



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, May 13, 2021 | 9:00 AM – 2:15 PM

To Register/Join by Computer: <https://tinyurl.com/yce8mczx>
**link is for members of the public*

To Join by Telephone: 1-415-655-0001 Access code: 145 202 3448

AGENDA POSTED: May 3, 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 and County Operational Updates	
	(2) 2021 Commission Work Plan and Activities	
4.	<u>PRESENTATION</u>	
	A. HealthHIV/COH Assessment of Effectiveness FINAL RESULTS & REPORT	9:20 AM – 10:20 AM
5.	<u>DISCUSSION</u>	
	A. “So You Want to Talk About Race” by Ijeoma Oluo Reading Activity	10:20 AM – 11:20 AM
	• Selected Excerpts from Chapters 4 & 5	
	B. Los Angeles County Human Relations Commission Guided Discussion & Training	
	• “Words Matter”	
6.	<u>BREAK</u>	11:20 AM – 11:30 AM
7.	<u>REPORTS - II</u>	11:30 AM – 11:50 AM
	A. Co-Chairs’ Report	
	(1) Ending the HIV Epidemic (EHE) Plan & Commission Involvement	
	• Commission & EHE Steering Committee’s Role and Expectations	
	• Commission EHE SC Liaison Selection, Role and Expectation	
	• Opportunities for Collaboration	
	B. California Office of AIDS (OA) Report	11:50 AM – 12:00 PM
	(1) California HIV Planning Group (CPG) Update	
	C. LA County Department of Public Health Report	12:00 PM – 1:00 PM
	(1) Division of HIV/STD Programs (DHSP) Updates	
	(a) Programmatic and Fiscal Updates	
	• Emergency Financial Assistance (EFA) UPDATES	
	• 2020 HIV/STD Surveillance Data PRESENTATION	
	• Child Care and Translation Services Provider + Client Survey UPDATES	
	(b) Ending the HIV Epidemic (EHE) Activities & Updates	

7. **REPORTS – II (cont'd)**

- C. Housing Opportunities for People Living with AIDS (HOPWA) Report 1:00 PM – 1:10 PM
- D. Ryan White Program Parts C, D, and F Report 1:10 PM – 1:15 PM
- E. Cities, Health Districts, Service Planning Area (SPA) Reports 1:15 PM – 1:20 PM
- F. Standing Committee Reports 1:20 PM – 1:50 PM
- (1) Operations Committee
- (a) Membership Management
- New Member Application: Mikhaela Cielo, MD, | Part D Representative Seat **MOTION #3**
 - New Member Application: Mallery Robinson | Alternate #25 Seat **MOTION #4**
- (b) Membership Application Redevelopment | UPDATE
- (c) Engagement + Retention Strategies
- (2) Planning, Priorities and Allocations (PP&A) Committee
- (a) Multi-Year Priority Setting and Resource Allocation (PSRA) Process | UPDATES
- (b) Prevention Planning Work Group | UPDATES
- (3) Standards and Best Practices (SBP) Committee
- (a) Child Care and Language Services | UPDATE
- (b) 2021 Service Standards | UPDATE
- Benefits Specialty
 - Home Based Case Management
 - Substance Abuse & Residential Treatment
- (4) Public Policy Committee
- (a) County, State, and Federal Legislation & Policy
- (b) County, State, and Federal Budget
- G. Caucus, Task Force and Work Group Report 1:50 PM – 2:00 PM
- (1) Aging Task Force | June 1, 2021 @ 1-3pm
- (2) Black/African American Community (BAAC) Task Force | May 24, 2021 @ 1-3pm
- (3) Consumer Caucus | May 13, 2021 @ 3-4:30pm
- (4) Prevention Planning Workgroup | May 26, 2021 @ 5:30-7pm
- (5) Transgender Caucus | May 25, 2021 @ 10am-12pm
- (6) Women’s Caucus | May 17, 2021 @ 2-4pm

8. **MISCELLANEOUS**

- A. Public Comment 2:00 PM – 2:05 PM
- Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide 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.*

8. MISCELLANEOUS (cont'd)

B. Commission New Business Items

2:05 PM – 2:10 PM

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

C. Announcements

2:10 PM – 2:15 PM

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

Adjournment and Roll Call

2:15 PM

Adjournment for the meeting of May 13, 2021.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1:	Approve the Agenda order, as presented or revised.
MOTION #2:	Approve the Minutes, as presented or revised.
MOTION #3:	Approve Recommendation for New Member Applicant Mikhaela Cielo, MD., to occupy the Part D seat, as presented or revised, and elevate to Board of Supervisors for appointment.
MOTION #4:	Approve Recommendation for New Member Applicant Mallery Robinson, to occupy the Alternate (#25) seat, as presented or revised, and elevate to Board of Supervisors for appointment.

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	Raquel Cataldo
Pamela Coffey (Reba Stevens, **Alternate)	Michele Daniels (*Alternate)	Erika Davies	Kevin Donnelly
Felipe Findley, PA-C, MPAS, AAHIVS	Alexander Luckie Fuller	Gerald Garth, MS	Jerry D. Gates, PhD
Grissel Granados, MSW	Joseph Green	Thomas Green	Felipe Gonzalez
Damontae Hack (*Alternate)	(Kayla Walker-Heltzel, **Alternate)	Nestor Kamurigi	William King, MD, JD, AAHIVS (LoA)
Lee Kochems, MA	Anthony Mills, MD	Carlos Moreno	Derek Murray
Dr. Paul Nash, CPsychol, AFBPS FHEA	Katja Nelson, MPP	Frankie Darling-Palacios	Mario J. Pérez, MPH
Juan Preciado	Joshua Ray, RN (Eduardo Martinez, **Alternate)	Isabella Rodriguez, MA (*Alternate)	Ricky Rosales
Harold San Agustin, MD	Martin Sattah, MD	Tony Spears (*Alternate)	LaShonda Spencer, MD
Kevin Stalter	Maribel Ulloa	Guadalupe Velazquez	Justin Valero, MPA
Ernest Walker, MPH	Amiya Wilson (*Alternate) (LoA)		
MEMBERS:	44		
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



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VISION

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

MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County.

The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).



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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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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/>

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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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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 04.02.21

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, 2018	June 30, 2022	
3	City of Long Beach representative	1	PP&A	Everardo Alvizo, MSW, 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, 2018	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, 2018	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2018	June 30, 2022	
8	Part C representative	1	PP&A EXC	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2018	June 30, 2022	
9	Part D representative			Vacant		July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	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, 2018	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, 2018	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, 2018	June 30, 2022	
17	Provider representative #7	1	PP&A	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, 2018	June 30, 2022	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2019	June 30, 2021	
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2018	June 30, 2022	Amiya Wilson (SBP)
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, 2018	June 30, 2022	
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, 2018	June 30, 2022	Reba Stevns (SBP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2019	June 30, 2021	
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2019	June 30, 2021	Michele Daniels (OPS)
28	Unaffiliated consumer, Supervisorial District 2	1	PP	Nestor Kamurigi	No affiliation	July 1, 2018	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, 2018	June 30, 2022	Isabella Rodriguez, MA (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, 2018	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, 2018	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, 2018	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, 2018	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	1	PP&A EXC	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	<i>Unaffiliated Consumer</i>	July 1, 2018	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, 2018	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, 2018	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker, MPH	Men's Health Foundation	July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	PP	Gerald Garth, MS	AMAAD Institute	July 1, 2018	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 (LOA)	W. King Health Care Group	July 1, 2018	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS SBP	Miguel Alvarez	No affiliation	July 1, 2018	June 30, 2022	
TOTAL:		40						

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

Planning Council/Planning Body Reflectiveness (Updated 03.04.21)

(Use HIV/AIDS Prevalence data as reported FY 2020 Application)

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	11	22.00%	5	41.67%
Black, not Hispanic	10,155	20.00%	15	30.00%	5	41.67%
Hispanic	22,766	44.84%	20	40.00%	2	16.66%
Asian/Pacific Islander	1,886	3.71%	3	6.00%	0	0.00%
American Indian/Alaska Native	300	0.59%	1	2.00%	0	0.00%
Multi-Race	1,705	3.36%	0	0.00%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	50	100%	12	100%
Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	33	66.00%	8	66.67%
Female	5,631	11.09%	14	28.00%	4	33.33%
Transgender	854	1.68%	3	6.00%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	50	100%	12	100%
Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
13-19 years	122	0.24%	0	0.00%	0	0.00%
20-29 years	4,415	8.69%	2	4.00%	1	8.33%
30-39 years	9,943	19.58%	20	40.00%	3	25.00%
40-49 years	11,723	23.09%	12	24.00%	1	8.33%
50-59 years	15,601	30.72%	9	18.00%	6	50.00%
60+ years	8,973	17.67%	7	14.00%	1	8.33%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	50	100%	12	99.99%

