



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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# EXECUTIVE COMMITTEE Virtual Meeting

Thursday, March 25, 2021

1:00PM -3:00PM (PST)

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

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## **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](mailto: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.

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LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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

To Join by Computer, please Register at:

<https://tinyurl.com/vsea3fx8>

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

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

Access code: 145 770 3395

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

AGENDA POSTED: March 19, 2021

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

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

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

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

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

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

**I. ADMINISTRATIVE MATTERS**

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

**II. PUBLIC COMMENT** 1:07 P.M. – 1:10 P.M.

- 3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission.

**III. COMMITTEE NEW BUSINESS ITEMS** 1:10 P.M. – 1:13 P.M.

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

**IV. REPORTS**

- 5. **Executive Director’s/Staff Report** 1:13 P.M. – 1:20 P.M.
  - A. Commission/County Operational Updates
  - B. Commission and Committee Activities
    - 2021 Work Plan
- 6. **Co-Chair’s Report** 1:20 P.M. – 2:10 P.M.
  - A. March 11, 2021 COH Meeting | FOLLOW UP + FEEDBACK
  - B. “So You Want to Talk About Race?” Book Reading Activity
    - Chapter 1, pp1-22
  - C. April 8, 2021 (Draft) Commission Meeting Agenda | REVIEW + FEEDBACK
  - D. COH Letter Re: COVID-19 Vaccination for People Living with HIV | UPDATE
  - E. Meaningful Involvement of People Living with HIV (MIPA)
  - F. HealthHIV/COH Effectiveness Assessment Survey | REMINDER

7. **Division of HIV and STD Programs (DHSP) Report** 2:10 P.M. – 2:25 P.M.  
 A. Fiscal, Programmatic and Procurement Updates  
     (1) Emergency Financial Assistance (EFA) Update  
     (2) 2020 Preliminary STD/HIV Surveillance Data Update  
 B. Ending the HIV Epidemic (EHE) Activities
8. **Standing Committee Reports:** 2:25 P.M. – 2:45 P.M.  
 A. Operations Committee  
     (1) Membership Management  
     (2) Membership Application Redevelopment | UPDATES  
     (3) Outreach, Retention and Community Engagement Strategies and Efforts  
 B. Planning, Priorities and Allocations (PP&A) Committee  
     (1) Priority Setting and Resource Allocation (PSRA) Training  
     (2) Prevention Planning Activities  
         • 3.22.21 Prevention Planning Workgroup Meeting | UPDATE  
 C. Standards and Best Practices (SBP) Committee  
     (1) Child Care and Language Services Provider Survey | UPDATE  
     (2) 2021 Service Standards | REVIEW  
         • Home Based Case Management  
         • Benefit Specialty  
         • Substance Abuse Residential Treatment  
 D. Public Policy Committee  
     (1) County, State and Federal Policy and Legislation  
         • 2021 COH Policy Priorities **MOTION #3**  
     (2) County, State and Federal Budget
9. **Caucus, Task Force, and Work Group Reports:** 2:45 P.M. – 2:50 P.M.  
 A. Aging Task Force | April 6, 2021 @ 10am-12pm  
 B. Black/African American Community (BAAC) Task Force | April 26, 2021 @ 1-3pm  
 C. Consumer Caucus | April 8, 2021 @ 3-4:30pm  
 D. Women’s Caucus | April 19, 2021 @ 2-4pm  
 E. Transgender Caucus | April 27, 2021 @ 10am-12pm

**V. NEXT STEPS**

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

**VI. ANNOUNCEMENTS**

12. Opportunity for members of the public and the committee to make announcements 2:55 P.M. – 3:00 P.M.

**VII. ADJOURNMENT**

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

<b>PROPOSED MOTION(s)/ACTION(s):</b>	
<b>MOTION #1:</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2:</b>	Approve the Executive Committee minutes, as presented or revised.
<b>MOTION #3:</b>	Approve the COH 2021 Policy Priorities, as presented, or revised.



## LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748

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

### CODE OF CONDUCT

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

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

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

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



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

**EXECUTIVE COMMITTEE  
MEETING MINUTES**

January 28, 2021



MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC (cont.)	COMM STAFF/ CONSULTANTS
Bridget Gordon, <i>Co-Chair</i>	Frankie Darling-Palacios	Jennifer Gjurashaj	Cheryl Barrit, MPIA
David Lee, MPH, LCSW, <i>Co-Chair</i>	Lee Kochems, MA	April Johnson, MA	Carolyn Echols-Watson, MPA
Raquel Cataldo		Eve Kelly	Catherine Lapointe
Michele Daniels	<b>PUBLIC</b>	Carlos Moreno	Dawn McClendon
Erika Davies	Danielle Campbell, MPH	LCDR Jose Antonio Ortiz, MPH	Jane Nachazel-Ruck
Joseph Green	Geneviève Clavreul, RN, PhD	Isabella Rodriguez, MA	Sonja Wright, MS, Lac
Katja Nelson, MPP	Pamela Coffey	Natalie Sanchez, MPH	
Mario Pérez, MPH	Kevin Donnelly	Robert Sowell	<b>DHSP STAFF</b>
Juan Preciado	Michelle Enfield	Axum Taylor	Julie Tolentino, MPH
Kevin Stalter	Thelma Garcia	Marissa Tonelli	Paulina Zamudio
Justin Valero, MA	Gerald Garth, MNM	Greg Wilson	

\*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

**CONTENTS OF COMMITTEE PACKET**

- 1) **Cover Page:** Executive Committee Virtual Meeting, *1/28/2021*
- 2) **Agenda:** Executive Committee Meeting Agenda, *1/28/2021*
- 3) **Minutes:** Executive Committee Meeting Minutes, *11/30/2020*
- 4) **Code:** Code of Conduct, *4/11/2019*
- 5) **Table:** HealthHIV IHAP-TAC, Planning Body Assessment Steps/Anticipated Timeline, *2020-2021*
- 6) **Framework:** Los Angeles County Commission on HIV, Commitment to Racial Justice Framework, *Draft 1/20/2021*
- 7) **Table:** Los Angeles County Commission on HIV (COH) 2021 Master Work Plan, Draft/For Review and Discussion Only, *1/5/2021*
- 8) **Report:** Los Angeles County Commission on HIV, Annual Report, January – December 2020, 2020: Rising Above the Challenge, *Final Draft, For review, 1/28/2021*
- 9) **Flyer:** Emergency Financial Assistance, *2021*
- 10) **Roster:** 2021 Membership Roster, *Updated 1/14/2021*
- 11) **Membership Application:** Felipe Findley, PA-C, MPAS, AAHIVS, *12/7/2020*
- 12) **Membership Application:** Gerald Garth, MNM, *10/23/2020*
- 13) **Membership Application:** Isabella Rodriguez, MA, *1/4/2021*
- 14) **Membership Application:** Reba Stevens, *10/5/2020*
- 15) **Spreadsheet:** Ryan White Part A, MAI Year 30 and Part B YR 2 (2020) Expenditures by Service Categories, *1/18/2021*
- 16) **List:** Planning, Priorities and Allocations Committee, Paradigms and Operating Values, *Approved 1/19/2021*
- 17) **Tool Kit:** Black/African American Community (BAAC) Task Force, Social Media Tool Kit, *February 2021*

**CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST:** Ms. Gordon called the meeting to order at 1:03 pm. Attendees introduced themselves and indicated their conflicts of interest, as pertinent.

**I. ADMINISTRATIVE MATTERS**

**1. APPROVAL OF AGENDA**

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

**2. APPROVAL OF MEETING MINUTES**

**MOTION #2:** Approve the 11/30/2020 Executive Committee Meeting Minutes, as presented (*Passed by Consensus*).

**II. PUBLIC COMMENT**

**3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION**

- Isabella Rodriguez, an applicant for membership appearing later on the agenda, noted speaking in the Operations Committee about her ambivalence towards HIV and how she felt that same ambivalence impacts marginalized communities. Providers think if a service is offered that people will access it, but may not understand factors and feelings that may cause people to make a different decision than what might be expected.
- There was discussion at Operations on how to foster more inclusive participation, but the application only offers trans choices of male to female or female to male whereas nonbinary will likely be the youth of tomorrow. There are many other trans topics that would be helpful to address such as trans and disability. She looked forward to engaging in this work.

**III. COMMITTEE NEW BUSINESS ITEMS**

**4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA**

- ➡ Add agenda standing item on how to address and assess race. Human Relations Commission work will be under that item.

**IV. REPORTS**

**5. EXECUTIVE DIRECTOR/STAFF REPORT**

**A. IHAP Technical Assistance (TA) to Assess Planning Council (PC) Effectiveness**

**(1) HealthHIV Project Kick Off Presentation**

- Eve Kelly, Axum Taylor, and Marissa Tonelli presented a PowerPoint on the assessment HealthHIV was doing for the Commission to evaluate effectiveness of its structure, policies and procedures, recruitment and orientation, and whether planning was generating desired outcomes. HealthHIV has done several such assessments for states.
  - The process is in three basic phases. The first is engagement which was being completed now. Its goal is to work with the organization to ensure shared desires for the process and outcomes. The next phase will be the actual assessment and the third phase will provide recommendations to enhance organization effectiveness.
  - The whole body survey will launch in February. The anonymous survey is about 30 questions and should take 25 to 30 minutes to complete. HealthHIV will also do some six key informant interviews, e.g., one from each Committee. Final recommendations should be ready by June. The full presentation is on the Commission website.
  - Mr. Stalter asked about the anonymity of responses. Ms. Tonelli said responses will be aggregated in a report. For example, if a qualitative question asks about perceived successes and member recruitment is noted often then the report will summarize there were many comments on that – but not specific statements that might be identifiable.
- ➡ Agreed that HealthHIV would introduce the process at the February Commission Meeting and ideally launch the full body survey at that time. That Survey Monkey survey needs 90% to 100% participation to be most effective.

**B. Develop Strategies to Address Inequities/Inequalities, Biases, and Isms**

**(1) Los Angeles County (LAC) Human Relations Commission Introduction and Presentation**

- Ms. Barrit noted a main theme of feedback from the Annual Meeting discussion on race highlighted finding a way and skills to engage in productive and healing dialogue. The Human Relations Commission offers resources to help Commissioners build profitable relationships, address differences of opinion, and embrace that process.
- April Johnson, MA and Robert Sowell are both trained mediators. Their goal is to promote better human relations in LAC by working to transform prejudice into acceptance, inequity into justice, and hostility into peace.

