



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Get in touch: hivcomm@lachiv.org

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COMMISSION ON HIV Meeting

Thursday, October 12, 2023
9:00am - 1:15pm (PST)

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

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

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

Notice of Teleconferencing Sites:

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

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

Members of the Public May Join in Person or Virtually.

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

<https://lacountyboardofsupervisors.webex.com/weblink/register/rb8882937072f4e769f7987b20ae2f841>

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

Password: COMMISSION Access Code: 2532 146 0554



LIKE WHAT WE DO?

Apply to become a Commission Member at:

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

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



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

Thursday, October 12, 2023 | 9:00 AM – 1:15 PM

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

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

Notice of Teleconferencing Sites:

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

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

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

<https://lacountyboardofsupervisors.webex.com/weblink/register/rb8882937072f4e769f7987b20ae2f841>

To Join by Telephone: 1-213-306-3065 Password: COMMISSION Access Code: 2532 146 0554

AGENDA POSTED: October 5, 2023

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

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

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

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



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

1. ADMINISTRATIVE MATTERS

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

2. PUBLIC & COMMISSIONER COMMENTS

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

3. REPORTS - I

- | | |
|---|--------------------|
| A. Executive Director/Staff Report | 9:40 AM – 9:50 AM |
| (1) Updated HRSA Planning Council Requirements and Expectations Letter | |
| (2) November 9, 2023 COH Annual Conference | |
| (3) Upcoming COH-Sponsored Activities & Events | |
| B. Co-Chairs' Report | 9:50 AM – 10:05 AM |
| (1) September 14, 2023 COH Meeting FOLLOW-UP & FEEDBACK | |
| a. LA County Department of Health Services (DHS) HIV Data Cascade Presentation | |
| b. City Representatives Harm Reduction/Substance Use Presentations | |
| (2) Advocacy via Public Comments | |
| (3) Conferences, Meetings & Trainings OPEN FEEDBACK (Opportunity for members to share Commission-related information from events attended) | |
| a. Collaboration in Care Conference: Improving HIV and Aging Services September 17-19 | |
| b. "Let's Talk About Sex": An Educational Event for Service Providers to Promote Sexual Health Among Older Adults September 22 | |
| (4) Member Vacancies & Recruitment | |
| (5) Acknowledgement of National HIV Awareness Days for October 2023 | |
| a. October 15: National Latinx HIV/AIDS Awareness Day | |



4. REPORTS – I (cont'd)

9:50 AM – 10:05 AM

B. Co-Chairs' Report (cont'd)

- (6) 2023 Holiday COH & Committee Meeting Schedule for November & December
- (7) 2024 Committee Co-Chairs Open Nomination & Elections Preparation

C. LA County Department of Public Health Report (Part A Representative)

10:05 AM – 10:45 AM

- (1) Division of HIV/STD Programs (DHSP) Updates
 - a. Programmatic and Fiscal Updates
 - HIV & STDs Surveillance and Data Challenges for LA County Native American Communities | PART 2 OF 2
 - b. Mpox Briefing
 - c. Ending the HIV Epidemic (EHE) | UPDATES

(2) California Office of AIDS (OA) Report (Part B Representative)

10:45 AM – 10:50 AM

(3) [OAVoice Newsletter Highlights](#)

(4) California Planning Group (CPG)

D. Housing Opportunities for People Living with AIDS (HOPWA) Report

10:50 AM – 11:00 AM

E. Ryan White Program Parts C, D, and F Report

11:00 AM – 11:15 AM

F. Cities, Health Districts, Service Planning Area (SPA) Reports

11:15 AM – 11:20 AM

B R E A K

11:20 AM – 11:30 AM

5. REPORTS – II

11:30 AM – 12:30 PM

A. Public Policy Committee (PPC)

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

- a. 2023-2024 Legislative Docket | UPDATES
- b. Coordinated STD Response | UPDATES
 - [October 3, 2023 BOS Motion Re: Response to the Sexually Transmitted Infection \(STI\) Crisis](#)
 - October 17, 2023, Public Comments at BOS Meeting
 - (Revised) 2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings
- d. House Appropriations FY24 Labor-HHS Spending Proposal
- e. Act Now Against Meth (ANAM) | UPDATES

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

B. Operations Committee

(1) Membership Management

- a. Renewal Application – Derek Murray | City of West Hollywood Rep **MOTION #4**
- b. Renewal Application – Dr. Mikhaela Cielo | Part D Rep **MOTION #5**
- c. Mentorship Volunteer Opportunities
- d. Parity, Inclusivity & Reflectiveness (PIR) | UPDATES

(2) PY 33 Assessment of the Administrative Mechanism (AAM) | UPDATE



5. **REPORTS – II (cont'd)**

11:30 PM – 12:30 PM

B. Operations Committee (cont'd)

(3) Policies & Procedures

a. COH 2 Person/Per Agency Policy

(4) [\(REVISED\) 2023 Training Schedule](#) | REMINDER

(5) Recruitment, Retention and Engagement

C. Standards and Best Practices (SBP) Committee

(1) Universal Service Standards | UPDATES

(2) Medical Care Coordination (MCC) Service Standards | UPDATES

(3) Prevention Services Standards Review | UPDATES

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

(1) Los Angeles Housing Service Authority (LAHSA) Data Request | UPDATE

(2) Fiscal Year 2022 RWP/MAI Expenditures and Utilization Report | UPDATES

(3) Community Listening Sessions Questionnaire Feedback

E. Caucus, Task Force and Work Group Report

12:30 PM – 12:45 PM

(1) Aging Caucus | December 5, 2023 @ 1-3PM **In-Person @ Vermont Corridor*

(2) Black/African American Caucus | October 19, 2023 @ 4-5PM **Virtual*

a. SAVE THE DATE: 2023 Taste of Soul, October 21

b. SAVE THE DATE: World AIDS Day (WAD) Event, December 6

(3) Bylaws Review Taskforce (BRT) | TBD **Virtual*

(4) Consumer Caucus | October 12, 2023 @ 1:30-3PM ** Virtual & In-Person @ Vermont Corridor*

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

(6) Transgender Caucus | October 24, 2023 @ 10AM-11:30AM **Virtual*

a. SAVE THE DATE: TGI Health Summit: November 2 @ 8AM-4PM **Village At Ed Gould Plaza*

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

6. **PRESENTATION**

12:45PM – 1:00PM

"Chasing" | Presented by Natalie Sanchez, Hilda Sandoval, and Jeremiah Givens

7. **MISCELLANEOUS**

A. Public Comment

1:00 PM – 1:05 PM

(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)



7. MISCELLANEOUS (cont'd)

B. Commission New Business Items

1:05 PM – 1:10 PM

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

C. Announcements

1:10 PM – 1:15 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

1:15 PM

Adjournment for the meeting of October 12, 2023.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve meeting agenda, as presented or revised.
MOTION #2	Approve meeting minutes, as presented or revised.
MOTION #3	Approve Consent Calendar, as presented or revised.
CONSENT CALENDAR	
MOTION #4	Approve Membership Renewal Application for Derek Murray, City of West Hollywood Representative seat, as presented or revised.
MOTION #5	Approve Membership Renewal Application for Dr. Mikhaela Cielo, Part D Representative seat, as presented or revised.



COMMISSION ON HIV MEMBERS

<i>Luckie Fuller, Co-Chair (LOA)</i>	<i>Bridget Gordon, Co-Chair</i>	Joseph Green, <i>Co-Chair Pro Tem</i>	Miguel Alvarez
Everardo Alvizo, LCSW	Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton
Danielle Campbell, MPH	Mikhaela Cielo, MD	Lilieth Conolly	Sandra Cuevas
Mary Cummings	Shonté Daniels (LOA)	Erika Davies	Pearl Doan
Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS	Arlene Frames	Felipe Gonzalez
Karl Halfman, MA	Dr. David Hardy (*Alternate)	Ismael Herrera	William King, MD, JD, AAHIVS
Lee Kochems, MA	Jose Magaña	Leon Maultsby, MHA	Anthony Mills, MD
Andre Mollette	Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP
Jesus “Chuy” Orozco	Ronnie Osorio (*Alternate)	Byron Patel RN, ACRN	Mario J. Pérez, MPH
De’chelle Richardson (*Alternate)	Erica Robinson (**Alternate)	Reverend Redeem Robinson (LOA)	Ricky Rosales
Harold Glenn San Agustin, MD	Martin Sattah, MD	Juan Solis (*Alternate)	LaShonda Spencer, MD
Kevin Stalter	Lambert Talley (*Alternate)	Justin Valero, MPA	Jonathan Weedman
Russell Ybarra			
MEMBERS:	46		
QUORUM:	24		



LEGEND:

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



LOS ANGELES COUNTY COMMISSION ON HIV



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

VISION

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

MISSION

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



LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH
6/8/23

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

CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

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

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

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

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

County of Los Angeles Land Acknowledgment

(Adopted December 1, 2022)

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: Fernandeano Tataviam Band of Mission Indians, Gabrielino Tongva Indians of California Tribal Council, Gabrieleno/Tongva San Gabriel Band of Mission Indians, Gabrieleño Band of Mission Indians - Kizh Nation, Board of Supervisors Statement Of Proceedings November 1, 2022 San Manuel Band of Mission Indians, San Fernando Band of Mission Indians.

To learn more about the First Peoples of Los Angeles County, please visit the Los Angeles City/County Native American Indian Commission website at www.lanaic.lacounty.gov .



LOS ANGELES COUNTY
COMMISSION ON HIV





2023 MEMBERSHIP ROSTER | UPDATED 9.25.23

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative	1	EXC OPS	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP <i>*Non Voting</i>	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	PP	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	PP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Jose Magana	The Wall Las Memorias	July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Byron Patel, RN, ACRN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller (LOA)	Invisible Men	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2023	June 30, 2025	
20	Unaffiliated consumer, SPA 2	1	SBP	Russell Ybarra	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	PP&A	Ish Herrera	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2022	June 30, 2024	Lambert Talley (PP&A)
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2023	June 30, 2025	Ronnie Osorio (PP)
26	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2023	June 30, 2025	Dechelle Richardson (PP&A)
28	Unaffiliated consumer, Supervisorial District 2	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Arlene Frames	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2022	June 30, 2024	Juan Solis (SBP)
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
32	Unaffiliated consumer, at-large #1	1	PP&A	Lilieth Conolly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2	1	OPS	Shonte Daniels (LOA)	Unaffiliated Consumer	July 1, 2023	June 30, 2025	Erica Robinson (OPS)
34	Unaffiliated consumer, at-large #3			Vacant		July 1, 2022	June 30, 2024	David Hardy (SBP)
35	Unaffiliated consumer, at-large #4	1	EXEC	Joseph Green	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC OPS	Danielle Campbell, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kocherns, MA	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPs FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	PP	Pearl Doan	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP&A	Redeem Robinson (LOA)	No affiliation	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		43						

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

LOA: Leave of Absence

Overall total: 49



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/27/23

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

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

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

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

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

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

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

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

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



LOS ANGELES COUNTY
COMMISSION ON HIV



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

COMMITTEE ASSIGNMENTS

Updated: September 12, 2023

Assignment(s) Subject to Change

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

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

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 14 Number of Quorum= 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Donnelly	Committee Co-Chair*	Commissioner
Al Ballesteros, MBA	Committee Co-Chair*	Commissioner
Lilieth Conolly	*	Commissioner
Felipe Gonzalez	*	Commissioner
Ish Herrera	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus "Chuy" Orozco	*	Commissioner
Dèchelle Richardson	*	Alternate
Redeem Robinson (LOA)	*	Commissioner
Harold Glenn San Agustin, MD	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Lambert Talley	*	Commissioner
Jonathan Weedman	*	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= 11 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Alasdair Burton	*	Commissioner
Sandra Cuevas	*	Commissioner
Mary Cummings	*	Commissioner
Pearl Doan	*	Commissioner
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Leon Maultsby, MHA	*	Commissioner
Paul Nash, CPsychol AFBPsS FHEA	*	Commissioner
Ronnie Osorio	*	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 = 13 Number of Quorum = 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Arlene Frames	*	Commissioner
Lauren Gersh	*	Committee Member
David Hardy, MD	*	Commissioner
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Byron Patel, RN, ACRN	*	Commissioner
Mallery Robinson	*	Alternate
Martin Sattah, MD	*	Commissioner
Juan Solis	*	Alternate
Russell Ybarra	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

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

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

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

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

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



LOS ANGELES COUNTY
COMMISSION ON HIV



DRAFT

510 S. Vermont Avenue, 14th Floor, Los Angeles CA 90020 • TEL (213) 738-2816
EMAIL: hivcomm@lachiv.org • WEBSITE: <http://hiv.lacounty.gov>

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

**COMMISSION ON HIV (COH)
SEPTEMBER 14, 2023 MEETING MINUTES**

**Vermont Corridor Terrace Level
510 S. Vermont Avenue, Los Angeles, CA 90020
CLICK [HERE](#) FOR MEETING PACKET**

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

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

COMMISSION MEMBERS									
P=Present VP=Virtually Present A=Unexcused Absence EA=Excused Absence									
Miguel Alvarez	EA	Everardo Alvizo, MSW	P (AB2449)	Jayda Arrington	P	Al Ballesteros, MBA	EA	Alasdair Burton	P
Danielle Campbell, MPH	P	Mikhaela Cielo, MD	P	Lilieth Conolly	P	Sandra Cuevas	P (AB2449)	Mary Cummings (BA; TeleConf)	EA
Shonté Daniels	EA	Erika Davies	P	Pearl Doan	A	Kevin Donnelly	P	Felipe Findley	P
Luckie Fuller	EA	Arlene Frames	P	Felipe Gonzalez	P	Bridget Gordon	P	Joseph Green	P
Karl Halfman, MS	P (BA; TeleConf)	Dr. David Hardy	A	Ismael Herrera	P	Dr. William King, JD	EA	Lee Kochems	P
Jose Magaña	P	Leon Maultsby, MHA	P	Dr. Anthony Mills	A	Andre Molette	A	Derek Murray	P
Dr. Paul Nash	EA	Katja Nelson	P	J. Chuy Orozco	P	Ronnie Osorio	P	Byron Patel	P

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Mario J. Pérez, MPH	P	De'chelle Richardson	P	Erica Robinson	A	Mallery Robinson	A	Redeem Robinson	EA
Ricky Rosales	P	Dr. H. Glenn San Agustin	EA	Dr. Martin Sattah	P	Juan Solis	A	Dr. LaShonda Spencer	P
Kevin Stalter	P	Lambert Talley	A	Justin Valero	P	Jonathan Weedman	P	Russell Ybarra	P
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; and Sonja Wright, BA, MSOM, LAc, Dipl. OM, PES Jim Stewart, Parliamentarian									
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF									

I. ADMINISTRATIVE MATTERS

A. **CALL TO ORDER & MEETING GUIDELINES/REMINDERS**

COH Co-Chair Pro Tem, Joseph Green called the meeting to order at 9:05 AM and reviewed meeting guidelines and reminders; see meeting packet.

B. **COUNTY LAND ACKNOWLEDGEMENT**

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

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

James Stewart, Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): E. Alvizo(AB2449), J. Arrington, A. Burton, D. Campbell, M. Cielo, L. Conolly, S. Cuevas (AB2449), E. Davies, K. Donnelly, F. Findley, A. Frames, J. Green, F. Gonzalez, B. Gordon, J. Green, K. Halfman (BA:Teleconf), I. Herrera, L. Kochems, J. Magaña, L. Maultsby, D. Murray, K. Nelson, J. Orozco, R. Osorio, B. Patel, M. Perez, D. Richardson, R. Rosales, M. Sattah, L. Spencer, K. Stalter, J. Valero, J. Weedman and R. Ybarra.

D. **APPROVAL OF AGENDA**

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

E. **APPROVAL OF MEETING MINUTES**

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

F. CONSENT CALENDAR

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

II. PUBLIC & COMMISSIONER COMMENTS

A. Public Comment *None*

B. Commissioner Comment

- Supervisorial District 5 Representative, J. Weedman invited members of the Commission to be a part of small event planning group to plan a World AIDS Day (WAD) Leadership Breakfast event in Supervisorial District 5. He noted that District 5 Health Deputy, Anders Corey, is aware and supportive of the event. Commissioners will be invited to the breakfast. J. Weedman has reached out to the Huntington Library as a possible site for the event. The following Commissioners volunteered to be a part of event planning team: K. Nelson, D. Richardson, J. Leahy (community member).

III. REPORTS – 1

A. EXECUTIVE DIRECTOR/STAFF REPORT

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

(1) November 9, 2023 Annual Conference Planning | UPDATES

C. Barrit referred to the updated event outline in the meeting packet and reported confirmed speakers and those awaiting a response. She requested that Commissioners invite consumers to the Annual Conference to ensure a strong consumer presence and engagement in the event. The Annual Conference will be held at the Vermont Corridor from 9am to 4pm, followed by a reception in the courtyard.

B. CO-CHAIRS' REPORT

(1) Welcome New Members. J. Green acknowledged and introduced all new members: Sandra Cuevas, Part F Representative; Dr. David Hardy, Alternate; Ismael Herrera, Unaffiliated Consumer SPA 3; Ronnie Osorio, Alternate; Erica Robinson, Alternate; Lambert Talley, Alternate; Russell Ybarra, Unaffiliated Consumer SPA 2

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(2) 2024-2026 COH Co-Chair Open Nominations and Elections

J. Stewart, Parliamentarian, facilitated the 2024-2026 COH Co-Chair Open Nominations and Elections. B. Gordon's term is ending in December 2023. Per the Commission's bylaws, one of the Co-Chairs must be a person living with HIV. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County. Candidates must have served on the Commission for at least 12 months. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term, after nominations periods opened at the prior regularly scheduled meeting. The term of office begins at the start of the calendar year. The duty statement was provided in the packet. Candidate statements were provided by A. Burton, K. Donnelly, and D. Campbell. **D. Campbell was elected Co-Chair for 2024-2026.**

Roll call votes: A. Burton (2 votes, A. Burton, D. Murray); K. Donnelly (6 votes, S. Cuevas, K. Donnelly, L. Kochems, B. Patel, M. Sattah, B. Gordon); D. Campbell 15 votes, E. Alvizo, J. Arrington, D. Campbell, M. Cielo, L. Conolly, F. Findley, A. Frames, F. Gonzalez, I. Herrera, J. Magaña, L. Maultsby, K. Nelson, D. Richardson, L. Spencer, K. Stalter; Abstentions: E. Davies, K. Halfman, R. Osorio, M. Pérez, R. Rosales, J. Weedman, R. Ybarra, J. Green

(3) August 10, 2023 COH Meeting | FOLLOW-UP & FEEDBACK

No feedback.

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

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

Several Commissioners attended the USCHA Conference and shared the following key highlights:

- L. Connelly: Participating in the conference was a full circle moment for her, noting the deep sense of empowerment and support she felt from the community of Black women. She stated that the HIV moment still has a way to go. She was impressed with the Southern Black Leadership; stigma in the South is real and they do not have the same level of resources as we do in California but the HIV leaders in the South have made great progress, nonetheless.
- K. Nelson: There was more focus on people's stories and less technical in nature. She attended some sessions on harm reduction. She acknowledged D. Campbell's involvement as one of the key organizers of the conference.

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- M. Perez: There were over 4,000 attendees and felt like a family reunion for participants. The conference highlighted the role of Black women in the HIV movement. There was a consistent theme of addressing multiple issues concurrently such as substance use, mental health, poverty, STDs, and racism.

K. Donnelly reported that he attended the West Hollywood Substance Use Townhall in August and looks forward to seeing concrete action steps from the event.

F. Findley reported that he presented on HIV and incarceration in May and he will also speak on the topic at the American Public Health Association (APHA) conference and at another event in Philadelphia.

Dr. L. Spencer shared that UCLA and Charles Drew University (CDU) held their first Annual Community Partnered Participatory Research (CPPR) Summer Institute on August 22, 2023. The event was well attended and they look forward to offering the Institute again next year. Community members, students, faculty researchers learn about community based participatory research methods.

(5) Member Vacancies & Recruitment

The Commission continues to recruit for the following unaffiliated consumer vacancies:

- Service Planning Area 1 (Antelope Valley)
- Service Planning Area 4 (Metro LA)
- Service Planning Area 7 (East)
- Supervisorial District 1 (Supervisor Hilda Solis' District)
- Supervisorial District 4 (Supervisor Janice Hahn's District)
- 1 At Large Seat
- Unaffiliated consumers must meet the following criteria set by our federal funders: 1) a person living with HIV; and 2) a Ryan White program client; and 3) NOT employed by an agency receiving funding for Part A Ryan White program.