****Percentages may not equal 100% due to rounding.****



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/4/21

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
CATALDO	Raquel	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Substance Abuse, Transitional Housing (meth)
			Transitional Case Management-Jails
			Transportation Services
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			

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
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
JOHNSON	Diamante	Unaffiliated consumer	No Ryan White or prevention contracts
KAMURIGI	Nestor	No Affiliation	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
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
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
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)	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
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
ULLOA	Maribel	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts
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)
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts



ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: May 5, 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= 12 Number of Quorum= 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
David Lee, MPH, LCSW	Co-Chair, Comm./Exec.*	Commissioner
Raquel Cataldo	Co-Chair, PP&A	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= 9 Number of Quorum= 5		
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	*	Alternate
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Joseph Green	*	Commissioner
Kayla Walker-Heltzel	**	Alternate
Justin Valero	*	Commissioner

Committee Assignment List

Updated: May 5, 2021

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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= 17 Number of Quorum= 9		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Frankie-Darling Palacios	Committee Co-Chair*	Commissioner
Raquel Cataldo	Committee Co-Chair*	Commissioner
Everardo Alvizo, LCSW	*	Commissioner
Al Ballesteros	*	Commissioner
Kevin Donnelly	*	Commissioner
Luckie Fuller	*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Damontae Hack	*	Alternate
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS (LOA)	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Maribel Ulloa	*	Commissioner
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= 11 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Alasdair Burton	*	Alternate
Gerald Garth, MS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Eduardo Martinez	**	Alternate
Nestor Kamurigi	*	Alternate
Isabella Rodriguez	*	Commissioner
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Tony Spears	*	Alternate

Committee Assignment List

Updated: May 5, 2021

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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 = 13 Number of Quorum = 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Pamela Coffey (Reba Stevens, Alternate)	*	Commissioner
Grissel Granados	*	Commissioner
Thomas Green	**	Alternate
Felipe Gonzalez	*	Commissioner
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Katja Nelson, MPP	**	Commissioner
Joshua Ray (Eduardo Martinez, Alternate)	*	Commissioner
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 TASK FORCE (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

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

Committee Assignment List

Updated: May 5, 2021

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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



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

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

COMMISSION ON HIV VIRTUAL MEETING MINUTES

April 8, 2021

COMMISSION MEMBERS									
P=Present A=Absent									
Miguel Alvarez (Alt)	P	Kevin Donnelly	P	Karl Halfman, MA	P	Mario Pérez, MPH	P	Maribel Ulloa	P
Everardo Alvizo, MSW	P	Felipe Findley, PA-C, MPAS, AAHIVS	P	Kayla Heltzel-Walker (Alt)	A	Juan Preciado	P	Guadalupe Velasquez	A
Al Ballesteros, MBA	P	Alexander Luckie Fuller	P	Nestor Kamurigi (Alt)	P	Joshua Ray, RN	A	Justin Valero, MPA	P
Alasdair Burton (Alt)	P	Gerald Garth	P	William King, MD, JD, AAHIVS	A	Ricky Rosales	P	Ernest Walker	P
Danielle Campbell, MPH	P	Jerry Gates, PhD	A	Lee Kochems	P	Isabella Rodriguez (Alt)	P	Amiya Wilson	A
Raquel Cataldo	A	Felipe Gonzalez	P	Eduardo Martinez (Alt)	P	H. Glenn San Agustin, MD	P	Bridget Gordon	P
Pamela Coffey	A	Grissel Granados, MSW	P	Anthony Mills, MD	P	Tony Spears (Alt)	A	David Lee, MPH, LCSW	P
Michele Daniels	P	Joseph Green	P	Carlos Moreno	P	LaShonda Spencer, MD	A		
Frankie Darling-Palacios	P	Thomas Green	P	Derek Murray	P	Kevin Stalter	P		
Erika Davies	P	Damontae Hack	A	Dr. Paul Nash, CPsychol, AFBPsS, FHEA	P	Reba Stevens (Alt)	P		
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA, Executive Director; Carolyn Echols-Watson, MPA; Dawn Mc Clendon; and Sonja Wright, BA, MSOM, LAC, Dipl. OM, PES Jim Stewart, Parliamentarian									
Robert Sowell, (LAC Human Relations Commission) April Johnson, MA (LAC Human Relations Commission)									
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF									
Julie Tolentino, MPH									

*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/Package/Pkt_COH_040821_final.pdf?ver=tNza4KUPTm7QLh5gfSDjrA%3d%3d

CALL TO ORDER AND ROLL CALL: Bridget Gordon, Co-Chair, opened the meeting at 9:04am and James Stewart, Parliamentarian, took the roll.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, A. Ballesteros, A. Burton (Alt), D. Campbell, M. Daniels, F. Darling-Palacios, E. Davies, K. Donnelly, F. Findley, A. Luckie Fuller, G. Garth, F. Gonzalez, J. Green, T. Green (Alt), G. Granados, L. Kochems, E. Martinez (Alt), D. Murray, C. Moreno, P. Nash, K. Nelson, M. Pérez, J. Preciado, R. Rosales, H. San Agustin, K. Stalter, R. Stevens (Alt), M. Ulloa, J. Valero, E. Walker, 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 March 8, 2021 Commission on HIV Meeting Minutes, as presented (*Passed by Consensus*).

2. WELCOME, INTRODUCTIONS, AND VIRTUAL MEETING GUIDELINES

- B. Gordon welcomed all attendees, recited the Commission's Vision and Mission Statements, and provided the following reminders and meeting guidelines:
 - 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. PARLIAMENTARIAN TRAINING

- Jim Stewart, Parliamentarian, provided a 30-minute parliamentarian training refresher; see PowerPoint (PPT) slides.

4. REPORTS - I

A. EXECUTIVE DIRECTOR/STAFF REPORT

(1) HealthHIV/Commission Effectiveness Assessment Survey | EXTENDED DEADLINE: April 9, 2021

- Cheryl Barrit, Executive Director, reminded Commission members of the impending HealthHIV survey to assess the Commission's effectiveness as a planning body and reintroduced the HealthHIV staff leading this effort.
 - Marissa Tonelli, Eve Kelly, and Axum Taylor of HealthHIV thanked all members who were able to submit responses to the survey and strongly encouraged those who have not to submit as soon as possible as the extended deadline is Friday, April 9th. Currently, 35 responses (66%) have been received; a 75% response rate is required, and a 90% response rate is ideal to create a comprehensive and reflective report. HealthHIV offered their assistance and suggested that the optional questions can be skipped for ease. Lastly, HealthHIV announced that all members will receive a \$20 gift card should the survey receive a 90% rate. Findings of the survey will be presented to the Commission in May.
 - B. Gordon stressed the importance of completing the survey and requested all members to reach out to fellow members to encourage participation.

(2) Commission and County Operational Updates

- C. Barrit reported that the County continues to prioritize its mass vaccination rollout to ensure the health and safety of all County residents. C. Barrit thanked the Commission and the community for its efforts in advocating for people living with HIV and scaling up vaccination efforts in vulnerable communities.
- County buildings remain closed to the public. The County is currently coordinating a phased in reopening approach using lessons learned during the COVID-19 pandemic, with essential/critical services prioritized. Commission staff continues to telework full time and will return to the office, at some point, with staggered schedules at the direction of the Executive Office. C. Barrit will keep the Commission updated on reopening efforts.
- The County is currently looking into three legislative bills seeking to amend the Brown Act to create more equitable access to public meetings. The County is committed to identifying (?) hybrid models so that community members can attend public meetings virtually and in person.

(3) 2021 Commission Work Plan and Activities

- C. Barrit directed the members to the updated work plan in the packet, highlighting changes to #3 around the Ending the HIV Epidemics activities. These updates will be discussed in full at the April 25, 2021 Executive Committee and subsequently communicated to the full body.
- C. Barrit thanked Al Ballesteros and the COH Co-Chairs for their role in liaising on EHE efforts with DHSP.

B. CO-CHAIR REPORT

(1) COH Statement in Support of AAPI Community

- B. Gordon reported the Commission released its statement in solidarity with the Asian American/Pacific Islander (AAPI) community on March 18, 2021, in response to and condemning the uptick in racialized hate and violence against the community. B. Gordon emphasized that an attack on one community, is an attack on all of US. The solidarity statement can be found on the Commission's website [here](#).

(2) Recognition of National Youth HIV/AIDS Awareness Day

- B. Gordon shared that April 10 is National Youth HIV/AIDS Awareness Day (NYHAAD). NYHAAD increases awareness, generates conversations, and spotlights the work being done to reduce HIV among young people.
- The Commission is working its academic interns from California State University Fullerton and youth from the community on a youth focused educational event and panel discussion to commemorate NYHAAD. A promotional flyer will be forthcoming.

