



LOS ANGELES COUNTY
COMMISSION ON HIV



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COMMISSION ON HIV Virtual Meeting

**Thursday, January 12, 2023
9:00am-1:00pm (PST)**

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

TO REGISTER & JOIN BY COMPUTER/SMART DEVICE:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m7db54e28cd08ff648bbbeb835fb228b7f>

TO JOIN BY PHONE:

1-213-306-3065 Access Code: 2593 654 1951

Password: COMMISSION

**Password is for members of the public only*

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

http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9360

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

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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>

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

Thursday, January 12, 2023 | 9:00 AM – 1:00 PM

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m7db54e28cd08ff648bbeb835fb228b7f>

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

Password: COMMISSION Access Code: 2593 654 1951

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AGENDA POSTED: January 5, 2023

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

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

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

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

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

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



1. ADMINISTRATIVE MATTERS

A. Call to Order, Roll Call w/ Conflict of Interest, & Introductions		9:00 AM – 9:10 AM
B. Meeting Guidelines and Code of Conduct		9:10 AM – 9:15 AM
C. Approval of Agenda	MOTION #1	9:15 AM – 9:17 AM
D. Approval of Meeting Minutes	MOTION #2	9:17 AM – 9:20 AM
E. 2023 Ceremonial Oath of Office		9:20AM – 9:25 AM

2. REPORTS -I

A. Executive Director/Staff Report		9:20 AM – 10:30 AM
(1) County/Commission Operations UPDATES		
a. AB 361 Continuation of Virtual Meetings for February 2023	MOTION #3	
b. 2023 Brown Act Updates Presented by County Counsel		
(2) 2022 Annual Report		
B. Co-Chairs' Report		10:30 AM – 10:45 AM
(1) 2023 COH Co-Chair Priorities		
(2) Conferences, Meetings & Trainings OPEN FEEDBACK		
(3) Member Vacancies & Recruitment		
a. Executive At-Large Seats		
C. California Office of AIDS (OA) Report (Part B Representative)		10:45 AM – 10:50 AM
(1) OAVoice Newsletter Highlights		
D. LA County Department of Public Health Report (Part A Representative)		10:50 AM – 11:05 AM
(1) Division of HIV/STD Programs (DHSP) Updates		
a. Programmatic and Fiscal Updates		
b. Mpox Briefing Update		
E. Housing Opportunities for People Living with AIDS (HOPWA) Report		11:05 AM – 11:15 AM
F. Ryan White Program Parts C, D, and F Report		11:15 AM – 11:20 AM
G. Cities, Health Districts, Service Planning Area (SPA) Reports		11:20 AM – 11:25 AM
BREAK		11:25 AM – 11:35 AM



3. **REPORTS - II**

11:35 AM – 12:30 PM

A. Operations Committee

- (1) Membership Management
- (2) Policy & Procedure Review
- (3) Recruitment, Outreach & Engagement

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

- (1) 2022-2026 Comprehensive HIV Plan (CHP) | UPDATES
- (2) Multi-Year Contingency Planning & Maximizing Part A Funds
 - a. Letter from Aging Caucus to Consider Reallocation of Funds
 - b. Ryan White Program Unmet Needs Review

C. Standards and Best Practices (SBP) Committee

- (1) Oral Healthcare Service Standards | [Public Comment Period: 1/4/23-2/3/23](#)

D. Public Policy Committee (PPC)

- (1) County, State and Federal Policy, Legislation, and Budget
 - a. Act Now Against Meth (ANAM) | UPDATES
 - b. FDA Blood Donation Policy
 - c. 2022-23 Legislative Docket | UPDATES
 - d. 2022-2023 Policy Priorities | UPDATES

E. Caucus, Task Force and Work Group Report

12:30 PM – 12:45 PM

- (1) Aging Caucus | January 3, 2023 @ 1-3PM
- (2) Black/African American Caucus | January 19, 2023 @ 4-5PM
- (3) Consumer Caucus | January 12, 2023 @ 3-4:30PM
- (4) Prevention Planning Workgroup | January 25, 2023 @ 4-5:30PM
- (5) Transgender Caucus | January 24, 2023 @ 10AM-12PM
- (6) Women's Caucus | January 23, 2023 @ 2-4PM

5. **MISCELLANEOUS**

A. Public Comment

12:45 PM – 12:50 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 via https://www.surveymonkey.com/r/PUBLIC_COMMENTS.



5. **MISCELLANEOUS (continued)**

B. Commission New Business Items

12:50 PM – 12:55 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

12:55 PM – 1:00 PM

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

D. Adjournment and Roll Call

1:00 PM

Adjournment for the meeting of January 12, 2023.

PROPOSED MOTION(s)/ACTION(s):

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Commission meeting minutes, as presented or revised.
MOTION #3:	Acting on behalf of the Commission on HIV (COH), and on behalf of the COH's five (5) subcommittees for which the COH members serve as governing members and are subject to the Brown Act, finds: (1) in accordance with Assembly Bill (AB) 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that the COH has reconsidered the circumstances of the State of Emergency due to the COVID-19 pandemic and that the State of Emergency remains active and, (2) in accordance with AB 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that local officials continue to recommend measures to promote social distancing. As a result of these findings, the COH approves to continue virtual meetings for February 2023.



COMMISSION ON HIV MEMBERS:

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

MEMBERS: 40

QUORUM: 21

LEGEND:

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



LOS ANGELES COUNTY COMMISSION ON HIV



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VISION

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

MISSION

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



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants — past, present, and emerging — as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands. We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order) the:

- Fernandeño Tataviam Band of Mission Indians
- Gabrielino Tongva Indians of California Tribal Council
- Gabrielino/Tongva San Gabriel Band of Mission Indians
- Gabrieleño Band of Mission Indians – Kizh Nation
- San Manuel Band of Mission Indians
- San Fernando Band of Mission Indians



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DRAFT

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

COMMISSION ON HIV (COH) VIRTUAL MEETING MINUTES
December 8, 2022

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

COMMISSION STAFF & CONSULTANTS
Cheryl Barrit, MPIA, Executive Director; AJ King, MPH, Consultant; Lizette Martinez, MPH; Dawn McClendon; Jose Rangel-Garibay, MPH; and Sonja Wright, BA, MSOM, LAc, Dipl. OM, PES
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF
No DHSP staff in attendance

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

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

Meeting agenda and materials can be found on the Commission's website at:
<https://hiv.lacounty.gov/meetings/>

1. ADMINISTRATIVE MATTERS

A. CALL TO ORDER, ROLL CALL & INTRODUCTIONS

Bridget Gordon, Co-Chair, called the meeting to order and welcomed attendees. She began the meeting with an indigenous land acknowledgement to recognize the first inhabitants of Los

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Angeles County, including the Tongva, Tataviam, Serrano, Kizh, and Chumash peoples. Cheryl Barrit, Executive Director, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, F. Findley, A. Frames, J. Gates, J. Green, T. Green, F. Gonzalez, K. Halfman, L. Kochems, A. Mills, A. Molette, C. Moreno, P. Nash, M. Perez, M. Robinson, R. Robinson, R. Rosales, H.G. San Agustin, M. Sattah, L. Spencer, K. Stalter, J. Valero, D. Campbell, and B. Gordon.

B. MEETING GUIDELINES AND CODE OF CONDUCT

B. Gordon reviewed the Commission on HIV (COH) meeting guidelines and code of conduct; see meeting packet.

C. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order, as presented or revised ✓ **Passed by Consensus**

D. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the Commission meeting minutes, as presented or revised ✓ **Passed by Consensus**

2. REPORTS – I

A. EXECUTIVE DIRECTOR/STAFF REPORT

(1) County/Commission Operations | UPDATES

a. AB 361 Continuation of Virtual Meetings for January 2023

MOTION #3: Acting on behalf of the Commission on HIV (COH), and on behalf of the COH's five (5) subcommittees for which the COH members serve as governing members and are subject to the Brown Act, finds: (1) in accordance with Assembly Bill (AB) 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that the COH has reconsidered the circumstances of the State of Emergency due to the COVID-19 pandemic and that the State of Emergency remains active and, (2) in accordance with AB 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that local officials continue to recommend measures to promote social distancing. As a result of these findings, the COH approves to continue virtual meetings for January 2023. ✓ **Passed by Roll Call Vote**

(2) November 10, 2022 Annual Meeting Evaluation

C. Barrit provided an overview of feedback from the 2022 Annual Meeting; see meeting packet for PowerPoint (PPT) slides.

B. CO-CHAIRS' REPORT

(1) November 10, 2022 Annual Meeting | FOLLOW UP + FEEDBACK

D. Campbell acknowledged all attendees who provided feedback on the 2022 Annual Meeting and opened up the floor for additional feedback.

- Kevin Donnelly expressed his gratitude for the Division of HIV and STD Programs (DHSP)'s data presentation which helped inform the Comprehensive HIV Plan (CHP).
- D. Campbell acknowledged Murray Penner's presentation on Undetectable = Untransmittable (U=U) and the need for increased U=U messaging in Los Angeles County (LAC).

(2) January 12, 2023 Meeting Agenda Development

a. Ceremonial Oath of Office

At the January 12, 2023 meeting, the COH will hold its Ceremonial Oath of Office to reaffirm commissioner duties. Joe Green inquired if the Oath could be postponed until the first in-person meeting of 2023.

MOTION #4: Postpone the Ceremonial Oath of Office until the next in-person Commission on HIV meeting. **✗Motion Failed**

b. County Counsel Presentation Re: Brown Act Amendments

At the January 12, 2023 meeting, the County Counsel will provide a presentation on the Brown Act and recent changes to the law. The presentation will feature bills signed the Governor (SB 1101 & AB 2449) and provide an opportunity for commissioners to ask questions about public meetings.

(3) 2023 Workplan Development

a. Coordinated STD Response

D. Campbell reported that COH committees, caucuses, and workgroups will be developing their 2023 workplans in January and February 2023. The Executive Committee will begin discussing a coordinated approach to the STD crisis in LAC. The Public Policy Committee (PPC) will work to align with the COH's planning, priority setting, resource allocation, service standards, and community education functions.

(4) Conferences, Meetings & Trainings | OPEN FEEDBACK

D. Campbell invited commissioners to report back on any conferences, meetings, or trainings attended and share key ideas to improve planning efforts.

- Jayda Arrington thanked the COH for their letter of recognition that was sent on World AIDS Day (December 1). She reported that she was grateful for the

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recognition, considering how other countries had their right to acknowledge World AIDS Day taken away.

- K. Donnelly reported that he attended the Los Angeles Women's HIV Task Force Annual Treatment Summit on November 30. The event was well attended and several COH staff and commissioners were present. Dr. LaShonda Spencer also attended the event and stated that it went well, and she was glad to see people in-person again. J. Arrington attended the event as well and thanked C. Barrit for representing the COH. Arlene Frames was a panelist for the event and stated that it was an empowering and educational experience.
- K. Donnelly also attended the Ending the Epidemic Coalition meeting and was heartened to see that there are other groups working on the same goal of ending the HIV epidemic.
- Carlos Moreno reported that the Latinx Leadership Group held their first mixer. The event was well attended and the Group plans to host more events in 2023.
- Miguel Alvarez reported that he attended the Paul Stark Warrior Awards in West Hollywood for World AIDS Day.

(5) Member Vacancies & Recruitment

D. Campbell reported that the COH would like to promote commissioner applications to several unaffiliated consumer and HIV stakeholder seats. There are currently 10 vacant unaffiliated consumer seats.

(6) Member Resignations and Service Acknowledgement

D. Campbell welcomed new commissioners Arlene Frames, Andre Molette, Pearl Doan, and Redeem Robinson.

On November 28, Dr. Michael Cao informed COH staff of his resignation from the COH because he has been elected to the Arcadia City Council. Dr. Cao served as the Board Office 5 representative. Supervisor Barger's office is committed to ensuring that her office is represented on the COH and has forwarded an application to staff to fill the vacancy. Staff are working with the candidate to complete membership application forms and schedule an interview with members of the Operations Committee.

(7) Holiday Meeting Schedule

D. Campbell reminded commissioners that many Committees, caucuses, and workgroups have decided to cancel their December meetings, with the exception of the Black/African American Caucus, who will meet on December 15th from 4:00 – 5:00 PM.

(8) Committee & Working Unit Co-Chair Nominations & Elections | UPDATES

D. Campbell informed commissioners that committees and subgroups have opened their nominations for co-chairs to serve for 2023. Elections will be held during the January 2023 meeting cycle. Unaffiliated consumers are encouraged to run for co-chair positions to have strong leadership representation.

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

(1) OAVoice Newsletter Highlights

Karl Halfman, California Office of AIDS (OA) reported that the rollout of the California plan to address the syndemic of HIV, hepatitis C, and sexually transmitted (STIs) is in progress. The OA released a draft implementation blueprint and is accepting public comment on the document through December 21, 2022.

Chris Unzueta reported that PrEP-AP has 195 PrEP enrollment sites and ADAP has 8,191 enrollees across California.

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

a. Programmatic and Fiscal Updates

Mario Perez reported that the CHP was submitted on December 8, 2022 and thanked all who contributed to the document, especially AJ King, who served as the CHP consultant.

M. Perez informed commissioners that there is a projected savings of \$2.3 million in Ryan White Program (RWP) dollars. DHSP has made an appeal to the Board of Supervisors (BOS) requesting increased flexibility in the spending of these dollars.

M. Perez informed commissioners that Courtney Armstrong, Senior Policy Officer, will be leaving her position at DHSP. She will be serving as the Director of Government Affairs for First Five California.

Julie Tolentino reported several events that took place on World AIDS Day on behalf of the Ending the HIV Epidemic (EHE) Initiative, including lighting up several LA monuments in red and HIV awareness social media posts on the LAC Department of Public Health's social media pages.

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b. Mpox Briefing Update

M. Perez reported that Mpox cases are declining in LAC and encouraged vaccine uptake, particularly among people living with HIV (PLWH), who made up 45% of people diagnosed with Mpox.

D. HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH HIV (HOPWA) REPORT – No report provided.

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

Part C: No report provided.

Part D: Dr. Mikhaela Cielo reported that UCLA was awarded EHE funding to implement a women's support group program.

Part F: Dr. Jerry Gates reported that several fellows will begin their fellowship in July 2023.

