



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Get in touch: hivcomm@lachiv.org

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COMMISSION ON HIV Meeting

Thursday, September 14, 2023
9:00am - 1:30pm (PST)

510 S. Vermont Avenue
9th Floor, Terrace Conference Room*
Los Angeles, CA 90020
Validated Parking @523 Shatto Pl, LA 90020

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

****As a building security protocol, attendees attending in person and entering from the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting to access the 9th Fl Terrace Conference Rooms***

Notice of Teleconferencing Sites:

California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-616, Sacramento, CA 95814

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

Members of the Public May Join in Person or Virtually.

For Members of the Public Who Wish to Join Virtually, Register Here:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r95f4ccde508c9be87e84d3c4fd6ada6b>

To Join by Telephone: 1-213-306-3065

Password: COMMISSION Access Code: 2533 491 1995



LIKE WHAT WE DO?

Apply to become a Commission Member at:

<https://www.surveymonkey.com/r/2023CommissiononHIVMemberApplication>

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



LOS ANGELES COUNTY
COMMISSION ON HIV



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

(REVISED) AGENDA FOR THE **REGULAR** MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV (COH)

Thursday, September 14, 2023 | 9:00 AM – 1:30 PM

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room*, Los Angeles 90020
Validated Parking @ 523 Shatto Place, LA 90020

**As a building security protocol, attendees entering from the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting to access the 9th Fl Terrace Conference Rooms.*

Notice of Teleconferencing Sites:

California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-61, Sacramento, CA 95814

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

MEMBERS OF THE PUBLIC: TO JOIN VIRTUALLY, REGISTER HERE:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r95f4ccde508c9be87e84d3c4fd6ada6b>

To Join by Telephone: 1-213-306-3065 Password: COMMISSION Access Code: 2533 491 1995

AGENDA POSTED: September 6, 2023 (Revised September 12, 2023)

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: <http://hiv.lacounty.gov> or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. **Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.*

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may attend the virtual or in-person meeting, email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

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



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.

1. ADMINISTRATIVE MATTERS

- | | |
|--|------------------------------------|
| A. Call to Order & Meeting Guidelines/Reminders | 9:00 AM – 9:05 AM |
| B. County Land Acknowledgment | 9:05 AM – 9:07 AM |
| C. Introductions, Roll Call, & Conflict of Interest Statements | 9:07 AM – 9:10 AM |
| D. Approval of Agenda | MOTION #1 9:13 AM – 9:15 AM |
| E. Approval of Meeting Minutes | MOTION #2 9:15 AM – 9:17 AM |
| F. Consent Calendar | MOTION #3 9:17 AM – 9:20 AM |

2. PUBLIC & COMMISSIONER COMMENTS

- | | |
|---|-------------------|
| A. Public Comment (Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically HERE , or by emailing hivcomm@lachiv.org . <i>If providing oral public comments, comments may not exceed 2 minutes per person.</i>) | 9:20 AM – 9:30 AM |
| B. Commissioner Comment (Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission. <i>Comments may not exceed 2 minutes per member.</i>) | 9:30 AM – 9:40 AM |

3. REPORTS - I

- | | |
|---|--------------------|
| A. Executive Director/Staff Report | 9:40 AM – 9:50 AM |
| (1) November 9, 2023 Annual Conference Planning | |
| B. Co-Chairs' Report | 9:50 AM – 10:05 AM |
| (1) Welcome New Members | |
| (2) 2024-2026 COH Co-Chair Open Nominations MOTION #4 | |
| (3) August 10, 2023 COH Meeting FOLLOW-UP & FEEDBACK | |
| (4) Conferences, Meetings & Trainings OPEN FEEDBACK (Opportunity for members to share Commission-related information from events attended) | |
| a. United States Conference on HIV/AIDS – Sept 5-9, 2023 | |
| (5) Member Vacancies & Recruitment | |
| (6) Acknowledgement of National HIV Awareness Days for September 2023 | |
| a. September 17th National HIV/AIDS Aging Awareness Day #HIVandAging | |
| b. September 27th National Gay Men's HIV/AIDS Awareness Day #NGMHAAD | |



4. REPORTS – I (cont’d)

- | | |
|---|---------------------|
| C. LA County Department of Health Services (DHS) | 10:05AM – 10:35 AM |
| (1) HIV Cascade Data Presentation | |
| D. LA County Department of Public Health Report (Part A Representative) | 10:35 AM – 11:20 AM |
| (1) Division of HIV/STD Programs (DHSP) Updates | |
| a. Programmatic and Fiscal Updates | |
| • HIV & STDs Surveillance and Data Challenges for LA County Native American Communities PART 2 OF 2 | |
| b. Mpox Briefing | |
| c. Ending the HIV Epidemic (EHE) UPDATES | |
| E. California Office of AIDS (OA) Report (Part B Representative) | 11:20 AM – 11:25 AM |
| (1) OAVoice Newsletter Highlights | |
| (2) California Planning Group (CPG) | |
| F. Housing Opportunities for People Living with AIDS (HOPWA) Report | 11:25 AM – 11:30 AM |
| G. Ryan White Program Parts C, D, and F Report | 11:30 AM – 11:35 AM |
| H. Cities, Health Districts, Service Planning Area (SPA) Reports | 11:35 AM – 12:15 PM |

B R E A K

12:15 PM – 12:25 PM

5. REPORTS - II

12:25 PM – 1:00 PM

- A. Operations Committee
 - (1) Membership Management
 - a. Seat Vacate | Mallery Robinson **MOTION #5**
 - b. Renewal Application – PP&A Committee-Only | Miguel Martinez **MOTION #6**
 - c. Parity, Inclusivity & Reflectiveness (PIR) | UPDATES
 - (2) Assessment of the Administrative Mechanism (AAM) | UPDATE
 - (3) Policies & Procedures
 - (4) [\(Revised\) 2023 Training Schedule](#) | REMINDER
 - (5) Recruitment, Retention and Engagement
- B. Standards and Best Practices (SBP) Committee
 - (1) Universal Service Standards | UPDATES
 - (2) Medical Care Coordination (MCC) Service Review | [Public Comment: 8/29-9/26](#)
 - (3) Prevention Services Standards Review | UPDATES
- C. Planning, Priorities and Allocations (PP&A) Committee
 - (1) Los Angeles Housing Service Authority (LAHSA) Data Request Update
 - (2) Fiscal Year 2022 RWP/MAI Expenditures and Utilization Report (AOM and MCC)
 - (3) Maximizing Ryan White Program Funds Ahead of Medi-Cal Expansion



6. REPORTS – II (cont'd)

12:25 PM – 1:00 PM

D. Public Policy Committee (PPC)

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

- a. 2023-2024 Legislative Docket | UPDATES
- b. Coordinated STD Response | UPDATES
- c. 2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings
- d. House Appropriations FY24 Labor-HHS Spending Proposal
- e. Act Now Against Meth (ANAM) | UPDATES

(2) Ryan White Care Act (RWCA) Modernization: Determine Strategy

E. Caucus, Task Force and Work Group Report

1:00 PM – 1:15 PM

(1) Aging Caucus | October 3, 2023 @ 1-3PM *Virtual

- “Let’s Talk About Sex” An Educational Event for Service Providers to Promote Sexual Health in Older Adults: September 22 @ 9AM-3PM [REGISTER HERE](#)

(2) Black/African American Caucus | September 21, 2023 @ 4-5PM *Virtual

- SAVE THE DATE: 2023 Taste of Soul, October 21
- SAVE THE DATE: World AIDS Day (WAD) Event, December 6

(3) Bylaws Review Taskforce (BRT) | September 21, 2023 @ 11AM-12:30PM *Virtual

(4) Consumer Caucus | September 14, 2023 @ 2-4PM * Virtual & In-Person @ Vermont Corridor

(5) Prevention Planning Workgroup | September 27, 2023 @ 4-5:30PM *Virtual

(6) Transgender Caucus | September 26, 2023 @ 10AM-11:30AM *Virtual

- SAVE THE DATE: TGI Health Summit: November 2 @ 8AM-4PM

(7) Women’s Caucus | October 16, 2023 @ 2-4PM *Virtual & In-Person @ Vermont Corridor

7. 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 public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)

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, or where the need to act arose after 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.)



7. MISCELLANEOUS (cont'd)

D. Adjournment and Roll Call

1:30 PM

Adjournment for the meeting of September 14, 2023.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve meeting agenda, as presented or revised.
MOTION #2	Approve meeting minutes, as presented or revised.
MOTION #3	Approve Consent Calendar, as presented or revised.
MOTION #4	Approve 2024-2026 COH Co-Chair as elected.
CONSENT CALENDAR	
MOTION #5	Approve seat vacate for Mallory Robinson (Alternate), as presented or revised.
MOTION #6	Approve PP&A Committee-Only Renewal Membership for Miguel Martinez, as presented or revised.



COMMISSION ON HIV MEMBERS

<i>Luckie Fuller, Co-Chair (LOA)</i>	<i>Bridget Gordon, Co-Chair</i>	Joseph Green, <i>Co-Chair Pro Tem</i>	Miguel Alvarez
Everardo Alvizo, LCSW	Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton
Danielle Campbell, MPH	Mikhaela Cielo, MD	Lilieth Conolly	Sandra Cuevas
Mary Cummings	Shonté Daniels (<i>LOA</i>)	Erika Davies	Pearl Doan
Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS	Arlene Frames	Felipe Gonzalez
Karl Halfman, MA	Dr. David Hardy (*Alternate)	Ishmael Herrera	William King, MD, JD, AAHIVS
Lee Kochems, MA	Jose Magaña	Leon Maultsby, MHA	Anthony Mills, MD
Andre Mollette	Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP
Jesus “Chuy” Orozco	Ronnie Osorio (*Alternate)	Byron Patel RN, ACRN	Mario J. Pérez, MPH
De’chelle Richardson (*Alternate)	Erica Robinson (**Alternate)	Mallery Robinson (*Alternate)	Reverend Redeem Robinson (<i>LOA</i>)
Ricky Rosales	Harold Glenn San Agustin, MD	Martin Sattah, MD	Juan Solis (*Alternate)
LaShonda Spencer, MD	Kevin Stalter	Lambert Talley (*Alternate)	Justin Valero, MPA
Jonathan Weedman	Russell Ybarra		
MEMBERS:	47		
QUORUM:	24		



LEGEND:

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



LOS ANGELES COUNTY COMMISSION ON HIV



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

VISION

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

MISSION

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



LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH
6/8/23

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

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

CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. 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 approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 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) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)

S:\Committee - Operations\Code of Conduct\2023\CodeofConduct_Updated 3.23.23_Aprvd COH060823.docx



2023 MEMBERSHIP ROSTER | UPDATED 9.12.23

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative	1	EXC OPS	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP *Non Voting	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	PP	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	PP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Jose Magana	The Wall Las Memorias	July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Byron Patel, RN, ACRN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2022	June 30, 2024	
17	Provider representative #7	0	EXC	Alexander Luckie Fuller (LOA)	TBD	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2023	June 30, 2025	Ronnie Osorio (PP)
20	Unaffiliated consumer, SPA 2	1	SBP	Russell Ybarra	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	PP&A	Ish Herrera	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2022	June 30, 2024	Lambert Talley (PP&A)
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2023	June 30, 2025	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2023	June 30, 2025	Dechelle Richardson (PP&A)
28	Unaffiliated consumer, Supervisorial District 2	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Arlene Frames	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2022	June 30, 2024	Juan Solis (SBP)
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
32	Unaffiliated consumer, at-large #1	1	PP&A	Lilieth Conolly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2	0	OPS	Shonte Daniels (LOA)	Unaffiliated Consumer	July 1, 2023	June 30, 2025	Erica Robinson (OPS)
34	Unaffiliated consumer, at-large #3			Vacant		July 1, 2022	June 30, 2024	David Hardy (SBP)
35	Unaffiliated consumer, at-large #4	1	EXEC	Joseph Green	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC OPS	Danielle Campbell, MPH	Charles Drew University	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	PP	Pearl Doan	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	0	PP&A	Redeem Robinson (LOA)	No affiliation	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		43						

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

LOA: Leave of Absence

Overall total: 50

Planning Council/Planning Body Reflectiveness Table

(Use most recent HIV Prevalence data)

HIV Prevalence data source and year of data: 2022

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
White, not Hispanic	13,320	24.86%	10	23.26%	4	40.00%
Black, not Hispanic	10,758	20.08%	14	32.56%	5	50.00%
Hispanic	24,961	46.59%	11	25.58%	1	10.00%
Asian/Pacific Islander	2,127	3.97%	4	9.30%	0	0.00%
American Indian/Alaska Native	316	0.59%	0	0.00%	0	0.00%
Multi-Race	1,980	3.70%	4	9.30%	0	0.00%
Other/Not Specified	115	0.21%	0	0.00%	0	0.00%
Total	53,577	100%	43	100%	10	100%
Gender	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
Male	46,509	86.81%	27	62.79%	5	50.00%
Female	5,947	11.10%	13	30.23%	5	50.00%
Transgender: male-to-female	1,079	2.01%	1	2.33%	0	0.00%
Transgender: female-to-male	42	0.08%	1	2.33%	0	0.00%
Other gender identity	-	0.00%	1	2.33%	0	0.00%
Total	53,577	100%	43	100%	10	100%
Age	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
13-19 years	94	0.18%	0	0.00%	0	0.00%
20-29 years	3,465	6.47%	2	4.65%	0	0.00%
30-39 years	10,648	19.87%	12	27.91%	0	0.00%
40-49 years	11,038	20.60%	11	25.58%	2	20.00%
50-59 years	14,905	27.82%	11	25.58%	5	50.00%
60+ years	13,427	25.06%	7	16.28%	3	30.00%
Total	53,577	100%	43	100%	10	100%

Percentages may not equal 100% due to rounding.
(Includes alternates)

Non-Aligned Consumers = 23% of total PC/PB

*Multi-Race: 4 commissioners indicated multi-race but did not specify their exact races/ethnicities.



LOS ANGELES COUNTY
COMMISSION ON HIV



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

COMMITTEE ASSIGNMENTS

Updated: September 12, 2023

Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 12 Number of Quorum= 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
Joseph Green (<i>Pro tem</i>)	Co-Chair, Comm/Exec*	Commissioner
Luckie Fuller (<i>LOA</i>)	Co-Chair, Comm./Exec.*	Commissioner
Miguel Alvarez	At-Large	Commissioner
Everardo Alvizo, LCSW	Co-Chair, Operations	Commissioner
Al Ballesteros	Co-Chair, PP&A	Commissioner
Danielle Campbell, MPH	At-Large	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Lee Kochems, MA	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero, MA	Co-Chair, Operations	Commissioner
Mario Pérez, MPH	DHSP Director *Non Voting	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 10:00 AM-12:00 PM		
Number of Voting Members= 7 Number of Quorum= 4		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Everardo Alvizo	Committee Co-Chair*	Commissioner
Justin Valero	Committee Co-Chair*	Commissioner
Miguel Alvarez	At Large	Commissioner
Jayda Arrington	*	Commissioner
Danielle Campbell	At-Large	Commissioner
Shontè Daniels (<i>LOA</i>)	*	Commissioner
Jose Magaña	*	Commissioner
Erica Robinson (<i>alternate to Shonte Daniels</i>)	*	Alternate

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 15 Number of Quorum= 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Donnelly	Committee Co-Chair*	Commissioner
Al Ballesteros, MBA	Committee Co-Chair*	Commissioner
Lilieth Conolly	*	Commissioner
Felipe Gonzalez	*	Commissioner
Ish Herrera	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus "Chuy" Orozco	*	Commissioner
Dèchelle Richardson	*	Alternate
Redeem Robinson (LOA)	*	Commissioner
Harold Glenn San Agustin, MD	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Lambert Talley	*	Alternate
Jonathan Weedman	*	Commissioner
Michael Green, PhD	DHSP staff *Non-Voting	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1 st Monday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 11 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Alasdair Burton	*	Commissioner
Sandra Cuevas	*	Commissioner
Mary Cummings	*	Commissioner
Pearl Doan	*	Commissioner
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Leon Maultsby, MHA	*	Commissioner
Paul Nash, CPsychol AFBPsS FHEA	*	Commissioner
Ronnie Osorio	*	Alternate
Ricky Rosales	*	Commissioner

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1 st Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 13 Number of Quorum = 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Arlene Frames	*	Commissioner
Lauren Gersh	*	Committee Member
David Hardy, MD	*	Alternate
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Byron Patel, RN, ACRN	*	Commissioner
Mallery Robinson	*	Alternate
Martin Sattah, MD	*	Commissioner
Juan Solis	*	Alternate
Russell Ybarra	*	Commissioner
Wendy Garland, MPH	DHSP staff *Non Voting	DHSP

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

AGING CAUCUS
Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm Co-Chairs: Kevin Donnelly & Paul Nash <i>*Open membership*</i>

TRANSGENDER CAUCUS
Regular meeting day/time: 4 th Tuesday of Every Other Month @ 10am-12pm Co-Chairs: Xelestíal Moreno-Luz & Yara Tapia <i>*Open membership*</i>

WOMEN'S CAUCUS
Regular meeting day/time: Virtual - 3 rd Monday of Each Quarter @ 2-4:00pm The Women's Caucus Reserves the Option of Meeting In-Person Annually Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo <i>*Open membership*</i>

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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/12/23

In accordance with the Ryan White Program (RWP), conflict of interest is defined as any financial interest in, board membership, current or past employment, or contractual agreement with an organization, partnership, or any other entity, whether public or private, that receives funds from the Ryan White Part A program. These provisions also extend to direct ascendants and descendants, siblings, spouses, and domestic partners of Commission members and non-Commission Committee-only members. Based on the RWP legislation, HRSA guidance, and Commission policy, it is mandatory for Commission members to state all conflicts of interest regarding their RWP Part A/B and/or CDC HIV prevention-funded service contracts prior to discussions involving priority-setting, allocation, and other fiscal matters related to the local HIV continuum. Furthermore, Commission members must recuse themselves from voting on any specific RWP Part A service category(ies) for which their organization hold contracts. ****An asterisk next to member's name denotes affiliation with a County subcontracted agency listed on the addendum.***

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL *	Danielle	T.H.E. Clinic, Inc.	See attached subcontractor's list
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
CONNOLLY	Lilieth	Unaffiliated consumer	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DANIELS	Shonte	Unaffiliated consumer	No Ryan White or prevention contracts
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	Pearl	No Affiliation	No Ryan White or prevention contracts
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	Luckie	No Affiliation	No Ryan White or prevention contracts
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	David	LAC-USC Rand Schrader Clinic	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
HERRERA	Ish	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	Jose	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	Transportation Services
			No Ryan White or prevention contracts
MOLLETTE	Andre	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
OSORIO	Ronnie	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	Dechelle	AMAAD Institute	Community Engagement/EHE
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
ROBINSON	Mallery	No Affiliation	No Ryan White or prevention contracts
ROBINSON	Redeem	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SOLIS *	Juan	UCLA Labor Center	See attached subcontractor's list
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
TALLEY	Lambert	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

The following list and addendum present the conflicts of interest for Commission members who represent agencies with Part A/B and/or CDC HIV Prevention-funded service contracts and/or subcontracts with the County of Los Angeles. For a list of County-contracted agencies and subcontractors, please defer to Conflict of Interest & Affiliation Disclosure Form.

