



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Get in touch: hivcomm@lachiv.org

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COMMISSION ON HIV Virtual Meeting

Thursday, August 12, 2021

9:00AM - 12:45PM (PST)

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

REGISTER + JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/4nfdkm9>

**link is for members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll Access Code: 145 537 2857

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

PUBLIC COMMENTS

Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide live public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing PUBLIC COMMENT in the Chat box. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to hivcomm@lachiv.org. Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

LIKE WHAT WE DO?

Apply to become a Commissioner at <http://tinyurl.com/HIVCommApplication>



LOS ANGELES COUNTY
COMMISSION ON HIV



AGENDA FOR THE **VIRTUAL** MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV (COH)
MAIN (213) 738-2816 / FAX (213) 637-4748
EMAIL: hivcomm@lachiv.org WEBSITE: <http://hiv.lacounty.gov>

Thursday, August 12, 2021 | 9:00 AM – 12:45 PM

To Register/Join by Computer: <https://tinyurl.com/4nfdukm9>

**link is for members of the public*

To Join by Telephone: 1-415-655-0001 Access code: 145 537 2857

AGENDA POSTED: August 2, 2021

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

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

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

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

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

the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

Call to Order and Roll Call		9:00 AM – 9:05 AM
1. <u>ADMINISTRATIVE MATTERS</u>		
A. Approval of Agenda	MOTION #1	9:05 AM – 9:07 AM
B. Approval of Meeting Minutes	MOTION #2	9:07 AM – 9:10 AM
2. <u>WELCOME, INTRODUCTIONS AND VIRTUAL MEETING GUIDELINES</u>		9:10 AM – 9:15 AM
3. <u>REPORTS - I</u>		
A. Executive Director/Staff Report		9:15 AM – 9:20 AM
(1) Commission/County Operational Updates		
B. Co-Chairs’ Report		9:20 AM – 9:35 AM
(1) 2021 Annual Meeting Planning		
(2) Black African American Community (BAAC) Task Force UPDATE		
(3) Ending the HIV Epidemic COH Leads Report		
C. California Office of AIDS (OA) Report		9:35 AM – 9:45 AM
D. LA County Department of Public Health Report		9:45 AM – 10:30 AM
(1) Vaccine Preventable Disease Control Program		
(a) COVID-19/Delta Variant Update		
(2) Division of HIV/STD Programs (DHSP) Updates		
(a) Programmatic and Fiscal Updates		
• Ryan White Parts A & B		
E. Housing Opportunities for People Living with AIDS (HOPWA) Report		10:30 AM – 10:35 AM
F. Ryan White Program Parts C, D, and F Report		10:35 AM – 10:40 AM
G. Cities, Health Districts, Service Planning Area (SPA) Reports		10:40 PM – 10:45 AM
4. <u>BREAK</u>		10:45 AM – 10:55 AM

5. REPORTS – II

F. Standing Committee Reports

10:55 AM – 11:25 PM

(1) Operations Committee

(2) Standards and Best Practices (SBP) Committee

- Service Standards Development Training | UPDATE
- Substance Use Service Standards | Update

(3) Public Policy Committee

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

- 2021 Legislative Docket | UPDATE
- COH Letter Re: STD Response and Appeal to the Board of Supervisors

(b) County, State, and Federal Budget

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

(a) RWP Priority Setting and Resource Allocation Process (PSRA) | UPDATE

(b) Data Summit | UPDATE

(c) Prevention Planning Workgroup | UPDATE

G. Caucus, Task Force and Work Group Report

11:25 AM – 11:35 AM

(1) Aging Task Force | September 7, 2021 @ 1-3pm

(2) Consumer Caucus | August 12, 2021 @ 3-4:30pm

(3) Prevention Planning Workgroup | August 25, 2021 @ 5:30-7PM

(4) Transgender Caucus | September 28, 2021 @ 10am-12pm

(5) Women's Caucus | August 16, 2021 @ 2-4pm

6. PRESENTATION

A. "Act Now Against Meth" Campaign | UPDATES

11:35 AM – 11:50 AM

Richard Zalidivar, Executive Director, The Wall Las Memorias

7. DISCUSSION

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

11:50 AM – 12:30 PM

- Brief excerpts only of Chapters 8-9
- 5-minute debrief discussion

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

- "Self-Management"

8. MISCELLANEOUS

A. Public Comment

12:30 PM – 12:35 PM

Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide live public comment, you must register and join WebEx through your computer or smartphone. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to hivcomm@lachiv.org.

B. Commission New Business Items

12:35 PM – 12:40 PM

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

C. Announcements

12:40 PM – 12:45 PM

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

Adjournment and Roll Call

12:45 PM

Adjournment in the memory of Darrin Aiken for the meeting of August 12, 2021.

PROPOSED MOTION(s)/ACTION(s):

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Commission meeting minutes, as presented or revised.

COMMISSION ON HIV MEMBERS:

Bridget Gordon, Co-Chair	David P. Lee, MPH, LCSW Co-Chair	Miguel Alvarez	Everardo Alvizo, LCSW
Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Danielle Campbell, MPH	Mikhaela Cielo, MD
Pamela Coffey (Reba Stevens, **Alternate)	Michele Daniels (*Alternate)	Erika Davies	Kevin Donnelly
Felipe Findley, PA-C, MPAS, AAHIVS	Alexander Luckie Fuller	Gerald Garth, MS	Jerry D. Gates, PhD
Grissel Granados, MSW	Joseph Green	Thomas Green	Felipe Gonzalez
Damontae Hack (*Alternate)	Karl Halfman, MA	Kayla Walker-Heltzel (*Alternate)	William King, MD, JD, AAHIVS (LoA)
Lee Kochems, MA	Anthony Mills, MD	Carlos Moreno	Derek Murray
Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Frankie Darling-Palacios (LoA)	Mario J. Pérez, MPH
Juan Preciado	Joshua Ray, RN (Eduardo Martinez, **Alternate)	Mallery Robinson (*Alternate)	Isabella Rodriguez, MA (*Alternate)
Ricky Rosales	Harold San Augustin, MD	Martin Sattah, MD	Tony Spears (*Alternate)
LaShonda Spencer, MD	Kevin Stalter (René Vega, MSW, MPH, **Alternate)	Damone Thomas (*Alternate)	Guadalupe Velazquez
Justin Valero, MPA	Ernest Walker, MPH	Amiya Wilson (LoA) (*Alternate)	

MEMBERS: 45

QUORUM: 23

LEGEND:

LoA = Leave of Absence; not counted towards quorum

Alternate* = Occupies Alternate seat adjacent a vacancy; counted toward quorum

Alternate** = Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member



LOS ANGELES COUNTY COMMISSION ON HIV



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HIVCOMM@LACHIV.ORG • <http://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).



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



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TO END HIV, WE MUST END RACISM
[#STOPAAPIHATE](#)

The Los Angeles County Commission on HIV condemns all forms of hate and violence. We stand in solidarity with Asian American and Pacific Islander (AAPI) communities and condemn the attacks on our AAPI brothers and sisters across the Country. Acts of hate against AAPI communities have risen during the COVID-19 pandemic. An attack on one community, is an attack on all of US.

The harmful rhetoric of the previous administration and the repeated use of the term “China virus” to refer to COVID-19 have fueled the senseless increase in violence we are seeing across the country. These hurtful words and demonization of a particular community followed the long American history of using diseases to justify anti-Asian xenophobia, one that dates to the 19th and 20th centuries, and has helped to shape perception of AAPIs as “perpetual foreigners.”

Many scholars, historians, and activists have pointed out that racial violence against AAPIs often goes overlooked because of persistent stereotypes about the community. The pervasiveness of the model minority myth is a large contributing factor to the current climate. That false idea, constructed during the Civil Rights era to stymie racial justice movements, suggests that Asian Americans are more successful than other ethnic minorities because of hard work, education, and inherently law-abiding natures. Because the model minority myth suggests upward mobility, it creates a fallacy that Asian Americans don’t experience struggle or racial discrimination and misogyny.

We applaud the Los Angeles County Board of Supervisors in their decision to immediately identify funding to expand the County’s Anti-Hate program to combat hate against AAPIs. We call on all Angelenos to speak out against hateful and violent attacks on AAPI communities. Encourage those who experience or witness acts of hate toward the AAPIs communities to report an incident to 211 LA. Incidents can also be reported using the www.stopaapihate.org website. The STOP AAPI Hate reporting form is available in 11 languages.

The HIV movement knows too well that hateful language has real stigmatizing consequences. The hatred and violence we are witnessing perpetuated against AAPIs are rooted in the same form of racism, discrimination, and misogyny that continue to hinder our progress in ending HIV. Join us in stopping hate and support the AAPI communities.

In Solidarity,

Los Angeles County Commission on HIV

<https://www.lavshate.org/>
<https://stopaapihate.org/>

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.



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TO END HIV, WE MUST END RACISM

On the behalf of the Los Angeles County Commission on HIV, the Black/African American Community (BAAC) Task Force recognizes that these are extremely difficult, disturbing and painful times for us and our communities. We remain steadfast in solidarity with our Black/African American communities and vehemently condemn the pervasive, systemic racism that continues to plague our communities. “Without reckoning with our history of racial injustice and violence we will continue to be haunted by its ugly and painful legacy.” (Equal Justice Initiative [EJI].)

Racism IS a public health emergency and impacts us all. Racism impacts access to and the quality of health care and it dictates when, how and by whom health care is given or withheld. Medical mistrust by our Black/African American communities and implicit biases of the health care system are rooted in historical, institutional and socialized racism. It is without question we cannot end the HIV epidemic without dismantling these systems that continue to perpetuate the injustices that result in disproportionately poorer outcomes in our Black/African American communities. Our HIV community must remain diligent and committed to actively engaging in policy and action that promote health equity, eliminate barriers and address social determinants of health such as: implicit bias; access to care; education; social stigma, i.e. homophobia, transphobia and misogyny; housing; mental health; substance abuse; and income/wealth gaps.

As HIV advocates, we cannot sit idly by and allow these inequities to continue. We must act now by centering ALL of our work and conversations around the intersection of racism and the unequal burden of HIV on our Black/African American communities. The Commission is committed to taking action.

We stand in memoriam of Breonna Taylor, George Floyd, Tony Mc Dade, Ahmaud Arbery, and all those who have lost their lives to senseless acts of violence, police brutality and HIV/AIDS. We stand with you, we hurt with you, and we will take action to address these inequities and heal with you.

In Solidarity,

Los Angeles County Commission on HIV
Black/African American Community (BAAC) Task Force

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.



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2021 COMMISSION ON HIV MEETING SCHEDULE

To comply with the County of Los Angeles and State of California directives and orders due to the COVID-19 public health pandemic, beginning June 1, 2020 until further notice, all full body, standing and subordinate working unit meetings will be held virtually.

Meeting dates/times are subject to change. For meeting notifications, please subscribe to the Commission's email list at <https://tinyurl.com/y83ynuzt> or contact Commission's office at hivcomm@lachiv.org or 213.738.2816 for updates.

All Committee and Commission meetings are open to the public and are held virtually via the WebEx platform. For a brief tutorial on how to join a WebEx meeting/event, check out: <https://help.webex.com/en-us/nrbgeodb/Join-a-Webex-Meeting>

Commission on HIV (COH)	2 nd Thursday of Each Month	9:00 AM	-	1:00 PM
Executive Committee				
Operations Committee	4 th Thursday of Each Month	1:00 PM	-	3:00 PM
Planning, Priorities & Allocations (PP&A) Committee	4 th Thursday of Each Month	10:00 AM	-	12:00 PM
Public Policy Committee (PPC)	3 rd Tuesday of Each Month	1:00 PM	-	3:00 PM
Standards and Best Practices (SBP) Committee	1 st Monday of Each Month	1:00 PM	-	3:00 PM
	1 st Tuesday of Each Month	10:00 AM	-	12:00 PM
Consumer Caucus				
Transgender Caucus	2 nd Thursday of Each Month	Following COH Meeting		
Women's Caucus	4 th Tuesday Bi-Monthly	10:00 AM	-	12:00 PM
	3 rd Monday of Each Month	2:00 PM	-	4:00 PM
Aging Task Force (ATF)				
Black African American Community (BAAC) Task Force	1 st Tuesday of Each Month	1:00 PM	-	3:00 PM
Prevention Planning Workgroup (PPW)	4 th Monday of Each Month	1:00 PM	-	3:00 PM
	4 th Wednesday of Each Month	5:30PM	-	7:00PM

The Commission office continues to remain closed to the public until further notice in compliance with stay at home orders and social distancing requirements. For inquiries, you may contact the Commission office at hivcomm@lachiv.org or 213.738.2816.



2021 MEMBERSHIP ROSTER | UPDATED 08.04.21

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
3	City of Long Beach representative	1	PP&A	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2020	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	PP&A EXC	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	EXC OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	EXC	David Lee, MPH, LCSW	Charles Drew University	July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2020	June 30, 2022	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	OPS	Alexander Luckie Fuller	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2019	June 30, 2021	Damone Thomas (PP&A)
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2020	June 30, 2022	Amiya Wilson (SBP)(LOA)
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2019	June 30, 2021	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	Damontae Hack (PP&A)
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Reba Stevns (SBP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2019	June 30, 2021	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2019	June 30, 2021	Michele Daniels (OPS)-LOA
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			Vacant		July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (OPS)
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Tony Spears (PP)
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	EXC OPS SBP	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5			Vacant		July 1, 2020	June 30, 2022	
41	Representative, HOPWA			Vacant		July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	PP	Gerald Garth, MS	AMAAD Institute	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	OPS	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2020	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS SBP	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
TOTAL:		38						

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

LOA: Leave of Absence

Overall total: 50



ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: August 05 2021
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 11 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
David Lee, MPH, LCSW	Co-Chair, Comm./Exec.*	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Carlos Moreno	Co-Chair, Operations	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Frankie-Darling Palacios	Co-Chair, PP&A	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Juan Preciado	Co-Chair, Operations	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero	At-Large Member*	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 10:00 AM-12:00 PM		
Number of Voting Members= 10 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Carlos Moreno	Committee Co-Chair*	Commissioner
Juan Preciado	Committee Co-Chair*	Commissioner
Miguel Alvarez	*	Commissioner
Danielle Campbell, MPH	*	Commissioner
Michele Daniels (LOA)	*	Alternate
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Alexander "Luckie" Fuller	*	Commissioner
Joseph Green	*	Commissioner
Kayla Walker-Heltzel	**	Alternate
Justin Valero	*	Commissioner

Committee Assignment List

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 15 Number of Quorum= 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Frankie-Darling Palacios	Committee Co-Chair*	Commissioner
Kevin Donnelly	Committee Co-Chair*	Commissioner
Everardo Alvizo, LCSW	*	Commissioner
Al Ballesteros	*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Damontae Hack	*	Alternate
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Damone Thomas	*	Alternate
Guadalupe Velazquez	*	Commissioner
TBD	DHSP staff	DHSP

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

Committee Assignment List

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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 = 14 Number of Quorum = 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter (Rene Vega, Alternate)	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Pamela Coffey (Reba Stevens, Alternate)	*	Commissioner
Grissel Granados	*	Commissioner
Thomas Green	**	Alternate
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Katja Nelson, MPP	**	Commissioner
Joshua Ray (Eduardo Martinez, Alternate)	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Justin Valero, MA	*	Commissioner
Ernest Walker	*	Commissioner
Amiya Wilson (LOA)	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS

Regular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting
 Co-Chairs: Alasdair Burton & Jayda Arrington

Open membership to consumers of HIV prevention and care services

AGING TASKFORCE (ATF)

Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm

Chair: Al Ballesteros, MBA

Open membership

BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE

Regular meeting day/time: 4th Monday of Each Month @ 10am-12pm

Co-Chairs: Danielle Campbell, MPH & Greg Wilson

Open membership

TRANSGENDER CAUCUS

Regular meeting day/time: 4th Tuesday of Every Other Month @ 10am-12pm

CO-Chairs: Frankie Darling-Palacios & Luckie Fuller

Open membership

Committee Assignment List

Updated: August 05, 2021

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WOMEN'S CAUCUS

Regular meeting day/time: 3rd Monday of Each Month @ 9:30am-11:30am

Co-Chairs: Shary Alonzo & Dr. LaShonda Spencer

Open membership

PREVENTION PLANNING WORKGROUP

Regular meeting day/time: 4th Wednesday of Each Month @ 5:30pm-7:00pm

Co-Chairs: Maribel Ulloa, Miguel Martinez, and Luckie Fuller

Open membership



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 8/11/21

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ALVIZO	Everardo	Long Beach Health & Human Services	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
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
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
COFFEY	Pamela	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FULLER	Luckie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testng Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GARTH	Gerald	AMAAD Institute	No Ryan White or Prevention Contracts
GATES	Jerry	AETC	Part F Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HACK	Damontae	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
RAY	Joshua	Unaffiliated consumer	No Ryan White or prevention contracts
ROBINSON	Mallery	No Affiliation	No Ryan White or prevention contracts
RODRIGUEZ	Isabella	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
SPEARS	Tony	Capitol Drugs	No Ryan White or prevention contracts
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	Reba	No Affiliation	No Ryan White or prevention contracts
THOMAS	Damone	No Affiliation	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts
VEGA	Rene	Via Care Community Clinic	Biomedical HIV Prevention
VELAZQUEZ	Guadalupe	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	Kayla	No Affiliation	No Ryan White or prevention contracts
WALKER	Ernest	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts



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Email: hivcomm@lachiv.org • Website: <http://hiv.lacounty.gov>

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

COMMISSION ON HIV VIRTUAL MEETING MINUTES
July 8, 2021

COMMISSION MEMBERS

P=Present | A=Absent

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

COMMISSION STAFF & CONSULTANTS

Cheryl Barrit, MPA, Executive Director; Carolyn Echols-Watson, MPA; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; and Sonja Wright, BA, MSOM, LAC, Dipl. OM, PES
Jim Stewart, Parliamentarian

Robert Sowell and April Johnson, MA (LAC Human Relations Commission)

DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF

Pamela Ogata, MPH and Julie Tolentino, MPH

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

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

Meeting agenda and materials can be found on the Commission's website at:

http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Packet/Pkt_COHMTg_070821_ongoingRev_5.pdf?ver=yP_icehgdWew_4jfcJaRBA%3d%3d

CALL TO ORDER AND ROLL CALL: David Lee, LCSW, MPH, and Bridget Gordon, Co-Chairs, opened the meeting at 9:04am and James Stewart, Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): E. Alvizo, A. Ballesteros, A. Burton, D. Campbell, M. Cielo, R. Stevens, E. Davies, K. Donnelly, F. Felipe, G. Garth, J. Gates, G. Granados, J. Green, T. Green, F. Gonzalez, D. Hack, K. Halfman, L. Kochems, C. Moreno, D. Murray, P. Nash, K. Nelson, M. Pérez, J. Preciado, E. Martinez, I. Rodriguez, R. Rosales, H. San Augustin, M. Sattah, L. Spencer, K. Stalter, R. Vega, D. Thomas, J. Valero, D. Lee, and B. Gordon

1. ADMINISTRATIVE MATTERS

A. APPROVAL OF AGENDA

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

B. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the June 10, 2021 Commission on HIV Meeting Minutes, as presented (*✓Passed by Consensus*).

2. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- D. Lee welcomed all attendees and provided the following reminders and meeting guidelines. B. Gordon recited the Commission's Code of Conduct and Vision statement as a reminder.
 - Please refer to the messages in the Chat from staff regarding virtual meeting etiquette. Please mute yourself when not speaking.
 - Commissioners are limited to 3 minutes per Commissioner and one comment per agenda item. After all Commissioners who wish to speak have done so, Commissioners who wish to speak a second time on the same topic may do so. To speak a third time, a Commissioner must move to suspend the rules, which requires a second and a two-thirds vote. This rule does not apply to those giving reports or invited speakers.
 - Public comments are limited to 2 minutes per person. Any person may speak for one two-minute period in non-agenda Public Comment and one two-minute period on any agenda topic at the time the topic comes to the floor.

3. REPORTS - I

A. EXECUTIVE DIRECTOR/STAFF REPORT

(1) Commission and County Operational Updates

- Cheryl Barrit, MPIA, Executive Director, reported that Governor Gavin Newsom extended the Executive Orders related to the Brown Act until the end of the September at which time, beginning October 2021, in person meetings will resume unless otherwise announced by the Governor. Until then, the Commission will continue to convene its meetings virtually and noted that the Commission's Teleconference Policy has been forwarded to County Counsel for review and to identify additional accommodations for those who would like to continue to attend meetings virtually once in-person meetings resume.
 - Provider and institutional members volunteered to check with their respective organizations to determine whether they have sufficient meeting space available to host monthly Commission meetings pursuant to the Commission's Teleconference Policy.
 - **Dr. Martin Sattah, Katia Nelson, Erika Davies, Everardo Alvizo, and Ricky Rosales will report back on availability of meeting space.**
- C. Barrit announced that the Commission office will be moving to the County's new Vermont Corridor Administrative Offices Building (Vermont Corridor) located at 510 S. Vermont Avenue, Los Angeles effective August 6, 2021. Approved by the Board of Supervisors in 2018, the Vermont Corridor will serve as the headquarters for the County of Los Angeles Departments of Mental Health (DMH) and Workforce Development, Aging, and Community Services (WDACS). The Commission was recently added to that list.
- C. Barrit shared that the move will present a significant cost savings and benefit to the Commission and will be in alignment with the County's initiative to promote health and wellness and to reduce carbon footprints by transitioning much of the workforce to a permanent telecommuting and/or hybrid in-person and telecommuting schedule – a requirement for occupants of the Vermont Corridor.
- The Commission secured three cubicles and one office for staff, all of whom will continue a hybrid work model with staggered work schedules on a permanent basis.
- The Vermont Corridor will accommodate all Commission standing meetings as it has sufficient meeting space to accommodate the Commission's needs. Parking will be complimentary to staff, Commission members and members of the public; once again, a significant benefit and cost savings to the Commission.
- Public and Commission members will have access to the first and second floors as they are designated public facing areas, however, access to the upper floors are restricted to resident County employees only. The Commission will be housed on the 14th floor.
- COH staff will continue to generate electronic meeting packets and materials once in-person meetings resume; all Commission members and members of the public are encouraged to continue accessing Commission materials via its website.
- COH staff will begin preparing for the move immediately without disruption to the Commission's work or meeting schedule. Once the move has been finalized and in person meetings resume, an Open House will be scheduled.
- Lastly, C. Barrit noted the BOS' motion "Care with Pride: Ensuring Appropriate LGBTQ+ And Gender-Affirming Care in Los Angeles County"; an initiative by the BOS to expand culturally appropriate care and guarantee access to quality medical and mental health care for all LGBTQ+ patients in Los Angeles County systems. The motion was passed June 22, 2021; motion can be accessed [here](#).

B. CO-CHAIRS' REPORT

(1) COH Letter Re: Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government | Request for Information (RFI) Due July 6, 2021

- The COH letter responding to a federal request for community input on how to advance equity and support underserved communities through government programs and services has been submitted; letter in meeting packet.
- Examples of barriers consumers have faced in accessing federally funded HIV services (such as burdensome paperwork and re-certification process) were included in the letter thus providing another example of the ways COH continue to engage federal partners to address community needs.

(2) COH Support Letter Re: Using molecular epidemiology to identify high priority groups for HIV prevention and engagement, evaluate the effectiveness of prevention services for people living with HIV and people at risk for HIV in addressing the "Respond" pillar of the Ending the HIV Epidemic Initiative

- At the June 24 Executive Committee meeting, research partners from UC San Diego, presented a proposed study for a National Institute of Health (NIH) grant focused on the respond pillar/molecular epidemiology of the Ending the HIV Epidemic (EHE) initiative. The proposal comprised of using molecular epidemiology as a monitoring tool to identify high priority populations and to assess the efficacy of County-funded prevention services, as measured by metrics that are relevant to the EHE initiative (such as reducing HIV incidence, reducing cluster growth); the June 24, 2021; see PowerPoint (PPT) presentation slides in meeting packet.
- Dr. Susan Little and her team requested a letter of support and has requested community feedback on their study and present their findings back to the Commission.
- COH leadership and staff will work with Dr. Susan Little and her team on drafting the letter of support and will work with DHSP in determining how to best proceed with engaging with UCSD on this proposed project.

(3) Ending the HIV Epidemic (EHE) Steering Committee COH Liaison Report

- The DHSP Ending the HIV Epidemic Steering Committee met on June 25. Dr. Andrea Kim presented the HIV/STD Surveillance data that was presented to the Commission at its May meeting.
 - Concerns were shared that the surveillance report included stigmatizing language and terms like "infected" referring to people living with HIV and suggested that "acquired" or "diagnosed" should be used in its place.
- The Commission liaisons (Bridget Gordon, Kevin Stalter, Katja Nelson and Felipe Findley) will meet with Julie Tolentino (DHSP) on July 9, 2021.

C. CALIFORNIA OFFICE OF AIDS (OA) REPORT

- Karl Halfman, MA, reported that the California Department of Public Health (CDPH) has partnered with Facente Consulting to develop a new Ending the HIV Epidemic plan for a statewide collaborative, harm reduction approach to preventing and treating HIV, hepatitis C virus (HCV), and sexually transmitted diseases (STDs) in California. The Plan will be framed around racial equity and other social determinants of health and will be comprised of an 18-month strategic planning process to include soliciting feedback from stakeholders via a survey. The survey is available via the July OA Voice, accessible [here](#).
- OA is seeking ADAP Medical Advisory Committee (MAC) members to review the program formulary, evaluate available HIV/AIDS related drugs, in addition to medications used in the treatment of opportunistic infections, and make recommendations for changes to the program formulary. The ADAP MAC consists of HIV-specialized physicians, pharmacists, psychiatrists, treatment advocacy representatives, and affected community members. For more information or if interested in applying, see the July OA Voice accessible [here](#).

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

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

(a) Programmatic and Fiscal Updates

- Mario J. Pérez, MPH, Director (DHSP), reported that DHSP is in the final stages of reconciling Part A, B and MAI expenditures for the Ryan White Program year 21. M. Pérez noted that that all revenue streams will be fully maximized, and that spending will have outpaced expenditures by approximately \$1.8 million. A full financial report will be presented at the August Commission meeting.
- M. Pérez reported that DHSP is working with the Disease Intervention Specialists (DIS) of the National Coalition of STD Directors (NCSDD) to determine how to expand and leverage the \$6 million funding over five years in its response to the STD crisis. An update is slated on or around September 2021.

- Lastly, M. Peréz thanked the Prevention Planning Workgroup for its efforts in thoughtfully assessing DHSP's prevention portfolio as part of its prevention planning activities.

(b) Ending the HIV Epidemic (EHE) Activities and Updates

- J. Tolentino, MPH, EHE Program Manager, presented a comprehensive update on EHE activities; see PPT slides in meeting packet.
- Dr. Carl Highshaw (Founder & CEO) and Gerald Garth (Director of Programs & Operations), The AMAAD Institute, provided an overview of their EHE Collaborative Program Design & Implementation Plan as the EHE community engagement contractor; see PPT slides in meeting packet.

E. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORT *No report provided.*

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

- Part C *No report provided.*
- Part D Dr. Mikhaela Cielo, Maternal, Child, Adolescent/Adult Center (MCA), LAC+USC Medical Center, reported that the performance narrative around the impact of COVID for last year has been submitted which included performance data for mental health services, job loss, accessibility to and ability to make doctor appointments, and viral suppression. **(2)** In response to the increase in congenital syphilis, the street medical team have been deployed to find pregnant women at risk for and test/treat for STDs and HIV. **(3)** A support group for young women of color is being formed in partnership Children's Hospital Los Angeles (CHLA). **(4)** Outreach workers are reaching out to providers and patients to educate providers about each other. **(5)** UCLA LAFAN developed a video to bring awareness and education to youth who are transitioning to adult care; see link to video and share widely. www.LAFAN.org/education
- Part F/AETC Dr. Jerry Gates reported that three fellows started with the HIV Clinical Leadership Program in Los Angeles on July 1, 2021.

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

- City of Pasadena. Erika Davies announced that the City's public health department is reopening via a phased-in approach, allowing staff back into the office. COVID measures will be in place and on-line appointments will be required to limit building capacity. Lastly, Take Me Home (TMH) HIV test kits will be provided on an in-person basis.
- City of West Hollywood (CWH). Derrick Murray reported that although the eviction moratorium was extended to September, landlords are still harassing tenants. As a result, the CWH launched a legal support service program for tenants. To date, over 126 people have participated in the program w/ 72 people receiving positive results including remaining in their homes.
- City of Long Beach (CLB).
 - Everardo Alvizo, LSCW, reported that CLB continues to work with DHSP to coordinate education for providers for HIV prevention and care, to include a PrEP learning collaborative for providers. Additionally, the CLB is working with the California Prevention Training Center to provide medical education units for providers.
 - CLB just wrapped up its first-year virtual sexual health education series for Long Beach School District high school students in partnership with AltaMed. The virtual series reached approximately 1,209 students.
 - CLB held a webinar in commemoration of the 40th anniversary of the first five cases of what later became known as AIDS were officially reported and in commemoration of long-term survivor awareness day.
 - Lastly, the next Long Beach HIV Planning Group meeting is July 14, 2021 @ 12pm.
- City of Los Angeles (CLA):
 - Ricky Rosales, AIDS Coordinator, reported that the contracts for HIV prevention services have been forwarded to the awarded agencies and once signed, R. Rosales will announce the list of approved agencies.
 - R. Rosales noted that a request has been submitted to the state legislature to include the CLA as a safe injection site pursuant to [SB 57](#).

H. STANDING COMMITTEE REPORTS

(1) Operations Committee (Next Meeting August 26, 2021 @ 10:00AM-12PM)

(a) Membership Management

- July 22, 2021 Committee meeting cancelled; Co-Chairs will be on vacation.
- Welcomed newest commissioners: Rene Vega and Damone Thomas
- Standards and Best Practices (SBP) Committee Only Member Application: Mark Mintline, DDS **MOTION #3**
 - Approve Standards and Best Practices (SBP) Committee member only application for Mark Mintline, DDS, as presented or revised and forward to Board of Supervisors for appointment (*✓ Passed by Majority, Roll Call Vote*)
- Renewing Membership Partial Slate **MOTION #4**
 - Approve Renewal Membership Applications, as presented or revised, and forward recommendations to Board of Supervisors for appointment as follows: Everardo Alvizo (Seat 3); Derek Murray (Seat 5); Harold Glenn San Agustin (Seat 13); Alasdair Burton (Seat 21, Alternate); Joe Green (Seat 33), Bridget Gordon (Seat 35); Justin Valero (Seat 39); Maribel Ulloa (Seat 41); Paul Nash (Seat 45); and Felipe Findley (Seat 49). (*✓ Passed by Majority, Roll Call Vote*)
- Revised Attendance Policy #08.3204 **MOTION #5**
 - Approve Revised Attendance Policy #08.3204 as presented or revised. (*✓ Passed by Majority, Roll Call Vote*)

(b) COH Tool Kit

- COH Tool Kit was developed to help commissioners speak about the work of the Commission. The toolkit incorporates action-oriented steps, such as promoting testing services, that can be imparted to members of the community. There is also a set of tools that can be used in commissioners' personal networks (ex: friends and family).

(2) Standards and Best Practices (SBP) Committee (Next Meeting August 3, 2021 @ 10AM-12PM)

(a) Childcare Service Standards MOTION #6

- Approve Childcare Service Standards, as presented or revised. (*✓ Passed by Majority, Roll Call Vote*)

(b) Substance Use and Residential Treatment Standards Review | UPDATES

- Service standards development training was conducted by consultant and HRSA technical assistance provider, Emily Gantz-McKay on July 6, 2021; link to training can be accessed [here](#).
- SBP will continue revisions to the Substance Use Treatment Services and Residential service standards and will begin reviewing the Benefits Specialty and Home-Based Case Management standards at its August meeting.

(3) Public Policy Committee (PPC) (Next Meeting August 2, 2021 @ 1-3PM)

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

▪ 2021 Legislative Docket MOTION #7

- Approve 2021 Legislative Docket, as revised, and refer H.R. 1280 back to the Public Policy Committee accompanied by the BREATHE Act for a more informed discussion with well-versed local grassroots organizations before a position is taken (*✓ Passed by Majority, Roll Call Vote*)
 - K. Nelson reported that concerns were shared at the June 24 Executive Committee meeting regarding the COH's position on AB 453 due to potential stigma and HIV criminalization. Committee therefore tentatively removed AB 453 from the docket with instruction to return the bill back to the PPC and send to the Caucuses for further review and analysis and provide feedback to the PPC at its next meeting.
- Three additional federal bills were added to the docket reflecting a Support position in alignment with the 2021 Policy Priorities. Although not HIV-specific, bills were a late add to the docket as more of a symbolic/social gesture: (1) H.R.1280 - George Floyd Justice and Policing Act 2021; (2) S. 1 For the People Act; and (3) S.4263 - John Lewis Voting Rights Advancement Act.
 - Felipe Findley recommended, moving forward, the Committee invite local grass roots organizations who are well versed on these and future bills present to the Committee prior to the COH taking a position and noted Movement for Black Lives opposes H.R. 1280.
 - ➡ Danielle Campbell moved, Kevin Donnelly seconded, to refer H.R. 1280 back to the PPC for an informed discussion with local organizations who are well versed in the subject matter before a position is taken. (*✓ Passed; No objections*)
 - ➡ Add BREATHE Act to docket for discussion w/ local organizations in tandem with H.R. 1280

- K. Nelson, Co-Chair, noted that bills are still moving through the state's various legislative committees; last day to pass bills is September 10, 2021 and Governor Newsom has until October 10, 2021 to sign.
- **COH Letter Re: STD Response and Appeal to the Board of Supervisors**
 - K. Nelson led group through the draft COH letter and noted the letter is intended to ramp up engagement with the Department of Public Health and BOS concerning the STD crisis, and lays out data challenges, opportunities, and calls to action. COH leadership is finalizing letter to include updated data.
 - All city and agency representatives are strongly encouraged to promote and support the COH's letter.

⇒ Staff will email draft letter to COH members for feedback.

(b) County, State, and Federal Budget

- State budget negotiations are still ongoing; K. Nelson will provide an update at the August COH meeting.

(4) Planning, Priorities & Allocations (PP&A) Committee (Next Meeting July 20, 2021 @ 1-5PM)

- The Committee will hold a Data Summit on July 20, 2021 from 1 to 4 PM. Data will be provided to assist in decision-making of prioritizing/ranking services and allocating funding percentages. The program planning years are (PY) 32, 33 & 34. (Note we are currently in PY 31) It should be noted, HRSA has modified its part A application process to plan for multiple years. As an aside, the COH began planning for multiple years in PY 29.
- The committee developed a framework for the Data Summit to include:
 - Utilization and Fiscal reports will be presented at the Data Summit in July 2021
 - Outcomes by service if available/updated overlapping populations table
- Epidemiology 101 was recommended for meeting participants to review prior to the Data Summit to assist in understanding data presented at the summit.
- Kevin Donnelly was nominated for Co-Chair of the Committee. Elections are scheduled to take place at the July 20th meeting

I. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

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

- The ATF met on July 6, 2021 and continued discussion on what comprehensive care for 50+ PLWHA could look like for Los Angeles County. A graphic framework, leveraging and building upon the infrastructure of the medical care coordination program to integrate specific assessments and screenings for PLWHA over 50 will be presented to the Executive Committee and full body for support.
- A presentation on Senior Services from the Los Angeles LGBT Center was also shared.
- Lastly, the ATF is partnering with the Women's Caucus to host a virtual panel presentation around women living with HIV and Aging. Event has been scheduled for July 19 @ 2pm; flyer to be disseminated.

(2) Black/African American Community (BAAC) Task Force: (Next Meeting June 24, 2021 @ 1-3PM)

- B. Gordon reported that on June 24, the Executive Committee approved to put on hold meetings of the BAAC Task Force for 90 days until a new meeting framework and leadership structure is developed that guarantees constructive and respectful engagement and outlines a clear consequence cycle for persons who do not adhere to the rules of engagement.
- This action was done in response to community feedback on developing an alternative structure that would ensure that the recommendations are implemented in the best way possible, while also adhering to Brown Act rules.
- Per our bylaws and procedures, Task Forces are formed for a time limited task and sunset once the specific tasks are completed.
- The Commission leadership is committed to supporting both the Black/African and Aging Task Forces in their work and will explore ways that the full Commission can champion recommendations from both groups. Now that both Task Forces have completed their recommendations, it is time that we plan for the full body to take a much stronger response to implementing prioritized recommendations.
- To date, we have received ideas from BAAC members on strengthening meeting ground rules and the Executive Committee will use the feedback to shape a new structure and process for the BAAC TF.