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

City of Long Beach: Everardo Alvizo reported that he and Dr. Anissa Davis, City Health Officer, hosted a pediatric lecture regarding how HIV impacts youth and pregnant people. The City of Long Beach hosted events for Transgender Day of Remembrance and World AIDS Day, both of which were well attended and successful.

City of Los Angeles: Ricky Rosales reported that the City of LA is working on certifying syringe exchange providers. The City of LA will also inaugurate several new city council members.

3. REPORTS – II

A. OPERATIONS COMMITTEE

(1) Membership Management

a. New Membership Application: Mary Cummings | HIV Stakeholder Representative #5

MOTION #5: Approve New Membership Application for Mary Cummings to occupy the HIV Stakeholder Representative #5 seat, as presented or revised and elevate to Board of Supervisors for appointment. ✓ **Passed by Roll Call Vote**

(2) Policy & Procedure Review

Justin Valero reported that he and Everardo Alvizo were elected as 2023 co-chairs. The Operations Committee approved seat changes for A. Burton, B. Gordon, F. Gonzalez, and J. Green; see meeting packet for revised roster.

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The Operations Committee discussed the 2 person/per agency rule and decided to keep the policy as is. The Committee also discussed requiring a letter of support for contracted providers and will continue the discussion at their January meeting.

The Committee will resume their “getting to know you” exercises at the beginning of each meeting starting in January.

The Committee has completed their revised interview questions.

(3) Recruitment & Engagement

The Committee has been working on recruitment and engagement through social media and community events.

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

(1) 2022-2026 Comprehensive HIV Plan (CHP) | UPDATES

AJ King announced that the CHP has been submitted and thanked COH staff, K. Donnelly, and Pamela Ogata for their contributions to the CHP. The final document can be found on the COH website.

(2) Multi-Year Contingency Planning & Maximizing Part A Funds

At the November PP&A meeting, Victor Scott provided an overview of current RWP expenditures for Program Year (PY) 32. There is an estimated carryover of \$2.3 million in Minority AIDS Initiative (MAI) funds.

(3) DHSP Responses to the COH Program Directives | UPDATES

At the November meeting, P. Ogata presented DHSP responses to the Comprehensive Program Directives; see meeting packet for the directives document.

C. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

(1) Oral Healthcare Service Standards | Dental Implants Addendum

MOTION #6: Approve the Oral Healthcare Service Standards, Dental Implants Addendum, as presented or revised ✓ **Passed by Roll Call Vote**

(2) Transitional Case Management: Incarcerated/Post-Release Service Standards

MOTION #7: Approve the Transitional Case Management: Incarcerated/Post-Release Service Standards as presented or revised ✓ **Passed by Roll Call Vote**

D. PUBLIC POLICY COMMITTEE (PPC)

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

a. 2022-23 Legislative Docket | UPDATES

Lee Kochems provided an overview of the 2022 Legislative Docket; see meeting packet. The PPC will begin the 2023 Legislative Docket early 2023.

b. 2022-2023 Policy Priorities

MOTION #8: Approve the 2022-2023 Policy Priorities document developed by the Public Policy Committee as presented or revised ✓ **Passed by Roll Call Vote**

c. Act Now Against Meth (ANAM) | UPDATES

The ANAM Coalition is awaiting a report back from the BOS motion requesting several County departments to state their plans to address the meth epidemic in LAC. The report is expected late December 2022.

E. CAUCUS, TASK FORCE AND WORK GROUP REPORT

(1) Aging Caucus | January 3, 2023 @ 1-3PM

The Aging Caucus met on December 6th and elected K. Donnelly and Paul Nash as co-chairs for 2023. K. Donnelly thanked Al Ballesteros and J. Green for their leadership for 2022. The Caucus approved the addendum to their recommendations to include long-term survivors under 50 and people who acquired HIV perinatally and began forming workgroups in partnership with DHSP to address the targeted needs of older adults living with HIV.

(2) Black/African American Caucus | December 15, 2022 @ 4-5PM

The Black/African American Caucus will begin their workplan development process in January 2023, which will include an annual commemorative event for National Black HIV/AIDS Awareness Day. The Caucus will also hold co-chair nominations and elections early 2023. The Caucus is continuing their work on their needs assessment in partnership with DHSP.

(3) Consumer Caucus | December 8, 2022 @ 3-4:30PM

The Consumer Caucus will meet on December 8th from 3:00 – 4:30 PM and will open co-chair nominations, with elections held in January 2023. The Caucus will discuss feedback from the Annual Meeting and December 8th meeting, workplan ideas, and the Ryan White Conference. Alasdair Burton invited any consumers to join the meeting.

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(4) Prevention Planning Workgroup | January 25, 2023 @ 4-5:30PM

The Prevention Planning Workgroup (PPW) met on November 16th and received presentations on the *DontThinkKnow* program and the results of their Knowledge, Attitudes, and Beliefs (KAB) survey. Dr. William King, Miguel Martinez, and Greg Wilson were nominated as PPW co-chairs for 2023. The election will take place at their January meeting.

(5) Transgender Caucus | January 24, 2023 @ 10AM-12PM

The Transgender Caucus met on November 22nd and began their meeting with an acknowledgement of the recent shooting at Club Q, an LGBTQ nightclub in Colorado Springs, Colorado and reminded the group to care for themselves and each other. The Caucus will be holding their co-chair elections at their January meeting. The Caucus discussed potential learning sessions for 2023 including the topics such as the decriminalization of sex work, collaboration with older transgender individuals, hosting an event for National Women and Girls HIV/AIDS Awareness Day, and PrEP fatigue among the transgender community.

(6) Women's Caucus | January 23, 2023 @ 2-4PM

The Women's Caucus met on November 21st and discussed feedback from their Virtual Lunch and Learn sessions and potential topics for 2023. Their next meeting will be on January 23, 2022, in which the Caucus will hold their co-chair election.

4. PRESENTATION – I

“Building the Resistance: The Impact of Systemic Racism and Mass Incarceration in HIV in Los Angeles County” | Presented By: Felipe Findley, PA-C

Commissioner Felipe Findley provided a presentation titled “Building the Resistance: The Impact of Systemic Racism and Mass Incarceration in HIV in Los Angeles County;” see meeting packet for PPT slides.

- D. Campbell commented on the importance of addressing this topic in the movement to end HIV.
- B. Gordon requested if F. Findley could present on this topic to the BOS. He noted that either he or a colleague would be able to.

5. 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 via

https://www.surveymonkey.com/r/PUBLIC_COMMENTS . No public comments.

Commission on HIV Meeting Minutes

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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. *No committee new business items.*
- 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. *No announcements.*
- D. ADJOURNMENT AND ROLL CALL:** Adjournment for the meeting of December 8, 2022

The meeting was adjourned by B. Gordon. C. Barrit conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, F. Findley, A. Frames, J. Gates, J. Green, T. Green, F. Gonzalez, K. Halfman, L. Kochems, A. Mills, A. Mollette, C. Moreno, P. Nash, M. Perez, M. Robinson, R. Robinson, R. Rosales, H.G. San Agustin, M. Sattah, L. Spencer, D. Campbell, and B. Gordon.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve the November 10, 2022 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 3: Acting on behalf of the Commission on HIV (COH), and on behalf of the COH's five (5) subcommittees for which the COH members serve as governing members and are subject to the Brown Act, finds: (1) in accordance with Assembly Bill (AB) 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that the COH has reconsidered the circumstances of the State of Emergency due to the COVID-19 pandemic and that the State of Emergency remains active and, (2) in accordance with AB 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that local officials continue to recommend measures to promote social distancing. As a result of these findings, the COH	Ayes: M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, E. Davies, F. Findley, A. Frames, J. Gates, T. Green, F. Gonzales, K. Halfman, L. Kochems, A. Mills, A. Molette, P. Nash, M. Perez, R. Robinson, R. Rosales, H. San Agustin, L. Spencer, D. Campbell, and B. Gordon Opposition: K. Donnelly, J. Green, M. Sattah, K. Stalter, and J. Valero Abstentions: C. Moreno	MOTION PASSED

Commission on HIV Meeting Minutes

December 8, 2022

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approves to continue virtual meetings for January 2023.		
MOTION #4: Postpone the Ceremonial Oath of Office until the next in-person Commission on HIV meeting.	Ayes: M. Alvarez, J. Arrington, A. Ballesteros, M. Cielo, J. Green, R. Robinson, and J. Valero Opposition: E. Alvizo, A. Burton, E. Davies, K. Donnelly, F. Findley, J. Gates, F. Gonzalez, W. King, L. Kochems, A. Mills, A. Molette, P. Nash, M. Perez, R. Rosales, H. San Agustin, L. Spencer, K. Stalter, D. Campbell, and B. Gordon Abstentions: K. Halfman and C. Moreno	MOTION FAILED
MOTION #5: Approve New Membership Application for Mary Cummings to occupy the HIV Stakeholder Representative #5 seat, as presented or revised and elevate to Board of Supervisors for appointment.	Ayes: M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, F. Findley, A. Frames, J. Gates, J. Green, F. Gonzalez, W. King, L. Kochems, A. Molette, P. Nash, M. Perez, R. Robinson, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, D. Campbell, and B. Gordon Opposition: 0 Abstentions: K. Halfman	MOTION PASSED
MOTION #6: Approve the Oral Healthcare Service Standards, Dental Implants Addendum, as presented or revised	Ayes: M. Alvarez, J. Arrington, A. Burton, M. Cielo, E. Davies, K. Donnelly, F. Findley, A. Frames, J. Gates, J. Green, F. Gonzalez, W. King, L. Kochems, A. Mills, A. Molette, C. Moreno, P. Nash, M. Perez, R. Robinson, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, D. Campbell, and B. Gordon Opposition: 0 Abstentions: K. Halfman	MOTION PASSED
MOTION #7: Approve the Transitional Case Management: Incarcerated/Post-Release Service Standards as presented or revised	Ayes: M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, F. Findley, A. Frames, J. Gates, J. Green, T. Green, F. Gonzalez, W. King, L. Kochems, A. Mills, A. Molette, C. Moreno, P. Nash, M. Perez, R. Robinson, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, D. Campbell, and B. Gordon Opposition: 0	MOTION PASSED

Commission on HIV Meeting Minutes

December 8, 2022

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	<i>Abstentions:</i> K. Halfman	
MOTION #8: Approve the 2022-2023 Policy Priorities document developed by the Public Policy Committee as presented or revised	<i>Ayes:</i> M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, E. Davies, K. Donnelly, F. Findley, A. Frames, J. Gates, J. Green, F. Gonzalez, W. King, L. Kochems, A. Molette, C. Moreno, P. Nash, M. Perez, R. Robinson, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, J. Valero, D. Campbell, and B. Gordon <i>Opposition:</i> 0 <i>Abstentions:</i> K. Halfman	MOTION PASSED



LOS ANGELES COUNTY
COMMISSION ON HIV



OATH OF OFFICE

Please repeat after me:

I, (state your name), during such times as I hold the office of the County of Los Angeles Commission on HIV do solemnly swear that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion and that I will well and faithfully discharge the duties upon which I am about to enter.



2023 MEMBERSHIP ROSTER | UPDATED 1.6.23

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

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: 40



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

ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: January 7, 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= 11 Number of Quorum= 5		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
Alexander Fuller	Co-Chair, Comm./Exec.*	Commissioner
Everardo Alvizo	Co-Chair, Operations	Commissioner
Al Ballesteros	Co-Chair, PP&A	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero	Co-Chair, Operations	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	*	Commissioner
Jayda Arrington	*	Commissioner
Joseph Green	*	Commissioner
Jose Magaña	*	Alternate
Carlos Moreno	*	Commissioner

Committee Assignment List

Updated: January 7, 2023

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 13 Number of Quorum= 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Donnelly	Committee Co-Chair*	Commissioner
Al Ballesteros	Committee Co-Chair*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus “Chuy” Orozco	*	Commissioner
Redeem Robinson	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1 st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 10 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Alasdair Burton	*	Commissioner
Mary Cummings	*	Commissioner
Pearl Doan	*	Commissioner
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Eduardo Martinez	**	Alternate
Paul Nash	*	Commissioner
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 = 12 Number of Quorum = 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Danielle Campbell	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Arlene Frames	*	Commissioner
Thomas Green	**	Alternate
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Martin Sattah	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

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

AGING CAUCUS
Regular meeting day/time: 1 st 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: Isabella Rodriguez & Xelestia Moreno <i>*Open membership*</i>

WOMEN'S CAUCUS
Regular meeting day/time: 3 rd Monday of Each Month @ 9:30am-11:30am 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, Dr. William King & Greg Wilson <i>*Open membership*</i>



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 1/10/23

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	Part C Provider
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	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services

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

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

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

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

2023 COMMISSION ON HIV CO-CHAIRS' PRIORITIES AND STRATEGIES FOR ACTION



These priorities seek to move the Commission on HIV towards a more action-oriented community planning body, serve as a better advocate for people living with HIV, and leverage its influence to maintain a stronger relationship and presence with elected officials and decision-makers.

CONFRONT THE DEAFENING SILENCE ON THE STD CRISIS

Los Angeles County is in the midst of an ongoing STD crisis that has seen rates of syphilis and congenital syphilis skyrocketing since 2018. The Commission calls for sustained investments in STD-related public health infrastructure and comprehensive sexual and reproductive health services.

INCREASE THE PACE OF LOCAL EFFORTS TO END THE HIV EPIDEMIC (EHE)

The Commission calls for all County Departments to support the local Ending the HIV Epidemic goals. With the end of HIV within reach, we must increase our pace and run to meet our 2025 EHE targets. The Commission advocates for more HIV prevention efforts focused on youth, Latinx men who have sex with men (MSM), Black/African American MSM, transgender persons, cisgender women of color, persons who inject drugs (PWID), people under the age of 30, and people living with HIV who are 50 years of age or older.

ELIMINATE POVERTY AND SYSTEMIC AND STRUCTURAL RACISM TO END HIV

Establish a Board-supported health equity strategy across all County departments to address social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; as well as criminalization.

CONTINUE THE MOVEMENT TOWARDS A MORE INCLUSIVE DATA COLLECTION AND REPORTING

Despite numerous national, state, and local efforts to improve STD/HIV/AIDS surveillance and epidemiology, there continues to be significant gaps in the collection, reporting, and dissemination of data related to transgender and non-binary individuals and youth born with HIV. For instance, there is a dearth of specific data for transmasculine men and youth born with HIV which presents an imperfect picture of their health needs and missed opportunity to design tailored programs. The Commission supports the County's effort to expand and standardize gender identity data collection across departments and programs.

