA	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 Agustin, MD
Martin Sattah, MD	Tony Spears (*Alternate)	LaShonda Spencer, MD	Kevin Stalter (René Vega, MSW, MPH, **Alternate)
Damone Thomas (*Alternate)	Guadalupe Velazquez	Justin Valero, MPA	Ernest Walker, MPH
Amiya Wilson (LoA) (*Alternate)			
MEMBERS:	**42**		
QUORUM:	**22**		

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

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).

LOS ANGELES COUNTY
COMMISSION ON HIV

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)**

LOS ANGELES COUNTY
COMMISSION ON HIV

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.

LOS ANGELES COUNTY
COMMISSION ON HIV

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

“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.

LOS ANGELES COUNTY
COMMISSION ON HIV

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

2021 MEMBERSHIP ROSTER| UPDATED 08.31.21

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 Alvizo, 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	OPS	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	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5			***Vacant***		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	Reba Stevens (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	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			***Vacant***		July 1, 2019	June 30, 2021	Michele Daniels (OPS)-***LOA***
28	Unaffiliated consumer, Supervisorial District 2			***Vacant***		July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	*Unaffilated Consumer*	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	
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	Tony Spears (PP)
33	Unaffiliated consumer, at-large #2	1	OPS|PP&A	Joseph Green	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 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	No affiliation	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5			***Vacant***		July 1, 2020	June 30, 2022	
41	Representative, HOPWA			***Vacant***		July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 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 Institue	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	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:	38						

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

LOA: Leave of Absence

Overall total: 48

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 8/19/21

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
ALVIZO	**Everardo**	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
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
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
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 (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	**Anthony**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts
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
ROBINSON	**Mallery**	No Affiliation	No Ryan White or prevention contracts
RODRIGUEZ	**Isabella**	No Affiliation	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
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
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	**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

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor, Los Angeles, CA 90020
TEL. (213) 738-2816 · FAX (213) 637-4748
WEBSITE: http://hiv.lacounty.gov | EMAIL: hivcomm@lachiv.org

ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: August 19, 2021
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4th Thursday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 12 | Number of Quorum= 7**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Bridget Gordon	**Co-Chair, Comm./Exec.***	**Commissioner**
David Lee, MPH, LCSW	**Co-Chair, Comm./Exec.***	**Commissioner**
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	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: 4th 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 *(LOA)*	*	Alternate
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Alexander Luckie Fuller	*	Commissioner
Joseph Green	*	Commissioner
Justin Valero	*	Commissioner

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 14 | Number of Quorum= 7		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Frankie-Darling Palacios	**Committee Co-Chair***	Commissioner
Kevin Donnelly	**Committee Co-Chair***	Commissioner
Everardo Alvizo, LCSW	*	Commissioner
Al Ballesteros	*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
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
Guadalupe Velazquez	*	Commissioner
TBD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 10 | Number of Quorum= 6		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Lee Kochems, MA	**Committee Co-Chair***	Commissioner
Katja Nelson, MPP	**Committee Co-Chair***	Commissioner
Alasdair Burton	*	Alternate
Gerald Garth, MS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Eduardo Martinez	**	Alternate
Isabella Rodriguez	*	Commissioner
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Tony Spears	*	Alternate

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

Regular meeting day: 1st Tuesday of the Month
Regular meeting time: 10:00AM-12:00 PM
Number of Voting Members = 14 | Number of Quorum = 7

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
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 TASK FORCE (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

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**

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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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 to vote. Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

COMMISSION ON HIV VIRTUAL MEETING MINUTES

August 12, 2021

COMMISSION MEMBERS P=Present | A=Absent									
Miguel Alvarez	P	Kevin Donnelly	A	Karl Halfman, MA	P	Mario J. Peréz, MPH	P	Reba Stevens *(Alt)*	P
Everardo Alvizo, MSW	P	Felipe Findley, PA-C, MPAS, AAHIVS	P	Kayla Heltzel-Walker (*Alt*)	A	Juan Preciado	P	Damone Thomas *(Alt)*	P
Al Ballesteros, MBA	P	Alexander Luckie Fuller	P	William King, MD, JD, AAHIVS (LoA)	A	Joshua Ray, RN	A	Guadalupe Velasquez	A
Alasdair Burton (*Alt*)	P	Gerald Garth	P	Lee Kochems	P	Ricky Rosales	P	Justin Valero, MPA	A
Danielle Campbell, MPH	P	Jerry Gates, PhD	P	Eduardo Martinez (*Alt*)	P	Mallery Robinson	P	Rene Vega (Alt)	P
Mikhaela Cielo, MD	P	Felipe Gonzalez	P	Anthony Mills, MD	P	Isabella Rodriguez *(Alt)*	P	Ernest Walker	P
Pamela Coffey	P	Grissel Granados, MSW	P	Carlos Moreno	P	H. Glenn San Agustin, MD	P	Amiya Wilson *(Alt)* (LoA)	A
Michele Daniels *(Alt) (LoA)*	A	Joseph Green	P	Derek Murray	P	Tony Spears (*Alt*)	A	*Bridget Gordon*	P
Frankie Darling-Palacios	P	Thomas Green	P	Dr. Paul Nash, CPsychol, AFBPsS, FHEA	P	LaShonda Spencer, MD	A	*David Lee, MPH, LCSW*	P
Erika Davies	P	Damontae Hack *(Alt)*	A			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
Sophia Rumanes, 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_081221_final_1.pdf?ver=llBA0FMrQqaf1ZSIR-iUPA%3d%3d

CALL TO ORDER AND ROLL CALL: David Lee, LCSW, MPH, and Bridget Gordon, Co-Chairs, opened the meeting at 9:02am and James Stewart, Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton, D. Campbell, M. Cielo, P. Coffey, R. Stevens, F. Darling-Palacios, E Davies, F. Findley, A. Fuller, G. Garth, J. Gates, G. Granados, J. Green, T. Green, F. Gonzalez, K. Halfman, L. Kochems, C.Moreno, D. Murray, P. Nash, K. Nelson, M. Perez, J. Preciado, E. Martinez, I. Rodriguez, M. Robinson, R. Rosales, H. San Agustin, M. Sattah, K. Stalter, R. Vega, D. Thomas, E. Walker, 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 July 8, 2021 Commission on HIV Meeting Minutes, as presented *(✓Passed by Consensus)*.

2. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- Co-chairs welcomed all attendees, provided the following reminders and meeting guidelines and recited the Commission's Code of Conduct and Vision statement.
  - Please refer to the Commission's Code of Conduct. The Code of Conduct sets behavioral and decorum expectations for Commissioners and all meeting participants.
  - 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

- Cheryl Barrit, MPIA, Executive Director, announced the Commission office officially moved to its new location at 510 S. Vermont Avenue, 14th Floor, Los Angeles CA 90020 (Vermont Corridor); the announcement was previously sent out via the Commission's email listserv and social media accounts.
- C. Barrit reminded the group the new Commission office is a much smaller space consisting of three cubicles and one office for staff and that staff will continue a hybrid work model with staggered work schedules on a permanent basis. Additionally, parking will be complimentary to staff, Commission members and members of the public and that public and Commission members will have access to the first and second floors as they are designated public facing areas, however, access to the upper floors are restricted to resident County employees only. The Commission is housed on the 14th floor.
- C. Barrit reported that there have been no changes to Governor Gavin Newsom's Executive Orders requiring Brown Act-related meetings to resume effective October 1, 2021. The Commission remains flexible and will continue to communicate concerns surrounding resuming in-person meetings to the Board of Supervisors (BOS).
- C. Barrit noted that in-person meetings held effective October 1, 2021, will only extend to Brown Act meetings which are the monthly standing Committee and full body meetings. Caucus, task force and workgroup meetings will continue to be held virtually as they are not Brown Act meetings.
- C. Barrit reported that staff continues to work with the Executive Office on refreshing the current website to create a more community friendly platform and hopes to complete it by the end of this year.
- C. Barrit also reported that on August 4, 2021, Commission staff in partnership with the Los Angeles County Human Relations Commission staff participated in the HealthHIV webinar on how various planning councils and jurisdictions are addressing equity within their planning activities; the webinar can be accessed on the HRSA Target HIV website.

B. CO-CHAIRS' REPORT

(1) 2021 Annual Meeting Planning

- B. Gordon reported that, at its last meeting, the Executive Committee agreed to move this year's Annual Meeting from November 11 to November 18, 2021, due to the Veteran's holiday.
- ➲ Members are encouraged to send suggestions for the overall theme and/or key topics for the Annual Meeting to C. Barrit by August 19, 2021 to give staff time to prepare a draft in time for the August 26 Executive Committee meeting.

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

- B. Gordon reminded the group that the Executive Committee voted on June 22, 2021 to initiate a 90 day pause on BAAC Task Force meetings to discuss restructure and strategize on how to best continue the incredible efforts and work of the task force in meeting the needs of the Black/African American community.
- B. Gordon further reported, to honor the decision of the Executive Committee, there will be no BAAC Task Force meetings scheduled during the 90 day pause, which extends to the end of September. During that time, the Co-Chairs along with the Commission's Supervisorial District 2 (D2) representative, Danielle Campbell, and staff will continue to meet with (D2) regularly to partner on efforts to address HIV and STDs in the Black African American community. B. Gordon noted that an agreement had already been made by D2 at their June 16th meeting to reconvene their quarterly STD stakeholder meetings, champion the COH's letter in response to the STD crisis when finalized and work together to identify/address three BAAC Task Force recommendations that are within D2's scope. Standing reports will be agendized for Executive Committee/COH meetings to provide updates on these activities and solicit feedback from the community on these efforts. Additional recommendations were made:
  - At the September 2021 Executive Committee meeting, the Co-Chairs will recommend that the 90-day pause be extended until the end of the year to allow for a workgroup to be formed, comprised of the COH's Black members to finalize activities agreed to by DHSP and the BAAC Task Force regarding: (1) PrEP marketing campaign for the Black community and its subpopulations; (2) revise RFP language to be more inclusive to yield more successful solicitation awards to Black/AA led organizations; (3) technical assistance for Black/AA led organizations to provide a more equitable playing field to successfully compete for solicitations; (4) and establishment of PrEP Centers of Excellence for women. It will be further recommended that this workgroup convene until the end of 2021 to perform these very specific tasks.
  - Additionally, on or around January 2022, Co-Chairs will recommend that the Executive Committee move to form a Caucus dedicated to addressing the needs and barriers of our Black community as it relates to HIV and STDs.
  - Lastly, the Co-Chairs will recommend that the Operations and Executive Committee review policies and procedures related to conduct and behaviors to ensure that all voices are heard and received in a manner that is appropriate and respectful.
- B. Gordon expressed that it is necessary that the Commission focus on the mission and spirit of why the BAAC Task Force was formed and no matter the structure, it is incumbent upon us as planners, to ensure that we meet the needs of our most historically underserved communities in a way that is constructive, effective, and culturally appropriate.

(3) Ending the HIV Epidemic (EHE) COH Leads Report

- Commission EHE leads, B. Gordon, Katja Nelson, Felipe Findley, and Kevin Stalter reported they met with Commission staff on July 16, 2021, to brainstorm ways to focus efforts on the Commission's strategy towards ending the HIV epidemic.
- EHE leads presented an overview of the suggested vision, principles, and a roadmap to end HIV to leverage the purpose and role of the Commission toward contributions to ending the HIV epidemic; see PowerPoint (PPT) presentation in packet.
  - Concerns were expressed by Mario J. Perez, MPH, Director (DHSP) around the role of the Commission and strengthening its focus on fundamental core responsibilities around managing the Ryan White Program.
  - M. Perez further expressed that the Commission has a full plate and needs to make more progress in its current activities, i.e., BAAC Task Force, Aging Task Force, Priority Setting & Resource Allocation (PSRA) versus EHE activities; secure more housing, substance abuse and Medicare experts at the Commission planning table; and assist members in absorbing the enormous amount of information it receives on an ongoing basis.
  - ➲ F. Findley expressed concerns around the status of the leads' ability to partner with the DHSP EHE Steering Committee and the Commission's ability to contribute to the EHE initiative and requested that a meeting be held with DHSP to discuss further and include additional members who are willing to lead EHE efforts for the Commission.
  - ➲ M. Perez requested a follow-up meeting with Commission staff and the Commission EHE leads to continue discussions around roles and responsibilities of the Commission relating to the EHE.

DRAFT

C. CALIFORNIA OFFICE OF AIDS (OA) REPORT

- Karl Halfman, MA, Chief, HIV Care Branch, announced that Marisa Ramos, PhD, OA Division Chief, was elected to serve on the NASTAD Board of Directors.
- To assist OA in developing its EHE strategic plan, it has released a survey soliciting feedback from stakeholders. Survey is open until August 31st and can be found at https://www.surveymonkey.com/r/CDPHStratPlan.
- OA is presently conducting focused membership recruitment efforts for people interested in taking part in statewide HIV, STD, Hepatitis C(HCV) & harm reduction planning as members of the California Planning Group (CPG). The CPG is a statewide planning body convened by OA in collaboration with the Sexually Transmitted Disease Control Branch (STDCB). If you are interested in applying for membership in the CPG, please email your request for an application to cpg@cdph.ca.gov.
- Sharisse Kemp, HIV Prevention Branch Section Chief, reported as of June 29, 2021, there are 192 PrEP Assistance Program (AP) enrollment sites covering 156 clinics that currently make up the PrEP-AP Provider network. Additionally, as of July 29, 2021, the number of clients enrolled in the ADAP Insurance Assistance Program decreased slightly to 9,198; see August OA Voice for more information.
- Additionally, as an update to staffing concerns at Kaiser Permanente (Sunset site), it was reported they are now in the process of recruiting enrollment workers to address staffing shortages.

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

1) Vaccine Preventable Disease Control Program

(a) COVID-19/Delta Variant Update

- Dr. Sharon Balter, Director, Division Communicable Disease Control and Prevention, presented an update on the COVID-19 pandemic; see PPT presentation in packet.

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

(a) Programmatic and Fiscal Updates

- Mario J. Peréz, MPH, Director (DHSP), reported that DHSP has fully maximized Part A and B expenditures, and the MAI rollover for the Ryan White Program year 21. M. Peréz noted that three grants were overspent by approximately $1.5 million.
- DHSP will provide a comprehensive update at the August 17, 2021 Planning, Priorities & Allocations (PP&A) Committee meeting and walk the Committee through the fiscal year (FY) expenditures and outline the proposed spending plan for FY 22.
- M. Perez reported that approximately $600,000 in Emergency Financial Assistance (EFA) has been distributed to approximately 272 people living with HIV (PLWH), with additional applications pending approval. M. Perez reported of the 24 agencies who submitted applications on behalf of clients, four of those agencies account for 2/3 of all the applications submissions. DHSP will be meeting with agencies with low application submissions to encourage participation in the EFA program, specifically those with Medical Care Coordination (MCC) teams.
- DHSP has released an informational flyer specific to landlords and renters around the EFA to provide a FAQ, to include information around W-9 requirements, and encourage participation. DHSP has seen an uptick in compliance as a result.
- DHSP will need to work with the Commission to allocate additional funding to the EFA program and will need to work together to develop a much stronger link between those at risk and those who become housing insecure as well as doing a better job at linking the EFA with HIV health outcomes; a concern expressed by HRSA.
  - Commission members requested that demographic and geographic data of EFA recipients be shared to assess equitable access and distribution of funding. M. Perez agreed to provide the requested information at an upcoming meeting.
  - M. Perez also acknowledged there continued to be barriers for PLWH in accessing and completing the EFA application and committed to ongoing efforts to create a more accessible and client friendly application process.
  - M. Perez agreed to explore legal aid options to assist landlords in participating in the EFA and will work with Derek Murray, Social Services Program Administrator, City of West Hollywood.
- Lastly, M. Perez reported that DHSP is eager to collaborate with the Commission on its Substance Abuse Residential Service standards and with HOPWA to assess its housing portfolio and investments to partner on a County-wide effort to address housing needs.

DRAFT

E. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORT Staff reported that HOPWA representative Maribel Ulloa resigned from Commission membership effective July 30, 2021, as she has taken on a new position with the City of Los Angeles Housing + Community Investment Department.

➲ Staff to follow up on M. Ulloa's replacement.

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

- Part C Frankie Darling-Palacios reported the HRSA's Part C and D stakeholder webinar was held July 22, 2021 and referred to the webinar recording for program updates; webinar can be accessed here.
- Part D *No report provided.*
- Part F/AETC *No report provided.*

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

- City of Pasadena. Erika Davies provided a follow up on the Commission's request to host future Commission meetings in the community and indicated that the idea to host at the City of Pasadena Public Health Department was submitted to senior leadership. However, due to the ongoing COVID pandemic, the City is limiting in-person gatherings at their facilities but will continue to monitor the situation and provide updates accordingly.
- City of West Hollywood (CWH). *No report provided.*
- City of Long Beach (CLB).
  - Everardo Alvizo, LSCW, reported CLB launched a new clinical study trial, in partnership with University of California, Los Angeles (UCLA) Health, to deliver health services to improve HIV and substance use outcomes. The mobile health clinic is temporarily located at the Multi-Service Center (MSC), which primarily serves people experiencing homelessness. A successful open house was held to commemorate the program launch.
- City of Los Angeles (CLA):
  - Ricky Rosales, AIDS Coordinator, shared the 2021 HIV Prevention RFP Funded Organizations list and was pleased to announce that the City funded a new syringe exchange provider – Being Alive – for the first time in over a decade. See list of HIV prevention funded agencies in meeting packet.