(3) COH Letter Re: COVID Vaccination and Prioritizing People Living with HIV | UPDATES

- As part of advocacy efforts to ensure the protection of the health of PLWH and communities of color, on March 4, the Commission sent a letter to the Board of Supervisors and the Governor Gavin Newsom's office appealing to prioritize PLWH in access to COVID-19 vaccines.
- On March 29, the CDC included HIV as one of the underlying medical conditions associated with high-risk of severe COVID-19. This change allowed for the prioritization of people living with HIV for the COVID-19 vaccine.

(4) Meaningful Involvement of People Living with HIV/AIDS (MIPA)

- On March 15, the Women's Caucus hosted a special meeting and event which focused on advocacy. The invited guest speaker was Venita Ray, Co-Director of the Positive Women's Network. V. Ray focused on Meaningful Involvement of People Living with HIV/AIDS (MIPA) and provided examples of MIPA in agency organizational practices, community and decision making. The slides are in your packet and event recording is on the Commission website and can be accessed [here](#).

(5) Commission Seat Vacancies

B. Gordon announced the following vacancies and requested members and public alike for their help to recruit, especially unaffiliated consumers:

- 8 unaffiliated consumer seats
- 1 State Medi-Cal representative
- 1 Local health/hospital planning agency representative
- We have a Part D representative application under review
- We also accept Committee only member applications

(6) DISCUSSION

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

- Excerpts of Chapters 2 and 3 were read by Commission member, Isabella Rodriguez.

B. Los Angeles County Human Relations Commission Guided Discussion & Training: Stages in Relationships (Trust is the Engine)

- Robert Sowell and April Johnson, Los Angeles County Human Relations Commission (HRC), led the group in training and related exercises on building trusting relationships; see PPT slides in meeting packet.

5. PRESENTATION

A. Healing our Hearts, Minds and Bodies: Evidence-Informed Intervention for African Americans and LatinX Living with HIV/AIDS | Presented by Gail E. Wyatt, PhD, Professor, Dept. of Psychiatry & Biobehavioral Sciences, UCLA Semel Institute for Neuroscience and Human Behavior

- Dr. Gail Wyatt presented a brief overview of preliminary findings of a culturally congruent, intervention-- Healing our Hearts, Minds and Bodies (HHMB) -- to reduce cardiovascular health risks and the symptoms of trauma amid the COVID related quarantine in African American and Latinx men and women living with HIV in Los Angeles County; refer to PPT slides and recruitment flyer in meeting packet.
- For those who are African American or LatinX living with HIV and are interested in participating in the study, eligible participants will receive \$25/survey (\$75 total for completing all 3 surveys), tablet with 6 months of prepaid WiFi, and \$20 for booster session. Please contact Tamra Loeb tloeb@mednet.ucla.edu for more information.

7. REPORTS - II

A. CALIFORNIA OFFICE OF AIDS (OA) REPORT

(1) California HIV Planning Group (CPG) Update:

The Spring CPG meeting will be held virtually May 7 (closed to public; CPG members only), May 10, 14 and 17 (open to members of the public); more information will be in the OA Voice and posted on the CDPH website next week.

- Karl Halfman, MA, provided updates on inquiries and efforts made in approving Southern California Kaiser Permanente (Kaiser) – Romaine site – as an ADAP pharmacy. K. Halfman confirmed that the California Department of Health Care Services (CDHCS) received the application from Kaiser and upon review, noted discrepancies in the application and notified Kaiser accordingly. CDHCS is awaiting Kaiser’s response and has marked the application as a high priority. CDPH OA staff will follow up.
- K. Halfman provided further updates on Kaiser – Sunset site – and reported that while the application process is pending, Kaiser provided a contingency plan for its quality safety program.
 - Kevin Stalter, Commission member, inquired whether the contingency plan could be sent to DHSP to which K. Halfman agreed. K. Stalter also requested Mario J. Pérez, MPH, Director, DHSP, facilitate efforts among local representatives to help push the application process along for Kaiser to which M. Pérez agreed to help coordinate to the extent he is able to given DHSP’s role.
- Additionally, K. Halfman reported that ADAP extended eligibility for all clients to the end of April.

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

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

(a) Programmatic and Fiscal Updates

- Ryan White Program (RWP) Award. M. Pérez reported that the RWP award was received for the current program year; Los Angeles County scored 98% out of 100% on its grant application. M. Pérez mentioned there were slight changes to the supplemental formula and to the Minority AIDS Initiative (MAI) and there was an overall reduction of \$350,000 in the award- less than 1%. M. Pérez attributed the slight decrease in funding to the allowance by HRSA to compete for supplemental funds.
- RWP Expenditures. DHSP is currently working on finalizing RWP expenditures and will share with the Planning, Priorities & Allocations (PP&A) Committee and the Commission.
- Emergency Financial Assistance (EFA). To date, 121 EFA applications have been received, a half of which have been approved and a large percentage of those remaining are pending approval. M. Pérez reminded the Commission that DHSP has been very thoughtful in reducing eligibility requirements and require the least amount of paperwork compared to other like programs.
 - DHSP continues to work with HOPWA in developing a one-page resource guide providing information on the EFA, HOWPA and state rental assistance programs.
- Childcare Support Services and Language (Translation/Interpretation) Services Provider Survey. Mr. Pérez reported the childcare services and language services provider surveys have closed and that there was only an 47% overall response rate. While the response rate is unfortunately low, DHSP will move forward with developing Request for Proposals (RFP) for both services.
- 2020 HIV & STD Surveillance Data.
 - M. Pérez reported that DHSP will present its preliminary 2020 HIV and STD surveillance data at the May Commission meeting which will highlight comparisons between 2019 and 2020 data points to assess impact and trends of COVID-19 on HIV and STD infections in Los Angeles County.
- Black African American Community (BAAC) Task Force. M. Pérez and Julie Tolentino have been meeting with the BAAC Task Force to address the BAAC recommendations and are working with staff to schedule additional and small group meetings to move the work forward in a coordinated manner.

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

- Julie Tolentino, MPH, EHE Coordinator, shared that DHSP continues to work with the Commission to help increase collaboration and partnership, and that joint updates will be provided by both DHSP and the Commission on EHE activities. J. Tolentino will continue to work with C. Barrit to clarify and refine the role of the Commission and identify an EHE Steering Committee (SC) liaison, replacing current liaison Al Ballesteros. J. Tolentino expressed her commitment in continuing to provide space to ensure that the Commission voice is heard.

- Al Ballesteros thanked all for supporting his role as liaison and expressed that the role, moving forward, is best served by one of the Commission or Committee co-chairs for increased engagement. A. Ballesteros offered his assistance to help with the transition.
- J. Tolentino provided a brief bio sketch presentation of the EHE SC members; see PPT slides in meeting packet.
- J. Tolentino will be attending the Consumer Caucus meeting to provide an overview of the EHE plan and discuss opportunities for collaboration.
- Lastly, in response to an inquiry whether the EHE SC included consumers, J. Tolentino shared that the SC is comprised of stakeholders, including consumers, to ensure that it is reflective of the community and also leans on the Commission for a planning lens and a broader scope of consumer voices.

C. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORT

- Maribel Ulloa, Housing + Community Investment Department, reported that the Request for Proposal (RFP) notification letters have been disseminated and that recommendations for awards have been presented to the City of Los Angeles Mayor and City Council.
 - ➔ M. Ulloa will provide additional updates once the recommendations have been approved.
- Ms. Ulloa indicated that she continues to work with DHSP to develop a one-page fact sheet providing guidance to the community on the EFA, HOPWA and state's rental assistance programs.
- M. Ulloa reported that the City released its rental assistance program and received over 80,000 applications from landlords and tenants. Applications from tenants will be prioritized by those whose income is 30% below the Area Medium Income (AMI) pursuant to US Department of Housing and Urban Development (HUD) income guidelines. The objective for this approach is to target those with the greatest need and limited resources; family size will be considered.
 - ➔ B. Gordon asked how AMI is calculated. M. Ulloa indicated she would provide that information to staff to share with the Commission.