STRATEGIES FOR ACTION

- Designate Commissioners to provide public comments at Board meetings to draw attention to the Commission's priorities.
- Hold Board Office Representatives more accountable for communicating the Commission's priorities to their respective Health Deputies and Board Supervisors.
- Hold quarterly meetings with Commission Co-Chairs and Board Representatives to ensure accountability, share information, and strategize for success and sustained political attention.

THE RALPH M. BROWN ACT

PRESENTED BY:

THE OFFICE OF COUNTY COUNSEL

THE HEART OF THE BROWN ACT

“All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this chapter.”

APPLIES TO:

Local Legislative Bodies:

- Boards of Supervisors
- City Councils
- School Boards

Groups Created by the Board:

- Commissions
- Committees
- Councils

APPLIES WHEN:

There is a gathering of a **majority (or quorum)** of the members of the legislative body to:

1. **HEAR**

Listening to staff reports or watching a movie!

2. **DISCUSS**

Does not require any action be taken.

3. **DELIBERATE**

Making decisions, taking action.

on any item of business that is within the subject matter jurisdiction of the body.

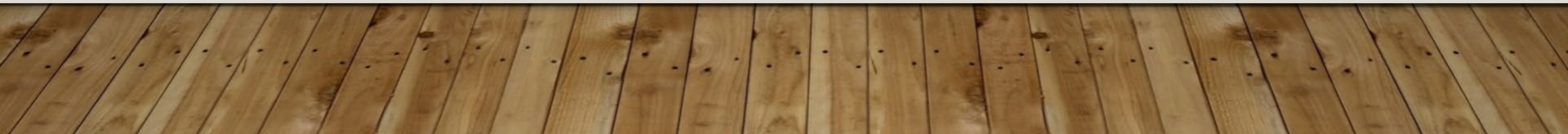
EXCEPTIONS

- The Brown Act does not apply to meetings of public agency employees (i.e. staff meetings).
- The passive distribution of a document to body members like a memorandum from staff, or an opinion from legal counsel, does not constitute a meeting.
- Conferences and similar gatherings which are open to the public and deal with issues of general public concern.

EXCEPTIONS

- Open and public meetings held by another person or organization
- Open and noticed meetings of another legislative body (i.e. BOS attend L.A. City Council meeting).
- Purely social or ceremonial occasions.

**PROVIDED THAT MAJORITY MEMBERS DO NOT
DISCUSS BUSINESS AMONG THEMSELVES.**



SUBSIDIARY BODIES

Standing Committee

- Less than a quorum of members
- Includes other individuals not on the legislative body
- Advisory or Decision-making
- Continuing jurisdiction over a particular subject matter
- Fixed meeting schedule

BROWN ACT APPLIES

Ad-Hoc Committee

- Less than a quorum of members
- Comprised solely of less than a quorum of the members
- Advisory only
- Short-term
- No fixed meeting schedule

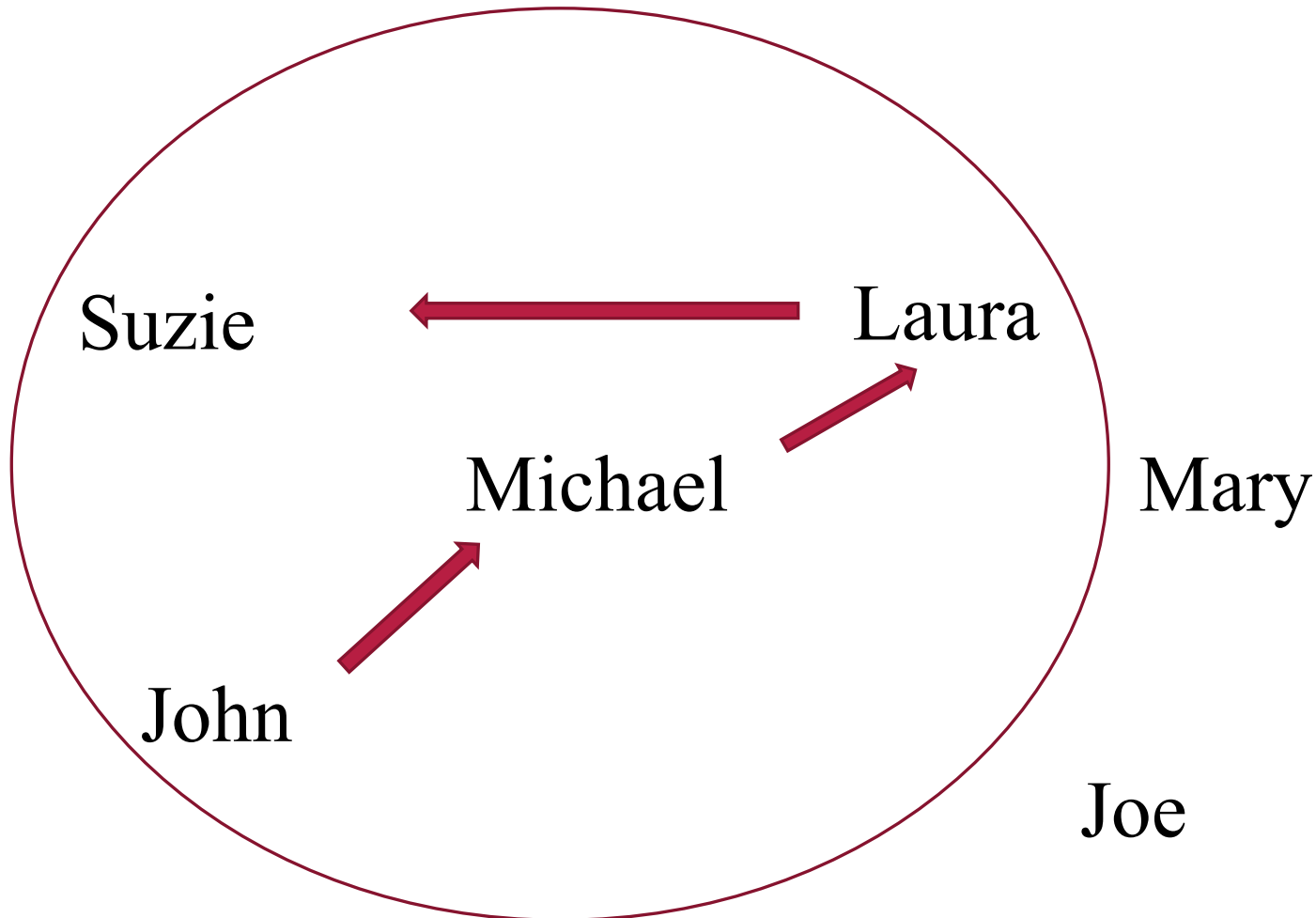
BROWN ACT DOES NOT APPLY

SERIAL MEETINGS

A serial meeting is typically a series of communications (face-to-face/ telephone/e-mail/text/social media), each of which involves less than a quorum of the body, but which taken as a whole, involves a majority of the body's members.

General Rule: A Majority may not use a series of communications, directly or through intermediaries, to discuss agency business.

EXAMPLE: 6 MEMBER COMMITTEE, 4 MEMBERS (QUORUM) INDIRECTLY COMMUNICATE ON MATTERS RELATED TO THE BODY'S BUSINESS.



NEW LAW – AB 992 – SOCIAL MEDIA

- Effective January 1, 2021 - Addresses communications via social media.
- Sunsets January 1, 2026

APPLICATION

- AB 992 applies to Internet-based social media platforms that are “open and accessible to the public.”
- *“Open and accessible to the public” means that members of the general public have the ability to access and participate, free of charge, in the social media platform without the approval by the social media platform or a person or entity other than the social media platform, including any forum and chatroom, and cannot be blocked from doing so, except when the internet-based social media platform determines that an individual violated its protocols or rules.*
- Includes (without limitation): Facebook, Twitter, Instagram, Snapchat, etc.

PERMITTED CONDUCT UNDER AB 992

- A *member* of a legislative body may engage in “separate” communications with the public using an internet-based social media platform that is open and accessible to the public regarding a matter that is within the subject matter jurisdiction of that body, **provided that a "majority" do not discuss among themselves business of a "specific nature."**
- A *member* of a legislative body may use social media to discuss **personal** matters with another member of a legislative body.

PROHIBITED CONDUCT UNDER AB 992

- A *majority* may not use an internet-based social media platform to discuss agency business.
- A *member* may not “**respond directly**” to any communication posted or shared by another member regarding agency business on an internet-based social media platform.
- Includes: NO likes, thumbs up, emojis, or other symbols

SIGNIFICANCE

- AB 992 provides a stricter rule regarding communications on social media platforms because it prohibits communications even between two members of a legislative body. This is a change because under general circumstances, a single contact between one public official and another would not constitute a prohibited meeting.

TELECONFERENCE MEETING

- ❖ At least a quorum of the legislative body must participate from locations within the local agency's jurisdiction.
- ❖ An agenda must be posted at each location.
- ❖ The address of each location must be listed in the notice and agenda, including a room number, if applicable.
- ❖ Each location must be fully accessible to the public.
- ❖ Each location must be ADA-compliant.
- ❖ The public's right to testify at each location must be ensured.
- ❖ All votes taken must be conducted by roll call.

AB 361: TELECONFERENCING DURING A STATE OF EMERGENCY

- ❖ During the COVID-19 State of Emergency, the Governor issued several Executive Orders suspending provisions of the Brown Act, which allowed local agencies, including the Board and County commissions, to conduct their meetings by teleconference without having to meet certain requirements.
- ❖ The Executive Orders expired on September 30, 2021, however, a new law—Assembly Bill (AB) 361—allows local agencies, commissions, and boards to teleconference during a proclaimed state of emergency when certain conditions are present.
- ❖ AB 361 was signed into law on September 16, 2021, and is currently in effect as of October 1, 2021.

AB 361: TELECONFERENCING DURING A STATE OF EMERGENCY

AB 361 permits teleconferencing without complying with some of the usual Brown Act teleconferencing requirements if the legislative body holds a meeting during a proclaimed state of emergency*, and:

- ❖ State or local health officials have imposed or recommended measures to promote social distancing; or
- ❖ The legislative body holds a meeting to determine, or has determined, by majority vote, that as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

**Can only be declared by the Governor, not declared by local officials*

AB 361: TELECONFERENCING DURING A STATE OF EMERGENCY

In order to continue to teleconference under AB 361, the legislative body is required to, not later than 30 days after teleconferencing for the first time under this law, and every 30 days thereafter, make the following findings by majority vote:

- ❖ The legislative body has reconsidered the circumstances of the state of emergency.
- ❖ Any of the following circumstances exist:
 - The state of emergency continues to directly impact the ability of the members to meet safely in person.
 - State or local officials continue to impose or recommend measures to promote social distancing.

MEETING NOTICE AND ACCESSIBILITY REQUIREMENTS UNDER AB 361

A legislative body that holds a teleconferenced meeting pursuant to AB 361 shall:

- ❖ Give notice of the meeting and post agendas, as required by the Brown Act.
- ❖ Allow members of the public to access the meeting, and the agenda shall provide an opportunity for members of the public to address the legislative body directly.
- ❖ Give notice of the means by which members of the public may access the meeting and offer public comment.
- ❖ The meeting agenda shall identify and include an opportunity for all persons to attend via a call-in option or an internet-based service option.

TELECONFERENCING REQUIREMENTS UNDER AB 361

- ❖ Teleconference meetings must be conducted in a manner that protects the statutory and constitutional rights of the public appearing before the legislative body.
- ❖ In the event of a disruption in broadcasting of the meeting or a disruption preventing public comment that is within the local agency's control, the legislative body cannot take further action on items appearing on the meeting agenda until public access to the meeting via the call-in or internet-based service option is restored.

AB 361: PUBLIC COMMENT

- ❖ The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body in “real time.”
- ❖ A legislative body that provides a *timed public comment period* for each agenda item must not close the public comment period for the agenda item, or the opportunity to register to provide public comment, until that timed public comment period has elapsed.
- ❖ A legislative body that takes *public comment separately on each agenda item* must allow a reasonable amount of time per agenda item to allow public members the opportunity to provide public comment or otherwise be recognized for the purpose of providing public comment.
- ❖ A legislative body that provides a *timed general public comment period* that does not correspond to a specific agenda item shall not close the public comment period, or the opportunity to register to provide public comment, until the timed general public comment period has elapsed.

AB 361: SUSPENDED TELECONFERENCE REQUIREMENTS

- ❖ No requirement that at least a quorum of the legislative body must participate from locations within the local agency's jurisdiction.
- ❖ An agenda does not need to be posted at each teleconference location.
- ❖ The notice and agenda do not need to include the address of each teleconference location.
- ❖ No requirement to provide a physical location from which the public may attend or comment.

AB 2449 – NEW LAW

- Effective on January 1, 2023
- Sunsets on January 1, 2026
- Teleconferencing may be done without posting the agenda at each teleconference location and without each location being open to the public under certain conditions, including

At least a quorum of the members are present in person from a singular public location;

The legislative body provides two-way audio-visual platform or two-way telephonic service with live webcasting;

The agenda notifies the public of the ways to access the meeting and offer public comment via a call-in or internet-based service option, and in person.

The teleconferencing member participates using both audio and visual and discloses the presence of any people over 18 years of age

AB 2449 - GROUNDS

Members may only appear remotely if:

- The member notifies the body at his/her earliest opportunity, including at the start of a regular meeting, of the need to appear remotely for "**just cause**" (a childcare or caregiving need, a contagious illness, a need related to a disability, or travel while on official business of the body or another agency), requiring remote appearance (but the body does not need to take action to permit the remote appearance); **or**
- There are "**emergency circumstances**" (a physical or family medical emergency that prevents a member from attending in person) preventing in person appearance; the member provides a general description of the circumstance (must make a separate request for each meeting); and the legislative body takes action allowing the remote appearance. Could also be voted on as an urgency item.

AB 2449 - LIMITS

- A member cannot use the “just cause” basis to teleconference more than two meetings per calendar year.
- A member cannot appear remotely due to "just cause" or "emergency circumstances" for more than three consecutive months, or for 20% of regular meetings in a calendar year, or more than two meetings if the legislative body meets fewer than ten times per year.
- Legislative body must have and implement a procedure to resolve reasonable accommodation requests for individuals with disabilities and resolve in favor of accessibility.