H. STANDING COMMITTEE REPORTS

(1) Operations Committee (Next Meeting September 23 @ 10:00AM-12PM)

- Juan Preciado, Co-Chair, welcomed Luckie Fuller to the Operations Committee and thanked Maribel Ulloa and Nestor Kamurigi (Rogel) for their service.
- The July 23rd meeting was cancelled, however, at its next meeting on August 26th, Operations will discuss:
  - operationalizing the feedback and recommendations from the HealthHIV Assessment on Commission Effectiveness
  - recommendations submitted for the COH Tool Kit
  - review/approve additional renewal applications
  - quarterly attendance review

(2) Standards and Best Practices (SBP) Committee (Next Meeting September 7, 2021 @ 10AM-12PM)

(a) Service Standards Development Training | UPDATE

- Emily Gantz-McKay, consultant and HRSA technical assistance provider, delivered a Service Standards Development training on July 6, 2021; training recording can be accessed here.
- Recommendations from the training included:
  - Service Standard review process should be done in some logical way to have the most-up to date Service Standards for providers to implement activities.
  - An area of improvement for the Service Standard review process is for DHSP to have more transparency about how the Service Standards are being utilized beyond program auditing annual reviews.
  - Another area of improvement is to review the Service Standard dissemination strategy to ensure it is accessible, understandable, and legible for providers as well as for consumers.

(b) Substance Use Service Standards | UPDATE

- Committee members submitted feedback on the Substance Use Treatment Services and Residential service standards. Once feedback is incorporated, the service standards will be released for a 30-day public comment period.

DRAFT

(3) Public Policy Committee (PPC) (Next Meeting September 13, 2021 @ 1-3PM)

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

- Katja Nelson, Co-Chair, thanked Richard Zaldivar and his team for its Act Now Against Meth presentation and noted the Committee will discuss next steps at its next meeting.
- K. Nelson also reported that she reached out to national partners concerning blood/organ donation policies and will provide updates at the next meeting.
- Additionally, the Committee is looking to have a County representative attend an upcoming meeting to provide a brief overview of the County's Anti-Racism, Diversity, and Inclusion Initiative.
- The quarterly Presidential Advisory Council on HIV/AIDS (PACHA) meeting was held on August 4, 2021; see meeting recording here.
- **2021 Legislative Docket | UPDATE**
  - State legislature is on recess and has until September 10th to pass legislation
  - AB 439 and SB 258 have been signed by Governor Newsom
  - SB 110 position on the docket was corrected to "Support"
- **COH Letter Re: STD Response and Appeal to the Board of Supervisors**
  - K. Nelson reported that the COH's letter was submitted to the Board of Supervisors, its health deputies and various community stakeholders. To date, no responses have been received. The Committee will discuss next steps and work with the Consumer Caucus to champion the letter via public comment at an upcoming BOS meeting.

(b) County, State, and Federal Budget

- The U.S. Senate approved the $1 trillion Bipartisan Infrastructure Bill and passed a $3.5 trillion partisan budget resolution.
- California Legislature finalized the FY 2021-22 State Budget which includes:
  - $13 million General Fund annually, beginning in FY 2021-22, to CDPH to support programs to prevent HIV/AIDS, Hepatitis C, and sexually transmitted diseases (STDs)
  - $13 million in FY 2021-22 to support the Transgender Wellness and Equity Fund
  - $300 million per year is reserved for rebuilding California's public health infrastructure, starting in FY 2022-2023

(4) Planning, Priorities & Allocations (PP&A) Committee (Next Meeting August 17, 2021, 2021 @ 1-5PM)

- F. Darling-Palacios reported the PP&A Committee met on July 20th and elected Kevin Donnelly as PP&A Co-Chair.
- The July 20 meeting served as the Committee's Data Summit; access meeting recording here. Presentations from DHSP included:
  - Characteristics of Ryan White Program (RWP) Clients for Year 30 (March 1, 2020 - February 28, 2021)
  - Impact of COVID-19 on the Utilization of Ryan White Services
  - HIV Care Continuum Data
  - Ryan White Year 30 Utilization Data by Service Category
- At its August 17th meeting, the Committee will hear the fiscal report for Ryan White Program Year 30 (March 1, 2020 to February 28, 2021) and then rank the service categories based on consumer needs. Funding allocations will then follow. The Committee will rank services and allocate funding for Ryan White Program Year 32 (March 1, 2022 – February 28, 2023) and submit the recommendations to the full body in September. The approved allocations will be integrated in the DHSP Part A application which is due in October.
- The Committee also agreed to hold an additional meeting on August 24th (1pm to 5pm) in case more time is needed to complete the priority setting and resource allocation exercise.

I. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

(1) Aging Task Force (ATF): (Next Meeting September 7, 2021 @ 1-3PM)

- The Aging Task Force (ATF) held a robust discussion at its last meeting regarding the framework for proposed comprehensive care for PLWH 50+ in Los Angeles County. The strategies are to: (1) leverage and build upon Medical Care Coordination (MCC) teams and the Ambulatory Outpatient (AOM) program and (2) integrate a geriatrician in medical home teams. The assessments and screenings are comprised of recommendations made by the ATF plus assessments from the Golden Compass Program.
- The ATF outlined their next steps for presenting the framework to the Executive Committee at the upcoming August 26th meeting.

DRAFT

- The ATF is also preparing for a panel discussion at the September 9th Commission meeting of the proposed framework and will elicit feedback.
- The ATF will look at MCC performance at a glance for patients aged 50 and over with Wendy Garland (DHSP) at their next meeting.

(2) Black/African American Community (BAAC) Task Force | UPDATE *Refer to COH Co-Chair Report*

(3) Consumer Caucus: (Next Meeting August 12, 2021 @ 3:00-4:30PM)

- The Consumer Caucus met on July 8th and discussed the following:
  - Caucus elected and welcomed third co-chair, Ish Herrera
  - COH staff introduced the Caucus to the new real time translation feature on WebEx for non-Brown Act meetings. Caucus members tested the feature and was overall pleased with its effectiveness. The translation feature will be available for Caucus meetings moving forward.
  - Concerns around resuming in-person meetings. Given the surge and contagiousness of the Delta strain, extreme caution and preventive measures were asked to be considered to safeguard people living with HIV (PLWH). Caucus co-chairs requested that a subject matter expert from the Department of Public Health (DPH) be invited to present an update on COVID and the Delta strain at an upcoming meeting, prior to resuming in-person meetings, to ensure that PLWH are equipped with science and fact-based information, and as a Commission, we are implementing practices with the health and safety of PLWH at the forefront.
  - COH's response to the looming STD crisis in Los Angeles County and reviewed the COH's draft STD letter for feedback. Caucus members were asked to assist in championing the letter by making public comment at an upcoming BOS meeting – Joseph Green volunteered.
  - AB 453 and suggested that the PPC review other jurisdiction's positions and to review resources via HIV is Not a Crime website. The Caucus determined that because AB 453 did not explicitly state or remotely allude to people living with HIV, its application is broad and general and therefore did not stigmatize or criminalize HIV although, it was noted that it would be very difficult to enforce this legislation. Caucus recommended a neutral or watch position.

(4) Prevention Planning Workgroup (PPW): (Next Meeting August 25, 2021 @ 5:30-7PM)

- The July 28th PPW meeting was cancelled. The Workgroup will meet again on August 25 from 5:30 to 7pm. The August 25th meeting will focus on "Engaging Women of Color in Prevention Data and Planning." The group will hear from Charles Drew University on prevention data and missed opportunities based on current screening criteria. The group will also and discuss the following:
  - What types of data are specific to women of color?
  - Are these data sets currently and readily available?
  - Who are the key partners we can engage in accessing and sharing HIV/STD and social determinants data focused on women of color?

(5) Transgender Caucus (TG): (Next Meeting September 28, 2021 @ 10AM-12PM)

- The Transgender Caucus met on July 7, 2021 and discussed the following:
  - Assembly Bill 453 – Sexual Battery: nonconsensual condom removal. Caucus requested background information on why similar bill SB 1077 did not pass and why there is a possibility that AB 453 won't pass before taking a position. Will continue discussion at its next meeting.
  - Commissioner Isabella Rodriguez led a discussion on strengthening the Transgender Caucus. From this discussion a list was compiled of topics they would like to have presented in response to the "call to action".

(6) Women's Caucus: (Next Meeting August 16 @ 2-4PM)

- The Women's Caucus in partnership with the Aging Task Force held a special virtual panel presentation as part of its virtual lunch & learn series on Monday, July 19 on "Women Living with HIV & Aging". SME speakers included Dr. Risa Hoffman and Dr. Paul Nash followed by client experts Maria Scott and LaWanda Gresham sharing their lived experiences.
- The presentation was well attended, welcoming approximately 51 attendees. The recording and PPT presentations will be made available on the Commission's website at http://hiv.lacounty.gov/Events.
- The Women's Caucus has been invited to August 25th Prevention Planning Workgroup meeting to participate in the discussion around women of color and prevention; a brief presentation will be provided by Drs. LaShonda Spencer and/or Nina Harawa.

- The next Caucus meeting has been rescheduled to August 30, 2021 @ 2-4pm; meeting agenda is available on the Commission's website. Nominations are open for Co-Chair.

4. PRESENTATION

A. "Act Now Against Meth" Campaign | UPDATES

- Richard Zaldivar, Executive Director, The Wall Las Memorias, presented updates on the ANAM campaign; see PPT presentation in meeting packet.

5. DISCUSSION

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

B. Los Angeles County Human Relations Commission Guided Discussion & Training: "Self-Management"

- Robert Sowell and April Johnson, Los Angeles County Human Relations Commission (HRC) staff presented on "Self-Management"; see PPT presentation in meeting packet.

6. MISCELLANEOUS

A. PUBLIC COMMENT: OPORTUNITY 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.)

- Natalie Sanchez announced that the Office of AIDS, California Planning Group (OA CPG) is recruiting members; see OA CPG website for more information.
- Laurie Aronoff provided an update on the County of Los Angeles Legal Needs Assessment funded by DHSP. A Community Advisory Committee (CAC) has been established consisting of 9 community consumer members to include COH Co-Chair, Bridget Gordon. Several meetings have been held and the CAC is currently developing a provider and consumer survey to assess legal priorities and will be holding provider and consumer focus group soon; invitation to the community to follow.
- Damone Thomas expressed his sympathies regarding Darrin Aikins' passing and commented on D. Aikin's contributions to and legacy in the HIV community.

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

- Derek Murray suggested that a presentation regarding all the various mobile services available in Los Angeles County be provided at an upcoming COH meeting.
  - Felipe Findley noted that USC is holding a street medicine symposium on August 20th and that he will provide staff with more information.

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 in the memory of Darrin Aikin, Alma Martinez, and Vincent J Patti, MA, LCSW, at or around 1:36PM.

Roll Call (Present): M. Alvarez, A. Ballesteros, A. Burton, D. Campbell, E. Davies, F. Findley, J. Green, T. Green, F. Gonzalez, L. Kochems, C. Moreno, D. Murray, P. Nash, K. Nelson, R. Vega, D. Thomas, E. Walker, D. Lee, and B. Gordon

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve the July 8, 2021 Commission on HIV Meeting Minutes, as presented.	***Passed by Consensus***	**MOTION PASSED**

AGING TASK FORCE

Proposed HIV Care Framework for Older Adults Living with HIV

September 9, 2021

LOS ANGELES COUNTY
COMMISSION ON HIV

NATIONAL HIV/AIDS AND AGING AWARENESS DAY • SEPTEMBER 18

47% of PLDWH in Los Angeles are aged 50 years and older.

Source: Medical Monitoring Project (MMP), CDC

Objectives

- Provide an update on the work and activities of the Aging Task Force (ATF)
- Present key issues affecting aging population
- Seek community and Commission input on a proposed framework for HIV care for PLWH over 50
- Promote ongoing awareness and community conversations on HIV and aging

Panel Discussion Overview

Speaker	Role
Al Ballesteros, ATF Chair	Introduce ATF, purpose of presentation and discussion, and panelists (5 mins)
Meredith Greene, MD, Assistant Professor of Medicine, Associate Director, Golden Compass Program at Ward 86	Golden Compass Program overview (15 mins)
Al Ballesteros	Describe proposed HIV care framework for older adults living with HIV (8 mins)
Maria Scott, Consumer	Consumer perspective (8 mins)
Isabella Rodriguez	Consumer and transgender community perspective (8 mins)
Al Ballesteros	Moderate discussion and Q&A (15 mins)

Implementation of a HIV and Aging Program

Los Angeles County Commission on HIV
September 9, 2021

Meredith Greene, MD, AAHIVS
meredith.greene@ucsf.edu

UCSF
University of California, San Francisco
Division of Geriatrics

Disclosures

- Grant support from Gilead Sciences

Overview

- Overview of Geriatrics Approach to Care
- Development and Implementation of a Program in San Francisco

Care Continuum for Adults Age 55+

People Aged 55 and Older with HIV in the 50 States and the District of Columbia

At the end of 2018, an estimated **1.2 MILLION AMERICANS** had HIV. Of those, 379,000 were aged 55 and older.

9 in 10
people aged 55 and older knew they had the virus.

It is important for people aged 50 and older to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or stay virally suppressed) can live a long and healthy life. They also have effectively no risk of transmitting HIV to HIV-negative sex partners.

Compared to all people with HIV, people aged 55 and older have higher viral suppression rates.
In 2018, for every **100 people aged 55 and older with HIV**:

71 received some HIV care

57 were retained in care *

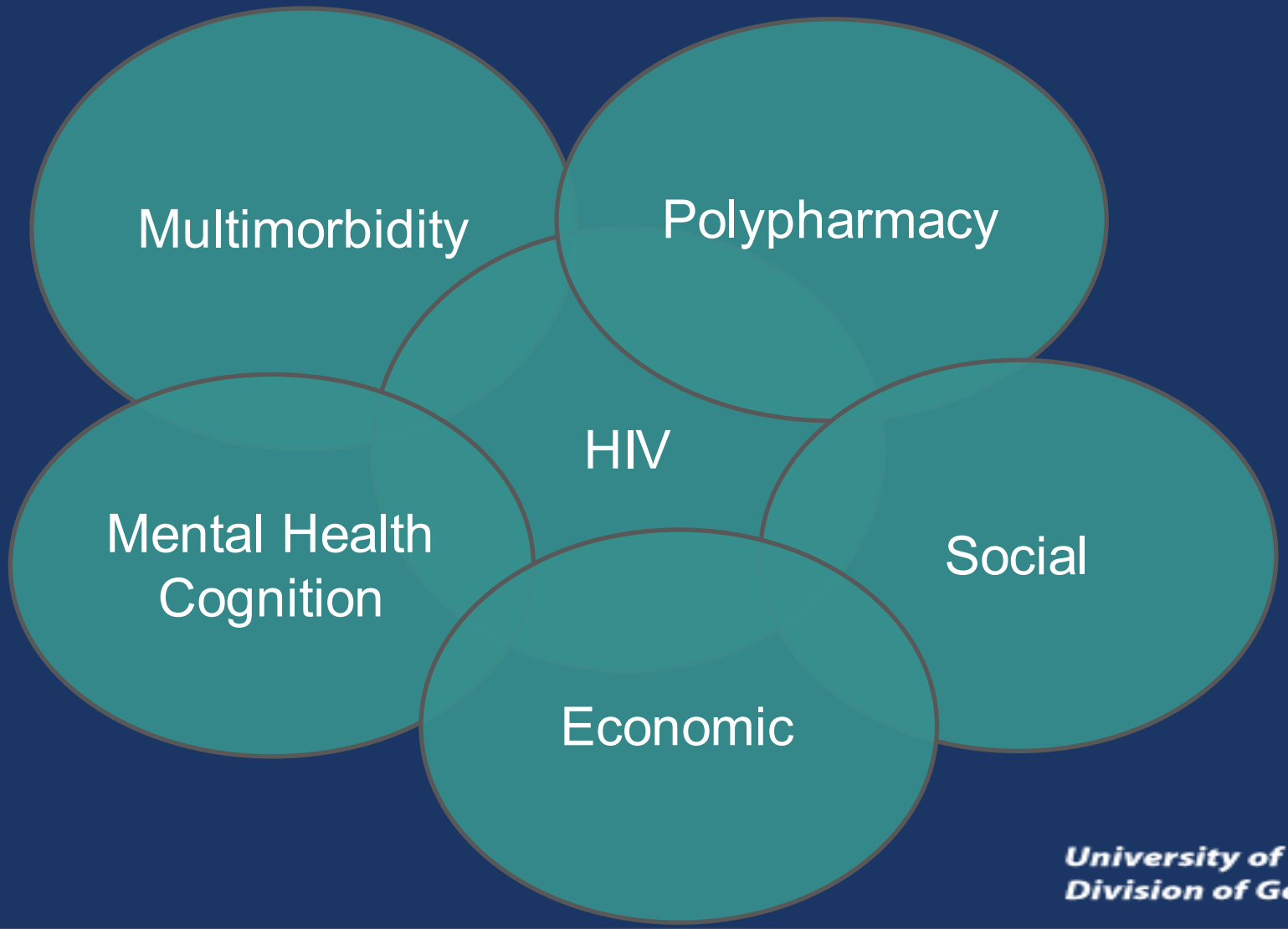
64 were virally suppressed †

For comparison, for every **100 people overall** with HIV,
65 received some HIV care, **50 were retained in care**, and **56 were virally suppressed**.