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

(6) Acknowledgement of National HIV Awareness Days for September 2023

- a. September 18 [National HIV/AIDS Aging Awareness Day \(NHAAD\)](#)
 - NHAAD brings attention to issues related to HIV among older adults, including new infections and the impact of aging on PLWH over 50.
- b. [September 27 National Gay Men's HIV/AIDS Awareness Day \(NGMHAAD\)](#)
 - September 27 marks the National Gay Men's HIV/AIDS Awareness Day. This

day is observed to direct attention to the ongoing and disproportionate impact of HIV and AIDS on gay, bisexual, and other men who have sex with men (MSM) in the United States.

IV. REPORTS – 1 (continued)

C. LA County Department of Health Services (DHS)

(1) HIV Cascade Data Presentation

Presenter and Purpose of Presentation: Dr. Hrishikesh Belani and Dr. Katya Corado from the LAC Dept of Health Services (DHS) Ambulatory Care Network provided an update on HIV health outcomes for PLWH clients using County DHS clinics. For background purposes, in July 2022, the Commission received a report from DHSP that the County Dept of Health Services decided to use non-Ryan White funds to support medical services for PLWH using their clinics. DHS received guidance from County Counsel that since the Ryan White Program (RWP) is a payor of last resort, DHS must use other funding sources for HIV services. DHS is not legally permitted to bill costs under RWP as RWP is not the payor of last resort. Instead, DHS will use Medicaid 1115 waiver Global Payment Program (GPP) to support HIV care for patients using DHS clinics. In this case, the GPP is the payor of last resort for those who are uninsured. Because of this, DHS must bill GPP as the payor of last resort which therefore eliminates the need for RWP. The expansion of Medi-Cal for 50+ and undocumented individuals could also potentially see more PLWH patients qualify for full-scope Medi-Cal.

As part of that conversation, DHS leadership reassured that care would not be affected by the change in the billing mechanism. Today's presentation was requested by Commission leadership. Drs. Belani and Corado presented DHS data comparing the year prior to ending the participation in Ryan White Program (04/01/2021-03/31/2022) to the year following (04/01/2022- 03/31/2023) as it pertains to the HIV cascade.

Summary of Discussion: Comparing pre and post Ryan White Program participation years, the numbers have not significantly changed. DHS is currently working to create a new model for HIV care with the following guiding pillars:

- Achieve standardization, equity and comparability in clinic operations, staffing, quality of care and patient outcomes
- Reinforce DHS' commitment to the care of PLWH and treatment as prevention (U=U), in line with U.S. DHHS *Ending the HIV Epidemic in the US* initiative
- Address health disparities by providing high-quality, evidence-based, and patient-centered HIV and primary care to *all* patients
- Enhance our profile in the community to decrease barriers to linkage to care

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- Ensure that all staff are as productive as possible in supporting DHS's core mission of providing high quality, patient-centered care
- Standardize the adoption of DHS-wide best practices across all Positive Care Clinic (PCC) sites

DHS Positive Care patients tend to be more complex, with higher rates of depression, substance abuse, hypertension and diabetes mellitus compared to DHS non-Positive Care and Kaiser HIV patients. Positive Care patients require more time and higher intensity touch to promote retentions in care and viral suppression. Since DHS stopped using Ryan White funding, PCC staff have kept the MCC care and staffing model. However, challenges remain with hiring critical staff to fully support the MCC model at DHS clinics. The doctor to patient ratio is a challenge; empanelment numbers for HIV patient care should be relatively small given the multiple health conditions faced by patients seen at Positive Care Clinics.

M. Perez noted that it was DHSP's understanding that the Global Payment Program (GPP) has sufficient funds to support the MCC model. He further stated that HIV care, not primary care should be the model for treating and caring for PLWH. He reaffirmed the availability of Ryan White funds to support DHS in maintaining a well-functioning and well-resourced MCC program at DHS Positive Care Clinics.

Action Taken: Conduct more advocacy with DHS to support HIV clinicians. Revisit the use of Ryan White funds with DHS leadership. Get more information how 340B funds can be used to support Positive Care at DHS. Advocate for smaller empanelment numbers for HIV care, hire staff to fully support the MCC model, fill vacancies and unfreeze hiring process. Ensure that same day linkage to care is available to DHS PLWH patients. Ensure that patients have access to Rapid Start.

D. LA County Department of Public Health Report (Part A Representative)

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

M. Pérez noted that DHSP will provide part 2 of the data challenges and Native American communities presentation in September.

COVID rates are down but the County continues to see transmissions occurring. The new booster will be available soon and DPH will be working on a vaccine distribution plan for community members and healthcare workers.

Mpox cases continues to decrease, however, there is still a need for more individuals, especially PLWH to get vaccinated.

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There will be a site visit from the Centers for Disease Control and Prevention (CDC) for DHSP next week and staff are busy preparing to host CDC officials in their review of DHSP's HIV prevention programs.

In reference to a recent article on the LA Times regarding STDs, M. Pérez noted that author will write another piece on public health investigators to shed light on the importance of disease investigation work as key component of the STD response. STD screening, testing and treatment need to significantly increase across public and private healthcare systems in order to curb the STD crisis.

He highlighted the Bicillin strategy to treat syphilis especially to prevent congenital syphilis and the importance of testing pregnant women for STDs and providing treatment in a timely manner. There is a Bicillin shortage domestically; Pfizer is the only manufacturer of the antibiotic and their site in North Carolina suffered a fire, further impacting an already strained supply chain for drug. In the meantime, providers will need to rely on alternative treatment models.

The Board approved \$10million effective July 1, 2020, to support STD efforts of which \$4.5million will be used over 2 years to support community-based organizations to expand their capacity to screen, test and treat STDs. DHSP is meeting with 11 currently funded clinics to understand how to best use the funding. More details will be reported in October.

Megan McClaire, former DPH Chief Deputy, is now with the Public Health Accreditation Board. Dr. Anish Mahajan has been selected to serve as the new DPH Chief Deputy.

DHSP's Ending the HIV Epidemic (EHE) activities are at different levels of implementation and a more detailed update will be provided at the annual conference.

In response to an inquiry, M. Perez will find out more regarding the County's plan for COVID test kits distribution.

In response to an inquiry regarding STD testing and surveillance, M. Pérez stated that cases are reported by the patient's address collected in the Confidential Morbidity Report (CMR). Not enough individuals access their primary source of care for routine care due to stigma or discomfort with seeking sexual health services from their primary care physicians. Public health supported agencies are important and fill in the gaps for STD prevention and care but the larger healthcare system need to step up to curb the STD crisis.

In response to an inquiry regarding PrEP, M. Pérez replied that PrEP drugs are currently not on the list of drugs for Medicare drug price negotiation.

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In response to an inquiry regarding programming for women, M. Pérez stated that DHSP has supported programs for women even before the availability of the Ending the HIV Epidemic (EHE) initiative funds. EHE funds are used to supplement and expand services to meet the goals associated with the 4 pillars of EHE, including programs that address the HIV prevention and treatment needs of women.

J. Arrington expressed her concerns and challenges accessing oral health services. She has not been able to get through any of the DHSP-funded dental clinics. M. Pérez will connect with J. Arrington to offer assistance.

F. Gonzalez noted that it may be useful to explore why consumers prefer some service providers over others in order to address access issues.

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

(1) OA Voice Newsletter Highlights

Karl Halfman, MA, Chief, HIV Care Branch, referred to the September 2023 edition of the OA Voice regarding OA's activities and updates. He highlighted the Collaboration in Care Conference: Improving HIV and Aging Services in Sacramento on Sept. 18-19. More information can be found in the September 2023 OA Voice available [HERE](#). K. Halfman thanked Bridget Gordon for her leadership and her service as a Commission Co-Chair.

(2) California Planning Group (CPG) Report

The next CPG meeting will be held on November 13-15 in Sacramento; details will be posted on the OA website.

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

J. Chuy Orozco provided the report. The HOPWA program is currently developing their Consolidated Annual Performance Evaluation Report (CAPER) and will be able to provide more demographic data on clients served in October. The CAPER informs the upcoming Consolidated Plan. The HOPWA program is seeing an increase in clients who are 65 years old and older. The program looking to increase funding to support permanent housing. In an effort to expand the availability of housing, the HOPWA program is looking into developing a private tenant-based rental assistance (TBRA) program which will work similar to scattered master leasing but with non-profit agencies and the lease is attached to the client rather than the non-profit entity.

The program did not get submissions from the recent round of Request for Proposals (RFPs) for Service Planning Areas (SPA) 3 and 7, hence, the HOPWA team is discussing if they might need to reopen the RFP to attract proposals for those SPAs or select proposals from applications received to cover SPAs 3 and 7.

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The \$2.7million allocated for short-term mortgage and rental assistance under the CARES Act funds have been fully maximized. HOPWA is looking to further reduce administrative barriers for the remaining rental/mortgage assistance program to support individuals who qualify for the program. HOPWA will coordinate with the Ryan White Emergency Financial Assistance Program to extend as much assistance to those in need.

J. Orozco reported that he will be attending the October Consumer Caucus meeting to provide updates. He announced a housing resource fair hosted by [CHIRP LA](#) on October 4 from 10am to 3pm at the Dollarhide Community Center in Compton.

He noted that the community should put pressure on City elected officials and landlords to accept City checks or Section 8 vouchers as some landlords' reluctance to participate in the program is one of the key issues impeding the expansion of the affordable housing stock.

The City is renewing its 5-year Consolidated Plan and will hold community listening sessions in November to solicit community input. Details will be provided to the Commission once available.

In response to an inquiry about handy worker resources, J. Orozco noted that the City of LA operates such a program. More information is available at <https://housing2.lacity.org/tag/handyworker>. He will also share this information at the October Consumer Caucus meeting.

An inquiry was made as to whether or not HOPWA can help with rental assistance payments while a PLWH go into treatment or rehab. J. Orozco stated that he will look into the topic and provide an update at the next Commission meeting.

In response to an inquiry regarding the HOPWA Advisory Committee, J. Orozco responded that this group is no longer in existence due to lack of funding. HUD has a strict 3% cap on the use of grant funds for administrative matters which prohibit supporting such a body. As an alternative, J. Orozco has been attending the Consumer Caucus on a quarterly basis to secure community input on housing matters and concerns from PLWH. He has been using the Commission and other organizations for community input.

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

Part C: No report.

Part D: Dr. Mikhaela Cielo, representing Natalie Sanchez, Director of UCLA LAFAN, reported the completion of a podcast series focusing on Women & HIV, titled, "*The Confession*." N.

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Sanchez intends to present the podcast and its featured Latina women at an upcoming Commission and Women's Caucus meetings.

Part F: Sandra Cuevas, PAETC LA, reported that PAETC is co-hosting a regional 2-day conference "Collaboration in Care Conference: Improving HIV and Aging Services" in Sacramento, CA on September 18-19, 2023.

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

The City representatives delivered presentations on their respective harm reduction and substance use programs to spark ideas for service coordination, collaborations, and improvement across partner cities and the County. Detailed information about the city presentations can be found in the meeting [packet](#).

City of Long Beach (CLB):

Presenters: Everardo Alvizo and Andrew Abayan

Summary of Discussions: The City of Long Beach will use opioid settlement funds to implement high abatement activities such as supporting the operations of a comprehensive substance use disorder facilities within the Behavioral Health Continuum Infrastructure Program; addressing the needs of communities of color, sheltered and unsheltered homeless populations that are disproportionately affected by substance use disorder (SUD); drug addiction prevention interventions for vulnerable youth; and purchase of naloxone for overdose reversals. Over the last 5 years, 80% of the opioid related overdose deaths were caused by fentanyl. The CLB will provide Xylazine test strips to community partners and to the community free of charge. The CLB is working with various stakeholder groups to expand harm reduction capacity and services.

Action: The CLB will report their progress regarding their efforts and opportunities to align service delivery strategies with Federal, State and County partners.

City of West Hollywood:

Presenter: Derek Murray

Summary of Discussions: The City has a long history of contracting with providers for substance use prevention and treatment services, including detox, residential, outpatient, support groups, and sober living. The syringe services program offers needle exchange, safe disposal, nasal spray Narcan, injectable naloxone, condoms, wound care kits, and safer smoking supplies. These supplies include pipes (to dissuade people from injecting substances), mouthpieces (to protect mouth injuries from burns), and well as cleaning and other supplies. From October 1, 2022, through June 30, 2023, there have been 2,054 visits,

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2,028 Nasal Narcan doses have been distributed as well as 1,804 fentanyl test strips. In 2022, the City began a campaign to educate the public about drink spiking. WeHo entered into a contract with the LGBT Center's WeHo Life program to start mass distribution among bars, clubs, and restaurants in the Rainbow District and at the Sunset Strip. These strips will detect the presence of GHB and Ketamine in a drink. From October 1, 2022, through June 30, 2023, there are 60 participating businesses and providers and 29,228 test kits have been distributed.

Action: There was particular interest in the City of West Hollywood's mobile street medicine team as a strategy to bring critical care to those experiencing homelessness. Periodic sharing of data and progress made on harm reduction effort was requested by the planning council.

City of Los Angeles (CLA):

Presenter: Ricky Rosales

Summary of Discussions: The CLA syringe exchange program was established in 1994 when the City Council declared a local public health emergency related to injection drug use and HIV. The AIDS Coordinator's Office (ACO) works very closely with the Los Angeles Police Department on memorandum of agreements, training, notification and smooth operations of the syringe exchange programs. Services are delivered via mobile vans/cars, storefronts, and backpacks at encampments. The CLA funds 7 local CBOs to provide syringe exchange services with an additional 4 certified providers. The full scope of services provided by the ACO includes residential and outpatient treatment; employment access; substance use prevention; peer navigation; overdose prevention, and many more medical and supportive services. The City is currently tracking overdoses and reversals; offering drug testing; and working to establish safer consumption sites. Key program highlights for FY 2022-2023 include: 37,375 unduplicated clients; 17,638 contacts with unhoused individuals; collected 2,021,694 used syringes from city streets; 5,265 individuals trained in overdose prevention; 6,875 reported instances of overdose reversals; and 27,041 fentanyl test strips distributed.

Action: The Commission, under the leadership of the Public Policy Committee, will continue to prioritize state and local legislation and ordinance that support and maintain safer consumption sites.

City of Pasadena:

Presenters: Erika Davies and Nathan Press

- **Summary of Discussions:** E. Davies and N. Press highlighted key programs such as the Geriatric Empowerment Model (GEM) Link program for people experiencing homelessness for people 60+ and one program specifically for transition age youth (ages 18-24 years). These programs involve case management, housing navigation, and linkage to substance

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use and mental health treatment. The Pasadena Outreach Response Team (PORT) seeks to engage, assess, and provide services to individuals experiencing chronic homelessness with mental health and substance use disorder in the City of Pasadena. The PORT team is composed of staff from the Pasadena Public Health Department, Fire Department, Union Station Homeless Services and Huntington Health- the model allows for a coordinated and rapid interagency response. Key accomplishments from July 2019-July 2023 include: 71 people housed; 108 detox rehab; 488 clinical appointments; 177 field assessments; 1,044 dispatch calls; 248 total enrolled; and 4,470 encounters.

Action: Several Commissioners expressed interest in the PORT program and how it can be replicated in other communities. Periodic sharing of data and progress made on outcomes of the PORT program was requested by the planning council.

V. REPORTS – II

A. OPERATIONS COMMITTEE

Operations Co-Chair Justin Valero provided the report. The Committee held its regularly scheduled meeting on, August 24th, 2023, from 10am-12pm.

• Membership Management

- J. Valero welcomed newly appointed members – Sandra Cuevas, Dr. David Hardy, Ismael (Ish) Herrera, Ronnie Osorio, Erica Robinson, Lambert Talley, and Russell Ybarra.
- The motion to vacate Mallery Robinson's seat was **approved under Consent Calendar**.
- The motion to approval Miguel Martinez's PP&A Committee-only application was **approved under Consent Calendar**.
- Parity, Inclusivity & Reflectiveness (PIR) | UPDATES
 - The Operations Committee reviewed the reflectiveness table and based on the data, the Committee discussed a more targeted approach for recruiting Unaffiliated Consumers, American Indian/Alaskan Native, Latinx, and youth.
 - An updated reflectiveness table inclusive of our newly appointed commissioners, will be presented at the next Committee meeting. The information can be accessed on the Commission's website, under the Operations Committee meeting materials.

• Assessment of the Administrative Mechanism (AAM) | UPDATE

- Executive Director, C. Barrit, highlighted the updates provided by the Division of HIV and STDs (DHSP) to the 7/27/23 Operations Committee regarding the status and outcomes of themes and recommendations from previous AAMs. The

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recommended focus of the 2022-2023 AAM are as follows:

- Focus on identifying challenges to shorten and fast-track the contracting process
- Consider a very specific service category assessment
- Tailor questions on how the County is responding to homelessness among PLWH and those at risk
- The County demonstrated during COVID response that a fast-track contracting process is possible, however expedited contracting for HIV and STD services remains elusive for DHSP.
- **Policies and Procedures**
 - Policy #09.4205 Commission Membership Evaluation, Nomination and Approval Process
 - The Committee reviewed and discussed the policy in reference to seat availability and new membership interviews. The Committee decided to leave the policy as is and will disclose to an applicant the availability or lack of seat availability, and continue with the interview process if the applicant so chooses.
 - **(Revised) 2023 Training Series**
 - The Revised 2023 Training Series flyer is available on our website at: <https://hiv.lacounty.gov/events/>. As a reminder, all trainings are virtual and are open to the public. Commission members are required to attend the mandatory trainings (those with an asterisk) via the live virtual sessions or by viewing recordings.
 - The Public Health 101 training was held on August 16th from 3-4:30pm.
 - The next training, Sexual Health and Wellness, will be held on September 20th from 3-5pm.
- **Recruitment, Outreach & Engagement.**
 - The Committee continues to identify opportunities and support members to participate in outreach, recruitment, and engagement activities, to promote the Commission and its work. Commission promotional materials can be accessed via its Digital Tool Kit available on the website under the Resource header tab and hard copies of promotional brochures can be requested from staff to distribute at community engagement and outreach events/activities.
- **Next Meeting:**
 - The next meeting will be held in-person on September 28, 2023 @ 10AM-12PM

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

- PP&A Co-Chair Kevin Donnelly provided the report. The PP&A Committee last met on August 15th and included a welcome and introduction of three new Committee members – Lilieth Conolly, Dechelle Richardson, and Jonathan Weedman.
- There was continued discussion on upcoming Medi-Cal expansion and potential strategies to maximize Ryan White Program funds while ensuring continuity of care as individuals transition to Medi-Cal. It was noted that DHSP is currently working on determining what the new Medi-Cal expansion model may look like and anticipated program savings as individuals transition to Medi-Cal. Anticipated program savings will be used to help determine service category allocations in the 2024 priority setting and resource allocation (PSRA) process.
- The Committee approved Miguel Martinez membership renewal application as a Committee-only member and his renewal was elevated to the Operations Committee meeting.
- The meeting also included the first installment of the RWP Care Utilization Report from DHSP focusing on Ambulatory Outpatient Medical and Medical Care Coordination service utilization for fiscal year 2022.
- The next PP&A meeting will be Tuesday, September 19 from 1-4pm at the Vermont Corridor.

C. Standards and Best Practices (SBP) Committee

- SBP Co-Chair, Erika Davies, provided the report. The SBP Committee cancelled their September meeting. The SBP Committee last met on August 1, 2023 and discussed the following:

Universal Service Standards and Patient Bill of Rights Review

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

Prevention Services Standards Review

- Lizette Martinez and Cheryl Barrit provided an overview of the “Status Neutral HIV and STI Service Delivery System Framework” developed by the Prevention Planning Workgroup (PPW) and shared a brief history of the integration of the Prevention and Care planning groups that now form the Commission on HIV. They added that reviewing the Prevention standards offers the opportunity to include PrEP, Long-Acting Injectables, and Doxy PEP as additional prevention tools to strengthen the document. The SBP

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Committee will coordinate with the Prevention Planning Workgroup to support the review of the standards.

Medical Care Coordination (MCC) Service Standards Review

- The Committee announced a public comment period for the Medical Case Coordination service standards that ends on September 26. The document is available on the Commission website, and anyone interested may submit their comments to HIVCOMM@LACHIV.ORG or to any Commission staff member. The Committee's next meeting will be in-person on Tuesday, October 3, 2023, from 10AM-12PM at the Vermont Corridor.

D. PUBLIC POLICY COMMITTEE (PPC)

PPC Co-Chair Katja Nelson provided the report.