(3) Consumer Caucus: (Next Meeting August 12, 2021 @ 2:30-4:30PM)

- Consumer Caucus met on July 8, 2021 and discussed the following:
 - Third co-chair vacancy & recruitment
 - Concerns surrounding lack of information provided to Commission in preparation to vote for revised allocations; staff provided details and background information on revised allocations.
 - Concerns w/ lack of public comment; may signal lack of engagement from community.
 - New agenda format; addressing standing reports and Commission business followed by presentations and/or trainings – pleased with this new format.
 - Strategies for safe engagement of members and community in anticipation of in-person meetings in October.
- The Caucus will discuss at its meeting today:
 - COH Letter Re: STD Response
 - July 20, 2021 Planning, Priorities & Allocations (PP&A) Committee Data Summit
 - Public Policy (PP) Committee 2021 Legislative Docket Review of AB 453: Sexual battery: nonconsensual condom removal
 - Joint Effort w/ Operations Committee in Developing Strategies to Engage and Retain Consumer Members
 - Develop Consumer-focused Priorities/Recommendations for Commission (Ongoing)
 - Solicit COH Website Refresh Feedback (Ongoing)

(4) Prevention Planning Workgroup (PPW): (Next Meeting July 28, 2021 @ 5:30-7PM)

- The PPW met on June 23, 2021 and focused on the Commission's Prevention Standards and how they were developed. PPW identified two prevention standards the Standard Best Practice Committee (SBP) can begin to review/revise: 1) Biomedical prevention and 2) HIV/STD screening, testing and treatment. It should be noted social determinants of health are to be addressed in these 2 service categories.
- Additionally, the PPW discussed Engaging Women of Color in Prevention Planning. Some issues identified were the need for more comprehensive data on women, data that focuses on STDs and women of color, intimate partner/domestic violence, and women whose partners are incarcerated. It was recommended data for women most affected by social determinants of health should be the focus.
- Lastly, the PPW is assessing it's next steps. Once a date and time are established for the next meeting, notification will be distributed.

(5) Transgender Caucus (TG): (Next Meeting July 27, 2021 @ 10AM-12PM)

- The Transgender Caucus will hold its next bi-monthly meeting on July 27th, 2021 from 10AM to 12 noon and will discuss AB453 (Garcia) Sexual Battery: non-consensual condom removal and provide recommendation to Public Policy Committee on its position.

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

- Caucus met on June 21st and discussed/updated its 2021 workplan.
- Caucus and community members encouraged to attend the Planning, Priorities & Allocations (PP&A) Data Summit on July 20, 2021 @ 1-4PM to ensure women living with HIV are reflected in the data, planning, and decision-making process.
- Caucus has planned a virtual panel presentation in partnership with the Aging Task Force focusing on women living with HIV and aging for July 19 @ 2-4pm. Dr. Risa Hoffman, Dr. Paul Nash, and Maria Scott have been confirmed as panelists; a Save the Date flyer is in meeting packet.
- The next Caucus meeting will be August 16, 2021 @ 2-4pm and the Caucus will hold Co Chair nominations and elections. *July Caucus meeting cancelled in lieu of virtual presentation, "Women Living w/ HIV and Aging"

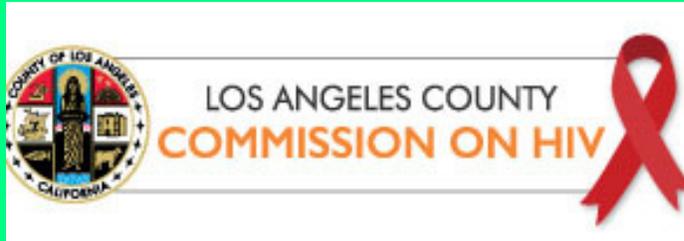
4. DISCUSSION

- A. "So You Want to Talk About Race" by Ijeoma Oluo Reading Activity
 - Frankie Darling Palacios read excerpts from Chapters 8-9 followed by a brief discussion.

5. MISCELLANEOUS

- A. PUBLIC COMMENT: OPORUNITY TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION**
(To provide live public comment, register and join WebEx via computer or smartphone. Those joining via telephone cannot provide live public comment, but may submit written comments or materials via email to hivcomm@lachiv.org.)
- Jayda Arrington inquired when will PrEP be reflective of and marketed to cis-women in the community. M. Pérez responded that DHSP is currently working on PrEP promotion focusing on women and the transgender community.
- B. COMMISSION NEW BUSINESS ITEMS: OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR FULL BODY OR COMMITTEE DISCUSSION ON FUTURE AGENDAS, OR MATTERS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR WHERE NEED TO TAKE ACTION AROSE SUBSEQUENT TO POSTING THE AGENDA**
- C. ANNOUNCEMENTS: REGARDING COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES**
(Provision of announcements will follow the same protocol as that listed for public comments above.):
- F. Findley announced there will be a rally/protest in the memory of Nicholas Burgos. The rally will take place in front of UCLA Harbor Medical Center. More information can be found at <https://campaigns.organizefor.org/petitions/end-law-enforcement-abuse-in-la-county-hospitals><https://laist.com/news/patient-shot-by-sheriffs-deputy-inside-harbor-ucla-has-died-family-says>
 - Jaylen Hibbert announced that REACH LA will be hosting an Open House on July 23, 2021 @ 2-6PM. In 2020, REACH LA underwent immense growth and development. However, the COVID-19 pandemic halted all in-person activities for over a year. REACH LA took advantage of the closure to spruce up their 20-year-old space with major renovations to the facility through the generosity of our donors, Board of Directors, and friends. For RSVP information, email jeremiah@reachla.org.
 - Greg Wilson announced that August is Black Gay Men's Wellness Month (BGMWM); an initiative created by In the Meantime Men's Group to bring attention to the importance of health and wellness and to empower Black gay men to take charge of their own wellbeing through sustained healthy lifestyle choices. G. Wilson shared that a social media tool kit has been developed to promote BGMWM and requested that the community support by promoting the tool kit. G. Wilson to send information to staff for dissemination. Additionally, G. Wilson announced that a one hour informational/planning meeting on the Black AIDS Monument will be held on July 19, 2021 at 3PM at In the Meantime Men's Group.
 - Kevin Donnelly reported that the Los Angeles County HIV Mental Health Task Force and the Pacific AIDS Education and Training Center (PAETC) held its annual Coping with Hope conference on June 23-25, 2021 and noted a fabulous presentation by Dr. LaShonda Spencer. Additionally, K. Donnelly announced that the next LA County HIV Mental Health Task Force meeting will be held virtually on July 14, @ 9-11AM; meetings are held the second Wednesday of each month.
- D. ADJOURNMENT AND ROLL CALL:** The meeting adjourned at or around 12:47PM.
Roll Call (Present): E. Alvizo, A. Ballesteros, A. Burton, D. Campbell, M. Cielo, R. Stevens, E. Davies, K. Connelly, F. Findley, G. Garth, J. Gates, G. Granados, J. Green, T. Green, F. Gonzalez, D. Hack, K. Halfman, L. Kochems, C. Moreno, D. Murray, P. Nash, K. Nelson, M. Pérez, J. Preciado, E. Martinez, I. Rodriguez, R. Rosales, H. San Augustin, M. Sattah, L. Spencer, K. Stalter, R. Vega, D. Thomas, J. Valero, D. Lee, and B. Gordon

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve the May 13, 2021 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 3: Approve Standards and Best Practices (SBP) Committee member only application for Mark Mintline, DDS, as presented or revised and forward to Board of Supervisors for appointment.	Ayes: Alvizo, Ballesteros, Burton, Campbell, Cielo, Davies, Donnelly, Findley, Garth, Green (Joseph), Granados, Green (Thomas), Gonzalez, Kochems, Moreno, Murray, Nash, Nelson, Pérez, Preciado, Martinez, Rodriguez, Rosales, San Augustin, Spencer, Stalter, Thomas, Valero, Lee, and Gordon Opposed: None Abstentions:	MOTION PASSED Ayes: 30 Opposed: 0 Abstentions: 0
MOTION 4: Approve Renewal Membership Applications, as presented or revised, and forward recommendations to Board of Supervisors for appointment as follows: Everardo Alvizo (Seat 3); Derek Murray (Seat 5); Harold Glenn San Agustin (Seat 13); Alasdair Burton (Seat 21, Alternate); Joe Green (Seat 33); Bridget Gordon (Seat 35); Justin Valero (Seat 39); Maribel Ulloa (Seat 41); Paul Nash (Seat 45); and Felipe Findley (Seat 49).	Ayes: Alvizo, Ballesteros, Burton, Campbell, Cielo, Davies, Donnelly, Findley, Garth, Green (Joseph), Granados, Green (Thomas), Gonzalez, Kochems, Moreno, Murray, Nash, Nelson, Pérez, Preciado, Rodriguez, Rosales, San Augustin, Spencer, Stalter, Valero, Lee, and Gordon Opposed: None Abstentions: None	MOTION PASSED Ayes: 28 Opposed: 0 Abstentions: 0
MOTION 5: Approve Revised Attendance Policy #08.3204 as presented or revised	Ayes: Alvizo, Ballesteros, Burton, Campbell, Cielo, Davies, Donnelly, Findley, Garth, Green (Joseph), Granados, Green (Thomas), Gonzalez, Kochems, Martinez, Moreno, Murray, Nash, Nelson, Pérez, Preciado, Martinez, Rodriguez, Rosales, San Augustin, Spencer, Stalter, Thomas, Valero, Lee, and Gordon Opposed: None Abstentions: None	MOTION PASSED Ayes: 31 Opposed: 0 Abstentions: 0
MOTION 6: Approve childcare service standards, as presented or revised.	Ayes: Alvizo, Ballesteros, Burton, Campbell, Cielo, Davies, Donnelly, Findley, Garth, Green (Joseph), Granados, Green (Thomas), Gonzalez, Hack, Kochems, Moreno, Murray, Nash, Nelson, Pérez, Preciado, Martinez, Rodriguez, Rosales, San Augustin, Spencer, Stalter, Thomas, Valero, Lee, and Gordon Opposed: None Abstentions: None	MOTION PASSED AYES: 31 OPPOSED: 0 ABSTENTIONS: 0
MOTION 7: Approve 2021 Legislative Docket, as revised, and refer H.R. 1280 back to the Public Policy Committee accompanied by the BREATHE Act for a more informed discussion with well-versed local grassroots organizations before a position is taken.	Ayes: Ballesteros, Burton, Campbell, Cielo, Davies, Donnelly, Findley, Garth, Green (Joseph), Granados, Green (Thomas), Gonzalez, Hack, Kochems, Moreno, Murray, Nash, Nelson, Rodriguez, Rosales, San Augustin, Spencer, Thomas, Valero, Lee, and Gordon Opposed: Abstentions: Alvizo and Pérez	MOTION PASSED AYES: 26 OPPOSED: 0 ABSTENTIONS: 2



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new address!*

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

UNPACKING THE PROCESS:

HOW TO ENGAGE IN FEDERAL ADMINISTRATIVE ADVOCACY

The executive branch of the federal government can often be a confusing space for both new and experienced advocates. Both the ways to participate in the regulatory process and the agencies making decisions about the lives of people living with HIV are complicated, making the process hard to navigate.

This fact sheet will provide a primer on what the executive branch and administrative agencies do, what the main agencies and policies affecting the lives of people living with HIV are, and what steps advocates can take to influence executive agency decision making.

BACKGROUND: THE EXECUTIVE BRANCH

What does it do?

The executive branch “executes” the laws: putting what Congress passes into action. This includes enforcement.

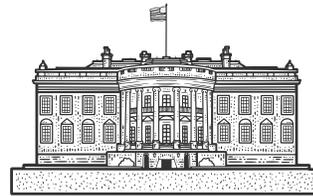
Who’s in charge?

The President is the head of the executive branch and the Vice President (VP) is second in command.

Below the President and VP are the Cabinet officials who serve as advisors to the president and the heads of the 15 main executive (or administrative) agencies. The executive branch is made up of various departments, independent agencies, boards, commissions and committees.

A few administrative agencies that affect HIV policy are the Department of Health and Human Services which is in charge of the Centers for Disease Prevention and Control and the Health and Human Services Administration, which manages the Ryan White HIV/AIDS Program.

President of the U.S.



Vice President of the U.S.



Cabinet (advisors to the President; heads of executive agencies)

Secretary of Agriculture	Secretary of Commerce
Secretary of Defense	Secretary of Education
Secretary of Energy	Secretary of Health & Human Services
Secretary of Homeland Security	Secretary of Housing & Urban Development
Secretary of the Interior	Secretary of Labor
Secretary of State	Secretary of Transportation
Secretary of the Treasury	Secretary of Veterans Affairs
Attorney General	

How do agencies make policies?

Rules

Rules are generally applicable, meaning they apply to everyone, and have a future effect.

They are designed to implement or interpret law or policy.

Orders

Orders are final dispositions in any matter other than rule-making and usually affect individual rights or the rights of very small groups.

They are created by a process called adjudication.

Guidance

Also called “interpretive rules,” these are intended to help the public understand how a rule applies to them.

They may explain how an agency interprets a rule or a law, how a rule may apply in a given instance, and what a person or organization must do to comply.

Guidance cannot set new legal standards or impose new requirements.

HIV AND THE EXECUTIVE BRANCH

White House Domestic Policy Council

Office of National AIDS Policy (ONAP)

This office has provided overall guidance and coordination of the domestic HIV response. ONAP is situated on the White House Domestic Policy Council, which advises the President on all domestic policy matters. ONAP became defunct under the Trump administration, but was reestablished by the Biden administration in 2021. Harold Phillips currently serves as director of ONAP.

Executive agencies that create or influence policies that affect people living with HIV

Department of Health & Human Services

Social Security Administration

Department of Housing and Urban Development

Department of Justice

Department of Agriculture

Advisory bodies

The Presidential Advisory Council on HIV/AIDS (PACHA) and the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC) are both governed by a charter.

The charter mandates everything about the advisory body, from who is included on the body (like if people living with HIV must be included) to how many times it meets per year.

PACHA is rechartered by each new presidential administration. At the time of publication of this fact sheet, President Biden has not yet rechartered PACHA.

Presidential Advisory Council on HIV/AIDS (PACHA)

Advises HHS on programs, policies, and research on the treatment, prevention, and cure of HIV, including comment and advice on the EHE and HNSP programs.

- The current PACHA charter specifies a maximum of 25 members who serve for 4-year terms and meet 3 times per fiscal year. There is no requirement that any of these members be people living with HIV.
- For example, following its last meeting in March 2021, PACHA recommended that HHS eliminate administrative barriers to eligibility and recertification process for services that could be creating and perpetuating systemic racism and to examine additional incentives to encourage states that have not expanded Medicaid to do so, among other things.

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC)

Advises HHS, the CDC, and HRSA on objectives, strategies, policies, and priorities for HIV, viral hepatitis, and STD prevention and treatment efforts.

- Comprised of 18 members, at least 4 of which must be people living with HIV, and meets about 2 times per year. As it is currently chartered, members can serve for up to 4 years and can serve for an additional 180 days until their successor takes office. Their terms overlap with one another, so not all members terms will expire at one time.
- For example, CHAC will write letters to the heads of HHS, the CDC, and HRSA, like one it wrote to the Secretary of HHS in June 2020 asking HHS to prioritize young people in the Ending the Epidemic Plan and activities that are known to be linked to prevention of HIV in young people.

Government-wide HIV policies

Ending the HIV Epidemic (EHE): A Plan for America

An operational plan developed by U.S. Department of Health and Human Services (HHS) agencies which aims to end the HIV epidemic by 2030.

It focuses on prevention, diagnosis, treatment, and outbreak response.

Opportunities to influence the implementation of EHE exist at the state & local level, when budgets are being developed, and at PACHA and CHAC meetings.

HIV National Strategic Plan (HNSP)

A road map for ending the HIV epidemic in the United States by 2030.

The current iteration covers 2021-2025.

Opportunities to influence the HNSP implementation exist when budgets are being developed, and at PACHA and CHAC meetings.

Executive agencies, cont.

Department of Health & Human Services

The Office of Assistant Secretary for Health (OASH)

Manages HHS's response to HIV

Minority HIV/AIDS Fund

Funds different programs and activities designed to improve prevention, care, and treatment for racial and ethnic minorities.

Centers for Disease Control and Prevention (CDC)

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

Department of HIV/AIDS Prevention (DHAP)

Focuses on prevention through public health surveillance, scientific research, prevention public education campaigns, programs to prevent and control HIV/AIDS and promoting school-based health and disease prevention among youth.

Office of Infectious Disease and HIV/AIDS Policy (OIDP)

Formerly known as the HIV/AIDS and Infectious Disease Policy (OHAIDP) before it was combined with the National Vaccine Program Office in April 2019.

- Leads EHE project coordination and management;
- Monitors EHE progress;
- Delivers information through hiv.gov.

Office of AIDS Research (OAR)

Coordinates HIV/AIDS research across National Institutes of Health (NIH), which provides the largest public investment in HIV/AIDS research globally.

Health Resources and Services Administration (HRSA)

Health Center Program

- Grant program in which grants are given to health centers which deliver primary health services to low-income and underserved communities
- Health centers often test for and treat HIV and increase access to PrEP and PEP

HIV/AIDS Bureau (HAB)

AIDS Drug Assistance Programs (ADAP)

- Funds are managed by states and territories, but the programs are intended to provide certain approved medications to low-income people living with HIV who have limited or no health coverage from private insurance, Medicaid, or Medicare.
- Funds may also be used to purchase health insurance for clients and for services that enhance access to, adherence to, and monitoring of drug treatments.

Ryan White HIV/AIDS Program

- A funded initiative to provide healthcare, treatment, and related services to people living with HIV. Focuses on linking people living with HIV who are either newly diagnosed or are not in care, to the HIV care, treatment, and support services by granting funds to states, cities, counties, and local community-based organizations.
- Jurisdictional planning councils are supposed to be comprised of at least 33% people living with HIV and decide how to allocate these resources at the local level.