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

- Part C. Frankie Darling-Palacios reported that the HRSA American Rescue Plan Act funding award was released for health centers to support and expand COVID-19 vaccination, testing, and treatment for vulnerable populations; deliver needed preventive and primary health care services to those at higher risk for COVID-19; and expand health centers' operational capacity during the pandemic and beyond, including modifying and improving physical infrastructure and adding mobile units. HRSA will provide additional updates after the April 15th HIV/AIDS Bureau All Grant Recipient Webinar.
- Part F/AETC. C. Barrit reported the following updates and activities on behalf of Jerry Gates and Tom Donohue:
 - April 8th, 9:30 am to 3 pm staff are conducting a EHE Pillar 2 webinar on "Using Social Media and Mobile Technology as Essentials in Achieving Retention in Care and Viral Suppression to End the HIV Epidemic. A recording will be available a couple weeks after.
 - Training/TA on rapid ART implementation and on innovations in PrEP recruitment (currently focusing on one FQHC and their local college-based clinics, and addiction treatment centers) currently underway.
 - Currently developing a new curriculum with the Addiction Technology Transfer Center "Ending the HIV Epidemic by Addressing Meth" with focus on communities of color.
 - EHE discussions included in Interprofessional Education (IPE) for trainees
 - Assisting with the CHIPTS EHE Learning Collaboratives (including a future one on HIV Provider resiliency/burnout); Bakersfield/Kern jurisdiction included.
 - This year's Coping with Hope will focus on Ending the HIV Epidemic and Health Equity in the COVID-19 Era, a free three-day webinar series for nurses and behavioral health providers on June 23, 24, and 25. The Pacific AIDS Education and Training Center – Los Angeles Area and the Los Angeles HIV Mental Health Task Force Planning Committee will invite over 500 providers throughout Los Angeles County and offer three days of continuing education to nurses, MFTs, and LCSWs. Last year's Coping with Hope, over 400 providers attended each day.

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

- City of Pasadena. No updates.
- City of West Hollywood. No updates.
- City of Long Beach.
 - Everardo Alvizo, LCSW, announced that the next quarterly Long Beach Planning Group will meet April 14th at 12-2pm; email on meeting details forthcoming.
 - ➔ E. Alvizo will provide updates at the next Commission meeting to include efforts around PrEP efforts to enroll 4,550 clients, and the recently established Trans Wellness Workgroup.
 - E. Alvizo commented on the success of the community webinars in commemoration of the National HIV Awareness Days, and that the City is working with the Long Beach Unified School District to help foster education and awareness via these webinars.
 - Lastly, E. Alvizo reported that the City's HIV/STD service and referral program remains very active.
- City of Los Angeles:
 - Ricky Rosales, AIDS Coordinator's Office, announced that the City is completing reviews of the HIV Prevention RFP submissions and that a selection panel is being coordinated.
 - ➔ R. Rosales will provide updates once selection process has been completed.

8. REPORTS - III

A. STANDING COMMITTEE REPORTS

(1) Operations Committee: Carlos Moreno, Co-Chair, reported the following:

- (a) Membership Management
 - A virtual Welcome Orientation for our newest members was held on March 30, 2021
 - Committee is awaiting confirmation by the BOS-Executive Office of changes to member seat assignments previously approved by the Commission
 - To encourage full participation in the HealthHIV survey, Committee members are actively calling fellow commissioners to help with completing the survey. 100% participation is required for the assessment outcomes to be relevant and truly reflective of the Commission on HIV's effectiveness as a planning body.
 - Committee will review quarterly attendance at its next meeting
 - Committee members will conduct interviews on Monday, April 12th for three new applicants
- (b) Membership Application Redevelopment | UPDATE
 - Committee conducted a robust discussion regarding the draft application revise at its last meeting. The revised member application is expected to be presented to the Committee at its April meeting for approval.
- (c) Engagement + Retention Strategies. No updates.

(2) Planning, Priorities and Allocations (PP&A) Committee. Frankie Darling-Palacios, Co-Chair, reported the following:

- Committee met on March 16, 2021 and discussed:
 - Overview of the Priority Setting and Resource Allocation (PSRA) process in preparation for this year's planning process.
 - HRSA's request for a comprehensive HIV plan (CHP) due December 2022.; awaiting guidance from DHSP.
 - Clarified tasks of the Prevention Planning Workgroup (PPW) which is to focus on prevention services and integrated prevention planning within the PSRA process.
 - Committee committed to monitoring taskforce and caucus recommendation implementation and outcomes. Concerns about effective measurement were shared, specifically, identifying a need for cultural sensitivity training in decision making and implementation of recommendations.
 - Committee committed to clarify recommendations and work with the BAAC TF in measuring effectiveness. Committee extended an invitation to the BAACTF Co-Chairs to attend a future Committee meeting to gain further clarification on recommendation objectives
- Next PP&A meeting is Thursday, April 20, 2021 from 1-3PM. The committee is scheduled to discuss, and review approved multi-year rankings, allocations and DHSP directives for PY 30, 31 & 32.
- (a) Prevention Planning Workgroup (PPW) | UPDATES**
 - PPW met on March 22 and received an overview of the EHE plan with specific focus on the Prevention pillar of the EHE plan.

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April 8, 2021

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- PPW requested DHSP to provide prevention related expenditures, contract performance measurement, HIV testing data, PrEP education, outreach and linkage services information, Health Education Risk Reduction (HERR) data, and Centers of PrEP Excellence program surveillance data.
- PPW agreed to focus on the following in future meetings:
 - Review best practices through STD Express Clinics
 - Obtain additional standards for store front testing sites
 - Provide holistic approach to sexual health education. Include STDs in conversation
 - Review Standards and Best Practices (SBP) approved by the Commission regarding
 - Prevention Standards
- PPW agreed to meet the fourth Wednesday of the month from 5:30-7:00PM. The next meeting is scheduled for April 28, 2021 from 5:30-7:00PM.

(3) Standards and Best Practices (SBP) Committee Erika Davies, Co-Chair, reported the following:

(a) Child Care Services Standard of Care (SOC) | UPDATE

- Paulina Zamudio, MPH, DHSP, delivered a presentation on the results of the provider survey to help understand childcare and language interpretation and translation service needs
 - 16 of 42 agencies responded (38%) to survey sent out on December 16, 2020
 - An additional 8 agencies responded to second survey sent on March 2, 2021
 - Overall response rate was a total of 24/42 (57%)
- It was noted that the survey results reflect a disconnect between provider assessment of client needs versus actual client needs.
- M. Pérez indicated that DHSP has made multiple attempts to hear from providers with a large client base who have dependents; unfortunately, many of those providers did not respond to the survey. DHSP will continue to assess and identify models that are responsive to the needs of the consumers and consider provider capacity.
- M. Pérez further indicated that DHSP is currently looking into the County's Master Agreement of childcare service providers to identify viable providers. M. Pérez also reminded the Commission that County Counsel has advised that only licensed childcare providers can be utilized for this service.
- Frankie Darling-Palacios, Commission member, inquired whether providers such as Crystal Stairs can be considered. M. Pérez indicated DHSP would explore and noted that we must be sensitive to transportation needs when considering providers.
 - ➔ P. Zamudio will follow up with Frankie on this request.
- Survey results will be presented by P. Zamudio to the Women's Caucus at an upcoming meeting.
 - ➔ C. Barrit will share the PPT slides with the Commission
 - ➔ M. Pérez agreed to have P. Zamudio present the survey results at the next Commission meeting.

(b) 2021 Standards of Care Review | UPDATE

- To help understand substance use treatment services, the Committee heard from Safe Refuge and Tarzana Treatment Center on their programs. They also shared how the expansion of Medi-Cal to include substance use treatment services shifted substance use disorder treatment services to Medi-Cal which is administered by the Substance Abuse Prevention and Control (SAPC) Division/Dept of Public Health.
- Committee also discussed working with the Black/African American Community and Aging Task Forces to help shape service standards. Will reach out to the Black/African American Community Task Force to request a member to attend SBP meetings.
- Committee discussed looking at California State University systems to understand how student health centers promote HIV/STD awareness, PrEP, and preparing students on how to access care after they graduate from college.
- Committee requested Public Policy Committee to consider what stance the COH should take regarding COVID-19 passports. The idea may further stigmatize community members.
- As part of the EHE-related discussion, the Committee discussed working with DHSP to determine how health plans can become partners in ending the HIV epidemic.
- Next meeting is May 4 @ 10 am to 12 noon

(4) Public Policy Committee

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

- **2021 Policies Priorities MOTION #3 (Passed ✓ by Consensus)**
 - Katja Nelson, Co-Chair, thanked COH staff Carolyn Echols-Watson for assisting the Committee in developing the policies priorities.
 - Lee Kochems, Co-Chair, shared that the document looks a little different this time around as it has been expanded to provide historical context because of the COVID-19 pandemic and addresses racial and social justice and equity.
 - M. Pérez suggested that the Committee reassess the document for updates after DHSP's 2020 surveillance data is released.
 - ➡ K. Nelson will bring back M. Pérez' suggestion to the Committee for consideration.
- Committee will discuss at its upcoming meeting(s):
 - Finalize 2021 legislative docket
 - Determine policy related action steps in collaboration with the Act Now on Meth campaign along with The Wall Las Memorias
 - Revisit the STD letter to the Board of Supervisors in May
 - Implications of a possible vaccine passport
 - PrEP awareness within the UC and Cal State University system

b) County, State, and Federal Budget

- K. Nelson reported that the federal administration has yet to release its fiscal year 22 appropriation budget and indicated that stakeholders are advocating for increase in allocations for HOPWA.
- The \$600 million due in hold harmless provisions is ending – Los Angeles will more than likely not be impacted.
- President Biden is looking to expand funding for Section 8 and other tenant based rental assistance programs, and advocacy for these efforts are greatly needed.
 - ➡ Mr. Pérez inquired whether there was an opportunity to appeal to federal partners. K. Nelson agreed to investigate and report back.

B. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

(1) Aging Task Force (ATF): Next Meeting May 4, 2021 @ 1-3pm

- Dr. Michael Green, DHSP, provided DHSP's response to the ATF recommendations
- ATF will continue to review the feedback from DHSP at their May meeting; some areas are beyond the scope of DHSP.
- ATF will collaborate with Standards and Best Practices Committee to help shape service standards from a lens of individuals aging with HIV
- ATF will continue looking at care models such as the Golden Compass program to understand specific assessments, service modalities, and funding streams used to develop a similar program in Los Angeles County
- Danielle Campbell, Commission member, inquired whether those who contracted HIV perinatally and are aging, are included in the conversation, and was encouraged to bring forward that discussion at the next ATF.

(2) Black/African American Community (BAAC) Task Force: Next Meeting April 26, 2021 @ 1-3pm

- Greg Wilson, Co-Chair reported that the BAAC met with DHSP at its meeting on March 22.
- DHSP provided an overview of their efforts and activities in addressing the BAAC recommendations and engaged the task force in how we can work together to best address the recommendations.
- The BAAC and DHSP will continue to meet on a regularly basis to address the recommendations.
- BAAC Co Chairs attended the Faith Based Action Coalition planning group of the San Diego HIV Planning Council on April 1, 2021 to share what the BAAC Task Force is doing and to share efforts to address the impact of HIV in the Black/AA communities

(3) Consumer Caucus: Next Meeting April 8, 2021 @ 3-4:30pm

Alasdair Burton and Jayda Arrington, Co-Chairs, reported the following:

- Jim Stewart delivered a training with a more focused question and answer period for the consumers.
- The National Minority AIDS Council (NMAC) has put on hold May 17 to 20 for the Building Leaders of Color (BLOC) virtual training for consumers in Los Angeles. We are having a planning call with staff from NMAC on April 12 to plan to logistics of the training. A flyer will be disseminated once details are finalized. The training will be extended to consumers from the community, not just consumers on the Commission.

- J. Tolentino, DHSP, will join our meeting this afternoon to give an overview of the EHE Plan and to start an ongoing dialogue on ensuring consumer input and involvement in EHE activities.

(4) Prevention Planning Workgroup: Next Meeting April 28, 2021 @ 5:30pm-7pm

Refer to the PP&A Committee Report.

(5) Transgender Caucus (TG): Next Meeting March 25, 2021 @ 10am-12pm

Luckie Fuller, Co-Chair reported the following:

- TG updated its workplan to include ongoing training about the Commission; how decisions are made; understanding Ryan White service categories; housing systems and funding streams; and other topics that are aimed at fostering leadership and active engagement of transgender individuals in the work of the Commission.
- Added the monitoring of the EHE plan as a standing agenda item to capture ongoing feedback from the transgender community.
- Veronica Montenegro delivered a presentation on Project Fierce, a project of WeCanStopSTDsLA
- Discussed SB 225 (Bodily Autonomy, Dignity, and Choice Act) and continued collaboration with the Public Policy Committee to review bills that impact transgender health and welfare.
- Discussed supporting community advocacy efforts to secure \$15M for the Transgender Wellness Fund (AB2218)
- Findings of the Trans Masculine Health Justice Study was released April 7th to address the healthcare inequities in the trans masculine community led by Gender Justice LA. Study included 310 participants, initiating in 2017, and is the single largest effort to assess the healthcare inequities via a sexual health survey of the transmasculine community. The findings of the survey were presented to the academic community, City of Los Angeles, and a host of other stakeholders. Data will be used to identify advocacy goals and future research goals. Report can be found at www.tmhealthstudyla.org.

(6) Women's Caucus: Next Meeting April 19, 2021 @ 2-4pm

- Caucus hosted a special virtual presentation on advocacy and the embodiment of meaningful inclusion of people living with HIV at its regular meeting on March 15 in commemoration of National Women and Girls HIV/AIDS Awareness Day, presented by Venita Ray, Co-Executive Director, Positive Women's Network-USA. Caucus members Shary Alonzo, Jayda Arrington and Shonte Daniels co-presented and provided lived experiences in how they have advocated for their place at the table.
- The event was well attended, yielding over 50 attendees.
- The PPT presentation is provided in the meeting packet and the recorded event can be found on the Commission's website at <http://hiv.lacounty.gov/Events>.
- Next Caucus meeting will include a presentation by Danielle Campbell on cis-gender women and PrEP.

7. MISCELLANEOUS

A. PUBLIC COMMENT: OPPORTUNITY 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):

- Felipe Gonzalez, Commission member, in response to the earlier parliamentary training, expressed his appreciation for how far the Commission has come and shared a previous experience where he was criticized and harassed for his voting preference during a previous Commission meeting. F. Gonzalez further shared that this type of behavior was wrong and that we all are here for the same purpose – to help and support people living with and at risk of HIV and that we all must respect each other.

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:

- There were no new business items.

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.):

- There were no announcements.

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ADJOURNMENT AND ROLL CALL: The meeting adjourned at or around 1:28pm

Roll Call (Present): E. Alvizo, A. Ballesteros, A. Burton (Alt), D. Campbell, E. Davies, K. Donnelly, A. Luckie Fuller, G. Garth, F. Gonzalez, G. Granados, J. Green, K. Halfman, L. Kochems, C. Moreno, D. Murray, K. Nelson, T. Green, M. Pérez, J. Preciado, R. Rosales, H. San Agustin, M. Ulloa, I. Rodriguez, M. Ulloa, 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 March 8, 2021 Commission on HIV Meeting Minutes, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 3: Approve Public Policy Committee 2021 Priorities Policy	Ayes: Alvarez, Alvizo, Burton, Campbell, Darling-Palacios, Davies, Donnelly, Findley, Fuller, Garth, Granados, Green (Joseph), Gonzalez, Kochems, Moreno, Nelson, Pérez, Preciado, Rosales, San Agustin, Sattah, Rodriguez, Ulloa, Gordon, and Lee Opposed: None Abstentions: Halfman	MOTION PASSED Ayes: 25 Opposed: 0 Abstentions: 1



LOS ANGELES COUNTY COMMISSION ON HIV (COH) 2021 MASTER WORK PLAN (Updated 5.5.21)

Co-Chairs: Bridget Gordon & David Lee		Revision Dates: 1/5/21; 3/31/21; 5/5/21
<p>Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.</p> <p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH; 2) advance the goals of the local Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.</p>		
#	TASK/ACTIVITY	TARGET COMPLETION DATE/STATUS
1	Collaborate with the Human Relations Commission and other trainers to design and implement trainings and facilitated discussions on managing conflicts, interpersonal relationships, and implicit bias.	Start February/Ongoing STARTED/IN PROGRESS
2	Planning Council effectiveness evaluation technical assistance provided by HealthHIV. <ul style="list-style-type: none"> • Will evaluate the effectiveness of the structure, policies and procedures, membership, and stakeholder/consumer engagement integrated HIV planning groups. 	June STARTED/IN PROGRESS
3	Support implementation of local EHE Plan within duties of the COH as defined in its ordinance. <ul style="list-style-type: none"> • Define roles and expectations for the Commission and the DHSP EHE Steering Committee and provide opportunities for collaboration. • Select a Commission Co-Chair or a member in a leadership position to serve as the liaison to the DHSP EHE Steering Committee 	ONGOING
4	Develop an EHE Community Engagement and HIV Service Promotion Speaker’s Tool Kit for Commissioners to use in community outreach and presentations. <ul style="list-style-type: none"> • Toolkit seeks to increase community awareness of EHE and local services. through Commission meetings, Virtual Lunch and Learn events; HIV Connect resource website; social media; virtual and in-person (pending DPH guidance) health and resource fairs (these may be ongoing activities) 	March STARTED/IN PROGRESS
5	Implement National Minority AIDS Council (NMAC) BLOC training for consumers <ul style="list-style-type: none"> • Customized training aimed at supporting consumer leadership development. 	Virtual Training Rescheduled to September 2021
6	Implement activities aimed at integrated prevention and care planning, priority setting and resource allocation.	Start Jan/Ongoing STARTED/IN PROGRESS
7	Review BAAC and ATF charge and implement recommendations best aligned with the purpose and capacity of the Commission	Start Jan/Ongoing STARTED/IN PROGRESS
Subject to change and does not include ongoing activities for Committees and subgroups.		