County, State and Federal Policy, Legislation, and Budget

- **2023-2024 Legislative Docket**
 - The PPC is tracking any changes to status for bills.
 - September is the last day for the Governor to receive bills for his signature; the PPC will update the Legislative Docket to highlight bills signed by the Governor.
- **Coordinated STD Response**
 - DPH Memo in response to STD Board of Supervisors (BOS) motion
 - There were no updates.
 - 2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings
 - COH staff reminded PPC members of the volunteer schedule to provide public comment at health deputy and BOS meetings. COH staff will send the agendas and talking points to the volunteers once the meetings are confirmed.
- **Housing Appropriations FY24 Labor-HHS Spending Proposal**
 - While there were no specific updates cited regarding the item, K. Nelson noted that Congress has until September 30 to avoid a government shutdown. It is likely that Congress will pass a continuing resolution to keep the government running through the end of December.
- **Act Now Against Meth (ANAM)**
 - There were no updates.
- **Ryan White Care Act (RWCA) Modernization Project:**
 - **Background:** The Ryan White Care Act (RWCA) Modernization project is a follow-up a discussion on the topic held at the 2022 Commission Annual Conference. The Committee took the issues raised during the conference along with other issues Commission staff identified through a literature review and compiled an issues

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summary document.

- At their September 11 meeting, the PPC reviewed the issues summary document and identified their top 5 key issues to include in the policy brief. Commission staff will use these 5 key issues to draft a policy brief that describes the key issues and includes recommendations for addressing the issues for inclusion in a modernized RWCA. The draft will be ready for review and discussed at the November PPC meeting.
- Once the draft document is ready, the PPC and Commission staff will reach out to subject matter experts and coordinate presentations for the PPC to solicit feedback on the draft policy brief. After, the PPC will go through the Commission's approval process (Develop and review in Committee -> post for public comment -> Review and approve in Executive Committee -> Review and approve at full Commission meeting). Once the document is approved by the Commission, the PPC will develop a strategy for disseminating the document. The Committee will continue the RWCA Modernization conversation at their October meeting. Anyone interested in participating or learning more about the policy brief is welcomed to attend the October and any future PPC meetings.
- K. Nelson appealed to the Commissioners to make public comments at the Health Deputies and Board meetings and articulate the need for a strong response, funding and support for STD/HIV prevention programs. Commissioners who volunteer to provide public comments can get talking points and assistance from staff.
- The next Committee meeting will be on Monday October 3, 2023 from 1pm-3pm at the Vermont Corridor.

E. CAUCUS, TASK FORCE AND WORK GROUP REPORT

(1) Aging Caucus

The Aging Caucus, in collaboration with the Department of Aging and Disabilities, APLA Health, and the LA LGBT Center will host an educational event on sexual health and older adults, "Let's Talk About Sex" on Friday, September 22, 2023 at the Vermont Corridor Terrace Level Conference Rooms TK 5 and TK 8 from 10am to 2:00pm (registration begins at 9:30am). The educational event is geared for service providers and people and agencies serving older adults. People may register using the link provided in today's agenda. The event's learning objectives include:

- Increase service provider awareness, comfort level and skills around discussing sexual health and related services and resources with older adults
- Increase provider knowledge and awareness of STI and HIV risks and prevention
- Identify personal adaptations to service delivery or standards
- Identify personal commitment or action steps to implementing lessons learned from the event

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(2) Black/African American Caucus

The Caucus last met on August 17, 2023 and reported/discussed:

- Community Partnership with Dr. Opara. The Black Caucus & Women Caucus are partnering with UCLA Luskin School of Public Affairs & UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) to host Dr. Opara whose research interests focus on HIV/AIDS, STI, and substance use prevention for urban youth, racial and gender specific prevention interventions for Black girls, and community-based participatory research with urban youth. A special dinner has been scheduled with Dr. Opara on October 18 and reps from the Women's Caucus and Black Caucus will attend. Dr. Opara will also join the October 19 Black Caucus meeting virtually, followed by her lecture at UCLA as part of the Luskin Lecture Series. Her talk, entitled "Approaching Substance Use Prevention by Harnessing Black Girls' Strengths", will delve into substance use prevention tailored to the unique challenges faced by Black girls, harnessing their inherent strengths to achieve success.
- Organizational Capacity Needs Assessment (NA). The pilot phase of the NA with Dr. William King is underway. Upon completion, Dr. King will provide feedback which will be presented to the Caucus to help inform updates to the overall assessment. Thereafter, the assessment will be administered to the nine Caucus-selected Black-led and servicing organizations. A more comprehensive update will be shared at the September 21 Caucus meeting.
- Community Listening Sessions. The Community Listening Session Workgroup continues to plan for listening sessions organized geographically by the following key populations: Women, Same Gender Loving Men, Youth/Justice-Involved, Non-Traditional HIV Medical Professionals, Faith-Based, Trans Persons, and Non-US Born/Caribbean Immigrants. The Caucus, courtesy of Danielle Campbell, will apply for funding opportunities to help support all its community engagement activities via CFAR Incubator Award and Reunion Project.
- Worlds AIDS Day (WAD) Partnership with Supervisor Holly Mitchell's Office. The Caucus will be partnering with D2 Supervisor Holly Mitchell's office to host a Worlds AIDS Day event on December 6, 2023; save the date. More details to follow.
- October 21st Taste of Soul (TOS) Participation. The Caucus will host a booth at the TOS on October 21st in partnership with Dr. King who will provide HIV testing.
- The next Caucus meeting will be held on September 21st @ 4-5PM. The Caucus will receive a comprehensive update on the needs assessment and hear updates regarding planning for the community listening sessions, Taste of Soul, and Worlds AIDS Day event.

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(3) Consumer Caucus

- The Caucus met on August 10, 2023 following the Commission meeting:
 - DHSP via its contractor Rescue Agency presented on its Ryan White Program services promotional campaign for the Caucus' feedback.
 - Chuy Orozco provided a quarterly HOPWA report
 - Caucus briefly discussed recommendations for Annual Meeting topics
- Today's meeting will be held at 2-3:30PM and will focus on the Medical Care Coordination (MCC) program. Specifically, DHSP will provide a brief overview of the MCC program followed by SBP leadership guiding the Caucus through the draft MCC service standards for feedback. All consumers of HIV prevention and care services are invited to attend; a virtual option will be available for those wishing to attend online. Lunch provided for those joining in-person.
- Lastly, a special thanks to Ilish Perez for supporting the Caucus on behalf of DHSP. She has accepted a full-time position with the Substance Abuse and Prevention and Control (SAPC) Program, Los Angeles County Department of Public Health.

(4) Transgender Caucus

- The Transgender Caucus met on August 22, 2023: The Caucus primarily discussed planning efforts for their TGI Health Summit event. The Caucus co-chairs and Commission staff conducted a walkthrough of the event space on August 22 to gain an understanding of the layout and potential set-up. The event will take place on Thursday November 2, 2023 from 8am-4:30pm at The Village at Ed Gould Plaza of the LA LGBT Center.
- A "Save The Date" flyer has been distributed and there is a "Call for Abstracts" open for submissions through September 18th. The Caucus is accepting workshop abstracts that uplift the intersections of transgender, gender non-conforming, and intersex communities that highlight Health and Wellness, History, and Policy/Advocacy. For more information reach out Commission staff.
- As a reminder, the Caucus is focused on increasing community engagement and participation in Commission activities as well as exploring ways to hold Commissioners accountable in considering the lived experiences of the Transgender community when making deliberations.
- The Transgender Caucus will hold their next virtual meeting on Tuesday September 26, 2023 from 10am-11:30am via WebEx.

(5) Women's Caucus

- No new updates since the August COH meeting. As a refresher:

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- The Caucus last met on July 17, 2023, and debriefed on its 2-part virtual lunch & learn presentation on loss, grief, and healing. The recordings are available on the Commission's website under the Events header tab.
- The Caucus reviewed its 2019 recommendations which were included PP&A's programmatic directives to DHSP. The Caucus will continue its review of the directives at its next meeting.
- As reported under the Black Caucus report, the Women Caucus & Black Caucus are partnering with UCLA Luskin School of Public Affairs & UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) to host Dr. Opara whose research interests focus on HIV/AIDS, STI, and substance use prevention for urban youth, racial and gender specific prevention interventions for Black girls, and community-based participatory research with urban youth. A special dinner has been scheduled w/ Dr. Opara on October 18 and representatives from the Women's Caucus and Black Caucus will attend, followed by her attendance at the October 19 Black Caucus and subsequent lecture at UCLA as part of the Luskin Lecture Series.
- The Caucus' next meeting will be a hybrid meeting; in person option held at the Vermont Corridor. The meeting will be held at 2-4PM.

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

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

(7) Prevention Planning Workgroup

- The Prevention Planning Workgroup last met on August 23rd. The workgroup continued their review of the Prevention Standards and began outlining recommendations.
- The workgroup identified the need to incorporate the status neutral framework into the Universal Service Standards and will be making recommendations to include status neutral language to the Standards and Best Practices (SBP) Committee for consideration.
- It was noted that the review of the Prevention Standards would continue into 2024 due to proposed restructuring/changes. Commission staff noted that the timeline for completion would not impact the plan to sunset the Prevention Planning Workgroup at the end of 2023 as feedback can continue to be provided via an ad hoc group of the Planning, Priorities and Allocations Committee, by attending SBP Committee meetings,

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and/or during public comment periods.

- The next virtual PPW meeting will be next Wednesday, Sept. 27th from 4-5:30pm and will include continued revisions to the Prevention Standards.

(8) Bylaws Review Taskforce (BRT)

- The BRT continues to review the Bylaws for updates as directed by the Executive Committee. Key topics include stipend increases for unaffiliated consumer members and meeting frequency.
- County Counsel confirmed that most if not all the recommendations for updates to the Bylaws will trigger an Ordinance change.
- Staff will work with the BRT Co-Chairs to identify specific sections of the Bylaws that require updates and recommend language, pursuant to the tracker and present a mark-up version at the next BRT meeting for review.

VI. MISCELLANEOUS

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

- S. Alonzo, a consumer, expressed her concerns regarding challenges with using local HIV services. Specifically, she cited the lack of staff willingness to assist patients; she has been told that there are no social workers or other staff available to assist her and has not received any call backs from agencies she has contacted for assistance.

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.

- Joseph Green requested a joint meeting with the DHSP Ending the HIV Epidemic (EHE) Steering Committee in the first quarter of 2024.

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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.

- Arlene Frames announced an event hosted by Didi Hirsch Mental Health Services called “Alive Together” on October 1 at 8am at Exposition Park. The event is a community walk to raise awareness about suicide prevention. She asked other Commissioners to support her in the walk.

D. ADJOURNMENT AND ROLL CALL: Adjournment for the meeting of September 14, 2023

The meeting was adjourned at 1:31PM. J. Stewart conducted roll call.

ROLL CALL (PRESENT): E. Alvizo, A. Burton, D. Campbell, M. Cielo, L. Conolly, S. Cuevas, E. Davies, K. Donnelly, A. Frames, F. Gonzalez, K. Halfman (BA: Teleconf), I. Herrera, L. Kochems, J. Magana, D. Murray, K. Nelson, B. Patel, D. Richardson, R. Rosales, K. Stalter, J. Weedman, R. Ybarra, B. Gordon, J. Green.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting agenda, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 2: Approve meeting minutes, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 3: Approve Consent Calendar, as presented or revised	Passed by Consensus	MOTION PASSED
MOTION #4: Approve 2024-2026 COH Co-Chair as elected.	<u>Vote by Roll Call</u> Alasdair Burton: A. Burton, D. Murray (2 votes) Danielle Campbell: E. Alvizo, J. Arrington, D. Campbell, M. Cielo, L. Conolly, F. Findley, A. Frames, F. Gonzalez, I. Herrera, J. Magaña, L. Maultsby, K. Nelson, D. Richardson, L.	D. Campbell elected as 2024-2026 COH Co-Chair

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MOTION AND VOTING SUMMARY		
	Spencer, K. Stalter; Abstentions: E. Davies, K. Halfman, R. Osorio, M. Pérez, R. Rosales, J. Weedman, R. Ybarra, J. Green (15 votes) Kevin Donnelly: S. Cuevas, K. Donnelly, L. Kochems, B. Patel, M. Sattah, B. Gordon); (6 votes)	
MOTION #5: Approve seat vacate for Mallery Robinson (Alternate), as presented or revised.	Passed by Consent Calendar	MOTION PASSED
MOTION #6: Approve PP&A Committee-Only Renewal Membership for Miguel Martinez, as presented or revised.	Passed by Consent Calendar	MOTION PASSED



August 29, 2023

Dear Ryan White HIV/AIDS Program Part A Recipients:

This letter provides clarification on the Health Resources and Services Administration, HIV/AIDS Bureau's (HRSA HAB) expectations of a required community input process for Ryan White HIV/AIDS Program (RWHAP) Part A awards. The Chief Elected Official, as the recipient of RWHAP Part A funds, is ultimately responsible for establishing the planning body to spearhead the development of a comprehensive HIV service system for the Eligible Metropolitan Area or Transitional Grant Area (EMA/TGA) through a planning council (PC) or planning body (PB).

Section 2602(b) of Title XXVI of the Public Health Service Act outlines the roles and responsibilities of the PC. Section 2609(d)(1) outlines the requirement for TGAs to have a formal community input process to formulate the overall plan for priority setting and resource allocations in TGAs.

This program letter clarifies HRSA HAB requirements and expectations for the PC/PB. Unless otherwise noted, the requirements and expectations apply to both PCs and PBs.

**Roles and Responsibilities-
Priority Setting and Resource
Allocation**

Priority Setting and Resource Allocations (PSRA) is the single most important legislative responsibility of a PC/PB, and greatly influences the system of HIV care in the EMA/TGA. The PSRA process must prioritize all RWHAP HIV core medical and support services annually.
[2602(b)(4)(C)] and 2602(d)(1)]

PC Membership

The PC must include a representative from each of the 13 legislatively required membership categories. The PC must also include at least one member to separately represent each of the designated membership categories (unless no entity from that category exists in the EMA/TGA). Separate representation means each PC member can fill only one legislatively required membership category at any given time, even if qualified to fill more than one. There are only three situations that allow one person to represent two membership categories. PC members must reflect the demographics of the population of individuals with HIV in the jurisdiction. Additionally, no less than 33 percent of PC membership must be comprised of unaffiliated clients receiving RWHAP Part A services in the jurisdiction.
[2602(b)(2)]

PB Membership

At a minimum, the PB must include representatives of the various stakeholders in the TGA, and must reflect the demographics of the population of individuals with HIV in the jurisdiction. Additionally, no less than 33 percent of PB membership must be comprised of unaffiliated clients receiving RWHAP Part A services in the jurisdiction.

Term Limits

To ensure the PC/PB are reflective of the demographics of the population of individuals with HIV in the jurisdiction, HRSA HAB expects the PC/PB to establish term limits and membership rotations.

Separation of PC/PB and Recipient Roles

A separation of PC/PB and recipient roles is necessary to avoid conflicts of interest. The legislation prohibits PC public deliberations from being “chaired solely by an employee of the grantee.” [2602(b)(7)(A)]. A recipient representative, whose position is funded with RWHAP Part A funds, provides in-kind services, or has significant involvement in the RWHAP Part A grant, shall not occupy a voting seat in the PC/PB. A recipient representative may serve as a non-voting co-chair of the PC/PB.

If you have any questions regarding the information outlined in this letter, please consult your project officer.

Sincerely,

/s/ Chrissy Abrahms Woodland, MBA

Chrissy Abrahms Woodland, MBA
Director
Division of Metropolitan HIV/AIDS Programs

Frequently Asked Questions (FAQs)

Planning Council and Planning Body Requirements and Expectations Ryan White HIV/AIDS Program (RWHAP) Part A (April 6, 2022)
HIV Emergency Relief Grant Program

1. What flexibility does the Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB) provide to address challenges with Planning Councils (PC) and Planning Body (PB) for meeting the legislatively mandated representation categories, as applicable.

RESPONSE: Per the Ryan White HIV/AIDS Program (RWHAP) Part A Manual, the HRSA expects that the PC must include at least one member to separately represent each of the designated membership categories listed in section 2602(b)(2) of the RWHAP statute (unless no entity from that category exists in the EMA/TGA). Separate representation means each PC member can fill only one legislatively required membership category at any given time, even if qualified to fill more than one.

Furthermore, it is a HRSA HAB expectation that, at a minimum, the PB must include representatives of each of the various stakeholders in the TGA. HRSA HAB defines stakeholder representation based on the 13 membership categories required for a PC outlined in RWHAP statute.

There are only three situations that allow one person to represent two membership categories:

1. One person may represent both the substance use disorder provider and the mental health provider categories if their agency provides both types of services and the person is familiar with both programs.
2. A single PC member may represent both the RWHAP Part B and the state Medicaid agency if that person is in a position of responsibility for both programs.
3. One person may represent any combination of RWHAP Part F grant recipients (SPNS, AETCs, and dental programs) and Housing Opportunities for Persons with HIV/AIDS (HOPWA), if the agency represented by the member receives grants from some combination of those four funding streams (e.g., a provider that receives both HOPWA and SPNS funding), and the individual is familiar with all these programs.

In the event a jurisdiction does not have or is unable to fill a required membership category, documentation of efforts to fill the category, including annual certification by the Chief Elected Official (CEO) or designee, must be submitted to HRSA with the Program Submission Report in the electronic handbooks (EHB).

2. How can jurisdictions support meaningful engagement of people with lived experience in PC/PBs? Such guidance would also help to standardize and ensure equity for community PC/PB members among all jurisdictions.

RESPONSE: Per HAB Policy Clarification Notice (PCN) 16-02, RWHAP Part A recipients can support the meaningful engagement of clients attending PC or PB meetings by providing gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity. Please note that RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for

cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Additional considerations can include adjusting PC or PB meeting times to occur after business hours or on weekends to reduce conflict with client work schedules. Lastly, non-RWHAP funding sources (e.g., general revenue funds) can be utilized to compensate clients for attending PC or PB meetings.

3. The language in the letter indicates that people with lived experience serving on the PC/PB should be “receiving RWHAP Part A services”; however, meeting the legislative requirement of thirty-three percent (33%) of the PC membership being comprised of people with lived experience is more achievable if the language in the letter instead stated that membership for people with lived experience is based on them being “eligible for RWHAP Part A services.” Is there any flexibility on this issue?

RESPONSE: The RWHAP Part A statute, section 2602(b)(5)(C)(i) of the RWHAP statute, requires that “not less than 33 percent of the council shall be individuals who are receiving HIV-related services pursuant to a grant” under RWHAP Part A. Moreover, individuals receiving HIV-related services may include caregivers of people receiving RWHAP services or people receiving RWHAP services that are paid for by a third party payer, such as Medicaid.

4. What is the intent of imposing term limits for PC/PB membership categories? Are term limits specific to leadership positions only, or unaligned people with lived experience participation?

RESPONSE: The intent of term limits is to ensure compliance with the RWHAP statute that requires the PC/PB to be reflective of the demographics of the population of individuals with HIV in the jurisdiction. Therefore, HRSA HAB expects the PC/PB to establish term limits and membership rotations for the required membership categories (Section 2602(b)(1) of the RWHAP statute) and unaligned persons with lived experience (i.e., persons receiving RWHAP Part A services and are not affiliated with funded RWHAP Part A providers as staff, board members, or consultants (Section 2602(b)(5)(C)(1) of the RWHAP statute). Per the RWHAP Part A Manual, HRSA expects that jurisdictions determine term limits and rotations that are in alignment with legislative and programmatic requirements, such as the integrated planning efforts, the comprehensive needs assessment, and the three-year period of performance. Jurisdictions should implement a predetermined period of time, where outgoing members cannot reapply to allow other community members the opportunity to serve. In addition, jurisdictions can include additional members that include representation for long-term survivors to maintain input.

5. Why can't recipient staff have a voting role in the PC or PB?

RESPONSE: In order to preserve the independence of the PC/PB, a separation of PC/PB and recipient roles is necessary to avoid conflicts of interest (see section 2602(b)(5)(A) of the RWHAP statute). Per statute, recipient staff administer the RWHAP Part A grant in their jurisdiction, including selection of subrecipients to provide services. The PC/PB is prohibited from administering the RWHAP Part A grant, including the designation or selection of subrecipients. As such, recipient staff cannot have a voting role in the PC/PB to avoid this conflict of interest.

6. Please provide clarification for merged prevention and care planning bodies, specifically on the parity between care-recipient staff serving as co-chair, which is disallowed based on the HRSA HAB Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and

Expectations Letter (April 6, 2022), and prevention-recipient staff serving as co-chair, which is mandated by the Centers for Disease Control and Prevention (CDC).

RESPONSE: The requirements are not in conflict, and there are various methods to resolve any perceived conflicts. For example, a jurisdiction could implement multiple co-chairs that allows for a care-recipient staff, a prevention-recipient staff, and an unaligned person with lived experience to serve as PC/PB co-chairs. Doing this would support the CDC mandate and the RWHAP Part A legislative mandate prohibiting care-recipient staff from solely chairing the PC (section 2602(7)(A) of the RWHAP statute). For additional technical assistance, you may contact your project officer.