MEETINGS

- Regular Meeting

Agenda must be posted **72 hours** in advance.

- Special Meeting

Agenda must be posted **24 hours** in advance.

The notice, which also serves as an agenda, must state: (a) that a special meeting has been called by the chair or majority vote of the members, whichever is the case; (b) the time and place of the special meeting; and (c) the business to be transacted or discussed.

THE AGENDA

- Agenda items must have enough detail to give the public a reasonable idea of what will be discussed and/or acted upon—*no guessing*.
- If it's not on the agenda, it cannot be discussed!
- List location of the meeting and the location for document inspection.

ADDING AN ITEM TO THE AGENDA

- After the agenda is posted, an item may be added only if one of the following occurs:
 - Emergency – when prompt action is needed because of actual or threatened disruption of public facilities (only applies to bodies with ultimate decision-making authority).
 - Newly arising item - unknown at the time of the original posting and immediate action needed.

PUBLIC'S RIGHTS

Brown Act gives members of the public the right to:

- Not give their name as a condition precedent to attend.
- Record the meeting.
- Comment and Criticize.

Members of the public must be allowed to comment on:

- Any agenda item, before or during the consideration of the item; and
- On any matter within the Board's jurisdiction.

PUBLIC COMMENT

- Fair and reasonable rules may be adopted to assist the body in processing comments from the public.
 - Regulating time is OK if reasonable.
 - Regulating content is not OK.
 - At least twice the allotted time should be provided to a member of the public who utilizes a translator, unless simultaneous translation is utilized.
- Public comment is not a debate. Avoid back and forth.

SB 1100 – ORDERLY CONDUCT

“Disrupting” is defined as engaging in behavior during a meeting that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, one of the following:

A failure to comply with reasonable and lawful regulations adopted by the Board or any other law; and

Engaging in behavior that constitutes use of force or true threats of force that has sufficient indicia of intent and seriousness, that a reasonable observer would perceive it to be an actual threat to use force by the person making the threat.

SB 1100 - LIMITS

- Prior to removing an individual, the Chair must warn the individual that their behavior is disrupting the meeting and that their failure to cease their behavior may result in their removal. The Chair may then remove the individual if they do not promptly cease their disruptive behavior.

CLOSED SESSIONS

- Meeting in closed session is allowed only for specific matters as expressly authorized by statute.
- Closed session items must be described on the agenda.
- Special announcements must be made before and after the body meets in closed session.

CLOSED SESSION TOPICS

- Personnel matters
Must have legal authority to appoint/terminate.
- Litigation: Anticipated, pending, or initiation
Must have legal authority to direct the course of the litigation.
- Labor negotiations
Must have legal authority to negotiate
- Real property negotiations
Must have legal authority to negotiate.

PENALTIES AND REMEDIES

- Criminal Penalties
 - Knowing violations are a misdemeanor.
- Civil Remedies
 - Any interested person may bring a lawsuit for declaratory and injunctive relief.
 - Body has chance to cure and correct.
 - Certain illegal action may be voided.
 - Costs and attorney fees awarded.



*Putting Ourselves to the Test:
Achieving Equity to End HIV*
**ANNUAL REPORT JANUARY-DECEMBER
2022**

For Commission on HIV Approval January 12, 2023



EXECUTIVE OFFICE



BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

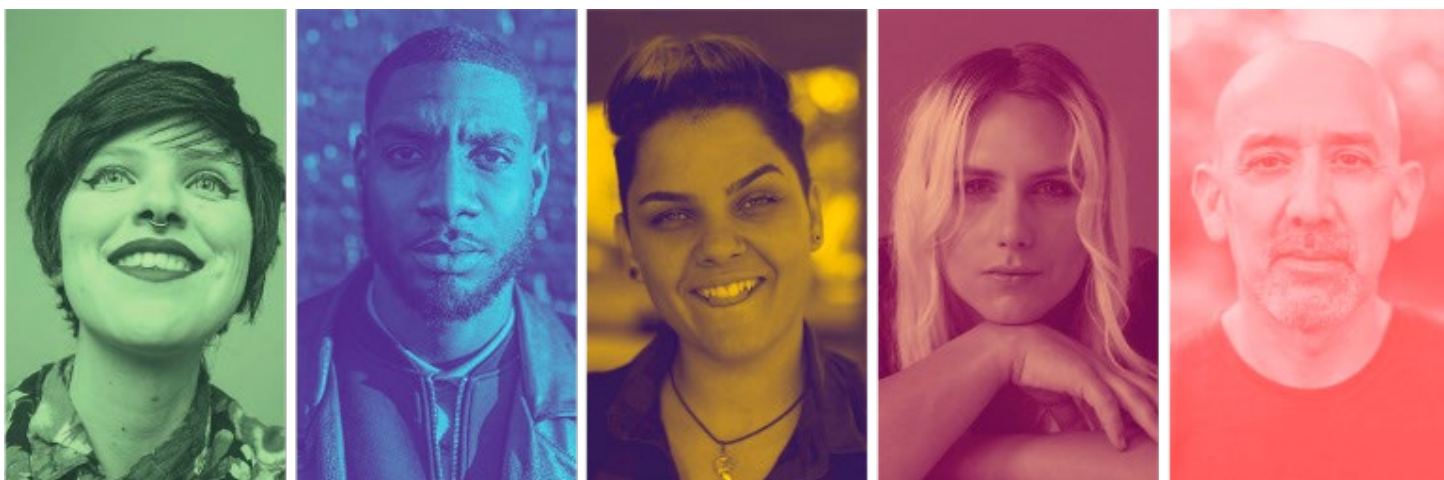


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VISION AND MISSION STATEMENTS

VISION

A comprehensive, sustainable, accessible system of prevention and care that empower 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 (LAC) Commission on HIV (Commission) 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 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 inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).

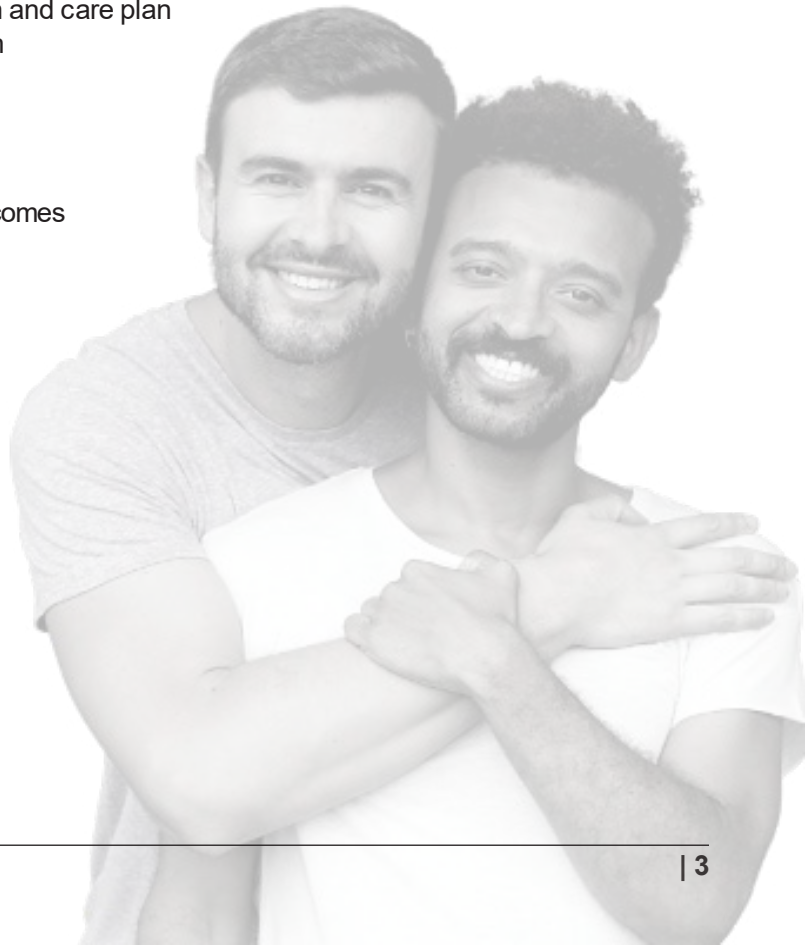
ROLES AND RESPONSIBILITIES

The Commission serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Diseases (STD) services.

The Commission is composed of 51 members appointed by the Board of Supervisors (BOS) and represents a broad and diverse group of providers, consumers, and stakeholders. Thirty-three percent of the members are people living with HIV who are consumers of the federally funded Ryan White Program.

As an integrated planning body for HIV/STD prevention and care services in Los Angeles County, through its five standing committees (Executive, Operations, Planning, Priorities and Allocations (PP&A), Public Policy, and Standards & Best Practices (SBP), the Commission is responsible for:

- Setting care/treatment priorities/allocations
- Developing a comprehensive prevention and care plan
- Assessing the administrative mechanism of service delivery
- Evaluating service system effectiveness
- Service coordination
- Conducting needs assessments
- Setting minimum service standards/outcomes
- Defining ways to best meet the needs
- Resolving service system grievances
- Promoting the availability of services
- Evaluating other streams of funding
- Advising the BOS on all County HIV and STD funding
- Policy development and advocacy work
- Advising the Board on other HIV and STD-related matters



YEAR IN REVIEW | KEY ACCOMPLISHMENTS

The 2002 World AIDS Day theme, *“Putting Ourselves to the Test: Achieving Equity to End HIV”* captures the ultimate goal of the Commission on HIV and the HIV movement’s enduring vision of a world free of HIV, discrimination, stigma, and racism. The year 2022 was marked by the ongoing COVID-19 pandemic and sexually transmitted infections (STI) crisis, mpox outbreak, and the fervent resolve of the HIV movement to rise above the challenge with compassion and activism. The parallels between the mpox experience and HIV demonstrate the importance of community leadership and using non-stigmatizing language in effective disease control efforts. The leadership exemplified by Commissioners is the energy that fuels the exemplary work of this body.

Commissioners embody leadership in every facet of their personal and professional lives – on the streets demonstrating for racial justice; in Board rooms and public meetings calling attention to the STD and methamphetamine crises; in conferences challenging the status quo; in medical offices unapologetically demanding the best care they deserve; in elected officials’ offices appealing for HIV/STD funding and policies that eliminate racism, stigma, and discrimination; in the urgent steps of HIV medical providers commanding immediate care and attention for their patients; in family and community conversations educating others about compassion and destigmatizing HIV; and in moments of silences in their hearts remembering those who have passed and honoring their own struggles and triumphs to achieve everyone’s full potential for health and well-being across the lifespan.

The Commission expresses our deepest gratitude to the 2022 Commission Co-Chairs Bridget Gordon and Danielle Campbell for navigating a challenge and opportunity-filled year and congratulates Luckie Alexander Fuller as incoming Co-Chair for 2023, marking his election as the first transgender Co-Chair a milestone in the Commission’s history. Luckie Alexander Fuller’s election as Co-Chair builds upon the historic election of Bridget Gordon and Danielle Campbell as Black women leaders, moving the Commission closer towards building membership and leadership representation that mirrors the populations disproportionately affected by HIV.

The key accomplishments of the Commission for 2022 include:

Comprehensive HIV Plan (CHP) 2022-2026 | A Local Roadmap for Reimagining HIV/STD Prevention and Care Services

The Los Angeles County Comprehensive HIV Plan, 2022-2026 is Los Angeles County’s third integrated HIV services plan. Led by the Commission’s Priorities, Planning and Allocations (PP&A) Committee, this plan was developed in partnership with the Department of Public Health (DPH), Division of HIV and STD Programs (DHSP), and a vast array of community and organizational partners. The plan presents a blueprint for HIV services along the entire spectrum of HIV prevention and care. The CHP was also developed to align with the California statewide integrated plan, and The National HIV/AIDS Strategy (2022–2025), and Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025 (EHE Plan). The CHP enumerates the populations most impacted by HIV, describes co-occurring conditions and social determinants that drive the HIV epidemic, and articulates local objectives and activities that align with the overarching goals of the National HIV/AIDS Strategy and the Ending the HIV Epidemic federal initiative.

The CHP’s seven priority populations are:

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

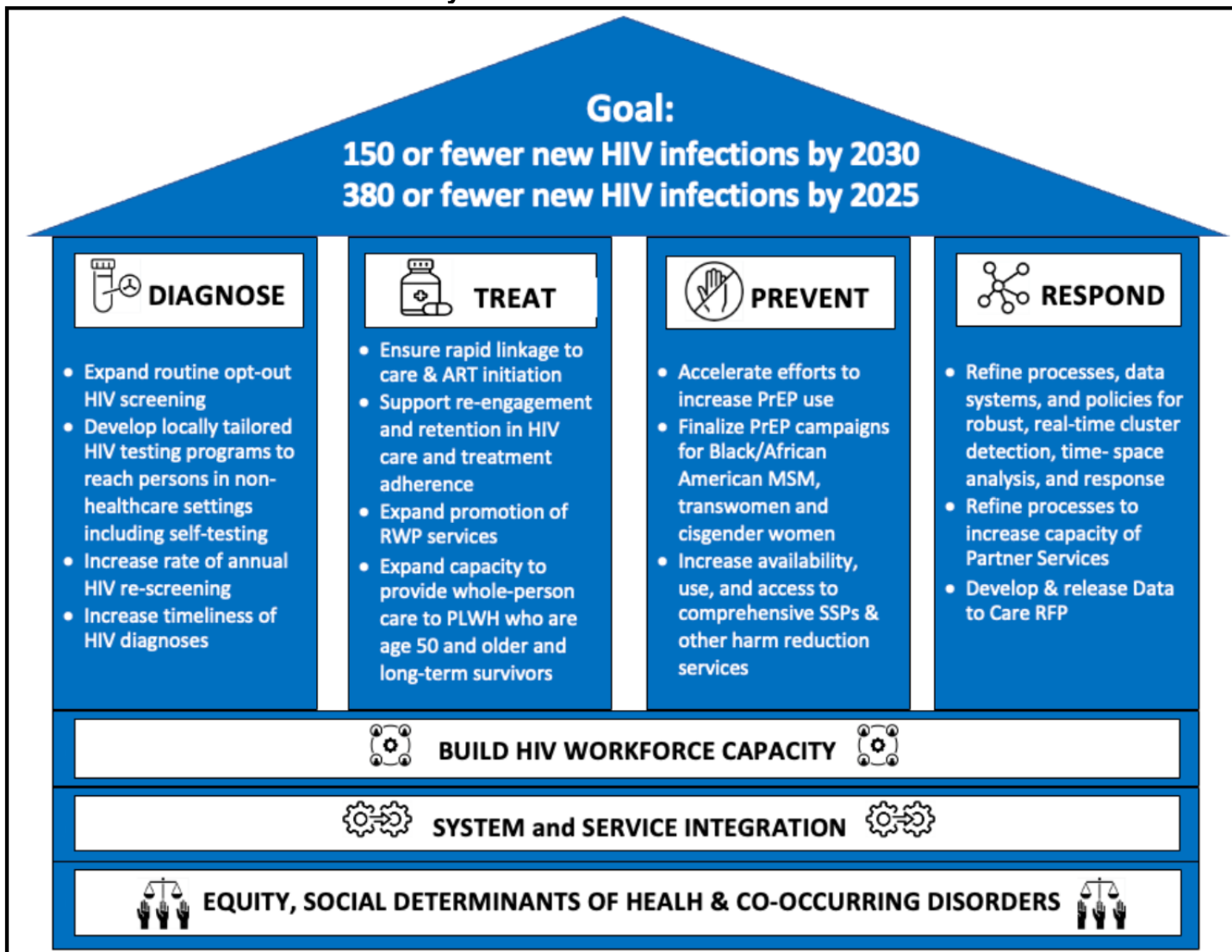
To develop the plan, planning steps were integrated into the overall work of the Commission. Integrated planning began in July of 2021 with a presentation at the Commission's monthly meeting. Between July 2021 and November 2022, diverse community stakeholders were engaged in plan development through individual consultations, online surveys, focus groups, and various meetings with Commission subgroups and community coalitions such as the Service Provider Network meetings and the Long Beach HIV Planning Group, to name a few.