Los Angeles Commission on HIV

HIV Planning Assessment

Technical Assistance for HIV Planning

May 13, 2021

HealthHIV
www.healthhiv.org



HealthHIV Team



Marissa Tonelli

Director of Health
Systems Capacity
Building



Eve Kelly

Senior Capacity
Building Coordinator



AXum

Taylor

Capacity Building
Intern

Assessment Goal and Today's Meeting

- Assessment Goal: Provide an external assessment of the LAC COH to determine the effectiveness of the planning body structure, bylaws, policies, and procedures.
- Today's Meeting: Present findings from assessment with full membership to discuss what the data means for the COH and brainstorm suggestions for how to improve the Commission moving forward.

Vision Exercise

Imagine it is one year from today... A large statewide newspaper arrives on your doorstep with a headline about the HIV epidemic in LA County.

What would you like it to say?

Assessment Process



Step 1
Review COH's
Documents



Step 2
Full Membership
Survey + 6 Key
Informant Interviews



Step 3
Present Findings to
Members + Provide
Final Report

Assessment Goal and Today's Meeting

What does it mean to have an effective planning body?

What are your current markers or measures of effectiveness?

What you and your peers say about measures of effectiveness:

- Data should be used to guide planning
- Community feedback should be incorporated into planning
- Updates on progress should be shared regularly at meetings and in reports to the community
- Priorities should be streamlined to be clear and focused rather than overly complicated

Defining Effectiveness

For this assessment, we define effectiveness as:

How well the planning body's structure, policies and procedures, and consumer engagement supports its ability to carry out its mission and objectives.

Summary of Findings



LOS ANGELES COUNTY
COMMISSION ON HIV

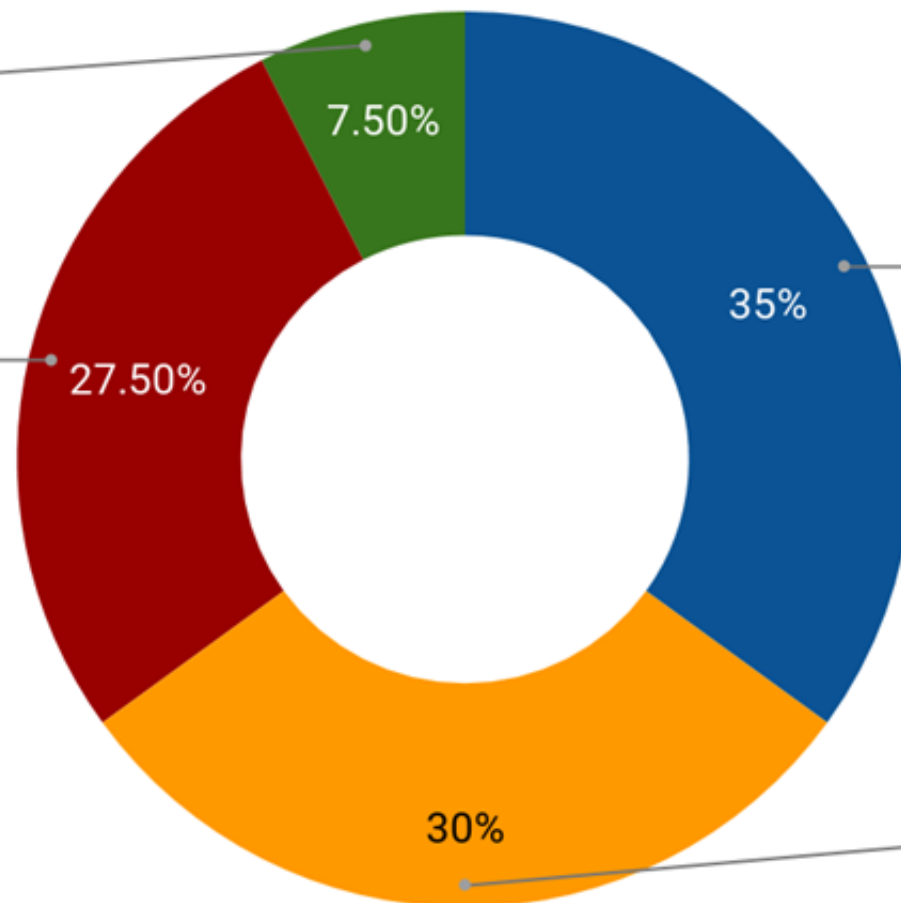


Who are the respondents?