## Executive Committee Meeting Minutes

January 28, 2021

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- They work with a broad range of organizations, community partners, and law enforcement leaders including work towards equity in policing as well as to document, prevent, and respond to acts of hate countywide. They are part of the leadership group for the new LAC anti-racism, diversity, and inclusion initiative. They also manage the LAC resolution program countywide. They conduct training related to collaboration, prejudice, and adversity. They also have experience in facilitating difficult dialogue and training people to facilitate those conversations.
- They were especially interested in hearing directly from the group on how they could be helpful.
- Mr. Valero said this was his second year on the Commission. He finds that people are not here as a vanity project, but are truly involved in ending the epidemic. Sometimes that becomes a circular firing squad when the bigger picture is lost to a focus on things of lesser importance. Mr. Lee added that the Commission is a microcosm of the society around us. He felt strategies on how not to be distracted by some of those issues would be helpful.
- Ms. Gordon said the Commission does not know how to have a discussion on race – how to listen to each other and engage in a healthy way. Tools to facilitate listening and engaging with each other that foster empathy are critical. Commission data shows how critical addressing race is to assure survival.
- Mr. Donnelly noted the Commission deals with significant intersectionality regarding HIV and Sexually Transmitted Infections (STIs). He would like sexual matters addressed as well since they sometimes hinder discussion.
- Ms. Gordon recommended reading aloud pages from *So You Want to Talk About Race* as a group activity.
- Mr. Valero was concerned about optics of the Commission endorsing a book in a general meeting. Reading it as part of a retreat focused on the topic might be better. Mr. Sowell felt the issue can be addressed by a disclaimer.
- Mr. Pérez felt the book was consistent with issues deliberated at the Commission and reading it held no harm.
- ➡ Mr. Sowell encouraged people to submit additional comments by 2/2/2021. They can include observations in the Chat or email them to [AJohnson@wdacs.lacounty.gov](mailto:AJohnson@wdacs.lacounty.gov) or [RSowell@wdacs.lacounty.gov](mailto:RSowell@wdacs.lacounty.gov). They will bring back a summary of what they understand the Commission would like assistance in accomplishing, e.g., what it will take to have candid, productive conversations on race and other critical issues. Then pertinent trainings can be selected.
- ➡ Staff will update the Commission on the *So You Want to Talk About Race* book activity, as noted.

**MOTION #2A: (Gordon/Green)** Approve purchase of *So You Want to Talk About Race* by Ljeoma Oluo for all Commissioners and read 10 pages aloud at each Commission or Committee meeting until finished (**Passed: Yes** - Davies, Green, Nelson, Pérez, Stalter, Gordon, Lee; **No** - none; **Abstentions** - Valero).

### C. Commission/County Operational Updates

- (1) **Jane Nachazel-Ruck Retirement:** Ms. Barrit announced that Ms. Nachazel-Ruck will cover meetings through February and retire on 3/31/2021. A send-off was planned for her last Commission Meeting on 2/11/2021. She acknowledged her long service and commitment to this work.

### D. 2021 Commission Work Plan

- Ms. Barrit reviewed the Work Plan in the packet. She was still seeking consultants for EHE strategic planning over the next five to ten years as well as the EHE engagement tool kit for Commissioners.
- Committee Work Plans were also in the development process. Committees were being asked to consider Commissioner and staff capacity as well as the impact of the ongoing pandemic.

### E. 2020 Annual Report to the Board of Supervisors (Board)

- Ms. Barrit called attention to the Annual Report to the Board in the packet. Additional feedback should be submitted soon as the final draft will go to the Commission at the 2/11/2021 meeting and then to the Board.
- People can be proud of how much the Commission accomplished last year especially in so challenging an environment.

### F. Ending the HIV Epidemic (EHE) and Commission Activities

- Ms. Barrit reported the EHE Steering Committee would meet 1/29/2021. She will attend with Mr. Ballesteros who is the Commission's representative. It is important to ensure Commission alignment with and participation in that group.
- Ms. Gordon urged all to consider priorities in each area to best use the limited Commissioner and staff capacity.

## 6. CO-CHAIR REPORT

- A. **1/11/2021 Commission Meeting Follow Up and Feedback:** There were no additional comments.

B. **Commission Task Forces Review, Follow Up and Next Steps**

- Ms. Gordon noted the Commission is reviewed annually by County Counsel to ensure it is following its Bylaws.
- As part of that, task forces are reviewed. By definition, they are assigned a specific task and are disbanded after that.



## Executive Committee Meeting Minutes

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- Ms. Barrit noted the Aging Task Force has not yet completed its recommendations. It was scheduled to meet 2/2/2021.
- Mr. Wilson, Co-Chair, said he and Ms. Daniels, Co-Chair, Black/African American Community (BAAC) Task Force, would like to extend their Task Force for one year. They are engaged in developing recommendations for each Committee.
- Mr. Valero asked why BAAC did not shift to a caucus with no time limit. Mr. Wilson felt a Task Force was more urgent. This was discussed at the BAAC Task Force itself and the body wished to remain a Task Force.
- ➡ The Aging Task Force will consider whether to extend its charge or not at its 2/2/2021 meeting. That decision will come forward to the February Executive Committee for review.

**MOTION #2B: (Gordon/Green)** Extend the BAAC Task Force for one year to continue work on summary recommendations, suggest recommendations for the Commission/Committee bodies, and engage in strategic partnership to track recommendations into work and measure the impact of their incorporation into the Commission (**Passed by Consensus**).

- C. **2021 Committee Open Nomination and Elections Preparation:** Committee Co-Chair elections were as follows: PP&A – Raquel Cataldo and Frankie Darling-Palacios; SBP – Erika Davies and Kevin Stalter; Public Policy – Katja Nelson and Lee Kochems; Operations, Carlos Moreno and Juan Preciado.
- D. **At Large Executive Committee Member Open Nominations - REMINDER and ONGOING:** One seat remains open.

### 7. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT

#### A. Fiscal, Programmatic, and Procurement Updates

- Mr. Pérez reported DHSP received a Notice of Award (NOA) from the Health Resources and Services Administration (HRSA). Congress was still operating under a Continuing Resolution (CR) so the NOA is for a partial formula award of a little over \$10 million: \$9.222 million for Ryan White Part A and \$828,990 for the Minority AIDS Initiative (MAI). HRSA has not yet scored the application so the competitive supplemental award was not expected until around March.
- At this point, it was hard to predict whether the final award will reflect an increase, decrease, or stable funding. The full combined Part A and MAI award is normally in the \$40 millions.

#### (1) Emergency Financial Assistance (EFA) Updates

- There have been 27 applications with no denials to date – 14 via Alliance for Housing and Healing (Alliance) and 13 via Housing For Health (HFH). Checks are processed in about two weeks. Six people received checks this week.
- DHSP's Medical Care Coordinator (MCC) partners have had many more questions about the program than they have expressed before. In response, Paulina Zamudio and the team was setting up individual MCC meetings to ensure everyone understands the nature of the program and how to submit applications. A meeting with MCC teams on 1/27/2021 also went over some basic questions that had been raised.
- Separately, DHSP will begin to train Benefits Specialty providers by the second week of February. There have also been some follow-up requests by some providers for training so DHSP will be doing that as well.
- A few clients have contacted Alliance or HFH directly. DHSP has requested they keep an inquiry log to track issues.
- Ms. Sanchez asked if there were any plans to shorten the application. Mr. Pérez suggested people let DHSP know if they felt there were specific things DHSP should be asking. DHSP has worked closely with the Alliance to develop the application. In fact, it was modeled closely on applications Alliance has used.
- One sticky point appears to be the W-9s that need to be generated for landlords. For example, if a client needs help paying rent and the landlord is paid funds through the EFA then the landlord needs to complete a W-9. That is a legal requirement for the financial transaction between LAC and the landlord. The team has reviewed options to resolve the issue within the law, but it still appears to be an issue at times.
- Mr. Stalter noted President Joseph Biden recently signed an Executive Order that all agencies do everything possible to push aid out. He felt the Commission should go on record asking the federal government to waive the payer-of-last-resort requirement for this program nationwide. Mr. Pérez replied DHSP was unaware of payer-of-last-resort issues regarding EFA, but Mr. Stalter said he had been told that he had to apply everywhere else before being eligible, e.g., to Housing Opportunities for Persons With AIDS (HOPWA).
- Mr. Pérez said, in fact, the only preclusion for this EFA program is that a client cannot receive both EFA and, e.g., HOPWA, for the same month's rent. A client could, however, receive rental assistance from, say, HOPWA for January, and then receive EFA rental assistance for February, March, and April. Clients should not be told to apply at other programs first. Contact DHSP if there are problems.
- Ms. Sanchez requested a PowerPoint that staff could use to educate clients on the EFA process. Mr. Pérez said DHSP can provide that, but was expecting Alliance and HFH to be the central contact point on these transactions.

As part of its one-on-one meetings with MCC teams, DHSP will assess team capacity to effectively help the consumers that DHSP is paying them to help. It is also becoming clear to DHSP that an MCC team challenged by EFA applications will also be challenged to facilitate other needed support services such as mental health.

- Some 40% of Ryan White Ambulatory Outpatient Medical (AOM) clients are designated “self-care” and need just an annual MCC check-in, not full engagement. Even so, the clinic’s MCC team should help a client who needs EFA.
- Clients not enrolled in such an AOM team, e.g., a Kaiser Permanente client, will not have access to an MCC team since DHSP does not fund them at such entities now. Instead, they can call Alliance or HFH directly.

**B. Ending the HIV Epidemic (EHE) Activities + Updates**

- Ms. Tolentino said she would give a more comprehensive PowerPoint update at the 2/11/2021 Commission Meeting.
- DHSP trained its HIV testing contractors on self-test kits on 1/27/2021. It will be pushing kits out to interested agencies. Regarding data, forms A and B were being collected.
- DHSP is also emphasizing partnership development in areas like mental health and Syringe Exchange Programs (SEPs).

**8. STANDING COMMITTEE REPORTS**

**A. Operations Committee**

- Mr. Green was pleased to announce Carlos Moreno and Juan Preciado were elected Operations Committee Co-Chairs for 2021. He chose to step down as Co-Chair, but will remain on the Committee.
- Ms. Gordon complemented him for taking the Committee to a whole new level and congratulated the new Co-Chairs.