Division of HIV and STD Programs Contracted Community Services		
ORGANIZATION	SERVICE CATEGORY	SUBCONTRACTOR
AIDS Healthcare Foundation (AHF)	Mental Health	
	Medical Specialty	
	Oral Health	
APLA Health & Wellness (AHW)	Ambulatory Outpatient Medical (AOM)	
	Case Management Home-Based	Libertana Home Health, Caring Choice, The Wright Home Care, Cambrian, Care Connection, Envoy
	Nutrition Support (Food Bank/Pantry Service)	AIDS Food Store, Foothill AIDS Project, JWCH, Project Angel
	Oral Health	Dostal Laboratories
	STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
	STD-Ex.C	
	Biomedical HIV Prevention Services	
AltaMed Health Services	Case Management Home-Based	Envoy, Caring Choice, Health Talent Strategies, Hope International
	Mental Health	
	Vulnerable Populations (YMSM)	TWLMP
Bienestar Human Services (BEN)	Nutrition Support (Food Bank/Pantry Service)	
	Vulnerable Populations (Trans)	CHLA, SJW
Black AIDS Institute	HTS - Storefront	LabLinc Mobile Testing Unit Contract
Center for Health Justice (CHJ)	Transitional Case Management (Jails)	
	Vulnerable Populations (YMSM)	
Childrens Hospital Los Angeles (CHL)	AOM	
	Vulnerable Populations (YMSM)	APAIT
	HTS - Storefront	AMAAD, Center for Health Justice, Sunrise Community Counseling Center
Coachman Moore and Associates	STD Prevention	
East Los Angeles Womens Center	HERR	
East Valley Community Health Center (EVC)	AOM	
Essential Access Health (formerly California Family Health Council)	STD Infertility Prevention and District 2	
Friends Research Institute	HERR	
Greater Los Angeles Agency on Deafness, Inc. (GLAD)	HERR	LIFESIGNS, Inc., Sign Language Interpreter Services
Heluna Health	Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich-Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC; EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN; Spanish Telehealth Mental Health Services; Translation/Transcription Services; Public Health Detailing; HIV Workforce Development
In the Meantime Men's Group	Vulnerable Populations (YMSM)	Resilient Solutions Agency
JWCH Institute, Inc. (JWCH)	Mental Health	Bienestar
	Oral Health	USC School of Dentistry
	Biomedical HIV Prevention Services	
LAC University of Southern California Medical Center Foundation, Inc.	Community Engagement and Related Services	AMAAD, Program Evaluation Services, Community Partner Agencies
LAC-DHS Housing for Health (DHS)	Housing Assistance Services	Heluna Health
Los Angeles LGBT Center (LGBT)	AOM	Barton & Associates
	Vulnerable Populations (YMSM)	Bienestar, CHLA, The Walls Las Memorias, Black AIDS Institute
	Vulnerable Populations (Trans)	Special Services for Groups, Translatin@ Coalition, CHLA, Friends

Men's Health Foundation (Anthony Martin Mills, MD)	AOM	AMMD (Medical Services)
	Biomedical HIV Prevention Services	
	Vulnerable Populations (YMSM)	
	Sexual Health Express Clinics (SHEX-C)	AMMD - Contracted Medical Services
Minority AIDS Project (MAP)	Case Management Home-Based	Caring Choice, Envoy
Northeast Valley Health Corporation (NEV)	AOM	
	Mental Health	
	STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
Project New Hope (PNH)	Residential Facility For the Chronically Ill (RCFCI)	
Public Health Foundation Enterprises (PHF)	Transitional Case Management (Jails)	
St. John's Well Child and Family Center (SJW)	HTS - Social and Sexual Networks	Black AIDS Institute
St. Mary Medical Center (SMM)	AOM	
	Case Management Home-Based	Envoy, Cambrian, Caring Choice
	Oral Health	Dental Laboratory
T.H.E. Clinic, Inc. (THE)	AOM	
The Wall Las Memorias Project	HTS - Storefront	
	HTS - Social and Sexual Networks	
Tarzana Treatment Center (TTC)	AOM	New Health Consultant
	Case Management Home-Based	Always Right Home, Envoy
	Mental Health	
The Regents of the University of California (UCLA)	Oral Health-Endo	
	Oral Health-Gen.	
University of Southern California School of Dentistry (USC-Ostrow)	Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech; Biopsies - Pacific Oral Pathology
	Oral Health-Gen.	Patient Lab Services
Venice Family Clinic (VFC)	AOM	UCLA
	Benefit Specialty	UCLA
	Medical Care Coordination	UCLA
Watts Healthcare Corporation (WHC)	Oral Health	



LOS ANGELES COUNTY
COMMISSION ON HIV



DRAFT

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. Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission's website and may be corrected up to one year after approval. Meeting recordings are available upon request.

COMMISSION ON HIV (COH) AUGUST 10, 2023 MEETING MINUTES

**St. Anne's Conference & Events Center
155 N. Occidental Blvd., LA, CA 90026**

TELECONFERENCE SITES:

California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 75-61, Sacramento, CA 95814

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

COMMISSION MEMBERS

P=Present | VP=Virtually Present | A=Unexcused Absence | EA=Excused Absence

Miguel Alvarez	P	Everardo Alvizo, MSW	P	Jayda Arrington	P (AB2449)	Al Ballesteros, MBA	EA	Alasdair Burton	P
Danielle Campbell, MPH	EA	Mikhaela Cielo, MD	P	Lilieth Conolly	P	Mary Cummings (BA; TeleConf)	P	Shonté Daniels	EA
Erika Davies	P	Pearl Doan	A	Kevin Donnelly	P	Felipe Findley	P	Arlene Frames	P
Joseph Green	P	Felipe Gonzalez	EA	Karl Halfman, MS	P (BA; TeleConf)	Dr. William King, JD	P	Lee Kochems	P (AB2449)
Jose Magana	A	Leon Maultsby, MHA	P	Dr. Anthony Mills	EA	Andre Molette	P (AB2449)	Derek Murray	EA
Dr. Paul Nash	P	Katja Nelson	P (AB2449)	Chuy Orozco	P (AB2449)	Byron Patel	EA	Mario J. Pérez, MPH	EA
De'chelle Richardson	P	Mallery Robinson	A						

COMMISSION STAFF & CONSULTANTS

Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; and
Sonja Wright, BA, MSOM, LAc, Dipl. OM, PES
Jim Stewart, Parliamentarian

DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF

Dr. Ekwo Sey; Dr. Michael Green; Julie Tolentino, MPH

Commission on HIV Meeting Minutes

August 10, 2023

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I. ADMINISTRATIVE MATTERS

A. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Commissioners Erika Davies and Kevin Donnelly served as COH Co-Chairs Pro Tem and called the meeting to order at 9:00 AM and reviewed meeting guidelines and reminders; see meeting packet. Quorum was not met at start of the meeting but was subsequently reached at or around 9:33AM.

B. COUNTY LAND ACKNOWLEDGEMENT

E. Davies read the County's Land Acknowledgement to recognize the land originally and still inhabited and cared for by the Tongva, Tataviam, Kizh, and Chumas Peoples; see meeting packet for full statement.

C. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST STATEMENTS

James Stewart, Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, J. Arrington (AB2449), A. Burton, M. Cielo, L. Conolly, M. Cummings (BA; Teleconf), E. Davies, K. Donnelly, F. Findley, A. Frames, J. Green, F. Gonzalez, K. Halfman (BA:Teleconf), W. King, L. Kochems (AB2449), L. Maultsby, A. Molette (AB2449), P. Nash, K. Nelson (AB2449), J. Orozco (AB2449), D. Richardson, R. Rosales, H. San Augustin, M. Sattah, L. Spencer, K. Stalter, and J. Weedman

D. ASSEMBLY BILL 2449 ATTENDANCE NOTIFICATION FOR "EMERGENCY CIRCUMSTANCES"

MOTION #1: Approve Remote Attendance by Member(s) Pursuant to Assembly Bill 2449 Attendance Notification for "Emergency Circumstances", as presented. ***Not Applicable.***

E. APPROVAL OF AGENDA

MOTION #2: Approve meeting agenda, as presented or revised. ***✓Passed by Consensus***

F. APPROVAL OF MEETING MINUTES

MOTION #3: Approve meeting minutes, as presented or revised. ***✓Passed by Consensus***

G. CONSENT CALENDAR

MOTION #4: Approve Consent Calendar, as presented or revised. ***✓Passed by Consensus***

Commission on HIV Meeting Minutes

August 10, 2023

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II. PUBLIC & COMMISSIONER COMMENTS

A. Public Comment

Timothy Zembek, Syringe Services Program Coordinator @ Being Alive shared information regarding its Syringe Services Program which is held at four locations – Hollywood, Central Los Angeles, Koreatown, and West Hollywood. For more information, contact T. Zembeck at tzembek@beingalivela.org or 323-828-7736.

B. Commissioner Comment

K. Donnelly and J. Green shared they attended the recent townhall hosted by Being Alive and applauded Being Alive’s Syringe Services Program.

Dr. LaShonda Spencer announced that she is participating in HRSA’s SPNS project for the Black Women First Initiative which supports the design, implementation, and evaluation of bundled evidence-informed interventions for Black women with HIV; interventions include enhanced patient navigation, case management or peer engagement. Dr. Spencer will provide ongoing updates.

III. REPORTS – 1

A. EXECUTIVE DIRECTOR/STAFF REPORT

Cheryl Barrit, Executive Director, COH, provided the following County/COH operational updates:

(1) County/Commission Operations | UPDATES

HRSA Site Visit Findings.

C. Barrit led the review of HRSA’s site findings and the Commission’s Corrective Action Plan (CAP), provided in the meeting packet, and highlighted the following:

- HRSA conducts its site visit every five years. The most recent site visit was conducted February 13-17, 2023, prior to that, in 2018.
- The focus of the site visit is to review the administrative arm of the Ryan White Program Part A and the Ending the HIV Epidemic (EHE) grants.
- As part of the site visit, HRSA held closed meetings with the Executive Committee and Commission staff. Additionally, although not a part of the site visit, HRSA staff met with the Consumer Caucus at their request and held a closed listening session.

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- HRSA's findings centered around membership vacancies, DHSP voting eligibility, and conflicts of interest; specifically:
 - *Part A grantee cannot be a voting member of the planning council.* The Part A grantee (DHSP) is ineligible for voting membership on the planning council. We are collaborating with County Counsel to address this issue, necessitating changes to our bylaws and ordinance. As a temporary measure, DHSP staff with COH or committee memberships will abstain from voting.
 - *Vacancies.* During the site visit, the Part C and representatives of formerly incarcerated individuals' seats were vacant. Since then, the Commission has filled the Part C seat, and today's agenda includes the approval of the representative of formerly incarcerated individual's seat. We are actively recruiting to fill the vacant healthcare or hospital planning agency seat.
 - *Unaffiliated Consumer Vacancies.* We are approving unaffiliated consumer applications as part of today's meeting and there are additional applicants pending.
 - *Appointment letters for 2 members—* This matter has been resolved by working with the Executive Office to ensure update to date record keeping.
 - *Conflict of Interest.* The Commission has established a separate Conflict of Interest process as required by HRSA for the Ryan White Program. We've introduced a new Conflict of Interest & Agency Affiliation form for all members. Going forward, members must vote on Priority Setting & Resource Allocation by individual service categories rather than using a slate. Additionally, members affiliated with agencies receiving funding or having contracts for any service category must abstain from voting. However, these affiliated members can still participate in funding-related discussions and deliberations.
- Staff continues to work with County Counsel and the Bylaws Review Taskforce to ensure compliance and that our bylaws and ordinance are updated appropriately.

November 9, 2023 Annual Meeting Preparation

C. Barrit referred to the draft proposal in the meeting packet and solicited feedback and additional recommendations from the group on topics for the Annual Conference.

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B. CO-CHAIRS' REPORT

(1) Welcome New Members. E. Davies acknowledged and introduced all new members: Lilieth Conolly, Shonte Daniels, Byron Patel, Dechelle Richardson and Juan Solis.

(2) 2022-2024 COH Co-Chair Pro-Tem Open Nominations & Elections MOTION #5
(✓Approved; Passed by General Consent)

As a result of COH Co-Chair Luckie Alexander's Leave of Absence, the Commission will elect a COH Co-Chair Pro Tem to temporarily assume the COH Co-Chair role alongside COH Co-Chair Bridget Gordon until L. Alexander returns from his Leave of Absence or until December 31, 2024, whichever comes first.

J. Green self-nominated and was elected by general consent.

(3) 2024-2026 COH Co-Chair Open Nominations | Elections September 14, 2023

The Commission will open nominations for the January 2024-December 2025 COH Co-Chair, elections to take place at the September 14, 2023, COH meeting. The Duty Statement for COH Co-Chair is available in the meeting packet. Nominations will remain open until the start of the elections on September 14.

- B. Gordon, A. Burton and D. Campbell were nominated.

(4) June 8, 2023 COH Meeting | FOLLOW-UP & FEEDBACK

Per requests made at the June COH meeting, an additional Public Comment item was added at the beginning of the COH meeting agenda in addition to a Commissioner Comment item. Additionally, a standing item was added for the California Planning Group (CPG) under the Office of AIDS report and an Ending the HIV Epidemic (EHE) item under DHSP's report.

(5) Conferences, Meetings & Trainings | OPEN FEEDBACK (Opportunity for members to share Commission-related information from events attended)

a. International AIDS Society, Conference on Science – July 23-26, 2023

J. Green attended the IAS Conference on Science virtually and shared his experience, highlighting the importance of addressing stigma, discrimination, and U=U and noted that we must do better in supporting HIV technology and science.

b. United States Conference on HIV/AIDS (USCHA) – Sept 5-9, 2023

The following Commissioners will be represented at the USCHA: Kevin Donnelly (full COH scholarship), Miguel Alvarez (partial scholarship by NMAC & COH) & Lilieth Conolly (full NMAC scholarship). A follow up report will be presented at the September COH meeting.

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Leon Maultsby shared that he attended the National Leadership Conference on Health Disparities and Social Justice in Atlanta, GA, and noted his key takeaway was a need for improved health equity within marketing for Mpox and noted that there were wide concerns shared regarding the disparity between information provided via marketing and the eligibility criteria communicated to folx attempting to access Mpox vaccination.

Dr. Spencer shared that the HRSA will be hosting a conference at USC as part of the Black Women First Initiative SPNS project.

(6) Member Vacancies & Recruitment

The Commission continues to recruit for the following vacancies:

- Service Planning Area 1 (Antelope Valley)
- Supervisorial District 1 (Supervisor Hilda Solis' District)
- Supervisorial District 4 (Supervisor Janice Hahn's District)
- Unaffiliated consumers must meet the following criteria set by our federal funders: 1) a person living with HIV; and 2) a Ryan White program client; and 3) NOT employed by an agency receiving funding for Part A Ryan White program.

All are encouraged to help promote the Commission and contact staff for assistance with membership applications.

(7) Acknowledgement of National HIV Awareness Days for August 2023

- a. [August 20th: Southern HIV/AIDS Awareness Day](#)
- b. [August 30th: National Faith HIV/AIDS Awareness Day](#)

C. CALIFORNIA OFFICE OF AIDS (OA) REPORT (PART B REPRESENTATIVE)

(1) OA Voice Newsletter Highlights

Karl Halfman, MA, Chief, HIV Care Branch, referred to the August 2023 edition of the OAVoice regarding OA's activities and updates and highlighted that OA's PrEP-Assistance Program (AP) has partnered with Color Health to provide a fully telehealth option for eligible Californians to enroll in and utilize PrEP-AP services. More information can be found in the August 2023 OAVoice available [HERE](#).

(2) California Planning Group (CPG) Report

Commissioner/CPG representative Kevin Stalter indicated there were no updates to report.

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D. LA COUNTY DEPARTMENT OF PUBLIC HEALTH REPORT (PART A REPRESENTATIVE)

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

a. Programmatic and Fiscal Updates

- **HIV & STDs Surveillance and Data Challenges for LA County Native American Communities | PART 1 OF 2**

Dr. Ekwo Sey presented “Overview of HIV among the AIAN population in LAC: Impact of alternative race/ethnicity classification approaches on case numbers and rates”; see PPT presentation in the meeting packet.

b. Mpox Briefing

No updated reported.

c. Ending the HIV Epidemic (EHE) | UPDATES

Julie Tolentino, MPH, reported that a Spanish Language Mental Health Program for people living with HIV will be launching soon in partnership with APAIT. The program will offer a telehealth and in-person options. A flyer will be released in the upcoming weeks.

Additionally, a virtual EHE townhall will be held in September and will focus on the EHE Treatment and Respond Pillars. All are welcomed to learn about new and existing strategies, interventions and resources related to the Treatment and Respond Pillars for Los Angeles County providers and residents.

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

No updates provided.

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

Part C: L. Maultsby is actively coordinating the Part C collaborative within the Commission membership and plans to expand outreach to non-member Part C representatives once momentum is established.

Part D: Dr. Mikhaela Cielo, representing Natalie Sanchez, Director of UCLA LAFAN, reported that four out of six episodes of the Women & HIV podcast are recorded, with a full release scheduled for October. N. Sanchez intends to present the podcast and its featured Latina women at an upcoming Commission meeting. The LA HIV Women’s Treatment Summit is set for December 7, 2023, with registration opening in September. Furthermore, N. Sanchez has been invited by Xavier Becerra, U.S. Secretary of Health and Human Services, to serve on the Presidential Advisory Council on HIV/AIDS (PACHA).

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Part F: Sandra Cuevas, PAETC LA, reported that PAETC is hosting a regional 2-day conference “Collaboration in Care Conference: Improving HIV and Aging Services” in Sacramento, CA on September 18-19, 2023; scholarships are available through the regional office. Direct service providers across all disciplines are invited to attend. Additionally, a new online course for Linkage & Retention is now available and a new cohort of USC fellows have been onboarded.

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

City of Long Beach: Everardo Alvizo reported that the City of Long Beach (CLB) has enlisted consultant AJ King to advance its HIV/STI harm reduction strategy. CLB achieved significant success with a mobile clinic in collaboration with StickitLA during LB Pride, resulting in 51 interactions and the vaccination of 46 individuals. Additionally, CLB will host a Substance Use Disorder Integrated Care Conference at the Hyatt Regency from August 15 to 17, 2023.

City of West Hollywood: *No updates reported.*

City of Los Angeles: Ricky Rosales, AIDS Coordinator, reported that the City is finishing up contract amendments for HIV prevention and harm reduction providers. In the last two years, there have been 17 contracts, two of which were eliminated due to performance issues. Additional funding from the city council has been secured to expand harm reduction services and expand overdose services citywide. Coordination with County and state services is ongoing. Towards year-end, a new RFP will be released for a funding cycle lasting 2-5 years.

City of Pasadena: Erika Davies shared that despite initial plans for a couple of homeless programs to end on June 30th, they have been extended due to additional funding. These programs, designed for transitional youth aged 18-24 and those aged 16 and up, are currently operating at Bethel Church, located at 1972 North Fair Oaks Avenue. Additionally, the New Pasadena Outreach Response Team (PORT) will be presenting their program at the next COH meeting for those in between these age groups. Furthermore, walk-in Mpox vaccinations are still accessible, and more information can be found on MyTurn.org.

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1. REPORTS – II

A. OPERATIONS COMMITTEE

The Operations Committee last met on July 27, 2023. The next Committee meeting will be hybrid and held on August 24, 2023 @ 10AM-12PM.

(1) Membership Management

a. 2023 Renewal Membership Slate **MOTION #6 (✓Approved: Consent Calendar)**

b. New Member Applications

- Sandra Cuevas, Part F Representative **MOTION #7 (✓Approved: Consent Calendar)**
- Russel Ybarra, Unaffiliated Consumer, SPA 2 **MOTION #8 (✓Approved: Consent Calendar)**
- Ishmael Herrera, Unaffiliated Consumer, SPA 3 **MOTION #9 (✓Approved: Consent Calendar)**
- Karla Castro, Alternate **MOTION #10 (✓Approved: Consent Calendar)**
- Lambert Talley, Alternate **MOTION #11 (✓Approved: Consent Calendar)**
- Dr. David Hardy, Alternate **MOTION #12 (✓Approved: Consent Calendar)**
- Ronnie Osorio, Alternate **MOTION #13 (✓Approved: Consent Calendar)**
- Erica Robinson, Alternate **MOTION #14 (✓Approved: Consent Calendar)**
- Lauren Gersh, SBP Committee Member **MOTION #15 (✓Approved: Consent Calendar)**

(2) Policies & Procedures

Revised Policy #08.3204: Commission and Committee Meeting Attendance
MOTION #16 (✓Approved: Consent Calendar)

(3) Assessment of the Administrative Mechanism (AAM) | UPDATES

Justin Valero, Co-Chair, reported that Program Year (PY) 31 Assessment of Administrative Mechanism (AAM) Final Report is on the Commission's website accessible [HERE](#).

(4) Assessment of the Administrative Mechanism (AAM) | UPDATES (cont'd)

Dr. Michael Green, (DHSP) addressed the recommendations matrix and provided suggestions on focus for the next AAM, i.e., speed and efficiency to which contracts are awarded by the County.

(5) 2023 Training Series

The 2023 Training Series flyer is available on the COH's website at:
<https://hiv.lacounty.gov/events/>.

The Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities training was held July 19th, from 3-4:30pm and had many members of the public in attendance.

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The next training, Public Health 101, will be held on August 16th from 3-4:30pm and is not a mandatory training for commissioners.

(6) Recruitment, Outreach & Engagement

The Committee continues to identify opportunities and support members to participate in outreach, recruitment, and engagement activities to promote the COH and its work. In addition, the Committee continues discussing opportunities for ways to increase recruitment for Unaffiliated Consumer seats and the vacant incarcerated seat and welcomes suggestions from all commission members and the community.

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

(1) July 18, 2023 Meeting Cancellation. The next PP&A meeting will be Tuesday, August 15th from 1-3pm @ the Vermont Corridor.

(2) August 15, 2023 Meeting Agenda

a. Maximizing Ryan White Program Funds Ahead of Medi-Cal Expansion

b. Consumer/Client Advisory Board (CAB) Questionnaire Review

The Committee began developing questions for upcoming Community Listening Sessions and will finalize these questions during their next meeting.

c. Fiscal Year 2022 Expenditures and Utilization

The Committee briefly reviewed the Revised Fiscal Year 2023 Service Category Allocations, which were approved at the June COH meeting. The total reallocation amounted to less than 10% of the total award and involved adjustments to various service categories, such as Early Intervention Services, Outpatient and Ambulatory Services, Medical Case Management (also known as Medical Care Coordination), Housing Services, and Emergency Financial Assistance.

Additionally, the Committee held ongoing discussions about the third Unmet Needs Report, focusing on individuals with diagnosed HIV in care but not virally suppressed. Strategies to increase suppression rates were explored, emphasizing the importance of medication adherence while also addressing social and behavioral health factors and other social determinants of health.