65% of Respondents are Consumers of Services

Unsure
7.5%

No
27.5%

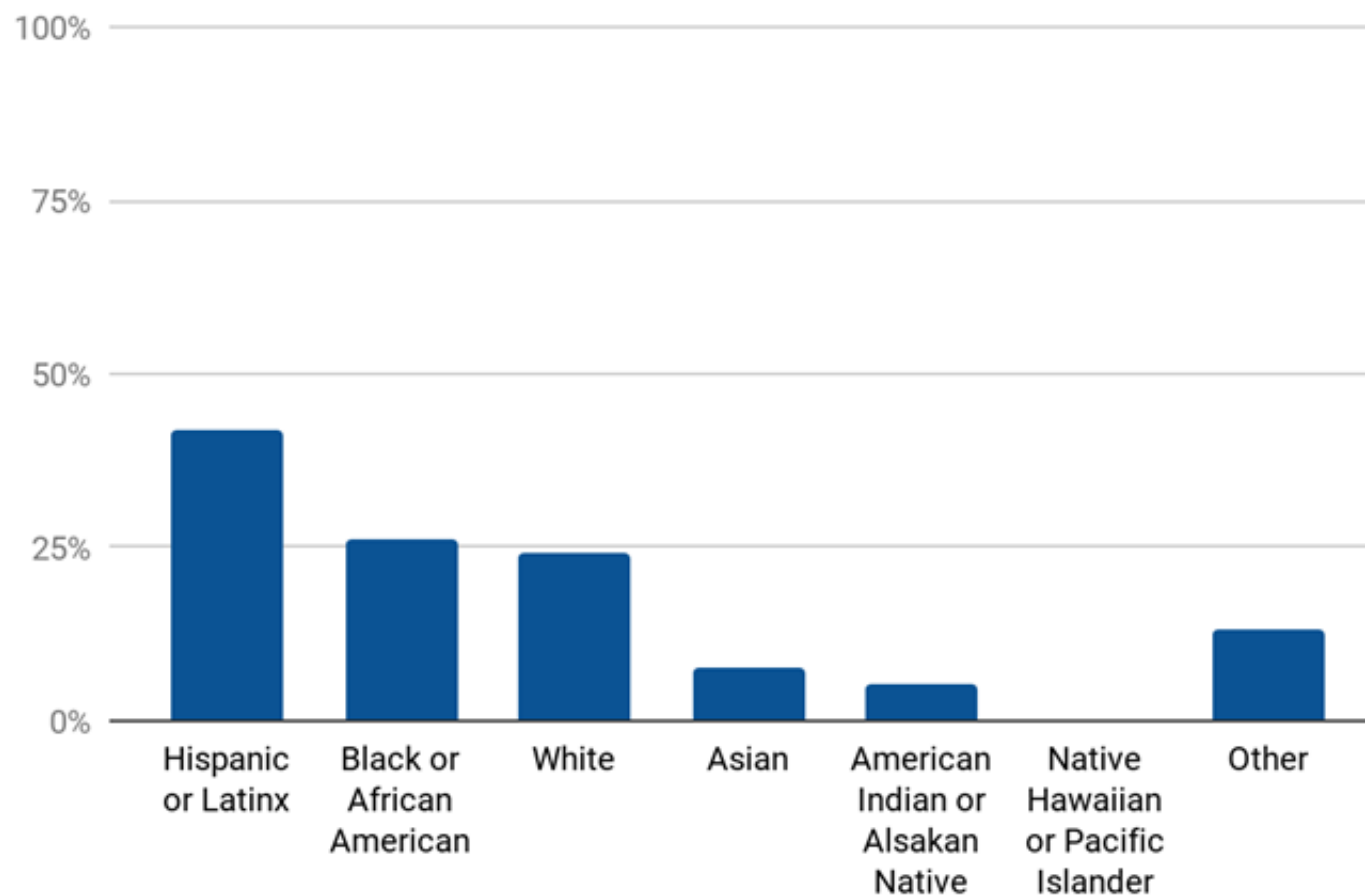


HIV Prevention
35.0%

HIV Care Services
30.0%

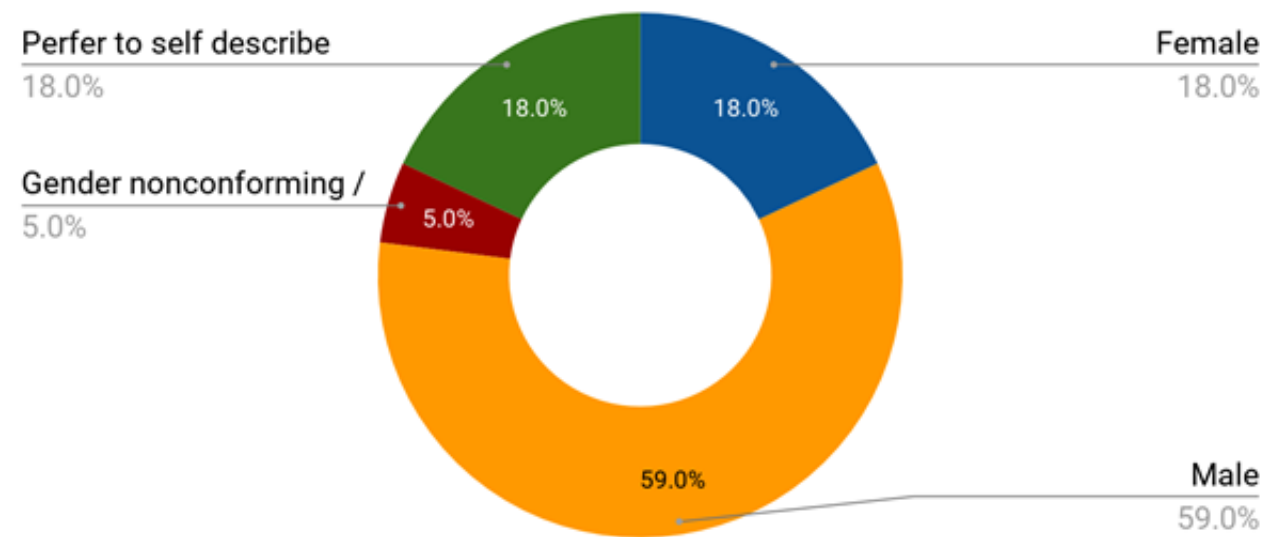
Who are the respondents?

Just under half of respondents identify as Hispanic or Latinx

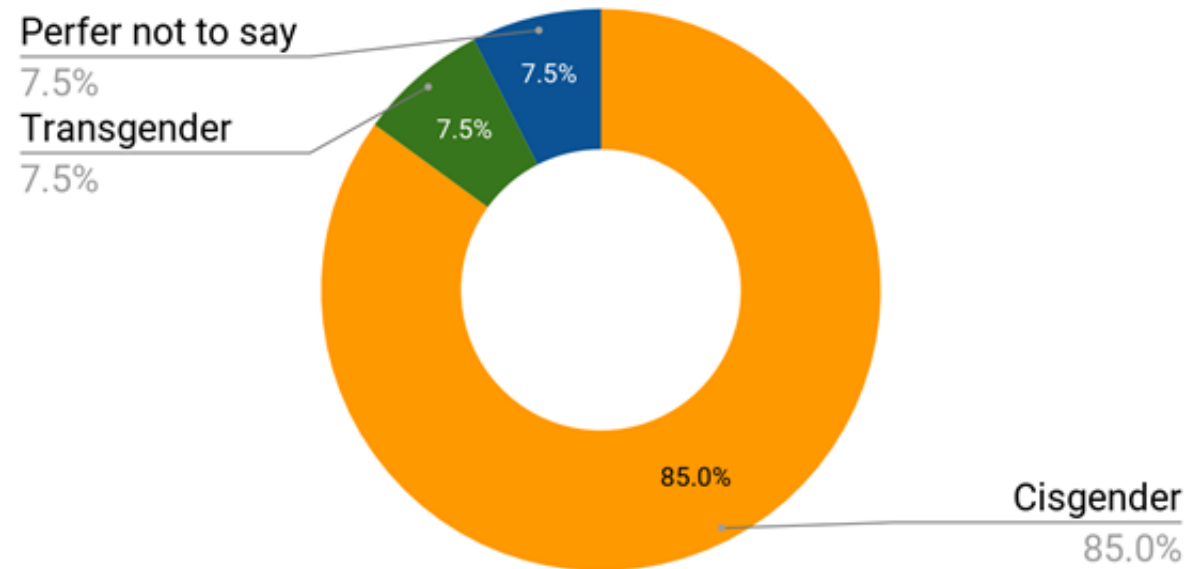


Who are the respondents?

Majority of respondents identify as male



Majority of respondents identify as cisgender



How well does the COH accomplish HIV planning priorities?

<u>More than 60%</u> think the COH adequately...	<u>Fewer than 40%</u> think the COH adequately...
<ul style="list-style-type: none">● Uses data to support decision-making● Keeps track of local and/or state health department HIV/AIDS activities● Addresses disparities linked to social determinants of health● Assesses the efficient administration of HIV funds	<ul style="list-style-type: none">● Effectively communicates with outside partners and stakeholders● Effectively communicates with the communities impacted by the epidemic in LA County

COH Structure and Function



How respondents like to meet

- Most respondents prefer having meetings via video conferencing while social distancing
- Most respondents want to have in-person meetings again once it is safe
- Many respondents proposed to have a hybrid option if meetings return to in-person

Preferred Meeting Formats



Barriers to Meeting Efficiency

- Agendas are too packed to accomplish the outlined tasks in the set amount of time (44%)
- Meetings are too long to keep members engaged (32%)
- Too many off topic conversations in meetings (25%)
- Too much time on agendas allocated to some things and not to others (24%)
- Meetings are dominated by a few voices (24%)
- Challenge of navigating formal policies and procedures (write-in)
- Adapting to the virtual platform (write-in)
- Finding time to attend long meetings during the workday, especially for unaffiliated consumers (write-in)
- Repetitive use of meeting time to discuss social issues, including racism and cultural bias, rather than take action (write-in)

Barriers to Individual Participation in Meetings

- Distraction due to a feeling of tension and strained relationships among members (46%)
- Feeling uncomfortable speaking as someone with less experience in HIV planning (32%)
- Lack of confidence in their understanding of how the COH operates (24%)
- Feeling that some members are condescending or do not speak in inclusive ways (20%)
- Feeling that consumer input is not valued by providers (write-in)
- Feeling that racism and misogyny at meetings goes unchecked (write-in)

What do you think of the barriers people listed? Are there any you would add?

Write in the chat or unmute yourself

Suggestions for Reducing Barriers

- Move to a consensus based model or re-introduce one or two item parliamentary trainings at full commission meetings
- Make meetings shorter and reducing the amount of items on the agenda
- Prioritize socializing between members by making time for people to get to know one another
- Increase the collaboration between committees and integrate the caucus more fully into the committee work
- Clarify the purpose, goals, and expected deliverables of the caucuses and taskforces
- Offer more support and training for new members
- Translate the meeting notice and agenda into Spanish for all caucus, taskforce, committee, and commission meetings
- Establish a permanent remote option for meeting participation

1. What do you think of these suggestions?
2. Are there any you would like to prioritize?
3. Are there any you would add?

Write in the chat or unmute yourself

Views on Membership and Engagement



LOS ANGELES COUNTY
COMMISSION ON HIV



Incorporation of Community Voices

- The majority of respondents think that the COH incorporates community voices into planning somewhat well (51%) or very well (20%)
- 15% think this is done somewhat poorly.