* Had 2 viral load or CD4 tests at least 3 months apart in a year.
† Based on most recent viral load test.

Source: CDC. Estimated HIV incidence and prevalence in the United States 2014–2018. *HIV Surveillance Supplemental Report*. 2018;25(1).
Source: CDC. Selected national HIV prevention and care outcomes (slides).

Increasing complexity: Geriatrics Approach can Help



5Ms of Geriatrics

MULTICOMPLEXITY

...describes the whole person, typically an older adult, living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial needs

MIND	■ Mentation ■ Dementia ■ Delirium ■ Depression
MOBILITY	■ Amount of mobility; function ■ Impaired gait and balance ■ Fall injury prevention
MEDICATIONS	■ Polypharmacy, deprescribing ■ Optimal prescribing ■ Adverse medication effects and medication burden
WHAT MATTERS MOST	■ Each individual's own meaningful health outcome goals and care preferences

University of California, San Francisco
Division of Geriatrics

Geriatrics Perspective: similarities with HIV care

- Focusing on social context of care/social determinants of health
- Working in multidisciplinary teams
  - Relevant to RWHAP clinics

Context: San Francisco & Ward 86

- 67% of PLWH Age 50+

	Total	10,691
Gender[1]	Men	9,953 (93)
	Women	563 (5)
	Trans Women	172 (2)
Race/Ethnicity	White	6,983 (65)
	African American	1,283 (12)
	Latinx	1,657 (15)
	Asian/Pacific Islander	438 (4)
	Native American	39 (0)
	Other/Unknown	291 (3)
Transmission Category	MSM	7,994 (75)
	TWSM	73 (1)
	PWID	650 (6)
	MSM-PWID	1,411 (13)
	TWSM-PWID	97 (1)
	Heterosexual	333 (3)
	Other/Unidentified	133 (1)

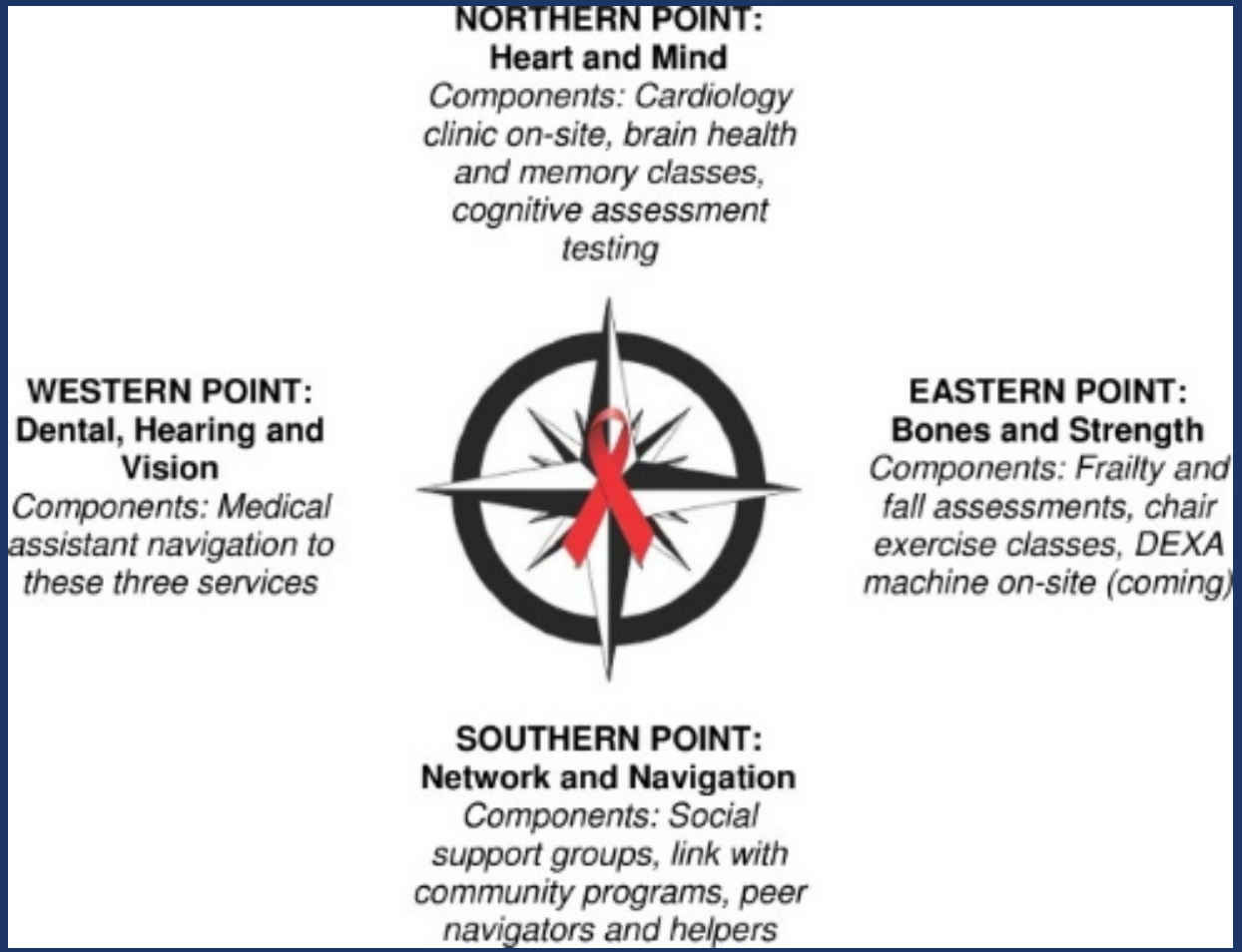
- Part of San Francisco Health Network Clinics (safety net system)
- Ryan White funding recipient
- 2400 publically insured and uninsured PLWH

  >1200 are age 50 or older

Golden Compass: Helping PLWH Navigate their Golden Years

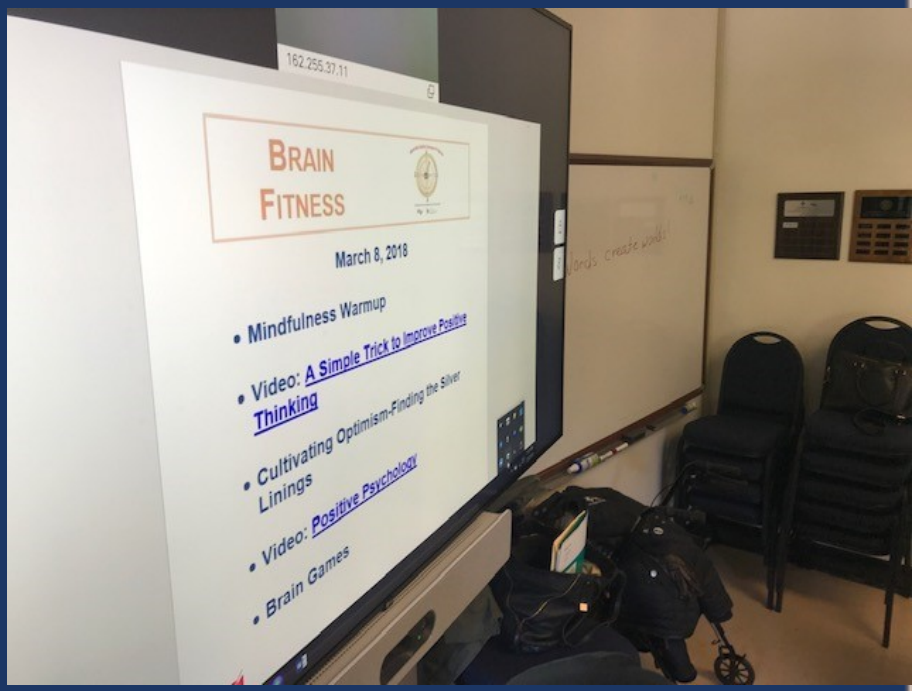
Stakeholder engagement: Surveys and focus groups with patients and providers

- Program name: theme of navigation healthcare systems; “golden years” acceptable term for aging



Greene M, PLOS One 2018

Pre-covid Operations



- **Northern Point (Heart & Mind)**
  - Monthly cardiology clinic by HIV-cardiologist Dr. Hsue
  - Recurrent offerings Brain Health Classes
  - Cognitive screenings and assessments in geriatrics clinic

- **Western Point (Dental, Hearing, & Vision)**
  - Screenings & linkage to services to address sensory impairment

Pre-covid Operations, continued

- **Eastern Point (Bones & Strength)**

-Assess functional status geriatrics clinic

-Weekly chair based exercise class “Wellness Club”

- **Southern Point (Networking & Navigation)**

- Coordinate with community partners/services
- Networking in classes

Initial Evaluation of Golden Compass

January 2017- June 2018; using RE-AIM framework

	How Measured	Results
Reach (patient level)	Number & demographics patients who participated	200 adults -Difficulty discussing "aging specialist"
Effectiveness	Satisfaction with services Acceptability of services	>90% patients & providers satisfied -Medications, mobility, cognitive evals important
Adoption (provider level)	Referrals by providers to specialty clinics	85% providers referred ≥1 patient to geriatrics clinic
Implementation	Fidelity to what proposed	-Co-location services important

Greene M, JIAPAC 2020

One story

- 62 y/o Latino male, long term survivor
  - Geriatrics clinic: dizzy; bp/prostate meds adjusted & dizziness resolved
  - Grieving loss family member; isolated : connected to volunteer who still meets with him weekly
  - Highly engaged in all classes

Reflecting on improvements in both physical and mental health: *"I'm in a good place compared to how I was before I started in the program."*

Lessons Learned

- Framing still a challenge– addressing stigmas
- Takes time to develop and implement
- Outcome evaluation

Looking forward

Expand program reach

- E-consult/chart review
- Expanded screenings done by RNs

Increasing geriatrics knowledge providers & patients

- Partnering with HRSA Bureau of Health Workforce: Geriatric Workforce Enhancement Program (GWEP)

Age-Friendly Health Systems
Committed to Care Excellence for Older Adults

The **Optimizing Aging Collaborative at UCSF** is empowering San Francisco to meet the needs facing older adults.

Then COVID-19 happened

- Telehealth visits, increasing in person
  -Many assessments can be done on video, phone more difficult
- Classes moved to virtual platform
- Outreach calls to older adults

Highlighted issues of digital divide

– For some telehealth platforms can improve access

Summary

- Adapting services to meet the needs of aging HIV+ population critical
- Stakeholder engagement & local resources important in developing program
- Implementation science frameworks to help guide development and evaluation of programs
- Telehealth and other adaptations during Covid-19 pandemic can serve an important role if we can bridge the digital divide

Acknowledgments

Patients, providers & staff at Ward 86

Monica Gandhi, MD, MPH

Diane Havlir, MD

Bill Olson, MS

Myriam Beltran, MSW, ACSW

Janet Grochowski, PharmD

Yenifer Breganza Lopez

Priscilla Hsue, MD

Mary Shiels, RN

Judy Tan, Janet Myers, Cinthia Blat

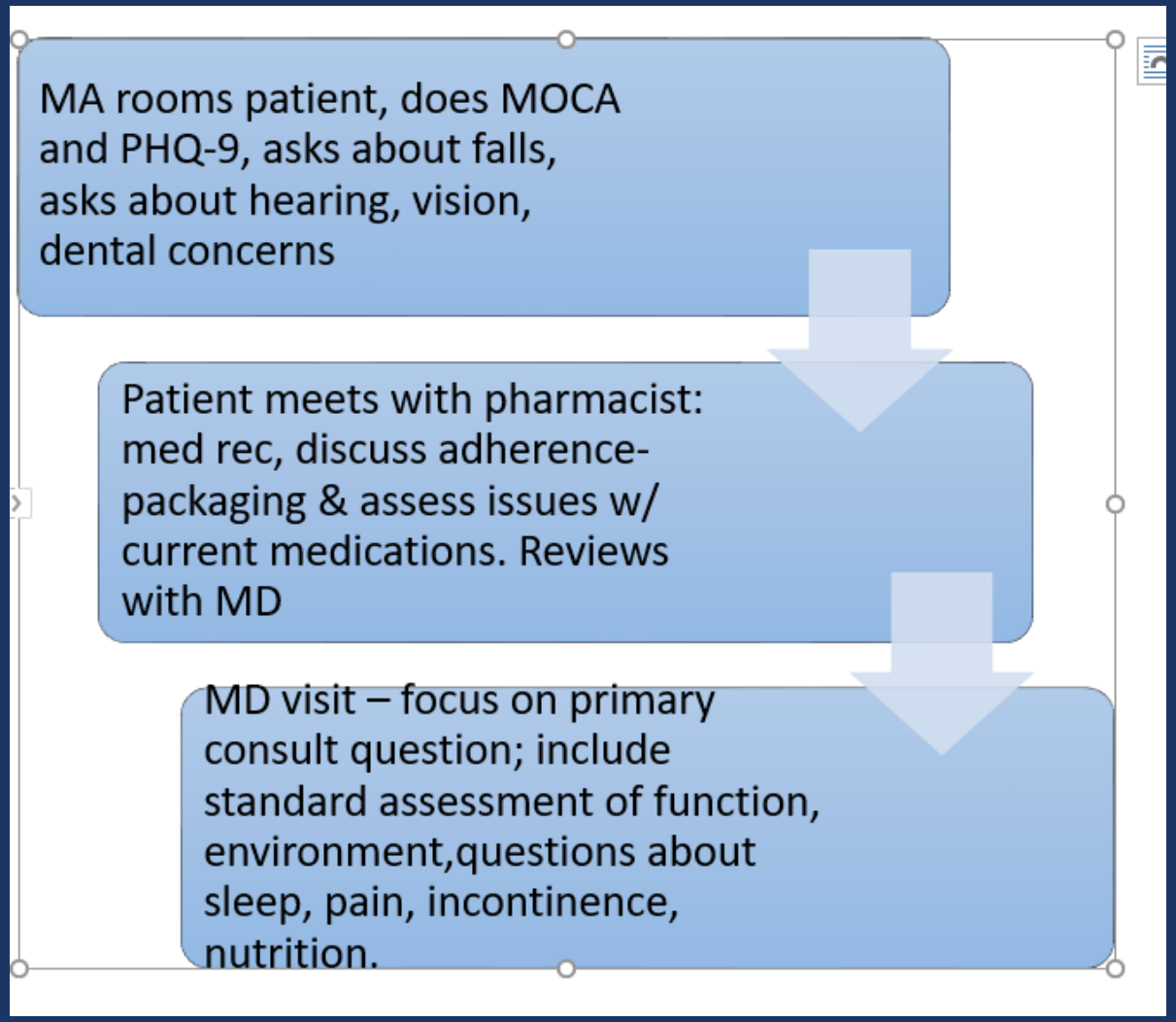
Thank you!

Questions?

What if you don't have a geriatrician in clinic?

- What are your local resources?
  -Telehealth options with geriatrics?
- Which areas (like in 5Ms) are you already addressing?
  - Pick one to start;
- What is your staffing and availability to help with doing assessments?
  -and follow-up after screening/assessment
  -team approach but can break into visits or telehealth sessions

Geriatrics Clinic in Golden Compass



Common reasons for referral:

- General evaluation
- Cognition
- Falls

Impact of COVID-19

Challenges:

- Increased isolation
- Increase in mental health concerns & substance use
- Decreased physical activity (fear of leaving home)
- Difficulty keeping caregivers

- Decline in cognitive & physical function and falls

- Policy meetings in 2020!
- Telehealth is here to stay
- Self-report of falls, function can be asked on phone

- Advantages to video visits in home:
  - See parts of environment
  - Med review!!!
  - Improve access limited mobility

Background | Aging Task Force (ATF)

- A group of concerned Commissioners and community members began discussions around health needs of PLWH over 50 in early 2019
- HIV and aging conferences, summits, and needs assessments were conducted by local HIV service providers in 2018, 2019, and 2020
- Proposed the idea of forming a subgroup to address HIV and aging to the Executive Committee in Jan/Feb 2019
- Started meeting as ATF in April 2019
- Developed recommendations for most of 2019-2020

Background | Aging Task Force (ATF)
continued

- Completed recommendations in 12/10/2020
- Feedback from DHSP on recommendations received on 4/5/21
- 2/25/21 - Executive Committee approved extension of ATF for one additional year to complete directives
- Developed proposed framework based on community feedback from studying models of care from other jurisdictions (SF and NY)

Aging Task Force | Framework for HIV Care for PLHWA 50+

(7.21.21)

STRATEGIES:

1. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program.
2. Integrate a geriatrician in medical home teams.
3. Establish coordination process for specialty care.