7. Can recipient staff fill an ex-officio role and not count towards quorum, or have a vote?

RESPONSE: An ex-officio member has all the rights and privileges of membership, including the right to vote. Recipient staff who are directly involved in the administration of the grant should not fill an ex-officio role on the PC/PB unless the bylaws specifically restrict an ex officio member from voting. HRSA HAB recommends that jurisdictions address the Ex-Officio role and responsibility on the PC/PB in the PC/PB bylaws.

8. Is there a restriction for recipient staff not funded by HRSA or RWHAP Part A to serve as governmental co-chairs of PCs/PBs, especially if PC/PB at the local level also has a prevention mandate?

RESPONSE: Per section 2602(b)(7) of the RWHAP statute, the legislation prohibits PC public deliberations from being “chaired solely by an employee of the grantee.” A recipient representative, whose position is funded with RWHAP Part A funds, provides in-kind services, or has significant involvement in the RWHAP Part A grant, shall not occupy a seat in the PC nor have a vote in the deliberations of the PC. Therefore, an employee of the recipient, who is not directly involved in the administration of the grant, may serve as a co-chair, provided the bylaws of the PC/PB permit or specify that arrangement. An acknowledged best practice is to have bylaws require that one co-chair be a person with HIV.

9. RWHAP Part A recipients would like more information on the requirements for the new three-year period of performance. Will the three-year period of performance “lock” funding for jurisdictions when increased support and resources may be needed to address the changes on the ground?

RESPONSE: Effective FY 2022, HRSA HAB has transitioned the RWHAP Part A from an annual competitive award with a one-year period of performance, to an annual funded award with a three-year period of performance. As required by law, the non-discretionary Part A formula award is calculated annually based on the number of living HIV and AIDS reported to and confirmed by CDC. Likewise, the Minority AIDS Initiative (MAI) award is calculated annually based on the number of living minority HIV and AIDS cases reported to and confirmed by the CDC.

As fully explained in the notice of funding opportunity (Funding Opportunity Number: [HRSA-22-018](#)), one-third of funding available is for discretionary supplemental awards and is distributed based on demonstrated need. The normalized score assigned to the competitive application during the first year (i.e., FY 2022) of the three-year period of performance will be utilized to calculate

the discretionary supplemental award in the second and third years (i.e., FY 2023 and FY 2024, respectively).

Additional information on the transition of the RWHAP Part A award from an annual to a multi-year period of performance is located on [TargetHIV](#).

10. Many jurisdictions experience challenges attaining and remaining in compliance with PC/PB guidance because of state public-meeting laws requiring in-person meetings to make quorum and/or by county-level public health COVID-19 requirements. These jurisdictions want to ensure that HRSA HAB is aware of these issues.

RESPONSE: HRSA HAB is aware that many jurisdictions are required to comply with state and local sunshine laws requiring in-person meetings and understands the challenges this imposes on PCs/PBs in establishing quorum for their meetings. HRSA HAB also understands the impact COVID-19 has had on PCs'/PBs' ability to meet quorum for meetings.

SAVE THE DATE

Annual Conference

together.

WE CAN END HIV IN OUR
COMMUNITIES ONCE & FOR ALL



Vermont Corridor @ 510 S. Vermont Ave,
Los Angeles, CA 90020

NOV | **9th** | **2023**

Free Validated Parking | 523 Shatto Pl
<https://hiv.lacounty.gov/>



We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





Estamos Escuchando

Comparta sus inquietudes con nosotros.

**Servicios de VIH + ETS
Línea de Atención al Cliente**

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

En el sitio web:
<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





Division of HIV and STD Programs
600 S. Commonwealth Ave., 10th Floor
Los Angeles, CA 90005

Customer Support Program

The Division of HIV and STD Programs' (DHSP) Customer Support Program aims to assist consumers of HIV and STD services who have experienced difficulty accessing services from DHSP-funded providers throughout Los Angeles County. If you need assistance or have a concern regarding your HIV or STD services that you have not been able to resolve with the provider directly, please feel free to share with us by completing the form below.

You can email us directly at dhspsupport@ph.lacounty.gov or contact us by phone at **(800) 260-8787**. Please feel free to reach out with any questions or if you need further assistance.

What happens after I contact DHSP Customer Support Unit?

DHSP staff will contact you regarding your concerns within 2 business days of receipt of your form or message. For questions about services or resources available in Los Angeles County, we will provide you with the information you are requesting and where to go to receive services. For issues or complaints regarding services you have received, we will then work closely with you and can provide assistance with seeking resolutions such as by filing a grievance with the service provider or by providing referrals or information about available services that meet your needs. You will also be welcome to remain anonymous through the process if you prefer.

Your feedback is important to us. Please complete our customer satisfaction survey by clicking the link below or scanning the QR code:

[Customer Satisfaction Survey](#)



Customer Support Form

Filing Date:			
YOUR INFORMATION			
Name (First, Middle and Last):		Patient/Client Name if different from complainant:	
Street Address:		City:	Zip Code:
Phone Number and E-mail:		Can we leave a voice message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can we share your name with the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred Language:	
Preferred Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____			
Which is the best way to keep in touch with you? <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Any/ No preferences <input type="checkbox"/> No written communication from us (DHSP) <input type="checkbox"/> Other: _____			
What type of assistance do you need? <input type="checkbox"/> Linkage to HIV/STD services <input type="checkbox"/> Community resources <input type="checkbox"/> File a complaint <input type="checkbox"/> Offer feedback <input type="checkbox"/> Other (please specify): _____			
For Linkage or Resource Request: Describe assistance that you need.			
For Feedback:			

TO FILE A COMPLAINT: Fill in the form below and provide as much details as you can.

COMPLETE IF AUTHORIZING A REPRESENTATIVE TO FILE A COMPLAINT ON YOUR BEHALF

Name of Representative:

Relationship to Patient/Client:

Phone Number:

- ☐ I authorized the person or entity named above to serve as my representative for this complaint.
☐ Not Applicable

SERVICE PROVIDER/AGENCY INFORMATION

Agency Name:

Service Location Street Address:

City:

Zip Code:

Service Category:

- | | |
|--|--|
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Medical Case Management |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Benefits Specialty |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Nutrition/ Food Support | <input type="checkbox"/> Residential Facility |
| <input type="checkbox"/> HIV/ STD Testing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> PrEP Services | <input type="checkbox"/> Other: _____ |

Did you file a complaint with the agency?

☐ No ☐ Yes, Date: _____ With Whom? _____

What was the result?

COMPLAINT DETAILS

Complaint Type (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Ability to Get Care/ Service (i.e., denial, scheduling) | <input type="checkbox"/> HIV Patients' Rights Violation |
| <input type="checkbox"/> Billing | <input type="checkbox"/> Quality of Care (i.e., substandard care) |
| <input type="checkbox"/> Confidentiality and Privacy | <input type="checkbox"/> Medical Provider Issues |
| <input type="checkbox"/> Enrollment/ Benefits | <input type="checkbox"/> Staff Issues/ Customer Service |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> DHSP Staff |
| <input type="checkbox"/> Facility Environment/ Accommodations | <input type="checkbox"/> Other: _____ |

COMPLAINT DETAILS

Please describe your complaint. Attach additional pages or supporting documents as needed.

When did this happen (date of incident)?

Name of person involved?

Name of person witnessed the incident?

What happened?

Desired Outcome (what would reasonably resolve this concern for you)?

YOU CAN SUBMIT A COMPLAINT OR CONCERN TO DHSP'S CUSTOMER SUPPORT UNIT BY:

- Email: dhspsupport@ph.lacounty.gov

- Phone: (800) 260-8787

- In-person or by U.S. Mail:

Division of HIV and STD Programs

Attention: Customer Support Unit

600 S. Commonwealth Ave., 10th Floor, Los Angeles, California, 90005



División de Programas Contra el VIH y ETS

600 S. Commonwealth Ave., 10th Floor

Los Angeles, CA 90005

Programa de Ayuda al Cliente

El Programa de Ayuda al Cliente de la División de Programas Contra el VIH y ETS (DHSP) tiene como objetivo ayudar a los consumidores de servicios de VIH y ETS que han experimentado dificultades para acceder a los servicios financiados por DHSP en el condado de Los Ángeles. Si necesita ayuda o tiene una preocupación con respecto a los servicios de VIH o ETS que no ha podido resolver directamente con el proveedor, no dude en compartir con nosotros completando el formulario a continuación.

Puede enviarnos un correo electrónico directamente a dhspsupport@ph.lacounty.gov o contactarnos por teléfono al **(800) 260-8787**. Por favor, siéntase libre de comunicarse con cualquier pregunta o si necesita más ayuda.

¿Qué sucede después de contactar al Programa de Ayuda al Cliente de DHSP?

El personal de DHSP se comunicará con usted con respecto a sus preocupaciones dentro de los 2 días hábiles después de recibir su formulario o mensaje. Si tiene preguntas sobre los servicios o recursos disponibles en el condado de Los Ángeles, le proporcionaremos la información que está solicitando y adónde ir para recibir los servicios. Para problemas o quejas sobre los servicios que ha recibido, trabajaremos con usted para ayudarle a resolver el problema y podemos brindarle asistencia para buscar soluciones, como presentar una queja ante el proveedor de servicios o proporcionar referencias o información sobre los servicios disponibles que satisfagan sus necesidades. Puede permanecer anónimo en este proceso si así lo prefiere.

Su opinión es importante para nosotros. Complete nuestra encuesta de satisfacción del cliente haciendo clic en el enlace a continuación o escaneando el código QR:

[Encuesta de satisfacción del cliente](#)



Formulario de ayuda al cliente

Fecha:		
YOUR INFORMATION		
Nombre (primero, segundo y apellido):	Nombre del paciente/cliente si es diferente del denunciante:	
Dirección postal:	Ciudad:	Código postal:
Número de teléfono o correo electrónico:	¿Podemos dejar un mensaje de voz? <input type="checkbox"/> Sí <input type="checkbox"/> No	
¿Podemos compartir su nombre con la agencia? <input type="checkbox"/> Sí <input type="checkbox"/> No	Idioma preferido:	
Pronombres preferidos: <input type="checkbox"/> El <input type="checkbox"/> Ella <input type="checkbox"/> Ellos <input type="checkbox"/> Otro: _____		
¿Cuál es la mejor manera de mantenerse en contacto con usted? <input type="checkbox"/> Llamada telefónica <input type="checkbox"/> Correo electrónico <input type="checkbox"/> Correo <input type="checkbox"/> Cualquiera/Sin preferencias <input type="checkbox"/> No comunicación por escrita de DHSP <input type="checkbox"/> Otro: _____		
¿Qué tipo de asistencia necesita? <input type="checkbox"/> Vinculación con los servicios de VIH/ETS <input type="checkbox"/> Recursos de la comunidad <input type="checkbox"/> Presentar una queja <input type="checkbox"/> Ofrecer comentarios <input type="checkbox"/> Otro (por favor especifique): _____		
Para solicitar que lo vinculen con atención o recursos: Describa la asistencia que necesita.		
Para comentarios:		

PRESENTAR UNA QUEJA: Complete el siguiente formulario y proporcione detalles específicos como pueda.

COMPLETE SI AUTORIZA A UN REPRESENTANTE A PRESENTAR UNA QUEJA EN SU NOMBRE

Nombre del representante:	Relación con el paciente/cliente:	Número de teléfono:
---------------------------	-----------------------------------	---------------------

- ☐ Autorizo a la persona o entidad nombrada arriba para que actúe como mi representante en esta queja.
☐ No Aplica

INFORMACIÓN DEL PROVEEDOR DE SERVICIOS/AGENCIA

Nombre de la agencia:

Dirección en donde recibió el servicio:	Ciudad:	Código postal:
---	---------	----------------

Categoría de servicio:

- | | |
|--|---|
| <input type="checkbox"/> Atención Medica | <input type="checkbox"/> Administración de Casos |
| <input type="checkbox"/> Atención Dental | <input type="checkbox"/> Beneficios de Especialidad |
| <input type="checkbox"/> Salud Mental | <input type="checkbox"/> Servicios Legales |
| <input type="checkbox"/> Nutrición / Apoyo Alimentario | <input type="checkbox"/> Residencial |
| <input type="checkbox"/> Pruebas de VIH / ETS | <input type="checkbox"/> Transporte |
| <input type="checkbox"/> Servicios de PrEP | <input type="checkbox"/> Otro: _____ |

¿Presentó una queja ante la agencia?

☐ No ☐ Sí, fecha: _____ ¿Con quién? _____

¿Cuál fue el resultado?

DETALLES DE LA QUEJA

Tipo de queja (marque todas las que apliquen):

- | | |
|---|--|
| <input type="checkbox"/> Acceso a la atención/servicio (negación, programación, etc.) | <input type="checkbox"/> Violación de los derechos de los pacientes con VIH |
| <input type="checkbox"/> Facturación (cobros) | <input type="checkbox"/> Calidad de la atención (i.e., atención no adecuada) |
| <input type="checkbox"/> Confidencialidad y privacidad | <input type="checkbox"/> Problemas con los proveedores médicos |
| <input type="checkbox"/> Inscripción/ Beneficios | <input type="checkbox"/> Problemas del personal / Servicio al cliente |
| <input type="checkbox"/> Desalojo | <input type="checkbox"/> Personal del DHSP |
| <input type="checkbox"/> Entorno de las instalaciones / Alojamiento | |
| <input type="checkbox"/> Otro: _____ | |

DETALLES DE LA QUEJA

Por favor, describa su queja. Adjunte páginas adicionales o documentos de respaldo.

¿Cuándo sucedió (el incidente)?

¿Nombre de la persona involucrada?

¿Nombre del testigo del incidente?

¿Qué pasó?

¿Resultado deseado (lo que razonablemente resolvería esta preocupación para usted)?

PUEDE PRESENTAR UNA QUEJA O PREOCUPACIÓN A LA UNIDAD DE AYUDA AL CLIENTE DE DHSP AL:

- Correo electrónico: dhspsupport@ph.lacounty.gov
- Teléfono: (800) 260-8787
- En persona o por correo:

Division of HIV and STD Programs

Attention: Customer Support Unit

600 S. Commonwealth Ave., 10th Floor, Los Angeles, California, 90005

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



September 20, 2023
10:30 – 12:00 PM (PST)

Answer the icebreaker in the chat:
What is your favorite monster or creature?



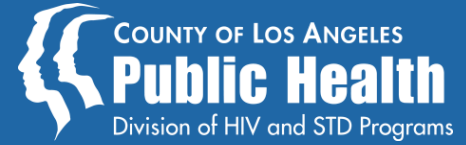
Ending
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Topics for Today

- 
- 
- Ending the HIV Epidemic (EHE) Plan for Los Angeles County
 - EHE Treatment Pillar Highlights
 - EHE Respond Pillar Highlights
 - Upcoming EHE Projects
 - Questions and Discussion



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Ending the HIV Epidemic (EHE) in Los Angeles County: A Brief Overview

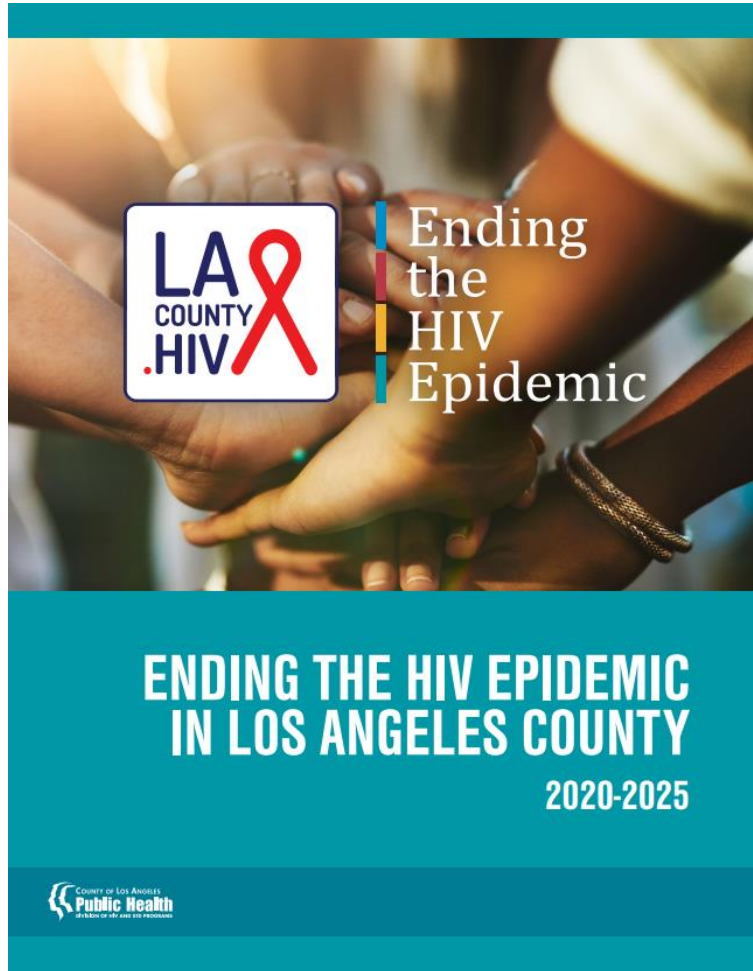


Julie Tolentino, MPH

she/her/hers

EHE Program Manager

Ending the HIV Epidemic Plan



Priority Populations

- Black/African American men who have sex with men (MSM)
- Latinx MSM
- Women of color
- People who inject drugs and/or with substance use disorder
- People of trans experience
- Youth under 30 years of age

Executive Summary: <https://www.lacounty.hiv/resources/>

Full EHE Plan: www.LACounty.HIV

Ending the HIV Epidemic Indicators

59,400 people living with HIV in LA County	6,800 are unaware of <u>their</u> HIV positive status	76,000 people would benefit from <u>PrEP</u>	54,500 of the 76,000 are Black & Latinx people who would benefit from <u>PrEP</u>
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Indicator	LAC current	EHE Targets for 2025
Number of new transmissions ¹	1,400 (2021)	380
Number of new HIV diagnoses ²	1,518 (2021)	450
Knowledge of HIV-status among PLWH ¹	89% (2021)	95%
Linkage to HIV care among PLWDH ²	76% (2021)	95%
Viral Suppression among PLWDH ²	61% (2022)	95%
Percentage of persons in priority populations prescribed PrEP ³	53% (2021)	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.

EHE Progress in LA County

Diagnose

- HIV self-testing: over 20,000 test kits distributed
- Routine testing at DMH: 47 clinics & psych street team
- Bundled HIV and syphilis testing with street medicine programs
- HIV testing at 6 syringe service programs

Prevent

- PrEP public health detailing campaign: over 700 providers
- TA to FQHCs & community clinics for PrEP optimization
- TelePrEP services at partner organizations

Outreach & Education

- Community events and EHE presentations
- Health education material/resource development
- Implicit Bias & Medical Mistrust Training
- Language Guide

Cross Cutting Strategies

- Mini-grants: \$50,000 for innovative projects
- Community engagement/mobilization program
- Media campaigns (Ryan White promotion, PrEP, HIV and syphilis)
- HIV Workforce Development



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Treat Pillar Strategies

Michael Haymer | MD, MSW
he/him/his
Treat Pillar Lead

Treat people rapidly and effectively

Why?

- Linking people to medical care within days of diagnosis ensures optimal treatment and reduces transmission.
- Low levels of linkage to care exist across multiple populations.
- People who maintain viral suppression cannot transmit HIV to others.



What is the Rapid and Ready Program?

The Rapid and Ready Program (RRP) is designed to promote and support rapid linkage to HIV care for all persons who newly test positive for HIV or are ready to reengage in HIV care.

What are Rapid Navigation Services?

Rapid Navigation Services includes a team of navigators that link clients who test positive for HIV to a same-day or next-day medical appointment with providers who prescribe HIV medications on the first visit.

Who can receive services?

The services are for anyone who tests positive for HIV in Los Angeles County and is interested in seeing an HIV provider. HIV testing sites, community clinics, medical centers, and emergency departments can also use this service to link a client to HIV care.

What other services can I access through this Program?

Support services are available, including transportation, insurance navigation, benefits screening, assistance filling prescriptions, and accompanying clients to clinic visits. Navigators will also work to offer resources and referral pathways that best serve clients experiencing barriers in linkage to care.


How can I access services?


Connect with a navigator through any of the contact methods below. Hours of operation are Monday through Friday from 8:00 AM to 5:00 PM.