Priorities: Key priorities that arose out of the planning and community engagement process included the need to:

- Embrace a status-neutral approach to planning and implementation – equally respecting people living with HIV (PLWH) and people at risk for HIV, their strengths, and their needs
- Address social determinants of health, especially housing
- Address co-occurring disorders including other STDs, mental health issues and meth use disorder
- Expand harm reduction services
- Address HIV-related disparities, particularly the disparities experienced by Black/African Americans
- Increase health literacy among PLWH and people at risk for HIV
- Increase workforce capacity
- Meet the needs of PLWH age 50 years old and older and/or long-term survivors
- Create more holistic services, especially for cisgender and transgender women
- Align funding streams and resources to ensure that PLWH and people at risk for HIV are able to seamlessly access high-quality services

Moving forward, the tracking and monitoring of the plan will be led by the PP&A Committee, with an annual report developed to highlight successes and challenges.

The CHP 2022-2026 Pictorial Summary:



Advocating for Rapid Mpox Response from the County and Community

On June 2, 2022, the Department of Public Health (DPH) confirmed the first presumptive case of mpox infection in Los Angeles County, signaling a series of subsequent events that would become eerily familiar with the early days of the AIDS pandemic. Furthermore, the mpox outbreak on top of the ongoing COVID pandemic further strained an already thinly stretched public health infrastructure to quickly mobilize and respond to yet another disease outbreak. Community members, in particular the battle-tested leaders of the HIV movement, called for carefully crafted and non-stigmatizing messages around mpox prevention and rapid treatment for those infected and exposed to the virus. Commissioners and other HIV stakeholders, participated in mpox briefings with DPH and advocated for vaccination clinics and widespread educational messaging to overcome fears, harness partnerships with community health clinics, and promote vaccination to priority populations.

Input and pressure from HIV providers and patients influenced the expansion and loosening of eligibility criteria for vaccination. By December 22, 2022, DPH has removed all eligibility requirements for the mpox vaccine, making it available to anyone needing protection against the disease without having to disclose any information on personal risk.

The continuing decline of mpox cases nationally and locally is the glimmer of success in a deeply challenging and pandemic-driven environment. However, echoes of disparities ring loud with the mpox response and experience. Similar to HIV in the early days, mpox mainly impacted sexually active gay and bisexual men, particularly Black and Latinx gay men. Thankfully, a vaccine for mpox is available which allowed for a more effective disease control strategy. Using an innovative solution that allowed one dose of Mpox vaccine to help up to five people, the number of new cases dropped, particularly for White and Latinx gay men. Unfortunately, that was not the same for Black gay and bisexual men. Like HIV, this is another inequity that must be addressed in vaccine equity and the quest for an HIV cure.

Courageous Conversations

To help advance equity, the Commission partnered with the Los Angeles County Human Relations Commission (HRC) to facilitate training experiences on engaging in difficult conversations around prejudicial bias, addressing the “isms”, improving interpersonal relationships among peers and assisting in the Commission’s planning for an equitable and inclusive HIV system of care. The training series’ objective sought to provide principles and techniques for engaging in “Constructively Candid Conversations” with peers and instructive application through 30-minute sessions in monthly Commission meetings: 10-minute presentation of principle or technique and 20-minute practice/application using content from “So, You Want to Talk about Race” plus one special 90-minute training on what Implicit Bias is and how it operates. The training series kicked off at the COH’s March 19, 2021 full meeting and concluded at its meeting on May 12, 2022. The knowledge and skills gained from the training foster respectful and courageous conversations that are tantamount to centering HIV planning and resource allocation decisions around equity and social and racial justice lenses.

Calling Attention to Black Women and HIV

In commemoration of National Black HIV/AIDS Awareness Day (NBHAAD), the Commission hosted a community dialogue led by Black Caucus Co-Chairs, titled *“Black Women and HIV and the Black Men who Support Them”* to underscore the impact of HIV among Black women. African American women have the highest rates of new diagnoses among women and all U. S. regions (CDC, 2018). Black women face a 1 in 54-lifetime risk for HIV, an astronomical number compared to other populations. The dialogue challenged the community to think about Black women’s lives from a social and racial justice lens. The conversation highlighted data that showed inequitable PrEP coverage by race/ethnicity, with the lowest coverage for Black/African Americans. The dialogue sought to unpack the social, racial, and systemic reasons for these disparities.

Commitment to Consumer Leadership and Engagement

In 2022, the Commission was selected as one of 10 HIV planning councils in the country to participate in the prestigious federally-funded Recruitment and Retention Learning Collaborative (LC) to develop a recruitment and retention strategy that prioritizes consumers and people of color. Recruitment and retention of consumer members is an ongoing challenge. The Ryan White HIV/AIDS Treatment Modernization Act requires that “not less than 33 percent of Ryan White HIV/AIDS Program (RWHAP) planning council shall be individuals who are receiving HIV-related services [under RWHAP Part A], are not officers, employees, or consultants” of funded RWHAP Part A providers, and “reflect the demographics of the population of individuals with HIV/AIDS” in the service area. Members of the Commission’s Operations Committee completed six monthly 90-minute virtual learning sessions and post-session assignments. The Commission’s participation in the LC fostered increased confidence amongst consumers to be more vocal in the Commission’s deliberations and better visibility in community meetings.

Maintaining a Strong HIV Care System

As part of its ongoing commitment to ensure that HIV care services are responsive to the needs of clients, the Commission engaged consumers, providers, and public health partners in revising the following service standards: [substance use outpatient care and residential treatment](#), [benefits specialty](#), [home-based case management](#), [transitional case management for justice-involved individuals](#), and [dental implants](#). To ensure standardized oral specialty care for people living with HIV, the dental implants addendum states that there is no justification to deny or modify dental treatment based on the fact that a patient has tested positive for HIV. Further, the magnitude of the viral load is not an indicator to withhold dental treatment for a patient.

Raising Awareness and Building Alliances through Education

The Women's and Transgender Caucuses hosted community educational sessions that sought to bring attention to the unique needs and strengths of women and the transgender community. The educational sessions provided a judgment-free space for speakers and participants to share their lived experiences, ask questions of experts, and share messages of resilience and support for other individuals who may be struggling and striving in their journey through life with HIV.

The Women's Caucus sponsored a two-part Women Living with HIV and Sexuality Educational Sessions held on September 21 and October 17 which focused on empowerment, dating and disclosure, sexual negotiation, and dating after trauma (Part 1) and sexual empowerment and pleasure (Part 2). These sessions taught practical skills for gaining confidence and control over one's sexual choices and overall health. More importantly, the women-centered approach allowed women of all ages to ask questions or disclose personal struggles that they may not typically discuss with their providers or family members. The nurturing and supportive tone of the sessions helped to prepare women to have agency over what they choose to discuss with others about their status and gain control over the direction of their lives and thrive while living with HIV.

The Transgender Caucus hosted two educational sessions that sought to raise awareness about transgender health and wellness from the perspectives of trans youth. In commemoration of Transgender Day of Visibility (March 22, 2022), the Transgender Caucus held a panel discussion titled, "The Power of Our Lives: Trans-Intersectional Visibility" and engaged panelists and participants in identifying and unpacking identities of race, class and gender and how transgender identity and oppression, intersect in powerful ways. Furthermore, the discussion explored how these intersectionalities affect the way transgender individuals navigate intimate relationships and HIV status in a status-neutral paradigm. On May 24, the Transgender Caucus hosted a panel of transgender and non-binary youth titled, "The Power in Pleasure: Inclusive Sexual Education through a Youth Lens." The interactive workshop explored the complexities of consensual sex, healing, and sexuality, and the nuances of sex work within the landscape of HIV prevention. The session provided practical tips for designing sexual education that uplifts transgender communities, particularly trans youth, and fostered a collective vision of sexual health that centered on pleasure and healing.

HIV and Aging | Addressing the Complexity of Long-Term Survivorship

The Ryan White Program Year 31 Care Utilization Data Summary Report provided by the Division of HIV and STD Programs (DHSP) to the Planning, Priorities and Allocations (PP&A) Committee on September 27, 2022, showed that from 2017 to 2021, the proportion of Ryan White Program (RWP) clients aged 60 years and older increased from 13.2% in 2017 to 17.6% in 2021. Furthermore, DHSP estimates that by 2027 more than 50% of the RWP will be aged 50 years and older. By 2030, the Los Angeles County Ryan White HIV care system will have more than 53% of people aged 50 and older.

In keeping with the Aging Caucus' commitment to understanding and addressing the evolving experiences of long-term survivors, the group has developed an additional set of recommendations that recognize that the spectrum of disease and onset of health issues can occur at different ages. The Aging Caucus' additional recommendations aim to be inclusive of long-term survivors (LTS) under 50 years old and those who acquired HIV perinatally (also referred to as vertical transmission). These recommendations were derived from speaker presentations, scientific articles, and feedback from Commissioners and the community at large.

Furthermore, the Aging Caucus recognizes that the themes of the original set of recommendations (ongoing research and assessment, workforce and community education and awareness, and expansion of HIV/STD prevention and care services) also apply to achieving optimal health for PLWH under 50 who are experiencing accelerated aging. Examples of the Aging Caucus' recommendations for long-term survivors under 50 include:

- Conduct targeted studies and data collection on how accelerated aging affects long-term survivors under 50 years of age
- Expand benefits counseling (from all program types, not just Ryan White funded) to include long-term planning and how to transition into Medicare
- Expand counseling services to include self-advocacy for care and treatment options
- Assessments for older PLWH may need to be discussed with the medical provider earlier in age/lifespan
- Consider using biomarker testing for long-term survivors under 50 to determine the rate and impact of accelerated aging.
- Work with providers to look for opportunities to address health inequities early in the lifespan.

Service Prioritization and Funding Allocations

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 facilitated a smooth virtual process in preparation for HRSA's multi-year Part A application and non-competing continuing progress report process. Despite the impact of COVID-19 on the community and deployment of some DHSP staff to COVID, and more recently, mpox, response activities, the Commission engaged in a robust and thoughtful deliberation to rank Ryan White service categories and allocate funding.

In collaboration with community partners and stakeholders, the Commission completed its service prioritization exercise in September 2022 and coordinated with DHSP to submit the non-competing Ryan White grant application to fund HIV services for the Fiscal Year (FY) 2023. For FY 2023, 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 2023 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 crisis in Los Angeles will likely compound substance use conditions. As women with children have assumed the unequal burden of homeschooling and childcare, the PP&A Committee allocated funds to childcare services to enable patients to remain in care. 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.

The Commission also continues to monitor the impact of California Advancing and Innovating Medi-Cal (CalAIM) on the Ryan White HIV care system and people living with and at risk for HIV. CalAIM — is a far-reaching, multiyear plan to transform California's Medi-Cal program and to make it integrate more seamlessly with other social services. Led by California's Department of Health Care Services, the goal of CalAIM is to improve outcomes for the millions of Californians covered by Medi-Cal, especially those with the most complex needs. As Medi-Cal continues to expand its coverage and scope of service, the Ryan White HIV care system is challenged with maximizing its grant funds, the movement of some clients to Medi-Cal, and the growing complexity of care for newly diagnosed and long-term survivors of HIV. These factors present opportunities and challenges in modernizing comprehensive and integrated HIV care for PLWH which underscore the need for multiple payor sources and healthcare systems to improve coordination, communication, and service delivery.

Improving HIV and STD Prevention Planning

Under the leadership of the Prevention Planning Workgroup (PPW), the Commission completed its first annual assessment of the prevention knowledge, attitudes, and beliefs (KABs) to increase the capacity of members to engage in prevention-focused planning activities. The assessment findings will help shape training and learning opportunities focused on PrEP, long-acting injectables, and STD prevention and control efforts.

Black-Centered Services and Increasing Organizational Capacity of Black-Led Organizations

The Black/African American Caucus continued to address the disproportionate impact of HIV/STDs on the Black community by collaborating with DHSP to develop a pre-exposure prophylaxis (PrEP) marketing campaign specially tailored for the Black community. The Black Caucus advocated for marketing strategies for HIV prevention that appeal to all subsets of the Black community to reduce stigma, increase awareness, and use of empowering messages that focus on the wholeness of Black lives and community cohesion. The Caucus also drew attention to community concerns that current and mainstream PrEP messaging fall short of catering to cis-women. Cis-women, especially Black cis-women often do not see themselves in marketing materials and approaches, thereby creating missed opportunities to prevent HIV among Black women. Black women in the United States remain at a higher risk of HIV infection compared to white or Latinx women. Despite this, (PrEP), an effective therapy for decreasing HIV transmission, is underutilized in Black women.