**(1) Membership Management:**

- Mr. Green reminded the body that mentors/collaborative partners would be needed for the amazing candidates coming onto the Commission. Interested members were urged to contact staff.
- In other activity, Operations approved the distribution of attendance warning letters to a few Commissioners who were in violation of attendance standards. In addition, final warning letters were approved for two Commissioners whose seats are scheduled to be vacated at the next meeting due to lack of attendance and response to inquiries.

**(a) New Member Applicant Interviews:** There was no report.

**(b) New Member Applications:** Mr. Green reported all the candidates presented received unanimous endorsements from their interview panels and the Operations Committee.

**(i) Felipe Findley, PA-C, MPAS, AAHIVS**

- Ms. Campbell reported Mr. Findley’s application was most highly recommended. He has been a member of the Service Planning Area (SPA) 6 community, a community organizer, and a provider serving some of the most affected populations in LAC. He is invested in the betterment of the community.

**MOTION #3:** Approve New Member Applicant, Felipe Findley, PA-C, MPAS, AAHIVS, and elevate to the 2/11/2021 Commission on HIV Meeting for approval, as presented (**Passed: Yes** - Daniels, Green, Nelson, Pérez, Valero, Gordon, Lee; **No** - none; **Abstentions** - none).

**(ii) Gerald Garth, MNM**

- Mr. Green noted Mr. Garth is Director, Programs and Operations, AMAAD Institute. Mr. Moreno was on the interview panel and felt he displayed a wealth of knowledge, connection to the community, and impressive resume. He is highly recommended.
- Mr. Garth was glad to be here and looked forward to join in the hard work being done by the Commission.

**MOTION #4:** Approve New Member Applicant, Gerald Garth, MNM, and elevate to the 2/11/2021 Commission on HIV Meeting for approval, as presented (**Passed: Yes** - Daniels, Green, Nelson, Pérez, Valero, Gordon, Lee; **No** - none; **Abstentions** - none).

**(iii) Isabella Rodriguez, MA**

- Ms. Rodriguez said attending the meetings today has been eye opening. It has been interesting to see how the Commission works and she looked forward to working with the Commission.

**MOTION #5:** Approve New Member Applicant, Isabella Rodriguez, MA, and elevate to the 2/11/2021 Commission on HIV Meeting for approval, as presented (**Passed: Yes** - Daniels, Green, Nelson, Pérez, Valero, Gordon, Lee; **No** - none; **Abstentions** - none).

**(iv) Reba Stevens**

- Mr. Green reported Ms. Stevens is a community advocate. Ms. Gordon worked with her on the Integration Advisory Board. Ms. Gordon felt she had come to that work with a lot of curiosity and questions – an approach which can be very helpful for the Commission now.

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**MOTION #6:** Approve New Member Applicant, Reba Stevens, and elevate to the 2/11/2021 Commission on HIV Meeting for approval, as presented (**Passed: Yes** - Daniels, Green, Nelson, Pérez, Valero, Gordon, Lee; **No** - none; **Abstentions** - none).

### B. Planning, Priorities, and Allocations (PP&A) Committee

(1) **DHSP Fiscal and Procurement Updates:** Ms. Barrit noted the Ryan White Expenditure Report in the packet for review.

(2) **Prevention Planning Activities:** There was no report.

#### (3) Substance Abuse Prevention and Control (SAPC) HIV/STD Related Programs

- SAPC representatives presented on three HIV-related programs: Student Wellness Centers with the Los Angeles Unified School District (LAUSD); Syringe Exchange Program (SEP); and Methamphetamine Task Force. Copies of the presentations are available on the Commission's website and can be emailed on request.

- Presentations like this inform PP&A's understanding of how planning efforts can be coordinated across programs.

#### (4) Paradigms and Operating Values

- Ms. Barrit noted these are used to guide Priority Setting and Resource Allocations (PSRA). The current iteration was in the packet for review. It reflects revisions to include the World Health Organization definition of Equity under Paradigms and the addition of Humility under Operating Values.

**MOTION #7:** Approve PP&A Committee Paradigms and Operating Values, as presented, and elevate to the 2/11/2021 Commission on HIV Meeting for approval (**Passed: Yes** - Daniels, Green, Nelson, Pérez, Valero, Gordon, Lee; **No** - none; **Abstentions** - none).

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

(1) **Child Care Standards of Care (SOC) Update:** Ms. Barrit reported SBP was continuing to refine this SOC. It was waiting for results of DHSP's survey of providers serving a significant number of women of childbearing age to help inform the SOC. It will revisit the SOC at its 2/2/2021 meeting.

(2) **Universal SOC Update:** Final revisions were expected to be completed at the 2/2/2021 meeting. If so, the final draft will come to the 2/25/2021 Executive Committee for approval and forwarding to the March Commission meeting.

(3) **HIV Continuum Review:** There was no report.

(4) **Engaging Private Health Plans and Providers:** SBP was just starting a project to identify recommendations and best practices to engage private health plans and providers. This was aligned with EHE Plan community engagement.

### D. Public Policy Committee

#### (1) County, State, and Federal Policy and Legislation

- Ms. Nelson reported the Committee was reviewing its 2021 Policy Priorities and reaching out to the Commission Caucuses and Task Forces to help inform that work which will continue at its next meeting on 2/1/2021.

- It was also starting to build the 2021 Legislative Docket as well as track President Joseph Biden's COVID-19 efforts.

(2) **County, State, and Federal Budget:** There was no report.

## 9. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

### A. Aging Task Force - 2/2/2021, 1:00 - 3:00 pm

- Ms. Nelson will give an update at the next meeting on Governor Gavin Newsom's Master Plan for Aging that was released at the beginning of January 2021. The update will focus on key goals and the beginning of implementation.

### B. Black/African American Community (BAAC) Task Force - 2/22/2021, 1:00 - 3:00 pm

- Mr. Wilson reported a long discussion at the last meeting on whether to transition to a caucus or, as was determined, to request a one-year task force extension.

- The Co-Chairs had a pre-meeting with Mr. Pérez and Ms. Wright on the March meeting on recommendations for DHSP. The Task Force was also working to develop guidance, as requested, on recommendations for the various Committees.

- In honor of National Black HIV/AIDS Awareness Day (NBHAAD), the Task Force will launch a tool kit on 2/21/2021. It is designed to encourage participation and membership recruitment with a clear statement on who we are, the purpose of the Task Force, how it benefits the entire Black African American community, and how to become a member.

- The Task Force was also discussing its Co-Chair terms, and how and when to elect the next Co-Chairs.

### C. Consumer Caucus - 2/11/2021, 3:00 - 4:30 pm

- Mr. Moreno noted the 1/14/2021 meeting was the first of the year. Co-Chair nominations opened and several candidates introduced themselves to the body. Some candidates are Unaffiliated Consumers (UCs).

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- On 2/11/2021, the Caucus will review revisions to the draft digital Commission Application and the EFA process.

### **D. Women's Caucus - TBD**

- Ms. McClendon noted this Caucus met earlier in the week. It discussed development of its 2021 Work Plan including a 2021 Lunch and Learn Women and HIV series. It also discussed the new EFA SOC.
- The next meeting was being rescheduled.

**E. Transgender Caucus - 2/23/2021, 10:00 am - 12:00 noon:** There was no report as this will be the first meeting of the year.

### **V. NEXT STEPS**

**10. TASK/ASSIGNMENTS RECAP:** There were no additional items.

**11. AGENDA DEVELOPMENT FOR NEXT MEETING:** There were no additional items.

### **VI. ANNOUNCEMENTS**

**12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** There were no announcements.

### **VII. ADJOURNMENT**

**13. ADJOURNMENT:** The meeting adjourned at 3:31 pm in honor of Rabbi Alan Freeland, the founding Chair of the then Commission on AIDS, and an advocate for civil rights and social justice, who passed away on 1/6/2021.



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

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

**EXECUTIVE COMMITTEE  
MEETING MINUTES**

February 25, 2021



MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC (cont.)	COMM STAFF/ CONSULTANTS
Bridget Gordon, <i>Co-Chair</i>	Mario Pérez, MPH	Jayshawnda Arrington	Cheryl Barrit, MPIA
David Lee, MPH, LCSW, <i>Co-Chair</i>	Juan Preciado	Alasdair Burton	Carolyn Echols-Watson, MPA
Raquel Cataldo	Kevin Stalter	Geneviève Clavreul, RN, PhD	Dawn McClendon
Frankie Darling-Palacios	Justin Valero, MA	Kevin Donnelly	Jane Nachazel-Ruck
Erika Davies		LCDR Jose Antonio Ortiz, MPH	
Lee Kochems, MA	<b>MEMBERS ABSENT</b>	Eddie Sanyer	<b>DHSP STAFF</b>
Carlos Moreno	Michele Daniels		Julie Tolentino, MPH
Katja Nelson, MPP			

\*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

**CONTENTS OF COMMITTEE PACKET**

- 1) **Agenda:** Executive Committee Meeting Agenda, 2/25/2021
- 2) **Code:** Code of Conduct, 4/11/2019
- 3) **Report:** 2020: Rising Above the Challenge, Annual Report January – December 2020
- 4) **Table:** Los Angeles County Commission on HIV (COH) 2021 Master Work Plan, Draft/For Review and Discussion Only, 1/5/2021
- 5) **Framework:** Los Angeles County Commission on HIV, Commitment to Racial Justice Framework, *Draft 1/20/2021/Executive Committee 1/28/2021*
- 6) **Letter:** COVID-19 Vaccination PLWH and Equity Advocacy Letter, *Draft 2/2021*
- 7) **Flyer:** Stop HIV Together: a virtual panel discussion with Black American Community Leaders, 2/2021
- 8) **Flyer:** Black African American Community (BAAC) Task Force, Social Media Kit, 2/2021
- 9) **Table:** 2021 Work Plan – Planning, Priorities and Allocations Committee, *Draft 2/16/2021*
- 10) **Table:** Standards and Best Practices Committee 2021 Work Plan, *Updated 2/18/2021*
- 11) **Table:** Los Angeles County Commission on HIV 2021 Work Plan (WP) – Operations Committee, *Draft for 1/28/2021 Ops Meeting*
- 12) **Table:** Consumer Caucus Workplan 2021, *Updated 2/18/2021*
- 13) **Table:** Los Angeles County Commission on HIV 2021, Women's Caucus Workplan, 1/26/2021
- 14) **Table:** Los Angeles County Commission on HIV 2021, Aging Task Force Workplan, 2/2/2021
- 15) **Table:** Los Angeles County Commission on HIV 2021, Black African American Community (BAAC) Task Force Workplan, 2/22/2021
- 16) **Table:** 2021 Work Plan – Planning, Priorities and Allocations Committee, *Draft 2/16/2021*
- 17) **Roster:** 2021 Membership Roster, *Updated 2/8/2021*
- 18) **Table:** Planning Council/Planning Body Reflectiveness, *Updated 1/26/2021*
- 19) **Policy/Procedures:** No. #08.3204: Commission and Committee Meeting Absences, *Approved 7/11/2019*
- 20) **Letter:** Michele Daniels, 2/3/2021
- 21) **Letter:** Diamante Johnson, 2/4/2021

**CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST**

- Ms. Gordon called the meeting to order at 1:03 pm. She noted the meeting was being recorded. Housekeeping reminders were in the Chat box. Questions and/or comments may be placed there as well. The agenda is also available on the Commission's website. All are asked to mute themselves when not speaking. And be kind. We are all in this together.
- Committee Members introduced themselves and identified care and/or prevention conflicts of interest.