☎ (833) 351-2298


✉ rapid@ph.lacounty.gov


🌐 publichealth.lacounty.gov/dhsp/RapidART.htm

 Linkage to HIV care provider

 Assistance with transportation

 Insurance & benefits screening

 Assistance with filling prescriptions

 Accompanying clients to clinic visit

Treat Pillar Indicators

1. Increase the proportion of people diagnosed with HIV who are linked to HIV care within one month of diagnosis

2. Increase the proportion of diagnosed PLWH who are virally suppressed

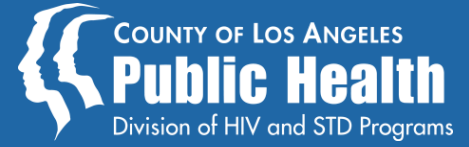
Indicator	LAC current	EHE Targets for 2025
Linkage to HIV care among PLWH	76% (2020)	95%
Viral Suppression among PLWH	61% (2021)	95%

59,400

People living
with HIV in LA
County



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Rapid and Ready Program

Rapid and Ready Program

Purpose:

1. Build a network of clinics that accept immediate appointments.
2. Promote timely linkage of clients HIV medical care and same-day ART.
3. Increase DPH ability to rapidly navigate clients to care.

Population(s):

- Persons newly diagnosed with HIV
- PLWH who are not in HIV care

Navigation Team:

- HIV Navigators assist clients and agencies with linkage, service navigation, and transportation.



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Division of HIV and STD Programs

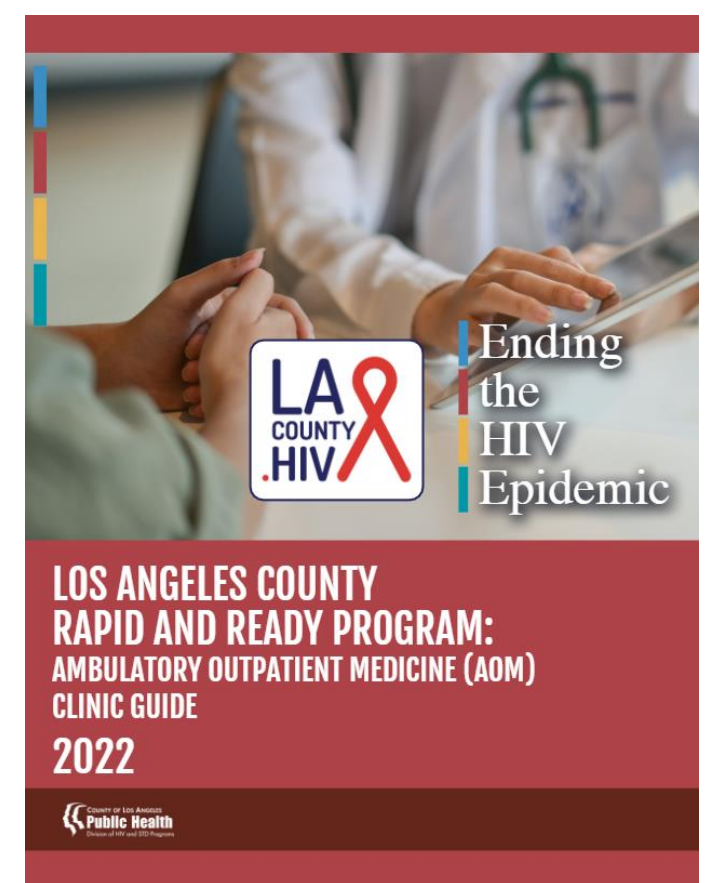
Rapid and Ready Program

CALL (833) 351-2298

**TO CONNECT WITH A
RAPID NAVIGATOR AND
GET STARTED ON
HIV TREATMENT.**

Rapid and Ready Treatment Hubs

- DHSP supported a learning collaborative that provided technical assistance and coaching to build a network of Rapid Treatment Hubs.
- DHSP's Rapid Navigation Team offers linkage support and navigation services to Rapid Treatment Hubs.
- More information about the Rapid and Ready Program is available on DHSP's website.



[Rapid and Ready Program](#)
(Rapid HIV Navigation Services)

[Updated List of Rapid Treatment Hubs](#)



For the most
up-to-date list,
please scan here.

List of Rapid Treatment Hubs

Clinic	Location	Contact
Altamed Health Services	East Los Angeles, Pico Rivera, El Monte	(323)-803-8425
City of Long Beach, Health Department	Long Beach	(562) 570-4316 or (562) 570-4317
Harbor-UCLA Medical Center	Torrance	(424) 306-4350
Martin Luther King, Jr. Outpatient Center (MLK/Oasis Clinic)	Los Angeles	(424) 338-2930
Northeast Valley Health Center	Van Nuys	(818) 923-9160
St. John's Community Health	Los Angeles, Compton	(323) 369-0703
St. Mary Medical Center (Dignity Health)	Long Beach	(562) 624-4999
Tarzana Treatment Centers	Reseda	(818) 342-5897 ext 2145
Watts Health Center	Los Angeles	(323) 564-4331 ext. 3313
Wesley Health Centers (JWCH)	Downey, East Hollywood, Hacienda Heights, Lynwood, Pasadena	(323) 303-9386



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EHE Priority Population Interventions Program

EHE Priority Population Interventions Program

Background:

DHSP reviewed and selected evidence-based interventions offering innovative, client-centered approaches to reducing HIV-related disparities and show promise for reaching EHE goals.

Primary goal:

Increase rates of viral suppression and improve individual-level health outcomes and well-being of EHE priority populations and prevent transmission of HIV.

Evidence-based Interventions

Seeking Safety	CBT-AD	Peer Linkage and Reengagement	Health Models: Pay-for-Performance
<ul style="list-style-type: none"> • Present-focused, group-based intervention for clients with a history of trauma and SUD. • Intervention focuses on coping skills and problem-solving to deal with stressors. • Time-limited, structured format that facilitates social support. 	<ul style="list-style-type: none"> • One-on-one intervention addressing adherence to medication in the context of depression. • Psychoeducation paired with principles of CBT to improve management of chronic health conditions 	<ul style="list-style-type: none"> • HIV-positive women of color trained to become peer leaders who support other HIV-positive women in care. • Peer leaders conduct outreach, link and re-engage clients, and provide 	<ul style="list-style-type: none"> • Incentive-based reinforcement of to promote ART adherence and care engagement. • Incentives earned for attending appointments and reaching/sustaining viral suppression.

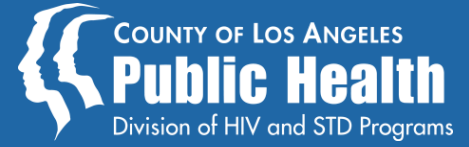
Partners

Organization	Population	Intervention
CARE Center at St. Mary Medical Center	MSM	CBT for Adherence and Depression
St. John's Community Health	MSM	CBT for Adherence and Depression
Los Angeles LGBT Center	MSM	Seeking Safety
Bienestar Human Services	Transgender women	Seeking Safety
Los Angeles LGBT Center	Transgender women	Seeking Safety
UCLA – Los Angeles Family AIDS Network	Cisgender women	Peer Linkage and Re-engagement
East Los Angeles Women's Center	Cisgender women	Seeking Safety
The Wall Las Memorias	PWID/SUD	Seeking Safety + Health Models: Pay-for-Performance
CARE Center at St. Mary Medical Center	PWID/SUD	Seeking Safety + Health Models: Pay-for-Performance
REACH LA	Youth <30	Health Models: Pay-for-Performance

For agency contact information, please email Michael Haymer at mhaymer@ph.lacounty.gov

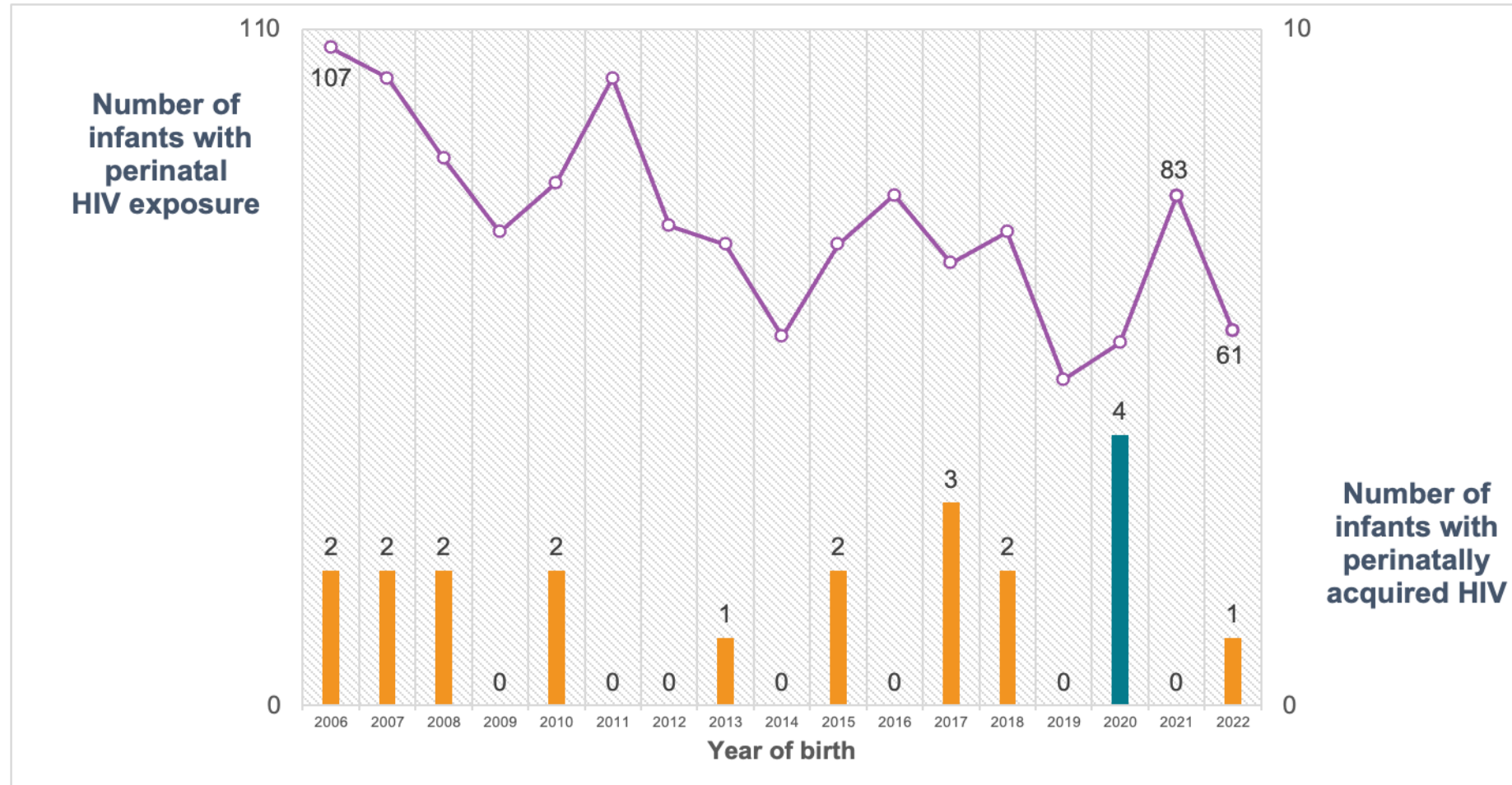


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Perinatal HIV Prevention

Number of infants with perinatal HIV exposure and perinatally acquired HIV, LAC 2006-2022



1 Due to reporting delay, 2021 and 2022 HIV data are provisional as indicated by the patterned bar and dashed line.

2 The number of infants with perinatally acquired HIV includes perinatal transmissions among babies born and/or diagnosed in LAC for a given birth year. The number of infants with perinatal HIV exposure was derived from 7 pediatric HIV-specialty sites which serve over 90% of the HIV-exposed children and infected children seeking HIV evaluation and care in Los Angeles County as well as a birth registry match provided by the California Department of Public Health. This is an underestimate of the total number of infants with perinatal HIV exposure in the County since HIV exposure reporting is not mandated

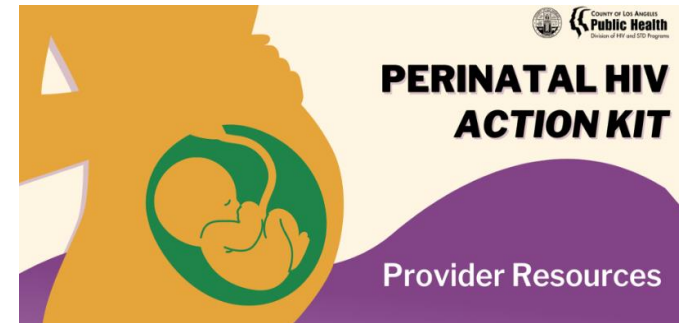
Perinatal HIV Prevention

Linkage and Reengagement Program (LRP) - intensive case management during pregnancy and postpartum period

- Benefits screening
- Housing and substance use treatment
- Transportation
- Accompaniment at appointments
- Medication adherence counseling

Provider-focused Outreach – development and dissemination of best practice among LAC providers

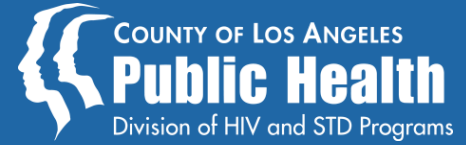
- Technical assistance for high-impact delivery hospitals
- Outreach to EDs and outpatient clinics
- Specialty provider workgroup meetings



Available at: bit.ly/PerinatalAK



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EHE Treat Pillar Strategies

Sohini Deva | MPH

She/her/hers

Health Program Analyst I



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Spanish Speaking Mental Health Program

Spanish Speaking Mental Health Program

- Goal: Increase access to mental health services and address gaps in care for monolingual and bilingual Spanish speakers living with or impacted by HIV.
- Partner: APAIT a division of Special Service for Groups
- Program offers:
 - (1) Mental health services in Spanish
 - (2) Telehealth and in-person appointments
 - (3) Accepts referrals from HIV clinics in need of bilingual mental health services
- For more information, contact Marcus Mendez at marcusm@apaitonline.org or (213) 375-3830 ext: 182



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para quienes hablan
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TO TALK TO?

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Marcus Mendez
(213) 375-3830 Ext: 1842

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



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iCARE Program

Incentives for Care, Adherence, Retention & Engagement
Program

iCARE Program

- **Purpose:** Support participants in achieving or maintaining viral suppression and prevent clients from falling out of care through contingency management.
- **Population:** Youth ages 18-29 living with HIV
- **Process:** DHSP leads centralized program that offers incentives for responding to a weekly adherence survey and reaching viral suppression

iCARE
Incentives for Care, Adherence,
Retention & Engagement Program

Text to Earn \$600 for Staying in HIV Care.



Are you...

- ✓ **Living with HIV**
- ✓ **Ages 18-29 years old**

Scan QR Code to Enroll
Complete a short survey and
receive a \$50 gift card.


**Weekly Text Check-in**
Stay connected and earn up to
\$15 each week

**Earn up to \$600/year**
Join now to prioritize your health
and earn rewards!



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

iCARE: Overview

- iCARE uses principles of contingency management to affect behavior change among youth ages 18-29 living with HIV.
- Participants can earn up to \$600 for engagement with iCARE staff and reaching viral suppression.
- 4 Key Components:
 - (1) Centralized approach
 - (2) Social marketing for outreach and recruitment
 - (3) Two-way SMS messaging for regular engagement
 - (4) Data-to-Care activities to identify and link young PLWH to care

iCARE: Outreach and Recruitment Strategies

- Clients self-enroll via WelTel communication platform.
- Clients receive weekly text message adherence survey, ongoing engagement with team, and digital incentives.
- Clinic staff will be oriented to program and given key messages to share with clients.
- DPH aims to reach out of care clients to offer linkage to Rapid Treatment Hubs and enrollment.



iCARE Incentives for Care, Adherence, Retention & Engagement Program

Text to Earn \$600 for Staying in HIV Care.

Are you...

- ✓ Living with HIV
- ✓ Ages 18-29 years old

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COUNTY OF LOS ANGELES
Public Health
Division of HIV and STD Programs

LA **County** HIV
Ending the HIV Epidemic

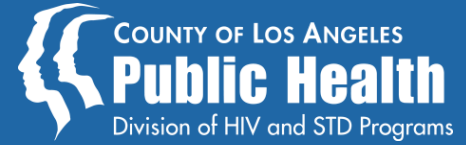
Funding provided by the Health Resources & Services Administration (HRSA) Ending the HIV Epidemic Grant and the County of Los Angeles, Department of Public Health, Division of HIV and STD Programs

Informational Resources

- [Ryan White HIV/AIDS Program Fact Sheets](#) for free or low-cost treatment and supportive services for people with HIV.
- [GetProtectedLA](#) to find an HIV specialist near you.
- Emergency Financial Assistance Program ([English](#) | [Spanish](#))
- [LACounty.HIV](#)



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Respond Pillar Strategies

Brian Valencia | MPH
he/him/his
Respond Pillar Lead

Respond Pillar

- Respond quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them.
- Goals
 - Increase surveillance capacity.
 - Collaborate with communities and partners to understand local needs.
 - Implement comprehensive HIV prevention and treatment programs.

Respond Pillar Activities



Respond

- **Cluster Detection and Response (CDR)**
- **Data to Action Efforts**
- **Statewide Community Advisory Board**
- **CDR Fact Sheets**
- **Community Health Ambassador Program**
- **DARE2Care Program**



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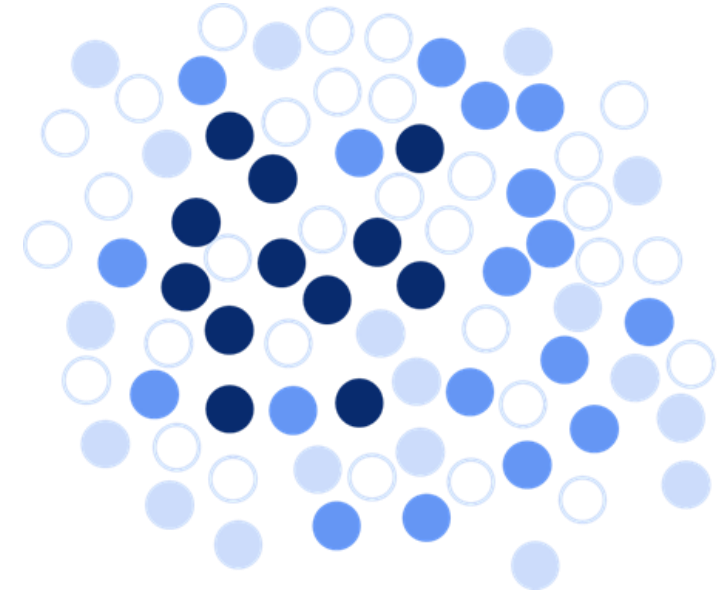


Respond Pillar Strategies

Kathleen Pootinga | MPH
she/her/hers
Supervising Epidemiologist

Cluster Detection and Response (CDR) Key Concepts

- Purpose: Cluster detection and response (CDR) utilizes public health surveillance data to reveal gaps in HIV prevention and treatment services.
- A cluster involves a few people, an outbreak involves a larger number.
 - “Cluster” and “outbreak” are sometimes used interchangeably, without a clear distinction.
- Cluster Detection: Identifying groups of people experiencing rapid HIV transmission.
 - People in detected clusters are only a part of the network affected by rapid transmission.