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C. Standards and Best Practices (SBP) Committee

(1) Nutrition Support Services Standards | MOTION #17 (Approved via Roll Call)

Updates included:

- Streamlined the document to remove redundancies, improve flow and ease of reading, and reduce page count.
- Added a clarification for defining “eligible family members” for receiving Nutrition Support services.
- Added a note for using grocery gift cards to supplement Nutrition Support services, in particular F Service standards that are specific to **Food bank/pantry** programs will start with the phrase in bold. See page 6 of the document.
- Service standards that are specific to **Home-delivered meals** programs will start with the phrase in bold. See page 6 in the document.
- The “Food Safety and Quality” service component section was edited to remove standards that would not be enforceable/monitored by DHSP.
 - Concerns were expressed regarding the quality of food provided via the food banks/pantry and meal delivery services. Commissioner Jonathan Weedman requested that the source of the food be identified at the next meeting to work toward improving the quality of food provided to those living with HIV.

(2) Universal Service Standards and Patient Bill of Rights Review | UPDATES

The Committee reviewed feedback from the Consumer Caucus and is ready to elevate the document to the Executive Committee for approval. The Committee did not achieve quorum; all motions were deferred to the October Committee meeting.

(3) Medical Care Coordination (MCC) Service Review | UPDATES

The Committee announced a public comment period for the Medical Case Coordinator service standards starting on Tuesday August 15 and ending on Wednesday September 13, 2023.

(4) Prevention Services Standards Review | UPDATES

C. Barrit provided an overview of the “Status Neutral HIV and STI Service Delivery System Framework” developed by the Prevention Planning Workgroup (PPW). She also shared a brief history of the integration of the Prevention and Care components that now form the Commission on HIV

The PPW reviewed the prevention standards at their meeting on Wednesday 7/26. The SBP committee will coordinate with the PPW to support the review of the standards.

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The September SBP Committee meeting has been cancelled and the next meeting will be held on October 3, 2023 @ 10AM-12PM at the Vermont Corridor.

D. PUBLIC POLICY COMMITTEE (PPC)

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

a. 2023-2024 Legislative Docket (Federal Bills)

The document was approved by the full Commission body on June 8, 2023 and forward to the Commission's County partners at the Office of Legislative Affairs and Intergovernmental Relations.

b. 2023-2024 Policy Priorities

The document was approved by the full Commission body on June 8, 2023 and forwarded to the Commission's County partners at the Office of Legislative and Intergovernmental Affairs.

c. County Coordinated STD Response

- **DPH Memo in response to STD Board of Supervisors (BOS) motion**

There were no updates. The last quarterly memorandum was provided on May 3, 2023. The next is expected in September.

➤ Include the May 3, 2023 memo in the September COH meeting packet.

- **2023 Public Comment Schedule for Health Deputies & BOS Meetings**

COH staff reminded Committee members of the volunteer schedule to provide public comment at health deputy and BOS meetings. COH staff will send the agendas and talking points to the volunteers once the meetings are confirmed.

d. Act Now Against Meth (ANAM) | UPDATES

COH staff are coordinating a presentation by Dr. Puri from the Substance Abuse Prevention and Control (SAPC) Program for the Commission's Annual meeting in November and will anticipate an update from The Wall Las Memorias in the near future.

e. Ryan White Care Act (RWCA) Modernization: Determine Strategy and Outline Presentation Schedule

The Committee discussed a document prepared by COH staff which provides guidance to the Committee for developing a policy brief summarizing key issues to address and include in a modernized Ryan White HIV/AIDS Program Legislation.

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The Committee co-chairs and COH staff will draft a policy brief that summarizes the areas the Ryan White Care Act does not address and provides recommendations for addressing the issues identified by the Committee and other stakeholders. The draft will be ready for review and discussion by the September PPC meeting.

The next PPC meeting will be held on Monday, September 11, 2023 @ 1-3PM at the Vermont Corridor.

E. CAUCUS, TASK FORCE AND WORK GROUP REPORT

(1) Aging Caucus

The Aging Caucus met on June 13 and August 1 to plan an educational event for September with a focus on sexual health in older adults; in commemoration of National Aging and HIV Awareness Day in September. The Department of Aging has expressed support in co-sponsoring and collaborating on the educational event with the Aging Caucus. An event flyer will be released in the upcoming weeks.

(2) Black/African American Caucus

The Caucus last met on July 20, 2023, and reviewed the final draft of the Organizational Capacity Needs Assessment. The pilot phase of the NA is set to launch in the upcoming months.

The Caucus' Community Listening Session Workgroup continues to move forward in planning listening sessions among various key populations of the Black community. The feedback collected will be used to update the BAAC recommendations and share with community partners in support of developing a culturally responsive service delivery system that addresses the sexual health needs of the Black community.

The Caucus is also partnering with Supervisor Holly Mitchell's office in planning for a World AIDS Day (WAD) event currently slated for December 6th; more details to follow.

Lastly, the Caucus is an official vendor of the 2023 Taste of Soul; more details to follow.

The next Caucus meeting will be held virtually on August 17th @ 4-5PM.

(3) Consumer Caucus

The Caucus met virtually on July 13, 2023, in the absence of a Commission meeting. SBP leadership/staff provided the Caucus an overview of the Universal Standards and Patient Bill of Rights and the Nutrition Support Services Standards to which the Caucus provided valuable feedback.

At its meeting today,

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- DHSP will present on its Ryan White Program services promotional campaign for the Caucus' feedback
- Chuy Orozco will provide a HOPWA quarterly report
- Caucus will discuss recommendations for Annual Meeting topics

All consumers of HIV prevention and care services to attend and participate in a unified effort to improve HIV service delivery for those experiencing and at risk of HIV in Los Angeles County. Today's meeting will be a hybrid meeting; lunch will be provided.

(4) Transgender Caucus

The Transgender Caucus met on July 25, 2023 and discussed the following:

The Caucus shared updates and solicited feedback for their Trans Summit in the fall. The event will take place on Thursday November 2, 2023 from 8am-4pm at The Village at Ed Gould Plaza of the LA LGBT Center. The Theme will be "Empowerment and Community-Building." There will be three session tracks: Health and Wellness, Multimedia Arts and History, and Policy Education and Advocacy. Marketing materials and a call for workshops and presentations will be forthcoming.

Commission staff reminded the caucus that the Commission has an open membership process in which we accept applications year-round with the goal to extend leadership opportunities to as many community members as possible.

As a reminder, the Caucus is focused on increasing community engagement and participation in Commission activities as well as exploring ways to hold Commissioners accountable in considering the lived experiences of the Transgender community when making deliberations.

The Transgender Caucus will hold their next virtual meeting on Tuesday August 22, 2023 from 10am-11:30am via WebEx.

(5) Women's Caucus

The Caucus last met on July 17, 2023, and debriefed on its 2-part virtual lunch & learn presentation on loss, grief and healing. The recordings are available on the Commission's website under the Events header tab.

The Caucus also reviewed its 2019 recommendations which were included PP&A's programmatic directives to DHSP and heard from Paulina Zamudio regarding the Childcare RFA which was updated to reflect open and continuous versus a deadline for applications. The Caucus will continue its review of the directives at its next meeting.

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The Caucus' next meeting will be a hybrid meeting; in person option held at the Vermont Corridor. The meeting will be held at 2-4PM.

(6) Vision & Mission Statement Review (VMS) Workgroup

The Vision & Mission Statement Workgroup (VMS) is on hiatus until the Bylaws Review Taskforce (BRT) has concluded and met its directives. Elements of the Vision & Mission Statement may be addressed at the upcoming Annual Conference.

(7) Prevention Planning Workgroup

The Prevention Planning Workgroup last met on July 26th. The meeting focused on a review of the Prevention Standards. Suggested revisions include addressing the syndemic of HIV and STIs, updating the standards to include advances in biomedical HIV and STI care and prevention, and incorporating the status neutral framework into the standards to create a more comprehensive impact on prevention efforts.

The workgroup decided to meet in August to avoid delaying progress on revisions to the Prevention Standards. The next virtual PPW meeting will be next Wednesday, August 23rd from 4-5:30pm.

(8) Bylaws Review Taskforce (BRT)

The BRT continues to review the Bylaws for updates as directed by the Executive Committee. Key topics include stipend increases for unaffiliated consumer members and meeting frequency.

County Counsel confirmed that most if not all the recommendations for updates to the Bylaws will trigger an Ordinance change.

Staff will work with the BRT Co-Chairs to identify specific sections of the Bylaws that require updates and recommend language, pursuant to the tracker and present a mark-up version at the next BRT meeting for review.

(8) Bylaws Review Taskforce (BRT) (cont'd)

Next virtual meeting will be held on August 16 @ 11AM-12:30PM. All are welcome to attend.

7. MISCELLANEOUS

- A. PUBLIC COMMENT: Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [here](#), or by emailing hivcomm@lachiv.org.**

None.

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

None.

- C. ANNOUNCEMENTS: 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.**

Joaquin Gutierrez w/ Connect to Protect Los Angeles announced the following events:

- End of Summer Bash in Antelope Valley in partnership with the Outreach Center on August 25 @ 6-9PM. Mpox vaccination, HIV and COVID testing will be provided.
- C2PLA series of rooftop Drag brunches; next event on August 27 @ 11AM-2PM. Geared toward creating a community space that is culturally relevant for young people and for those through their journey of sobriety.

Commissioners L. Conolly and A. Frames announced they will be hosting an outreach table on behalf of the Commission as participation in the A Child's Dream, Back to School backpack outreach event at the Culver City Community Center on Saturday, August 12, 2023. Folx who register will receive back to school and personal hygiene supplies. A flyer has been distributed.

Commissioner L. Spencer announced the 1st annual UCLA-CDU CFAR Summer Institute will take place on August 22, 2023 @ 8:30AM-3:30PM and will provide a broad overview of Community Partnered Participatory Research (CPPR) and Clinical Informatics to CFAR & CDU Investigators, Affiliates, Community Partners, Students, Faculty, and Community at Large. All are welcome to attend; breakfast & lunch provided. For more information, click [HERE](#).

Commissioner L. Maultsby shared CDU's partnership with House of Gucci and House of Ninja for the West Coast Awards Ball on August 26, 2023. Additionally, there will be community event on Western for HIV screening and testing along with community partners and resources for youth. A moment of silence was observed for O'Shea Sibley, a dancer killed in a hate crime due in Brooklyn, NY.

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D. ADJOURNMENT AND ROLL CALL: Adjournment for the meeting of August 10, 2023

The meeting was adjourned in the memory of Ernesto Aldana and O'Shea Sibley at or around 1:00PM. J. Stewart conducted roll call.

ROLL CALL (PRESENT): M. Alvizo, E. Alvizo, A. Burton, M. Cielo, L. Conolly, E. Davies, K. Donnelly, F. Findley, A. Frames, J. Green, F. Gonzalez, K. Halfman (BA: Teleconf), W. King, L. Kochems, L. Maultsby, A. Molette, P. Nash, K. Nelson, C. Orozco, D. Richardson, R. Rosales, H. San Augustin. M. Sattah, L. Spencer, J. Valero, & J. Weedman

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MOTION AND VOTING SUMMARY		
MOTION 1: Approve remote attendance by Member(s) Pursuant to Assembly Bill 2449 Attendance Notification for “Emergency Circumstances”, as presented.	No vote held.	NO VOTE HELD
MOTION 2: Approve meeting agenda, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 3: Approve meeting minutes, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 4: Approve Consent Calendar, as presented or revised	Passed by Consensus	MOTION PASSED
MOTION #5: Approve 2022-2024 COH Co-Chair Pro Tem, as elected	Joe Green elected; passed by General Consent.	MOTION PASSED
MOTION #6: Approve 2023 Renewal Membership Slate, as presented or revised, and forward to Board of Supervisors for appointment: Everardo Alvizo (Seat #3); Danielle Campbell (Seat #37); Felipe Findley (Seat #49); Paul Nash (Seat #45); Harold San Agustin (Seat #13); Joseph Green (Seat # 35; Justin Valero (Seat #39); Arlene Frames (Seat #29); Redeem Robinson (Seat #47); and Kevin Stalter (Seat #23)	Passed by Consent Calendar	MOTION PASSED
MOTION #7: Approve new membership application for Karla Castro, to occupy an Alternate seat, and forward to Board of Supervisors for appointment, as presented or revised.	Passed by Consent Calendar	MOTION PASSED
MOTION #8: Approve new membership application for Lambert Talley, to occupy an Alternate seat, and forward to Board of Supervisors for appointment, as presented or revised.	Passed by Consent Calendar	MOTION PASSED

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MOTION AND VOTING SUMMARY

MOTION #9: Approve new membership application for Sandra Cuevas, to occupy the Part F representative seat and forward to Board of Supervisors for appointment, as presented or revised.	Passed by Consent Calendar	MOTION PASSED
MOTION #10: Approve new membership application for Russell Ybarra, to occupy the Unaffiliated Consumer, SPA 2 seat, and forward to Board of Supervisors for appointment, as presented or revised.	Passed by Consent Calendar	MOTION PASSED
MOTION #11: Approve new membership application for Ishmael Herrera, to occupy the Unaffiliated Consumer, SPA 3 seat, and forward to Board of Supervisors for appointment, as presented or revised.	Passed by Consent Consensus	MOTION PASSED
MOTION #12: Approve new membership application for Dr. David Hardy, to occupy an Alternate seat and forward to Board of Supervisors for appointment, as presented or revised.	Passed by Consent Consensus	MOTION PASSED
MOTION #13: Approve new membership application for Ronnie Osorio, to occupy an Alternate seat and forward to Board of Supervisors for appointment, as presented or revised.	Passed by Consent Calendar	MOTION PASSED
MOTION #14: Approve new membership application for Erica Robinson, to occupy an Alternate seat and forward to Board of Supervisors for appointment, as presented or revised.	Passed by Consent Calendar	MOTION PASSED
MOTION #15: Approve Standards and Best Practices (SBP) Committee member-only application for Lauren Gersh, as presented or revised, and forward to Board of Supervisors for appointment	Passed by Consent Calendar	MOTION PASSED
MOTION #16: Approve Revised Policy #08.3204: Commission and Committee Meeting Attendance, as presented or revised.	Passed by Consent Calendar	MOTION PASSED

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MOTION AND VOTING SUMMARY

MOTION #17: Approve Nutrition Support Services Standards, as presented or revised

Vote By Roll Call

YES: M. Alvarez, E. Alvizo, J. Arrington, A. Burton, M. Cielo, E. Davies, K. Donnelly, F. Findley, J. Green, W. King, L. Kochems, L. Maulsby, A. Molette, P. Nash, J. Orozco, R. Rosales, H. San Agustin, L. Spencer, J. Valero, & J. Weedman **(20)**

ABSTAIN: L. Conolly, A. Frames, K. Halfman, & D. Richardson **(4)**

MOTION PASSED



DRAFT FOR PLANNING AND DISCUSSION PURPOSES ONLY

ANNUAL CONFERENCE AGENDA OUTLINE

NOVEMBER 9, 2023

Vermont Corridor Terrace Level (510 S. Vermont Ave, LA CA 90020)

AGENDA ITEM	WHO/TOPIC
Call to Order and Roll Call (9:00-9:15)	Co-Chairs and Executive Director
Welcome, Opening Remarks, Meeting Objectives, and Recognition of Service 9:15-9:30am	Co-Chairs
Los Angeles County State of HIV/STDs 9:30-10:30am	Mario Pérez and DHSP staff (Confirmed) <ul style="list-style-type: none"> • Successes • Challenges • At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to address or support DHSP's efforts to address HIV/STDs in the County.
The County's Response to the Intersection of HIV and Substance Use Harm Reduction and Other Services, DPH, Substance Abuse Prevention and Control (SAPC) 10:30am-11:15am	Dr. Sid Puri, Associate Medical Director of Prevention, SAPC (Confirmed) <ul style="list-style-type: none"> • At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to address or support substance use/harm reduction efforts in the County.
BREAK 11:15-11:30am	
PrEP, Long-acting PrEP, Doxy PEP Strategies for Increasing Access and Utilization among Priority Populations 11:30 – 12:30pm	Dr. Ardis Moe – (Confirmed) <ul style="list-style-type: none"> • At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to address or support increasing access and utilization of PrEP, LAI PrEP, and Doxy PEP in the County.
LUNCH w/ Speakers Housing and People Living with HIV 12:30 – 1:30pm	Supervisor Lindsey Horvath, Third District and LAHSA Commission Chair (Invited, awaiting response) Dr. Va Lecia Adams Kellum, CEO Los Angeles Homeless Services Authority (Invited, awaiting response)

	<ul style="list-style-type: none"> At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to help address or support affordable housing for PLWH and priority populations.
Then & Now: Where We Were & Where We Are Now Community Discussion Intergenerational Perspectives on Community Building and Resilience 1:30-2:30pm	<ul style="list-style-type: none"> Facilitated session with audience participation Address topics such as stigma, fear, life expectancy, stigma, PrEP/PEP & U=U, and community support Voices/Representation: <ul style="list-style-type: none"> Folx of varying generations, ranging from youth/young adults to LTS (20-30 years living with HIV) 2-3 Youth/Young Adults & 2-3 Older Adults Include HIV negative folx Provide historical context Elicit stories of strength & resilience Include a Call to Action, i.e., provide tools on building intergenerational relationships Encourage folx to interact with each other; create an interactive, fun and engaging presentation/conversation At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to help build a united community across generations to end HIV.
BREAK 2:30-2:45pm	
Enhancing Access to Mental Health Services for PLWH 2:45-3:30pm	Dr. Curley Bonds, Chief Medical Officer, Los Angeles County Department of Mental Health (Confirmed) <ul style="list-style-type: none"> At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to address or support mental health services for PLWH and priority populations.
Public Comments 3:30 pm to 3:45pm	
Closing remarks and by co-chairs/Adjourn 3:45-4pm	
RECEPTION, AWARDS/RECOGNITIONS, NETWORKING, RAFFLE PRIZES 4pm to 5pm	



LOS ANGELES COUNTY COMMISSION ON HIV

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DUTY STATEMENT COMMISSION CO-CHAIR

(APPROVED 3-28-17)

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

ORGANIZATIONAL LEADERSHIP:

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

MEETING MANAGEMENT:

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

Duty Statement: Commission Co-Chair

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

REPRESENTATION:

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

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

KNOWLEDGE/BACKGROUND:

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

SKILLS/ATTITUDES:

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

Duty Statement: Commission Co-Chair

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COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

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



FINAL: APPROVED BY COH: 9/12/2019

SUBJECT: The process for formally supporting or opposing Commission, committee or subcommittee actions.

PURPOSE: To describe the procedures for formally determining specific actions proposed at formal Commission or committee meetings.

BACKGROUND:

- Article V (*Meetings*), Section 8 (*Robert's Rules of Order*) of Policy/Procedure #06.1000 (*Bylaws of the Los Angeles County Commission on HIV*) states the following: "All meetings of the Commission shall be conducted according to the current edition of 'Robert's Rules of Order, Newly Revised', except where superseded by the Commission's Bylaws, policies/procedures, and/or applicable laws."
- All Commission member voting is subject to the conditions and provisions of state and federal conflict of interest requirements as detailed in Article VII (*Policies and Procedures*), Section 5 (*Conflict of Interest Procedures*) of Policy/Procedure #06.1000 (*Bylaws of the Los Angeles County Commission on HIV*) and Policies/Procedures #08.3108 (*Adherence to State Conflict of/Interest Rules and Requirements*).

POLICY:

- 1) Specific actions by the Commission or a committee can be taken as a result of co-chair instruction or following a successful motion by a quorum of a voting body in attendance.
 - a. In accordance with Commission Bylaws, and/or Robert's Rules of Order, certain votes are required of the body in spite of broad agreement.
 - b. All allocation decisions require motions and roll call votes.

- 2) All Commissioners (or their alternates in their absence) who are appointed by the Board of Supervisors may vote on matters before the Commission, unless they have recused themselves. All members assigned to or appointed to committees (or their alternates in their absence) may vote on motions before those committees, unless they have recused themselves.
 - a. "Recusal" is dictated by Policies/Procedures#08.3108 (*Adherence to State Conflict of Interest Rules and Requirements*).
- 3) The Commission or its committee may vote on a motion in one of two ways:
 - a. Unanimous voice vote (with abstentions as noted), commonly called "consensus," or
 - b. Roll call vote
 - c. While they do not count as votes, nor count in the vote tally, abstentions will be recorded and noted in meeting and motion summaries and minutes.

PROCEDURES:

1. **Co-Chairs' Prerogative:** If all in attendance are in agreement, and there is no motion on the floor, it is the co-chairs' prerogative to direct that an action be taken without a specific vote.
2. **Content of Motions:** Motions are made by members of the body and must be acted on for one of three reasons:
 - a. They are "procedural" in nature: required by law or rule, such as the Ralph M. Brown Act or Robert's Rules of Order (e.g., approving the agenda, minutes);
 - b. They are "Action" in nature: either to lend credibility and/or formality to an action already agreed upon by the body; or to determine an action in a way about which there may be varied opinion/disagreement among the members and/or those in attendance.
3. **Submission of Motions:** In accordance with Policy/Procedure #08.1102 (*Subordinate Commission Working Units*), motions are made and acted on in several ways, subject to Robert's Rules of Order:
 - a. They can be included on the agenda in advance of the meeting by a formal subunit of the body (e.g., committee, subcommittee or task force). Motions on the agenda are deemed "moved" by adoption of the agenda, and do not require a second, for a vote.
 - b. They can be made at the meeting in response to a specific agendized item of discussion. There motions require an individual to "move" the action, and a "second" from a person who agrees that the motion should be placed "before the body".
 - c. They can be moved to the agenda by action at a previous meeting and treated appropriately as agendized.
4. **Voting Privileges:** Motions can only be voted when there is a quorum of the members of the body with voting privileges present:
 - a. All Commissioners (or their Alternates when they are not present) appointed by the Board of Supervisors have voting privileges at Commission meetings;
 - b. All Commission members assigned or appointed to a committee, or their Alternates when they are not present, have voting privileges at the respective committee meetings;
 - c. All members with voting privileges at the Commission or committee meetings who have not recused themselves may vote on any motion "before the body";
 - d. In accordance with Policies/Procedures #08.3108 (*Adherence to State Conflict of Interest Rules and Requirements*), members must recuse themselves when they have an appropriate conflict of interest.