In addition, the Black Caucus continued to work with DHSP to develop an organizational needs assessment survey of Black-led organizations to identify strategies aimed at increasing the capacity of Black-led organizations to successfully compete for County contracts. The findings from the assessment will identify opportunities to provide tailored capacity building to strengthen Black-led agencies in the County and identify ways DHSP can revamp its procurement process to advance equity among its grantees. The survey will be implemented in January-February 2023.

Planning for Action | 2023 and Beyond

The Commission held another successful [annual meeting](#) on November 10, 2022, attracting close to 200 attendees. The annual meeting focused on the following topics: the Comprehensive HIV Plan 2022-2026; HIV and STD Updates from DHSP; Transgender Empathy training; HIV and Trauma; Undetectable Equals Untransmittable: Moving from Awareness to Full Integration in HIV Care, and Modernizing the Ryan Care System. Eighty seven percent of participants who completed the post-event survey indicated a high level of satisfaction with the event and appreciated the quality of the speakers and the interactive nature of the discussion.

Community Service

To commemorate World AIDS Day (December 1), Commissioners participated in events held throughout the County. Commission staff and a few commissioners participated in a research summit at the University of Southern California (USC) to provide community input and inspiration to research ideas and practices that focus on improving the lives of PLWH. Commission Co-Chair, Bridget Gordon, provided the community keynote speech and challenged the research community to address racial injustice and health and social inequities to end HIV and improve the health of PLWH, communities of color, and populations that shoulder the disproportionate burden of HIV.

Teamwork and Stewardship

The Commission staff provided programmatic, administrative, and technical support to the Commission's monthly meetings for (5) standing committees, (5) caucuses, (1) workgroup, and the full council, totaling over 144 meetings per year. In addition, staff hosted 8 virtual pieces of training and study sessions for Commissioners and members of the public to nurture the knowledge and skills necessary to be a successful HIV planning council member. Training topics offered in 2022 included Commission Overview; Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities; Priority Setting and Resource Allocation Process; Service Standards Development; Policy Priorities and Legislative Docket Development, and Co-Chair Roles and Responsibilities.

KEY PRIORITIES FOR 2023

The Commission on HIV enters the year 2023 with a renewed sense of optimism that an end to HIV is within our reach and remains steadfast in advancing health equity and social justice. The following highlights the key issues the Commission will tackle in 2023.

Implementation of the Comprehensive HIV Plan (CHP) 2022-2026

The Commission will embark on an educational campaign for the first and second quarter of 2023 to inform the community at large about the CHP and ways in which stakeholders can take an active role in supporting its goals and objectives. The implementation of the CHP will be a priority for the Commission through 2026 and monitoring Countywide efforts, especially Medi-Cal expansion initiatives, will influence modifications to the plan in order to adjust to shifting Board priorities and environmental realities.

Continuing Local Efforts to End the HIV Epidemic (EHE)

The Commission will continue to work with DHSP and other stakeholders to meet the County's EHE Performance Indicators. While progress is being made toward meeting the County's EHE 2025 targets, the pace of progress has been hampered by multiple pandemics and HIV workforce burnout. The table below summarizes the County's progress to date in meeting local indicators:

Ending the HIV Epidemic Performance Indicators



59,400

people living with HIV
in LA County

6,800

are unaware of their
HIV positive status

76,000

people would benefit
from PrEP

54,500

of the 76,000 are Black &
Latinx people who would
benefit from PrEP

Indicator	LAC current	EHE Targets for 2025
Number of new transmissions ¹	1,400 (2020)	380
Number of new HIV diagnoses ²	1,401 (2020)	450
Knowledge of HIV-status among PLWH ¹	89% (2020)	95%
Linkage to HIV care among PLWDH ²	76% (2020)	95%
Viral Suppression among PLWDH ²	61% (2021)	95%
Percentage of persons in priority populations prescribed PrEP ³	39% (2020)	50%

PLWH= People living with HIV (includes those unaware of HIV infection); PLWDH= People living with diagnosed HIV

1. Using Los Angeles County HIV surveillance data in the CDC Enhanced HIV/AIDS Reporting system (eHARS).

2. Using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County.

3. Using Los Angeles County data from the National HIV Behavioral Surveillance system, STD clinic data, online Apps survey, COE program data, and AHEAD dashboard.

Expanding Harm Reduction, Overdose Prevention, and Syringe Exchange Services

While the Commission is disappointed with Governor Newsom's veto of Senate Bill 57, the HIV stakeholder community remains undeterred in their commitment to expand harm reduction services, including safe consumption sites in Los Angeles County. Senate Bill 57 would have authorized establishing supervised drug injection sites and overdose prevention pilot programs in Los Angeles, San Francisco, and Oakland. Preventing HIV transmission and Hepatitis infection among people who use drugs remains an urgent public health issue. Despite the strong scientific evidence supporting the life-saving impact of harm reduction, syringe access services, and supervised drug injection sites, funding and political will to embrace such programs remain inadequate. The Commission will continue to partner with State and local stakeholders and decision-makers to sustain well-funded harm reduction services including safe consumption sites that span the entire County.

Confronting the Methamphetamine Surge | The Crisis Continues

Methamphetamine use disproportionately accelerates HIV transmission and compromises the ability of users to manage HIV and their overall health. Heightened awareness of these negative outcomes, and increased adoption of effective interventions, can help advance the goals of the Ending the HIV Epidemic initiative. The Commission applauds the Board of Supervisors for supporting the [Act Now Against Meth Coalition's](#) Platform for Prevention, Treatment and Policy. The Commission will continue to collaborate with DPH, Center for HIV Identification, Prevention and Treatment Services (CHIPTS), and The Wall Las Memoria's Act Now Against Meth coalition, to end meth use and its debilitating impact in our communities.

Confronting the Deafening Silence on the STD Crisis

Undoubtedly, the multiple pandemics, escalating housing crisis, and demand for more social services, have put a strain on the public health infrastructure and the HIV network of services – all of these factors have made it more challenging to shore up meaningful and sustained funding for an effective STD response at the federal, state and local levels. The Commission will continue to engage the community in harnessing broad support and investments in STD-related public health infrastructure and comprehensive sexual and reproductive health services. The Commission remains hopeful and positively impatient to witness a robust long-term solution to curb the STD crisis in Los Angeles County.

The issues confronting the Commission on HIV for 2023 and beyond, remain larger than any of us and are far too urgent and important for one individual or agency to solve alone. Indeed, ending the HIV epidemic is the test of our lifetime. We conclude the Commission's 2022 Annual Report with the Commission's World AIDS Day 2022 message and call on all communities and people from all facets of life to see the HIV movement's vision become a reality:

World AIDS Day 2022 Message

The Commission on HIV re-affirms its commitment to ending HIV and honors the contributions of People Living with HIV. However, to end HIV, we must end racism. This year's World AIDS Day event calls upon us to put ourselves to the test by confronting racism while pursuing equity and justice for Black, Indigenous, and people of color (BIPOC) and LGBTQ communities. Disparities in HIV health outcomes and quality of life persist in our communities, and we must challenge ourselves to acknowledge to use our personal and institutional privileges to dismantle the systems of oppression that support the existence of disparities and inequities that create barriers to HIV testing, prevention, and access to HIV care. Systemic change must begin with all of us being accountable and committed to impactful, sustained, anti-racist policies, practices, and attitudes. Today and every day, we call on each other to expand the capacities of our hearts to lead with love, kindness, and

compassion. We call on each other to test ourselves to pass the test of our lifetime – putting an end to HIV.

COMMISSIONERS (JANUARY – DECEMBER 2022)

Bridget Gordon, Co-Chair, Unaffiliated Consumer, At-Large
Danielle Campbell, MPH, Co-Chair, Supervisorial Board Office 2 Representative
Miguel Alvarez, Alternate
Everardo Alvizo, MSW, City of Long Beach Representative
Jayda Arrington, Unaffiliated Consumer, Service Planning Area 6
Alvaro Ballesteros, MBA, Supervisorial Board Office 1 Representative
Alasdair Burton, Alternate
Michael Cao, MD Supervisorial Board Office 5 Representative (Resigned November 2022)
Mikhaela Cielo, MD, Ryan White Part D Representative
Pamela Coffey, Unaffiliated Consumer, Service Planning Area 6 (Resigned February 2022)
Michele Daniels, Unaffiliated Consumer, Service Planning Area 1 (Resigned September 2022)
Frankie Darling Palacios, Ryan White Part C Representative (Resigned June 2022)
Erika Davies, City of Pasadena Representative
Pearl Doan, HIV Stakeholder
Kevin Donnelly, Unaffiliated Consumer, Service Planning Area 8
Felipe Findley, PA-C, MPAS, AAHIVS, HIV Stakeholder Representative
Arlene Frames, Unaffiliated Consumer, Supervisorial District 3
Alexander Luckie Fuller, Provider Representative, (2023 Co-Chair with Bridget Gordon)
Jerry D. Gates, PhD, Ryan White Part F Representative
Felipe Gonzalez, Unaffiliated Consumer, At-Large
Grissel Granados, MSW, HIV Stakeholder Representative (Resigned February 2022)
Joseph Green, Unaffiliated Consumer, At-Large
Thomas Green, Alternate
Karl Halfman, MA, Ryan White Part B Representative
William King, MD, JD, AAHIVS, HIV Stakeholder Representative
Lee Kochems, MA, Behavioral/Social Scientist Representative
Jose Magana, Alternate
Eduardo Martinez, Alternate
Andre Molette, Provider Representative
Anthony Mills, MD, Provider Representative
Carlos Moreno, Provider Representative
Derek Murray, City of West Hollywood Representative
Paul Nash, PhD, HIV Stakeholder Representative
Katja Nelson, MPP, Supervisorial Board Office 3 Representative
Jesus “Chuy” Orozco, Housing Opportunities for People with AIDS (HOPWA) Representative
Mario Pérez, MPH, Ryan White Part A Representative
Mallery Robinson, Alternate
Redeem Robinson, HIV Stakeholder (Resigned June 2022)
Isabella Rodriguez, Alternate
Ricky Rosales, City of Los Angeles Representative
Harold Glenn San Agustin, MD, Provider Representative
Martin Sattah, MD, Provider Representative
LaShonda Spencer, MD, Provider Representative
Kevin Stalter, Unaffiliated Consumer, Service Planning Area 4
Reba Stevens, Alternate (Resigned June 2022)
Damone Thomas, Alternate (Resigned June 2022)
Justin Valero, Supervisorial Board Office 4 Representative
Guadalupe Velasquez, Unaffiliated Consumer, At-Large (Resigned April 2022)
Rene Vega, Alternate (Resigned April 2022)

STAFF

Cheryl A. Barrit, Executive Director

Dawn P. McClendon, Assistant Director

Carolyn Echols-Watson, Senior Staff Analyst*

Jose Rangel-Garibay, Health Program Analyst

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Yeghishe Nazinyan, Epidemiologist/DHSP-Commission Liaison

Catherine Lapointe, Student Professional Worker

The Commission extends its deepest gratitude to AJ King of Next Level Consulting for his leadership, patience, and exemplary work in developing the Comprehensive HIV Plan 2022-2026.

**Retired March 2022*



LOS ANGELES COUNTY COMMISSION ON HIV
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EXECUTIVE OFFICE



BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES



DUTY STATEMENT

AT-LARGE MEMBER, EXECUTIVE COMMITTEE

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, there are three At-Large members of the Executive Committee, elected annually by the body, to provide the following representation, leadership and contributions:

COMMITTEE PARTICIPATION:

- ① Serve as a member of the Commission's Executive and Operations Committees, and participates, as necessary, in Committee meetings, work groups and other activities.
- ② As a standing member of the Executive Committee, fill a critical leadership role for the Commission; participation on the Executive Committee requires involvement in key Commission decision-making:
 - Setting the agenda for Commission regular and special meetings;
 - Advocating Commission's interests at public events and activities;
 - Voting and determining urgent action between Commission meetings;
 - Forwarding and referring matters of substance to and from other Committees and to and from the Commission;
 - Arbitrating final decisions on Commission-level grievances and complaints;
 - Discussing and dialoguing on a wide range of issues of concern to the HIV/AIDS community, related to Commission and County procedure, and involving federal, state and municipal laws, regulations and practices.

REPRESENTATION:

- ① Understand and voice issues of concern and interest to a wide array of HIV/AIDS and STI-impacted populations and communities
- ② Dialogue with diverse range perspectives from all Commission members, regardless of their role, including consumers, providers, government representatives and the public
- ③ Contribute to complex analysis of the issues from multiple perspectives, many of which the incumbent with which may not personally agree or concur
- ④ Continue to be responsible and accountable to the constituency, parties and stakeholders represented by the seat the member is holding
- ⑤ As a more experienced member, with a wider array of exposure to issues, voluntarily mentor newer and less experienced Commission members
- ⑥ Actively assist the Commission and Committee co-chairs in facilitating and leading Commission discussions and dialogue
- ⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

Duty Statement: Executive Committee At-Large Member

Page 2 of 2

KNOWLEDGE/BACKGROUND:

- ① CDC HIV Prevention Program, Ryan White Program (RWP), and other general HIV/AIDS and STI policy and information
- ② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
- ③ LA County's HIV/AIDS 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 **Minimum of one year's active Commission membership prior to At-Large 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, take-charge, "doer", action-oriented
- ⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible
- ⑥ Capacity to attend to the Commission's business and operational side, as well as the policy and advocacy side
- ⑦ Strong focus on mentoring, leadership development and guidance
- ⑧ Firm, decisive and fair decision-making practices
- ⑨ Attuned to and understanding personal and others' potential conflicts of interest

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

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

LA County Comprehensive HIV Plan

2022-2026



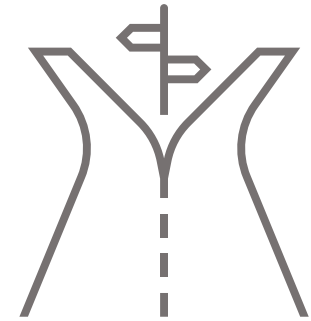
LOS ANGELES COUNTY
COMMISSION ON HIV



COUNTY OF LOS ANGELES
Public Health
DIVISION OF HIV AND STD PROGRAMS

PURPOSE

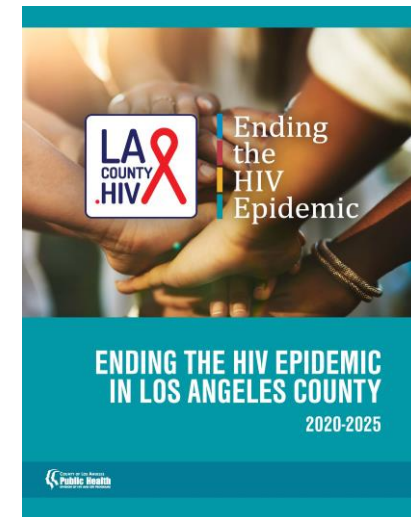
- Serves as a jurisdictional HIV/AIDS Strategy.
- Living document and roadmap to guide HIV prevention and care planning throughout the year.
- Addresses local needs and opportunities for improvement.
- Emphasizes collaboration and coordination.