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

From Golden Compass Program

From Aging Task Force

Screenings & Assessment Details

- HIV-specific Routine Tests
  - HIV RNA (Viral Load)
  - CD4 T-cell count
- Screening for Frailty
  - Need 3: unintentional weight loss, self-reported exhaustion, low energy expenditure, slow gait speed, weak grip strength
- Screening for Cardiovascular Disease
  - Lipid Panel (Dyslipidemia)
  - Hemoglobin A1c (Diabetes Mellitus)
  - Blood Pressure (Hypertension)
  - Weight (Obesity)
- Screening for Smoking-related Complications
  - Lung Cancer - Low-Dose CT Chest
  - Pulmonary Function Testing, Spirometry (COPD)

Screening for Renal Disease

  - Complete Metabolic Panel
  - Urinalysis
  - Urine Microalbumin-Creatinine Ratio (Microalbuminuria)
  - Urine Protein-Creatinine Ratio (HIVAN)
- Screening for Coinfections
  - Injection Drug Use
  - Hepatitis Panel (Hepatitis A, B, C)
  - STI - Gonorrhea, Chlamydia, Syphilis

Screenings & Assessment Details (continued)

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

Screenings & Assessment Details (continued)

- Screening for Neurocognitive Disorders
  - Clinic-based instruments: Montreal Cognitive Assessment (MoCA), International HIV Dementia Scale
  - Referral for formal neuropsychiatric testing to make a diagnosis of HIV-Associated Neurocognitive Disorders (HAND)
  - Rule out reversible causes: substance use disorder, medication-related effects, thyroid disease, vitamin B12 deficiency, syphilis, opportunistic infections, tumor, depression.
- Screening for Cancer
  - Hepatocellular Carcinoma - Liver Ultrasound
  - Colorectal Cancer - Fecal immunochemical test (FIT), Colonoscopy
  - Anal Cancer - Cytology
  - Lung Cancer - Low-Dose CT Chest
  - Breast Cancer - Mammogram
  - Cervical Cancer - Pap smear
- Immunizations
  - Recombinant zoster vaccine (Shingrix) for age 50+; CDC recommended vaccination for adults with HIV; COVID-19
- Advance Care Planning
  - Durable Power of Attorney (DPOA)
  - Physician Orders for Life Sustaining Treatment (POLST)

Other Suggestions from ATF Discussions

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

Discussion

- What do you think about the proposed HIV care framework for PLWH over 50?
- Are there elements that we need to add that address the needs the diverse HIV populations?
  - Women
  - People of color
  - Transgender communities
  - Other highly impacted populations

MCC Performance at a Glance, 2013-2017
Patients Aged 50 and Over

County of Los Angeles Public Health

Figure 1: Number of patients enrolled in MCC and receiving MCC services by contract year

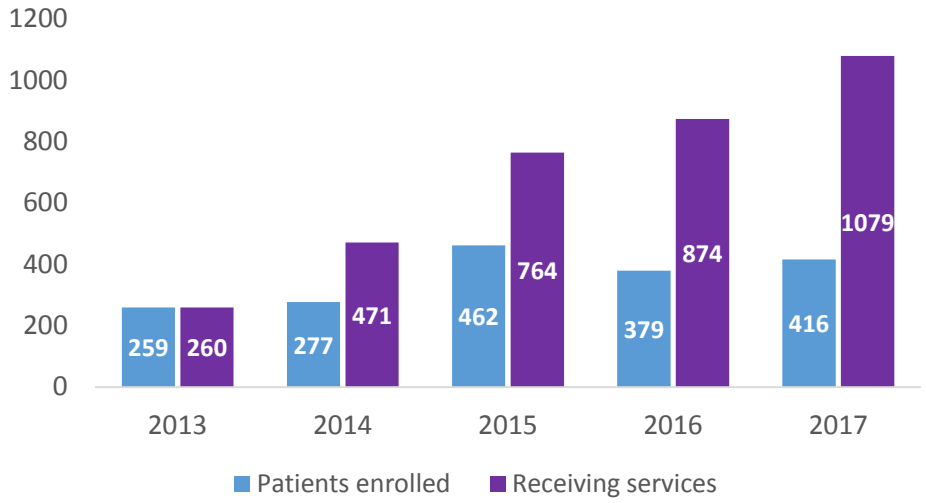


Figure 2: Percent of patients served by acuity level and contract year

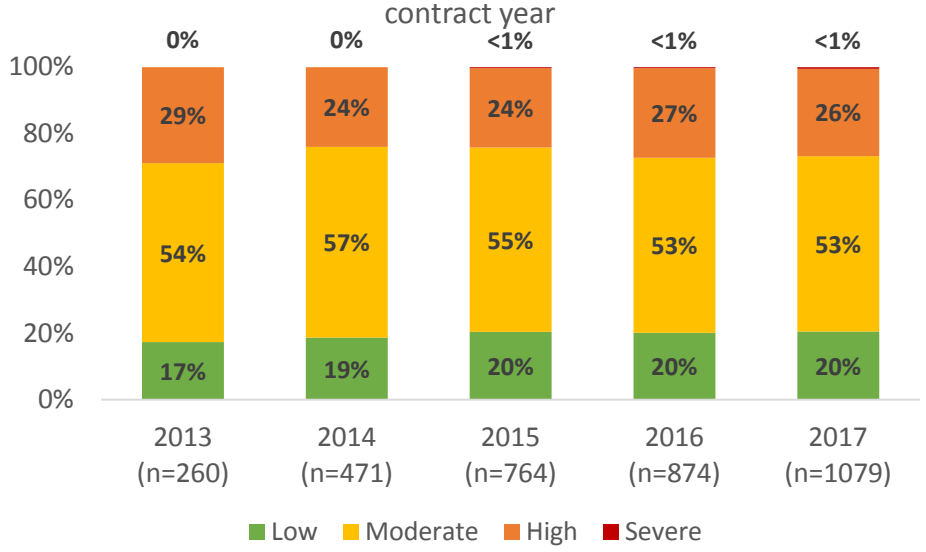
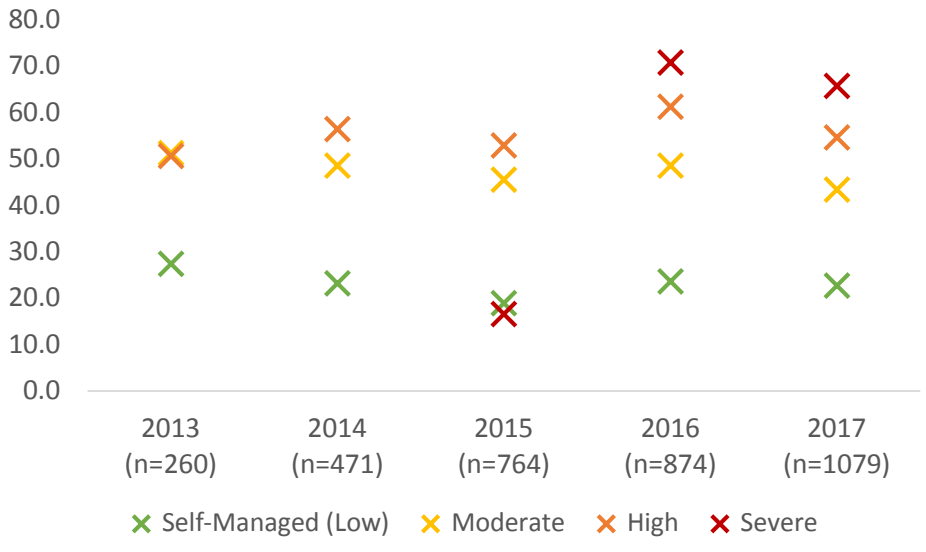


Figure 3: MCC service hours per patient by acuity level



Characteristic	n	%
Total	1793	100%
Race/Ethnicity		
White	436	24.3%
Hispanic/Latino	699	39.0%
African American/Black	613	34.2%
Other	45	2.5%
Gender		
Female	309	17.2%
Male	1450	80.9%
Transgender	34	1.9%
Age		
50-54	822	45.8%
55-59	544	30.3%
60-64	275	15.3%
65 and over	152	8.5%
Poverty		
Above FPL	468	26.1%
At or below FPL	1325	73.9%
Insurance Status		
Insured	491	27.4%
Uninsured	1302	72.6%
Homeless in the Past 6 Months		
No	1589	88.6%
Yes	204	11.4%
Ever Incarcerated		
No	1070	59.7%
Yes	723	40.3%
Depression Screener (PHQ-9)		
No Likely Depressive Disorder	1312	73.2%
Likely Depressive Disorder	481	26.8%
Anxiety Screener (GAD-7)		
No Likely Anxiety Disorder	1374	76.6%
Likely Anxiety Disorder	419	23.4%
Addiction Screener (TCU-II)		
No Likely Addiction Disorder	1512	84.3%
Likely Addiction Disorder	281	15.7%

MCC Performance Measures (PM) – Patients Aged 50 and Over

Figures 4-7: Provision of brief interventions among MCC patients with identified need by contract year *

Figure 4: Engagement in care brief intervention

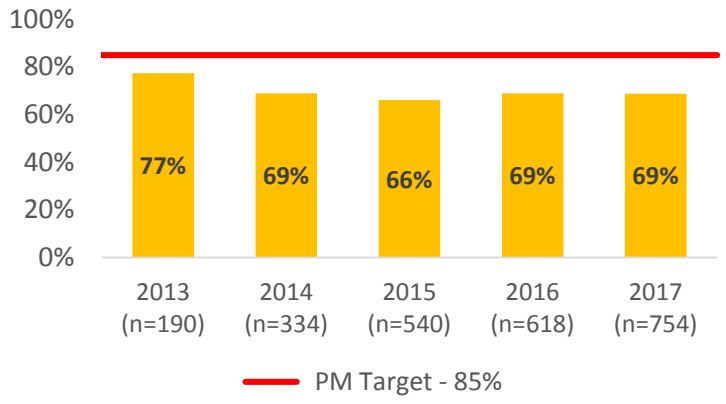


Figure 5: ART adherence brief intervention

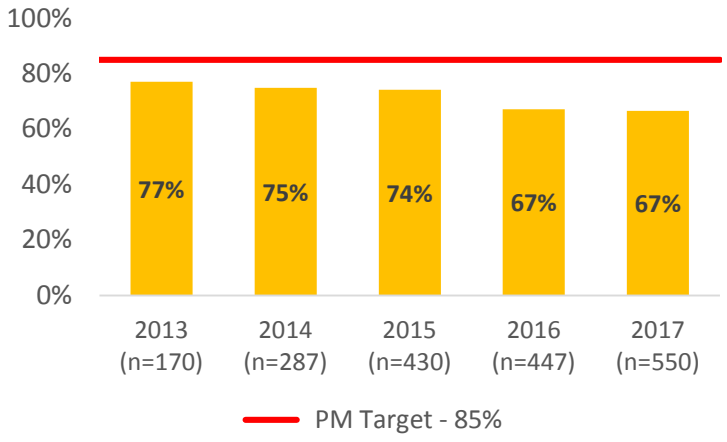
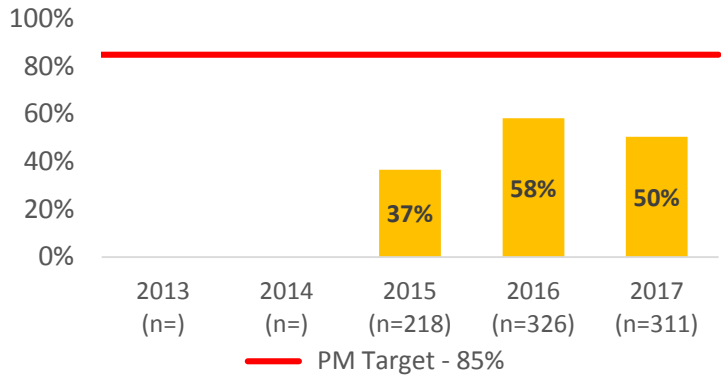
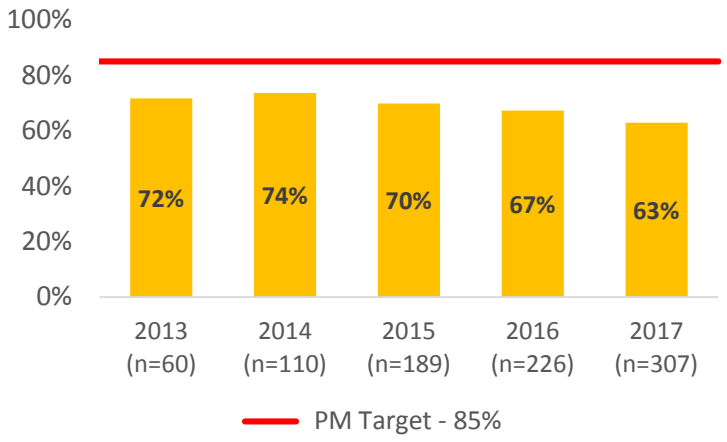


Figure 6: Behavioral health brief intervention*



*Data was not collected for years 2013 and 2014.

Figure 7: Risk reduction brief intervention



* The number below each year represents the number of MCC patients who demonstrated need for that particular intervention.

Figure 8: Retention in care at 12 months among patients in MCC by contract year

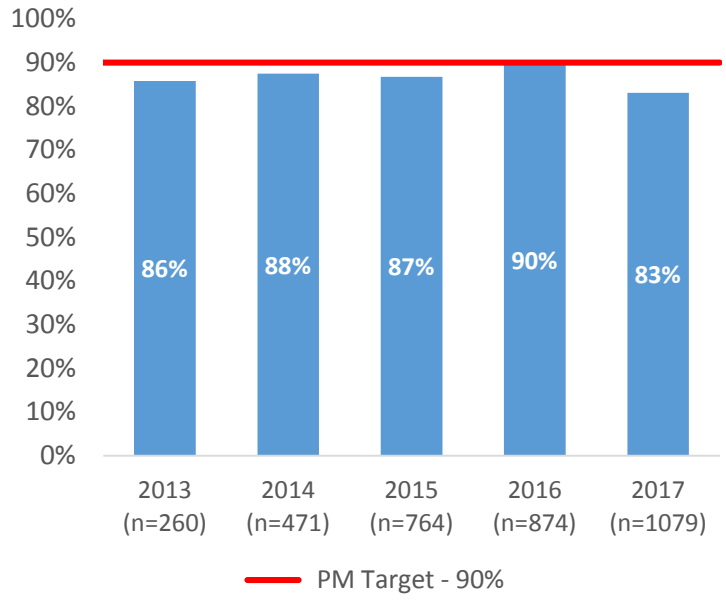
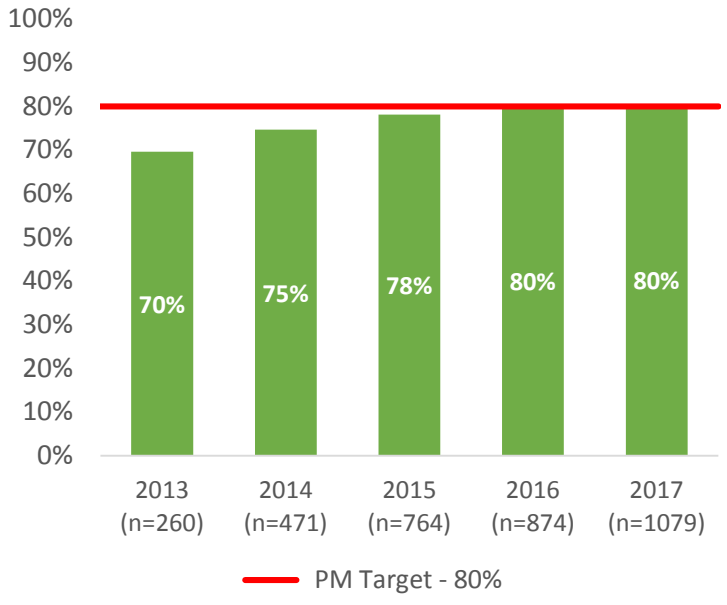


Figure 9: Viral suppression at 12 months among patients in MCC by contract year



Los Angeles County Department of Public Health
Division of HIV and STD Programs

Commission on HIV –**Aging Task Force Recommendations** to COH, DHSP, and other County and City Partners, FINAL 12/10/2020
DHSP Response: 4/05/2021

Recommendations	Who	Status/Notes
General Recommendations		
1. Collaborate with traditional senior services or physicians, or other providers who specialize in geriatrics and leverage their skills and expertise of those outside the HIV provider world.		• Not clear who this is directed to and where this expertise should be directed • Request that COH engage geriatric physicians/specialists in COH work and potentially present at upcoming COH meeting? • Collaborate with APLA Aging efforts?
2. Ensure access to transportation and customize transportation services to the unique needs of older adults.		• Beyond DHSP • CHHS Master Plan on Aging • Review Transportation contracts to ensure alignment with community need (this also came up during YCAB EHE Events as a priority)
3. Benefits specialists should be well versed in Medicare eligibility and services to assist those individuals who are aging with HIV	CCS	• Benefits Specialists are expected to be versed in all services, programs and referrals for all of their clients. We can ensure this is happening during program reviews.
4. Direct DHSP to start working with agencies that serve older adults such as the Los Angeles County Workforce Development, Aging and Community Services, City of Los Angeles Department of Aging, and DPH Office of Senior Health to coordinate and leverage services.		• Need more information on the goals and expectations of these collaborations and how the commission is already working with these agencies.
5. Ensure robust and meaningful input from older adults living with HIV in Commission deliberations on HIV, STD and other health services.		• COH purview