Executive agencies, cont.

Department of Health & Human Services, cont.

Centers for Medicare and Medicaid Services (CMS)

Medicaid

Single largest source of health care for U.S. people living with HIV; represents 30% of all federal spending on HIV care.

It is the second largest source of public financing for HIV care in the U.S.

Medicare

Federal health insurance program for people age 65 and older and younger adults with permanent disabilities.

About ¼ of people living with HIV get their healthcare through Medicare.

The primary pathway to get onto Medicare is through Social Security Disability Insurance (SSDI).

Administration for Children and Families (ACF)

Temporary Assistance for Needy Families (TANF)

Time-limited program that assists families with children when the parents or other guardians cannot provide for the family's basic needs.

Department of Housing and Urban Development

Housing Opportunities for Persons with AIDS (HOPWA)

Grants to local communities, states, and nonprofit organizations for projects that provide housing for low-income persons living with HIV/AIDS and their families.

Social Security Administration

Supplemental Security Income (SSI)

Financial support for people with disabilities and low income and resources.

Social Security Disability Insurance (SSDI)

Provides benefits for people with disabilities, including HIV.

Department of Agriculture

Supplemental Nutrition Assistance Program (SNAP)

Federal program helping low- and no-income people, those receiving public benefits, the elderly or disabled, or unhoused people purchase food.

Department of Justice

Conducts new investigations of HIV/AIDS discrimination under the Barrier-Free Health Care Initiative, the Fair Housing Act, and the Americans with Disabilities Act.

Released the [Best Practices Guide to Reform HIV-Specific Criminal Laws to Align with Scientifically Supported Factors](#) in 2014.

How Do You Make Changes in Administrative Policies?

Join and/or attend the meeting of state or local working groups (Ryan White, Ending the Epidemic, ADAPs).

Join an advisory body, attend the meetings, and submit comments.

[Join Positive Women's Network - USA](#) or another network of people living with HIV.

Disrupt by contacting the media, rallies, direct actions, and demonstrations. You can be creative with how you disrupt the process and different actions are better suited for different issues.

Submit public comments on rules and regulations.

How to find policies and other agency actions

- Rules and Regulations: [FederalRegister.gov](#) OR [Regulations.gov](#)
- Calendar of planned and ongoing rulemaking: [RegInfo.gov](#)

How to Write an Effective Comment

1. Read the Rule or at least the summary.
2. Outline the questions being asked from the agency and other areas where comment will be useful.
3. Give yourself time to write, and to review.
4. Submit comment online by the deadline.

TIPS:

- Share personal stories and/or stories of how the proposed rule will impact you and/or your community.
- Can address all of the proposed rule or only a part.
- Can be as simple as a sentence or as many pages and points as you want to make.
- Constructive comments hold more weight.
- If you have particular expertise because of your work or life experience, make sure to put that up front.
- Support your comment with facts and data if you have it; you may be considered an expert, and your opinion matters.
- If you can think of an alternative to the rule, include it!
- **Form letters:** Many organizations create form letters - if you don't personalize them up front or add your opinion, it is not taken as seriously.

Want to learn more? Or ready to get started?

Go to pwn-usa.org/advocacy-guide

[Claim Your Seat at the Table: A How-To Guide to Advocacy for People Living with HIV](#) has tons of multimedia resources for advocates, from the newest to the most seasoned, to give you the knowledge, skills, tools and templates, and pro tips you need to make a difference for people living with HIV and our communities.

A How-To Guide to Advocacy for People Living with HIV

All PwH USA, we envision a world where those most impacted by policies are the driving voices behind setting priorities and making decisions.

People living with HIV face a kale of all types of government decisions and actions - from education to health care, housing to mass incarceration, employment, to civil rights - and we must participate in crafting and changing policies to ensure that they meet our needs. This multimedia guide is designed to help us make justice for our communities a reality.



Part 1: Getting started in policy advocacy

Part 2: The wide world of advocacy where you can do whatever you like

Part 3: Planning and building your campaign

Part 4: Getting your message out there

DFI Starter Kit: Look here for all things template

Vision, Principles, and Roadmap to End HIV

IDEAS FROM ENDING THE HIV EPIDEMIC (EHE) LEADS

Bridget Gordon, Felipe Findley

Katja Nelson, Kevin Stalter

(Updated 8.8.21)



LOS ANGELES COUNTY
COMMISSION ON HIV



Vision Statement:
The Commission on HIV will end HIV by addressing the drivers of HIV/STDs, fostering a seamless system of care, and centering our decisions around racial justice and equity.



Leverage the purpose, charge and structure of the COH



Provide opportunities for ongoing community engagement



Provide varying levels of opportunity to participate based on capacity and readiness



Create ongoing activities to seek broad input



Prioritize meaningful involvement of PLWHIV



Make decisions from a social justice equity lens and by consensus

PRINCIPLES TO CENTER AND GUIDE OUR WORK

EHE Roadmap: Leveraging the charge and infrastructure of the Commission on HIV



Guiding Question at All Meetings



Are we moving the needle to end HIV?



Are we hearing and listening to all perspectives?



How does this decision or action uplift communities most impacted by HIV/STDs?



What are implicit and explicit biases that may have played a factor in our thinking? In our discussions? In our decision-making?

Social Determinants and Equity

- Integrate social determinants of health (SDOH), race, and gender equity in all COH activities
- Consider how social determinants of health, race, and gender equity relate to HIV/STD health disparities, laws and policies
- Synergize all LAC efforts to end HIV
- Use Continuous Quality Improvement (CQI) principles
- Engage community in understanding underlying reasons for success and challenges
- Identify solutions of corrective course of action
- Involve consumers and providers in identifying solutions to challenges and failures

COH Meeting Structure: Engage, Discuss, and Act

- Community dialogue on what we see as the drivers of the HIV/STD epidemic
- How can we tie COH actions to the Board of Supervisors' priorities?
 - Anti-Racism and Diversity Initiative
 - Homelessness
 - Health Integration
- Agendize standing EHE-focused discussions with decision-makers and agencies at full body meetings (examples):
 - Substance use and EHE
 - Mental Health and EHE
 - Housing and EHE
 - Aging and EHE
 - Etc.
- Dedicate time for DHSP EHE Steering Committee members to share their projects with COH and hear how COH can support or complement each other's work

DISCUSSION, REACTIONS,
QUESTIONS

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

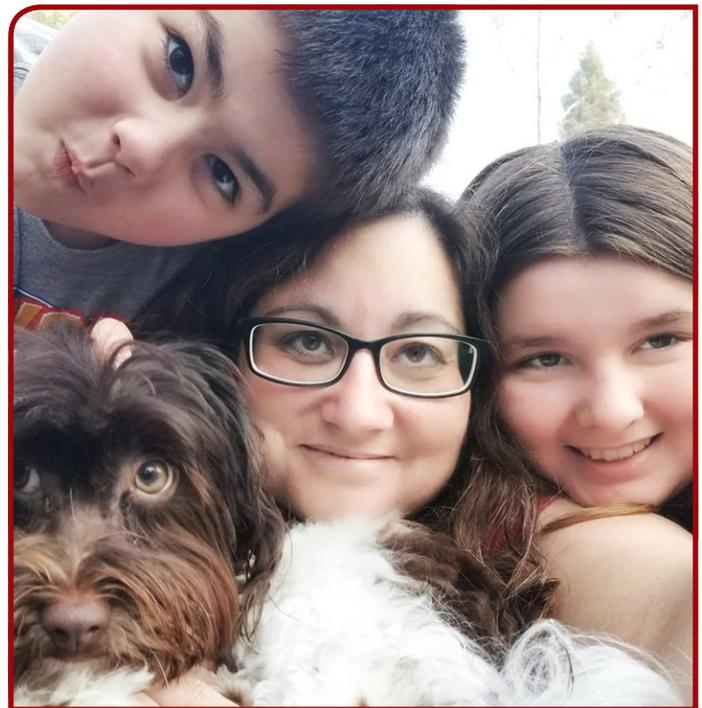
In This Issue:

- Strategy A
- Strategy B
- Strategy C
- Strategy F
- Strategy J
- Strategy K
- Strategy N

Staff Highlight:

OA is pleased to announce **Karin Hill** has accepted the Sexual Health and Program Resilience Section Chief (SSM II) position in the HIV Prevention Branch. Previously, Karin operated the Chief of the Business Development Unit, where she managed a team of six Associate Governmental Program Analysts responsible for the fiscal and contractual monitoring of Prevention Branch funds. As a team, they provided contract oversight, budget and invoice review and analysis, stakeholder training and technical assistance for more than forty-five active contracts totaling approximately \$35 million in both state and federal funds. Additionally, her program leads all aspects of contract development and amendments for the branch ensuring that contract documents met CDPH submission requirements. Her team worked closely with HIV Prevention program partners to ensure that prevention funds were utilized appropriately to meet program and data collection requirements.

For the past year, Karin has successfully operated as the Acting Chief of the Business Innovation Section, where she had the opportunity to utilize program and fiscal data to complete complex reporting submissions per federal requirements, including the Federal Financial Report and the National HIV Prevention Monitoring and Evaluation Report. In this role she was able to partner with the



Acting Prevention Branch Chief on strategies to increase internal communication and program monitoring at the branch level.

Prior to her current role as the Acting Section Chief and the Business Development Unit Chief, she served as Chief of the HIV Prevention Training Unit and the Prevention Training Specialist for a combined seven years. In this position, she managed the training program for non-medical HIV and Hepatitis C test counselors. This included management and oversight of internal staff and contracted training teams to plan, coordinate, implement and

evaluate the Basic Counselor Skills Training (BCST), and any other subsequent required training to complete certification legally required for non-medical personnel. Karin also provided training assistance and curriculum development work in collaboration with Alliance Health Project on trainings related to the BCST. Additionally, she monitored training providers and aided in the development and evaluation of new training staff for Los Angeles County, AIDS Healthcare Foundation, and San Francisco Department of Public Health. She consistently evaluated the training program and current curriculums, as well as researched new ways to make training innovative and relevant to those who provide testing and risk reduction services the community.

Prior to state service, Karin excelled as a trainer and training manager. Her primary role was to manage all aspects of national Train-the-Trainer seminars. This included curriculum development, logistical coordination, registration, monitoring budgets, execution and facilitation of training, and evaluation of training and staff. She also managed all recruiting, hiring, development and evaluation of corporate trainers who successfully modeled organizational training standards to participants. She supervised up to eight instructors at a time in this fast paced and highly energetic environment.

Outside of training, she has seven years of experience as a Project Accountant where she reviewed, analyzed, and interpreted financial statements and budget reporting. She advised up to seventeen project managers on all aspects of the project's financial status under various types of contracts. She also ensured that all profitability adjustments were completed accurately, all incoming invoices from vendors and subcontractors were coded, reviewed, and approved appropriately, and that outgoing invoices were created and delivered in a timely fashion.

Karin also serves as one of the 21 day-challenge facilitators and participates in the OA racial and

health equity work group. To say the least, Karin is a HUGE advocate for change and continues to want to learn and grow. She is truly an ally. In addition, she has volunteered to co-manage the California Planning Group with Sharisse Kemp, the ADAP Branch Chief.

On a personal note, Karin she loves musical theatre and tries to catch as many local shows as she can. She is a proud theatre mom as her daughter Bridget is involved in a local children's theatre. In addition, she loves taking on home renovation and design projects and is in the beginning stages of two major bathroom remodels. Lastly, she loves spending Sundays with her children, curling up with her dog Penny, and a good Hallmark movie.

We are also pleased to announce that **Marisa Ramos**, PhD, OA Division Chief, was elected to serve on the NASTAD Board of Directors. NASTAD is the coalition of state and territorial AIDS Directors and is a leading non-partisan non-profit association that represents public health officials who administer HIV and hepatitis programs in the U.S. NASTAD's singular mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions, by strengthening governmental public health through advocacy, capacity building, and social justice.

HIV Awareness:

August 31 - International Overdose Awareness Day:

International Overdose Awareness (IOA) Day is the world's largest annual campaign focused on bringing responsiveness to one of the largest public health crises, overdose. This day is meant to educate the public about the issue of fatal and non-fatal overdose, promote discussion around overdose prevention and drug policy, prevent and reduce drug-related harm, and provide information on the range of support services available. In addition to the educational goal of IOA, it also offers an opportunity to grieve

and acknowledge loved ones lost and sends a message to current and former users, that they are valued.

General Office Updates:

COVID-19:

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

Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Racial Justice and Health Equity:

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout the California Department of Public Health (CDPH) and take next steps towards advancing RHE in our work. The workgroup convened in July and focused on how a safe workspace can be achieved. The workgroup continues to improve OA policy and practices to support RHE and increase OA knowledge and attitude on RHE among leadership and staff.

HIV/STD/HCV Integration:

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

CDPH Ending the Epidemics Strategic Plan:

OA has partnered with Facente Consulting to develop a plan for a statewide collaborative, harm reduction approach to preventing and treating HIV, hepatitis C virus (HCV), and

sexually transmitted diseases (STDs) in California. We know that how and where we live, work, and access care plays a huge role in our health, and we cannot end the HIV, STD, and HCV epidemics without addressing racial equity. (CDPH defines racial equity as “the condition achieved when race can no longer be used to predict life outcomes and conditions for all groups are improved.”) We are framing this plan around racial equity and other social determinants of health.

Our 18-month strategic planning process includes:

- Reaching out to a wide range people across the state to ask for ideas on how California should be responding to the overlapping HIV, HCV, and STD epidemics;
- Using those ideas to decide what we can do to make it easier for people to avoid getting HIV, HCV, and STDs, and what activities are most important to support the health of people in California when they have HIV, hepatitis C or STDs; and
- Summarizing these ideas in a big picture plan by the end of 2021, so we can work with people throughout the state in 2022 to develop a more detailed plan for locally and successfully implementing these activities.

Ideas and suggestions from a wide-variety of stakeholders is critical!

We have developed a **short (7 question) survey** that will help to ensure that a diverse set of voices are meaningfully included from the very start of the planning process. The survey is available in both English and Spanish, and will be open through August 30, 2021 at <https://www.surveymonkey.com/r/CDPHStratPlan>.

Please share widely!

Ending the HIV Epidemic:

In Year Two of the federal Ending the HIV Epidemic in America (EtHE) initiative, the six Phase I counties that comprise the California Consortium will be proceeding in implementing interventions such as mobile medical services, focused testing for young African American and Latinx gay/MSM, increasing use of PrEP through mobile PrEP services, peer navigators, and social marketing, and continue participation in the free TakeMeHome® HIV self-test program created by Building Healthy Online Communities (BHOC). See more information in Strategy B on page 6.

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

On July 19, 2021, the federal Departments of Labor, Health and Human Services, and the Treasury jointly issued [additional guidance for health plans and issuers](#) regarding the requirement to cover PrEP without cost sharing, consistent with the United States Prevention Services Task Force (USPSTF) Grade A recommendation. This joint Department guidance in the form of Frequently Asked Questions clarifies that non-grandfathered group health plans must provide both PrEP medication and related clinical services without cost-sharing. The National Alliance of State & Territorial AIDS Directors (NASTAD) subsequently released a new resource, [NASTAD PrEP Coverage Brief: PrEP Services Covered with No Cost-Sharing](#), which walks through the coverage and cost-sharing requirements for public and private payers that are associated with the USPSTF Grade A recommendation and joint Department guidance. It summarizes what PrEP-related clinical services must be covered without cost sharing, and additional federal guidance on implementing Preventive Services provisions of the Affordable Care Act (ACA).

[UCLA's CARE Center](#) is enrolling healthy individuals for a [Phase 1 study](#) of monoclonal

antibodies for people who are committed to making a difference in the fight against HIV.

A new strategy for HIV prevention is investigating the use of something called broadly neutralizing monoclonal antibodies (bNAbs) to help prevent HIV from infecting cells in the body. This study is seeking HIV-negative low-risk people who are willing to take an intravenous infusion or subcutaneous (under the skin) injection of a combination of bNAbs to help develop a new HIV Pre-Exposure Prophylaxis (PrEP) strategy. We are looking for healthy volunteers; anyone who has a family member or loved one affected by HIV or simply wants to help move research forward for HIV prevention, this is an exciting possible opportunity.

Basic eligibility criteria:

- Age between 18 and 50 years old;
- HIV-negative;
- In good general health; and
- At low risk for HIV infection and committed to maintaining behaviors consistent with low risk for HIV exposure.

Principal Investigator:

[Raphael J. Landovitz](#), MD, MSc

For more information, contact the [UCLA Study Team](#) at (310) 843-2015 or careoutreach@mednet.ucla.edu.

PrEP-Assistance Program (AP):

As of June 29, 2021, there are 192 PrEP-AP enrollment sites covering 156 clinics that currently make up the PrEP-AP Provider network. A [comprehensive list of the PrEP-AP Provider Network](#) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

Data on active PrEP-AP clients can be found in the three tables on page 5.