**I. ADMINISTRATIVE MATTERS**

**1. APPROVAL OF AGENDA**

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

**2. APPROVAL OF MEETING MINUTES**

**MOTION #2:** Approve the Executive Committee Meeting Minutes, as presented (*Postponed*).

**II. PUBLIC COMMENT**

- 3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:** There were no comments.

**III. COMMITTEE NEW BUSINESS ITEMS**

- 4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA:** There were no items.

**IV. REPORTS**

**5. EXECUTIVE DIRECTOR/STAFF REPORT**

**A. Commission/County Operational Updates**

- Ms. Barrit acknowledged the birthdays today of both Sonja Wright and Jane Nachazel-Ruck. This will also be the last meeting Ms. Nachazel-Ruck covers. She will focus on writing prior to well-deserved retirement at the end of March.
- Department of Public Health (DPH) staff continue to be assigned as Disaster Service Workers (DSWs) to various COVID-19 related tasks such as support for vaccination clinics. Commission staff receive assignment calls periodically, but have not been deployed recently. The Executive Office does lean on Commission staff to promote vaccination clinics and a variety of COVID-19 as well as HIV support such as helping community members connect with testing and vaccination.
- The Commission's Annual Report to the Board of Supervisors (Board) was in the packet for review.

**B. HealthHIV Assessment Regarding Planning Council (PC) Effectiveness – SURVEY REMINDER**

- Ms. Barrit thanked all who submitted surveys and issued a friendly reminder to those who have not. The HealthHIV team update indicates submissions are improving, but 100% participation is needed for the most accurate assessment.
- If a survey cannot be completed in one setting, the person can return to pick up wherever the person left off.

**C. Los Angeles County (LAC) Human Relations Commission Partnership**

- The Human Relations Commission presented to this Committee last month on their efforts to carve out training and skills building workshops within full Commission meetings starting in March 2021.
- Follow-up reports to the Executive Committee will be scheduled based on the assessments of the Co-Chairs and staff.

**D. Ending the HIV Epidemic (EHE) and Commission Activities**

- Ms. Barrit highlighted that the Planning, Priorities and Allocations (PP&A) Committee has formed a Prevention Planning Work Group led by Alexander Luckie Fuller, Miguel Martinez, and Maribel Ulloa. The first virtual community meeting will be 3/22/2021 from 5:30 to 7:00 pm. A meeting notice was set out early to encourage broad participation.
- DHSP will provide an overview of the EHE Plan and a report on the prevention portfolio in Los Angeles County (LAC).
- Efforts were ongoing to identify a contractor to assist the Commission with Item 3, Master Work Plan, pertaining to strategic planning for development of a Commission EHE operational plan.

**6. CO-CHAIR REPORT**

- A. 2/11/2021 Commission Meeting Follow Up and Feedback:** There was no feedback.

**B. So You Want to Talk About Race? – Book Reading Activity**

- Ms. Gordon felt reading at only full body meetings would take too long so preferred reading at all standing meetings.
- Mr. Lee suggested including a few standard questions to guide discussion, e.g., What was the reading's overall theme?
- Ms. Gordon had suggested 10 pages as a reasonable time meeting time allotment, but Mr. Stalter asked about natural breaks such as chapters. Ms. Barrit noted chapters vary in length and do not include subchapters per se.
- Mr. Preciado noted the audio book is 7 hours and 42 minutes. A free trial subscription is available on Audiobooks.com. Mr. Sanyer noted he had downloaded Alexa to read it to him. Ms. McClendon was ordering books for Members.
- Mr. Stalter suggested assigning a chapter prior to each standing meeting, discussing it during the meeting, and then each body bringing their insights to discuss during the full Commission meeting.
- Ms. Gordon felt it a powerful communal experience for all to hear the same thing at the same time. It could encourage attendance at the various bodies. Requesting people read selections separately seems like a big ask. Mr. Kochems added 12 step meetings often read a selection followed by reflections. He felt the three key components were: sharing a learning experience, admitting we "don't know it all" while getting to know one another, and a follow-up discussion.
- Mr. Lee suggested all might read it prior to a separate meeting or section of meeting to discuss the material.
- Ms. Gordon emphasized this topic needs to be an ongoing one at the top of deliberations rather than a one-time effort. This activity should also complement the LAC Human Resources Commission interactive work at Commission meetings. They have said they will use selections from the book so might participate in other standing meetings as well, but Ms. Barrit felt it unlikely they would be able to attend all the Committee meetings.
- ➡ Assign all Commissioners to read one of the 17 chapters of the book in consecutive order. Some short chapters might be combined with the preceding or following chapter. Request a volunteer from each Commission or Committee meeting to read a selection from that chapter(s) out loud. Two or three standing questions can then be opened for attendee comment, e.g., How did the passage resonate with them? How does it apply to the Commission's work?

**C. COVID-19 Vaccination Priority for People Living with HIV/AIDS (PLWHA)**

- Ms. Barrit noted a letter drafted per Commission request in the packet. Mr. Kochems complimented the letter especially contextualizing the advocacy with the New York and the JAMA references. He did suggest more targeted advocacy to partner with not simply, e.g., "community organization," but with the HIV service organization and harm reduction infrastructure already in place and reaching these hard to reach populations.
- He noted long-term survivors, despite Highly Active Antiretroviral Therapy (JHAART), still suffer from inflammation, co-morbidities, and factors like medication side effects resulting in biological exceeding chronological age. He suggested using the Morbidity and Mortality Weekly Report (MMWR) that indicated LGBTQ populations are highly impacted.
- He also suggested adding Pasadena and Long Beach Health Jurisdictions to the letter's distribution. Complimentary efforts can be referenced from agencies like APLA Health and, when agenda'd at the Board, he urged consumer testimony and memorials to those lost to facilitate upwards pressure on the state. He felt listing the entire Commission membership, or at least the Executive Committee, lends a letter more weight.
- Mr. Lee suggested using as much published data as possible to bolster the request to public health officials.
- Mr. Pérez recommended being clearer on the letter's audience. The Centers for Disease Control and Prevention (CDC) and the State of California continue to establish vaccination priorities. To date, LAC has acquiesced to those guidelines. The Board and DPH leadership should hear the message, but the more the Commission can signal that it has paid very close attention to all the things that influence this process the better, e.g., a significant proportion of PLWHA are aging; and, since the last call, DHSP has confirmed that 20%-30% of PLWHA also have a diagnosis of diabetes.
- The State did attempt to level the playing field regarding vaccination access with a targeted campaign in Oakland and Los Angeles. Unfortunately, it relied on a code that was widely shared so the campaign did not serve its intended purpose of prioritizing African American and Latino residents. Every effort is being made to reach high risk populations.
- For that reason, he felt it important to offer specific recommendations for how to ensure registration is accessible or how to distribute vaccines. We are in a Darwinian, survival of the fittest, environment in terms of things like access to information technology or free time to continuously refresh a website. Suggestions should address such issues.
- He added that Craig Pulsipher, MPP, MSW, Associate Director, Government Affairs, APLA Health, was in Sacramento advocating on priority nuances. For example, those immune-compromised due to organ transplantation are prioritized before other immune-compromised people, but the science is thin. Eliminating the distinction would be helpful.
- Frankie Darling-Palacios urged further highlighting the systemic iniquities that hinder achievement of optimal health. In terms of specific suggestions, coordination with unions such as SEIU could be very helpful.

- Ms. Nachazel-Ruck said those with co-morbidities may be eligible as of 3/15/2021. Volunteers could help with sign-up.
- Mr. Pérez said some healthcare providers will be helping with vaccination. LAC expected to go from up to 180,000 doses per week to some 340,000. It estimates it can dispense some 180,000 doses to patients in four days so there is ample capacity to vaccinate more people as doses increase. The addition of the Johnson and Johnson vaccine will also vastly facilitate broadening access because it is over 70% effective, has less restrictive refrigeration requirements, and only requires one dose. Planning is hard now since LAC only receives a week's notice of how many doses are coming.
- ➡ Ms. Barrit will request final Commissioner COVID-19 HIV vaccination letter feedback within 24 hours to expedite final revisions. It is hoped the letter may influence addition of HIV to the expected 3/15/2021 list of eligible co-morbidities.

**D. 2/24/2021 Prevention through Active Community Engagement (PACE) Listening Session in Commemoration of National Black HIV/AIDS Awareness Day (NBHAAD)**

- Ms. Gordon reported the *Stop HIV Together* listening session and panel discussion drew 83 attendees.
- One active discussion topic was the still major issue of stigma. External stigma at providers may be a barrier before the patient is even able to engage with services to address internal stigma. An event flyer was in the packet for review.
- Ms. Barrit complimented Ms. Gordon, Mr. Lee, and Danielle Campbell, MPH on sharing the great work of the Commission with attendees and explaining how racism intersects with HIV work.

**E. 2021 Committee Work Plans**

- Ms. Barrit called attention to the Committee, Caucus, and Task Force Work Plans in the packet. While not all have been finalized as yet, they represent a good start. Frankie Darling-Palacios and Alexander Luckie Fuller, recent Transgender Task Force Co-Chairs, will be working with Ms. Barrit to develop that Task Force's Work Plan.
- A commonality among the groups is requests for data. It is especially important to drive the Priority Setting and Resource Allocations (PSRA) process. Ms. Barrit will coordinate requests supporting Commission work with DHSP.