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Recommendation	Who	Status/Notes
Ongoing Research and Needs Assessment		
1. Encourage the Division of HIV and STD Programs (DHSP) to collaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better understanding of the following issues:		
a. Conduct additional analysis to understand why approximately 27% of new diagnoses among persons aged 50-59 and 36% of new diagnoses among person aged 60 and older were late diagnoses (Stage 3 – AIDS) suggesting long-time infection. This may reflect a missed opportunity for earlier testing as it seems likely that persons aged 50 and older may engage in more regular health care than younger persons. (Data Source: 2019 Annual HIV Surveillance Report))		• This may be able to be addressed through a literature review and report back of key findings by DHSP. • Compare LAC with other jurisdictions, CA and US to see if unique to LAC • Could this be addressed through efforts to increase routine testing as older people are probably more likely to be in care for non-HIV related health conditions?
b. Gather data on PLWH over 50 who are out of care or those who have dropped out of care to further understand barriers and service needs.		• Locating and identifying the out of care population has been a challenge in the past. DHSP can review data from the Linkage and Re-Engagement Program (LRP) to identify barriers to care and service needs of PLWH over 50 who are out of care.
c. Conduct studies on the prevention and care needs of older adults.		• A literature review would probably be able to inform this • Perhaps the commission should partner with academic institutions for this
d. Understand disparities in health outcomes within the 50+ population by key demographic data points such as race/ethnicity, gender, geographic area, sexual orientation, and socioeconomic status.		• First step is to determine whether there are disparities and where they are • A literature review would help to inform as relates to those living with HIV • CHHS Master Plan on Aging

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e. Gather data on the impact of the aging process as PLWH over 50 reach older age brackets. Articulate distinct differences in older age groups.		• Recommend to start with a literature review -not sure we have adequate data to address.
f. Conduct deeper analysis on mental health, depression, isolation, polypharmacy and other co-morbidities that impact the quality of life of older adults living with HIV.		• Recommend starting with a literature review
g. Conduct analysis of best practices on serving older adults in non-HIV settings and adapt key strategies for a comprehensive and integrated model of care for the population. Examples of best practices to explore are National Association of Area Offices on Aging (https://www.n4a.org/bestpractices) and Substance Abuse and Mental Health Services Administration and Health Resources and Services Administration, Growing Older: Providing Integrated Care for an Aging Population. HHS Publication No. (SMA) 16-4982. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.		• This seems beyond scope of what we can do and has likely already been done and may be included in one of the listed docs. Perhaps SBP can create or adopt standards for this population. • This may overlap with broader recommendations in and the scope of the CHHS Master Plan on Aging as it may extend to all aging populations. • Recommend SBP work with Aging Task Force to develop best practices for working with PLWH aged 50 and older
h. Request DHSP to develop a data collection and reporting plan with a timeline on an annual report to the community.		• Could we include additional age groups – as appropriate to reports already generated?
Recommendation	**Who**	**Status/Notes**
Workforce and Community Awareness		
2. Educate the Commission on HIV, Department of Public Health, HIV workforce and community at large on ageism, stigma, and build a common understanding of definitions of older adults, elders, aging process and long-term survivors of HIV.		• Beyond DHSP • Within COH's purview? • Would CBA providers be able to provide these trainings?

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3. Address ageism on the Commission on HIV and the community at large through trainings and by convening panels composed of Ryan White and prevention services clients and subject experts.		• COH
4. Openly discuss and examine as part and parcel of HIV planning and implementation, the impediments to HIV prevention and care among aging populations posed by the historically embedded discrimination and bigotry institutionalized in mainstream US culture and society, as well as embedded in subcultural (ethnic, racial, social, religious, etc.) cultures and institutions that often goes unacknowledged: that is the interconnected/overlapping linkages between ageism (or what is expressed in ageism) and societal heteronormativity/homophobia (internalized and cultural), sexism, misogyny, racism, xenophobia, ableism, and all forms of discrimination and bigotry targeting "The Other."		• Beyond DHSP
5. Educate the HIV workforce on HIV and aging, including but not limited to how to work with the non-profit sector to link seniors to health, social services, and HIV prevention and treatment services.		• Need more information/clarification
6. Train the HIV workforce on diseases of aging, such as cardiovascular disease and osteoporosis and dementia, and equip staff with the knowledge and skills to properly assess and treat conditions that impact older adults.		• Not sure this is DHSP? Could COH work with RWP/HRSA on workforce development or the AETCs? • Collaborate with DPH Office of Aging and invite representative to present at COH meeting?
7. Train older adults on how to adapt to the new realities of seeking care as they progress in the age spectrum. Train the HIV workforce on how to develop and deliver classes to older adults with respect, compassion, and patience.		• Mixing directives; first item seems beyond scope of DHSP. Second item maybe fits with item 6 above?

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8. Expand opportunities for employment among those over 50 who are able and willing to work.		• Beyond DHSP • CHHS Master Plan on Aging
9. Provide training on the use of technology in managing and navigating their care among older adults.		• Could this be part of the $ we provide to agencies to strengthen telehealth services?
10. Collaborate with the AIDS Education Centers to train HIV service providers on becoming experts and specialists on caring for older adults with HIV.		• Related to items #6 and #7?
11. Collaborate with local resources and experts in providing implicit bias training to HIV service providers.		• I believe this is probably already a resource we provide in our trainings to contracted providers • Share implicit bias/medical mistrust training being developed with Black/AA Task Force.
Expand HIV/STD Prevention and Care Services for Older Adults		
12. Expand and develop service models that are tailored for the unique needs of PLWH over 50. Specifically, community members representing older adults living with HIV have identified ambulatory/outpatient medical, medical care coordination, and mental health as key services they need. Unify and coordinate care within a medical home and reduce referrals to specialty care, if appropriate.		• MCC provides this already - maybe add a component to the training/service guidelines for working with specific pops that includes aging population? Major recommendations for an aging population include addressing the 4 Ms: medication, mentation, mobility, and what matters to the patient. There are many screening tools available. Maybe add to discussions around MCC and AOM service standards. • For some of the items in this section it seems like a landscape analysis of services for 50 plus clients is needed – just within the RWP.
13. Integrate an annual patient medical records review by gerontologist for PLWH over 50 in the Medical Care Coordination and Ambulatory/Outpatient Medical programs. The annual medical records review should review care needs for mental health, polypharmacy, social support, mobility, and other markers of overall health and quality of life. Ensure that MCC teams monitor and assist		• Not sure this is feasible with probably about 4,000 AOM clients and more than that in MCC receiving services. Could any of this be added to chart abstractions during contract monitoring? • MCC teams already are directed to conduct cognitive assessments for client aged 50 and older and assess IADLs and ADLs with each assessment.

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patients affected by cognitive decline in navigating their care.		
14. Customize food/nutrition and physical activity and mobility services for the aging population. Remedial exercise and rehabilitation to maintain or regain muscle mass may be needed for some older adults to help them remain in care and virally suppressed.		• This is really geriatric medicine
15. Enhance the payment structure for services rendered to older adults living with HIV as they may require more frequent, longer, and more intensive and individualized medical visits and routine care to maintain their overall health as they progress in the age continuum.		• Wouldn't this be covered through current FFS model?
16. Expand supportive services, such as financial assistance, as incomes become more fixed in older age. As frailty increases with age, services should be customized by specific age groups.		• CHHS Master Plan on Aging
17. Address social isolation by supporting psychosocial and peer support groups designed for older adults. Leverage the work of agencies that already provide support groups for older adults and encourage the community to join or start a support group.		• Could this be part of psychosocial services RFP whenever that happens? • CHHS Master Plan on Aging
18. Address technological support for older adults living with HIV as medical service modalities rely more and more on electronic, virtual, and telehealth formats.		• Overlap with #9? Not sure what they are asking for here; this kind of training would be a great project for the commission to undertake
19. Dedicate at least 15% of prevention funds to programming specifically tailored for individuals over 50. According to the California HIV Surveillance Report, persons over 50		• Need to verify in our data but not sure how to respond

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accounted for 15% of all new infections. A similar trend is observed for Los Angeles County with about 13-14% of new HIV diagnoses occurring among persons aged 50 and older		
20. Address the lack of sexual health programs and social marketing efforts geared for older adults. Social marketing and educational campaigns on PrEP and Undetectable=Untransmittable (U=U) should include messages and images with older adults.		• This may be a more effective strategy than #19 to reach older population
21. Integrate programming for older adults in the use of Ending the HIV Epidemic funds in Los Angeles County. Schedule annual reports from the Division of HIV and STD Programs (DHSP) on how they are addressing HIV and aging.		• We have tried to shift away from a population focused approach to an outcomes approach where we are targeting services to those populations who are not in care and not virally suppressed and that generally does not represent the aging population.

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LOS ANGELES COUNTY
COMMISSION ON HIV

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AGING TASK FORCE RECOMMENDATIONS
(Final 12/10/20)

Background: The Aging Task Force (ATF) was formed in February 2019 to address the broad health needs of those over 50 years living with HIV and long-term survivors. According the Health Resources and Service Administration (HRSA), the RWHAP client population is aging. Of the more than half a million clients served by RWHAP, 46.1 percent are aged 50 years and older and this continues to grow. While Ryan White clients in Los Angeles County show higher engagement and retention in care, and viral suppression rates, within the 50+ population there exists disparities by racial/ethnic, socioeconomic, geographic, and age groups stratification.

The ATF developed the following recommendations to the Commission on HIV, Division of HIV and STD Programs (DHSP) and other County and City partners to address the unique needs of this population. The term older adults refer to individuals who are age 50 and older.

**This is a living document and the recommendations will be refined as key papers such the State of California Master Plan on Aging and APLA's HIV and Aging Townhall Forums are finalized. **

Ongoing Research and Needs Assessment:

- Encourage the Division of HIV and STD Programs (DHSP) to collaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better understanding of the following issues:
    - Conduct additional analysis to understand why approximately 27% of new diagnoses among persons aged 50-59 and 36% of new diagnoses among person aged 60 and older were late diagnoses (Stage 3 – AIDS) suggesting long-time infection. This may reflect a missed opportunity for earlier testing as it seems likely that persons aged 50 and older may engage in more regular health care than younger persons. (Data Source: http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2019Annual_HIV_Surveillance_Report_08202020_Final_revised_Sept2020.pdf)
    - Gather data on PLWH over 50 who are out of care or those who have dropped out of care to further understand barriers and service needs.
    - Conduct studies on the prevention and care needs of older adults.
    - Understand disparities in health outcomes within the 50+ population by key demographic data points such as race/ethnicity, gender, geographic area, sexual orientation, and socioeconomic status.

- Gather data on the impact of the aging process as PLWH over 50 reach older age brackets. Articulate distinct differences in older age groups.
- Conduct deeper analysis on mental health, depression, isolation, polypharmacy and other co-morbidities that impact the quality of life of older adults living with HIV.
- Conduct analysis of best practices on serving older adults in non-HIV settings and adapt key strategies for a comprehensive and integrated model of care the population. Examples of best practices to explore are National Association of Area Offices on Aging (https://www.n4a.org/bestpractices) and Substance Abuse and Mental Health Services Administration and Health Resources and Services Administration, Growing Older: Providing Integrated Care for an Aging Population. HHS Publication No. (SMA) 16-4982. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.
- Request DHSP to develop a data collection and reporting plan with a timeline on an annual report to the community.

Workforce and Community Education and Awareness:

- Educate the Commission on HIV, Department of Public Health, HIV workforce and community at large on ageism, stigma, and build a common understanding of definitions of older adults, elders, aging process and long-term survivors.
- Address ageism on the Commission on HIV and the community at large through trainings and by convening panels composed of Ryan White and prevention services clients and subject experts.
- Openly discuss and examine as part and parcel of HIV planning and implementation, the impediments to HIV prevention and care among aging populations posed by the historically embedded discrimination and bigotry institutionalized in mainstream US culture and society, as well as embedded in subcultural (ethnic, racial, social, religious, etc.) cultures and institutions that often goes unacknowledged: that is the interconnected/overlapping linkages between ageism (or what is expressed in ageism) and societal heteronormativity/homophobia (internalized and cultural), sexism, misogyny, racism, xenophobia, ableism, and all forms of discrimination and bigotry targeting "The Other."
- Educate the HIV workforce on HIV and aging, including but not limited to how to work with the non-profit sector to link seniors to health, social services, and HIV prevention and treatment services.
- Train the HIV workforce on diseases of aging, such as cardiovascular disease and osteoporosis and dementia, and equip staff with the knowledge and skills to properly assess and treat conditions that impact older adults.
- Train older adults on how to adapt to the new realities of seeking care as they progress in the age spectrum. Train the HIV workforce on how to develop and deliver classes to older adults with respect, compassion, and patience.
- Expand opportunities for employment among those over 50 who are able and willing to work.
- Provide training on the use of technology in managing and navigating their care among older adults.

- Collaborate with the AIDS Education Centers to train HIV service providers on becoming experts and specialists on caring for older adults with HIV.
- Collaborate with local resources and experts in providing implicit bias training to HIV service providers.

Expand HIV/STD Prevention and Care Services for Older Adults:

- Expand and develop service models that are tailored for the unique needs of PLWH over 50. Specifically, community members representing older adults living with HIV have identified ambulatory/outpatient medical, medical care coordination, and mental health as key services they need. Unify and coordinate care within a medical home and reduce referrals to specialty care, if appropriate.
- Integrate an annual patient medical records review by gerontologist for PLWH over 50 in the Medical Care Coordination and Ambulatory/Outpatient Medical programs. The annual medical records review should review care needs for mental health, polypharmacy, social support, mobility, and other markers of overall health and quality of life. Ensure that MCC teams monitor and assist patients affected by cognitive decline in navigating their care.
- Customize food/nutrition and physical activity and mobility services for the aging population. Remedial exercise and rehabilitation to maintain or regain muscle mass may be needed for some older adults to help them remain in care and virally suppressed.
- Enhance the payment structure for services rendered to older adults living with HIV as they may require more frequent, longer, and more intensive and individualized medical visits and routine care to maintain their overall health as they progress in the age continuum.
- Expand supportive services, such as financial assistance, as incomes become more fixed in older age. As frailty increases with age, services should be customized by specific age groups.
- Address social isolation by supporting psychosocial and peer support groups designed for older adults. Leverage the work of agencies that already provide support groups for older adults and encourage the community to join or start a support group.
- Address technological support for older adults living with HIV as medical service modalities rely more and more electronic, virtual, and telehealth formats.
- Dedicate at least 15% of prevention funds to programming specifically tailored for individuals over 50. According to the California HIV Surveillance Report, persons over 50 accounted for 15% of all new infections. A similar trend is observed for Los Angeles County with about 13-14% of new HIV diagnoses occurring among persons aged 50 and older
- Address the lack of sexual health programs and social marketing efforts geared for older adults. Social marketing and educational campaigns on PrEP and Undetectable=Untransmittable (U=U) should include messages and images with older adults.

- Integrate programming for older adults in the use of Ending the HIV Epidemic funds in Los Angeles County. Schedule annual reports from the Division of HIV and STD Programs (DHSP) on how they are addressing HIV and aging.

General Recommendations:

- Collaborate with traditional senior services or physicians, or other providers who specialize in geriatrics and leverage their skills and expertise of those outside the HIV provider world.
- Ensure access to transportation and customize transportation services to the unique needs of older adults.
- Benefits specialists should be well versed in Medicare eligibility and services to assist those individuals who are aging with HIV
- Direct DHSP to start working with agencies that serve older adults such as the Los Angeles County Workforce Development, Aging and Community Services, City of Los Angeles Department of Aging, and DPH Office of Senior Health to coordinate and leverage services.
- Ensure robust and meaningful input from older adults living with HIV in Commission deliberations on HIV, STD and other health services.

LOS ANGELES COUNTY
COMMISSION ON HIV

We have a new address!

510 S. Vermont Avenue, 14th Floor, Los Angeles, CA 90020
Offices remain closed to the public but you may continue to reach us at MAIN (213) 738-2816 / FAX (213) 637-4748
EMAIL: hivcomm@lachiv.org WEBSITE: http://hiv.lacounty.gov

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August 31, 2021

To: Commission on HIV (COH) Members and Alternates
From: Cheryl Barrit, Executive Director
Re: Resumption of Commission In-Person Meetings, COVID-19 Vaccination Mandate and Safety Protocols

This memorandum serves to communicate important information pertaining to the Commission on HIV (COH) meeting procedures and business operations. Please take a moment to read the document.

New Office and Meeting Location:
Please be aware that the COH offices have moved to the County-owned Vermont Corridor facility located at 510 S. Vermont Avenue 14th Floor, Los Angeles, CA 90020.

Resumption of Full Commission and Standing Committee Meetings Starting on October 1, 2021:
On March 17, 2020, the Governor issued Executive Order N-29-20 to control the spread of corona virus. This order allowed local agencies to address emergent pandemic conditions by allowing local officials, and the public, to participate in public meetings via virtual platforms. On June 11, 2021, the Governor issued Executive Order N-08-21, which extends the flexibility of conducting public meetings via virtual platforms through September 30, 2021.