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	319	7%	---	---	---	---	86	2%	405	9%
25 - 34	1,306	29%	---	---	---	---	541	12%	1,847	41%
35 - 44	970	21%	---	---	3	0%	305	7%	1,278	28%
45 - 64	604	13%	1	0%	22	0%	196	4%	823	18%
65+	34	1%	---	---	140	3%	9	0%	183	4%
TOTAL	3,233	71%	1	0%	165	4%	1,137	25%	4,536	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	181	4%	---	---	41	1%	35	1%	1	0%	125	3%	6	0%	16	0%	405	9%
25 - 34	945	21%	5	0%	191	4%	116	3%	5	0%	489	11%	17	0%	79	2%	1,847	41%
35 - 44	794	18%	1	0%	85	2%	65	1%	1	0%	278	6%	4	0%	50	1%	1,278	28%
45 - 64	532	12%	2	0%	35	1%	29	1%	3	0%	210	5%	---	---	12	0%	823	18%
65+	41	1%	1	0%	3	0%	2	0%	---	---	135	3%	1	0%	---	---	183	4%
TOTAL	2,493	55%	9	0%	355	8%	247	5%	10	0%	1,237	27%	28	1%	157	3%	4,536	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	378	8%	---	---	6	0%	11	0%	---	---	18	0%	---	---	2	0%	415	9%
Male	1,992	44%	9	0%	333	7%	233	5%	10	0%	1,197	26%	25	1%	146	3%	3,945	87%
Transgender	115	3%	---	---	14	0%	2	0%	---	---	10	0%	3	0%	2	0%	146	3%
Unknown	8	0%	---	---	2	0%	1	0%	---	---	12	0%	---	---	7	0%	30	1%
TOTAL	2,493	55%	9	0%	355	8%	247	5%	10	0%	1,237	27%	28	1%	157	3%	4,536	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: 7/31/2021 at 12:01:18 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

Strategy B: Increase and Improve HIV Testing

OA's HIV home-testing distribution demonstration project continues through BHOC in the six California Consortium Phase I Ending the HIV Epidemic in America counties. The program, [TakeMeHome®](#), is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit. In the first 10 months, between September 1, 2020 and June 30, 2021, 1651 tests were distributed, including 138 tests distributed in June. Of those ordering a test in June, 42.8% reported never before receiving an HIV test, and 59.4% were 18 to 29 years of age. For individuals reporting ethnicity, 42.6% were Hispanic/Latinx. The most common behavioral risk of HIV exposure was multiple partners, 52.4% of those reporting sexual history indicated 3 or more partners in the past 12 months. To date, 229 recipients have filled out an anonymous follow up survey, with 93.9% indicating that they would recommend TakeMeHome® HIV test kits to a friend.

¡El sitio web TakeMeHome® ahora está disponible en español! [Compruébalo aquí.](#)

To accompany the Spanish site launch, BHOC developed bilingual options for social media through the Post of the Month. Spanish language text will be available in each monthly reminder as well as on the promotion calendar. If you have community partners who support Spanish speakers, please let them know that this is a resource.

Strategy C: Expand Partner Services

Several California Consortium counties are using some of their EtHE funding to add additional partner service staff. Partner services provides the ability to notify individuals who may have been exposed to HIV or STDs and offers testing and treatment. This service is a critical activity in reducing new infections.

The OA-Prevention Branch's targeted condom distribution program has replenished its stock of regular, large, and internal condoms. Unfortunately, we are out of lubricant but hope to be getting this replenished soon. We will keep you updated as more information becomes available. In the meantime, you may continue to submit to us your completed order sheets for regular and internal condoms to CACorders@cdph.ca.gov.

Strategy F: Improve Overall Quality of HIV-Related Care

Removing the Chill in the Air:

HIV is fearful enough as it is, but for immigrants who have the added strain of trying to access benefits in a country with no nationwide health safety net, a positive diagnosis can be terrifying.

In 2019, the Trump Administration's federal Public Charge Final Rule compounded that fear, effectively stigmatizing both disease state and public health services, communicating a disastrously chilling message that only those who are healthy and can afford their own healthcare - in a nation known for exorbitant medical pricing - are worthy to be members of American society. Then, COVID-19.

The [Urban Institute published a study](#) with data showing that many immigrants avoided using public benefits in 2020, fearing access would negatively impact their immigration status. Immigrants that were ill for any reason have been between a rock and a hard place, fearful that merely asking for help would place them or their loved ones in jeopardy.

The Good News

On March 9, 2021, after the courts declared the Public Charge Final Rule invalid, the federal government stopped applying the Rule to all pending applications and petitions.

Going forward, a person’s receipt of Medi-Cal, public housing, or nutrition benefits won’t be considered as part of the public charge inadmissibility determination, nor will medical treatment and preventive services for COVID-19, including vaccinations.

The Really Good News

In California, eligible citizens and immigrants of any status under age 25 can apply for comprehensive, or full-scope, Medi-Cal coverage. Persons aged 25 and over with undocumented status may apply for restricted-scope Medi-Cal. In no instance does Medi-Cal share documentation status with the federal government.

And, in the 2021-22 budget, Governor Newsom made additional progress towards universal health coverage by expanding eligibility for full-scope Medi-Cal benefits to all Californians aged 50 years and older, regardless of immigration status, effective May 2022. Help us get the word out that our undocumented neighbors can and should apply for health care coverage because California really is for All!

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

ADAP’s Insurance Assistance Programs:

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from June
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	581	-0.51%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,586	-1.09%
Medicare Part D Premium Payment (MDPP) Program	2,031	-0.49%
Total	9,198	-0.92%

As of July 29, 2021, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

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

Drug overdose deaths rose nearly 30 percent in 2020:

The Center for Disease Control and Prevention released [preliminary statistics reporting the largest single year increase in national overdose deaths](#). Fentanyl in the opioid drug supply continues to drive the overdose epidemic and is increasingly present in methamphetamines, contributing to the increase in fatal overdoses among people who use stimulants.

California Harm Reduction Initiative (CHRI) Participant Survey Infographic:

The National Harm Reduction Coalition released an [infographic](#) detailing the survey results of 491 people who access syringe services programs (SSPs) funded by CHRI. The goal of the Point in Time survey is to better understand who is accessing SSPs statewide and their experience with medication for opioid use disorder.

[Learn more about the California Harm Reduction Initiative.](#)

Medication for Opioid Use Disorder (MOUD): What You Need to Know:

California Bridge (CA Bridge) created a flyer that covers the benefits and cautions of medications for the treatment of opioid use disorder. This flyer can help clients learn about available treatment options, such as buprenorphine, methadone, naltrexone, and the choice to forgo medication.

Please distribute the [MOUD Flyer](#) widely.

[Learn more about the California Bridge Project.](#)

Short Naloxone Training Video:

The DOPE Project released a brief [training video](#) that covers signs of an overdose and how to administer naloxone. The video is less than ten minutes and is ideal to view during staff meetings, wait room lobbies or in individual and group settings. **Please share widely.** Visit the Learning Lab, an [online training course](#) from the National Harm Reduction Coalition for longer and more detailed courses. The self-paced online learning modules are free for California residents with the code: CASSP100.

Strategy N: Enhance Collaborations and Community Involvement

California Planning Group (CPG):

OA is presently conducting focused membership recruitment efforts for people interested in taking part in statewide HIV, STD, Hepatitis C (HCV) & harm reduction planning as members of the CPG. The CPG is a statewide planning body convened by OA in collaboration with the Sexually Transmitted Disease Control Branch (STDCB).

HIV/STD/HCV program planning is an ongoing process that intends to improve the effectiveness of California's HIV/STD/HCV care, treatment, testing and prevention programs. This planning body operates as a planning and advisory body to advise OA and STDCB on community

needs and gaps. The CPG also assists in the development, implementation, and revision of a comprehensive HIV/STD/HCV surveillance, prevention, and care and treatment plan, which integrates with harm reduction. The CPG provides input for Ryan White Part B services and participates in review panels for HIV/STD/HCV educational materials. The CPG also provides feedback and suggestions for addressing emergent issues identified by the CPG, OA, STD, HCV, and/or other key stakeholders. The CPG is committed to working openly as a group to make decisions and is guided by the principles of equity, fairness, and respectful engagement.

CPG members are chosen for their ability to advocate for and represent the voices and perspectives of a wide range of key stakeholders, people representative of, or impacted by HIV, STD, and HCV in California. The CPG is critical in representing groups at risk for and living with HIV, STD, and HCV. In order to ensure that the membership reflects the principles of parity, inclusion, and representation on a statewide basis, while at the same time promoting connection and collaboration between local and state HIV planning bodies, the CPG Membership Committee is conducting recruitment for new members for the 2021 year (3-year membership terms) for the following focused priority populations:

- Transmasculine;
- Transwomen of color;
- Non-binary;
- Black cisgender women who are either living with HIV or HIV negative;
- Latina cisgender women living with HIV;
- Young gay or bisexual men of color; and
- Disabled men, women, and non-binary populations at risk of or living with HIV.

The goals, activities, and focus of the CPG are intended to be in alignment with the strategies outlined in California's integrated plan for eliminating HIV, STD, and HCV.

If you are interested in applying for membership in the CPG, please email your request for an application to cpg@cdph.ca.gov.

Applications will be accepted up to close of business, 5:00PM on Tuesday, August 31, 2021.

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

COVID-19 Update



The image part with relationship ID r1d2 was not found in the file.

covid19.lacounty.gov 8/12/2021

Status as of August 5th

Total Cases	1,315,313
Total People Tested	7,405,237
Daily Test Positivity Rate	4.73%
7-Day Daily Average Case Rate	21.1 cases/100,000
Currently Hospitalized	1,279



CDC Indicators and Thresholds for Community Transmission of Covid

INDICATOR	Low transmission	Moderate transmission	Substantial transmission	High transmission	LAC
Case rate in past 7 days	0 – 9.99	10 – 49.99	50 – 99.99	≥ 100	168.8
(Daily case rate approximation)	(0 – 1.49)	(1.5 – 6.99)	(7 – 13.99)	(≥ 14)	21.1
Test positivity	< 5.0%	5.0% – 7.9%	8.0% – 9.9%	≥ 10%	4.73%



Covid Case Trends in LAC and California

New Cases*

	Los Angeles County	California (except LAC)
July 19th – July 25, 2021	16,119	29,390
July 26 – August 1, 2021	19,704	46,096
% change	22%	57%

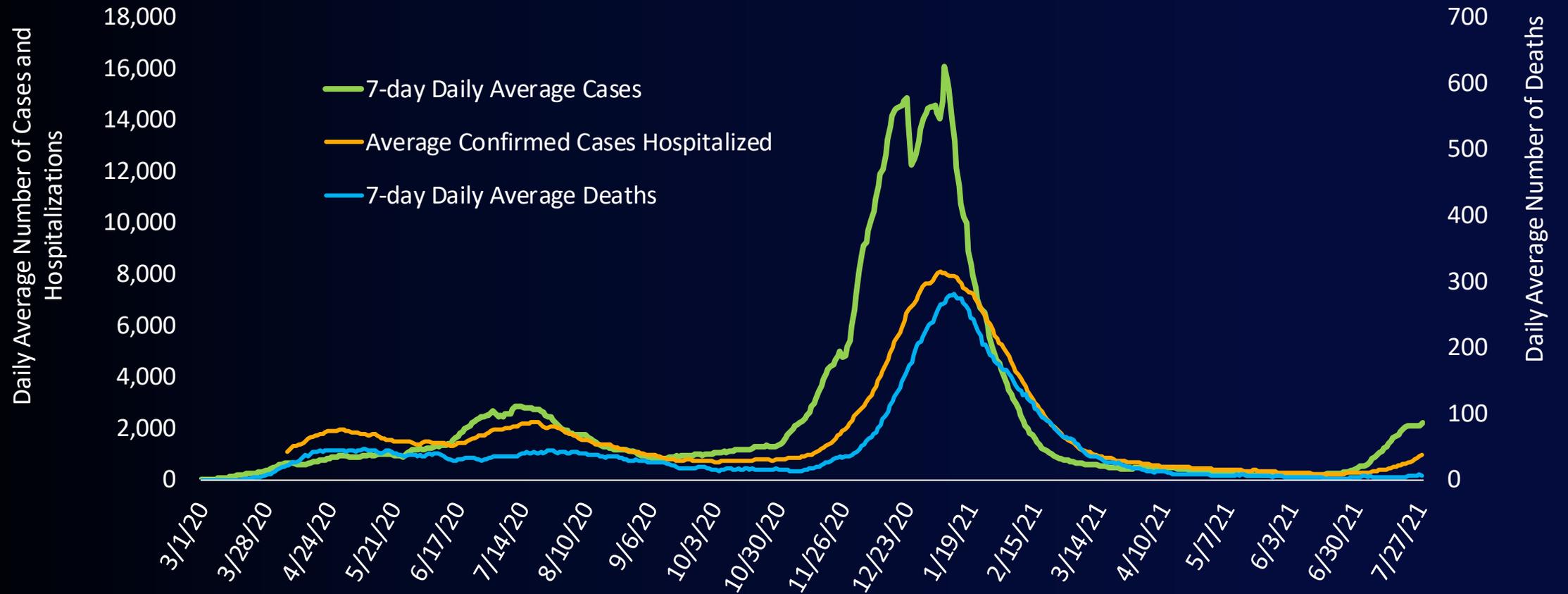
*Because cases were analyzed by report date rather than episode date, these numbers may not match the figures on CDPH/LAC data dashboards.



covid19.lacounty.gov

8/05/2021

Number of COVID-19 Cases and Hospitalizations by Episode Date and Deaths by Date of Death March 1, 2020 – July 28, 2021



covid19.lacounty.gov

8/05/2021

**Age-Adjusted Case, Hospitalization, and Death Rates per 100,000 People
by Race and Ethnicity
Over Two-Week Periods ending June 26 and July 24, 2021**

Race/Ethnicity	Case Incidence Rate		Hospitalization Rate		Death Rate	
	June 26	July 24	June 26	July 24	June 26	July 24
Black	71	↑ 426	11.2	↑ 36.5	0.7	↑ 1.6
White	24	↑ 228	2.9	↑ 11.7	0.1	↑ 0.3
Latinx	29	↑ 169	6.0	↑ 12.6	0.4	↑ 0.6
Asian	11	↑ 89	1.8	↑ 4.5	0.1	↑ 0.2

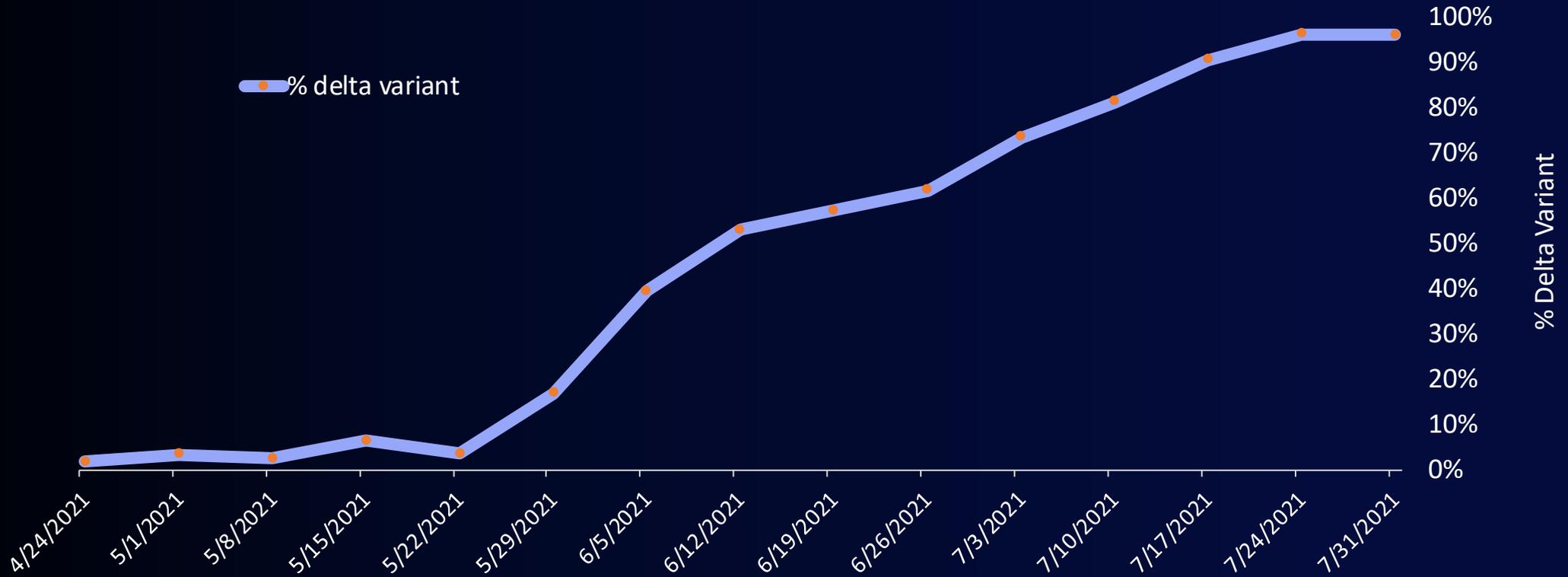


Case, Hospitalization, and Death Rates per 100,000 People by Age Group Over Two-Week Periods ending June 26 and July 24, 2021

Age Group	Case Incidence Rate		Hospitalization Rate		Death Rate	
	June 26	July 24	June 26	July 24	June 26	July 24
0-17	6	↑ 39	0.6	↑ 1.1	0	0
18-29	54	↑ 476	3.8	↑ 8.0	0	↑ 0.2
30-49	44	↑ 364	5.9	↑ 16.6	0.1	↑ 0.3
50-64	28	↑ 179	7.9	↑ 22.4	0.6	↑ 0.9
65-79	20	↑ 108	9.0	↑ 26.3	0.9	↑ 1.5
80+	17	↑ 77	13.0	↑ 37.4	3.3	↑ 5.0