5. **Action Following a Motion:** Once a motion is made, any discussion may follow, unless prohibited by Robert's Rules of Order. The motion can be amended, postponed or referred, etc., by vote, in accordance with Robert's Rules of Order.
6. **Consensus on a Motion:** When the body is ready to vote on a motion, it is the Co-Chairs' responsibility to poll the body by voice, and ask if there is any objection. If there is objection from at least one member of the body, a roll call must be taken (*see Procedure #7*).
 - a. After the co-chair determines if there are no objections, the co-chair will call for abstentions.
 - b. Abstentions are not considered objections, do not count in the final vote, and, thus, do not affect the decision of whether or not the vote is considered unanimous or if a roll call vote must be taken. Abstentions will be noted in the public record.
 - c. If there are no objections, the motion is considered "passed by consensus".
7. **Roll Call Votes:** A roll call vote is taken by a staff member of non-voting member reading the members' names aloud who are present and entitled to vote, and recording the members' votes for the public record.
 - a. The roll call can be taken in alphabetical or reverse alphabetical order.
 - b. Co-Chairs' votes are taken at the end of the roll call vote; Co-Chairs are not required to vote unless there is a tie in voting ("Co-Chair Prerogative").
8. **Motion Pass or Fail:** At the end of the roll call, the Parliamentarian or reader tallies the supporting and opposing votes cast and gives the number to the Co-Chair to announce whether the motion has passed or failed according to which vote has the greater number.
 - a. A motion passes if there are a greater number of supporting votes than opposing votes.
 - b. A motion fails if there are a greater number of opposing votes than supporting votes, or if there is a tie between opposing and supporting votes.
9. **Final Decision:** All votes and abstention notes are final when a Co-Chair announces the decision.

NOTED AND
APPROVED:



EFFECTIVE
DATE:

9/12/2019

Original Approval: 7/13/2006

Revision(s): 3/14/2012; Updated: 01/20/17; 9/12/2019



Is the USA on track to end the HIV epidemic?

Vincent Guilamo-Ramos, Marco Thimm-Kaiser, Adam Benzekri

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Despite progress in reducing new HIV infections in the USA, publicly available data suggest that new HIV infections continue to occur at an alarming rate. In this Viewpoint, we highlight the regularity with which the existing systems for HIV prevention and treatment delivery in the USA fail and the clearly inequitable effect of the systems' failure among several priority populations of the Ending the HIV Epidemic (EHE) initiative. Existing data cast doubt on whether the current EHE efforts will suffice to achieve its 2030 goal of reducing annual new HIV infections to fewer than 3000. We outline future directions in four priority areas to regain lost ground in pursuit of the 2030 EHE goals: reducing the stigma affecting people living with and most at risk of HIV; broadening the HIV workforce; mitigating harmful social determinants of health; and recommitting and reinvesting in health in the USA more broadly.

Introduction

40 years into the HIV and AIDS epidemic, the federal US Government has launched a decade-long, multiagency initiative designed to accelerate progress in HIV prevention and treatment by formulating an ambitious goal: the reduction of annual new HIV infections in the USA by 90% or more by 2030.¹ Ending the HIV Epidemic (EHE), an initiative launched in 2019, seeks to ensure that the billions of federal dollars invested each year in the HIV response² translate into tangible benefits for both the 1·2 million people living with HIV in the USA and the more than 1 million additional Americans at elevated risk of HIV infection.³

In 2030, EHE's success will be measured primarily against the declared target of fewer than 3000 new HIV infections a year.¹ To achieve meaningful progress towards this goal, annual new HIV infections must be reduced at a substantially accelerated pace compared with the preceding decade. Given the newly released estimate for the number of new HIV infections in 2021 (estimated at 32 100 new infections; 95% CI 29 900–34 300), an average annual reduction of more than 3000 infections in the years from 2022 to 2030 would be needed to meet the 2030 goal.³ Such a reduction would be more than 5 times the average annual reduction achieved before the EHE initiative between 2010 and 2019 and approximately 2·5 times the average annual reduction achieved in EHE's first 2 years from 2019 to 2021 (figure).³ Although this might seem a daunting challenge, the EHE target can be met if highly effective existing prevention and treatment modalities, such as universal HIV testing; HIV pre-exposure prophylaxis (PrEP); and antiretroviral HIV treatment that prevents HIV-related mortality, morbidity, and forward transmission (ie, undetectable equals untransmissible), are equitably deployed for all people living with or at risk of HIV. However, available data suggest that new HIV infections continue to occur at an alarming rate and that the reach of available prevention and treatment tools remains inequitable, casting doubt on whether current EHE efforts will suffice to achieve the 2030 goal.^{3,4}

Inequitable progress

To assess progress in reducing incident HIV infections, phylogenetic analyses of HIV-1 nucleotide sequence data

captured by the US Centers for Disease Control and Prevention's (CDC's) National HIV Surveillance System provide valuable insights into ongoing transmission dynamics in the USA. Concerningly, the CDC's analyses reveal rapid HIV transmission events continued between 2018 and 2021 in 38 large clusters (>25 cluster members) across all US census regions.⁴ Persistence of clustered rapid HIV transmission indicates that existing systems for HIV prevention and treatment fail or are absent with alarming regularity.

The effect of failures in HIV prevention and treatment systems has been visibly inequitable among several priority populations that are experiencing broader health-care and social inequities. For example, in 2021–22, five clusters of rapid HIV transmission (primarily involving Latino gay, bisexual, and other men who have sex with men [MSM]) were detected in the Atlanta metropolitan area (GA, USA) alone,⁵ and numerous similar clusters of rapid HIV transmission concentrated among Latinos and other EHE priority populations have been reported in the past decade. Alarming, only 5% of the people linked to the five Atlanta clusters (33% of whom were born outside the USA) had ever used PrEP,⁵ which highlights the failure of existing standard-of-care HIV service delivery systems to equitably reach Latino MSM. However, in the context of a targeted, culturally tailored, and community-engaged public health cluster response, 92% of people linked to the five clusters had HIV viral suppression within a year of diagnosis and 85% maintained an undetectable viral load (<200 HIV RNA copies per mL) at their last viral load test.⁵ These data provide evidence that effective engagement of Latino MSM in care is possible and that previous failures to achieve adequate PrEP coverage are principally attributable to the misalignment of available services and underprioritisation of the needs of communities most affected by the epidemic.

Nationally, PrEP coverage and rates of HIV viral suppression—two primary EHE strategies—remain lower among Latinx than the national average.³ Furthermore, structural barriers to HIV testing among Latinx at greatest risk of HIV infection persist⁶ and a CDC study reported that experiences of HIV-related discrimination and stigma (including within health-care

settings) impede the quality of care for Latinx living with HIV.⁷ In the most up-to-date data (for 2021), the total number of estimated new HIV infections among Latinx in the USA (the country's youngest and largest minority ethnic group) is about the same as in 2010, whereas there has been a 19% reduction in estimated annual HIV incidence in the USA overall during the same timeframe (2010–21).³ Inequities are also widening among young MSM aged 25–34 years, who account for more than a quarter of all incident HIV infections in the USA. In 2010, young Latino, Black, and White MSM aged 25–34 years accounted for approximately equal numbers of estimated new HIV infections (2000, 2100, and 2000, respectively).³ By 2021, however, the estimated annual HIV incidence had increased by 65% among young Latino MSM and by 67% among young Black MSM as compared with a 5% decrease among young White MSM.³ There are also pronounced HIV inequities among transgender individuals, particularly Black and Latina transgender women, more than one in four of whom are estimated to be living with HIV.⁸

In addition, approximately one in ten incident HIV infections in the USA in 2021 were estimated to be among people who inject drugs. Estimated annual HIV incidence in this group had declined between 2010 and 2014, but it then reaccelerated from 2014 to 2021, eliminating the previous progress.³ These data highlight the unmet HIV prevention and harm reduction needs of people who inject drugs and people using other drugs associated with increased risk of HIV seroconversion (eg, methamphetamine).

In line with these trends, data from CDC's 2018–21 molecular surveillance also show little progress in the national response towards reducing inequities. Of 38 large clusters of rapid HIV transmission identified, six (16%) primarily involved people who inject drugs, and 29 (76%) primarily involved MSM; in these clusters, 64% were Black or Latinx individuals, 87% were younger than 40 years, and 48% resided in the southern USA.⁴ Taken together, these data point to four priority areas for action to achieve equitable progress in pursuit of the 2030 EHE goals.

Reducing stigma

Legal, health-care, and interpersonal discrimination remain major challenges for people living with or at risk of HIV, especially people whose identities are subject to intersectional marginalisation based on race, ethnicity, sexual orientation, gender identity, substance use history, or socioeconomic status. To extend the reach of HIV prevention and treatment tools in an equitable way, it will be necessary to overcome stigma, implicit biases, structural racism, and HIV criminalisation that adversely affect service accessibility, acceptability, and quality for people living with HIV and those most at risk of HIV infection.

To achieve this goal, the adoption of a whole-person sexual health framework in research, policy, and practice

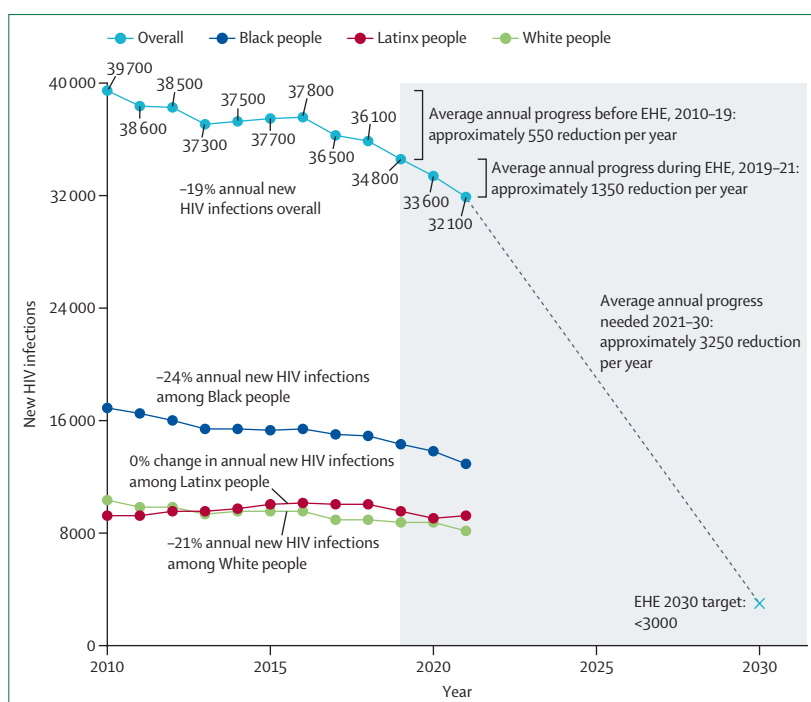


Figure: Annual new HIV infections in the USA over 2010–21 relative to the EHE 2030 target
EHE=Ending the HIV Epidemic.

that opposes risk-centred notions of HIV prevention and treatment will be essential.⁹ As part of this effort, the CDC is advocating integrated status-neutral HIV prevention and care service delivery.¹⁰ Status-neutral HIV care is designed to provide HIV testing, prevention, and treatment alongside comprehensive health-care, mental health, addiction, and social services for all people affected by HIV regardless of their serostatus, thereby reducing the stigma associated with seeking services specific to HIV or sexually transmitted infections.¹⁰ In addition, low trust in the health-care system—rooted in communities' and individuals' historical and lived experiences of discrimination, bias, and harm—has been identified as contributing to suboptimal engagement across the status-neutral HIV care continuum.^{11,12} Proactive efforts by health-care systems, institutions, and providers to build trustworthiness (ie, focusing on how they can be more trustworthy to the communities they serve rather than on the communities' mistrust) will be needed to address the root causes of persistent HIV inequities, which includes efforts that go beyond implicit bias training of providers.

Broadening the HIV workforce

To achieve the necessary scale and reach of prevention and treatment tools, such as HIV testing, PrEP, post-exposure prophylaxis (PEP), and treatment, the workforce delivering these services must be adequately supported and resourced. Given that the number of people living with HIV who require comprehensive and

ongoing treatment services is growing³ and that EHE targets call for roughly doubling current PrEP coverage among people at risk of HIV,¹ the available cadre of HIV specialty providers alone will not suffice to meet demand,¹³ and a substantially larger workforce will be needed to deliver HIV services. For example, it has been estimated that there are no infectious disease physicians in approximately 80% of all US counties and that nearly two-thirds of Americans (208 million people) live in counties with no or below average coverage by infectious disease physicians.¹⁴

Despite this misalignment, qualified members of the HIV care team (eg, nurse practitioners, physician assistants, and pharmacists) too often face regulatory restrictions that prevent them from practising at the highest level of their education and licence, restricting the full deployment of their expertise and qualifications.^{9,15,16} In addition, there is a wide range of clinical and non-clinical professionals who deliver services that are crucial for comprehensive HIV prevention and management but who are too often underused or not formally considered members of the HIV workforce: these include non-prescribing nurses; mental, behavioural, and addiction health-care practitioners; and community-based health service providers (eg, community health workers, health educators, and people with lived experience of HIV). Broadening the HIV workforce by enabling non-physician HIV clinicians to practise to the full scope of their education and licence and by formally recognising the contributions of all clinical and non-clinical HIV service providers is particularly important to enable greater proliferation of novel, demedicalised, decentralised, and community-led models of HIV service delivery. Adoption of models such as HIV self-testing programmes,¹⁷ pharmacy and community-based PrEP or PEP,¹⁸ and same-day treatment and linkage to care¹⁹ has shown promise for increasing the equitable reach of HIV prevention and treatment. Notably, expanding the HIV workforce is consistent with federal investment priorities outlined in several pieces of legislation, including the American Rescue Plan Act (passed in 2021) and the Future Advancement of Academic Nursing Act (introduced in 2021), among others.^{20,21} In summary, there is a need to expand definitions of the HIV workforce; to reduce barriers preventing all providers from fully deploying their expertise and qualifications; and to recruit, to retain, and to adequately support the HIV service providers of the future.

Mitigating harmful social determinants of health

Inequitable social structures and harmful social determinants of health are increasingly recognised as the underlying drivers of persistent HIV inequities. However, effective programmes and policies to reduce harmful social determinants of health and mitigate their effects where they persist remain underdeveloped despite a

large, extant body of conceptual and empirical literature on the mechanisms of social determinants of health.²² Investments in narrowing this research-to-practice translation gap for mitigation represent a key priority for the EHE initiative. Three areas for action stand out as particularly important. First, the research agenda advanced by the National Institutes of Health, CDC, and other federal funders will need to prioritise applied studies that move beyond documenting the harmful effects of social determinants of health and towards the development and evaluation of scalable biopsychosocial interventions that address specific operating mechanisms of harmful social determinants of health and bolster multilevel resilience.²² Second, federal, state, and local agencies will need to provide funding mechanisms and regulatory infrastructure for demonstration projects that incentivise and accelerate the adoption and scale-up of evidence-based interventions to reduce lag times between scientific health innovations and real-world impact. Examples of support mechanisms for demonstration pilot projects focused on social determinants of health include the CDC's funding opportunities with the Closing the Gap with Social Determinants of Health Accelerator Plans and the Centers for Medicare & Medicaid Services' 1115 Demonstrations.²³ Third, the HIV workforce will need increased preparation during education, training, and professional development for comprehensive management of harmful social determinants of health as part of routine prevention and treatment services (beyond solely screening for individual social needs and referral to psychosocial services). For example, there are ongoing efforts in the nursing profession to prioritise mitigation of social determinants of health in education, clinical practice, and nursing science. Action in these three areas would expand the available tools, support infrastructure, and workforce capacity needed by stakeholders across multiple levels, including federal, state, and local (eg, county and city) health departments and agencies, health-care networks and organisations, and individual health-care-based and community-based service providers, to effectively mitigate the impact of harmful social determinants of health on HIV inequities.

Recommitting to and reinvesting in health in the USA

Four decades into the epidemic, despite the availability of effective prevention and treatment, the persistently high and inequitable incidence of new HIV infections is evidence of chronic underprioritisation and underinvestment in US public health. It is not a coincidence that life expectancy in the USA has begun to decline in the past 10 years—including before the COVID-19 pandemic—after having increased for most of the previous 50 years preceding the decline.²⁴ If the EHE 2030 goals are to be achieved, there is a need for broad reprioritisation of health in the USA, including regulatory

For more on the Center for Latino Adolescent and Family Health's mitigation of the social determinants of health see <https://dusontrailblazer.com/>

action and financial investment to ensure equitable access, quality, and outcomes in HIV prevention and care. However, the investment needs go beyond additional allocation of money to the HIV response and to the (by international comparison) inefficient US health-care system. There are population-level benefits of a broader transformation of the existing US health system that prioritises enduring commitments to reducing health inequities versus reactive and short-term prioritisations of immediate health concerns.²⁵ Additional priority areas for action include improving Medicare infrastructure for the ageing cohort of people living with HIV,²⁶ advancement of universal health insurance coverage (including Medicaid expansion),²⁷ and integration of comprehensive mental and behavioural health and addiction services with HIV care.²⁸ In addition, an urgent need exists for national unity in rejecting political and judicial decisions that are in conflict with the scientific evidence and harmful to populations most affected by the HIV epidemic, such as efforts over the past year by the Governor of Tennessee to reject federal funding for HIV prevention programmes in the state²⁹ or a Texas court ruling to allow payment options for PrEP to be restricted.³⁰

Conclusion

Taken together, sizeable investments as part of the EHE initiative have contributed to accelerated progress in reducing annual new HIV infections during 2019–21, even despite substantial disruptions to HIV services during the height of the COVID-19 pandemic. However, progress has been inequitable, and the available data suggest the USA is still not on track to achieve the EHE's declared 2030 goal—and time is running out. For each additional year in which the target decrease in annual new HIV infections is missed, the path to attaining fewer than 3000 new HIV infections by 2030 becomes narrower. With the tools needed to eliminate HIV transmission in the USA already available, sufficiently accelerating progress in the remaining 7 years of EHE will depend on removing the persistent barriers to equitable reach of comprehensive prevention and treatment in all US communities and populations at risk of acquiring or living with HIV.

Contributors

VG-R and MT-K conceptualised and drafted the initial manuscript, interpreted the data reported in the manuscript, and reviewed and revised the manuscript. AB assisted with the interpretation of the data reported in the manuscript and reviewed and revised the manuscript. All authors approve the final manuscript as submitted and agree to be accountable for all aspects of the work.

Declaration of interests

VG-R reports grants and personal fees from ViiV Healthcare, outside the submitted work; personal fees from Gilead Sciences, outside the submitted work; and research funding from National Institutes of Health and other federal and philanthropic funders. VG-R serves as a member of the US Presidential Advisory Council on HIV/AIDS; the Centers for Disease Control and Prevention/Health Resources and Services Administration Advisory committee on HIV, viral hepatitis, and

sexually transmitted disease prevention and treatment; the US Department of Health and Human Services panel on antiretroviral guidelines for adults and adolescents; the National Academies of Sciences, Engineering, and Medicine committee on unequal treatment revisited: the current state of racial and ethnic disparities in healthcare; and the committee on the prevention and control of sexually transmitted infections in the USA. VG-R serves on the board of directors of the HIV Medicine Association, the Latino Commission on AIDS, and numerous other health organisations. All other authors declare no competing interests.