Executive Order N-08-21 means that the **COH will resume in-person meetings beginning on October 1, 2021** for the following meetings covered by Ralph M. Brown Act as defined in the COH's Policy #08.1102 Subordinate Commission Working Units:

- **Monthly full council/Commission meetings**
- **Monthly standing committee meetings (Operations; Executive; Planning, Priorities and Allocations; Standards and Best Practices; and Public Policy)**

Caucuses, Task Forces and Workgroups **will continue to meet virtually via WebEx**.

Commissioners and Alternates who wish to join the full council and standing committee meetings remotely, **must comply** with the COH's Teleconference Policy (see attachment). The procedures and requirements described in the Teleconference Policy are legally mandated under section 54953 of the Brown Act. **Please read the Teleconference Policy** so that you are fully aware of your responsibilities if you elect to participate in full Commission and standing committee meetings remotely.

Full Commission and standing committee meetings will be held at the new COH offices located at 510 S. Vermont Avenue, Terrace Level, Los Angeles, CA 90020. Free parking is available and the building is within walking distance from the Metro Red Line Wilshire and Vermont station.

Safety Protocols for In-Person Meetings:
Protecting staff and the community's health is of utmost importance to the County and Commission staff will enforce public health guidelines to reduce the risk of COVID transmission. The following safety measures will be enforced:

- Masks/face coverings are required for all in-person meetings and in all County offices and facilities.
- Complimentary masks will be provided for those who arrive without them.
- Hand sanitizers will be available.
- Commissioner and public access to the Vermont Corridor building will be restricted to the parking structure, elevators, ground level, and Terrace level only. All other floors are for County employees only.
- To the extent possible, conference room setup and occupancy will be limited to allow for social distancing.
- WebEx will be made available to allow the public to access the Commission's Brown Act meetings remotely. Commissioners and Alternates who wish to join the full council and standing committee meetings remotely *must comply* with the COH's Teleconference Policy (see attachment).

County COVID-19 Vaccination Mandate Applies to Commissioners:
On August 4, 2021, Supervisor Hilda Solis issued an Executive Order to establish a mandatory vaccination policy, effective immediately, requiring all County employees to provide proof of full vaccination by October 1, 2021, which was ratified by the Board of Supervisors on August 10, 2021. This mandate requires all County employees to be vaccinated and show proof of vaccination by October 1, 2021. **The vaccination mandate applies to** all County workers (including all full-time, part-time, recurrent, temporary, and as-needed County employees regardless of appointment status), **Commissioners**, Board members, interns, and volunteers.

The County has partnered with Fulgent, a leader in laboratory testing services and an existing vendor with the County, to maintain vaccination records and conduct required testing. The Executive Office Human Resources Unit is partnering with Fulgent to ensure that all Commissioners are added to the vaccination verification system. We anticipate that this information will be uploaded within the next week. Additional information be provided once Commissioners are added to the system.

Below are additional resources:

- **Digital COVID-19 Vaccine Record.** The California State Department of Public Health provides easy access to your vaccination record. Visit the CDPH portal to get started.

- **Los Angeles County Department of Public Health (DPH) COVID-19 Vaccine and Vaccination Records website.** LA County COVID-19 Vaccine - LA County Department of Public Health provides reliable information on the pandemic, state and local health orders, and vaccinations.
- **DPH COVID-19 Testing sites -** https://covid19.lacounty.gov/testing/

I fully recognize the range of emotions that you may have about the COH's reconvening of in-person meetings. Please know that the COH team is committed to supporting you in this transition period and I will reach out to each one of you confirm receipt and understanding of the information discussed in this memorandum. Feel to email me at cbarrit@lachiv.org or call me at 213-618-6164 for questions and concerns.

LOS ANGELES COUNTY COMMISSION ON HIV

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POLICY/ PROCEDURE:	NO. 08.2203	Teleconference Meetings	Page 1 of 1

APPROVED 7/14/16

SUBJECT: Define policy and procedures on Commissioners' participation at meetings via teleconference.

POLICY: Commission and Committee meetings are subject to the Brown Act and must adhere to requirements contained in Government Code section 54953. If the legislative body elects to use teleconferencing equipment, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body.

PROCEDURES:

1. The Executive Director reserves the right to determine if participation via teleconference call is appropriate depending on the meeting agenda and suitability of the teleconference locations for public access.
2. Commissioners must declare their intent to participate via teleconference to staff at least two weeks before the meeting. Notification to staff must be communicated in writing via email or a faxed letter.
3. The Commissioner electing to participate via teleconference shall be responsible for ensuring that the procedures noted in this policy are met.
4. The Commissioner elected to participate via teleconference must make available to the public hard copies of the meeting agenda and materials.
5. A quorum of the Commission must participate in the meeting from locations within their jurisdiction.
6. The agenda must identify the teleconference location(s).
7. The agenda must be posted at all teleconference locations at least 72 hours before a regular meeting.
8. The teleconference location must be open and accessible to the public, including to those with disabilities.
9. If members of the public are at the teleconference location, they must be able to hear the proceedings and they must be given the right to comment.
10. All votes taken during a teleconference meeting must be by roll call vote, and the vote must be publicly reported.

NOTED AND APPROVED:	EFFECTIVE DATE: 7/14/16 Revisions: 6/20/16 Original Approval: 7/14/16

Los Angeles County Commission on HIV (COH)
HIV Planning Body Assessment
Responses to Recommendations for Improvement
(For Discussion/Review)
(8-19-21)

Member Recruitment and Retention		
Reported Areas for Improvement	**Strategies Discussed at May COH Meeting**	**Staff Notes and Recommendations for Action**
1. Recruiting to get more representation of populations impacted by HIV in LAC 2. Orientation/mentoring of new members 3. Improving retention of new members **Staff Notes and Recommendations for Action:** • Operations Committee prioritizes recruitment of populations that reflect the HIV epidemic in LAC. • Staff hold welcome orientations for new members, 1:1 support, and direct members to the online training materials. However, attendance at orientations and training have been a challenge, even with training materials now being online. Training sessions are also agendized at Committee and subgroups as determined by members. ➲ Continue annual and ongoing training and 1:1 coaching/support ➲ COH staff collaborate with all Co-Chairs to hold "drop-in virtual hours" for members and interested applicants to answer questions and conduct ongoing mini-training about the functions of the COH.	1. Host COH meetings in South LA to prioritize participation from Black and Brown communities. 2. Utilize a hybrid virtual / in-person model for meetings (when safe to do so) to alleviate transportation or technology barriers as needed. 3. Re-evaluate the timing of meetings and consider hosting meetings on weeknights or weekends. 4. Continue to make the website more user friendly by making relevant information easily accessible. 5. Expand orientation efforts with a more rigorous mentorship model	1. COH hosted several meetings in various service planning areas to promote the LAC HIV/AIDS Strategy in 2017 which offers a model for conducting call to action meetings. ➲ Work with Executive Committee to plan the year ahead and designate which months to hold COH meetings in various locations 2. Beginning October 1, 2021, per the order of the Governor, public meetings subject to the Brown Act will resume in-person meetings. ➲ Full body and Committees will meet in-person beginning 10/1/21. ➲ Caucuses, workgroups and task forces will meet virtually. Staff will follow protocol from the EO/BOS providing a teleconference option for members of the public and guests. Commissioners who elect to join remotely must adhere to the COH's policy on teleconferencing. Commissioners must

	6. Set clear expectations for mentors	understand that if they choose to join remotely, the address from where they will virtually attend the meeting must be reflected on the agenda, that the location of the attendee must be accessible to all members of the public, and that the agenda must be physically posted for public view 72 hours ahead of the meeting. Access to remote locations must comply with the ADA. 3. Prevention Planning Workgroup meets on the 4th Weds of the month from 5:30-7:00pm and has attracted 20-25 attendees, offering a model for other COH groups to hold meetings in the evenings or weekends. ➲ Work with the Executive Committee to plan in advance which full body meetings to hold in the evening or weekends. ➲ Work with Committees and subgroups to determine which meetings to hold in the evenings or weekends. 4. COH website refresh project in progress and staff are working with IRM to complete changes before the end of 2021. 5/6. COH adopted Mentorship/Peer Collaborator Guide with expectations for

		mentor and mentee. Virtual meet and greet hosted in 2020 for new pairs. ➲ Need more members to volunteer as mentors. ➲ Work with Operations Committee to review the Mentorship Guide annually for clarity and assess bandwidth for members to participate in the program. ➲ Establish schedule for staff to send reminders for pairs to reconnect and maintain relationships.
Community Engagement / Representation		
Reported Areas for Improvement	**Strategies Discussed at May COH Meeting**	**Staff Notes and Recommendations for Action**
1. Encouraging trust between the community and Commission 2. Increasing visibility of the LAC COH in the community 3. Normalizing education on HIV and STIs in healthcare and school-based settings	1. Prioritize marketing of the COH on social media and in community clinics and organizations 2. Plan proactive outreach activities in public places 3. Increase opportunities to hear from community members during and between meetings 4. Re-evaluate the best timing and format for	1. COH social media toolkit has been completed and reviewed by the Operations Committee. The toolkit will be integrated in the updated COH website. ➲ Send periodic reminders to members about using the toolkit. Host tutorials on how to use the toolkit. ➲ Collaborate with provider members on the COH to promote COH to their clients and stakeholders. ➲ Purchase print and social media ads to promote COH as budget permits.

	public comment during meetings 5. Engage more youth voices in planning 6. Increase outreach to high schools, activism / LGBTQIA oriented school clubs, community colleges and universities 7. Work with DHSP to require that informational brochures or posters about the LAC COH be displayed at contracted agencies 8. Encourage providers to share information about the LAC COH with their patients	2. Revisit pre-COVID outreach plan to host informational tables at health fairs and special events (Taste of Soul). ➲ Ask for members to volunteer to assist with public outreach 3. Create online form on COH website for ongoing public comments and testimonies on improving HIV/STD services and other topics within the jurisdiction of the COH. Work with Co-Chairs to remind attendees that the public may comment on all agenda items. Disseminate opportunity for ongoing public comments via GovDelivery at least quarterly. 4. Revisit timing of public comments (PC) with Executive Committee. PC in full body meetings was previously at the beginning of the meeting but was moved to the end of the meeting at request of the DHSP. 5. Work with members to attend youth CAB meetings to hear their perspectives/feedback on HIV services. 6. Re-connect with LBUSD contact. 7/8. Work with DHSP to revisit requiring contracted agencies to promote COH to their clients and post meeting flyers in clinics.

Streamlining the LAC COH's Work		
Reported Areas for Improvement	Strategies Discussed at May COH Meeting	Staff Notes and Recommendations for Action
1. Streamline priorities and meeting agendas 2. Strengthen relationships between members 3. Reduce barriers for participation in meetings (increase accessibility and training for new members) **Staff Notes and Recommendations for Action** • Each year, staff work with Committees and Co-Chairs to streamline and select 3 priorities for their annual workplans. ➲ Continue to work with the Executive Committee and all Co-Chairs to discuss and agree on a standardized process for shortening full and Committee meetings.	1. Clarify the purpose and objectives for caucuses, task forces, and committees 2. Consider integrating caucuses and task forces into the committees 3. Continue to prioritize the use of plain language in meetings and written materials 4. Eliminate unnecessary protocols for participation 5. Prioritize social time for members to get to know each other 6. Ensure consumers have dedicated spots in COH leadership and are taken seriously in planning efforts	1. Caucus and task force's purpose are reviewed at least annually and as requested by members. • Subgroups develop workplans to set priorities and deliverables. ➲ Conduct more frequent reviews/refresher training on the purpose, goals, and expected deliverables of the caucuses and task forces. ➲ Consider going back to basics and develop stronger caucus presence and participation at Committee meetings. For example, all caucuses can put on their workplans providing formal feedback on service standards for SBP; participating in the multi-year priority setting and resource allocation process. 2. Collaborations are happening and can be strengthened further. Examples of collaborations include ATF and WC co-hosting a virtual event on Women Living with HIV and Aging; SBP looking for ways to integrate recommendations from ATF and BAAC in service standards; PP&A integrating WC and BAAC recommendations in directives;

		Operations working with CC to recruit consumers; PPC working with Caucuses to review legislative bills of interest. ➲ Continue collaborations. ➲ Designate a Committee member to serve as a liaison to caucuses and task forces. 3.Practice use plain language techniques in all materials (https://www.plainlanguage.gov/resources/checklists/checklist/). 4. Seek clarification from members on providing specific examples of what they define as unnecessary protocols for participation. 5. Get to Know You activity has been successful in SBP. Socializing was more evident pre-pandemic and prior to shift to virtual meeting format. ➲ New meeting facilities at the Vermont Corridor would be more amenable for socializing before and after meetings. ➲ Agendize "Get to Know You" at all COH meetings (virtual and in-person) ➲ Members must consider balance between shortening meeting duration and accommodating time for socializing.

LOS ANGELES COUNTY COMMISSION ON HIV

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2021 Annual Meeting Draft
Unfinished Conversations: Continuing the Commitment to Ending the HIV Epidemic
November 18, 2021
9:00AM-3:00 PM (In-person; should meeting be shortened?)

Roll Call, Welcome and Co-Chair's Remarks	**9am-9:15am**
Division of HIV and STD Programs State of HIV/AIDS in Los Angeles County Report	**9:15-10:00am**
HIV Molecular Surveillance Panel and Community Discussion • What is HIV molecular surveillance? • Discuss traditional sources of data • Discuss ethical considerations • Discuss concerns from PLWH Caucus- Demanding a Better Plan ○ Invite speaker from US PLWH Caucus • Invite DHSP (Dr. Andrea Kim) and UCSD researchers on the panel • Discuss community leadership and role in HIV molecular surveillance	**10:00-11:00**
BREAK	**11:00-11:15**
HIV, Aging, and Stigma Dr. Paul Nash CPsychol AFBPsS FHEA	**11:15-12:00 noon**
LUNCH	**12noon to 1pm**
Street Medicine (USC Keck School of Medicine) Brett J. Feldman, MSPAS, PA-C Corinne T. Feldman, MMS, PA-C	**1:00pm-1:45pm**
Human Relations Commission (HRC) session on listening without judgement	**1:45-2:15pm**
Public Comments	**2:15-2:30pm**
Adjourn	**2:30/3:00pm**

LOS ANGELES COUNTY
COMMISSION ON HIV

DUTY STATEMENT

COMMISSION CO-CHAIR

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

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

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

ORGANIZATIONAL LEADERSHIP:

① Serve as Co-Chair of the **Executive Committee**, and lead those monthly meetings.

② Serve as ex-officio member of all standing Committees:
- attending at least one of each standing Committee meetings annually or in Committee Co-Chair's absence

③ Meet monthly with the Executive Director, or his/her designee, to prepare the Commission and Executive Committee meeting agendas and course of action,
- assist Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate.

④ Lead Executive Committee in decision-making on behalf of Commission, when necessary.

⑤ Act as final Commission-level arbiter of grievances and complaints

MEETING MANAGEMENT:

① Serve as the Presiding Officer at the Commission, Executive Committee and Annual meetings.

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

- ruling on issues requiring settlement and/or conclusion.

③ Ability to put aside personal advocacy interests, when needed, in deference to role as the meetings' Presiding Officer.
④ Assign and delegate work to Committees and other bodies.

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

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

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

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

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

the OA Voice
Issue: September 2021

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

In This Issue:

Staff Highlight:

OA is pleased to introduce **Cassandra (Cassi) Fecho** who has joined the OA Surveillance and Prevention Evaluation and Reporting (SPER) Branch, Surveillance Section as a Research Scientist I. In her new role, Cassi will coordinate lab onboarding, monitor lab submissions and work to establish and maintain the completeness, timeliness, and accuracy of California state-wide HIV/AIDS surveillance system data. Cassi hails from Stoneham, MA, a suburb of Boston, and its only claim to fame is that Olympic medalist figure skater Nancy Kerrigan was born there (and Cassi, of course!)

Cassandra received a BS in Imaging and Photographic Technology from Rochester Institute of Technology, but later chose to pursue a career in public health due to a desire for more meaningful work, to help our community, and because of experiences in the health system. Cassi then received a Pre-Nursing Post-baccalaureate Certificate from San Francisco State University and an MPH with an epidemiology focus from UC Davis while working for UCSF's Radiology Department doing biomedical research on traumatic brain injury. Dr. Hannah Laqueur at the UC Davis Violence Prevention Research Program was Cassi's MPH practicum project director. The project consisted of in-depth literature review on threat assessment, firearm purchase patterns, and behavioral indicators of mass shooting risk.

As an outcome, Cassi developed an evidence-based protocol and codebook for conducting qualitative data analysis on California mass shooting case reports.

The career change was due to a bit of serendipity, according to Cassi.

"I had been working in digital imaging for a number of years and I knew I wanted to change careers, but I was having trouble figuring out what I wanted to do. I knew I wanted to do something more analytical, something that would challenge me, but I also wanted it to

be something where I could help people. One day, I was reading Bill Bryson's A Short History of Nearly Everything, and when I came to the chapter on microbes and infectious diseases, it suddenly hit me: epidemiology. And the more I learned about public health and epidemiology, the more I knew this was the right choice for me. I can honestly say that deciding to change careers and go into public health was one of the best decisions I've ever made."

Cassi comes to the OA position from the California Tobacco Control Program, serving as a Cal-EIS Fellow in the Surveillance Unit and UCSF, exploring how sensitive estimates of sexual and gender minority (SGM) youth disparities are to the removal of inaccurate and/or mischievous responders on youth surveys.