**F. At Large Executive Committee Member Open Nominations – REMINDER and ONGOING:** Two seats were open.

**7. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT**

**A. Fiscal, Programmatic, and Procurement Updates**

- Mr. Pérez asked to move the STD surveillance report requested by the Commission from the March to the April Commission meeting and expand it, as noted below, to include program response and HIV data. Only one staff is left to meet critical surveillance needs with others redeployed as Disaster Service Workers (DSWs).
- There was a dip in new HIV diagnoses for a few months after COVID-19 began to take a foothold but, by November 2020, numbers had increased and exceeded November 2019 numbers. About six Health Districts had notable increases compared to 2019, including: Antelope Valley, El Monte, Pomona, East Los Angeles, and Whittier.
- There was a similar trend for STDs with a dip followed by increases compared to 2019, especially in areas with increases in syphilis overall and among women, and with increases in gonorrhea among men and women.
- Preliminarily, there were 113 congenital syphilis cases in 2020 with two cases still to be reconciled. DHSP has a good sense of which geographic areas are most impacted by this unfortunate level of congenital syphilis.
- Regarding housing, the State of California has approved a \$2.5 billion rental assistance program. Mr. Pérez has had a preliminary conversation with DHSP's partners at Housing Opportunities for Persons With AIDS (HOPWA), especially on coordination of EFA, HOPWA, and the new program and will be working with Maribel Ulloa, HOPWA, to that end.
- ➡ Move DHSP update on STD surveillance data from March to April Commission meeting due to staffing shortages. The report will include the response to the growing STD crisis, particularly around syphilis and congenital syphilis, as well as a preliminary report on HIV data from last year.

**(1) Emergency Financial Assistance (EFA) Updates**

- To date, 49 applications have been received with 21 approved and 28 pending review, mainly due to incomplete applications. DHSP was working closely with Alliance for Housing and Healing (Alliance) and Housing For Health (HFH) to review the applications as quickly as possible.
- There was an uptick in direct calls with 22 to Alliance and 25 to HFH from clients not connected to Medical Care Coordination (MCC). Those calls have since subsided, but the portal to services was being used.
- ➡ Mr. Pérez will update the status of enquiries from non-MCC clients at the next Executive Committee meeting.



**B. Ending the HIV Epidemic (EHE) Activities**

- Ms. Tolentino reported DHSP was working to ramp up its EHE team and has been able to bring on two new people. DHSP was also working on documentation to bring on temporary staff which, hopefully, will happen more quickly.
- Training on implicit bias and medical mistrust was one recommendation from the Black African American Community (BAAC) Task Force to DHSP. The DHSP training team has developed a PowerPoint now under final review.
- ➡ After final review, DHSP will present the Implicit Bias/Medical Mistrust PowerPoint at the next BAAC Task Force Meeting or another identified time for Commissioner feedback to ensure it meets the identified need.

**8. STANDING COMMITTEE REPORTS**

**A. Operations Committee**

**(1) Membership Management**

- Mr. Moreno reported the majority of that morning's meeting was on membership management, as noted below.
- ➡ Restart update at beginning of membership report on: number of vacancies; number of Unaffiliated Consumer vacancies; and the number of Alternates opposite a vacant full seat.

**(a) Attendance Letters**

☞ **Eduardo Martinez:**

- Mr. Martinez has not yet responded. The seat will be vacated if he does not respond by the next meeting.

☞ **Tony Spears**

- Mr. Spears responded to Ms. Barrit per the letter's instructions. He expressed interest in remaining on the Commission, but noted challenges in his personal life as well as challenges in accessing meetings virtually.
- Staff will provide Mr. Spears with a one-on-one tutorial to assist him in accessing meetings virtually.

☞ **Amiya Wilson**

- Ms. Wilson also responded to Ms. Barrit with interest in remaining despite personal challenges.
- A move from a full to an Alternate seat was offered as a means to provide more support. See Motion #9.

**(b) Seat Vacates**

☞ **Michele Daniels**

- Ms. Daniels attended the morning's Operations Committee to advocate for remaining on the Commission. She acknowledged challenges, including with her phone, and agreed to move to an Alternate seat in order to remain active while she addresses her challenges.
- As Ms. Daniels will no longer be on a full seat, she will no longer be eligible to fill the Executive At-Large position and that position is therefore vacated.

**MOTION #3:** Approve recommendation to vacate membership seat of Michele Daniels, Unaffiliated Consumer, SPA 1, as presented or revised (**Amended at Operations Committee**).

**MOTION #3A:** Approve recommendation to change membership seat of Michele Daniels from Unaffiliated Consumer, SPA 1 to Alternate, as presented (**Passed: Yes** – Darling-Palacios, Kochems, Moreno, Nelson, Pérez, Stalter, Valero, Gordon; **No** - none; **Abstentions** - none).

☞ **Diamantae Johnson**

- Mr. Johnson has had excessive absences and received multiple letters on the matter without response.
- Frankie Darling-Palacios asked if only letters were sent or there were other attempts to contact him. Staff verified that multiple attempts were made to reach out to him via all available contact routes.
- It is made clear to Commissioners leaving the body that they are always welcome to re-apply in future.

**MOTION #4:** Approve recommendation to vacate membership seat of Diamante Johnson, Unaffiliated Consumer, Supervisorial District 5, as presented (**Passed: Yes** – Cataldo, Kochems, Moreno, Nelson, Pérez, Stalter, Valero, Gordon; **No** - none; **Abstentions** - Darling-Palacios).

**(c) Membership Seat Changes**

☞ **Miguel Alvarez to HIV Stakeholder #8**

**MOTION #5:** Approve recommendation to change membership seat of Miguel Alvarez from Alternate (#51) to HIV Stakeholder #8, as presented (**Passed: Yes** – Cataldo, Darling-Palacios, Kochems, Moreno, Nelson, Pérez, Stalter, Valero, Gordon; **No** - none; **Abstentions** - none).

☞ **Alasdair Burton to Alternate (#21)**

- Mr. Pérez asked why Mr. Burton was not moving to a full seat. He has been very active as an Alternate behind Pamela Coffey. She did not attend regularly in the past, but was now more active reducing Mr.

Burton's opportunity to fully participate and vote. He does not meet one Unaffiliated Consumer requirement, but can retain full participation and voting privileges by moving behind a vacant full seat.

- Mr. Burton was willing to move to another Alternate seat to vote, but would enjoy a full seat one day.

**MOTION #6:** Approve recommendation to change membership seat of Alasdair Burton from Alternate (#24) to Alternate (#21), as presented (**Passed: Yes** – Cataldo, Darling-Palacios, Kochems, Moreno, Nelson, Pérez, Stalter, Valero, Gordon; **No** - none; **Abstentions** - none).

☞ **Thomas Green to Provider Representative #5**

- Mr. Green will represent APAIT, an AIDS Service Organization (ASO).

**MOTION #7:** Approve recommendation to change membership seat of Thomas Green from Alternate (#15) to Provider Representative #5, as presented (**Passed: Yes** – Cataldo, Darling-Palacios, Kochems, Moreno, Nelson, Pérez, Stalter, Valero, Gordon; **No** - none; **Abstentions** - none).

☞ **Nestor Kamurigi to Unaffiliated Consumer, Supervisorial District 2**

**MOTION #8:** Approve recommendation to change membership seat of Nestor Kamurigi from Alternate (#28) to Unaffiliated Consumer, Supervisorial District 2, as presented (**Passed: Yes** – Cataldo, Darling-Palacios, Kochems, Moreno, Nelson, Pérez, Stalter, Valero, Gordon; **No** - none; **Abstentions** - none).

☞ **Amiya Wilson to Alternate (#20)**

- Ms. Wilson's move to an Alternate seat will enable more support as she addresses personal challenges.

**MOTION #9:** Approve recommendation to change membership seat of Amiya Wilson from HIV Stakeholder #6 to Alternate (#20), as presented (**Passed: Yes** – Cataldo, Darling-Palacios, Kochems, Moreno, Nelson, Pérez, Stalter, Valero, Gordon; **No** - none; **Abstentions** - none).

**(2) Membership Application Redevelopment – UPDATES**

- The application was released for comment and feedback was in the process of being incorporated.

**(3) Mentorship Program – UPDATES**

- An Orientation meeting was held on 2/24/2021 with good attendance and was well received.

**B. Planning, Priorities, and Allocations (PP&A) Committee**

- Frankie Darling-Palacios was elected Co-Chair at the 1/19/2021 meeting and assumed the duties on 2/16/2021.

**(1) DHSP Fiscal and Procurement Updates**

- The Committee heard a good update from DHSP at the last meeting.

**(2) Prevention Planning Activities**

- The Prevention Planning Work Group was continuing progress in integrating prevention into planning.

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

- Mr. Stalter noted the annual review and revision of the Universal SOC was approved at the last Commission Meeting. Revisions primarily focused on the incorporation of telehealth.
- SBP heard a report on Clinical Quality Management from Lisa Klein, DHSP, that was then presented at the Commission.

**(1) Child Care Standards of Care (SOC) Update**

- Work on this SOC was on hold pending review of information from the DHSP provider survey on the service.

**(2) 2021 Standards of Care (SOC) Review**

- SBP will begin to address the SOC's prioritized for 2021 at its meeting on 3/2/2021 at 10:00 am to 12:00 noon.

☞ **Home-Based Case Management**

☞ **Benefits Specialty Services (BSS)**

☞ **Substance Abuse Treatment - Residential**

**D. Public Policy Committee**

- Ms. Nelson noted the next meeting will be 3/1/2021 from 1:00 to 3:00 pm.

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

- The Committee will continue work on the annual update of its Policy Priorities incorporating feedback from Commission Caucuses and Task forces.
- The last day for the California Legislature to introduce new legislation was 2/19/2021. A significant number of new bills have been added to the Legislative Docket. The Committee will consider its positions on them on 3/1/2021.

## Executive Committee Meeting Minutes

February 25, 2020

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- The California Department of Public Health was expected to expand eligibility for the COVID-19 vaccine on 3/15/2021 to those with certain co-morbidities. HIV is not one of the co-morbidities specifically listed, but there are bullets at the end of the guidance that discuss those who might be at risk of severe disease that may apply.
- The United States House of Representatives has just passed the Equality Act. It will now go to the Senate.

### (2) County, State, and Federal Budget

- The Committee continues to watch progress on federal budget reconciliation and the American Rescue Plan.