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DHS Positive Care Services

Hrishikesh Belani, MD MPH

Katya Corado, MD

09/14/2023

Positive Care at DHS

- Department of Health Services provides HIV/Primary Care services to LA County across 8 Positive Care clinics
 - Harbor-UCLA (Beall)
 - High Desert (Hope)
 - Hubert H. Humphrey (Main Street)
 - LA General (5P21, MCA)
 - Long Beach (Tom Kay)
 - Martin Luther King (Oasis)
 - Olive View - UCLA
- Annually, approximately 5000 patients are seen in Positive Care, while up to 10,000 PLWH touch the DHS system

Positive Care at DHS

Positive Care clinics are Patient Centered Medical Homes expected to provide:

- HIV care
- Infectious Disease Care (opportunistic infections, immune reconstitution)
- Primary Care
- Mental Health Support
- Complex Care Management

Current State

- In March of 2022, DHS did not renew the DHSP Ryan White Funding contract
- We are currently working to create a new model for HIV care with the following guiding pillars
 - Achieve standardization, equity and comparability in clinic operations, staffing, quality of care and patient outcomes
 - Reinforce DHS' commitment to the care of PLWH and treatment as prevention (U=U), in line with U.S. DHHS *Ending the HIV Epidemic in the US* initiative
 - Address health disparities by providing high-quality, evidence-based, and patient-centered HIV and primary care to *all* patients
 - Enhance our profile in the community to decrease barriers to linkage to care
 - Ensure that all staff are as productive as possible in supporting DHS's core mission of providing high quality, patient-centered care
 - Standardize the adoption of DHS-wide best practices across all PCC sites

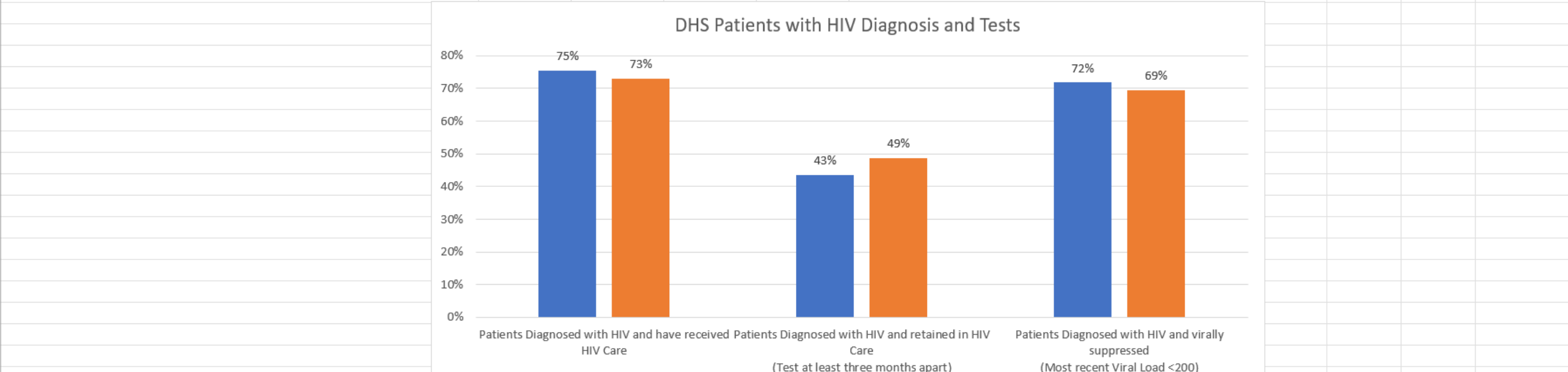
Current State

Ambulatory Sensitive Conditions Comparison			
Condition	DHS Non-PCC (560,731)	Kaiser HIV* (13,296)	DHS PCC (4,141)
Depression	11.0%	29.7%	35.6%
Substance Abuse	21.9%	10.8%	58.0%
HTN	31.3%	29.4%	51.8%
DM	27.6%	10.9%	39.9%

*Lam et al. AIDS 2022; 36:437-45

DHS HIV Cascade

DHS patients with HIV Diagnosis and Tests (4/1/2021-3/31 2022)				DHS patients with HIV Diagnosis and Tests (4/1/2022-3/31 2023)			
April 2021- March 2022	Count	Denom	Percentage	April 2022-March 2023	Count	Denom	Percentage
Patients Diagnosed with HIV and have received HIV Care	4,052	5,375	75%	Patients Diagnosed with HIV and have received HIV Care	4,583	6,277	73%
Patients Diagnosed with HIV and retained in HIV Care (Test at least three months apart)	2,336	5,375	43%	Patients Diagnosed with HIV and retained in HIV Care (Test at least three months apart)	3,054	6,277	49%
Patients Diagnosed with HIV and virally suppressed (Most recent Viral Load <200)	3,860	5,375	72%	Patients Diagnosed with HIV and virally suppressed (Most recent Viral Load <200)	4,357	6,277	69%
* Patients can be counted multiple times across these categories.				* Patients can be counted multiple times across these categories			
** All Diagnosis information is based on DHS encounter information.				** All Diagnosis information is based on DHS encounter information.			



Ongoing work

- Finalize and implement new HIV Care Management Model
- Refine DHS' HIV Services Care Model
- "Right-size" Positive Care provider panel sizes
- Unify the practice models of the 8 DHS Positive Care Clinics

July 12, 2023

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
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Holly J. Mitchell
Second District

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Third District

Janice K. Hahn
Fourth District

Kathryn Barger
Fifth District

TO: Cheryl Barrit, Executive Director
Los Angeles County Commission on HIV

FROM: Hrishikesh Belani, MD, MPH
Primary Care Director, Ambulatory Care Network
Co-chair, DHS HIV Services Workgroup

Katya Corado, MD, Infectious Diseases
Ambulatory Care Network and Harbor-UCLA Med Center
Co-chair, DHS HIV Services Workgroup

SUBJECT: DHS DATA ON HIV CASCADE

Christina R. Ghaly, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Deputy Director, Clinical Affairs

Nina J. Park, M.D.
Chief Deputy Director, Population Health

Elizabeth M. Jacobi, J.D.
Administrative Deputy

As requested, attached is the Department of Health Services data comparing the year prior to ending the participation in Ryan White Program (04/01/2021-03/31/2022) to the year following (04/01/2022-03/31/2023) as it pertains to the HIV Cascade.

As you examine the Summary table, we would like to share how data was compiled and potential confounders.

1. Patients diagnosed with HIV and linked to HIV care within 1 month of diagnosis

DHS' understanding is that previously, this data has been reported in aggregate by DPH DHSP and not by individual providers. At this time, we are unable to accurately report meaningful data on this measure, due to an inability to exclude the following two scenarios: 1) patients with a positive HIV test within a DHS facility who have been previously diagnosed with HIV outside of DHS; we are unable to determine if the positive HIV test in our EHR reflects 'new diagnosis' for the said patient, and 2) patients who have been newly diagnosed within a DHS facility but have opted to follow up with a non-DHS provider.

Within our 8 DHS HIV PCMHs, patients have excellent access to care and are usually seen within 2 weeks of contacting the clinic via self-referral or provider referral.

- 2. Patients diagnosed with HIV and have received HIV care*
- 3. Patients diagnosed with HIV and retained in HIV care*
- 4. Patient diagnosed with HIV and virally suppressed (most recent viral load <200)*

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patients and our communities by
providing extraordinary care"*



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The denominator for these measures includes anyone seen in our DHS system with a diagnosis code for HIV/AIDS. Those who have had at least one laboratory (CD4/HIV viral load) within the year analyzed are considered to have received care. Those who have 2 or more laboratory results (CD4/HIV viral load) that are 3 months apart within the year analyzed are considered retained in care. In comparison with published DHSP data on the same parameters as well as national HIV cascade data, DHS appears to be consistent with other health systems.

Comparing pre and post Ryan White Program participation years, the numbers have not significantly changed. We are, however, working toward continued improvement across all areas, including:

- Improving HIV screening in our general population, which is a Quality Incentive Pool (QIP) measure we participate in, with outreach/inreach efforts, new EHR reminder tools, systemwide communications, and patient and provider education efforts as ways to meet this goal.
- Linking more new diagnoses to care via Rapid Start initiatives and strengthening linkages between our acute care settings and our HIV PCMHs. Two of our clinic sites participate in the Rapid Start Program with DHSP with the goal of having the remaining 6 sites also participate.
- Increasing our number of patients retained in care as well as our overall viral suppression rates, for which we continue to rely on our case management teams (which include nursing, social workers, case workers and community health workers).

We look forward to attending a future HIV Commission meeting as requested, and you can contact us for any questions in the meantime.

HB:KC:sb

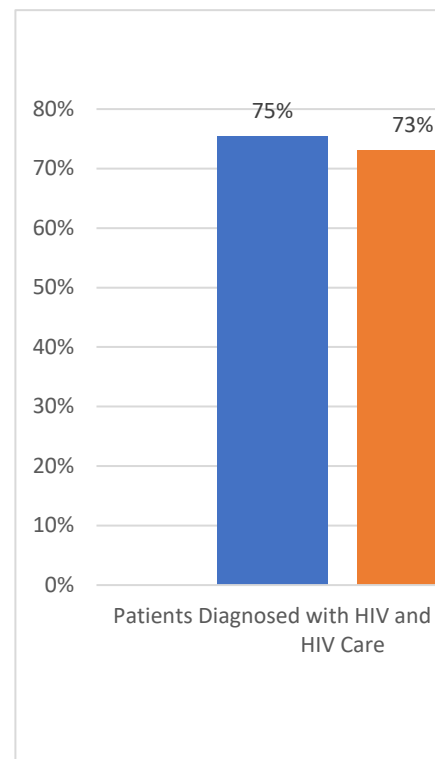
Attachment

DHS patients with HIV Diagnosis and Tests (4/1/2021-3/31 2022)

April 2021- March 2022	Count	Denom
Patients Diagnosed with HIV and have received HIV Care	4,052	5,375
Patients Diagnosed with HIV and retained in HIV Care (Test at least three months apart)	2,336	5,375
Patients Diagnosed with HIV and virally suppressed (Most recent Viral Load <200)	3,860	5,375

* Patients can be counted multiple times across these categories.

** All Diagnosis information is based on DHS encounter information.

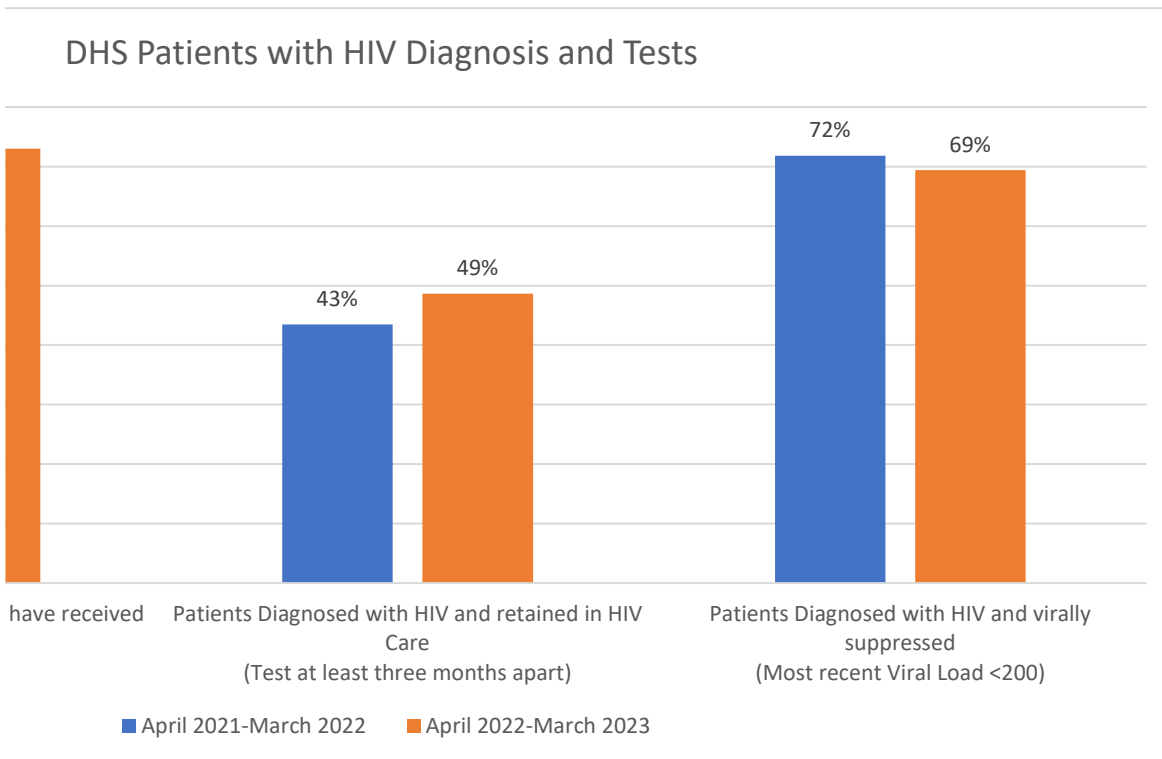


Percentage
75%
43%
72%

DHS patients with HIV Diagnosis and Tests (4/1
April 2022-March 2023
Patients Diagnosed with HIV and have received HIV Care
Patients Diagnosed with HIV and retained in HIV Care (Test at least three months apart)
Patients Diagnosed with HIV and virally suppressed (Most recent Viral Load <200)

* Patients can be counted multiple times across these categories

** All Diagnosis information is based on DHS encounter information.



./2022-3/31 2023)

Count	Denom	Percentage
4,583	6,277	73%
3,054	6,277	49%
4,357	6,277	69%

DHS patients with HIV Diagnosis and Tests (4/1/2021-3/31 2022)

Gender/Gender Identity	Count	Percent
Female	1,328	24.7%
Male	3,973	73.9%
Transgender	53	1.0%
Other/Unknown	21	0.4%
Age		
0-17	46	0.9%
18-44	1,859	34.6%
45-64	2,873	53.5%
>=65	582	10.8%
Unknown	15	0.3%
Race		
American Indian or Alaskan Native	14	0.3%
Asian	140	2.6%
Black or African American	1,124	20.9%
Hispanic/Latino	3,088	57.5%
Multi Race	54	1.0%
Native Hawaiian or Other Pacific Islander	1	0.0%
White	166	3.1%
Other/Unknown/Missing	788	14.7%
SPA		
1 - Antelope Valley	186	3.5%
2 - San Fernando Valley	488	9.1%
3 - San Gabriel	407	7.6%
4 - Metro	1,307	24.3%
5 - West	74	1.4%
6 - South	1,246	23.2%
7 - East	562	10.5%
8 - South Bay	912	17.0%
Unknown/Missing	193	3.6%
Total	5,375	100.0%

DHS patients with HIV Diagnosis and Tests (4/1/2022-3/31 2023)

Gender/Gender Identity	Count	Percent
Female	1,522	24.2%
Male	4,676	74.5%
Transgender	56	0.9%
Other/Unknown	23	0.4%
Age		
0-17	70	1.1%
18-44	2,324	37.0%
45-64	3,236	51.6%
>=65	630	10.0%
Unknown	17	0.3%
Race		
American Indian or Alaskan Native	14	0.2%
Asian	153	2.4%
Black or African American	1,253	20.0%
Hispanic/Latino	3,426	54.6%
Multi Race	64	1.0%
Native Hawaiian or Other Pacific Islander	3	0.0%
White	186	3.0%
Other/Unknown/Missing	1,178	18.8%
SPA		
1 - Antelope Valley	232	3.7%
2 - San Fernando Valley	573	9.1%
3 - San Gabriel	467	7.4%
4 - Metro	1,514	24.1%
5 - West	80	1.3%
6 - South	1,460	23.3%
7 - East	656	10.5%
8 - South Bay	1,060	16.9%
Unknown/Missing	235	3.7%
Total	6,277	100.0%

HIV Tests

Code	Test Name	Used in <200 Viral Load Count
20447-9	HIV-1 RNA copies per mL, TMA	Yes
20447-9	HIV1 RNA Qn PCR-SO	Yes
2178675	HIV Antibody/Antigen Screen	Yes
2320372	HIV-1 RNA, Quantitative, Rea	Yes
23876-6	HIV 1 RNA	Yes
2877417	Genotypic HIV Resistance-PHL	No
2877418	HIV 1 Viral Load-PHL	Yes
29541-0	HIV-1 RNA Log 10x, TMA	Yes
29541-0	HIV1 RNA Log IU-SO	Yes
29541-0	LG10X	Yes
4188455	HIV-1 Genotype (RTI, PI, Int	No
4547446	T Cell Subset Flow Panel	No
48510-2	HIV1 Log 10x	Yes
48511-0	HIV 1 RNA	Yes
48511-0	HIV1 copies per mL	Yes

HIV Diagnosis

Code	Diagnosis Type
42	HIV
B20	HIV
B97.35	HIV
Z21	HIV

- HIV Awareness
- Updates
- Strategic Plan
- Strategy A
- Strategy B
- Strategy G
- Strategy J
- Strategy K

This newsletter is organized to align the updates with Strategies from the ***Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*** (Integrated Plan). The [Integrated Plan](#) is available on the Office of AIDS' (OA) website.

STAFF HIGHLIGHT

Lauren Granillo accepted a promotion to Research Scientist III in the Care Evaluation and Monitoring (CEM) in ADAP and Care Evaluation and Informatics Branch (ACEI) Branch. As the lead research scientist in the CEM section of the ACEI Branch, Lauren will work on developing the new HIV Care Connect (HCC) system that will replace ARIES, as well as federal reporting and program evaluations.

Lauren started her career with the state at the Department of Developmental Services as a graduate student assistant and then research data analyst working on risk mitigation and adverse event prevention. She then came over to OA as a research scientist II working in the Surveillance and Prevention Evaluation and Reporting (SuPER) Branch as the data manager for the California Medical Monitoring Project. Prior to coming at the state, Lauren worked on a variety of projects at UC Davis looking into environmental and nutritional factors that impact developmental health while she worked on her PhD in Epidemiology.

Outside of work, Lauren enjoys getting outdoors and volunteering doing park clean-ups on the weekends, reading in the early morning, or walking along the Davis Arboretum! She is also always trying new Pinterest recipes and probably has too many coffee making devices for one apartment.



Lauren is excited for the opportunity to work in the ACEI Branch, and we are very excited to have her join CEM as well!

COMMUNITY PARTNER SPOTLIGHT

Join the [Training & Health Equity Collaborative](#) in partnership with [Pacific AIDS Education & Training Center](#), [UCLA CHIPTS](#), [APLA Health](#) and [San Francisco AIDS Foundation](#) on



September 18-19 in Sacramento, CA for their first ever Collaboration in Care Conference: Improving HIV and Aging Services!

Experts from across the Western U.S. will share best practices in case management, clinical care, social services, community building, and more! Continuing education credits will be available for select sessions. **Registration for this conference is FREE.**

The agenda and hotel accommodations can be found at the following website: collaborationincare.org

Registration is open on eventbrite: <https://collaborationincare2023.eventbrite.com>.

There are three different ticket types:

- For any direct service providers please use the “Service Provider” ticket;

- For directors, managers, and administrators please use the “Administrator” ticket; and
- For those that work in government institutions and **do not provide services or manage services**, please use the “Government” ticket.

Any questions may be sent to JB Del Rosario at janbing.delrosario@ucsf.edu.

HIV AWARENESS

September 18 National HIV/AIDS and Aging Awareness Day (NHAAD).

NHAAAD is observed to bring awareness to the increasing number of people living long and full lives with HIV. It is also meant to highlight the complex issues related to aging with HIV such as pre-existing health conditions, social and mental health needs, and treatment for adults 50 and older.

September 27 National Gay Men’s HIV/AIDS Awareness Day (NGMHAAD).

NGMHAAD is observed to bring attention to the issues related to HIV/AIDS among gay and bisexual men and encourage testing and learning about the many prevention options available. This day also encourages conversation around stigma, prevention, and the autonomy in knowing your status.

GENERAL UPDATES

➤ COVID-19

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

> Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](#) to stay informed.

[Spanish mpox digital assets](#) are available for LHJs and CBOs.

> Racial Justice and Health Equity

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

> HIV/STD/HCV Integration

Now that the Emergency Declaration has ended and the COVID-19 response is winding down, we are reinitiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!

> Ending the HIV Epidemic (EHE)

The CDC has announced that California has received a Part A Supplemental PrEP Award in the amount of \$375,000. This grant is aimed at improving social marketing and PrEP navigation training in the six EHE counties: Alameda, Orange, Riverside, Sacramento, San Bernadino, and San Diego. We will be sharing more about

this project in future editions of *The OA Voice*.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

CDPH, OA and the Sexually Transmitted Disease Control Branch (STD CB) introduced the California Strategic Plan's Implementation Blueprint at an informational webinar on August 31st. The webinar was for HIV/STI/HCV Stakeholders throughout California.

The meeting recording and materials will be distributed via our Stakeholder Listserv within the next couple of weeks. [Additional resources](#) to help orient you to the Strategic Plan's Implementation Blueprint are linked below. Thank you to all who attended and asked some great questions. And thank you for all you do to end the syndemic of HIV, STIs and HCV in California!

- <https://facenteconsulting.com/cdph-technical-assistance-request-portal/>



Dear Healthcare Providers,

The Pacific AIDS Education & Training Center – Central Valley & Northern Interior, in collaboration with OA, would like to invite you to [register for our upcoming webinar](#):

What's New with Flu, RSV, and COVID-19 Vaccines

Wednesday, October 4, 2023, 11:00 AM – 12:30 PM

Speaker: Caterina Liu, MD, MPH • CDPH, Public Health Medical Officer, Immunization Branch

Audience: Medical providers, nurses, pharmacists, medical assistants, public health providers, case managers, health educators, navigators, clinic managers, program managers

Description: This 90-minute webinar will discuss epidemiology, seasonality, and new vaccine recommendations for influenza, RSV, and COVID-19. The content will also include guidelines for these and other vaccines for people with HIV.

Learning Objectives: Describe current flu and COVID-19 vaccination recommendations for people with HIV. Summarize new RSV vaccine options. Review approaches to address patient vaccine concerns.

CEU credits (1.5 units) are pending, with further information to follow. Please email aetc@ucdavis.edu with any [questions or difficulties](#).

STRATEGY A

Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

➤ PrEP-Assistance Program (AP)

As of August 28, 2023, there are 204 PrEP-AP enrollment sites and 189 clinical provider sites that currently make up the PrEP-AP Provider network.

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

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 6 of this newsletter.

STRATEGY B

Increase and Improve HIV Testing:

OA continues to implement its Building Healthy Online Communities (BHOC) self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California.