Working with rural communities in Latin America through volunteering with Global Brigades has helped to galvanize Cassi's desire to work with vulnerable populations. One of Cassi's goals is to apply epidemiological methods to a wide variety of health topics to help improve the effectiveness of HIV/AIDS interventions in groups who have been disproportionately affected by this disease due to limited healthcare access. Cassi states, "Healthcare is a basic human right and I'm committed to research that seeks to balance health disparities."

Outside of work, you will find Cassi enjoying traveling, arts and crafts (costuming, crochet, cross-stitch), making and listening to music, (primarily classical choral music and opera) and reading as many as four books simultaneously.

Some of Cassi's favorite things: The App "Overdrive" (lets you borrow e-books from your local library), non-dairy chocolate ice cream, dogs, visiting favorite people, Muir Woods in Marin County, and singers Bad Bunny, J Balvin, and Daddy Yankee.

Cassi Fecho jumped into the world of HIV surveillance with both feet, already planning new protocols and processes in just the second month! We are lucky to have Cassi's talents and looking forward to many years of association with OA.

HIV Awareness:

September 18 National HIV/AIDS and Aging Awareness Day:

National HIV/AIDS & Aging Awareness Day (NHAAAD) is observed to combat stigma faced by older Americans with HIV and to address aging-related challenges of HIV testing, prevention, and care.

The Southern California HIV/AIDS Policy Research Center has developed an infographic to help stakeholders and their community partners understand the experiences and concerns of older people living with HIV. The population of people living with HIV is getting older. By the end of 2022, an estimated 70% of people living with HIV will be aged 50 years and older. With age and the cumulative effects of HIV, this population experiences exacerbated age-related health vulnerabilities and comorbid conditions. The infographic is located at the CHPRC website located at https://www.chprc.org/infographic-hiv-and-aging/.

Feel free to share this infographic with your networks and clients!

September 27 National Gay Men's HIV/AIDS Awareness Day:

National Gay Men's HIV/AIDS Awareness Day (NGMHAAD) is celebrated to encourage open communication about stigma, HIV status, HIV prevention strategies such as testing, PrEP, condoms and address the disproportionate impact of HIV on gay and bisexual men. People living with HIV who take their medication daily as prescribed, who reach and maintain viral suppression have no risk of sexually transmitting HIV to a partner. Take charge of your overall sexual health get tested today!

General Office Updates:

COVID-19:

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed.

Please refer to our OA website at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Racial Justice and Health Equity:

OA now posts all new job openings on multiple job boards and recruitment sites, including the new Ending the Epidemics Workforce Jobs Bank hosted by the National Minority AIDS Council (NMAC) as a centralized place for HIV, STD, and hepatitis job openings. The jobs bank can be found at https://ete.jobs.net/.

HIV/STD/HCV Integration:

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

CDPH Ending the Epidemics Strategic Plan:

The team developing the initial phase of the Ending the Epidemics Strategic Plan is completing listening sessions with community subject matter experts to learn more about factors influencing social determinants of health that contribute to increased rates of HIV, STDs, and Hepatitis C. This information will shape the development of goals and strategies of the new HIV, STD, and Hepatitis C Strategic Plan that will begin in 2022.

Upcoming Training Opportunity:

Congenital Syphilis Prevention for Family Planning and Primary Care Providers – Tuesday, September 28, 2021 12:00PM -1:15PM (PDT)

CDPH continues to see dramatic statewide increases in cases of congenital syphilis (CS), a severe yet preventable condition when syphilis is passed from mother to fetus. This webinar, presented by the California Prevention Training Center, features Dr. Eric Tang, public health medical officer at CDPH, who will provide a clinical overview of CS prevention and discuss the new Expanded Syphilis Screening Recommendations from CDPH as it relates to family planning and primary care providers. After his presentation, Dr. Sara Kennedy, Chief Medical Officer of Planned Parenthood Northern California, will present her organization's experience implementing expanded syphilis screening in their clinics to detect and treat syphilis cases to ultimately prevent CS cases in California.

Register:
Denver National | Class Information | (nnptc.org)
Registration will close Monday, September 27, 2021, 4:00PM (PDT).

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

PrEP-Assistance Program (AP):

As of August 30, 2021, there are 192 PrEP-AP enrollment sites covering 156 clinics that currently make up the PrEP-AP Provider network. A comprehensive list of the PrEP-AP Provider Network can be found at https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2.

Data on active PrEP-AP clients can be found in the three tables on page 4.

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	332	7%	---	---	---	---	89	2%	421	9%
25 - 34	1,285	29%	2	0%	---	---	475	11%	1,762	39%
35 - 44	971	22%	---	---	3	0%	296	7%	1,270	28%
45 - 64	634	14%	2	0%	20	0%	174	4%	830	19%
65+	37	1%	---	---	144	3%	8	0%	189	4%
TOTAL	**3,259**	**73%**	**4**	**0%**	**167**	**4%**	**1,042**	**23%**	**4,472**	**100%**

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	193	4%	---	---	37	1%	36	1%	1	0%	128	3%	6	0%	20	0%	421	9%
25 - 34	916	20%	4	0%	187	4%	109	2%	4	0%	450	10%	15	0%	77	2%	1,762	39%
35 - 44	806	18%	2	0%	82	2%	68	2%	1	0%	259	6%	2	0%	50	1%	1,270	28%
45 - 64	562	13%	1	0%	32	1%	27	1%	3	0%	191	4%	---	---	14	0%	830	19%
65+	43	1%	1	0%	3	0%	1	0%	---	---	141	3%	---	---	---	---	189	4%
TOTAL	**2,520**	**56%**	**8**	**0%**	**341**	**8%**	**241**	**5%**	**9**	**0%**	**1,169**	**26%**	**23**	**1%**	**161**	**4%**	**4,472**	**100%**

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

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	419	9%	---	---	6	0%	14	0%	---	---	18	0%	---	---	3	0%	460	10%
Male	1,975	44%	8	0%	319	7%	224	5%	9	0%	1,129	25%	20	0%	149	3%	3,833	86%
Transgender	119	3%	---	---	13	0%	3	0%	---	---	10	0%	3	0%	2	0%	150	3%
Unknown	7	0%	---	---	3	0%	---	---	---	---	12	0%	---	---	7	0%	29	1%
TOTAL	**2,520**	**56%**	**8**	**0%**	**341**	**8%**	**241**	**5%**	**9**	**0%**	**1,169**	**26%**	**23**	**1%**	**161**	**4%**	**4,472**	**100%**

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 8/31/2021 at 12:01:15 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

The PrEP-AP team has developed a new infographic entitled, *PrEP-AP at a Glance*, to provide a high-level overview of PrEP-AP. The infographic serves as an introduction or quick reference to PrEP-AP for new and existing clients and program partners. ***We welcome you to share this infographic on your website, social media, newsletters, or other communications.***

Strategy B: Increase and Improve HIV Testing

OA's HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. The program, TakeMeHome® (https://takemehome.org), is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit. In the first 11 months, between September 1, 2020 and July 31, 2021, 1816 tests were distributed, including 170 tests distributed in July. Of those ordering a test in July, 37.1% reported never before receiving an HIV test, and 42.9% were 18 to 29 years of age. For individuals reporting ethnicity, 56.9% were Hispanic/Latinx, and of those reporting sexual history, 56.9% indicated 3 or more partners in the past 12 months. To date, 271 recipients have filled out an anonymous follow up survey, with 94.1% indicating they would recommend TakeMeHome HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (75.3%) or having had more than one sex partner in the past 12 months (59.0%).

The six counties are expanding the options available through the TakeMeHome® program to include using a Dried-Blood Spot (DBS) HIV testing kit. This allows for additional screenings, including for Syphilis and Hepatitis C, as well as running a creatinine test that is part of the monitoring done for people taking PrEP. Since the DBS testing is processed by a laboratory, the counties and the state will have access to results and can quickly respond when people have a positive result for HIV or the other tests. BHOC has also made available STD screening, providing swabs to test for Gonorrhea and Chlamydia in the throat, rectum, or vagina. These too are processed by the lab and positive results are reported to the counties and the State, with the ability for county staff to provide partner notification services. The counties will come on-line with these additional options between September and December, after completing some administrative tasks. Promotion of the TakeMeHome® resource will be expanded to reach cisgender women of color, transgender people, and people who inject drugs (PWID), in addition to ongoing promotion to gay/MSM, particularly young gay/MSM of color.

Strategy F: Improve Overall Quality of HIV-Related Care

OA is in the formative phase of developing a Request for Applications (RFA) in response to the legislative funding for up to five HIV and Aging demonstration projects under Health and Safety Code section 121295, HIV and Aging Demonstration Projects. Appreciating **Strategy N: Enhanced Collaborations and Community Involvement**, community input is being sought through a survey that is still open for your input at https://cdphooa.co1.qualtrics.com/jfe/form/SV_eP5iy3gCAzvjeRg, and through two listening sessions that were hosted on August 24th and 27th. More than 140 people attended the two listening sessions. If you missed the listening sessions and want to share your recommendations, you can send them to HIVandAgingRFA@cdph.ca.gov. A summary, including answers to questions posed during the listening sessions is forthcoming, and will be distributed to the more than 900 stakeholders on our list-servs. If you are not on the OA mailing list, please ask to be added by sending an e-mail to OfficeofAIDS@cdph.ca.gov. OA will also consult with the California Department of Aging as instructed in the legislation.

To ensure ongoing community input, an Advisory Committee will be formed. More information about the advisory committee will be provided in the next few weeks, and applications for the advisory committee will be available on the OA website.

The RFA is open to all counties and community-based organizations throughout the state. A two-tiered funding system will be utilized with larger funding amounts for more complex, comprehensive programs, and smaller funding amounts will support organizations that cannot provide full clinical services but can offer programming that supports the health and well-being of people living with HIV fifty years of age and older.

The exact date of the RFA release has not been determined as input from the community will help shape the RFA. Once released, the RFA will be posted and accessible at the OA Website. Notice of the posting will be distributed through all our list-servs and that of our community partners.

New Medications on the ADAP Formulary:

OA has added mental health medications and gender-affirming medications to the AIDS Drug Assistance Program (ADAP) formulary. The additions of clonazepam (Klonopin®), duloxetine (Cymbalta®), escitalopram (Lexapro®), and hydroxyzine pamoate (Vistaril®) were effective on July 30, 2021. The additions of 17beta (_)_ estradiol, dutasteride, finasteride, leuprolide, and spironolactone were effective on August 6, 2021. For more information, access to the associated management memos can be found on the CDPH website at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_communications.aspx.

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

ADAP's Insurance Assitance Programs:

As of August 30, 2021, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

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

The Truth About Fentanyl:

Fentanyl does not cause overdose through accidental skin contact or inhalation despite misinformed accounts that continue to circulate in the media. The Drug Policy Alliance's recent blogpost, *"Facts, Not Fear. The Truth About Fentanyl"* answers frequently asked questions about fentanyl and how to identify a fentanyl overdose.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from July
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	577	-0.68%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,526	-0.91%
Medicare Part D Premium Payment (MDPP) Program	2,040	+0.44%
Total	**9,143**	**-0.59%**

Harm Reduction in Clinical Praxis Conference:

The Keck School of Medicine at University of Southern California will host their first annual Harm Reduction in Clinical Praxis Conference later this month. Healthcare workers will be offered interventional, institutional, and structural tools specific to improving care and outcomes for PWUD. The conference aims to provide an educational experience that translates into their clinical practice in order to dismantle treatment protocols and structures that uphold systems of violence against PWUD.

Register for the conference at https://keckusc.cloud-cme.com/course/courseoverview?P=5&EID=2896.

Strategy M: Improve Usability of Collected Data

The AHEAD Dashboard (https://ahead.hiv.gov) is expanding the information available! The AHEAD Dashboard is the Federal website monitoring six indicators necessary to getting to zero new HIV infections. You can view data for the nation, and for each of the 56 state, counties, and territories that comprise Phase I of the two-phase Ending the HIV Epidemic in America initiative. The indicators include: Incidence, knowledge of HIV Status, New HIV Diagnosis, Linkage to HIV Medical Care within 30 days of diagnosis, Viral Suppression rates, and PrEP Uptake. Enhancements include reporting demographic data (Age, Race/Ethnicity, Sex At Birth, and Mode of Transmission. Two and three-way stratification will be possible (e.g. looking at females, ages 13 – 24). Five Social Determinants of Health indicators will be listed: Housing Status, Stigma, Poverty, Educational levels, and employment rates. Confidence intervals will be available for some measures. The enhancements are being phased in, first for the national data, then for the jurisdictions. The site is more user friendly. Check it out!

Strategy N: Enhance Collaborations and Community Involvement

OA has partnered with the California Consortium of Urban Indian Health (CCUIH) to develop a Strategic Plan for relationship building and strengthening work in Indian Country in areas of communication, data collection and sharing, funding and other matters such as HIV/AIDS and Hepatitis C testing and harm reduction. CCUIH has presented two of three listening sessions for OA providing an overview of CA Indian history, the CA Indian healthcare system and HIV and Hepatitis C data among tribal communities.

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

LOS ANGELES COUNTY
COMMISSION ON HIV

Thomas Green

Membership Application on File with the Commission Office

LOS ANGELES COUNTY
COMMISSION ON HIV

Eduardo Martinez

Membership Application on File with the Commission Office

LOS ANGELES COUNTY
COMMISSION ON HIV

Alexander Luckie Fuller

Membership Application on File with the Commission Office

MOTION #6:
09/09/2021
Commission Meeting

LOS ANGELES COUNTY
COMMISSION ON HIV

Planning, Priorities and Allocations Committee
Service Category Rankings for PY 32 (FY 2022-23)
(Executive Committee Approved 8/26/2021)

COH 2022-23 Ranking		Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
Rev[i]	Appvd[ii]			
1	1	Housing	S	Housing
		Permanent Support Housing		
		Transitional Housing		
		Emergency Shelters		
		Transitional Residential Care Facilities (TRCF)		
		Residential Care Facilities for the Chronically Ill (RCFCI)		
2	3	Non-Medical Case Management	S	Non-Medical Case Management Services
		Linkage Case Management		
		Benefit Specialty		
		Benefits Navigation		
		Transitional Case Management		
		Housing Case Management		
3	2	Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
		Medical Subspecialty Services		
		Therapeutic Monitoring Program		
4	4	Emergency Financial Assistance	S	Emergency Financial Assistance
5	5	Psychosocial Support Services	S	Psychosocial Support Services
6	6	Medical Care Coordination (MCC)	C	Medical Case Management (including treatment adherence services)
7	7	Mental Health Services	C	Mental Health Services
		MH, Psychiatry		
		MH, Psychotherapy		
8	10	Outreach Services	S	Outreach Services

COH 2022-23 Ranking		Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
Rev[i]	Appvd[ii]			
		Engaged/Retained in Care		
9	16	Substance Abuse Outpatient	C	Substance Abuse Outpatient Care
10	9	Early Intervention Services	C	Early Intervention Services
11	8	Medical Transportation	S	Medical Transportation
12	11	Nutrition Support	S	Food Bank/Home Delivered Meals
13	12	Oral Health Services	C	Oral Health Care
14	13	Child Care Services	S	Child Care Services
15	14	Other Professional Services	S	Other Professional Services
		Legal Services		
		Permanency Planning		
16	15	Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
17	17	Health Education/Risk Reduction	S	Health Education/Risk Reduction
18	18	Home Based Case Management	C	Home and Community Based Health Services
19	19	Home Health Care	C	Home Health Care
20	20	Referral	S	Referral for Health Care and Support Services
21	21	Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost-Sharing Assistance for Low-income individuals
22	22	Language	S	Linguistics Services
23	23	Medical Nutrition Therapy	C	Medical Nutrition Therapy
24	24	Rehabilitation Services	S	Rehabilitation Services
25	25	Respite	S	Respite Care
26	26	Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance
27	27	Hospice	C	Hospice

[i] Rev: The first column represents revisions recommended and approved by the Planning, Priorities and Allocations Committee on 8/17/2021.

[ii] Appvd: The second column represents Commission on HIV approved PY 32 service category rankings. Approved September 20, 2020.