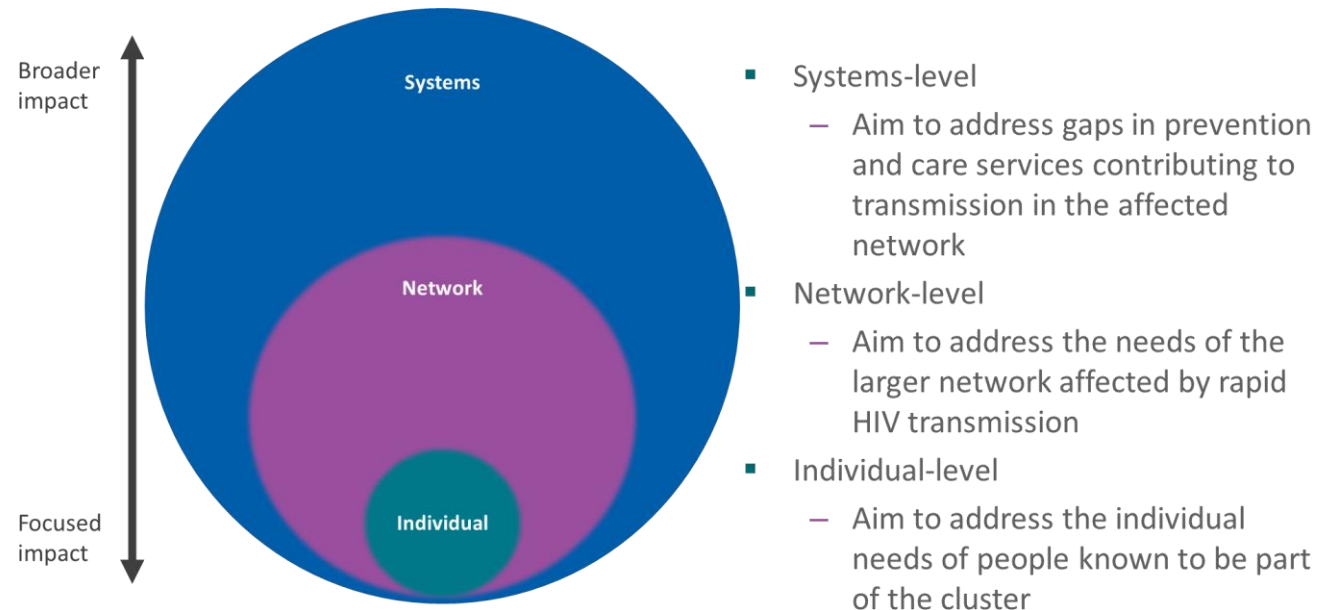


- Diagnosed, detected in cluster
- Diagnosed, not detected in cluster
- Undiagnosed
- In sexual or drug using network, do not have HIV

Cluster Detection and Response (CDR) Key Concepts

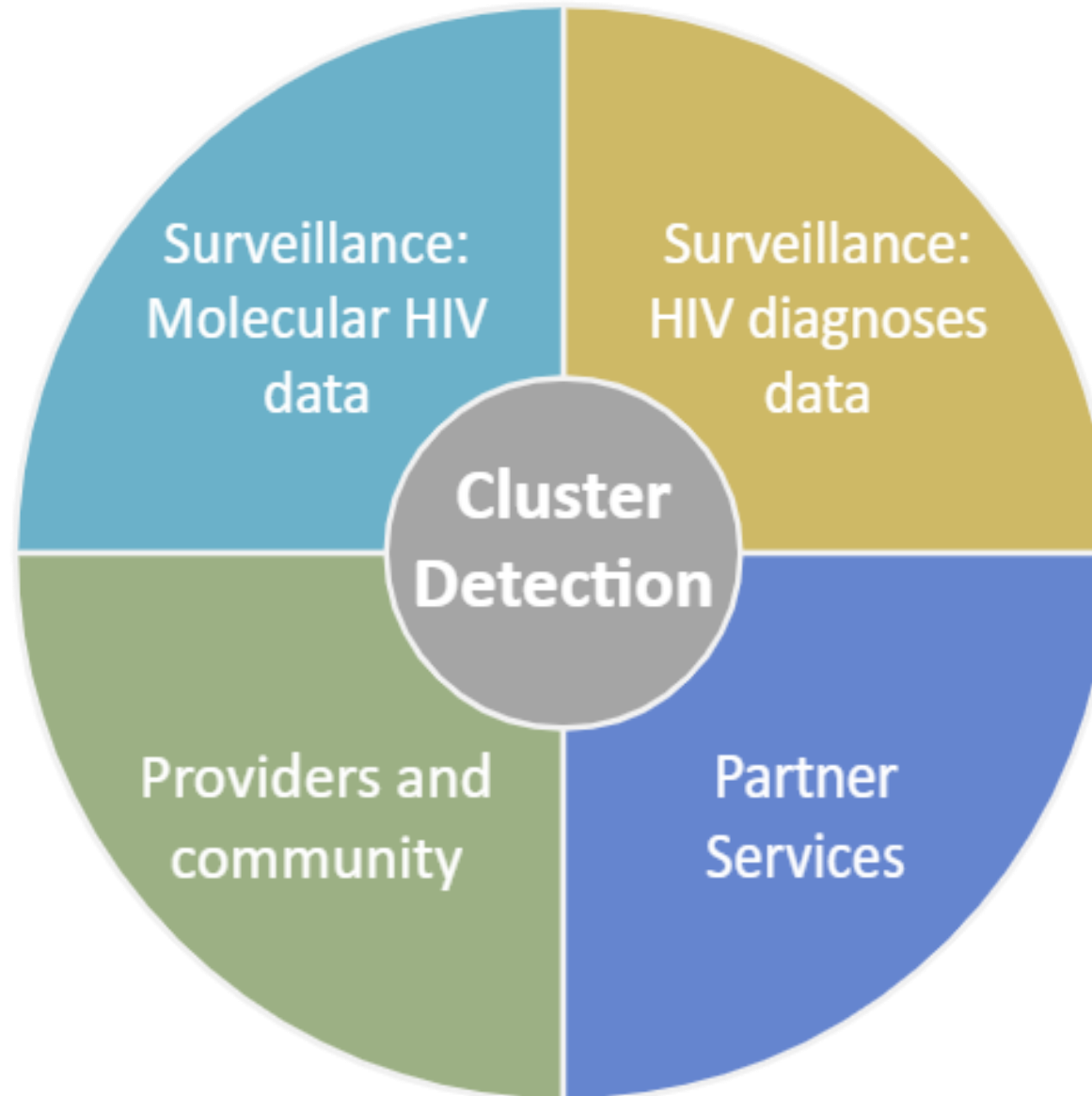
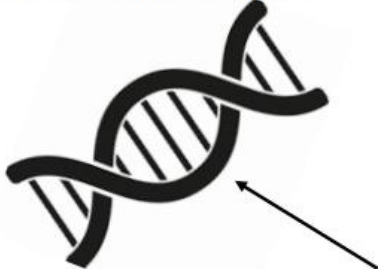
■ Cluster Response:

- Because the detected cluster is only part of the network experiencing rapid transmission, health departments should further understand the network. Health departments can then address gaps in prevention and care for all people in the network.

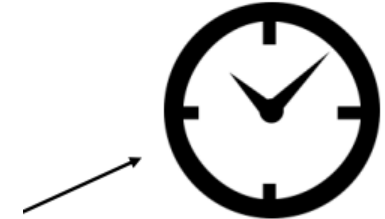


How do we detect HIV clusters?

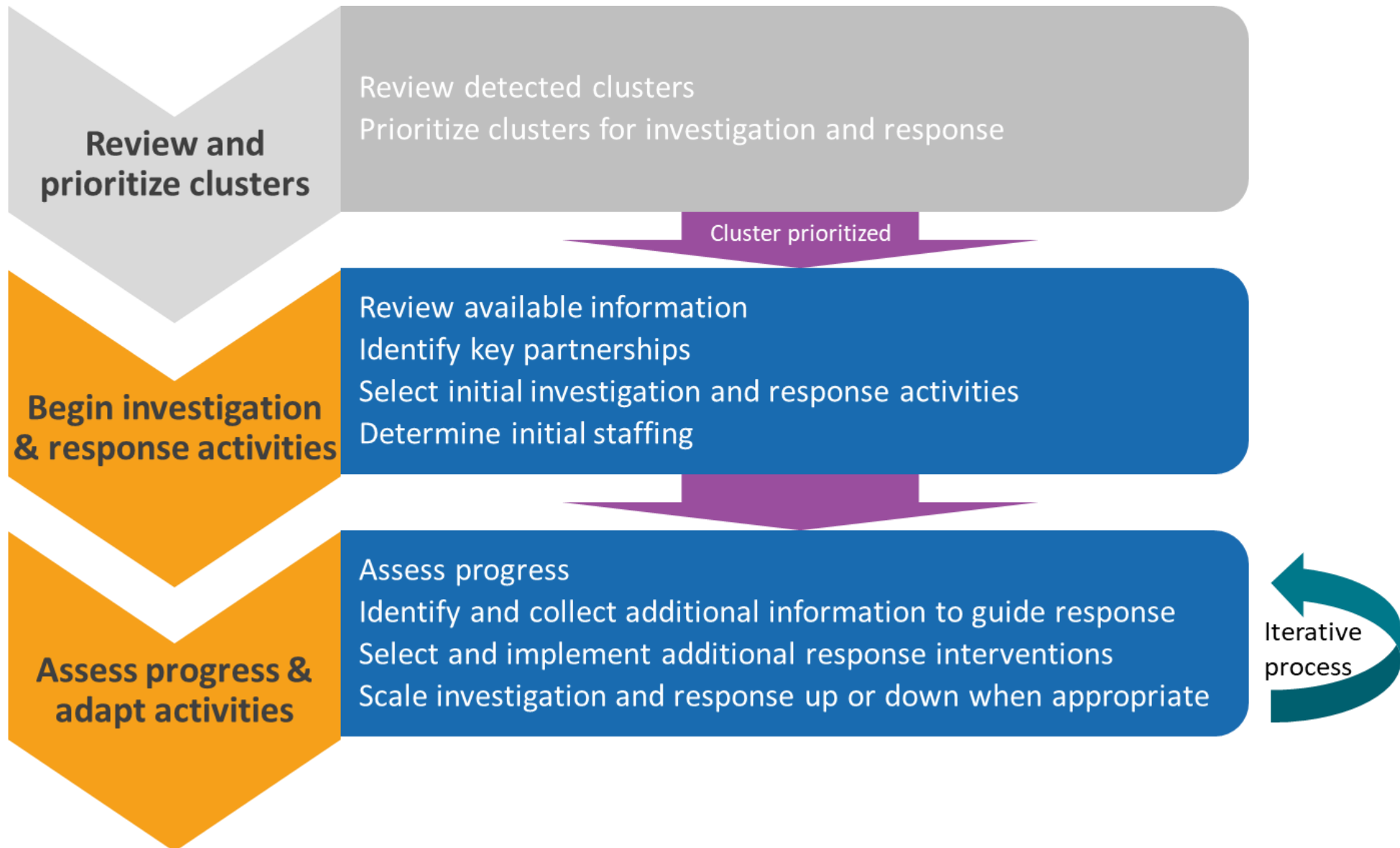
Molecular analysis



Time-space analysis



CDR Process in Los Angeles County



Cluster Response

Individual-level



- Ensuring individuals identified in clusters are referred to care and have the opportunity to anonymously link partners for HIV testing
- HIV Testing and PrEP referral
- Engage people who are out of care
- Interview or re-interview individuals in the cluster

Cluster-level



- Expanded testing to population
- Expand PrEP resources
- Expand harm reduction (SSPs)
- Conduct assessments with key informants

Population-level



- Media/social marketing campaigns to community
- Health alerts to providers and other partners
- Coordinate with providers who serve community

Cluster Example

Findings:

- People experiencing homelessness are disproportionately represented in priority HIV clusters identified through molecular HIV data.
- Through time-space detection methods, we've identified a rapid increase in the number of recent new HIV diagnoses among people experiencing homelessness compared to previous years.

Health Department Response:

- Expanding HIV testing in Emergency Departments.
- Partnering with street medicine providers to conduct HIV testing and services.
- Partnering with Substance Abuse Prevention and Control (SAPC) to increase HIV service provision through the Engagement and Overdose Prevention (EOP) Hubs, including increased HIV testing, and linkage to HIV prevention or treatment services.

Cluster Detection and Response Community Advisory Board



- **Purpose:** Amplify community voices on CDR to guide surveillance efforts across CA counties, including Los Angeles.



- **Committee Size:** 10 members.



- **Population:** Diverse representation + surveillance experts from multiple Counties.



- **Partners:** CA Department of Public Health, State Office of AIDS.
- **Topics Covered:** Overview of Health Department CDR Programs, Data Privacy, Language Utilized when Discussing Clusters, Addressing Stigma in Responding to Clusters.

Cluster Detection and Response Fact Sheet Purpose

Community

- Define clusters and how they are detected
- Inform Community of Response Strategies

Providers

- Define cluster detection methods and the role of Providers
- Who to contact if they identify unusual increases in HIV diagnoses

Community Health Ambassador Program (CHAP)

Purpose:

- To identify persons with undiagnosed HIV by utilizing the Social Network Strategy (SNS) and link them to prevention and/or treatment services.

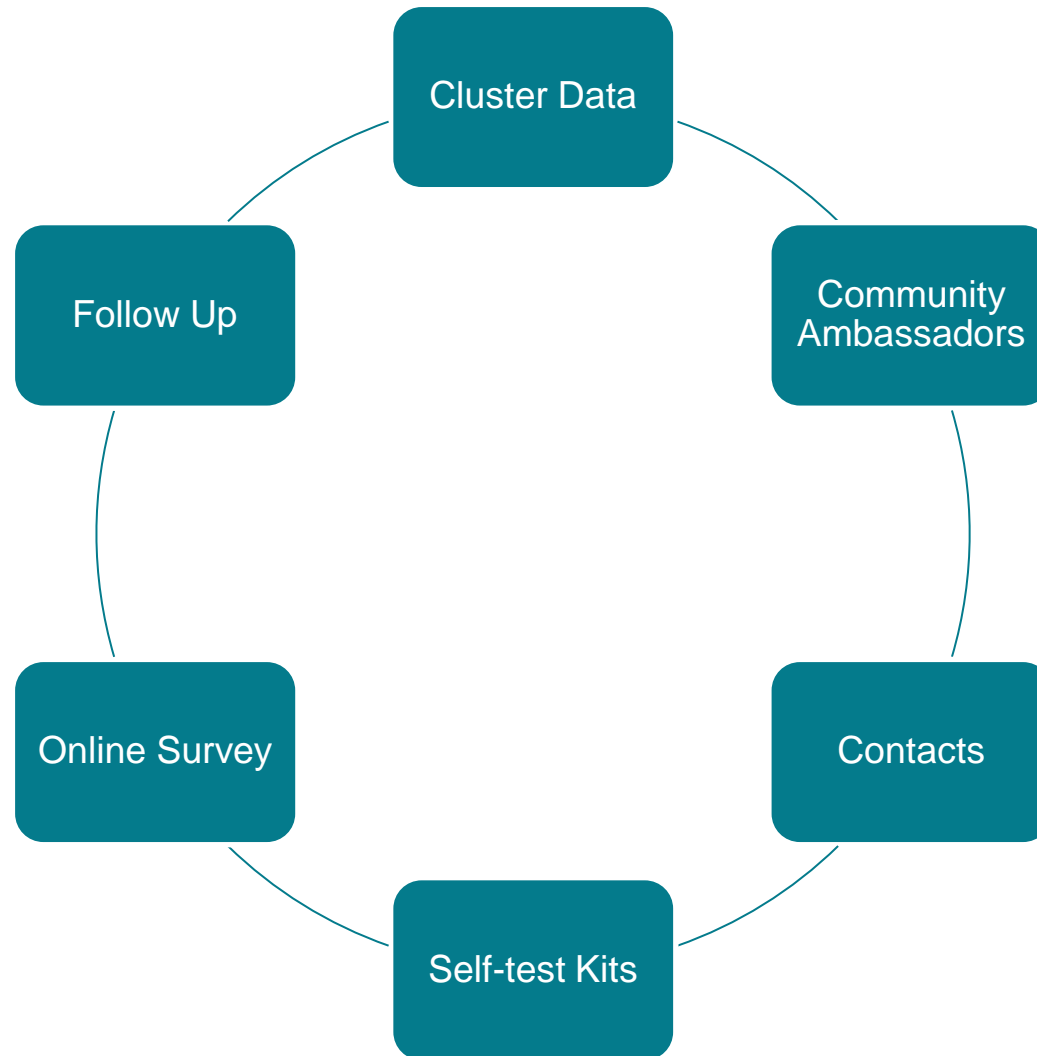
Population:

- EHE priority populations identified in high priority clusters

Method:

- Recruiters will be selected from high priority clusters. They will work with program staff to recruit individuals from their social and sexual networks to link to HIV testing via self-test kits.

CHAP Program Components



Community Health Ambassador Responsibilities

- Orientation
- Recruitment of Contacts
- Check In Calls
- Distribute self-test kits

Contact Responsibilities

- Taking HIV Self-test and completing Online Survey

DARE2Care Program

- **Program Goals:**

- Increase the capacity of clinics to identify, locate, outreach and engage clients.
- Implement new protocols to better reengage thier clients in HIV Medical Care and Medical Care Coordination (MCC) services.

- **Staffing Highlight:**

- 1 Data Analyst
- 2 Clinic Embedded HIV Engagement Specialists (CEHES)

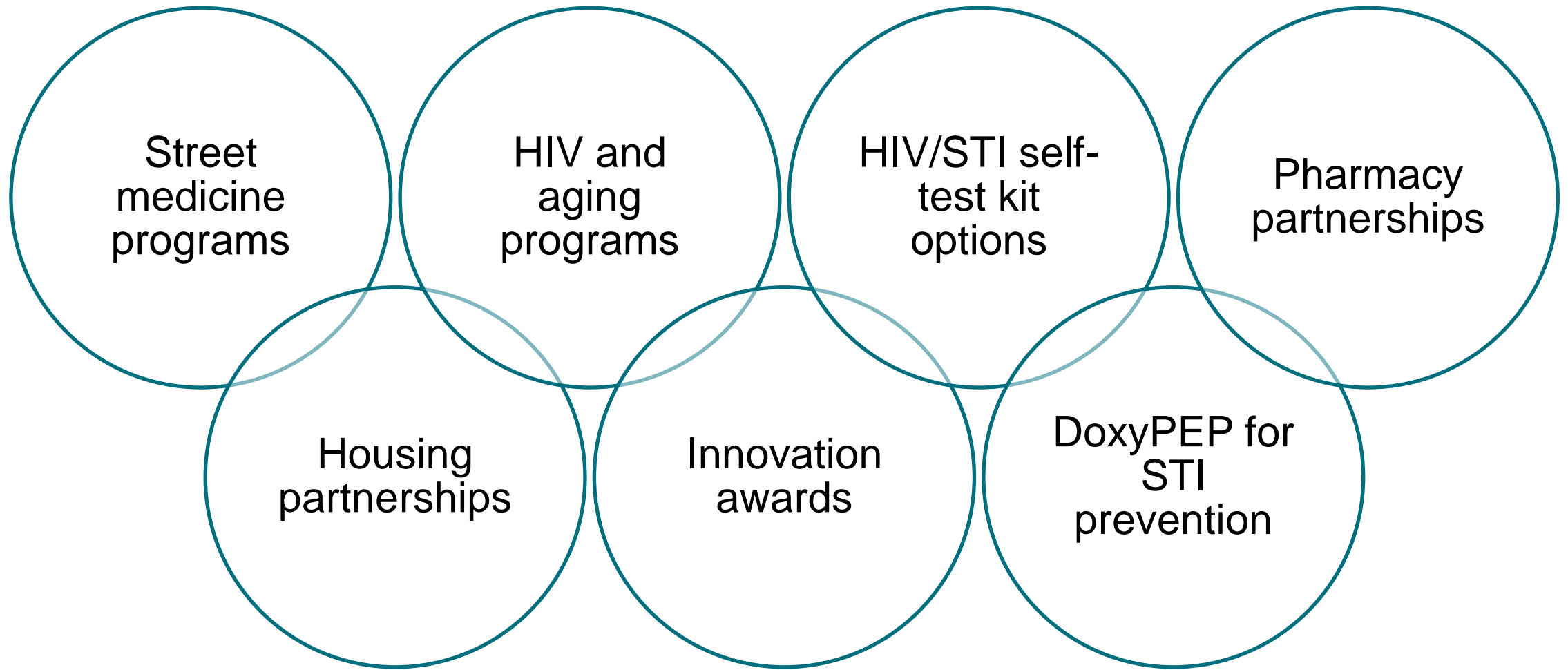


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Upcoming EHE Projects

What's on the horizon?





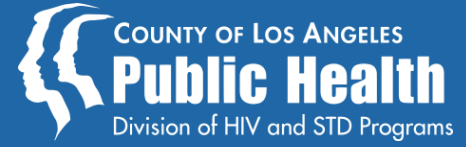
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Questions and Discussion



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Closing Remarks

Thank you!

www.LACounty.HIV

- Community
- Awareness
- Strategic Plan
- Updates
- Strategy A
- Strategy B
- Strategy J
- Strategy K
- Strategy M

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

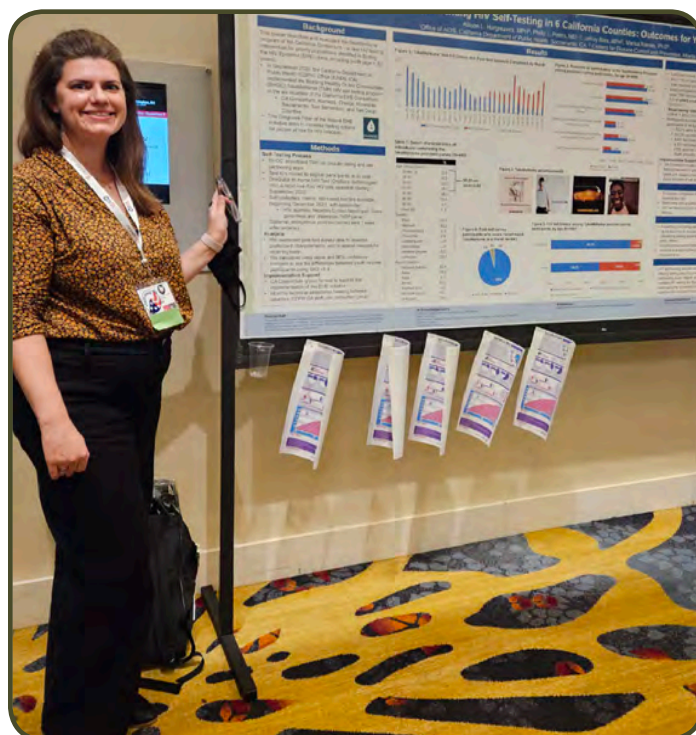
STAFF HIGHLIGHT

Allison Hargreaves (she/her), Research Scientist II on OA's Division Team, recently attended the US Conference on HIV/AIDS (USCHA) in Washington, D.C, from September 6-9. The conference theme was "A Love Letter to Black Women", and brought together community members, activists, and public health workers engaged in HIV work. Allison presented a poster entitled "HIV Self-Testing in 6 California Counties): Outcomes for Youth", which describes the Building Healthy Online Communities TakeMeHome program implementation in the California Ending the HIV Epidemic Consortium, and its ability to reach young participants. A [virtual copy of her poster](#) is now available.