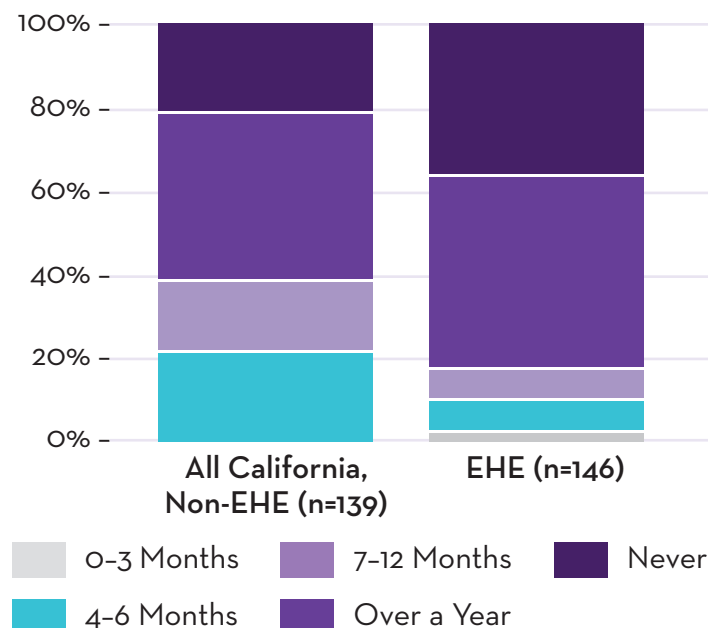
TAKEMEHOME



The program, [TakeMeHome](https://takemehome.org) (<https://takemehome.org>), is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In July, 139 individuals in 24 counties ordered self-test kits, with 120 (86.3%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic (EHE) in America counties. In the first 35 months, between September 1, 2020, and

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, July 2023



July 31, 2023, 6691 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 83 (86.9%) of the 146 total tests distributed in EHE counties.

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	70.2%	74.7%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	31.0%	55.8%
Were 17-29 years old	48.6%	38.9%
Of those sharing their number of sex partners, reported 3 or more in the past year	47.1%	51.7%

Since September 2020, 758 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 190 responses from the California expansion since January 2023. Highlights from the survey results include:

	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.4%	94.7%
Identify as a man who has sex with other men	65.3%	67.9%
Reported having been diagnosed with an STI in the past year	9.1%	7.9%

STRATEGY G

Improve Availability of HIV Care:

The California Department of Housing and Community Development (HCD) has released its draft of the 2022-23 Consolidated Annual Performance and Evaluation Report (CAPER) for public comment prior to submittal to the U.S. Department of Housing and Urban Development. The CAPER reports on specified federal housing and economic assistance allocated by the state, which includes the Housing Opportunities for Persons with AIDS (HOPWA) program, for the period July 1, 2022, through June 30, 2023.

The CAPER draft is available on [HCD's website](https://www.hcd.ca.gov/policy-and-research/plans-and-reports) at <https://www.hcd.ca.gov/policy-and-research/plans-and-reports>, for public comment from through September 17, 2023 at 5 PM PST.

There will also be a public hearing on September 7th at 1 PM. For an invite to the hearing or to submit any questions or public comments, [contact HCD](mailto:CAPER@hcd.ca.gov) at CAPER@hcd.ca.gov. More information is available on [their website](#).

STRATEGY J

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

As of August 28, 2023, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the [chart at the top of page 7](#).

(continued on page 7)

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	319	9%	1	0%	---	---	35	1%	355	10%
25 - 34	1,223	34%	1	0%	1	0%	235	7%	1,460	41%
35 - 44	858	24%	---	---	3	0%	168	5%	1,029	29%
45 - 64	383	11%	1	0%	21	1%	92	3%	497	14%
65+	18	1%	---	---	190	5%	8	0%	216	6%
TOTAL	2,801	79%	3	0%	215	6%	538	15%	3,557	100%

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	199	6%	---	---	42	1%	13	0%	2	0%	65	2%	1	0%	33	1%	355	10%
25 - 34	856	24%	2	0%	135	4%	94	3%	5	0%	284	8%	8	0%	76	2%	1,460	41%
35 - 44	636	18%	5	0%	88	2%	40	1%	5	0%	210	6%	8	0%	37	1%	1,029	29%
45 - 64	289	8%	---	---	41	1%	16	0%	2	0%	135	4%	1	0%	13	0%	497	14%
65+	22	1%	---	---	3	0%	3	0%	---	---	181	5%	---	---	7	0%	216	6%
TOTAL	2,002	56%	7	0%	309	9%	166	5%	14	0%	875	25%	18	1%	166	5%	3,557	100%

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

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	78	2%	---	---	6	0%	8	0%	1	0%	15	0%	---	---	5	0%	113	3%
Male	1,715	48%	6	0%	282	8%	152	4%	13	0%	832	23%	18	1%	145	4%	3,163	89%
Trans	183	5%	---	---	18	1%	5	0%	---	---	16	0%	---	---	7	0%	229	6%
Unknown	26	1%	1	0%	3	0%	1	0%	---	---	12	0%	---	---	9	0%	52	1%
TOTAL	2,002	56%	7	0%	309	9%	166	5%	14	0%	875	25%	18	1%	166	5%	3,557	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 08/31/2023 at 12:02:04 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from July
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	497	- 2.74%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,351	- 2.26%
Medicare Part D Premium Payment (MDPP) Program	397	- 28.47%
Total	6,245	- 4.52%

Source: ADAP Enrollment System

STRATEGY K

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

➤ Incarceration: A Public Health Crisis

The [National Institute for Health Care Management \(NIHCM\)](#) Foundation published an [infographic](#) delving into the role incarceration plays in exacerbating inequality. The infographic highlights that drug and alcohol intoxication related deaths among state and federal prisoners quadrupled between 2008 – 2018. The infographic references a study that suggests that each year spent in prison corresponds with a two-year reduction in life expectancy.

➤ Research: Use of MOUD Among Adults with Past-Year Opioids Use Disorders in the US, 2021

The Journal of the American Medical Association (JAMA) [published research](#) analyzing data from the 2021 National Survey on Drug Use and Health (NSDUH) to find that approximately 1 in 5 adults with past-year opioid use disorder (OUD) received medication for OUD (MOUD). Certain groups, such as Black adults, women,

unemployed and nonmetropolitan residents, were substantially less likely to receive MOUD.

➤ Training: Enhancing Harm Reduction Services in Health Departments - Harm Reduction Vending Machines

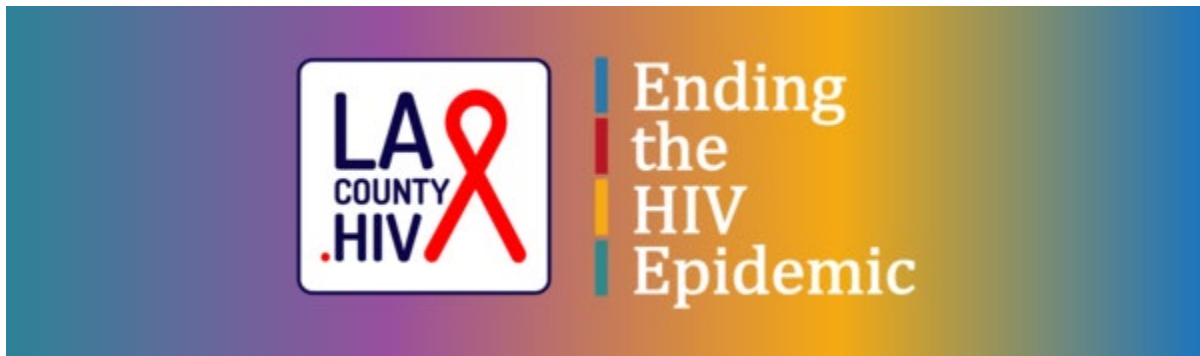
Harm reduction vending machines (HRVMs) provide an easily accessible method for people who use drugs (PWUD) to obtain a range of risk reduction supplies and resources. A webinar developed by The National Council for Mental Wellbeing will include people in the field telling their stories of harm reduction programs that have successfully implemented HRVMs.

Training Date & Time: Sep 19, 2023, 10:30 AM

[Register for the Training Webinar](#)

[Harm Reduction Vending Machines Brief](#)

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



Sent on behalf of the Division of HIV and STD Programs (DHSP)

September 2023

UPCOMING EHE TOWN HALL

**Ending the HIV Epidemic in Los Angeles County:
Virtual Town Hall**

Treatment & Respond

Wednesday, September 20, 2023
10:30 AM – 12:00 PM (PDT) via Microsoft Teams




EHE in LA County Virtual Town Hall: Treatment & Respond

Wednesday, September 20, 2023
10:30 AM to 12:00 PM (PDT)

Register [here](#) to participate via Microsoft Teams.
Click [here](#) to view the flyer.

Learn about new and existing strategies, interventions and resources related to the Treatment and Respond Pillars for Los Angeles County providers and residents.


NEW Spanish Language Mental Health Program

NECESITAS ALGUIEN CON QUIEN HABLAR?

Hay servicios Gratuitos de salud mental disponibles para quienes hablan español

DO YOU NEED SOMEONE TO TALK TO?

FREE mental health services are available!



www.apaitonline.org

Marcus Mendez
(213) 379-5830 Ext. 1842

3088 Wilshire Blvd., Suite 200, Los Angeles, CA 90010

NEW Spanish Language Mental Health Program

In collaboration with Access to Prevention Advocacy Intervention & Treatment (APAiT), free mental health services are available in Spanish for people who are living with or affected by HIV. To learn more or get connected, see [flyer](#).

NUEVO Programa de Salud Mental en Español

En colaboración con Access to Prevention Advocacy Intervention & Treatment (APAiT), hay servicios gratuitos de salud mental disponibles en español para personas que viven con el VIH o están afectadas por él.. Para mas información, consulte el [folleto](#).

For more information, visit our EHE website: www.LACounty.HIV
For questions or to edit subscription status, email EHEInitiative@ph.lacounty.gov



Update your subscriptions, modify your password or email address, or stop subscriptions at any time on your [Subscriber Preferences Page](#). You will need to use your email address to log in. If you have questions or problems with the subscription service, please visit subscriberhelp.govdelivery.com.

This service is provided to you at no charge by [County of Los Angeles](#).

This email was sent using GovDelivery Communications Cloud to jtolentino@ph.lacounty.gov on behalf of: County of Los Angeles, California · 500 W. Temple St. · Los Angeles 90012

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www.apaitonline.org



Marcus Mendez
(213) 375-3830 Ext: 1842



3055 Wilshire Blvd.,
Suite 300,
Los Angeles, CA 90010

¡ESTÁ BIEN PEDIR AYUDA!

APAIT apoya a los adultos (mayores de 18 años) que viven con el VIH o se ven afectados por él VIH en Los Ángeles en estas poblaciones: hombres que tienen sexo con hombres, mujeres cisgénero, mujeres transgénero y personas que consumen sustancias. Ayudamos a las personas a afrontar los factores estresantes de la vida y las condiciones de salud mental brindándoles asesoramiento individualizado y culturalmente apropiado en español, en persona o en línea (telesalud), de forma gratuita.

WE ARE HERE TO HELP!

APAIT supports adults (18+) living with or impacted by HIV in Los Angeles in these populations: men who have sex with men, cisgender women, transgender women, and people who use substances. We help individuals cope with life stressors and mental health conditions by providing free Spanish in-person or online (telehealth) culturally appropriate one-on-one counseling.

NUESTROS SERVICIOS

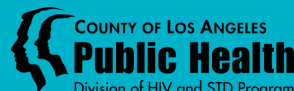
- Terapia Individual
- Servicios Psiquiátricos
- Administración de Casos
- Servicios de uso de Sustancias
- Referencias de Vivienda
- Pruebas de VIH e ITS y clases de educación
- Grupos de apoyo social

OUR SERVICES

- Individual Therapy
- Psychiatric Services
- Case Management
- Substance Use Services
- Housing Referrals
- HIV & STI Testing
- HIV Education Classes
- HIV+ Social Support Groups



Ending
the
HIV
Epidemic



Funding by the Health Resources & Services Administration (HRSA) Ending the HIV Epidemic Grant and the County of Los Angeles, Department of Public Health, Division of HIV and STD Programs.

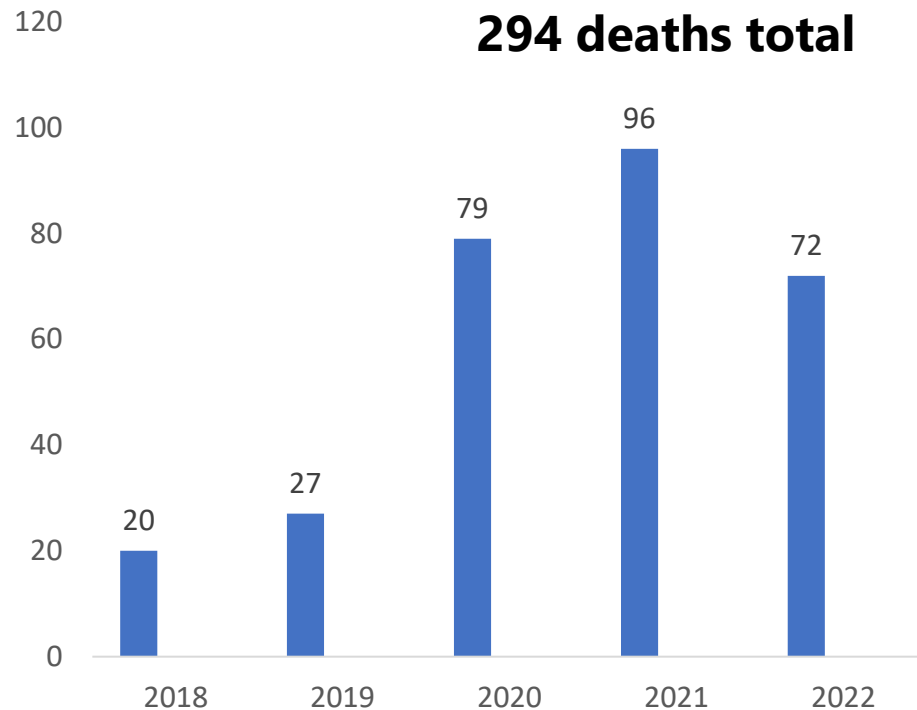
Particionado por la Administración de Recursos y Servicios de Salud (HRSA), Poner Fin a la Epidemia del VIH y el Condado de Los Angeles, Departamento de Salud Pública, División de Programas Contra el VIH y ETS.

Harm Reduction in Long Beach

Settlement Funds

High Impact Abatement Activity	
1	Provision of matching funds or operating costs for substance use disorder facilities with an approved project within the Behavioral Health Continuum Infrastructure Program (BHCIP)
2	Creating new or expanded substance use disorder (SUD) treatment infrastructure
3	Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD
4	Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction
5	Interventions to prevent drug addiction in vulnerable youth
6	The purchase of naloxone for distribution and efforts to expand access to naloxone for opioid overdose reversals

Opioid Overdose deaths per year



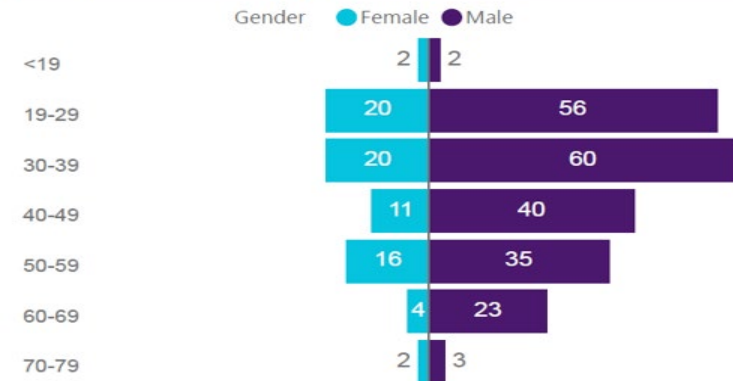
Opioid Deaths by Opioid Type	
	Total
Fentanyl	234
Heroin	40
Methadone	2
Morphine	6
Opiate	3
Opioid	1
Oxycodone	8
Total	294



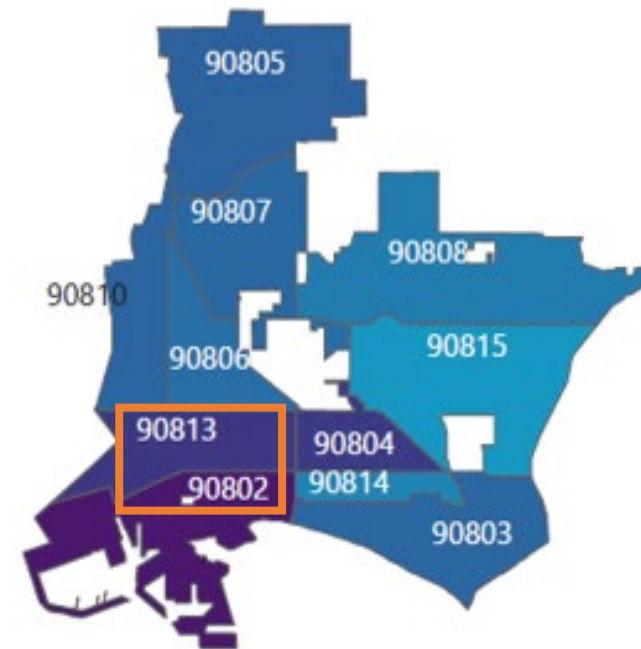
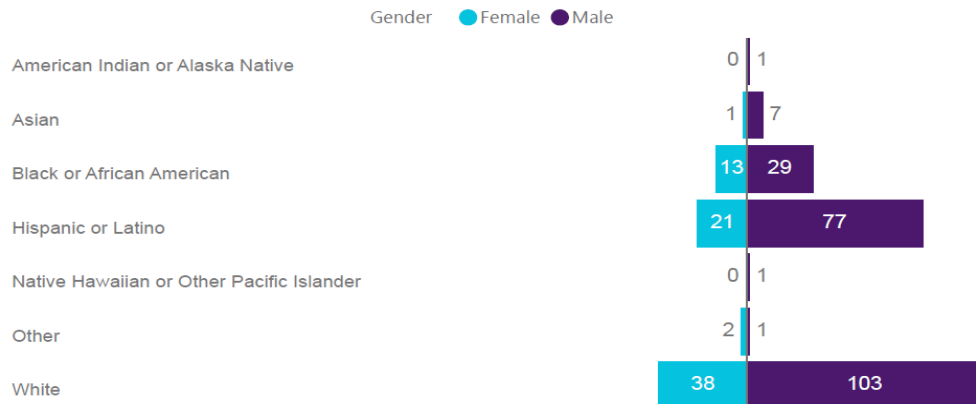
Over 5 years, **80%** of the opioid related overdose deaths were caused by Fentanyl.