Los Angeles County Commission on HIV
Planning, Priorities and Allocations Committee Recommendation For Program Year 32 Ryan White Part A and MAI Allocation Percentages

Motion #7
09/09/2021
Commission Meeting

			Revised Recommended Allocation PY 32 (FY 2022-23) (1)			FY 2022 PY 32 Approved (2)
PY 32 Priority #	Core/ Support Services	Service Category	Part A %	MAI %	TOTAL PART A/MAI %	TOTAL PART A/MAI %
1	S	Housing Services RCFCI/TRCF/Rental Subsidies with CM	0.96%	87.39%	8.33%	5.00%
2	S	Non Medical Case Management	2.44%	12.61%	3.30%	8.60%
3	C	Ambulatory Outpatient Medical Services	25.51%	0.00%	23.33%	28.30%
4	S	Emergency Financial Assistance	0.00%	0.00%	0.00%	2.50%
5	S	Psychosocial Support Services	0.00%	0.00%	0.00%	2.00%
6	C	Medical Care Coordination (MCC)	28.88%	0.00%	26.41%	25.60%
7	C	Mental Health Services	4.07%	0.00%	3.72%	0.00%
8	S	Outreach Services (LRP)	0.00%	0.00%	0.00%	0.00%
9	C	Substance Abuse Outpatient	0.00%	0.00%	0.00%	0.00%
10	C	Early Intervention Services	0.00%	0.00%	0.00%	1.25%
11	S	Medical Transportation	2.17%	0.00%	1.99%	1.52%
12	S	Nutrition Support (Food Bank/Home-delivered Meals)	8.95%	0.00%	8.19%	5.27%
13	C	Oral Health Services	17.6%	0.00%	16.13%	12.00%
14	S	Child Care Services	0.95%	0.00%	0.87%	1.00%

Los Angeles County Commission on HIV
Planning, Priorities and Allocations Committee Recommendation For Program Year 32 Ryan White Part A and MAI Allocation Percentages

Motion #7
09/09/2021
Commission Meeting

			Revised Recommended Allocation PY 32 (FY 2022-23) (1)			FY 2021 PY 32 Approved (2)
PY 32 Priority #	Core/ Support Services	Service Category	Part A %	MAI %	TOTAL PART A/MAI %	TOTAL PART A/MAI %
15	S	Other Professional Services (Legal Services)	1.00%	0.00%	0.92%	1.00%
16	S	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%
17	S	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%
18	C	Home Based Case Management	6.78%	0.00%	6.21%	5.91%
19	C	Home Health Care	0.00%	0.00%	0.00%	0.00%
20	S	Referral	0.00%	0.00%	0.00%	0.00%
21	C	Health Insurance Premium/Cost Sharing	0.00%	0.00%	0.00%	0.00%
22	S	Language	0.65%	0.00%	0.60%	0.00%
23	C	Medical Nutrition Therapy	0.00%	0.00%	0.00%	0.05%
24	S	Rehabilitation Services	0.00%	0.00%	0.00%	0.00%
25	S	Respite Care	0.00%	0.00%	0.00%	0.00%
26	C	Local Pharmacy Assistance	0.00%	0.00%	0.00%	0.00%
27	C	Hospice	0.00%	0.00%	0.00%	0.00%
		Overall Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Footnote:

1 - Recommended revision approved by the Planning, Priorities and Allocations Committee on 08/24/2021.

2 - Commission allocation percentages approved 09/20/2020

LOS ANGELES COUNTY
COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

August 3, 2021
Board of Supervisors
Los Angeles County
313 N. Figueroa Street, Room 806
Los Angeles, CA 90012

Dear Board of Supervisors:

Los Angeles County is in an ongoing STD crisis that has seen rates explode over the last six years. As the Board of Supervisor's designated HIV and sexually transmitted diseases (STD) prevention and care planning council for Los Angeles, the Commission on HIV (Commission) is extremely concerned about the sharp increase in STD rates in the last three years, especially the startling increase of syphilis and congenital syphilis cases[1], and the ability of the County's existing STD programs and resources to respond to this crisis.

While we sincerely appreciate that the COVID-19 pandemic necessitated an immediate and acute public health response, the effects of compounded public health crises are evident in the most recent surveillance data and what providers and community see on the ground. As the 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. The data speaks for itself, and the voices of the community must be heard even louder – **we need to act now to prevent the STD crisis from getting worse**. We are calling on the Board and Alliance for Health Integration (AHI) leadership to immediately take bold, concrete actions to expand resources and build public health infrastructure so that we can end this crisis.

The Commission first raised the alarm in 2018 and over the last three years has continued to express our dismay as the STD crisis grows. We have examined annual surveillance data and reports, held forums and discussions to mobilize at the community level, supported concerns raised at a provider meeting with DPH leadership in February 2020, and have monitored the Board and DPH's engagement with this crisis through the November 2018 Board Motion and subsequent Quarterly STD reports. It is evident that there is a clear pattern of additional factors contributing to the crisis including and not limited to methamphetamine use, undiagnosed and untreated mental illness, little to no access to prenatal care, homelessness as well as a devastating lack of concise and consistent public understanding regarding this overwhelming and preventable crisis. Three years later, the Commission and the broader STD and HIV

[1] DHSP surveillance data shows a 450% increase of syphilis among females and 235% increase among males in the last decade (2009-2019), with 113 congenital syphilis cases in 2020.

advocacy community feel that there has been little movement in combatting this crisis, we have done everything we can and advocated with leadership at all levels, but have been met with silence all around.

Our concern has only grown as the COVID-19 pandemic exacerbated gaps in an already overstressed public health system that was not prepared for the pandemic. With the onset of the COVID-19 pandemic, HIV and STD testing and treatment rates sharply declined while new transmissions continued. Particularly concerning is, the same communities disproportionately impacted by STDs, including men who have sex with men (MSM), transgender individuals, women, communities of color, and now youth, have also been disproportionately impacted by COVID-19, exacerbating existing health and social inequities.

Moreover, in our County, an already understaffed and under-resourced STD response was made worse by the redeployment of nearly all staff to COVID-19 work. As reflected in DPH's Quarterly STD reports over the last year, staff had to quickly pivot to address the overwhelming demands of COVID-19 work with the existing STD crisis, and the majority of County and community programming for STDs was severely reduced in capacity or entirely put on hold. 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 public health staff with a large COVID-19 caseload on top of their STD caseload. The service capacity of public and private sector partners was also impacted, as providers had to close or reduce STD services to focus on COVID-19.

Even before the COVID-19 pandemic began, the County faced significant challenges that have made it difficult to combat exploding STD rates, including inadequate infrastructure, suboptimal access to a fragmented local system of care, and decades of limited resources. Combatting the STD crisis requires a robust infrastructure for County-funded services 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. Yet the County's resources to support STD public health infrastructure remain woefully inadequate, this fact continues compounding the crisis for decades to come.

As noted in 2018, STD resources have been impacted by a 40% decrease in purchasing power caused by federal STD allocations remaining level since 2003 and the minimal annual support received from the State. In 2018 the Division of HIV and STD Programs (DHSP) estimated that an additional baseline investment of $30 million annually is necessary to support adequate programming and access to STD prevention, testing, and treatment, and as STD morbidity has increased in the last three years, that estimated resource need has also increased significantly.

While the Commission thanks the Board for the $5 million allocation for STDs in 2018, we remain steadfast in our belief that an annual investment based on DHSP's estimated need is vital to effectively control and treat STDs in LA County. While one-time funding sources are helpful, having to advocate for piecemeal allocations each year at every single level, allows the

STD crisis to continue to grow uncontained. We are encouraged that this year's State budget will include an additional $4 million ongoing investment for STDs, and a large investment in public health infrastructure in 2022, some of which must be directed to STDs. However, since years of fierce advocacy nationwide has not secured truly adequate federal and State resources, the County must recognize that it has to step up to identify a long-term, sustainable funding source commensurate to the magnitude of the county's STD crisis.

The COVID-19 pandemic has highlighted the core function of public health departments and how they are able to mobilize when given adequate resources. The Board of Supervisors and AHI leaders can make a real impact and be champions in combatting our STD crisis, as they have demonstrated in their strong efforts to combat the COVID-19 pandemic in our County. DHSP, with support from the Commission, has developed and implemented responsive and innovative programs to curb the HIV epidemic, and these efforts are well supported with federal, state, and local resources proportional to the magnitude of the HIV epidemic in Los Angeles. Yet the County lacks a comparable, robust infrastructure to address the STD crisis. Our policies and resource allocations reflect our values and priorities; with strengthened support and a revitalized commitment to ending HIV, we must respond with comparable urgency and resources to curb the STD epidemic and successfully end HIV by 2030. The Commission requests the following actions from the Board of Supervisors and the Directors of Public Heath, Health Services, and Mental Health:

Board of Supervisors

- Allocate additional tobacco settlement funds to strengthen the County's STD public health infrastructure and DPH-funded STD services provided by community partners and mandate a minimum annual allocation to address the STD crisis.
- Increase DPH's STD net county cost (NCC) annual allocation to support the additional staff necessary to expand surveillance capacity.
- Re-engage with AHI leaders on program, policy, and resource issues highlighted in the Quarterly STD reports. Request a timeline to complete key activities.
- Work with the Health Officer to declare the STD crisis a local public health crisis and direct the Health Officer to work with other counties to request that the Governor declare a statewide STD public health crisis.
- Work with DPH and community partners to develop short and long-term policy, structural, and community engagement interventions to alleviate the crisis, including advocating for STD-related legislative and budget proposals and exploring changes to the County's healthcare system that facilitate access to STD testing, community education and treatment.
- In alignment with the Board's Anti-Racism, Diversity and Inclusion Initiative, we request the Board to support strategies aimed at uplifting the health and wellness of the Black community such as, but not limited to:
    1) provide technical assistance to aid Black agencies in obtaining funds for culturally sensitive services;

2) provide cultural sensitivity and education training to include addressing implicit bias and medical mistrust within the Black community for all County-contracted providers and adopt cultural humility into the local HIV/STD provider service delivery framework; and
3) provide resources to Community-Based Organizations (CBOs) to develop, implement and evaluate primary prevention interventions which are culturally appropriate and relevant to needs and strengths of the Black community.

Departments of Public Health, Health Services, and Mental Health (AHI)

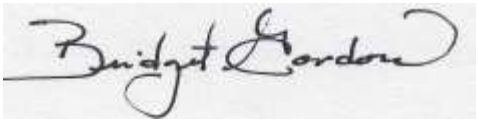
- Identify a concrete timeline to end the County's STD crisis, including key immediate and long-term activities, and approximate funding allocations necessary to achieve activities.
- Develop clear action steps for collaboration between departments and leverage resources to efficiently and effectively marshal a coordinated and synchronized response to the local STD crisis.
- Implement additional action steps to combat the STD crisis which have been clearly outlined in documents including STD Quarterly Reports, responses to federal Requests for Information (RFI), presentations at the Commission, and the provider meeting with DPH leadership, and ensure the response is conducted through a health equity lens.
- Clearly identify all existing funding streams and allocations at all levels for STDs and explore other local health funding streams to identify areas with unspent funds that can be shifted to the STD response. Explore how to better align with other public health programs and resources where issues overlap with STDs (SAPC, etc.).
- Identify all unused COVID-19 public health financial and human resources that can be immediately mobilized and reinvested in competing public health crises, including STDs.
- Call on California's STD Control Branch (CDPH) and the Department of Health and Human Services (DHHS) to advocate with the Governor, and appeal to the federal HHS, for additional federal and state resources to combat the STD crisis, mirroring the County's advocacy efforts that successfully secured additional support for COVID-19.
- Reinvest in existing and establish new partnerships with community health centers (CHCs) and other agencies to expand capacity for community outreach, education, STD testing, and treatment. Collaborate with CHCs, hospitals, and other clinics, including in non-traditional settings, to integrate and routinize STD testing and care for clients.
- Create a public-facing STD data dashboard to track in real-time the County's progress towards reducing the crisis. Establish performance metrics.
- Release all available DPH staff from their COVID-19 assignments to refocus efforts on the uncontrolled STD crisis in Los Angeles County.

We kindly request a meeting with Board representatives and DPH, DHS, and DMH leadership within the next 30 days (or at the 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 leadership in DPH, DHS, and DMH to be transparent in their

communication process with the community and to work with Commissioners and other key stakeholders to identify solutions to our common concerns around STDs and HIV.

The Board of Supervisors must seize the opportunity to show leadership and a very public commitment to ending the *decades long* crisis of the (HIV/STD epidemics) that continues to *severely traumatize our communities* and impact the health and well-being of tens of thousands of Angelenos and *their families*. With the scientific advances in HIV and STD treatment, we truly have a chance at ending HIV and curbing the STD epidemic. Let us not waste this opportunity of a lifetime by remaining inactive and ignoring community voices and strengths and focus instead on transparency, investment and authentic collaboration. We look forward to coordinating a meeting shortly and ensuring an immediate response to our concerns. Thank you.

Sincerely,



Bridget Gordon and David Lee,
Co-Chairs, Commission on HIV

cc:
Health Deputies
Barbara Ferrer, PhD, MPH, M.Ed.
Christina Ghaly, MD
Jonathan Sherin, MD, PhD
Muntu Davis, MD, MPH
Rita Singhal, MD, MPH
Mario Perez, MPH
Celia Zavala
End the Epidemics Coalition
Essential Access Health
Community Clinic Association of Los Angeles County (CCALAC)
Coachman Moore & Associates (We Can Stop STDs LA)
Connect to Protect LA (C2PLA)

LA County Commission on HIV

Constructively Candid Conversations

Session 5

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

LOS ANGELES COUNTY COMMISSION ON HIV

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

Plan

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

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

Schedule:

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

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

Interaction Agreements

Engage Fully – avoid distractions

Represent Yourself – don't claim to speak for others

Share the Space – give room for others to speak

Receive Generously – don't attribute motives

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

Protect Confidentiality – take learning with you, leave stories behind

Review

- Some conversations are uncomfortably difficult for some of us
- How difficult a conversation is, has much to do with the Stage of the Relationship
- We build stronger Relationships by strengthening Trust
- What Words we use, when, matters
- Implicit Bias can interfere with how we interact with one another
- The first skill in Constructively Candid Conversations is Self-Management, consisting of Self-Awareness and Self-Control

LOS ANGELES COUNTY COMMISSION ON HIV

Today – 2nd of 5 Skills for Constructively Candid Conversations: ***Empathy***

~~Sympathy~~

LOS ANGELES COUNTY COMMISSION ON HIV

Today – 2nd of 5 Skills for Constructively Candid Conversations: ***Empathy***

~~Sympathy~~

~~Projection~~

LOS ANGELES COUNTY COMMISSION ON HIV

Today – 2nd of 5 Skills for Constructively Candid Conversations: ***Empathy***

~~Sympathy~~

IMAGINATION

~~Projection~~

Practice

As you listen to this reading, imagine what the writer is feeling.

Practice

Poll

Choose One…

pollev.com/livepoll

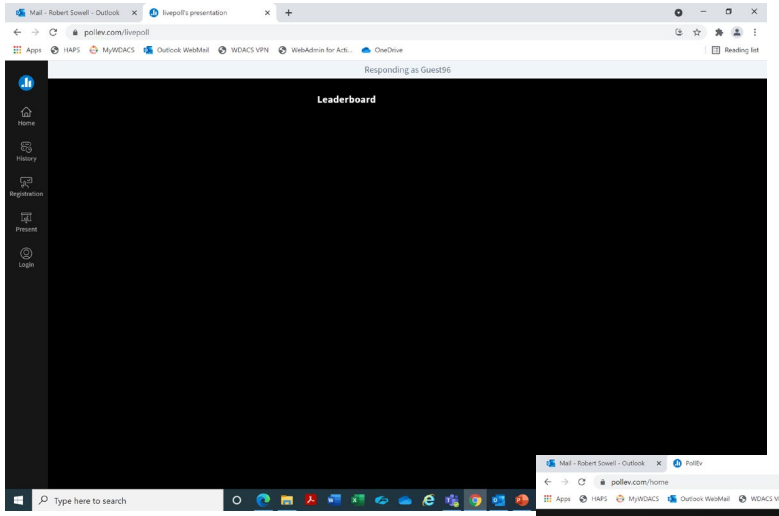
Home

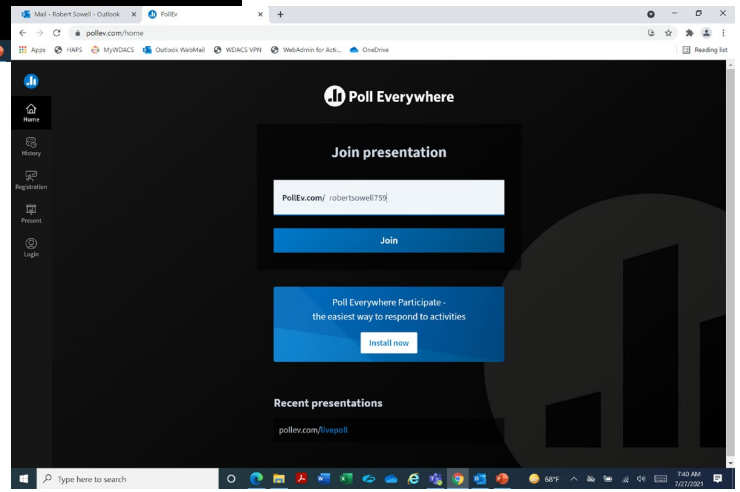
robertsowell759 for username

Join

OR

text robertsowell759 to 37607





What words do you imagine the writer would use to describe what they are feeling?

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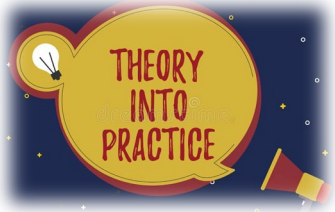
Practice



As you listen to the following comment, imagine what the speaker is feeling.

What words do you imagine the speaker would use to describe what they're feeling?

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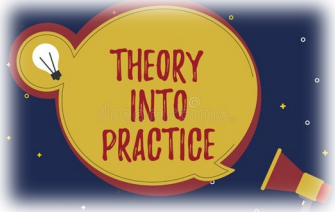
Practice



As you listen to the following comment, imagine what the speaker is feeling.

What words do you imagine this speaker would use to describe what they're feeling?

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Empathy

IMAGINATION

LA County Commission on HIV

Constructively Candid Conversations

Session 5

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