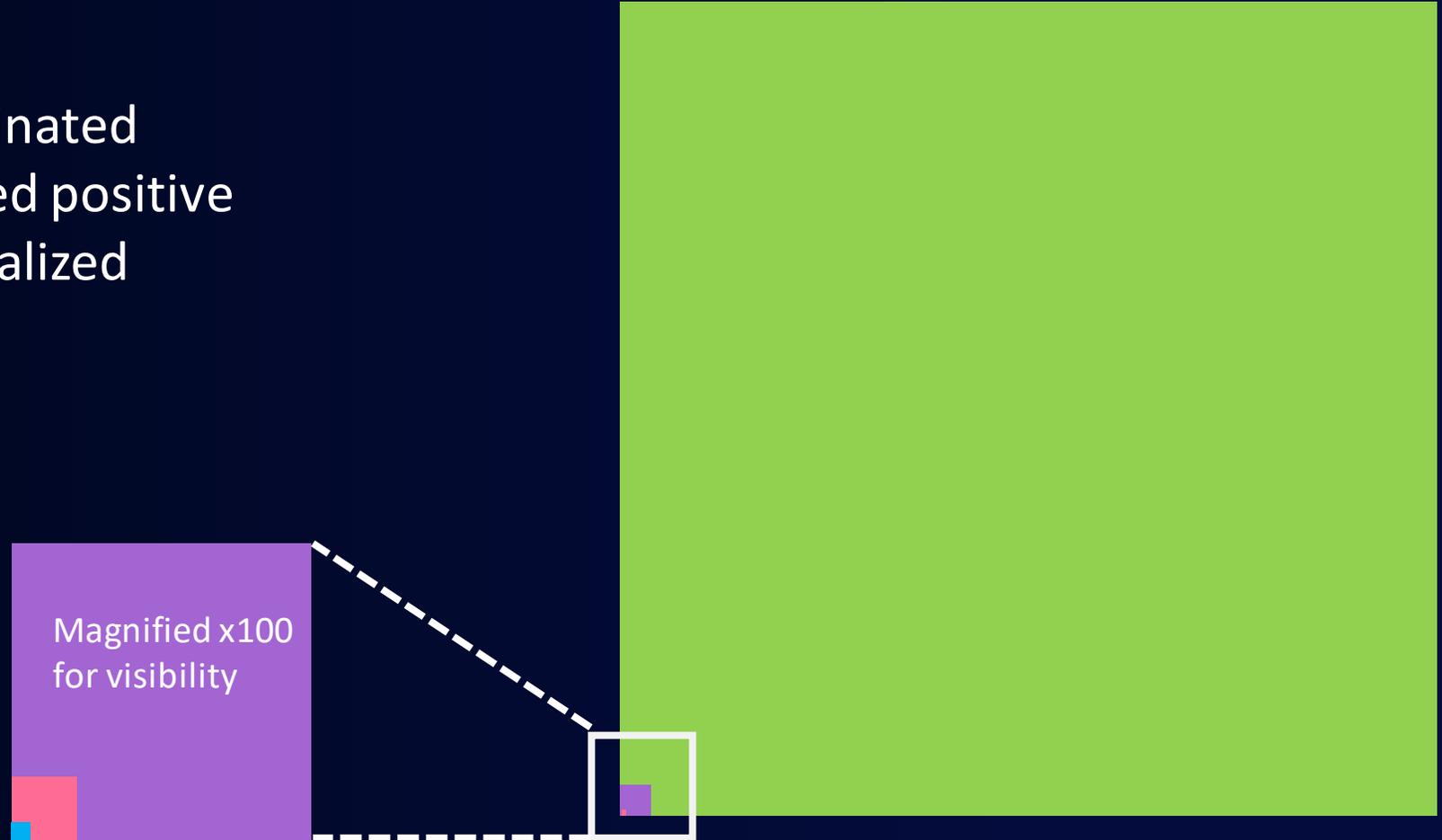
Percentage of Sequenced Specimens That Were Delta Variant by Week of Sequenced Specimen Collection Date, LAC



Covid Among Fully Vaccinated People in LAC

As of August 3, 2021

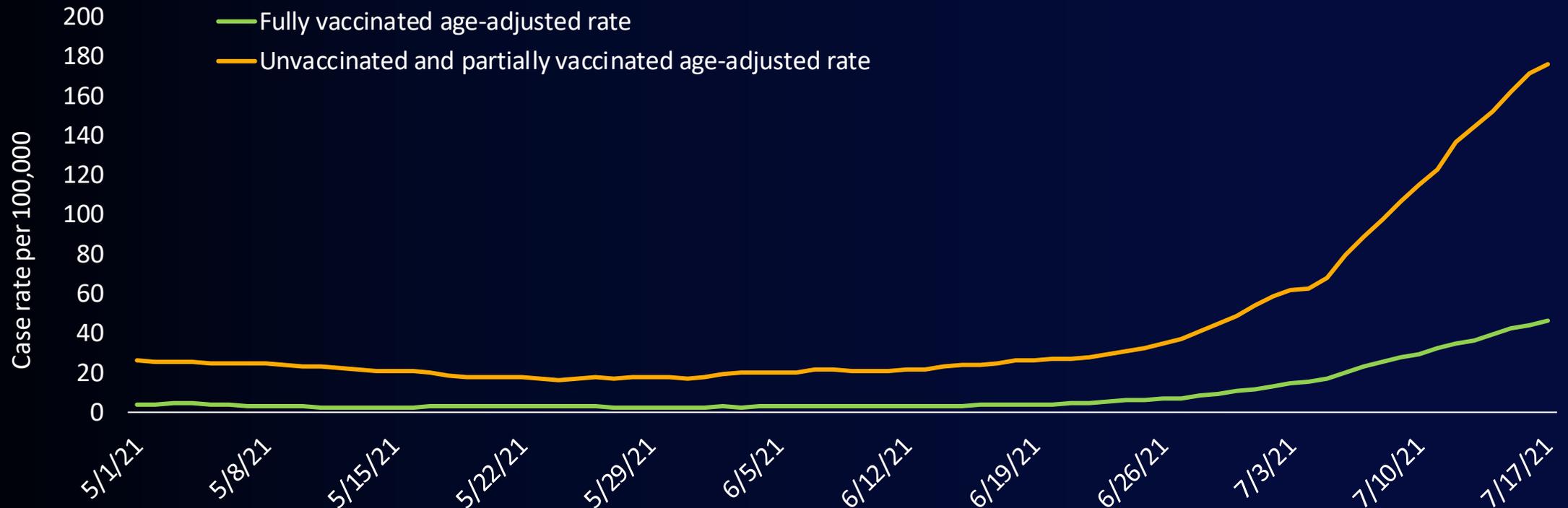
- 5,018,420 fully vaccinated
- 15,628 (0.31%) tested positive
- 446 (0.009%) hospitalized
- 41 (0.0008%) died



covid19.lacounty.gov

8/05/2021

Age-Adjusted Case Rate* per 100,000 for LAC** by Vaccination Status May 1 – July 17, 2021



*Rolling 7-Day average daily cumulative rate

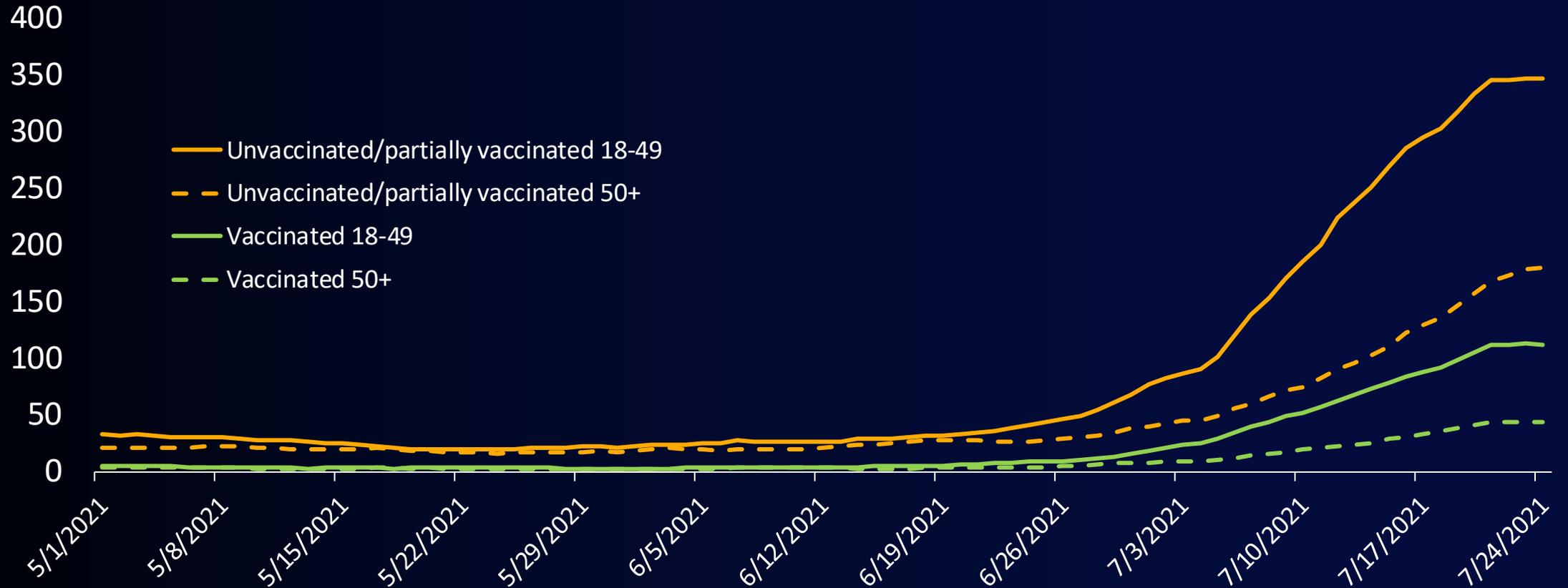
**Excluding Long Beach and Pasadena



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8/05/2021

Case Rate* per 100,000 for LAC** by Vaccination Status and Age Group May 1 – July 24, 2021



*Rolling 7-Day cumulative daily crude case rate

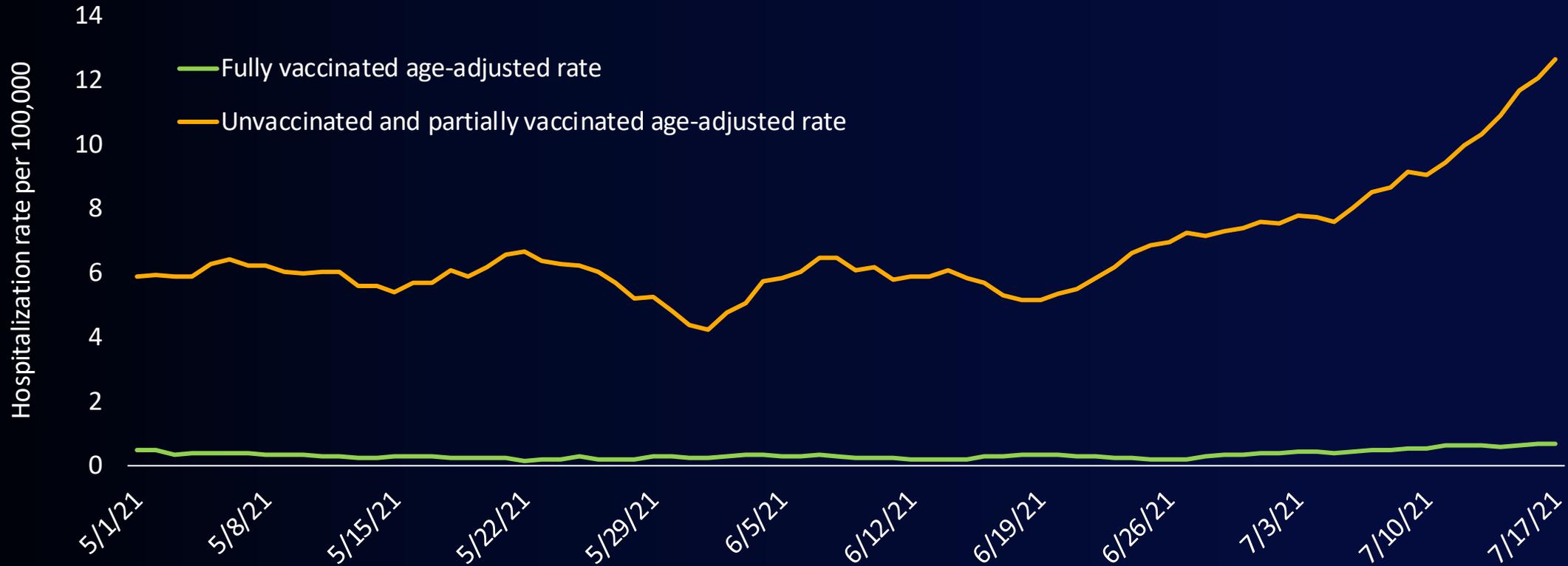
**Excluding Long Beach and Pasadena



covid19.lacounty.gov

8/05/2021

Age-Adjusted Hospitalization Rate* per 100,000 for LAC** by Vaccination Status May 1 – July 17, 2021



*Rolling 7-Day daily cumulative rate

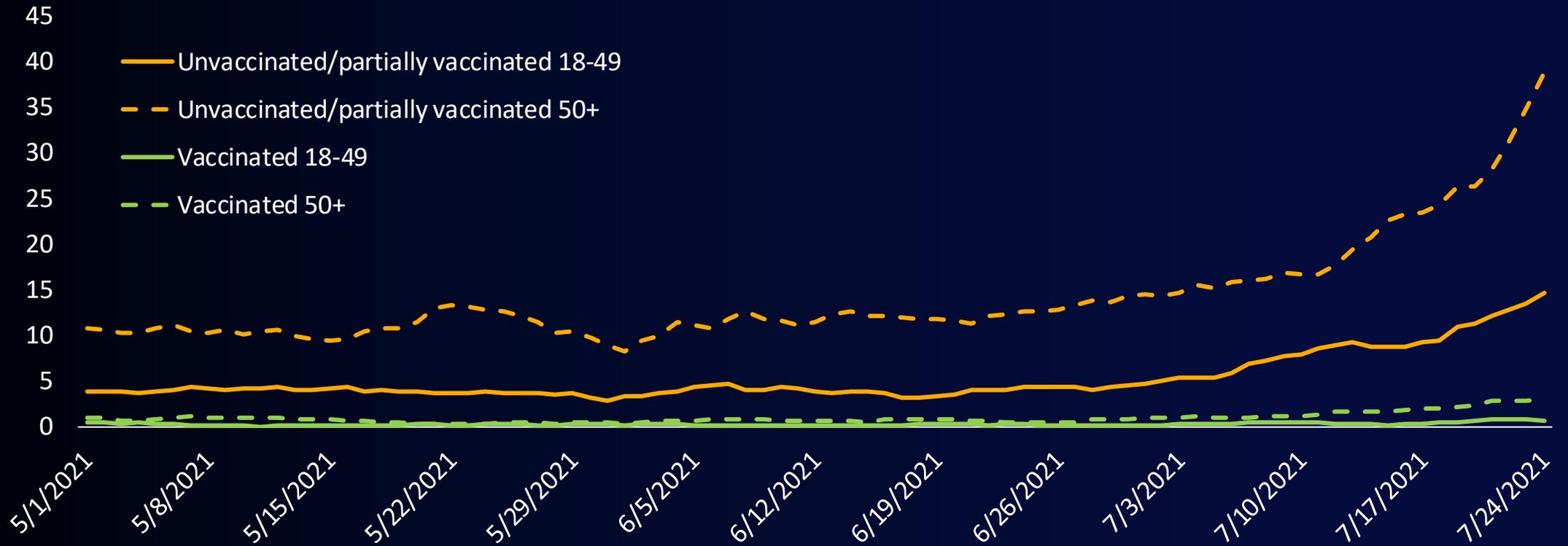
**Excluding Long Beach and Pasadena



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8/05/2021

Hospitalization Rate* per 100,000 for LAC** by Vaccination Status and Age Group May 1 – July 24, 2021