Deaths due to Opioid Overdose in Long Beach

Opioid Deaths by Age and Gender: 2018 to 2022

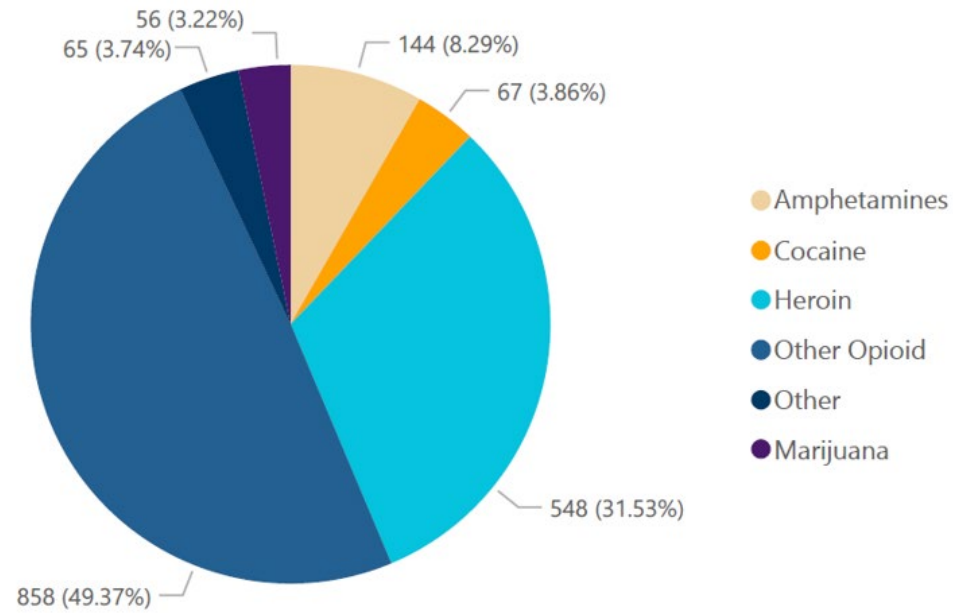


Death Count by Race/Ethnicity and Gender: 2018 to 2022

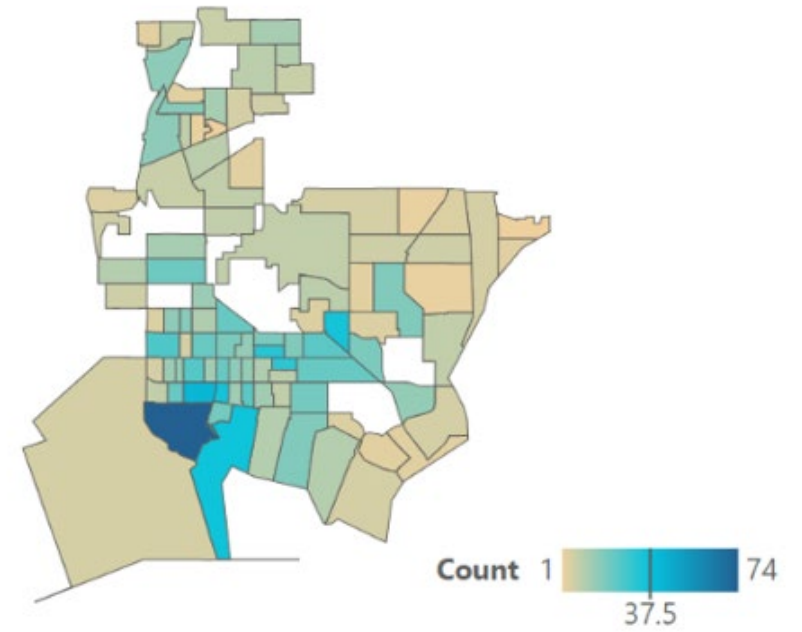


Cumulative Death Rate per 100,000 0.0 102.5

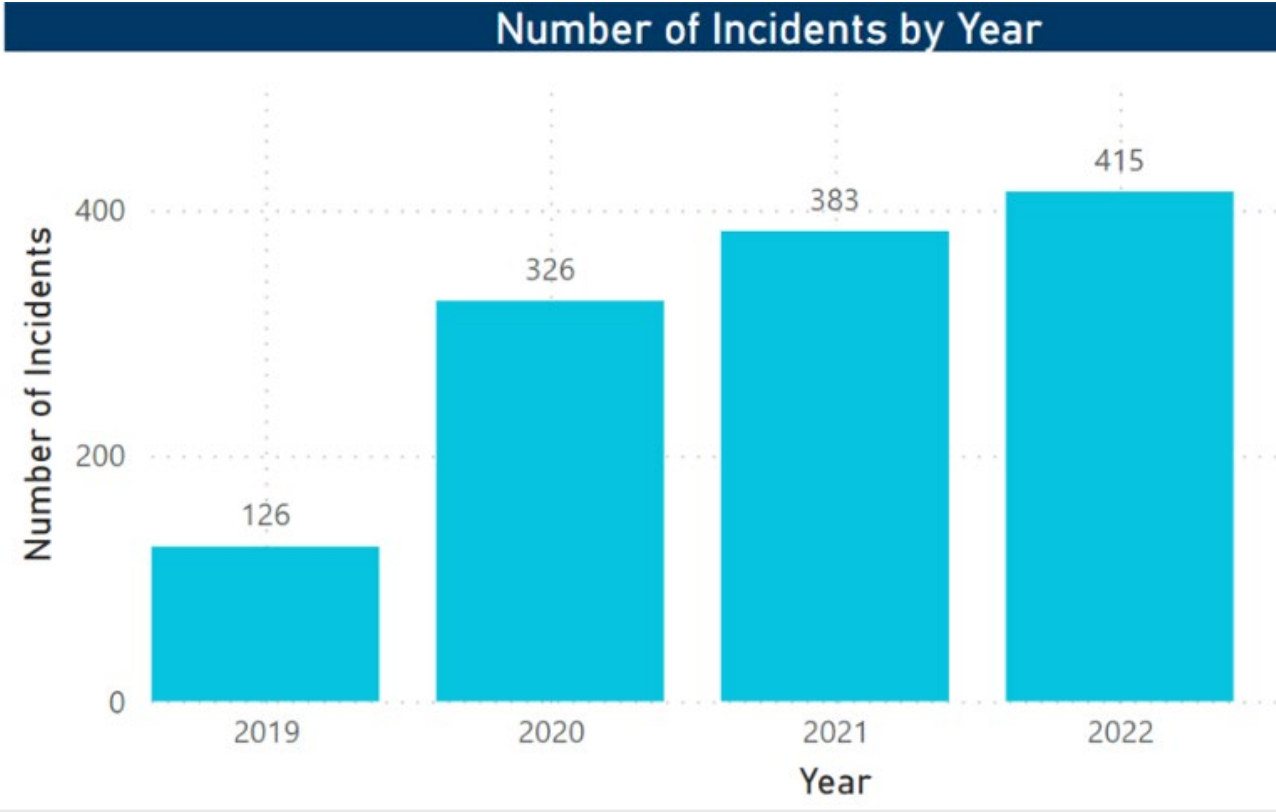
Suspected Drug Type



Number of Calls/Responses by Census Tract



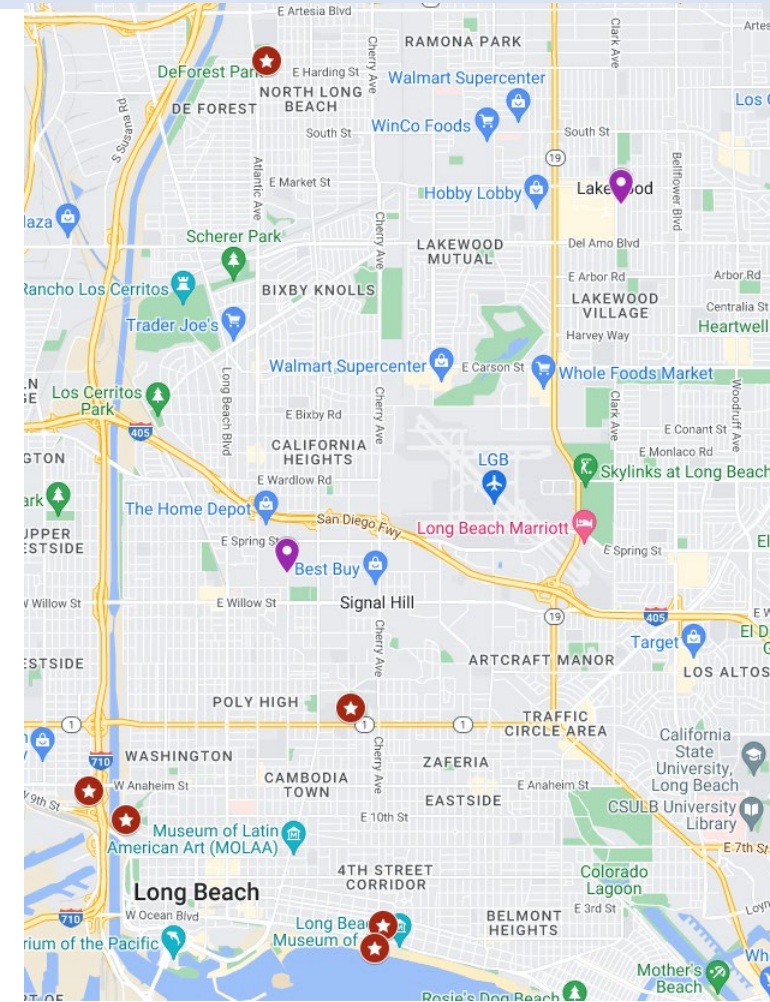
Opioid Overdose response calls by EMS/LBFD



Syringe Kiosks

8 Syringe kiosks located throughout the city of Long Beach to allow for people to dispose properly of their syringes/sharps to decrease re-use and risk of infection of HIV, Hep C, and other blood borne pathogens.

Our goal is to monitor/maintain these kiosks to determine best location and more accessibility for community that would use this service.



Fentanyl and Xylazine Test Strips

Our goal is to provide Fentanyl and Xylazine test strips to community partners and to the community. Free of charge.

They will be able to order through our direct website.

We plan to distribute these at community events as well.



Narcan/Naloxone

We are still figuring out how best to provide Narcan to the community based on budget and community impact.

Naloxone Distribution Program vs. Vending Machine

We will work with our community-based organizations that provide Narcan to help continue providing Narcan to the community.



Educational Workshops + Youth Outreach

Harm reduction is more than giving out items. Education is also harm reduction as it focuses on the person and provides information and skills for them to decrease harm themselves.

Education workshops will be provided to the community in partnership with some of our community-based organizations.

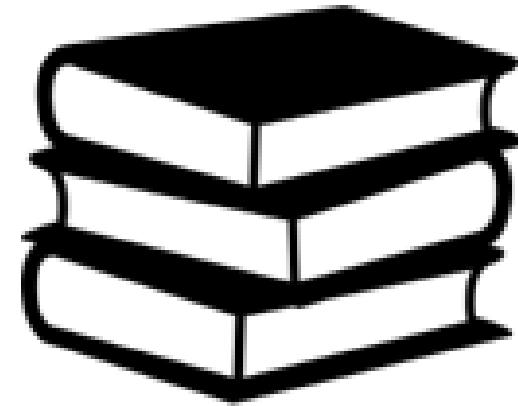
Topics include:

- Opioids 101

- Narcan/Naloxone Demonstrations and training

- Fentanyl test strips training

We are also working directly with the Long Beach Unified School District to provide a curriculum on Opioids (specifically Fentanyl) to the youth about prevention and misuse.



Community Collaboration

We have developed both a Syringe Services Program Workgroup and an HIV/STI/Substance Use Harm Reduction Strategy Task Force.

Both groups are composed of community-based organizations, public health department staff, and community stakeholders to provide input on how best to serve the Long Beach Community.

The HIV/STI/Substance Use Harm Reduction Strategy Task Force

- steer the overall production of the Long Beach HIV/STI/Substance Use Harm Reduction Strategy in partnership with consultant
- Host Listening Sessions to a diverse set of populations in Long Beach
- Produce plan with metrics and identify responsible parties
- Alignment at Federal, State, LA County level
- Impact on specific communities and metrics specific to that community



Public Health Department

Pasadena Public Health Department Social and Mental Health Division





Background

Public Health Department

- Social and Mental Health Services Division has multiple programs supporting special populations, including people living with HIV, people experiencing homelessness, high-risk youth, and justice-involved individuals.
 - HIV Programs include storefront testing, take-home tests, ADAP and PrEP-AP enrollment, and linkages to treatment and PrEP through partner organizations
 - Pasadena Intervention and Prevention Program – working with youth affected by or involved in community violence and their families. Includes multi-dimensional family therapy (MDFT) and wraparound support services
 - Unhoused programs – GEM Link, TAY Link, PORT
 - Outreach – Narcan distribution, fentanyl test strip distribution, mental health training
- The City does not provide direct substance use treatment services at this time. However, the programs have several partnerships with community organizations for referrals, linkages, and warm hand-offs.



GEM and TAY Link

Public Health Department

- GEM – Geriatric Empowerment Model Link Program, working with people experiencing homelessness 60+
- TAY – Transition Age Youth Link Program, working with people experiencing homelessness 18-24 years old
- Case management and housing navigation for program clients. Linkage to substance use and mental health treatment.
- Basic needs services – showers, laundry, meals, clothing – for people experiencing homelessness of all ages. Often serves as first step into more intensive services.





Public Health Department

PORT

Pasadena Outreach Response Team

September 14, 2023





PORT's Mission

Public Health Department

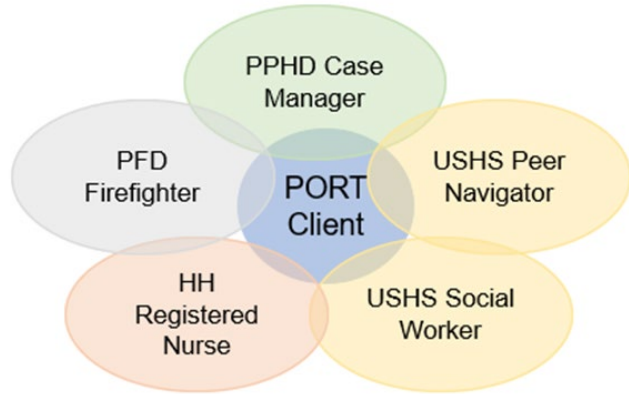
- **PORT's Scope:** Engaging, assessing, and providing services to individuals experiencing chronic homelessness with mental health and substance use disorder in the City of Pasadena.

PORT's Structure

Public Health Department

• Pasadena Outreach Response Team

- **Program Coordinator & Case Manager** PPHD
- **Fire Fighter** PFD
- **Peer-Outreach Navigator** Union Station Homeless Services
- **Registered Nurse** Huntington Health



Field hours of operation: Mon-Friday 8:30-5pm



PORT's Approach

Public Health Department

- **PORT I:**

- > Coordinate, schedule, and facilitate transportation for clients to essential appointments.
 - Appointments cover a range of areas: housing readiness, health, and stability.
 - Services encompass medical, dental, mental health, substance use, occupational, and court-related needs.

- **PORT II:**

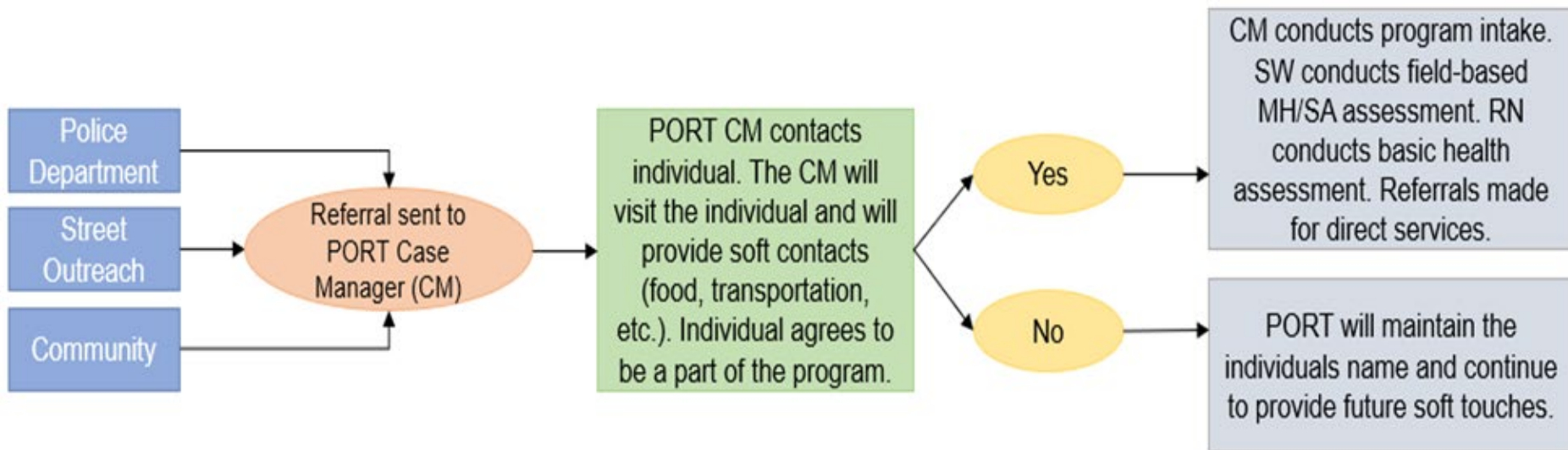
- > Connected to PPD Dispatch.
- > Responds to transient related call with a Fire Fighter and Case Manager.
- > Offers an alternative to armed officer presence, prioritizing a supportive approach to crisis intervention.





PORT's Approach

Public Health Department





Pasadena Homeless Count

Public Health Department





Team Success

Public Health Department

- July 2019 - July 2023:

71 housed

108 Detox Rehab

488 Clinical Appointments (Doctor, Dental, Mental Health)

177 On Field Assessments

1044 Dispatch calls

248 Total Enrolled

4470 Encounter





Team Success

Public Health Department





Contact

Public Health Department

General Line: 626.604.6693

Nathan Press (PC): 626.243.8430

Tony Zee (PORT I): 626.243.8086

Chris Figueroa (PORT II): 626.344.5075

GEM&TAY: 626.744.7200



AIDS COORDINATOR'S OFFICE

WWW.ACO.LACITY.GOV

BACKGROUND

- The syringe exchange program was established in 1994 when the LA City Council declared a local public health emergency related to injection drug use and HIV.
- The declaration directed City departments to take all steps permitted by law to ensure uninterrupted operation of syringe exchange programs.
- The ACO worked with the City Attorney, local researchers, providers, and drug users to develop the program.



RELATIONSHIP WITH LAPD

- LAPD Memo
 - Contents
 - Renewal
- Training
- Notification



SERVICE DELIVERY

- Mobile Based
 - Van, Car
- Storefront
- Backpack
 - Encampments



PROVIDERS

- Funded Providers
 - Homeless Healthcare
 - Bienestar
 - LA Community Health Project (Clean Needles Now)
 - Tarzana Treatment Centers
 - Venice Family Clinic
 - AADAP
 - Being Alive
- Certified Providers
 - Homeless Outreach Program Integrated Care System (HOPICS)
 - The Sidewalk Project
 - Minority AIDS Project



SERVICES PROVIDED

- Residential Treatment
- Outpatient Treatment
- Employment Access
- Substance Abuse Prevention Education with youth and other atrisk communities
- Youth and Family Programs
- Case management
- Peer Navigation
- Food Bank
- Health Fairs & Community Events
- Patient Advisory Group
- Advocacy
- Medical Detoxification
- NSS-2 Bridge For Opioid Withdrawal Treatment
- Community Outreach
- Court-Related Services
- Domestic Violence Supportive Services
- Housing Services
- HIV/STI Prevention Services
- Support groups
- Overdose prevention education and naloxone
- Health care and insurance enrollment
- Hepatitis C testing and treatment
- Provider training and technical assistance
- Dental
- Vision
- Integrative Medicine
- Pharmacy
- Street Medicine



OVERDOSE PREVENTION

- Overdose trainings and provision of Naloxone
 - Tracking Overdoses and Reversals
- Drug Testing (New)
 - Technology and strips
- Safer Consumption Sites (Future)
 - Support from LA City Council
 - Ongoing discussions with other City and outside partners



PROGRAM HIGHLIGHTS FOR FY 22/23

37,375
unduplicated
clients

17,638 contacts
with unhoused
individuals

Collected
2,021,694 used
syringes from
city streets

5,265 individuals
trained in
overdose
prevention

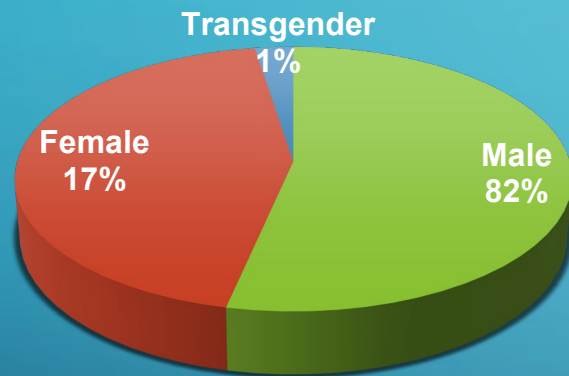
6,875 reported
instances of
overdose
reversals

27,041 fentanyl
test strips
distributed



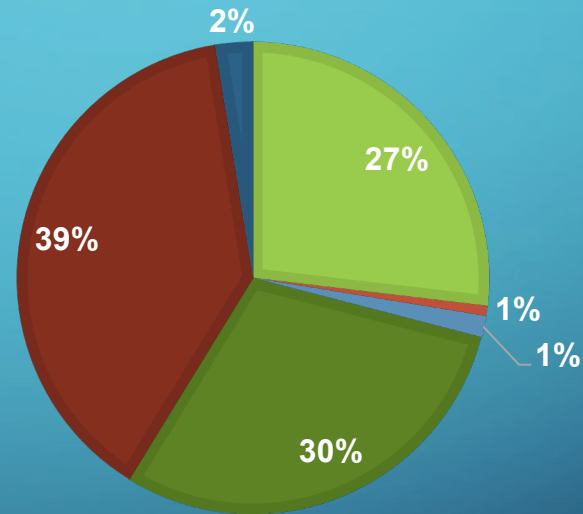
DEMOGRAPHIC BREAKDOWN

GENDER



■ Male ■ Female ■ Transgender

RACE/ETHNICITY



■ African American
■ Native American/AN
■ Asian/PI
■ Latino/Hispanic
■ White
■ Mixed/Other



THANK YOU!

- RICKY ROSALES – AIDS COORDINATOR
- DAHLIA ALE-FERLITO – MANAGEMENT ANALYST
- GINA LOMBARDO – MANAGEMENT ANALYST
- PETER SOTO – MANAGEMENT ANALYST
- JULIANA SOTO – ADMINISTRATIVE CLERK
- EVELINE BRAVO-AYALA - STUDENT PROFESSIONAL WORKER



Modeling the Impact of a Supervised Consumption Sites on HIV and HCV Transmission among People who Inject Drugs in Three California Counties

Killion JA, Jegede O, Werb D, Davidson P, Smith LR, Gaines T, Graff Zivin J, Zúñiga ML, Pines H, Garfein R, Rivera Saldana C, Strathdee S, Martin NK

WHAT?

What are supervised consumption sites?

Supervised consumption sites (SCS) are a **harm reduction programs** in which people who inject drugs (PWID) bring their **previously obtained drugs to consume in a supervised setting**. SCS provide PWID access to clean needles and syringes, overdose response in an emergency, drug checking, infectious disease testing, and access to opioid substitution therapy.¹⁻²

WHY?

Why supervised consumption sites?