Alongside the poster, Allison also highlighted an infographic previously published by OA [describing TakeMeHome](#) by bringing handouts for conference attendees.

On September 18th and 19th, the **Collaboration in Care Conference: Improving HIV and Aging Services**, took place in Sacramento, California.

The conference brought together a truly interdisciplinary audience, all with the goal of providing better care for people aging with HIV. Attendees were from HIV and Aging services across the Western U.S. and included keynote speaker Harold J. Phillips, Director of the White House Office of National AIDS Policy and OA-



alumnus, Keshia Lynch, who is now the HIV Program Director at One Community Health.

Over 180 people with expertise and/or lived experience in the field of HIV and Aging were able to come together and build their knowledge, develop their skills, and share best practices. Although the conference content only included a fraction of high-impact topics relevant to HIV and Aging service providers, attendees were looking forward to building on this conference with more learning opportunities in the future.

Phil Peters (he/him), OA's Medical Officer, provided a review of OA's activities related to



Photo Credit: Keshia Lynch



Photo Credit: Elena Rosenberg-Carlson

aging at the conference including an overview of Project Cornerstone, a demonstration project developed to address the comprehensive needs for people living with HIV over 50. [More information on Project Cornerstone](#) can be found on OA's webpage.

A [more detailed summary of the Collaboration in Care Conference](#) is available on CHIPTS website for National HIV and Aging Awareness Day.

COMMUNITY PARTNER SPOTLIGHT

California Planning Group (CPG) – Fall Meeting Announcement

The CPG and OA will be hosting the Fall In-Person CPG Meeting from November 13 – 15 in Sacramento. On November 13, we will host a CPG Leadership Academy, which focuses on skills and capacity building for our current CPG members only. A public comment period will be held on November 14 and 15.

Since the early 1980's, many advocacy efforts were made to protect the rights of people living

with HIV (PLWH). In 1983, thousands of people marched in the AIDS Candlelight Vigil in San Francisco and New York. This was the first public demonstration of people with AIDS, and it raised awareness of the growing epidemic. It was followed by the passing of the first US congressional bill that included funding for AIDS research and treatment in that same year. Advocacy in the early days of the epidemic paved the way for increased services and resources for PLWH and communities most impacted by HIV today. However, challenges with basic human rights still persist.

In recent years, a record number of anti-LGBTQ laws have been enacted that threaten the health and safety of LGBTQ people and families. Abortion laws have also been enacted across the nation as a result of the Supreme Court's decision to overturn Roe v. Wade. These interconnecting issues – along with many important racial health equity issues – directly impact the health and wellbeing of the HIV community. As such, this meeting's theme is focused on advocacy and community mobilization and organization. It will feature community-led and state-led presentations on meaningful community engagement. It will also spotlight grassroots work on reaching communities most impacted by HIV as well as

programs focused on community engagement, reducing stigma, and mobilizing resources.

CPG and OA welcome the participation and input of the general public. We highly encourage you to join us at the fall meeting and learn about how we can bring our communities together to advocate for the rights of PLWH and their families!

For more information, please visit the [CPG website](#).

HIV AWARENESS

October 15 is National Latinx HIV/AIDS Awareness Day (NLAAD)

NLAAD is observed to bring awareness to the impact of HIV/AIDS on the Latinx population. This day promotes HIV testing, prevention and treatment methods, and education in Latinx communities.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

Implementation of the ***Ending the Epidemics Strategic Plan***, which replaces our *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan), is continuing.

The California Department of Public Health (CDPH), OA, and the Sexually Transmitted Disease Control Branch (STDCB) introduced an ***Implementation Blueprint*** to the *Ending the Epidemics Strategic Plan* at an informational webinar on August 31st. The webinar was for HIV/STI/HCV Stakeholders throughout California.

The *Implementation Blueprint* and a recording

of the August 31st webinar can be found on [Facente Consulting's webpage](https://facenteconsulting.com/cdph-technical-assistance-request-portal/) at <https://facenteconsulting.com/cdph-technical-assistance-request-portal/>.

This webpage also allows you to request any technical assistance regarding the ***Ending the Epidemics Strategic Plan***.

Thank you for all you do to end the syndemic of HIV, STIs and HCV in California!

GENERAL UPDATES

> COVID-19

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

> Mpox

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

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

> Racial Justice and Health Equity

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to

support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

➤ HIV/STD/HCV Integration

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

➤ Ending the HIV Epidemic (EHE)

The U.S. Department of Housing and Urban Development (HUD) has announced \$50 million in competitive funding for the **Housing Opportunities for Persons with AIDS (HOPWA): Housing Interventions (HINT) to End the HIV Epidemic** program. Achieving and maintaining stable housing can be a powerful structural intervention in ending the HIV epidemic.

HUD expects to make approximately 20 awards nationally. County and city governments, as well as non-profit organizations, may apply. The funding announcement is posted on the [Grants.gov webpage](#). Applications are due **January 31, 2024**.

HUD is seeking projects with exemplary and innovative qualities, including the incorporation of Housing First principles, community-level coordination, data collection with an emphasis on stable housing and positive health outcomes, the use of cultural humility in providing housing and services, and a systemic approach to advance equity in underserved communities that can serve as a national place-based model. Selected communities will implement new projects that align with initiatives to end the HIV epidemic and elevate housing as an effective structural intervention in ending the epidemic.

HUD will conduct a pre-application webcast for anyone interested in applying. More information

on the webcast will be provided through the [HUD.gov HOPWA mailing list](#). To sign up for the mailing list, please visit the [HUD.gov HOPWA mailing list subscription page](#).

STRATEGY A

Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

➤ PrEP-Assistance Program (AP)

As of September 27, 2023, there are 204 PrEP-AP enrollment sites and 189 clinical provider sites that currently make up the PrEP-AP Provider network.

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

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 5 of this newsletter.

STRATEGY B

Increase and Improve HIV Testing:

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

TAKEMEHOME



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

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	336	9%	---	---	---	---	35	1%	371	10%
25 - 34	1,251	35%	1	0%	1	0%	213	6%	1,466	41%
35 - 44	860	24%	---	---	3	0%	166	5%	1,029	29%
45 - 64	394	11%	1	0%	20	1%	94	3%	509	14%
65+	19	1%	---	---	198	5%	11	0%	228	6%
TOTAL	2,860	79%	2	0%	222	6%	519	14%	3,603	100%

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	216	6%	---	---	41	1%	15	0%	2	0%	65	2%	1	0%	31	1%	371	10%
25 - 34	873	24%	2	0%	134	4%	90	2%	7	0%	277	8%	8	0%	75	2%	1,466	41%
35 - 44	629	17%	5	0%	97	3%	40	1%	5	0%	199	6%	8	0%	46	1%	1,029	29%
45 - 64	298	8%	---	---	41	1%	15	0%	2	0%	134	4%	1	0%	18	0%	509	14%
65+	21	1%	---	---	3	0%	3	0%	---	---	193	5%	---	---	8	0%	228	6%
TOTAL	2,037	57%	7	0%	316	9%	163	5%	16	0%	868	24%	18	0%	178	5%	3,603	100%

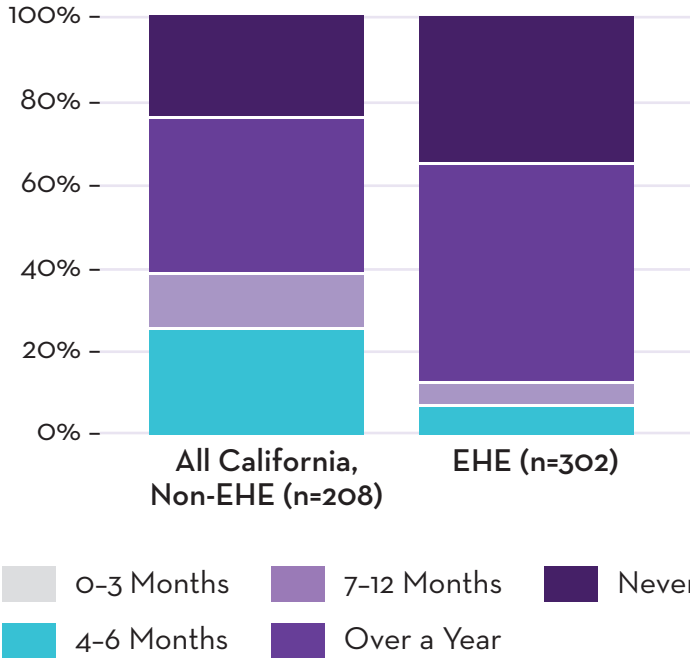
Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	77	2%	---	---	6	0%	8	0%	1	0%	15	0%	---	---	8	0%	115	3%
Male	1,748	49%	6	0%	288	8%	148	4%	15	0%	825	23%	17	0%	152	4%	3,199	89%
Trans	186	5%	---	---	18	0%	6	0%	---	---	16	0%	---	---	6	0%	232	6%
Unknown	26	1%	1	0%	4	0%	1	0%	---	---	12	0%	1	0%	12	0%	57	2%
TOTAL	2,037	57%	7	0%	316	9%	163	5%	16	0%	868	25%	18	0%	178	5%	3,603	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 09/30/2023 at 12:01:08 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

In August, 208 individuals in 32 counties ordered self-test kits, with 170 (81.7%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 36 months, between September 1, 2020, and August 31, 2023, 6993 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 254 (84.1%) of the 302 total tests distributed in EHE counties. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 83 (86.9%) of the 146 total tests distributed in EHE counties.

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



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	46.8%	63.6%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	39.0%	37.4%
Were 17-29 years old	52.7%	43.3%
Of those sharing their number of sex partners, reported 3 or more in the past year	45.5%	54.8%

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

	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.4%	94.2%
Identify as a man who has sex with other men	64.9%	68.0%
Reported having been diagnosed with an STI in the past year	9.0%	7.8%

STRATEGY J

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

As of September 27, 2023, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the chart at the bottom of this page.

STRATEGY K

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

➤ Research: Estimated Reductions in Opioid Overdose Deaths With Sustainment of Public Health Interventions in Four U.S. States

A study led by Research Triangle Institute, International has found that a substantial scale-

up of medication for opioid use disorder (MOUD) initiation and retention, along with increased naloxone distribution, is crucial for reducing overdose deaths. The study also highlighted that if the scale of interventions is reduced, opioid overdose deaths are likely to increase again.

➤ Impact: Harm Reduction Programs and Community-Based Naloxone Distribution

The Naloxone Distribution Project (NDP) is administered by the Department of Health Care Services and aims to reduce overdose deaths in California through the provision of free naloxone. A [September 2023 report](#) shows that harm reduction programs received less than one-third of the over 3,000,000 naloxone doses yet accounted for 54% of the NDPs reported overdose reversals.

Get free naloxone with the [NDP application](#).

(continued on page 8)

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from August
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	501	+ 0.80%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,329	- 0.41%
Medicare Part D Premium Payment (MDPP) Program	2,079	N/A*
Total	7,909	N/A*

Source: ADAP Enrollment System

*Note: In January 2023, the Medicare Part D Premium Payment (MDPP) program was changed to the Medicare Premium Payment Program (MPPP). The new program name has been used in client data for new enrollments and re-enrollments. However, since then, the data reported here only reflected clients enrolled prior to January 2023 as MDPP clients. This data has been corrected to reflect MPPP and MDPP clients. Due to the data correction, the percentage change from August has been omitted.

STRATEGY M

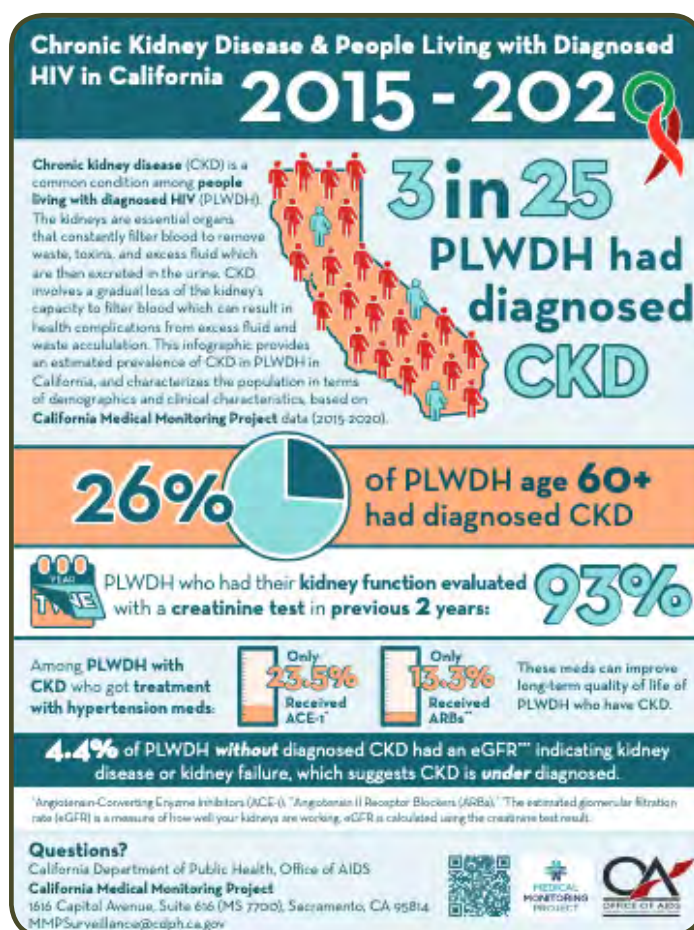
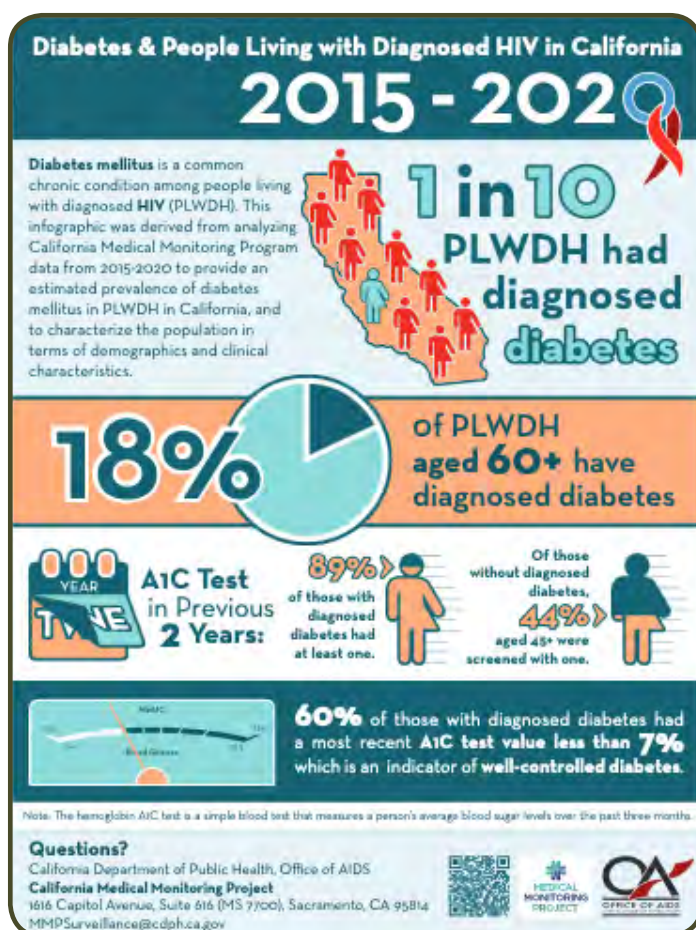
Improve Usability of Collected Data:

OA has published two new infographics on diabetes mellitus and chronic kidney disease (CKD) using **California Medical Monitoring Project** data (2015-2020).

The **diabetes infographic** provides an estimated prevalence of diabetes mellitus in people living with diagnosed HIV (PLWDH) in California and characterizes the population in terms of demographics and clinical characteristics.

Chronic kidney disease involves a gradual loss of the kidney's capacity to filter blood which can result in health complications from excess fluid and waste accumulation. The **CKD infographic** provides an estimated prevalence of CKD in PLWDH in California and also characterizes the population in terms of demographics and clinical characteristics. Both infographics summarize best practices for screening and treatment and highlight opportunities to improve care for these two important chronic illnesses among PLWDH.

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



Program Overview

HRSA's Ryan White HIV/AIDS Program



Program Fact Sheet | September 2023

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. Over half the people with diagnosed HIV in the United States—more than 576,000 people in 2021—receive services through RWHAP each year. First authorized in 1990, RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. In 2021, 89.7 percent of RWHAP clients receiving HIV medical care were virally suppressed. For more than three decades, RWHAP has worked to stop HIV stigma and reduce health disparities by caring for the whole person and addressing their social determinants of health.



More than four decades ago, in June 1981, the first cases of HIV were reported in the United States.¹ In 2021, more than 36,100 people were diagnosed with HIV in the United States. Approximately 1.2 million people in the United States had HIV in 2021, and approximately 13 percent of them did not know they had it.²

Today, people with HIV who take HIV medication as prescribed and reach viral suppression cannot sexually transmit HIV to their partners and can live longer and healthier lives. In 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act—the legislation that created the Ryan White HIV/AIDS Program (RWHAP)—to improve the quality and availability of HIV care and treatment for low-income people with HIV. The CARE Act was amended and reauthorized in 1996, 2000, and 2006; in 2009, it was reauthorized as the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111–87).

The RWHAP is administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau.

Ryan White HIV/AIDS Program Clients

HRSA's RWHAP provided services to over 576,000 people in 2021—over half of all people diagnosed with HIV in the United States. In 2021, 89.7 percent of RWHAP clients were virally suppressed, which means they cannot sexually transmit HIV to their partners and can live longer and healthier lives. This is a significant increase from 69.5 percent virally suppressed in 2010. People aged 50 years and older accounted for 48.3 percent of all RWHAP clients in 2021.

Nearly three-quarters of RWHAP clients in 2021 were from racial and ethnic minorities. Data in 2021 show 45.8 percent of clients were Black/African American people, and 24.1 percent were Hispanic/Latino people. In 2021, 59.2 percent of RWHAP clients were people living at or below 100 percent of the federal poverty level.

Ryan White HIV/AIDS Program Parts

There are five statutorily defined Parts of RWHAP. Each has a different purpose, including providing medical and support services, medications, workforce development, technical assistance, and clinical training, as well as developing and

¹ Centers for Disease Control and Prevention (CDC). 1981. "Pneumocystis Pneumonia—Los Angeles." *MMWR*, 30(21). www.cdc.gov/mmwr/preview/mmwrhtml/june_5.htm.

² CDC. 2021. "HIV in the United States and Dependent Areas." www.cdc.gov/hiv/statistics/overview/atlance.html. Accessed August 1, 2023.

disseminating innovative HIV care and treatment strategies. The RWHAP is the payor of last resort. The program eliminates duplication with other federal programs because RWHAP funds may not be used for services if another state or federal payor is available.

Part A funds Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) to provide medical and support services. EMAs and TGAs are cities and counties most severely affected by the HIV epidemic. Approximately 72 percent of all people with diagnosed HIV in the United States live in EMAs and TGAs. Congress appropriated approximately \$680.8 million for RWHAP Part A in fiscal year (FY) 2023.

Part B funds states and territories to improve the quality, availability, and organization of HIV health care and support services. Recipients include all 50 states, the District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, Republic of the Marshall Islands, Commonwealth of the Northern Mariana Islands, Republic of Palau, and Federated States of Micronesia. In addition, Part B funds AIDS Drug Assistance Program (ADAP) grants. Congress appropriated approximately \$464.6 million for RWHAP Part B base in FY 2023 and approximately \$900.3 million for Part B ADAP in FY 2023.

Part C funds local community-based organizations to provide comprehensive primary HIV medical care and support services in an outpatient setting for people with HIV through Early Intervention Services program grants. Part C also funds Capacity Development grants, which help organizations more effectively deliver HIV care and services. Congress appropriated approximately \$209 million for RWHAP Part C in FY 2023.