*Rolling 7-Day cumulative daily crude case rate

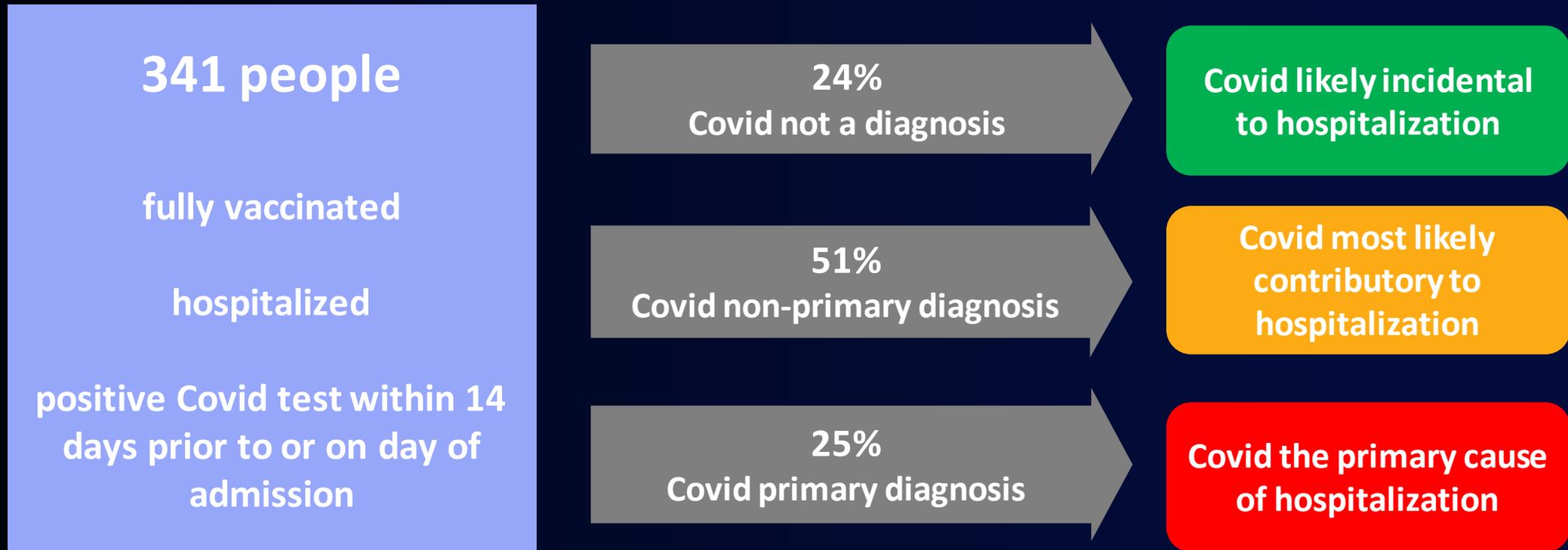
**Excluding Long Beach and Pasadena



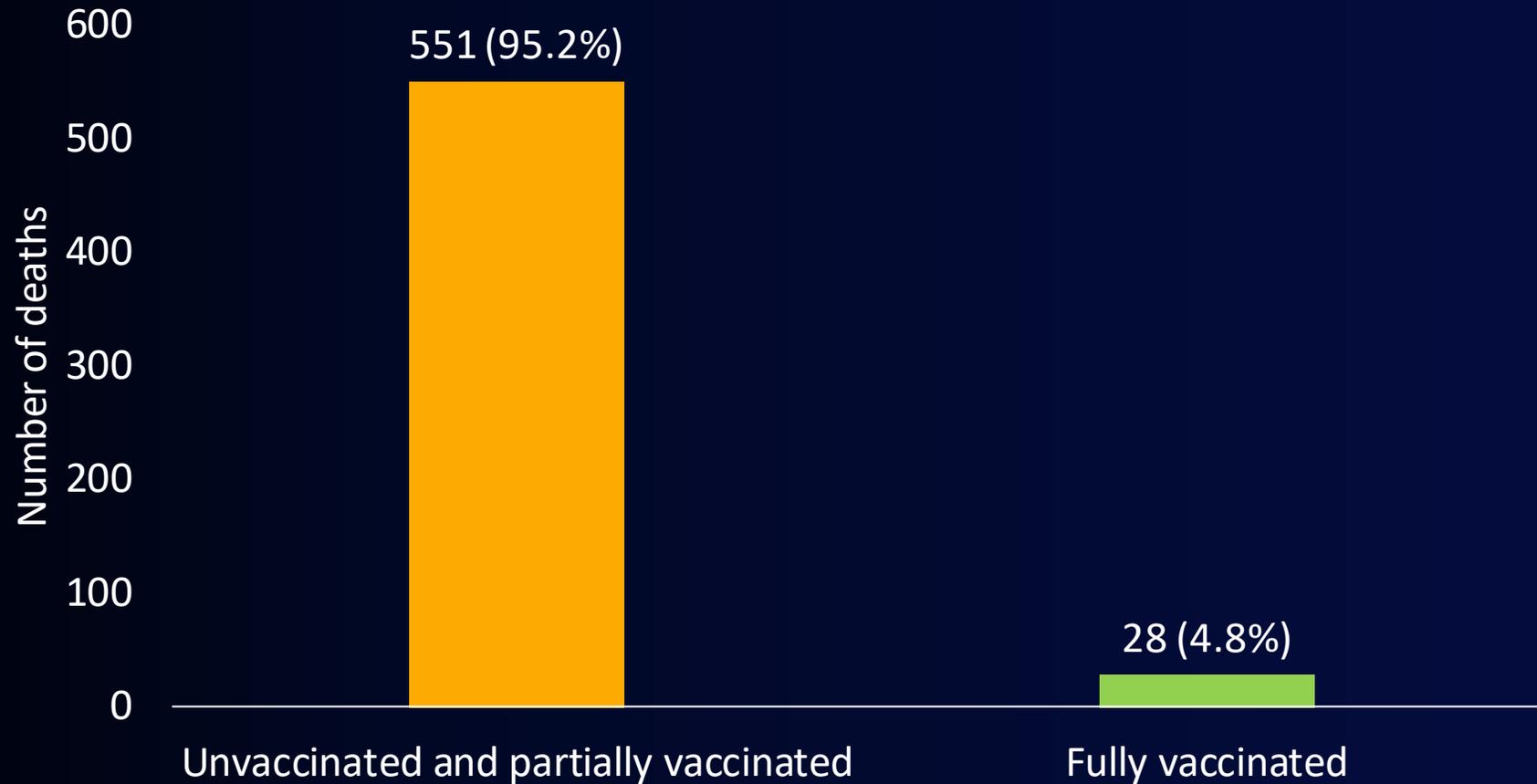
covid19.lacounty.gov

8/05/2021

Discharge Diagnoses of Hospitalized People with Positive Covid Tests As of July 25th, 2021



COVID-19 Deaths Among LAC Residents 16+ by Vaccination Status April 1-July 18, 2021



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8/05/2021

COVID-19 Vaccinations Among LAC Residents 12+ as of August 1st, 2021

Total Doses Administered	11,158,934
First Doses	6,190,247
Second Doses	4,968,687
LAC Residents with ≥ 1 Dose	6,228,618
LAC Residents Fully Vaccinated	5,454,207

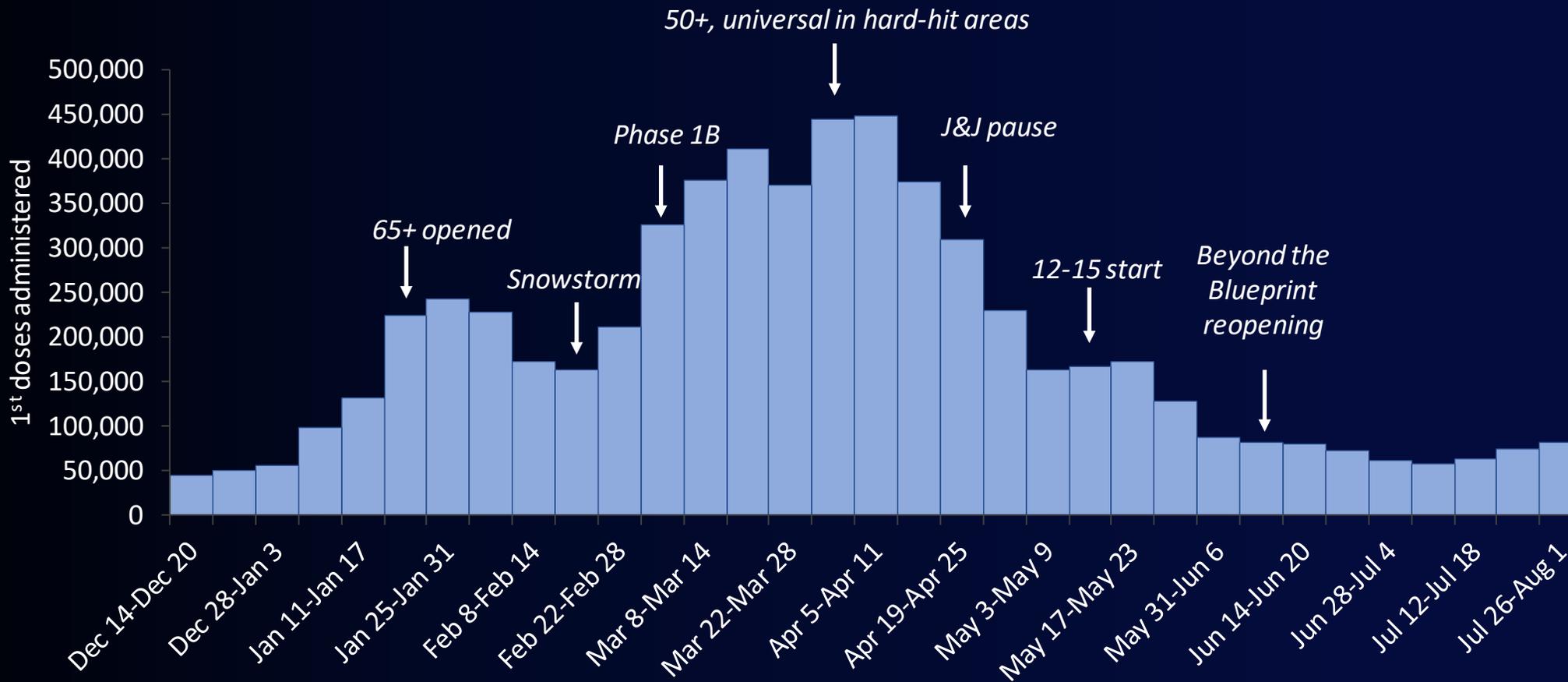


Proportion of LAC Residents with ≥ 1 Dose by Age Group as of August 1st, 2021

% LAC Residents 65+	90%
% LAC Residents 16+	72%
% LAC Residents 12+	71%
% LAC Residents 12-17	53%
% of 10.3 million LAC residents	61%



First Doses Administered Weekly Among All Eligible Persons



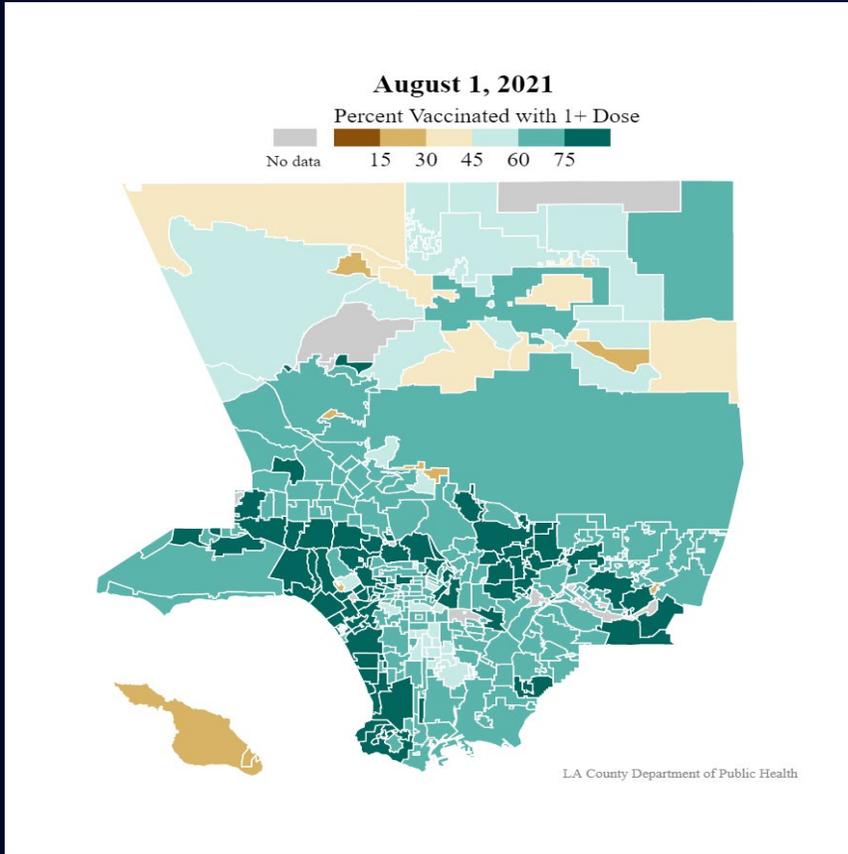
COVID-19 surge



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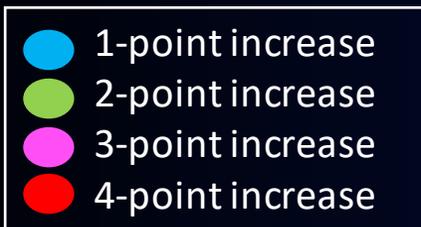
7/1/2021

Vaccination Rates by Community As of August 1st, 2021



Where Can We Close Vaccination Gaps?

Percent of LA County Residents With 1 Dose of Vaccine by Age and Race/Ethnicity as of August 1st, 2021

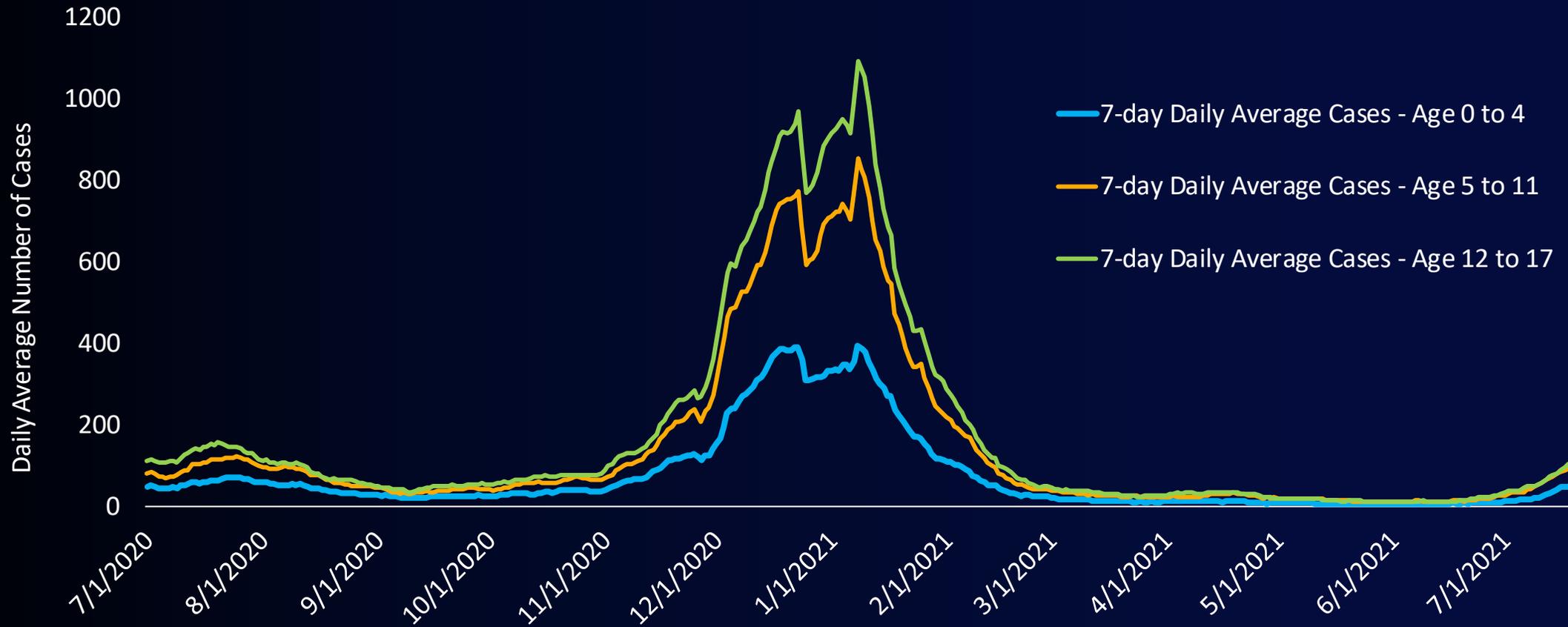


	12-15	16-17	18-29	30-49	50-64	65-79	80+	Total (in 12+s)
Black/African American	26	31	31	42	55	71	62	47%
Latinx	36	47	46	54	68	81	62	56%
American Indian/Alaska Native*	54	60	65	71	61	71	68	66%
White	52	63	61	65	63	84	73	67%
Asian	79	85	79	75	76	86	69	78%
Total	49%	60%	61%	69%	76%	93%	78%	71%

*Likely an overestimate due to inclusion of multiracial people



Number of Pediatric COVID-19 Cases by Episode Date, Past 7-day Daily Average, by Age Group July 28, 2021



HIV and COVID-19 Coinfection

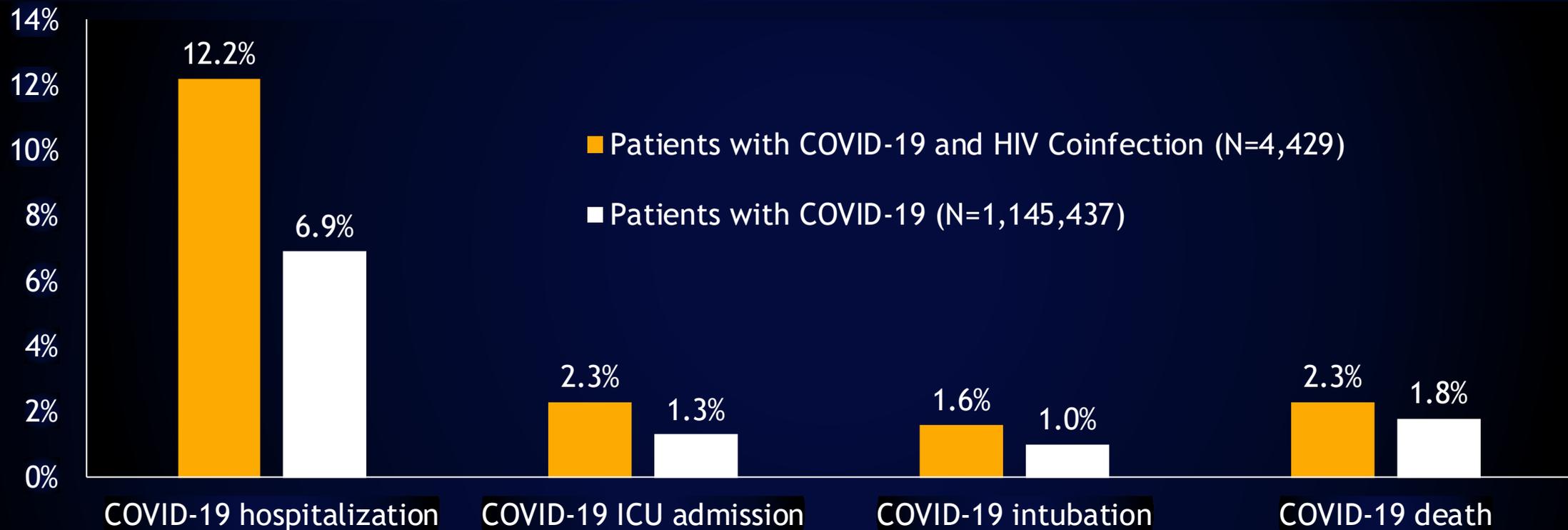
- Little is known about the characteristics of persons living with diagnosed HIV (PLWDH) who are coinfecting with COVID-19 and the severity of COVID-19 disease in this population.
- Using data on PLWDH through December 2020 and newly diagnosed cases of COVID-19 from January to March 2021, we describe:
 - COVID-19 coinfection rate among PLWDH
 - Demographic characteristics of persons with COVID-19 and HIV coinfection
 - Clinical characteristics of persons with COVID-19 and HIV coinfection
 - Mortality rates for persons with COVID-19 and HIV coinfection.

COVID-19 and HIV coinfection among PLWDH aged ≥ 13 years, LAC, Jan 2020 to March 2021 (excluding Long Beach and Pasadena)

Rates of COVID-19 and HIV coinfection among PLWDH were highest among females, persons aged 18 to 29 years, Latinx, residents of SPA 7 (East), unhoused persons, persons with heterosexual transmission risk, and persons with suppressed HIV viral load (i.e., proxy for persons on HIV treatment).