## 9. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

### A. Aging Task Force - 3/2/2021, 1:00 – 3:00 pm

#### (1) Extend Task Force for One Additional Year

- Ms. Barrit noted this Task Force was requesting the same consideration for an additional year to complete its directives that was already approved for the BAAC Task Force.

**MOTION #10:** Approve extension of Aging Task Force for one additional year to complete directives, as presented (*Passed by Consensus*).

### B. Black/African American Community (BAAC) Task Force - 3/22/2021, 1:00 – 3:00 pm

- Ms. Barrit reported Mr. Pérez and a DHSP leadership team will join the meeting to engage in a focused conversation on the BAAC Task Force recommendations. Part of the February meeting was devoted to preparation for this dialogue with DHSP on their feedback regarding how to enhance the recommendations and specificity on some bullet points.

### C. Consumer Caucus - 3/11/2021, 3:00 – 4:30 pm

- Alasdair Burton and Jayshawnda Arrington were elected Co-Chairs at the last meeting. The third seat remained open.
- Mr. Burton said he and Ms. Arrington have been communicating by email and text. They will meet by Zoom on 2/26/2021 to coordinate work. Ms. Arrington had to leave for another meeting, but sent a note to introduce herself.
- Staff will forward the COVID-19 HIV vaccination advocacy letter to the Caucus for review and include it in their packet.
- Mr. Burton reminded Caucus and Task Force Co-Chairs to respond to the staff's Doodle poll to schedule a Zoom meeting to better coordinate efforts.

### D. Women's Caucus - 3/15/2021, 2:00 – 4:00 pm

- Ms. Barrit reported the 3/15/2021 meeting was being planned as a special event focusing on women living with IHV and advocacy. It will be similar to a Lunch and Learn event, but during a regular meeting. All are welcome.

### E. Transgender Caucus - 3/23/2021, 10:00 am – 12:00 noon

- Frankie Darling-Palacios, Co-Chair, reported the Caucus met for the first time this year on 2/23/2021 and Alexander Luckie Fuller was elected Co-Chair. The Caucus discussed meeting frequency and chose to continue to meet monthly.
- Co-Chair Fuller; new Commissioner Isabella Rodriguez, MA; and former Commissioner Michelle Enfield were working on developing the Transgender Caucus Work Plan.

## V. NEXT STEPS

10. **TASK/ASSIGNMENTS RECAP:** There were no additional items.

11. **AGENDA DEVELOPMENT FOR NEXT MEETING:** There were no additional items.

## VI. ANNOUNCEMENTS

12. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** Ms. Nachazel-Ruck was thanked for her service.

## VII. ADJOURNMENT

13. **ADJOURNMENT:** The meeting adjourned at 3:13 pm.



## 2021 WORK PLAN – PUBLIC POLICY

Committee Name: <b>PUBLIC POLICY COMMITTEE (PPC)</b>		Co-Chairs: Katja Nelson, Lee Kochems		
Committee Adoption Date: 3/1/2021		Revision Dates:		
<p><b>Committee Responsibilities:</b></p> <ol style="list-style-type: none"> <li>1. Advocating public policy issues at every level of government to End of the HIV Epidemic (EHE).</li> <li>2. Initiating policy initiatives in accordance with HIV service and prevention priorities.</li> <li>3. Providing education and access to public policy arenas for Commission members, consumers, providers, and the public.</li> <li>4. Facilitate Commission communication between government and legislative officials.</li> <li>5. Recommend administrative policies and legislative actions to support prevention and HIV care services.</li> <li>6. Advocating specific public policy matters to the appropriate County departments, interests, and bodies.</li> <li>7. Research and implement public policy activities that support prevention and HIV care services.</li> <li>8. Advancing Commission initiatives that support prevention and HIV care services.</li> <li>9. Other duties as assigned by the Commission or the Board of Supervisors</li> </ol>				
<p><b>Purpose of Work Plan:</b> To focus and prioritize key activities for COH Committees and subgroups for 2021</p> <p><b>Prioritization Criteria:</b> Select activities that 1) represent the core functions of the COH; 2) advance goals to Ending the HIV Epidemic (EHE); 3) align with COH staff and member capacities and time commitment; and 4) Advance State and local government prevention and HIV care services.</p> <p>To focus and prioritize key activities for COH Committees and subgroups for 2021.</p> <p><b>Prioritization Criteria:</b> Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan &amp; Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment.</p>				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review Policy Priorities for 2021	Committee discussion on policy priorities for 2021. Update accordingly.	04/2021	To full Commission for Approval on April 8, 2021 Meeting
2	Develop 2021 Legislative Docket	Review legislation aligned with COH Policy Priorities, develop docket, and discuss legislative position for each bill.	5/2021	



## 2021 WORK PLAN – PUBLIC POLICY

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
3	Monitor and track the federal Ending the HIV Epidemic: A Plan for America; Getting to Zero: California’s Integrated HIV Surveillance Prevention and Care Plan; Ending the Epidemic in Los Angeles County plan; Los Angeles County HIV Comprehensive Plan for 2017-2021. (Statewide HIV, STD, Hep C initiative)	Monitor updates, potential funding, and Presidential Advisory Council on HIV/AIDS’ (PACHA) efforts. Coordinate and track advocacy efforts for End the Epidemics efforts. This includes funding request for HIV, STDs, and Hep C	Ongoing	
4	Track County’s response to the STD local epidemic and STD motion	Work with the Executive Committee on the preparation and follow-up of a letter to Board of Supervisor regarding the urgent need to address STD/STI in Los Angeles County.	Ongoing	Letter was already drafted pre-pandemic but was put on hold because of COVID-19. Committee action may be dependent on status of COVID response and recovery efforts.
5	Assess State actions regarding AB 2218	Monitor State budget for funding allocations to the Transgender Wellness Fund	06/2021	
6	Assess and monitor federal, state, and local government policies and budgets that impact HIV, STD, STIs, Hep C and other sexual health issues.	Review government actions that impact funding and implementation of sexual health and HIV services.	06/2021	
7	Align PPC efforts with Black/African American Community (BAAC) Task Force, Women Caucus, Aging Task Force, Consumer Caucus, Prevention Workgroup and Transgender Caucus recommendations.	Ensure policy efforts prioritize recommendations	Ongoing	
8	Monitor County and City support for safe consumption sites	Coordinate with the City of LA AIDS Coordinator’s Office and Substance Abuse Prevention and Control (SAPC)	Ongoing	SAPC presented Meth TF, Needle Exchange and Wellbeing Center Programs



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**\*\*DRAFT\*\* FOR 3.25.21 EXECUTIVE COMMITTEE  
REVIEW+DISCUSSION ONLY**

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

**Thursday, April 2021 | 9:00 AM – 1:30 PM**

To Register/Join by Computer:

*\*link is for members of the public*

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

AGENDA POSTED: TBD

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

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

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

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

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

the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

	Call to Order and Roll Call	9:00 AM – 9:05 AM
<b>1.</b>	<b><u>ADMINISTRATIVE MATTERS</u></b>	
	A. Approval of Agenda	<b>MOTION #1</b> 9:05 AM – 9:07 AM
	B. Approval of Meeting Minutes	<b>MOTION #2</b> 9:07 AM – 9:10 AM
<b>2.</b>	<b><u>WELCOME, INTRODUCTIONS AND VIRTUAL MEETING GUIDELINES</u></b>	9:10 AM – 9:15 AM
<b>3.</b>	<b><u>PARLIAMENTARIAN TRAINING</u></b>	9:15 AM – 9:45 AM
<b>4.</b>	<b><u>REPORTS - I</u></b>	
	A. Executive Director/Staff Report	9:45 AM – 9:50 AM
	(1) Commission and County Operational Updates	
	(2) 2021 Commission Work Plan and Activities	
	B. Co-Chair Report	9:50 AM – 10:20 AM
	(1) COH Statement in Support of AAPI Community	
	(2) Recognition of National Youth HIV/AIDS Awareness Day	
	(3) COH Letter Re: COVID Vaccination and Prioritizing People Living with HIV   UPDATES	
	(4) Meaningful Involvement of People Living with HIV (MIPA)	
	(5) Commission Seat Vacancies	
<b>5.</b>	<b><u>DISCUSSION</u></b>	
	A. “So You Want to Talk About Race” by Ijeoma Oluo Reading Activity	10:20AM – 11:20 AM
	• Chapter 2	
	B. Los Angeles County Human Relations Commission Guided Discussion & Training	
	• Stages in Relationships (Trust is the Engine)	
<b>6.</b>	<b><u>BREAK</u></b>	11:20 AM – 11:30 AM
<b>7.</b>	<b><u>REPORTS - II</u></b>	
	A. California Office of AIDS (OA) Report	11:30 AM – 11:40 AM
	(1) California HIV Planning Group (CPG) Update	
	B. LA County Department of Public Health Report	11:40 AM – 12:30 PM
	(1) Division of HIV/STD Programs (DHSP) Updates	
	(a) Programmatic and Fiscal Updates	
	• Emergency Financial Assistance (EFA)   UPDATES	
	• 2020 Preliminary STD & HIV Surveillance Data Presentation	
	(b) Ending the HIV Epidemic (EHE) Activities & Updates	
	C. Housing Opportunities for People Living with AIDS (HOPWA) Report	12:30 PM – 12:35 PM

- D. Ryan White Program Parts C, D, and F Report 12:35 PM – 12:37 PM
- E. Cities, Health Districts, Service Planning Area (SPA) Reports 12:37 PM – 12:40 PM

**8. REPORTS - III**

- A. Standing Committee Reports 12:40 PM – 1:10 PM
  - (2) Operations Committee
    - (a) Membership Management
    - (b) Membership Application Redevelopment | UPDATE
    - (c) Engagement + Retention Strategies
  - (3) Planning, Priorities and Allocations (PP&A) Committee
    - (a) Prevention Planning Work Group | UPDATES
  - (4) Standards and Best Practices (SBP) Committee
    - (a) Child Care and Language Services | UPDATE
    - (b) 2021 Service Standards | UPDATE
      - Benefits Specialty
      - Home Based Case Management
      - Substance Abuse & Residential Treatment
  - (5) Public Policy Committee
    - (a) County, State, and Federal Legislation & Policy
      - 2021 Policy Priorities **MOTION #3**
    - (b) County, State, and Federal Budget
- B. Caucus, Task Force and Work Group Report 1:10 PM – 1:15 PM
  - (1) Aging Task Force | May 4, 2021 @ 1-3pm
  - (2) Black African American Community (BAAC) Task Force | April 26, 2021 @ 1-3pm
  - (3) Consumer Caucus | April 8, 2021 @ 3-4:30pm
  - (4) Prevention Planning Workgroup | TBD
  - (4) Transgender Caucus | April 27, 2021 @ 10am-12pm
  - (5) Women’s Caucus | April 19, 2021 @ 2-4pm

**9. MISCELLANEOUS**

- A. Public Comment 1:15 PM – 1:20 PM
 

*Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide 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](mailto:hivcomm@lachiv.org).*
- B. Commission New Business Items 1:20 PM – 1:25 PM
 

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



C. Announcements

1:25 PM – 1:30 PM

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

Adjournment and Roll Call

1:30 PM

*Adjournment for the meeting of April 8, 2021.*

PROPOSED MOTION(S)/ACTION(S)	
<b>MOTION #1:</b>	Approve the Agenda order, as presented or revised.
<b>MOTION #2:</b>	Approve the Minutes, as presented or revised.
<b>MOTION #3:</b>	Approve 2021 Policy Priorities, as presented or revised.