Full document can be found at: <https://hiv.lacounty.gov/our-work/>

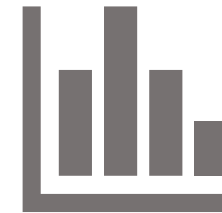
DESIGN

- Designed to reflect local HIV vision, values, needs and strengths.
- Aligns with:
 - California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs (2022-2026)
 - The National HIV/AIDS Strategy (2022-2025)
 - The Ending the HIV Epidemic Plan (EHE Plan) for Los Angeles County (2020-2025)



NEEDS ASSESSMENT


- Plan was developed using existing/previous assessments including the *Los Angeles County HIV/AIDS Strategy for 2020 and Beyond* (LACHAS) and the *Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025* (EHE Plan)
- HIV/STD Surveillance Data and reports
- Qualitative data from priority populations, community members and providers
 - Listening sessions
 - Online survey
 - Facilitated stakeholder meetings



SNAPSHOT: HIV IN LA COUNTY

- In 2020, there was an estimated 59,4008 PLWH aged 13 years and older in LAC. Also includes:
 - 1,401 who had been newly diagnosed (in 2020)
 - 6,800 persons who were unaware of their infection (undiagnosed)
- Of the approximately 52,000 people living with diagnosed HIV:
 - 87% were cisgender men, 11% were cisgender women and 2% were transgender persons
 - 46% were Latinx, 26% were White, 20% were Black/African American, 4% were Asian, 4% identify as multi-racial, and less than 1% were American Indian/Alaskan Native (AI/AN) and Native Hawaiian/Pacific Islander (NH/PI)

SNAPSHOT: HIV IN LA COUNTY

- Since 2011, the percentage of persons newly diagnosed with HIV who were unhoused has more than doubled from 4.2% to 9.4%. 
- In 2020:
 - Cisgender men made up most of the new HIV diagnoses in 2020
 - Among males, those aged 20-39 and Black/African Americans had the highest rates of new HIV diagnoses
 - Among females, those aged 30-39 and Black/African Americans had the highest rates of new HIV diagnoses
- The percentage of persons newly diagnosed with HIV who had one or more STDs in the same year nearly doubled from 25% in 2012 to 46% in 2021.

KEY PRIORITIES– identified during planning & community engagement process

- Embrace a status neutral approach
- Address social determinants of health, especially housing
- Address co-occurring disorders including STDs, mental health issues & meth use disorder
- Expand harm reduction services
- Address HIV-related disparities, particularly those experienced by Black/African Americans
- Increase health literacy among PLWH & people at risk for HIV
- Increase workforce capacity
- Meet the needs of PLWH ages 50 and older and/or long-term survivors
- Create more holistic services, especially for cisgender and transgender women
- Align funding streams and resources to ensure seamless access to high quality services

PRIORITY POPULATIONS

- Latinx men who have sex with men (MSM)
- Black/African American MSM
- Transgender persons



- Cisgender women of color
- People who inject drugs (PWID)
- People under the age of 30
- People living with HIV who are 50 years of age or older

Goal:

380 or less new HIV infections by 2025
150 or less new HIV infections by 2030



Diagnose



Treat



Prevent



Respond



Build HIV Workforce Capacity



System and Service Integration



**Equity, Social Determinants of Health &
Co-occurring Disorders**

DIAGNOSE



Diagnose all people with HIV as early as possible

- Expand routine opt-out HIV screening in healthcare and other settings, such as emergency departments (EDs) and community health centers (CHCs) in high prevalence communities.
- Develop locally tailored HIV testing programs in non-healthcare settings, including home/self-testing
- Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients.
- Increase timeliness of HIV diagnoses from point of infection by increasing access to testing and increasing awareness of risk

TREAT



Treat people with HIV rapidly & effectively to reach sustained viral suppression

- Ensure rapid linkage to HIV care and antiretroviral therapy (ART) initiation for all persons newly diagnosed with HIV.
- Support re-engagement & retention in HIV care and treatment adherence
- Expand the promotion of Ryan White Program services to increase awareness, access to, and utilization of available medical care and support services for PLWH
- Develop and fund a housing service portfolio that provides rental subsidies to prevent homelessness among PLWH
- Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH
- Increase capacity to provide whole-person care to people living with HIV (PLWH) age 50 & older and long-term survivors

PREVENT



Prevent new transmission by using proven interventions

- Accelerate efforts to increase PrEP use
- Finalize PrEP campaigns for Black/African American MSM, transwomen and cisgender women
- Increase availability, use and access to comprehensive Syringe Service Programs (SSPs) & other harm reduction services

RESPOND



Respond quickly to HIV outbreaks to get prevention & treatment services to people in need

- Refine processes, data systems, and policies for robust, real-time cluster detection, time- space analysis, and response
- Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner.
- Develop and release Data to Care RFP

WORKFORCE CAPACITY



Increase HIV workforce capacity to diagnose & treat PLWH, prevent new HIV infections and reduce HIV-related disparities

- Increase the diversity and capacity of the workforce that delivers HIV prevention, care and supportive services to optimally reflect and serve the populations most impacted by HIV
- Ensure that the workforce is adequately prepared to deliver high-quality services in a culturally responsive manner

SYSTEM & SERVICE INTEGRATION



Integrate systems and services to address the syndemic of HIV, STDs, viral hepatitis, and substance use/mental health disorders in the context of social and structural/institutional factors

- Increase cross-training and TA opportunities across fields/disciplines
- Leverage the [Alliance for Health Integration](#) initiative to integrate services within LA County publicly funded care systems

EQUITY, SOCIAL DETERMINANTS OF HEALTH AND CO-OCCURRING DISORDERS



Achieve health equity by addressing social determinants of health, stigma, & co-occurring disorders that fuel the HIV epidemic and HIV disparities

- Advocate for an effective countywide response to SUDs, especially methamphetamine disorder
- Advocate for an effective countywide response to the Sexually Transmitted Disease (STD) epidemic
- Address social determinants of health and stigma
- Identify root causes and directly call-out systematic racist practices that have adversely affected Black/African American communities
- Add Quality of Life (Q of L) Indicators for PLWH to the Integrated Plan by 2023

WHAT CAN I DO?

- Use the Comprehensive HIV Plan (CHP) as a planning tool within your agencies
- Adopt some of the goals, objectives, and strategies
- Engage in the local community planning process
- Assess strengths and capacities of your agency
- Advocate for local, state and federal policies and legislation that align with CHP goals and strategies
- Identify and recruit additional stakeholders, including non-traditional stakeholders
- Provide ongoing feedback



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U.S. FOOD AND DRUG ADMINISTRATION GUIDELINES FOR
BLOOD DONATIONS BY MEN WHO HAVE SEX WITH MEN:
POLICY ANALYSIS AND RECOMMENDED UPDATES RELEVANT
TO HIV PREVENTION

Catherine Lapointe, MPH

Anthony S. DiStefano, Ph.D., MPH

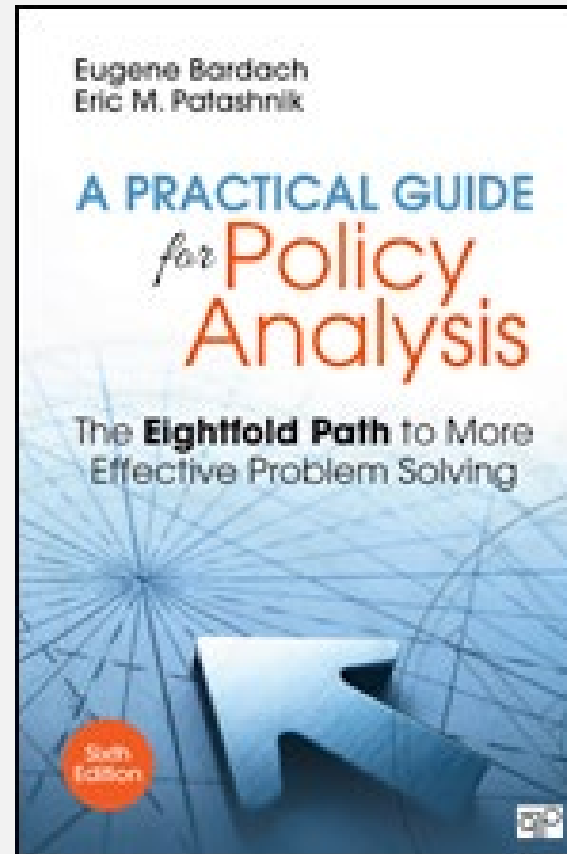
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ISSUE

- The U.S. Food and Drug Administration (FDA)'s lifetime deferral policy for blood donation by men who have sex with men (MSM) was first implemented in 1985 to protect the blood supply from HIV.¹
- In 2015, the policy was reduced from a lifetime ban to one year since last same-sex sexual contact.² In 2020, it was reduced to three months.³
- The current time-based deferral has been criticized for unnecessarily prolonging discrimination against MSM while eliminating potential donors as the national blood supply diminishes to crisis levels.

DESCRIPTION

- We conducted a policy analysis using Bardach's and Patashnik's Eightfold Path method ⁴
 - Traced historical antecedents of FDA's current MSM deferral policy
 - Weighed evidence for and against a shift to individual risk-based assessments of donor eligibility.
 - Offered new protocol recommendations to protect the blood supply from HIV without excluding all sexually active MSM
- We used the Centers for Disease Control and Prevention (CDC)'s *Steps for Writing Briefs* as a guide to write the policy belief ⁵



HISTORICAL CONTEXT

- **1981:** CDC reported multiple cases of unusual illness (Kaposi's sarcoma and *Pneumocystis pneumonia*) among young gay men in CA and NY.⁶⁻⁷ It was later determined these illnesses were caused by AIDS.
- **1981-1982:** Between 6/5/1981-9/15/1982, 593 cases of AIDS were reported, 41% resulting in death.⁸
- **1983:** CDC identified homosexual men with multiple sex partners, intravenous drug users, Haitians, and people with hemophilia as high-risk groups for AIDS. Sexual contact and exposure to blood or blood products identified as primary modes of transmission.⁹



HISTORICAL CONTEXT (CONTINUED)

- **1983:** FDA advised blood collection agencies to inform high-risk groups not to donate blood until the AIDS emergency was resolved or tests were available; and to quarantine or dispose of blood collected from a donor suspected or confirmed to have AIDS unless used for AIDS-related research.¹⁰
- **1984:** It was discovered that AIDS was associated with a viral agent initially referred to as both human T-cell lymphotropic virus type III¹¹ and lymphadenopathy-associated virus,¹² or HTLV-III/LAV.¹³
- **1986:** Name of viral agent responsible for AIDS changed from HTLV-III/LAV to human immunodeficiency virus (HIV).¹⁴

HISTORICAL CONTEXT (CONTINUED)

- **1985:** The FDA revised their donor deferral policy, stating that any man who reported having had sex with another man since 1977, even once, should not donate blood or plasma. ¹
- **2015:** FDA reduced the MSM deferral period from lifetime to one year since last sexual contact. ²
- **2020:** FDA reduced the MSM deferral period from one year to three months since last sexual contact. ³

COVID-19 AND THE NATIONAL BLOOD SHORTAGE

- The 2020 FDA donor deferral policy was largely influenced by the COVID-19 emergency, which caused a shortage in the U.S. blood supply.³
- Early efforts to reduce the spread of COVID-19 resulted in the cancellation of an estimated 2,700 Red Cross Blood Drives, contributing to the nation's blood shortage.¹⁵
- Discovery of convalescent plasma as a COVID-19 treatment increased the demand for blood donation further, pushing the FDA to reduce the deferral period for MSM to increase the pool of eligible donors.¹⁶



FDA IS ASSESSING ALTERNATIVES TO MSM DEFERRAL

- Assessing Donor Variability and New Concepts in Eligibility (the ADVANCE Study) is an FDA-funded project conducted by Vitalant, OneBlood, and the American Red Cross to evaluate alternatives to the current three-month MSM deferral period.
- Results will help determine whether an individual risk-based questionnaire would be as effective as a time-based deferral in keeping HIV out of the blood supply.¹⁷
- Enrollment concluded on September 30, 2022.
- In December 2022, the FDA published a statement that the data from the study will likely support a policy transition to individual risk-based donor screening questions.