SCS have been shown to reduce drug overdose and emergency room visits, increase participation in treatment programs, are cost effective, and also reduce receptive syringe sharing among PWID which can reduce HIV and hepatitis C virus (HCV) transmission.³⁻¹¹

*In 2022, California Governor Newsom vetoed a bill to pilot SCS in California. Since then, the Mayor of San Francisco has taken steps to allow private funding for SCS programs in the city.*¹⁴

What did we do?

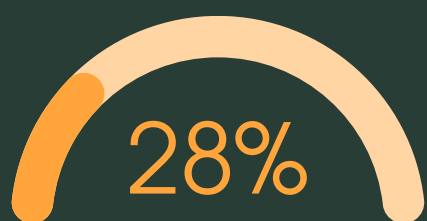
We modeled the potential impact of SCS implementation on HIV and HCV incidence among PWID in three California counties: San Francisco, Los Angeles, and San Diego.

By increasing SCS from 0% to 20% coverage among PWID, over 10 years this could prevent:

San Francisco County

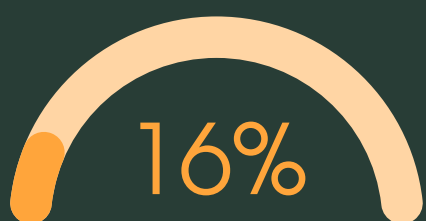


OF NEW HIV INFECTIONS

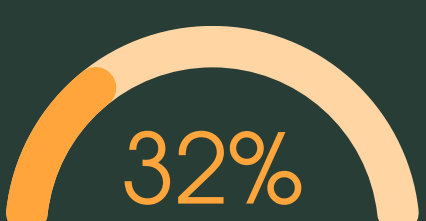


OF NEW HCV INFECTIONS

Los Angeles County

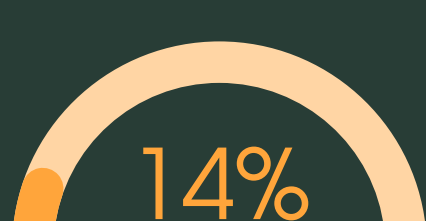


OF NEW HIV INFECTIONS

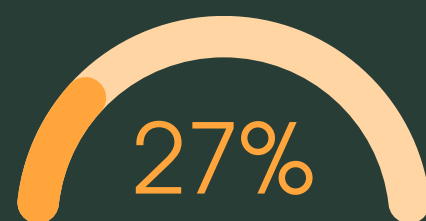


OF NEW HCV INFECTIONS

San Diego County



OF NEW HIV INFECTIONS



OF NEW HCV INFECTIONS

SCS could be an important intervention to enable HCV elimination and ending the HIV epidemic among PWID in California.

References:

1. Kerr T et al. Harm reduction journal. 2017;14(1):1-9., 2. Government of Canada - Health Canada. 2023., 3. Irwin A et al. Journal of drug issues. 2017;47(2):164-184., 4. Milloy MJ et al. Addiction. 2009;104(4):620-621., 5. Kerr T et al. Lancet. 2005;366(9482):316-8., 6. Bravo MJ et al. Addiction. 2009;104(4):614-9., 7. Suen LW et al. JAIDS. 2022;89(2):172-177., 8. Wood E et al. Addiction. 2007;102(6):916-919., 9. DeBeck K et al. Drug and alcohol dependence. 2011;113(2-3):172-176., 10. Bayoumi AM et al. CMAJ. 2008;179(11):1143-1151., 11. Milloy MJ et al. PLoS one. 2008;3(10):e3351., 12. Lambdin BH et al. Journal of general internal medicine. 2022;37(15):3853-3860., 13. Kral AH et al. New England journal of medicine. 2020;383(6):589-590., 14. Senate Bill 57 Veto Message (2022).

Funding from: California HIV/AIDS Research Program (H21PC3601)





LOS ANGELES COUNTY
COMMISSION ON HIV



REVISED 2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our [website](#) for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

Topic	Date
<u>General Orientation and Commission on HIV Overview *</u>	March 29 3:00 - 4:30 PM
<u>Priority Setting and Resource Allocation Process & Service Standards Development *</u>	April 12 3:00 - 4:30 PM
<u>Tips for Making Effective Written and Oral Public Comments</u>	May 24 3:00 - 4:00 PM
<u>Ryan White Care Act Legislative Overview</u> <u>Membership Structure and Responsibilities *</u>	July 19 3:00 - 4:30 PM
<u>Public Health 101</u>	August 16 3:00 - 4:30 PM
<u>Sexual Health and Wellness</u>	September 20 3:00 - 5:00 PM
<u>Health Literacy and Self-Advocacy</u>	**Changed from Oct. 18 to 24th** October 18 24 3:00 - 4:30 PM
<u>Policy Priorities and Legislative Docket Development Process *</u>	November 15 3:00 - 4:30 PM
<u>Co-Chair Roles and Responsibilities</u>	December 6 4:00 - 5:00 PM

**Mandatory core trainings for all commissioners.*



LOS ANGELES COUNTY COMMISSION ON HIV



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

Letter of Assurance

September 8, 2023

Mario J. Pérez, MPH, Director
Division of HIV and STD Programs (DHSP)
Department of Public Health, County of Los Angeles
600 South Commonwealth Avenue, 10th Floor
Los Angeles, CA 90005

Dear Mr. Pérez:

This letter assures that the Los Angeles Commission on HIV (Commission), Los Angeles County's Ryan White Part A Planning Council (PC), has addressed the following items in accordance with the Fiscal Year (FY) 2024 Non-Competing Continuation (NCC) Progress Report for the Ryan White Part A Emergency Relief Grant Program Instructions.

a) Planning

- i. The Division on HIV and STD Programs (DHSP) and the Commission engages in an ongoing needs assessment process by harnessing data from surveillance systems, service utilization, Medical Monitoring Projects, and local quantitative and qualitative research studies that focus on specific populations or service access issues. Analyses from these data sources consistently show the need for reducing barriers to accessing prevention and care services; worsening affordable housing crisis; increasing need for emergency and ongoing financial assistance and other social services; and persistent inequities in HIV health outcomes among communities most impacted by HIV. In addition, an ongoing review of the State of California's Medicaid system (Medi-Cal) continues to expand access to care outside of the Ryan White HIV care system which brings about ongoing challenges with maximizing Part A grant funds and the need to nimbly shift investments in service categories not supported or underfunded by non-Ryan White funding sources.

As part of the Integrated Plan (locally known as the Comprehensive HIV Plan (CHP)) development process, the Commission conducted its most recent needs assessment in 2022. To develop the needs assessment section of the CHP, DHSP and Commissioners built upon assessments undertaken to develop the EHE Plan and other local HIV/STD reports. However, as planning progressed, issues related to system and workforce capacity began to emerge as key barriers to achieving HIV-related goals. Thus, it was decided to take steps to assess this particular issue by developing and distributing an online survey in English and Spanish. The survey was developed with a

team of stakeholders including PLWH, academic partners, and staff representing CBOs, FQHCs, and DHSP. To ensure that the voices and perspectives of priority population members and PLWH were reflected in the Integrated Plan, listening sessions were conducted with members of priority population groups (Black MSM, women of color, trans persons, people who inject drugs (PWID), people younger than 30 and PLWH 50 and older). The consultant worked with various community stakeholders to organize and facilitate these groups. For example, to convene a group of Black MSM, the consultant worked with staff at a community-based organization that primarily serves Black gay and bisexual men to recruit 16 participants. This listening session was co-facilitated by a staff member and the consultant. The other listening sessions were convened in a similar manner. These listening sessions attracted 86 community members, many of whom identified as PLWH. Survey and listening session findings, largely qualitative in nature, complimented the use of secondary data sources. The full content of the most recent needs assessments can be found Section 3, pages 46-70 of the [2022-2026 CHP](#).

- ii. The Commission, DHSP, various stakeholders, and the community-at-large were deeply involved in developing the 2022-2026 CHP. The Commission's Priorities, Planning and Allocations (PP&A) Committee spearheaded the development of the CHP. Commission staff and PP&A leadership met regularly with the consultant to oversee the development of the plan. The consultant provided regular updates at monthly Commission meeting and PP&A meetings. Providers from Ryan White HIV/AIDS Program Parts B, C, D and F were engaged in the planning process in a variety of ways. In early 2022, a meeting was convened with 12 representatives from seven different RWP Part C, D and F recipient organizations. Participants identified several key topics to be included in the Integrated Plan including a need to focus on social determinants of health and co-occurring disorders (especially syphilis, methamphetamine use and mental health issues); workforce development and capacity issues; culturally congruent services; and an aging population of PLWH. Planning team members also met with stakeholders that were involved in the development of other Integrated HIV Plans within or inclusive of LAC in order to ensure alignment and avoid duplication of efforts. These plans included California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs from 2022-2026; the Long Beach HIV/STD Strategy, 2019-2021 and the West Hollywood HIV Zero Strategic Plan, 2016-2021. Although the time frame for the latter two plans had ended, it was important to meet with the planners to learn from their experiences and identify any priority areas to highlight in the LAC Integrated Plan. Key issues identified included a need to focus on stigma, social determinants of health and co-occurring disorders (including housing, mental health and meth use), and broadening harm reduction efforts.

b) Priority Setting and Resource Allocation (PSRA)

- i. The Planning, Priorities and Allocations (PP&A) Committee leads the multi-year priority and allocation setting process for the Commission. The PP&A Committee moved to a multi-year (3 years) service rankings and funds allocations by percentages in 2019 which facilitates a smooth reiterative process in preparation for HRSA's multi-year Part A application and non-competing continuing progress reports. Despite the re-shifting of staff time and attention to respond to the mpox outbreak, the Commission engaged in a robust and thoughtful deliberation to rank Ryan White service categories and allocate funding for FY 2024.
 - a. Similar to prior years, the Commission uses a variety of data from DHSP for its PSRA process. DHSP presented the following data throughout the year to the PP&A Committee: 1) Utilization by Service Category among Ryan White Priority

Populations; 2) Overlap across Ryan White Priority Populations & Estimated HIV Care Continuum; 3) Outcomes across Priority Populations; 4) Ryan White Utilization Report Summaries; 5) program expenditures information; 6) HIV testing and PrEP client demographic data; and 7) HIV and STD surveillance summaries. The PY 32, 33, and 34 (FY 2022, 2023, and 2024) planning process discussed the impact of COVID-19 on PLWH on the local RW care system, the lack of affordable housing, and the psychological/mental health toll of living in a post pandemic environment. The end of COVID-19 emergency declaration on March 31, 2023, unfortunately, also ended rental moratorium and tenant eviction protections, putting PLWH in precarious situations that impact their health.

For FY 2024, the Commission ranked the following as the top ten Ryan White Part A service categories: 1) housing; 2) non-medical case management; 3) ambulatory outpatient medical services; 4) emergency financial assistance; 5) psychosocial support; 6) medical care coordination; 7) mental health; 8) outreach; 9) substance abuse outpatient; and 10) early intervention. The FY 2024 (PY 34) service rankings were determined under the following key realities: 1) lack of affordable housing and increased risk for homelessness will remain a significant crisis for PLWH; 2) financial instability will persist due to inflation and unlivable wages; and 3) ongoing demand for culturally competent medical and mental health services. Furthermore, the ongoing methamphetamine and fentanyl crises in Los Angeles will likely compound substance use conditions. These recommendations were approved by the full body on January 13, 2022, with the understanding the Commission will need to work with DHSP to continually track and monitor service needs and respond accordingly. Regular and timely sharing of expenditure information is a critical piece of the resource allocation process.

- b. According to the 2021 DHSP Annual Surveillance Report released on June 29, 2022, nearly 9 out of 10 persons living with diagnosed HIV (PLWDH) in Los Angeles County (LAC) are male. Within the male population, Black males are disproportionately impacted by HIV compared with males in other race/ethnicity groups. Between 2020-2021, 92% of HIV-positive pregnant women living with diagnosed HIV received at least one arm of ART during pregnancy and/or at labor and delivery. Among the four infants that had perinatal infection in 2020, all were born to mothers who were not confirmed to have received ART during pregnancy and/or delivery. Persons living with HIV who are unhoused continue to experience suboptimal outcomes along the HIV care continuum. Compared with housed persons, unhoused persons had lower rates of receiving HIV care, retention in care, and achieving viral suppression in 2021. A major driver for the low viral suppression rates among PLWDH is delayed treatment among PLWDH and low adherence to ART among those on treatment. In a representative sample of PLWDH, only 8 in 10 were on ART, and 100% adherence to ART doses in the past 30 days was low at 54%. ART adherence was lower among Black (52%) and Latinx (50%) PLWDH compared to White (59%) PLWDH, and lower among those aged 18-29 years (38%) than other age groups. Given that the greatest disparities in viral suppression were among Black populations, females and transgender persons, persons aged 30-49 years, and persons whose transmission risk included injection drug use, the Commission allocated over 87% of the MAI funds to housing and over 12% to non-medical case management to improve health outcomes among these groups.

According to the Los Angeles Homeless Services Authority Report and Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness, Black people are more likely than White people to experience homelessness in the United States, including in Los Angeles County. The 2023 Greater Los Angeles Homeless Count showed a 9% rise in homelessness on any given night in Los Angeles County to an estimated 75,518 people and a 10% rise in the City of Los Angeles to an estimated 46,260 people. This sobering statistic, along with the multiple social justice inequities and barriers to care faced by the Black community and other communities of color, played a key role in the Commission's service prioritization and funding allocation decisions.

The service allocations for FY 2024 (PY 34) aim to sustain a comprehensive array of medical and support services that prioritize key populations in the CHP: 1) Latinx men who have sex with men (MSM); 2) Black/African American MSM; 3) Transgender persons; 4) Cisgender women of color; 5) People who inject drugs (PWID); 6) People under the age of 30; and 7) People living with HIV who are 50 years of age or older. The Commission and DHSP continue to coordinate with the Part D grantees in Los Angeles County to share data, assess the needs of women, infants, children and youth, and braid Part A funding with appropriate services. The Commission's decision to allocate funding to childcare services is a direct response to the needs of women living with HIV and their families.

- ii. People living with HIV represent nearly 40% of the Commission with several unaffiliated consumers serving in leadership positions in committees and subgroups. The strong representation of PLWH on the Commission lends to a process and outcome that is driven by their lived experience, strengths, and vision for optimal health. For the PY 34 PSRA process, representatives from various caucuses participated in the service ranking and allocation deliberations. The Commission's various caucuses (Consumer, Women, Black/African American, and Aging) routinely discuss the needs of PLWHA and their experience with the local RW service delivery system at their meetings. The pandemic and inflation have led to a greater need for housing, food bank/nutrition services, and emergency financial services. These caucuses play a critical role in shaping revisions to service standards to meet the needs of PLWH using RW services.
- iii. The Commission attests that the FY 2023 Part A funds were expended according to the priorities established by the Commission. The most recent revisions to the allocations for FY 2023 was approved by the Commission on June 8, 2023 to maximize grant funds. The outpatient/ambulatory (AOM) services allocation was reduced from 25.51% to 17.10% to account for addition of EIS, EFA and Outreach allocations and estimated YR 33 AOM expenditures. The allocation for early intervention services (EIS) was changed from 0% to 7.68%. This allocation includes Linkage and Reengagement Program and new DPH Clinic Health Services program. Funding will help support a status-neutral approach using Part A funds. The mental health services allocation was changed from 4.07% to 3.14% due to estimated YR 33 expenditures. Spanish Mental Health Telehealth and other mental health assessments will be supported using EHE funds. The medical case management allocation was changed from 28.88% to 22.27% to account addition of EIS, outreach and EFA allocations and estimated YR 33 medical care coordination expenditures. The EFA allocation of 3.82% was added. EFA was previously funded under HRSA EHE but now funded with Part A to ensure RWHAP target populations are reached with the program.

- iv. The Commission confirms that all Ryan White HIV/AIDS Program HIV core medical and support services were prioritized during the PSRA process as defined by the RW CARE Act.

c) Training

The Commission established a series of virtual training for PC members and the public from March 29 to December 6, 2023. The dates for the trainings are as follows: 1) Commission on HIV Overview (3/29/23); 2) PSRA Process and Service Standards Development (4/12/23); Tips for Effective Written and Oral Public Comments (5/24/23); Ryan White CARE Act Legislative Overview and Membership Structure and Responsibilities (7/19/23); Public Health 101 (8/16/23); Sexual Health and Wellness (9/20/23); Health Literacy and Self-Advocacy (10/24/23) and Co-Chair Roles and Responsibilities (12/6/23). In addition to these formal trainings, staff provide ongoing coaching and support for PC members. Slides and video recordings are available on the Commission website so that PC members and interested applicants can access training materials online.

d) Assessment of Administrative Mechanism (AAM)

[The PY 31 Assessment of Administrative Mechanism](#) (AAM) Report was approved by the Commission on June 8, 2023. The PY 31 AAM covered 2 areas: 1) an assessment of the Commissioners' understanding of the priority setting and resource allocation process and 2) harnessing feedback from contracted agencies on the efficiency of Los Angeles County's administrative mechanisms (such as contracts, procurement, solicitations) to rapidly disburse funds to support HIV services in the community. The Operations Committee used an anonymous questionnaire via SurveyMonkey to elicit responses from Commissioners and contracted agencies. The Operations Committee of the Commission led the AAM and utilized the same questionnaire used for the previous AAMs as they have been tested and used in previous studies. In general terms, the AAM shows that the overall administrative mechanism that supports the system Ryan White CARE Act - funded service delivery in Los Angeles County is healthy and works well, despite the lengthy County process to initiate and complete contracts from solicitations stage to contract execution.

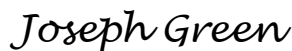
The Commission remains firmly committed to staying the course to end the HIV epidemic in Los Angeles County and beyond. The residual impact of COVID-19, the worsening economic divide, and the expansion of Medicaid in California regardless of documentation status will continue to pose challenges and opportunities for care for PLWH in Los Angeles County. The Commission will work closely with DHSP in monitoring service needs and making funding allocations as appropriate to ensure continuity of care for PLWH.

If you have any questions or need further assistance, please do not hesitate to contact us at 213.738.2816.

Sincerely,



Bridget Gordon, Co-Chair



Joseph Green Co-Chair Pro-Tem

Let's Talk About Sex

AN EDUCATIONAL EVENT FOR SERVICE PROVIDERS TO PROMOTE
SEXUAL HEALTH IN OLDER ADULTS



Raffles | Prizes | Fun Activities | Networking

SEPTEMBER 22, 2023 | 9:30AM-2:00PM

510 S. VERMONT AVENUE TERRACE LEVEL (9TH FLOOR) , LOS ANGELES, CA 90020

FREE VALIDATED PARKING AT 523 SHATTO PLACE, LA 90020

REGISTRATION @ [HTTPS://WWW.SURVEYMONKEY.COM/R/QYBBPB8](https://www.surveymonkey.com/r/QYBBPB8) OR SCAN OR
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**Aging & Disabilities
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COMMISSION ON HIV





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**IF YOU ARE A PERSON LIVING WITH OR AT RISK OF HIV, WE INVITE YOU TO
BE A PART OF A UNIFIED EFFORT TO HELP IMPROVE HIV PREVENTION &
CARE SERVICE DELIVERY IN LOS ANGELES COUNTY**



RYAN WHITE PROGRAM MEDICAL CARE COORDINATION (MCC) SERVICES FOR PEOPLE LIVING WITH HIV

*Do you use MCC services? Would you like to know more about MCC
services? Would you like to share your experience with MCC
services? Would you like to help improve MCC services?*

DRAFT REVISED MCC SERVICE STANDARDS ARE AVAILABLE FOR PUBLIC COMMENT [HERE](#)

CONSUMER CAUCUS *HYBRID* MEETING

THURSDAY, SEPTEMBER 14, 2023

2:00-3:30PM

****REGISTRATION NOT REQUIRED | LUNCH PROVIDED****

IN PERSON: 510 S. VERMONT AVENUE, 9TH FLR, TERRACE CONFERENCE ROOM, LA, CA
90020 *VALIDATED PARKING AVAILABLE @ 523 SHATTO PL, LA 90020

VIRTUAL: [HTTPS://TINYURL.COM/3HA2KVJS](https://tinyurl.com/3HA2KVJS)

For more information, please contact the Commission at hivcomm@lachiv.org or 213.738.2816

Save The Date

November 2, 2023

8 AM - 4 PM

TGI HEALTH SUMMIT

Increasing awareness of the health disparities and strategies surrounding Transgender, Gender-Nonconforming, and Intersex (TGI) communities. This Summit will support to mobilize information about community resources available, improving knowledge and awareness of HIV care and prevention services in LA, and offer community building initiatives centering healing for TGI Populations.

Village At Ed Gould Plaza

1125 N McCadden Pl, Los Angeles, CA 90038

REGISTRATION COMING SOON

REACH LA

 **LOS ANGELES LGBT CENTER**

 **LOS ANGELES COUNTY
COMMISSION ON HIV**

trans*
lounge

Keck School of
Medicine of **USC**

Call For Abstracts

TGI Health Summit

11/2/23 | 8 AM - 4 PM

Village At Ed Gould Plaza

1125 N McCadden Pl, Los Angeles, CA 90038

Accepting workshop abstracts that uplift the intersections of transgender, gender non conforming, and intersex communities that highlight Health and Wellness, Media, History, and Policy/Advocacy.



DEADLINE 9/18/23 - APPLY TODAY

tinyurl.com/tgihealthsummit