DRAFT

**COMMISSION ON HIV MEMBERS:**

Bridget Gordon, Co-Chair	David P. Lee, MPH, LCSW Co-Chair	Miguel Alvarez	Everardo Alvizo, MSW
Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Danielle Campbell, MPH	Raquel Cataldo
Pamela Coffey (Reba Stevens, **Alternate)	Michele Daniels (*Alternate)	Erika Davies	Kevin Donnelly
Felipe Findley, PA-C, MPAS, AAHIVS	Alexander Luckie Fuller	Gerald Garth	Jerry D. Gates, PhD
Grissel Granados, MSW	Joseph Green	Thomas Green	Felipe Gonzalez
Damontae Hack (*Alternate)	(Kayla Walker-Heltzel, **Alternate)	Nestor Kamurigi	William King, MD, JD, AAHIVS
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 (Eduardo Martinez, **Alternate)	Isabella Rodriguez, MA (*Alternate)	Ricky Rosales
Harold San Agustin, MD	Martin Sattah, MD	Tony Spears (*Alternate)	LaShonda Spencer, MD
Kevin Stalter	Maribel Ulloa	Guadalupe Velazquez	Justin Valero
Ernest Walker	Amiya Wilson (*Alternate)		

**MEMBERS: 46**

**QUORUM: 24**

**LEGEND:**

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



LOS ANGELES COUNTY  
COMMISSION ON HIV



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

**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](http://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.

# Embodying Meaningful Involvement of People Living with HIV

**Nothing About us Without Us!**

Venita Ray, Co-Executive Director

March 15, 2021





The only national organization in the US led by and for women and trans people living with HIV  
Founded in 2008 by 28 diverse women living with HIV, including women of trans experience

**Our mission:** To *prepare and involve* women and people of trans experience living with HIV in all levels of policy and decision-making.

Our work is grounded in racial justice, gender justice and economic justice.



# Session Goals

Learn about the history of MIPA and why it is important from the perspective of PLHIV

Learn what MIPA is and what is not MIPA

Discuss barriers to MIPA

Share ways to practice MIPA in your organization

Share perspective on why Black women are most impacted by HIV



# Take the Poll

1. Do you know what MIPA is? YES//No
  
1. What does meaningful involvement of people with HIV mean?
  - A. Being supportive and providing supportive services
  - B. Community advisory board create own agenda and impact decision making
  - C. Providing employment for PLHIV
  - D. None of the above
  - E. All of the above
  
1. Have you ever been involved in meaningful HIV decision making? YES/NO



# ***MIPA: history & context***





In the beginning...



# HIV Empowerment Know the Denver Principles.

When a group of people with AIDS met at a hotel room in Denver in 1983 and wrote a manifesto outlining the rights and responsibilities of people with AIDS,

## the Denver Principles,

it was the first time in the history of humanity that people who shared a disease organized to assert a collective political voice.

Michael Callen,  
1955 -1993  
AIDS Activist & Co-Author  
of the Principles.

⇒ WORLD AIDS DAY: DEC. 1 

SEANSTRUB.COM 

- 12 “people with AIDS” who met for the first time at the 5<sup>th</sup> annual Gay & Lesbian Health Conference, held in Denver, CO, June 1983

- Manifesto outlines rights and responsibilities of “PWAs” as well as healthcare providers and care providers



## **THE DENVER PRINCIPLES**

Statement from the  
Advisory Committee  
of People with AIDS

*We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others. We are "People With AIDS."*



### Recommendations for people with AIDS:

1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the boards of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.



# So... What *is* MIPA?

MIPA = **meaningful** involvement of people living with HIV/AIDS

GIPA = **greater** involvement of people living with HIV/AIDS



GIPA means meaningfully involving people living with HIV in the programmatic, policy and funding decisions and actions that impact on our lives by ensuring that we participate in important decisions.

- *Global Network of People Living with HIV/GIPA Report Card*



## So why does MIPA matter?

- Those most impacted by a decision should lead decision-making
- It leads to better decisions and responsive planning
- Real connection to community
- Reduction in stigma and discrimination
- Increased effectiveness of policies & programs
- Building sustainable, shareable power in communities
- Holds organizations that serve us accountable to us
- What else?



# Early challenges with MIPA

- Cis white gay male dominance in visibility and power
- Leadership by Black/Brown communities, women, folks of trans experience, others often not visible
- Death, poor health, burn-out, trauma
- Pressures of “professionalization” had consequences for community engagement
- As the demographics of the epidemic visibly shifted, commitment to PLHIV leadership did the same
- Resulted in the whitening of the movement



# MIPA or Not?

What is meaningful involvement and what is not?



# MIPA is...

- Centering PLHIV in all decision-making
- Recognizing value of lived experience and that PLHIV are subject matter experts
- Seeing important contribution PLHIV can have on program design/implementation
- Staff reflects diversity of community being served
- Ensuring PLHIV involvement is meaningful and not tokenism or “check the box”





# What's NOT MIPA?

There's a person  
with HIV on the  
board!

Let's ask X  
what to do.  
He's living with  
HIV.

Well, we  
already have a  
CAB...

We can't find the  
right people!



# MIPA is not...

- Expecting PLHIV to be permanent volunteers
- Support services are not necessarily MIPA
- Meetings set for times folks can't make unless they are employed in the field
- The “community panel” and “sand box”
- Invitations to be the “face” of a campaign... after the messaging has already been defined
- Getting information that we don't have time to process
- Race/gender/class-neutral PLHIV representation
- Gatekeeperism: “I can represent PLHIV/POC/Black folks/women all by myself, forever!”
- Using the same “go to PLHIV” all the time



# Your turn...

## What is not MIPA?



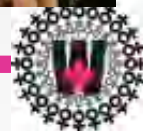
# Barriers to MIPA: organizational examples

- Hiring practices that prevent clients/PLHIV from applying – arbitrary degree requirements – no considering lived experience
- Lack of board bylaws that require PLHIV or most impacted participation
- Disempowered CABs – no input on agenda - tokenism
- Programming FOR PLHIV not by PLHIV
- PLHIV that are speaking do not reflect those most impacted by the epidemic
- Language (monolingual) and stigma



# Other Barriers to MIPA

- **Lack of clear commitment to address racism, classism, educational privilege, cis privilege, patriarchy etc**
- **Creating “safe space” does not mean that everyone has to be comfortable**
- **Don’t believe our voice matters**
- **Lack of confidence**



# Which one is MIPA?

## Organization A

- Led by non-POC HIV neg person
- PLHIV do not lead CAB
- Provides great social support for PLHIV
- PLHIV give input on website, graphics, webinars, and programs

## Organization B

- Founded and run by Black WLHIV
- Has PLHIV on staff
- All programs designed by and for PLHIV
- All governance boards are led by PLHIV



# MIPA in Practice

Commit to MIPA principles by acknowledging room for improvement  
- evaluate how programs are developed

Be explicit about committing to MIPA - tell the world!

Train staff and the people you serve on MIPA

Require PLHIV to serve on governance boards

Pay PLHIV for participation - it shows value; sharing our story  
requires emotional labor

MIPA is not race/gender neutral



# MIPA in Practice

Involve PLHIV in the planning, design and implementation

Programs/services should be developed by and for PLHIV

Expand leadership beyond your “go to” HIV leadership

Restructure and empower CABs

Watch the use of stigmatizing language and images

Commit to building leadership and power of the people you serve by offering:

- Professional development opportunities
- Advocacy/leadership/mentorship
- Trainings and support





# Katrina Haslip



# March 12, 2021

**Celebrate & Honor Black Women in the HIV Movement  
Town Hall**



# Thank you!

Nothing About us Without Us!

Venita Ray

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# Emergency Financial Assistance (EFA) for Ryan White Program Clients



## ELIGIBILITY:

- Los Angeles County Resident
- HIV-positive
- Current income  $\leq$  500% FPL
- Not currently receiving any other form of emergency financial assistance

## SERVICES:

Assistance with paying:

- Rent
- Utilities (including Cell Phone and Wi-Fi)
- Food and Transportation

**You can apply for \$5,000 (maximum) over a 12-month period**

## HOW TO APPLY:

Please contact your HIV Medical Care Coordination (MCC) Team **OR** an HIV Benefits Specialist (BSS) **OR** your LAFAN Case Manager for an application. Please refer to the list of contacts on back.

## DOCUMENTS YOU MAY NEED TO PROVIDE:

- \*Rental agreement in your name.
- \*Utility bill in your name.
- \*Proof of Income (bank statement, pay stubs, or affidavit)

*All financial assistance payments are made on the client's behalf while maintaining confidentiality and protecting personal health information. No direct payments are made to clients.*

# Programa de Asistencia Financiera de Emergencia (o EFA) para clientes del Programa Ryan White



## ELEGIBILIDAD:

- Residente del condado de Los Ángeles
- Ser VIH-positivo
- Ingresos corrientes  $\leq$  500% FPL
- Actualmente no recibir ninguna otra forma de asistencia financiera de emergencia

## SERVICIOS:

Asistencia con el pago:

- De renta (Alquiler)
- Servicios públicos (gas, luz, agua, Wi-Fi) o teléfono celular
- Alimentos y transporte

**Puede solicitar \$5,000 (máximo) durante un período de 12 meses**

## CÓMO APLICAR/SOLICITAR:

Póngase en contacto con su equipo de coordinación de atención médica (MCC) o con un especialista en beneficios del VIH (BSS) o con su administrador de casos de LAFAN para obtener una solicitud.