ARGUMENTS FOR A SHIFT TO INDIVIDUAL RISK-BASED ASSESSMENTS

DISCRIMINATION

- The MSM donor deferral policy has been criticized as being discriminatory against gay, bisexual, and other MSM.
- The 2016 mass shooting at PULSE, a gay nightclub in Orlando, Florida, sparked major opposition to the FDA's deferral policy when many MSM were turned away from donating blood to victims injured during the shooting. ¹⁸



NATIONAL BLOOD SHORTAGE CRISIS

- In January 2022, several U.S. senators wrote a letter to leaders of the Department of Health and Human Services (HHS) and FDA requesting an update to the current MSM deferral policy based on individual risk factors.¹⁹
- The letter was written in light of the ongoing national blood crisis, which the American Red Cross labeled worst in more than a decade.²⁰

TESTING OF DONATED BLOOD

- The CDC requires that all donated blood be tested for infectious agents, including HIV.²¹
- All blood donations undergo two types of lab testing: antibody (enzyme immunoassay: GS HIV-1/HIV-2 PLUS O EIA) and nucleic acid amplification testing (NAT) for HIV-1 and HIV-2.^{21, 22}
- The U.S. blood supply is well protected with these measures in place. The likelihood of HIV transmission is low and the estimated risk per blood donation is 1 in 1.6 million.²³
- HIV is usually detected within 18-45 days after exposure using an antibody detection test and within 10-33 days using a NAT.²⁴
- NATs' reduced window period supports argument that the current three-month MSM deferral period can be shortened.²⁵

AVERAGE WINDOW PERIODS BETWEEN HIV INFECTION AND DETECTION IN LAB TESTS USED FOR BLOOD DONATION

Type of Test	Window Period
Antibody Detection Test	18 - 45 Days
Nucleic Acid Test	10 - 33 Days

Data source: Centers for Disease Control and Prevention (2022).²⁴

INDIVIDUAL RISK FOR A MORE TARGETED ASSESSMENT

- Opponents of the FDA deferral policy advocate an individual risk-based screening to take its place – for use with all potential donors, regardless of the sex and gender of sexual partners.^{17,26,27}

POLICY CHANGES IN OTHER COUNTRIES TO REMOVE MSM DEFERRALS

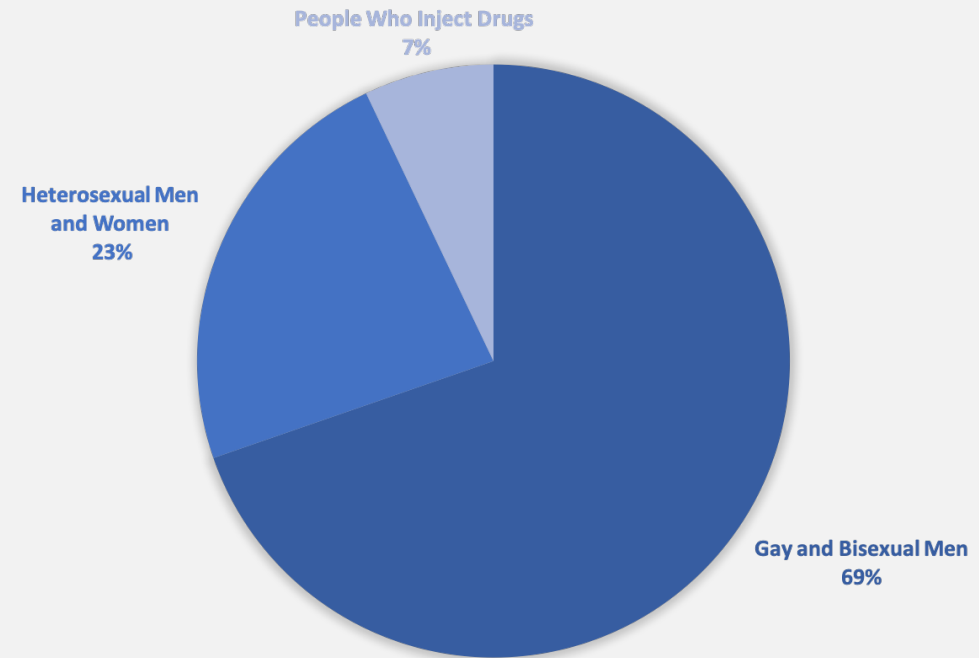
- 2001: Italy shifted from a permanent MSM deferral to an individual risk assessment for sexual behavior.²⁸
- 2015: Argentina implemented a gender-neutral risk-based policy for blood donor screening.²⁹
 - Surveillance data from Italy and Argentina showed modest post-policy-implementation increases and decreases in HIV incidence and prevalence among blood donors, but not all non-significant.^{28,29}
- Modeling in Canada predicted no significant increase in risk of an HIV+ donation entering the blood supply if MSM deferral removed.³⁰
 - September 2022: Canada removed gender and sexual orientation as considerations. Same screening questions are asked of all potential donors.³¹
- Other countries with similar policy changes: UK (June 2021), Netherlands (September 2021), Greece (January 2022), France (March 2022), Austria (May 2022).

ARGUMENTS AGAINST A SHIFT TO INDIVIDUAL RISK-BASED ASSESSMENTS

HIV RATES AMONG MSM (2019)

- Existing cases: 1.2 million Americans living with HIV; 63% were gay and bisexual men.³²
- New cases: 36,801 new HIV diagnoses; 69% were among gay and bisexual men.³³

U.S. NEW HIV DIAGNOSES BY POPULATION, 2019

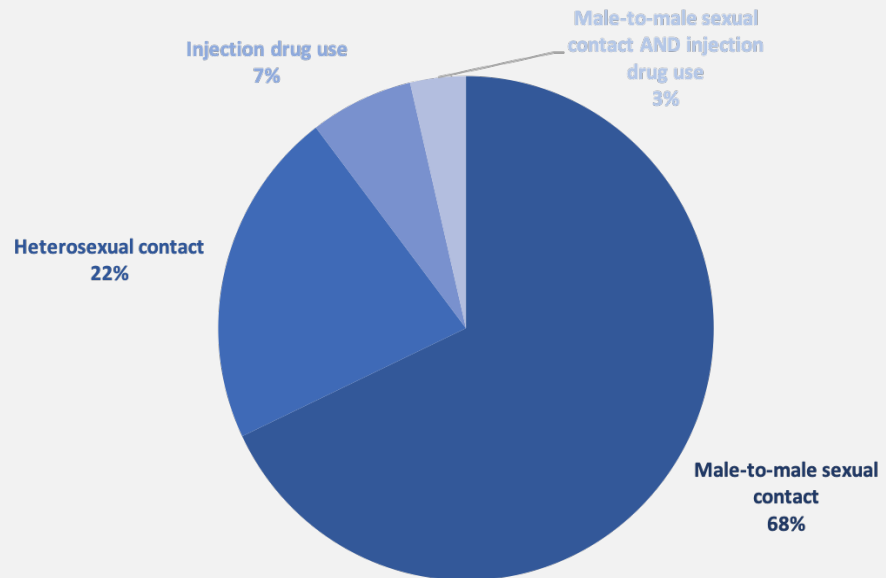


*Subpopulations representing 2% or less of new HIV diagnoses not included.
Data source: Centers for Disease Control and Prevention. (2021b).³³

HIV RATES AMONG MSM (2020)

- In 2020: 30,692 new HIV diagnoses — a 17% decline compared to 2019. But MSM and MSM who injected drugs together accounted for 71% of new cases.³⁴

U.S. NEW HIV DIAGNOSES BY TRANSMISSION CATEGORY, 2020



*Subpopulations representing 2% or less of new HIV diagnoses not included.
Data source: Centers for Disease Control and Prevention. (2022b).³⁴

Note: Data from 2020 should be interpreted with caution because of the impact of COVID-19 on testing and surveillance.

HIV WINDOW PERIOD

- A major concern is the possibility that MSM will donate blood too soon after being infected with HIV. Viral load would be too low to be detected in lab tests.³⁵
- In 2008, a case of transmission through blood transfusion was reported after the male donor failed to accurately report HIV risk factors, including recent sex with another man.³⁶

LIMITATIONS TO INDIVIDUAL RISK ASSESSMENTS

- In 2018, the Association for the Advancement of Blood & Biotherapies (AABB) published a list of limitations to an individual risk-based questionnaire, including time constraints, the repetitive nature of donor history questionnaires, and social desirability bias.³⁷
- AABB also proposed an alternative approach by which potential donors who reported MSM history in the past 12 months would be asked follow-up questions to assess risk further.³⁷

ANTIRETROVIRAL THERAPY, PREP, & PEP

- Adherence to antiretroviral therapy (ART) among people living with HIV (PLWH) can result in an undetectable viral load.
 - Pros: Better health; Undetectable = Untransmittable (U=U) through sex.
 - Cons:
 - Low viral load → HIV possibly missed in NATs in blood screening.
 - ART can reduce antibodies → HIV possibly missed in antibody tests in blood screening.
 - U=U has not been proven for blood transfusions.³⁵
- Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for prevention among presumably HIV-negative people: Similar pros and cons.

ANTIRETROVIRAL THERAPY, PREP, AND PEP

- Sept. 2022: AABB published updated recommendations to avoid false-negatives in blood screenings:
 - PLWH taking ART should be deferred indefinitely.
 - HIV uninfected people taking oral PrEP or PEP should be deferred for three months after their last dose.
 - HIV uninfected individuals who have received injectable PrEP should be deferred for two years after their last injection (pharmacokinetics: longer decay in body).³⁸

RECOMMENDATIONS

RECOMMENDATIONS

- All potential donors should receive the same set of core screening questions to assess individual HIV risk; however, follow-up questions should be tailored based on answers to the core questions.
 - One core question should continue to ask about MSM sexual contact.
 - Follow-up questions should be tailored to MSM sexual and HIV prevention practices.

RECOMMENDATIONS

- **MSM donors at low risk of HIV infection should be allowed to donate.**
- Other groups with high risk of HIV infection at the population level should follow a similarly tailored protocol to assess their individual HIV risk.
- Screening questions about HIV risk behaviors, including risky sexual activity, injection drug use, and exchanging sex for money or drugs, should ask about the preceding five weeks (35 days).
- All potential donors who report recent high-risk behaviors for HIV should be deferred for 35 days to conservatively accommodate the window period for NATs used with all donated blood.

RECOMMENDATIONS

- If potential donors choose to return, they should be tested individually for HIV using a NAT test prior to donating blood.
 - Would create increased costs over the current pooled-sample NAT strategy but would be limited only to previously deferred returnees.
 - Rationales: urgency of the national blood shortage; need to increase eligible donor pool. As demonstrated with COVID testing, with enough pressure and will, the cost of NATs could be reduced through innovation.

RECOMMENDATIONS

- Potential donors who have ever tested positive for HIV—even those on ART reporting undetectable viral load—should continue to be deferred indefinitely.
- Further research to assess the effects of PrEP and PEP on risk to the blood supply is needed to develop concrete recommendations for blood donation.

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LOS ANGELES COUNTY COMMISSION ON HIV



ADDENDUM TO AGING CAUCUS (Formerly Aging Task Force) RECOMMENDATIONS

Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50

Final Approved by Aging Caucus 12/6/22

Background and Purpose: The Aging Task Force was formed in 2019 to address HIV and aging and completed a set of recommendations to enhance data collection, research, improve service delivery for HIV/STD prevention and care for older adults living with HIV, and increase community awareness and support for the unique and complex needs of PLWH over 50 years of age. In addition, the Aging Task Force developed the HIV and care framework to articulate key health screenings that would aid in providing comprehensive care for PLWH over 50.

In keeping with the Aging Caucus' commitment to treating the recommendations as a *living document*, the group has developed this addendum to recognize that the spectrum of disease and onset of health issues can occur at different ages, and to be inclusive of long-term survivors (LTS) under 50 years old and those who acquired HIV perinatally (also referred to as vertical transmission). These recommendations were derived from speaker presentations, scientific articles, and feedback from Commissioners and the community at large. Furthermore, the Aging Caucus recognizes that the themes of the original set of recommendations (ongoing research and assessment, workforce and community education and awareness, and expansion of HIV/STD prevention and care services) also apply to achieving optimal health for PLWH under 50 who are experiencing accelerated aging.

Cross-cutting recommendations

- Conduct targeted studies and data collection on how accelerated aging affects long-term survivors under 50 years of age
- Expand benefits counseling (from all program types, not just Ryan White funded) to include long-term planning and how to transition into Medicare
- Expand counseling services to include self-advocacy for care and treatment options
- Assessments for older PLWH may need to be discussed with the medical provider earlier in age/lifespan
- Consider using biomarker testing for long-term survivors under 50 to determine the rate and impact of accelerated aging.
- Work with providers to look for opportunities to address health inequities early in the lifespan.

Research and treatment for youth and individuals under 50 who identify as LTS

- Utilize multimodal and combination strategies and approaches to whole-person care and treatment
- Assess individual response to anti-retroviral treatment (ART) and monitor appropriate adjustment and modification in dosing and frequency.
- Assess and monitor ART resistance and make customized adjustments that address the individual needs of the patient.
- Use different delivery modes and strategies such as telehealth, dedicated teen clinics, women's clinics, technology, age-specific and intergenerational support groups, music, art, and multi-media communications.
- Support research on monoclonal antibody drug treatment for long-term survivors under 50
- Administer/offer vaccines for vaccine-preventable diseases as a part of comprehensive care across the lifespan
- Support research on the impact of latency-reversing agents for LTS and PLWH who acquired HIV perinatally. One of the main obstacles to curing HIV infection is that the virus can remain hidden and inactive (latent) inside certain cells of the immune system (such as CD4 cells) for months or even years. While HIV is in this latent state, the immune system cannot recognize the virus, and antiretroviral therapy (ART) has no effect on it. Latency-reversing agents reactivate latent HIV within CD4 cells, allowing ART and the body's immune system to attack the virus. Currently, latency-reversing agents are still under investigation and have not been approved by the Food and Drug Administration (FDA).
- Collaborate with LTS in identifying strategies for improved engagement and retention in care.
- Integrate behavioral and community interventions with clinical care
- Optimize care models by offering a diverse menu of wellness and preventive care services
- Support alternative venues for care delivery
- Expand the use of technology to deliver personalized care
- Research and clinical practice should examine the dynamic nature of epigenetic age, through examinations of differences in viral load over time, or how interventions leading to improved adherence impact epigenetic age¹.

Screening, Education and Counseling

- It is important to screen for and address comorbidities with prevention and early treatment.
- Take good health and wellness history and assess risk factors for:
 - Hypertension and cardiovascular disease
 - Diabetes
 - Mental health

¹ Epigenetic age is a biomarker of aging previously reported to be associated with age-related disease and all-cause mortality. Horvath S. DNA methylation age of human tissues and cell types. *Genome Biol.* 2013;14(10):R115-R115. doi:[10.1186/gb-2013-14-10-r115](https://doi.org/10.1186/gb-2013-14-10-r115)

- Sexually Transmitted Infections (STIs)
 - Physical activity
 - Obesity
 - Tobacco
 - Substance use
 - Sexual health
 - Daily and general life activities
 - Diet
 - Helmets
 - Firearms and exposure to violence and injury
- Include a detailed family history and family and social support systems in patient assessments and treatment plans
- Include physical examination in clinical visits
- Provide education for patients and staff in understanding the needs of LTS under 50. Providers must be aware of their unique milieu and potential comorbidities to optimize care and outcomes
- Offer counseling and health education on:
 - Nutrition
 - Exercise
 - Smoking (cigarettes, vaping, cigarillos, e-cigarettes)
 - Substance and alcohol use
 - Sex
 - Weight loss
 - Lifestyle modification
 - STI counseling, screening and treatment
 - Family planning
 - Immunizations
- Link LTS to services and support groups to reduce isolation and link LTS with other PLWH to build community and a sense of belonging and empowerment.