Characteristic	COVID-19 and HIV Coinfected Cases	PLWDH Population ¹	COVID-19 and HIV Coinfected Cases per 10,000 PLWDH
Total	4,429	47,913	924
Gender			
Female	526	5,326	
Male	3,851	41,695	
Transgender	52	892	583
Age Group²			
12 to 17	1	29	345
18 to 29	434	3,682	1,179
30 to 49	2,077	19,651	1,057
50 to 64	1,594	19,298	826
65 to 79	291	4,870	598
≥80	32	383	836
Race/Ethnicity			
American Indian/Alaska Native	16	290	552
Asian/Pacific Islander	151	1,812	833
Black	599	9,612	623
Latinx	2,808	22,096	1,271
White	709	12,386	572
Other	146	1,717	850
SPA			
Antelope Valley [1]	121	1,187	1,019
San Fernando [2]	793	7,881	1,006
San Gabriel [3]	374	3,488	1,072
Metro [4]	1,436	18,317	784
West [5]	136	2,525	539
South [6]	720	6,687	1,077
East [7]	497	3,776	1,316
South Bay [8]	326	3,610	903
Transmission Category			
Male-Male sexual contact (MSM)	3,072	32,992	931
Heterosexual contact	299	2,585	1,157
Injection Drug User (IDU)	143	1,596	896
MSM/IDU	243	2,351	1,034
Viral Suppression³			
Suppressed ⁴	3,320	27,969	1,187
Not Suppressed	1,109	19,138	579

COVID-19 clinical characteristics among COVID-19 patients aged ≥ 13 years, LAC, January 2020 to March 2021



Compared with patients who were not coinfecting with HIV and COVID-19, patients with HIV and COVID-19 coinfection had higher levels hospitalization, intensive care unit admission, intubation, and death.

COVID-19 Deaths among PLWDH aged ≥ 13 years, LAC, January 2020 to March 2021 (excluding Long Beach and Pasadena)*

Deaths among persons with HIV and COVID-19 coinfection were substantially higher than the expected number of deaths for PLWDH. Mortality rates for persons with HIV and COVID-19 coinfection were highest in males, persons aged 80 years and older, persons with API race/ethnicity, residents of SPA 1 and SPA 6, and persons with MSM/IDU transmission risk.

1. Expected number of deaths was calculated based on the most recent death rate among PLWH (2019) multiplied by the number of COVID-19 and HIV coinfecting cases.

3. Age groups reflect the categories reported for COVID-19 surveillance. In this analysis, the 12-17 age group excludes persons aged 12 years for persons with HIV and COVID-19 coinfection.

Characteristic	Deaths among Persons with COVID-19 and HIV Coinfection	COVID-19 and HIV Coinfection Mortality Rate per 100,000 PLWDH ¹	Expected Number of Deaths ²
Gender			
Female	10	188	7
Male	90	216	41
Transgender	0	--	0
Age Group³			
12 to 17		0	0
18 to 29		81	2
30 to 49		66	16
50 to 64		223	21
65 to 79		678	7
≥80		2,089	2
Race/Ethnicity			
American Indian/Alaska Native	0	0	0
Asian/Pacific Islander	7	386	0
Black	24	250	9
Latinx	50	226	25
White	15	121	9
Other	4	233	2
SPA			
Antelope Valley [1]	4	337	2
San Fernando [2]	10	127	8
San Gabriel [3]	9	258	6
Metro [4]	26	142	13
West [5]	4	158	1
South [6]	23	344	10
East [7]	10	265	6
South Bay [8]	11	305	4
Transmission Category			
Male-Male sexual contact (MSM)	62	188	28
Heterosexual contact	7	271	5
Injection Drug User (IDU)	5	313	4
MSM/IDU	8	340	5
Other/Undetermined	18	215	7

Questions?



City of Los Angeles – AIDS Coordinator’s Office 2021 HIV Prevention RFP Funded Organizations

The AIDS Coordinator’s Office (ACO) received a total of 24 proposals in response to the 2021 HIV Prevention Request for Proposals. All proposals met the minimum requirement for funding under the RFP, unfortunately ACO had to cap the number of proposals under each category based on the total funding allocated to the office in the 2021-2022 General Fund Allocation. The ACO based funding recommendations on the average total scores from the independent review panels.

TABLE I -CATEGORY: CISGENDER MEN

Contractor	Project	Council Districts	RFP Score	Annual Contract Amount
The AMAAD Institute	HIV Testing and Linkage to Care	8, 9, 10, 15	95	\$55,000
Black AIDS Institute	Popular Opinion Leader Among Young Black Men	8, 9, 10	93	\$55,000
Center for Health Justice	Justice involved Men over 50	1-15	92	\$55,000
The Wall Las Memorias Project	Social Media Influencers/Linkage to Sexual Health Services for Latino Men	1, 8, 9, 10, 13, 14	91	\$55,000
APLA Health & Wellness	Social Media Influencers/Linkage to Sexual Health Services including PrEP for Black Men	8, 9, 10, 15	90	\$55,000

TABLE II -CATEGORY: CISGENDER WOMEN

Contractor	Project	Council Districts	RFP Score	Annual Contract Amount
East Los Angeles Women’s Center	Health Navigation for Latina women impacted by IPV	1, 13, 14	85	\$50,000
Planned Parenthood Los Angeles	HIV testing and prevention strategies for women	3, 6, 9, 10, 12, 13	85	\$50,000
Volunteers of America Los Angeles	Outreach and Linkage to Services for women who are victims of sex trafficking	9, 14, 15	75	\$50,000



**City of Los Angeles – AIDS Coordinator’s Office
2021 HIV Prevention RFP Funded Organizations**

TABLE III -CATEGORY: SYRINGE EXCHANGE

Contractor	Project	Council Districts	RFP Score	Annual Contract Amount
Tarzana Treatment Centers	Syringe Collection/Harm Reduction Services	2, 3, 6, 7	95	\$110,000
Venice Family Clinic	Syringe Collection/Harm Reduction Services	11	94	\$85,000
Asian American Drug Abuse Program	Syringe Collection/Harm Reduction Services	9, 14, 15	93	\$80,000
Bienestar Human Services	Syringe Collection/Harm Reduction Services	14, 15	92	\$85,000
Homeless Health Care Los Angeles	Syringe Collection/Harm Reduction Services	13, 14	87	\$120,000
PHFE dba Heluna Health	Syringe Collection/Harm Reduction Services	1, 4, 9, 14, 15	87	\$120,000
Being Alive Los Angeles	Syringe Collection/Harm Reduction Services	4, 13	82	\$65,000

TABLE IV -CATEGORY: TRANSGENDER INDIVIDUALS

Contractor	Project	Council Districts	RFP Score	Annual Contract Amount
St. John’s Well Child and Family Center	Transgender Economic Empowerment	8, 9	90	\$50,000
Children’s Hospital Los Angeles	Health Navigation for transgender youth	1-15	88	\$50,000



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Meeting Packet Links for Important Materials to Review

Standards and Best Practices Committee | Service Standards Development Training (see pages 14-23):

<http://hiv.lacounty.gov/LinkClick.aspx?fileticket=UKHXrCRQ81I%3d&portalid=22>

Planning, Priorities and Allocations Committee | Ryan White Service Program Year 30 Data/Data Summit (starting on page 13)

<http://hiv.lacounty.gov/LinkClick.aspx?fileticket=hHdP9s8AOx8%3d&portalid=22>



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

Dear Board of Supervisors:

Los Angeles County is in an ongoing STD crisis that has seen rates explode over the last six years. As the Board of Supervisor's designated HIV and sexually transmitted diseases (STD) prevention and care planning council for Los Angeles, the Commission on HIV (Commission) is extremely concerned about the sharp increase in STD rates in the last three years, especially the startling increase of syphilis and congenital syphilis cases¹, and the ability of the County's existing STD programs and resources to respond to this crisis.

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

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

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

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

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

Moreover, in our County, an already understaffed and under-resourced STD response was made worse by the redeployment of nearly all staff to COVID-19 work. As reflected in DPH's Quarterly STD reports over the last year, staff had to quickly pivot to address the overwhelming demands of COVID-19 work with the existing STD crisis, and the majority of County and community programming for STDs was severely reduced in capacity or entirely put on hold. The diversion of most staff to COVID-19 work resulted in a significant reduction in the timely surveillance work necessary to identify clusters and outbreaks, missed opportunities to treat individuals and their partners because County clinics were closed or at reduced capacity, and overburdened public health staff with a large COVID-19 caseload on top of their STD caseload. The service capacity of public and private sector partners was also impacted, as providers had to close or reduce STD services to focus on COVID-19.

Even before the COVID-19 pandemic began, the County faced significant challenges that have made it difficult to combat exploding STD rates, including inadequate infrastructure, suboptimal access to a fragmented local system of care, and decades of limited resources. Combatting the STD crisis requires a robust infrastructure for County-funded services with a fully-staffed surveillance team, comprehensive and up-to-date public health lab capacity, adequate contact tracers and disease intervention specialists (DIS), timely partner services, a strong network of County and community providers who offer access to culturally competent STD testing and treatment, and adequate resources to support all of this programming. Yet the County's resources to support STD public health infrastructure remain woefully inadequate, this fact continues compounding the crisis for decades to come.

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

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

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

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

Board of Supervisors

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

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

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

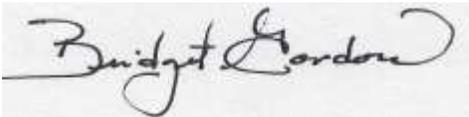
- Identify a concrete timeline to end the County's STD crisis, including key immediate and long-term activities, and approximate funding allocations necessary to achieve activities.
- Develop clear action steps for collaboration between departments and leverage resources to efficiently and effectively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

We kindly request a meeting with Board representatives and DPH, DHS, and DMH leadership within the next 30 days (or at the earliest possible opportunity given the need to respond to COVID-19) to discuss the concerns and opportunities outlined in this letter. Community engagement and collaboration are critical components of a healthy and well-functioning public health system. We urge leadership in DPH, DHS, and DMH to be transparent in their

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

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

Sincerely,



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

cc:

Health Deputies

Barbara Ferrer, PhD, MPH, M.Ed.

Christina Ghaly, MD

Jonathan Sherin, MD, PhD

Muntu Davis, MD, MPH

Rita Singhal, MD, MPH

Mario Perez, MPH

Celia Zavala

End the Epidemics Coalition

Essential Access Health

Community Clinic Association of Los Angeles County (CCALAC)

Coachman Moore & Associates (We Can Stop STDs LA)

Connect to Protect LA (C2PLA)



THE WALL
Las Memorias

ActNOW

Against Meth

Process

Community Meeting

- 5 community conversations with community sharing their experiences with meth.
- 4 focus groups.

Roundtable Meetings

- 2 Roundtable meetings with over **115** community members and health professionals in attendance.
- Creation of the Planning Committee.

Community Summit

- A 3 hour meeting with over **140** people in attendance.
- Participants provided key insight to develop recommendations in the areas of prevention, treatment and policy.

ANAM Work Group

Guilmar Perdomo - *The Wall Las Memorias Project*

Elena Rosenberg - *UCLA CHIPTS*

Craig Pulsipher - *APLA Health*

Katja Nelson - *APLA Health*

Everardo Alvizo - *Long Beach Comprehensive HIV Planning Group*

Kevin Sitter - *CA State Office of AIDS*

Tim Young - *SAPC*

Rangell Oruga - *SAPC*

Sarah Blanch - *Institute for Public Strategies*

Dean Ambrosini - *Institute for Public Strategies*

Community Partners

UCLA CHIPS

Long Beach Comprehensive HIV Planning Group

APLA Health

Institute for Public Strategies

Clare|Matrix

Koreatown Youth + Community Center

Day One

Helpline Youth Counseling

Pueblo y Salud Inc.

Being Alive!

Center for Health Justice

Community Coalition

The AMAAD Institute

Bienestar Human Services

Los Angeles LGBT Center

Tarzana Treatment Centers

Latino Equality Alliance

Social Model Recovery Systems

Asian Pacific AIDS Intervention Team



LA County Act Now Against Meth Platform

RECOMMENDATIONS RELATED TO PREVENTION:

- **Expand and promote access to navigation services for unhoused people who are placed into temporary housing facilities.** Navigation services are critical to expanding access to substance use prevention and treatment services for unhoused people, which will increase the health and wellness of both the individual and the community. It is essential that these services be provided to unhoused people where they are located.

- **Substance use prevention and treatment referrals should be offered to clients accessing HIV, STI, and viral hepatitis screening as well as PrEP services in order to promote a holistic approach to wellness.** Similarly, comprehensive HIV, STI and and viral hepatitis screening as well as PrEP should be incorporated as part of substance prevention and treatment services to the extent feasible.

- **Use of harm reduction principles.** Services cannot have only one measure – abstinence – without progressive steps to achieve intended goals. Services cannot cease or be denied simply because someone relapses or continues to use. Services that take this all or nothing approach must be eliminated. We strongly recommend that LA County promote harm reduction principles across all treatment and prevention services. In addition, training in trauma-informed care and harm reduction principles must be increased.



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RECOMMENDATIONS RELATED TO TREATMENT:

- **Fund, invest, and make naloxone, fentanyl strips, and other harm-reduction measures widely available and affordable.**
- **Fund, invest, and increase the number of LGBTQ treatment centers** specifically designed for LGBTQ patients in each Service Planning Area to ensure treatment services are culturally and linguistically competent/accessible to diversity within the LGBTQ+ community, that includes mental health services within the facility.

RECOMMENDATIONS RELATED TO POLICY:

- **Increase funding for effective prevention and treatment interventions.**
Increased funding to support effective prevention and treatment interventions is paramount to addressing methamphetamine use in LA County. Funding must also be allocated to support provider education and training on evidence-based, culturally responsive approaches to methamphetamine use. In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced that State Opioid Response Grant dollars could be used to support evidence-based prevention, treatment, and recovery support services to address methamphetamine use. It will be critical for LA County to maximize these federal and state resources as well as address any remaining funding gaps.

- **Advance racial equity policy and legislation.** The drug war has had a profoundly disproportionate impact on Black, Indigenous and people of color (BIPOC). Higher arrest and incarceration rates for these communities are not reflective of increased prevalence of drug use, but rather of law enforcement's focus on communities of color. At the same time, BIPOC communities experience disparate access to health care, differential treatment, and poorer health outcomes. We urge policymakers at all levels of government to take steps to advance racial equity policy and legislation to address the harmful effects of the war on drugs and eliminate health inequities in BIPOC communities.

- **Declare methamphetamine an emerging drug threat.** Earlier this year, Senators Dianne Feinstein (D-CA) and Chuck Grassley (R-IA) and Representatives Scott Peters (D-CA) and John Curtis (R-UT) introduced the Methamphetamine Response Act, a bill declaring methamphetamine an emerging drug threat which would require the Office of National Drug Control Policy (ONDCP) to develop, implement, and make public a national emerging threats response plan that is specific to methamphetamine. The plan would be required to be updated annually and include short- and long term goals, performance measures, and the level of funding needed to implement the plan. We urge the LA County Board of Supervisors to endorse this important legislation.

ActNOW

Against Meth



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LA County Commission on HIV



Constructively Candid Conversations Session 4



County of Los Angeles Department of Workforce Development, Aging, and Community Services

Commission on Human Relations

April Johnson, AJohnson@wdacs.lacounty.gov Robert Sowell, RSowell@wdacs.lacounty.gov



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

Plan

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

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

Schedule:

- 1) Why Some Conversations are Uncomfortably Difficult
- 2) Stages of Relationships
- 3) Words Matter
- < Special 90-minute training on what Implicit Bias is and how it operates >
- 4) Self-Management**
- 5) Empathy - what it isn't and what it is; how to strengthen it
- 6) Inquiry - a Learning Orientation; Productive Questions
- 7) Listening without Judging
- 8) Disclosing, Part 1 - affirming Shared Views
- 9) Disclosing, Part 2 - presenting Different Facts or Perspective
- 10) Disclosing, Part 3 - requesting Different Behavior

prejudice → acceptance, *inequity* → justice, *hostility* → peace

Interaction Agreements

Engage Fully – avoid distractions

Represent Yourself – don't claim to speak for others

Share the Space – give room for others to speak

Receive Generously – don't attribute motives

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

Protect Confidentiality – take learning with you, leave stories behind



Review



prejudice → acceptance, *inequity* → justice, *hostility* → peace

Why Some Conversations are Uncomfortably Difficult

Personal Factors

Topic Factors

People Factors

Situation Factors



prejudice → acceptance, *inequity* → justice, *hostility* → peace

Stages of Relationships

Awareness
Acquaintance
Associate
Colleague
Friend
Companion



Trust

Respect
Transparency
Productivity
Trust

Honesty
Reliability
Growth



Words Matter

Because of
the type of word being used
the specific word that is used
who is using the word



prejudice → acceptance, *inequity* → justice, *hostility* → peace



Implicit Bias

stereotypes that affect our attitudes, understanding, actions, and decisions in an unconscious manner





Today – 1st of 5 Skills for

Constructively Candid Conversations: ***Self-Management***

Self-Awareness

Self-Control



prejudice → acceptance, *inequity* → justice, *hostility* → peace



Self-Management

Pay attention to your reactions

Acknowledge your feelings and judgements

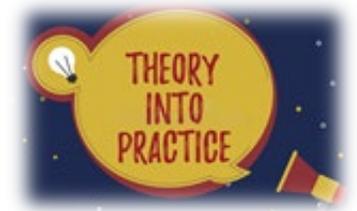
Understand that you can choose different responses

Select your preferred response

Emphasize individual uniqueness rather than categorical stereotype



Practice



As you listen to this reading, notice:

Heartbeat

Breathing

Thoughts – without resistance or judgement

prejudice → acceptance, *inequity* → justice, *hostility* → peace

Reflection



Did you find it difficult or easy to monitor your heartbeat and breathing?

Did you find it difficult or easy to “observe” your thoughts without resistance or judgement?

prejudice → acceptance, *inequity* → justice, *hostility* → peace

Reflection



Imagine the author.

What characteristics of the author do you imagine?

What experiences and assumptions guide your imagination of this author?

prejudice → acceptance, *inequity* → justice, *hostility* → peace

Practice



As you listen to this reading, notice:

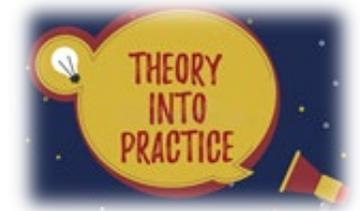
Heartbeat

Breathing

Thoughts – without resistance or judgement

prejudice → acceptance, *inequity* → justice, *hostility* → peace

Reflection



Was it easier or more difficult for you to monitor your heartbeat and breathing during the second reading?

Did you find it easier or more difficult to “observe” your thoughts without resistance or judgement during the second reading?

Why?

prejudice → acceptance, *inequity* → justice, *hostility* → peace

Self-Management

Pay attention to your reactions

Acknowledge your feelings and judgements

Understand that you can choose different responses

Select your preferred response

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