Part D funds local community-based organizations to provide outpatient, ambulatory, family-centered primary and specialty medical care for women, infants, children, and youth with HIV. Part D funding may be used to provide support services to people with HIV and their affected family members. Congress appropriated approximately \$78 million for RWHAP Part D in FY 2023.

Part F funds support clinician training, technical assistance, and the development of innovative HIV care and treatment strategies to improve health outcomes and reduce HIV transmission. These programs include the following:

- The **AIDS Education and Training Center (AETC) Program**, which is a network of HIV experts who provide education, training, and technical assistance on HIV care and prevention to health care team members and health care organizations serving people with or at risk of HIV. Congress appropriated approximately \$34.9 million for RWHAP Part F AETC in FY 2023.
- The **Special Projects of National Significance (SPNS) Program**, which supports the development of innovative models of HIV care and treatment to quickly respond to emerging needs of RWHAP clients. SPNS uses implementation science to evaluate the design, implementation, utilization, and health-related outcomes of treatment strategies while promoting the dissemination and replication of successful interventions. Congress appropriated approximately \$25 million for RWHAP Part F SPNS in FY 2023.
- The **Minority AIDS Initiative**, which Congress established in 1999, helps RWHAP recipients improve access to HIV care and health outcomes for minorities. Funding is appropriated by RWHAP Parts A, B, C, and D, with the purpose defined in each part of the legislation.

All RWHAP Parts may provide oral health services. However, two Part F programs focus on funding oral health care for people with HIV:

- The **HIV/AIDS Dental Reimbursement Program (DRP)** expands access to oral health care for people with HIV while training additional dental and dental hygiene providers. DRP provides reimbursements to accredited dental schools, schools of dental hygiene, and postdoctoral dental education programs.
- The **Community-Based Dental Partnership Program** increases access to oral health care services for people with HIV and administers education and clinical training for dental care providers, especially those practicing in community-based settings. Congress appropriated approximately \$13.6 million for the Part F Dental Programs in FY 2023.

Ending the HIV Epidemic in the U.S.

The federal *Ending the HIV Epidemic in the U.S.* (EHE) initiative is an ongoing effort to reduce new HIV infections to fewer than 3,000 per year. Through RWHAP and the Health Center Program, HRSA has a leading role in helping diagnose, treat, prevent, and respond to end the HIV epidemic. Congress appropriated approximately \$165 million for HRSA's HIV/AIDS Bureau EHE activities in FY 2023.





Ryan White – Part C
Leon Maulsby – Part C Representative



Charles R. Drew University
of Medicine and Science

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Ryan White

The Ryan White HIV / AIDS Program (RWHAP) helps low-income people living with HIV. Services include

- Medical Care
- Medications
- Essential support services to help them stay in care

HRSA provides funding to support:

1. Provide care, medication, and essential support services to people with HIV (same categories as Part A)
2. HIV related health outcomes
3. Reduce HIV transmission

Ryan White – Part C

The Ryan White HIV / AIDS Program (RWHAP) part C provides provides grants to local community-based groups including

- Early intervention services
- Capacity development grants

Part C funding supports:

1. Provides outpatient ambulatory health services and supports people with HIV
2. Help for community-based groups to strengthen their capacity to deliver high quality HIV Care

ORGANIZATION NAME	AWARD AMOUNT FY 2021	AWARD AMOUNT FY 2022
AIDS Healthcare Foundation	\$299,983	\$1,387,211
Alta-Med Health Services Corp.	\$918,952	\$852,385
Bartz-Altadonna Community Health Center	\$280,589	\$252,136
Charles Drew Univ. of Medicine and Science	\$403,977	\$346,542
Dignity Health-DBA St. Mary Medical Center	\$881,556	\$822,885
El Proyecto Del Barrio	\$192,495	\$198,511
JWCH Institute, Inc.	\$262,990	\$296,870
T.H.E. Clinic	\$307,859	\$271,537
Tarzana Treatment Centers, Inc.	\$356,514	\$306,750
Northeast Valley Health Corp.	\$447,805	\$450,822
Univ. of Southern CA, School of Medicine	\$325,259	\$345,859
Venice Family Clinic	\$319,569	\$302,322
Watts Healthcare Corp.	\$275,727	\$255,214
Los Angeles LGBT Center	\$779,075	\$738,484
TOTAL AMOUNT	\$6,052,350	\$6,827,528

Ryan White Part C Funded agencies in Los Angeles

One of the goals of 2024 is to be able to identify what these specific agencies are using their funding for.

*Purple font - agencies represent those that have representation on the COH.

Ryan White – Part C Commission Report

Things to expect in 2024:

- Conducting a Part C meeting to provide a comprehensive presentation to the commission on a quarterly basis
- Monthly would like to provide some agency spotlight including updates
- Bring some testimony from patients who have received Part C support to the COH



Thank you!



Charles R. Drew University
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REVISED MOTION BY SUPERVISORS LINDSEY P. HORVATH

October 3, 2023

AND KATHRYN BARGER

Los Angeles County's Response to the Sexually Transmitted Infection (STI) Crisis

Los Angeles County is in the midst of an ongoing STI crisis that has seen case rates skyrocket over the past decade, with the highest ever combined annual reported cases of syphilis, congenital syphilis, gonorrhea, and chlamydia. Recent data from the Los Angeles County Department of Public Health (Public Health), Division of HIV and STI Programs (DHSP) showed a 450% increase in syphilis rates among females and a 235% increase in males over the last decade. Congenital syphilis rates have increased by 1260% over the last 12 years, with 136 congenital syphilis cases reported in 2022 compared to just 10 in 2010. STIs disproportionately impact young persons (particularly in communities of color), gay and bisexual men, transgender individuals, and cis-gender men and women experiencing substance use disorder, particularly methamphetamine use disorder.

In partnership with community-based organizations, the Department of Public Health funds a wide array of programs and projects to address the STI crisis in Los Angeles County.

MOTION

SOLIS	_____
MITCHELL	_____
HORVATH	_____
BARGER	_____
HAHN	_____

‡ **WE, THEREFORE, MOVE** that the Board of Supervisors:

Direct the Department of Public Health to present at the October 17, 2023, Board Meeting on current investments and programs that address the STI crisis. The presentation should include current strategies that address STI health disparities and inequities among disproportionately impacted communities, a review of the planned investment of new resources, and new strategies to reduce rates of infection.

#

LPH:af



Suggested Talking Points for STD Advocacy/Public Comments

NOTE TO COMMISSIONERS: Prior to responding in your capacity as a Commissioner to any inquiry from television, magazines, newspapers, or any other media outlets, the request should be discussed with the Executive Director to ensure Departmental policy and protocols are followed to respond to media inquiries. When speaking to the media, Commissioners should not imply they are speaking on behalf of the Commission without prior approval from the body. Commissioners affiliated with non-county organizations should proactively clarify with reporters that they do not speak on behalf of the Commission and are only commenting as an individual affiliated with an outside organization. Commissioners comments (verbal or written) as a private citizen solely reflect your personal position and not as a representative of the Commission. (Source: Los Angeles County Commission Manual)

Basic Template for Public Comments:

Hello, my name is {NAME} and I serve on the Commission on HIV and I am providing public comments on the STD crisis in Los Angeles County.

This topic matters to me because {user personal story or agency/community perspectives}.

I urge to {insert/use some of the bullet points under the topics below}. Thank you for your time.

- 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. We need federal, state and LOCAL resources to stop STDs—we are seeing too many infections and that is unacceptable.
- The Board should use its political clout, just like you did to encourage resolution of the writers' strike, to get private health plans to step up with their efforts to routinely screen, test and treat STDs. We cannot rely on publicly-funded health systems alone to curb the STD epidemic.
- On April 11, 2023, the Centers for Disease Control and Prevention (CDC) released its 2021 STD Surveillance Data showing that sexually transmitted infections (STIs) have reached a new record high for an eighth year in a row. The data show a 74% increase in syphilis over five years, as well as 2,800 congenital syphilis cases in 2021, including 220 that resulted in infant deaths. The data also show chlamydia rates that have risen up to pre-pandemic levels after cases went undetected during the first year of the COVID-19

pandemic. We are seeing the same exponential rise of STDs in Los Angeles County. We are in a deteriorating public health crisis in a dangerous time. STI rates will continue to rise unless we take drastic action. We urge you to declare a public health emergency on STDs.

- We ask the Board to urge the White House Drug Shortage Task Force to prioritize action to end the ongoing shortage of Bicillin L-A. Bicillin L-A is the only approved treatment for syphilis in pregnant women and the preferred treatment for syphilis in adults, infants, and children. Clinics and states have reported being unable to access Bicillin L-A, and Pfizer – the drug’s exclusive manufacturer – has reported that they will not resolve the shortage until mid 2024.
- Please use your voices to tell the federal government to scale up the funding for an effective STD response. The rescission of \$400 million in STI public health workforce funding as part of the debt ceiling deal is a devastating blow to the fight against rising STI rates. This funding cut at the federal level is backwards and unacceptable.
- Divestment of funds from incarceration-related activities to STD, mental health, substance use and other public health programs would help stem the STD crisis by prioritizing the health of communities and investing in their lives.
- Act on the recommendations from the Alternatives to Incarceration Workgroup and invest in under-resourced communities. Funding that goes towards incarceration are causative and exacerbating the rates of STIs and HIV infection in Los Angeles Count. It is imperative that the BOS actively divest funds away from systems of incarceration and move swiftly on their decision to close Men’s Central Jail and divest funds away from sheriffs/jails to systems of care.
- Based on previous 2-3 years, the BOS have not done what they’ve promised and instead have continued to increase funding for systems of incarceration that are exacerbating the HIV/STI crisis and undermining our efforts to prevent them.
- "The relationship between carceral and community health is bidirectional. High rates of STIs in correctional settings are driven by disparities in social determinants of health among those entering institutions, who are disproportionately black and Indigenous compared with the overall US population. The same populations affected by the incarceration epidemic are disproportionately affected by STIs. In addition to structural racism, social determinants affecting the sexual health of populations moving through the criminal justice system include intergenerational poverty, which is associated with poorer health outcomes." (From Clinical Infectious Diseases August 15, 2022)

- "A study in the Los Angeles County women's jail showed the likelihood of primary, secondary and early latent syphilis rose with increasing age. A second study in California showed that a substantial portion (13%) of pregnant women who gave birth to an infant with congenital syphilis had been incarcerated."
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9989347/>
- "Jail and prison inmates face a high risk of infectious disease. Inmates experience a disproportionate burden of sexually transmitted infections (STIs), including 4 to 5 times the prevalence of HIV than that observed in the general population. HIV infection also is elevated among individuals whose recent sex partners have been incarcerated."
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093283/#:~:text=Inmates%20experience%20a%20disproportionate%20burden,observed%20in%20the%20general%20population.&text=HIV%20infection%20also%20is%20elevated,sex%20partners%20have%20been%20incarcerated>; American Journal of Public Health June 2011)

Health Care in Motion

Timely, Substantive Updates on Policy Shifts • Actionable Advocacy to Protect Health Care

October 4, 2023

The Government Remains Open for Now: What the Congressional Budget Battle Means for HIV Programs

Over the weekend, Congress barely averted a looming government shutdown. On Saturday, September 30, 2023, just hours before the government was set to shut down without a congressional budget, Congress passed a Continuing Resolution (CR), a short-term spending deal that will keep the federal government running for 45 days (through November 17, 2023) at current spending levels. Read on to learn about how we got there and how people living with and at increased risk for HIV and other complex conditions may be impacted by the budget showdown.

How Did We Get Here?

Each fiscal year – which runs from October 1 through September 30 – Congress is tasked with passing a budget to fund the vast infrastructure and discretionary programs of the federal government. This means that Congress must make decisions, in the form of appropriations bills, about funding amounts for every discretionary federal program, and the President must sign these bills. While this process used to be fairly routine, in recent years it has become a political flashpoint due to the growing partisanship in Congress, especially the intractability of a group of hardline Republicans in the House of Representatives.

To pass the federal budget, each chamber of Congress (the House of Representatives and the Senate) puts forth an appropriations bill, and then the two bills are reconciled into a final agreed upon version. If Congress cannot come to agreement on a full fiscal year budget, they turn to a temporary CR measure to “kick the can down the road” and give themselves more runway to hammer out a fiscal year budget deal by preserving current funding levels for a shorter period.

Discretionary vs. Mandatory Funding

Discretionary funding is any funding that Congress must appropriate annually, including funding for the Ryan White HIV/AIDS Program.

Mandatory funding is mandated by existing laws and does not require an annual congressional appropriation. This includes funding for Medicaid, Medicare, and Social Security.

The current make-up of Congress has made compromise on a budget difficult. A razor-thin majority of Democrats control the Senate, while a thin majority of Republicans control the House of Representatives. This has set up a clash between the Senate and the House. For instance, the House's [proposed budget bill](#) for Labor, Health, Human Services, and Education agencies would make draconian cuts to domestic programs, including zeroing out the CDC's portion of the Ending the HIV Epidemic (EHE) funding and drastically reducing HIV funding for the Health Resources and Services Administration (HRSA). The Senate's [proposed bill](#), on the other hand, maintained EHE and other HIV funding.

As we hurtled to the end of the fiscal year without a budget, it appeared less and less likely that there was any middle ground between hardline Republicans advocating for massive cuts and Democrats fighting to maintain access to vital health care, social services, and other programs. The House Freedom Caucus, the far-right wing of House Republicans, dug in against any capitulation on spending, including opposing a short-term CR to keep the government running while negotiations continued. However, at the eleventh hour, then-House Speaker Kevin McCarthy pulled together a coalition of more moderate House Republicans and Democrats to sidestep the Freedom Caucus and pass a 45-day CR, keeping the federal government funded until November 17.

How Does the Fight Over Federal Funding Impact Programs for People with HIV and other Complex Conditions?

1. Congress still must pass a fiscal year appropriations bill, and deep cuts to HIV programs remain on the table.

HIV funding is at risk if any version of a final budget package resembles the proposed House budget spending levels released over the summer. The House budget eliminated scores of programs and made deep cuts to every health care agency, including HRSA and CDC. Since the compromise Congress reached on September 30 was only a stopgap measure that didn't resolve the substantial differences between the House's and Senate's appropriations proposals, HIV and other health care and social services programs are still vulnerable to budget cuts. HIV advocates should continue to pressure Congress to [reject these cuts](#) and maintain at least level funding for HIV programs.

2. If Congress can't compromise on a fiscal year appropriations bill by November 17, the government could still shut down.

If Congress fails to agree on the budget by the November 17 deadline and the government shuts down, some services and programs for people living with and at increased risk for HIV may be impacted. A government shutdown means furloughs for millions of federal employees and contractors, which could impact oversight of federal HIV programs, especially if the shutdown is protracted.

The Biden Administration would have discretion to manage the shutdown, deciding what can stay open and what must close based on available funds without new appropriations. Prior to

the September 30 deadline, the White House Office of Management and Budget (OMB) [published a contingency plan](#) for each federal department in the event of a shutdown. Based on this OMB plan and how HIV programs are funded, the following table walks through how each program might be impacted in the near future. Government shutdowns normally do not last long (the last shutdown was the longest and lasted 34 days), but the longer a shutdown lasts, the greater the likelihood that discretionary funding programs would be affected.

Program	Shutdown Impact
Ryan White HIV/AIDS Program (RWHAP) administered by HRSA	Funding for the RWHAP would not be impacted by a short-term lapse in appropriations.
HIV prevention funding administered by CDC	CDC funding for HIV prevention would not be impacted by a short-term lapse in appropriations.
Community Health Center Program administered by HRSA	This is a mandatory program.
Medicaid administered by the Centers for Medicare and Medicaid Services (CMS)	This is a mandatory program.
Medicare administered by CMS	This is a mandatory program.
Social Security (disability and retirement payments) administered by the Social Security Administration	This is a mandatory program.
Healthcare.gov and Marketplace subsidies administered by CMS	CMS announced that a short-term lapse in appropriations would not impact open enrollment for the Affordable Care Act Marketplace, set to begin November 1 st . The agency has identified funding to support open enrollment.

3. Other important HIV programs had September 30 reauthorization deadlines.

September 30 also marked the reauthorization deadline for several health programs, including the President's Emergency Plan for AIDS Relief (PEPFAR) (for more on the PEPFAR reauthorization saga, check out [CHLPI's previous Health Care in Motion on this topic](#)). PEPFAR still has funding to continue its crucial global HIV work, but without reauthorization legislation – which is still stalled because of Republican demands for stronger anti-abortion provisions – lawmakers cannot make necessary updates to the program. Global faith in U.S. support for HIV and related public health priorities has taken a hit.

The Community Health Center Fund, which provides 70% of federal funding for health centers, was also set to expire on September 30. However, as part of the CR deal, Congress extended the authorization on a short-term basis through November 17. Community Health Centers provide a myriad of HIV care and prevention services to low-income patients across the country, and advocates will continue to push for a full reauthorization of that program.

What Happens Next?

Congress has 45 days to either pass another CR or a full fiscal year 2024 budget—otherwise, the government will grind to a halt. At this point, it is difficult to predict what Congress will do. Fuming about what they perceive to be a betrayal by Speaker McCarthy in joining with House Democrats to pass the CR, the House Freedom Caucus forced a vote that ousted him as Speaker. A lot is at stake for the HIV community and other people with complex health conditions, and the next 45 days are a pivotal opportunity to inform Congress about the need to fully fund these important programs.

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Health Care in Motion is written by Carmel Shachar, Health Law and Policy Clinic Faculty Director; Kevin Costello, Litigation Director; Elizabeth Kaplan, Director of Health Care Access; Maryanne Tomazic, Clinical Instructor; Rachel Landauer, Clinical Instructor; Johnathon Card, Staff Attorney; and Suzanne Davies, Clinical Fellow. This issue was written with the assistance of Amy Killelea of Killelea Consulting.

For further questions or inquiries please contact us at chlpi@law.harvard.edu.



Derek Murray

Application on file at Commission office



Dr. Mikhaela Cielo

Application on file at Commission office



LOS ANGELES COUNTY
COMMISSION ON HIV



REVISED 2023 Training Schedule

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

Topic	Date
<u>General Orientation and Commission on HIV Overview *</u>	March 29 3:00 - 4:30 PM
<u>Priority Setting and Resource Allocation Process & Service Standards Development *</u>	April 12 3:00 - 4:30 PM
<u>Tips for Making Effective Written and Oral Public Comments</u>	May 24 3:00 - 4:00 PM
<u>Ryan White Care Act Legislative Overview</u> <u>Membership Structure and Responsibilities *</u>	July 19 3:00 - 4:30 PM
<u>Public Health 101</u>	August 16 3:00 - 4:30 PM
<u>Sexual Health and Wellness</u>	September 20 3:00 - 5:00 PM
<u>Health Literacy and Self-Advocacy</u>	**Changed from Oct. 18 to 24th** October 18 24 3:00 - 4:30 PM
<u>Policy Priorities and Legislative Docket Development Process *</u>	November 15 3:00 - 4:30 PM
<u>Co-Chair Roles and Responsibilities</u>	**Changed from Dec. 6 to Feb. 13, 2024** FEB. 13, 2024 December 6 4:00 - 5:00 PM

**Mandatory core trainings for all commissioners.*



LOS ANGELES COUNTY
COMMISSION ON HIV



JOIN THE BLACK CAUCUS AT THE 17TH ANNUAL TASTE OF SOUL!

<https://www.tasteofsoulla.com/>



DATE: October 21 **TIME:** 10 AM - 7 PM

BOOTH: P20 (Locate us with the QR code at the event)

LOCATION: Historic Crenshaw Blvd, between Barack Obama Blvd & Stocker Ave

The BLACK CAUCUS is excited to be part of this incredible community event. Come meet us at booth P20 to 🏆 Win cool raffle prizes 🏆 Grab some awesome swag 🏆 Get your passport stamped as you embark on a mission to learn more about uS 🏆 Test your luck with the spin-the-wheel game 🏆 Challenge your wits with our super fun trivia game show all while learning more about our mission & the work we do.

#COH_2023TOS

#2023TOS_COH

#2023TOS



**Images reflect actual members of the Black Caucus*

The BLACK CAUCUS focuses on addressing the unique HIV needs of Black and African-American individuals and communities across LA County. We welcome anyone committed to the fight against HIV, working to stop its spread, and increasing access and education for LA's Black communities.

FOR MORE INFORMATION OR TO GET INVOLVED

WEB: <https://hiv.lacounty.gov> **EML:** hivcomm@lachiv.org **TEL:** 213.738.2816



Save The Date

November 2, 2023

8 AM - 4 PM

TGI HEALTH SUMMIT

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

Village At Ed Gould Plaza

1125 N McCadden Pl, Los Angeles, CA 90038

REGISTRATION COMING SOON

REACH LA

 **LOS ANGELES LGBT CENTER**

 **LOS ANGELES COUNTY
COMMISSION ON HIV**

trans*
lounge

Keck School of
Medicine of **USC**