Por favor consulte la lista de contactos en la parte posterior.

## DOCUMENTOS QUE ES POSIBLE QUE DEBA PROPORCIONAR:

- Contrato de alquiler a su nombre.
- Factura de servicios públicos a su nombre.
- Comprobante de ingresos (extracto bancario, talones de pago, o declaración).

*Todos los pagos de asistencia financiera se realizan en nombre del cliente, manteniendo la confidencialidad y protegiendo la información de salud personal. No se realizan pagos directos a los clientes.*

Agency	Supervisor/ Coordinator	Contact Information	Email
<b>MEDICAL CARE COORDINATION (MCC) TEAMS</b>			
AIDS Healthcare Foundation	Amy Croft	(323) 793-5275	amy.croft@ahf.org
APLA Health & Wellness Center	Scott Blackburn	(213) 201-1422	sblackburn@apla.org
AltaMed Health Services	Sarah Campbell	(323) 869-5319	scampbell@altamed.org
	Franciso Valdez	(323) 869-5414	fvaldes@altamed.org
Children's Hospital Los Angeles	Miguel Martinez	(323) 361-3908	mimartinez@chla.usc.edu
City of Long Beach Department of Health and Human Services	Marina Ohlson-Smorick	(562) 570-4329	Marina.Ohlson-Smorick@longbeach.gov
	Iris Gibbs	(562) 570 - 4544	Iris.Gibbs@longbeach.gov
East Valley Community Health Center	Debbie Lara Rivera, LCSW	(909) 620-8088 ext. 3202	dlara@evchc.org
El Proyecto del Barrio, Inc.	Leopoldo Cabral	(818) 830-7181	lcabral@elproyecto.us
JWCH Institute, Inc.	Sandra Valdivia	(323) 423-3215	svaldivia@jwchinstitute.org
Los Angeles LGBT Center	MCC Direct Line	(323) 993-7414	<a href="mailto:MCC_Programs@lalgbtcenter.org">MCC_Programs@lalgbtcenter.org</a>
St. Mary's Medical Center	Randy Hope	(562) 624-4934	randy.hope@dignityhealth.org
Tarzana Treatment Center	Raquel Cataldo	(661) 729-9000 ext 4326	Rcataldo@tarzanatc.org
	Gina Larco	(818) 342-5897 ext. 2203	glarco@tarzanatc.org
Venice Family Clinic	Arron Barba	(310) 664-7611	abarba@mednet.ucla.edu
	Julie Garcia	(310) 664-7613	juliegarcia@mednet.ucla.edu
Watts Healthcare Corp.	Rosalynd Williams	(323) 564-4331 ext. 3321	rosalynd.williams@wattshealth.org
LA County-Harbor UCLA	Claudia Murray	(424) 306-4347	cmurray@dhs.lacounty.gov
LA County-High Desert – Hope Clinic	Paul Paras	(661) 471-4393	pparas@dhs.lacounty.gov
	Timothy Moore	(661) 471-4212	tmoore@dhs.lacounty.gov
LA County-HHH – Main Street Clinic	Marvin Nevins	(323) 897-6364	mnevins@dhs.lacounty.gov
LAC LB Comprehensive Health Center	Patricia Serna	(562) 753-2455	pserna@dhs.lacounty.gov
LA County-MLK – OASIS Clinic	Collins Nwadiogbu	(424) 338-1005	cnwadiogbu@dhs.lacounty.gov
	Christopher Arevalo	(424) 338-2945	carevalo@dhs.lacounty.gov
LA County-Olive View	Jessica Kuo	(424) 306-6337	jkuo@dhs.lacounty.gov
LA County+USC Healthcare Network	Gregory Keeler	(323) 409-8324	gkeeler@dhs.lacounty.gov
Men's Health Foundation	Rob Lester	(310) 550-1010 x3466	Rob.Lester@menshealth.foundation
Northeast Valley	Ana Cacao-Boczek	(818) 988-6335	AnaCacao-Boczek@nevhc.org
Saban Community Clinic	Chassity Griffin	(323) 330-1654	cgriffin@sabancommunityclinic.org
St. John's Well Child and Family Center	Victor Martinez	(323) 541-1600 ext 1079	vimartinez@wellchild.org
T.H.E. Clinic, Inc.	Tracy Horn	(323) 730-1920 ext. 3225	thorn@tohelpeveryone.org
University of California, Los Angeles	Jeannie Acdan	(310) 843-2014	JAcdan@mednet.ucla.edu
<b>BENEFIT SPECIALTY SERVICES (BSS)</b>			
AIDS Healthcare Foundation	Aj Trindle-Galan	(818) 448-1116	aj.trindle-galan@aidshealth.org
APLA Health & Wellness Center	BSS Appointment Line	(213) 201-1615	tmonteilh@apla.org
AltaMed	Francisco Valdes	(323) 869-5414	Fvaldes@altamed.org
City of Long Beach Department of Health and Human Services	Rosario (Rosie) Gutierrez-Tufuga	(562) 570-4316	rosie.tufuga@longbeach.gov
East Valley Community Health Center	Debbie Lara Rivera	(909) 620-8088 ext. 3202	dlara@evchc.org
JWCH Institute, Inc.	Heshan Wijegunaratne	(626) 744-6140 Ext. 5220	hwijegunaratne@jwch.org
Minority AIDS Project	Dr. Roberto Olivo	(323) 936-4949 x110	rob@minorityaidsproject.org
Northeast Valley	Herberth Osorio-Vasquez	(818) 988-6335	herberthosorio@nevhc.org
St. Mary Medical Center	Randy Hope	(562) 624-4934	Randy.Hope@dignityhealth.org
Tarzana Treatment Center	Raquel Cataldo	(818) 654-3887 x4326	Rcataldo@tarzanatc.org
<b>HRSA PART D (LAFAN NETWORK)</b>			
Case Managers	Elia Silveyra	(818)405-2463	esilveyra@mednet.ucla.edu
	Shellye Jones	(310) 794-6552	SDJones@mednet.ucla.edu
	Maritza Ramirez	(310)794-2924	maritzaramirez@mednet.ucla.edu
	Mariela Magana Ceballos	(310) 794-7286	mcmagana@mednet.ucla.edu



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**PUBLIC POLICY COMMITTEE (PPC)**  
**2021 POLICY PRIORITIES**  
(PPC Committee Approved 03/01/2021)

HIV has been raging in communities across the world for almost 40 years and with advancements in biomedical interventions, research and vaccines, the time for the HIV cure is now. With a renewed sense of optimism and urgency, the PPC remains steadfast in its commitment to universal health care, eradication of racism in all forms, and unfettered access to care and supportive services to ensure that all people living with HIV and communities most impacted by HIV and STDs, live, full, productive lives.

The COVID-19 global pandemic has demonstrated that with political will, funding, and most important of all, urgency, rapid and safe vaccine development is possible. The COVID-19 global pandemic is severely impacting the delivery of HIV prevention and care services. The PPC is compelled to encourage and support innovative efforts to reduce bureaucracy, increase funding and enhance HIV prevention and care service. This effort is to address negative impacts pre-COVID service levels, as well exceed the quantity and quality of HIV and prevention services.

The PPC recommends the Commission on HIV endorse the prioritization of the following issues. PPC will identify support legislation, local policies, procedures, and regulations that address Commission priorities in calendar year 2021: (Issues are in no particular order.)

**Racism**

- a. Health equity, the elimination of barriers and addressing of 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.
- b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in the Black/African American community. To include the identification of and rooting out of systemic and systematic racism as it affects Black/African American communities.

**Housing**

- a. Improve systems, strategies and proposals that expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS.



- b. Improve systems, strategies, and proposals that prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
- c. Promote Family housing and emergency financial assistance as a strategy to maintain housing.

### **Mental Health**

- a. Mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.

### **Sexual Health**

- a. Access to prevention, care and treatment and bio-medical intervention (such as PrEP and PEP) services. Promote the distribution of services to people at risk for acquiring HIV and people living with HIV/AIDS.
- b. Comprehensive HIV/STD counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
- c. Maximize HIV prevention to reduce and eliminate syphilis and gonorrhea cases, among young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color.
- d. Advance and enhance routine HIV testing and expanded linkage to care.
- e. Maintain and expand funding for access and availability of HIV, STD, and viral hepatitis services.
- f. Promote women centered prevention services to include domestic violence and family planning services for women living with and at high risk of acquiring HIV/AIDS.
- g. Preserve full funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

### **Substance Abuse**

- a. Advocate for substance abuse services to PLWHA.
- b. Advocate for services and programs associated with methamphetamine use and HIV transmission.

### **Consumers**

- a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWHA) and those at risk of acquiring HIV. This includes young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color, transgender and the aging.

### **Aging**

- a. Create and expand medical and supportive services for PLWHA ages 50 and over.





### **Women**

- a. Create and expand medical and supportive services for women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare and substance abuse.

### **Transgender**

- a. Create and expand medical and supportive services for transgender PLWHA.
- b. Promote and maintain funding for the Transgender Wellness Fund created by the passage of AB2218.

### **General Health Care**

- a. Provide access to and continuity of care for PLWHA focusing on communities at highest risk for the acquisition and transmission of HIV disease.
- b. Fund and expand eligibility for Medicaid, Medicare, and HIV/AIDS programs and health insurance coverage for individuals with pre-existing conditions.
- c. Increase and enhance compatibility and effectiveness between RWP, Medicaid, Medicare, and other health systems. This includes restructuring funding criteria to **not** disincentives contractors from referring clients to other contractors.
- d. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
- e. Preserve full funding and accessibility to the AIDS Drug Assistance Program (ADAP), Office of AIDS Health Insurance Premium Payment (OA-HIPP) Assistance, Employer Based Health Insurance Premium Payment (EB-HIPP), and Medigap.

### **Service Delivery**

- a. Enhance the accountability of healthcare service deliverables. This would include a coordinated effort between federal, state, and local governments.
- b. Incorporate COVID strategies to reduce administrative barriers, increase access to health services and encourage the development of an HIV vaccine mirroring the COVID 19 vaccine process.

### **Criminalization**

- a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS.

### **Data**

- a. Use data, without risking personal privacy and health, with the intention of improving health outcomes and eliminating health disparities among PLWHA.
- b. Promote distribution of resources in accordance with the HIV burden within Los Angeles County.



The Public Policy Committee acts in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article VI, Section 2, no Ryan White resources are used to support Public Policy Committee activities.