Suggestions for Engaging More Community Voices

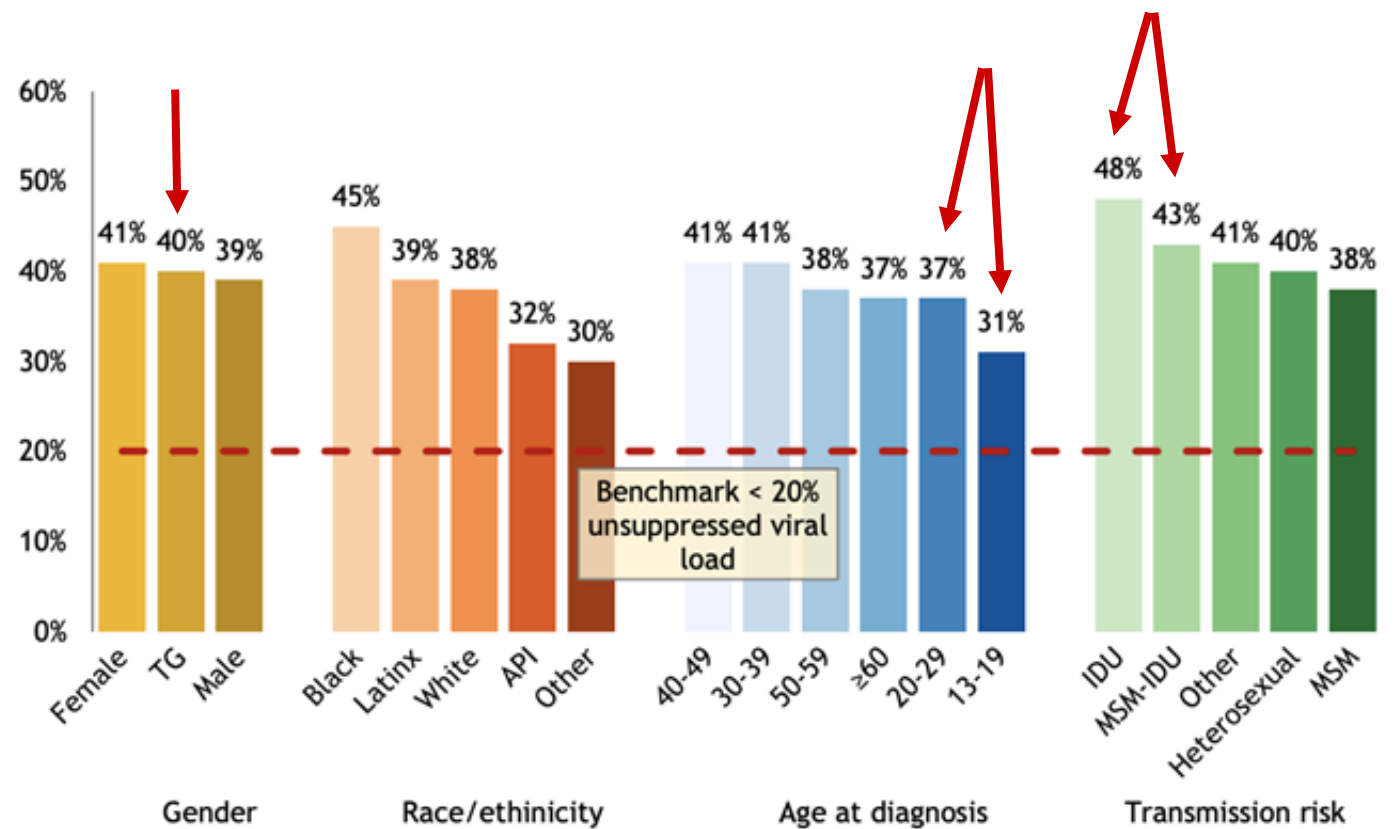
- Hosting meetings in communities of color
- Collaborating with organizations and activists that address the inequities impacting HIV
- Increasing outreach efforts and COH's visibility
- Intentionally welcoming community members and consumers at the start of each meeting and incentivise them to return to meetings
- Addressing technological and other barriers that prevent community members from joining and participating in meetings
- Asking providers to inform their clients about the COH
- Diversifying and providing further support and training to the consumer caucus
- Discuss the best timing/format for public comment during meetings

Gaps in Representation

Less than 10% of respondents (ranged from 0-3 people) identify as:

- Transgender people
- People who injects or formerly injected drugs
- People with viral hepatitis
- Youth (30 or younger)
- People who have engaged in sex work

Figure 38: Unsuppressed viral load¹ by selected demographic and risk characteristics among persons aged ≥ 13 years diagnosed through 2018 and living in LAC at year-end 2019



Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2019. Published May 2020.
<http://publichealth.lacounty.gov/dhsp/Reports.htm>. Accessed May 2021.

Gaps in Representation

Respondents listed a lack of representation of the following identities or experiences among members:

- People experiencing homelessness
- Asian people
- Black women
- People who speak Spanish
- People with children
- Medical providers
- People with amphetamine use disorder
- Mental health professionals
- People with managed care experience
- Medi-Cal representatives
- Indigenous/Native American people
- Biostatisticians

Reducing Gaps in Representation

1. What would you do to engage more people from communities most impacted by the epidemic in LA?

1. What are your thoughts on improving recruitment efforts?

Write in the chat or unmute yourself

Recruitment and Orientation

- Most respondents said that they thought orientation prepared new members to fully participate in the meetings either well (39%) or fairly well (34%).
- More than half of the respondents agreed that the COH actively engages new members into planning activities in the first one to two months following orientation (51%).
- Remaining challenges:
 - Large learning curve for new members
 - Need to further develop and clarify mentorship program

Suggestions for Improving Orientation

- Institute a training period before transitioning to full membership
- Break the orientation down into more than one meeting
- Prioritize social time among members
- Set clear expectations for mentors

Suggestions for Improving Mentorship

How would you like to see the mentorship program improved?

Write in the chat or unmute yourself

The COH's Impact on the Epidemic in LAC

- Provides a platform for community engagement
- Educates consumers, planners, and providers
- Identifies gaps in care and plans for equitable distribution of resources
 - Makes a conscious effort to address systemic racism and make the commission BIPOC led
- Holds County/DOH accountable for implementing the Ryan White and HOPWA programs
 - Critiques policies impacting HIV
- Creates standards for HIV services providers

Strategies for increasing the impact of the COH

- Practicing better time management in meetings;
- Incorporating more consumer input into planning and increasing promotion of the COH and its work to the community;
- Updating the website and remote meetings to be more interactive;
- Increasing representation of consumers and other impacted communities in the membership (i.e. women, transgender people, youth);
- Using plain language and reducing unnecessary protocols for participation
- Integrating taskforce work throughout the committees; and
- Expanding oversight of prevention and STD funding programming.

Suggested Training Needs

Respondents expressed interest in receiving trainings on:

- Committee structure
- Parliamentary procedures
- Robert's Rules
- Meeting management
- Consensus based facilitation
- Increasing virtual meeting engagement
- Team building
- Incidence vs prevalence
- Public speaking
- Field work
- Critical thinking
- Terminal illness
- Gender pronoun use
- History of the HIV epidemic in LA County
- Health inequities

Suggestions for Additional Training

What other trainings do you think the group would benefit from?

Write in the chat or unmute yourself

Key Takeaways from the Assessment

<u>Areas of Strength</u>	<u>Areas for improvement</u>
<ul style="list-style-type: none">● Memberships brings region specific knowledge, lived experience, and a variety of perspectives● Provides structure to reach the community● Provides resources on the current state of HIV prevention and care● Regularly evaluates the plan and effectiveness and accessibility of services● Pushes county partners to improve efficiency and reduces burdens on consumers	<ul style="list-style-type: none">● Streamline priorities and meeting agendas and protocol● Clarify and/or integrate caucus and taskforce activities into committees● Increase representation of highly impacted communities on the COH● Reduce barriers for participation in meetings (increase accessibility and training for new members)● Strengthen relationships between members

Reactions

1. What questions do you have about the data?

1. What were you most or least surprised by?

Write in the chat or unmute yourself

Reactions

Where would you like to see the COH go in the next few years?

If you feel comfortable, share your newspaper headline from the beginning!

Write in the chat or unmute yourself

Wrap Up and Next Steps

Stay tuned for final report

Questions or Concerns?

Contact:

eve@healthhiv.org

axum@healthhiv.org

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 D
- Strategy E
- Strategy F
- Strategy J
- Strategy K
- Strategy N

Staff Highlight:

OA is pleased to announce **Onika Chambers** and **Helen Hwang** have received the University of California San Francisco (UCSF) School of Medicine SPOT Award, in recognition of their contributions to the Medical Monitoring Project (MMP) at OA and the California Department of Public Health (CDPH).

The SPOT Award is a part of Staff Appreciation and Recognition (called the "STAR Program"), designed to recognize individual employees for excellence in University service; significant achievements and contributions; and individual and team performance. SPOT Awards recognize employee achievements as they occur over a relatively short period of time with a stipend of \$1,000.

Onika has been managing the MMP and leading the project staff for less than three years. The success of the project has moved in a very positive direction since she has been at the helm. Onika has persisted through changes in leadership, implementing new directives and designed her own innovations in a very successful move toward more project accountability, streamlined processes and formalized protocols. Onika has been the key to each of these accomplishments.

During her tenure, Onika has initiated process innovations that have increased the efficiency



and productivity of the staff including: utilizing Docusign for signatures on documents that require them and moving to digital gift cards for more accurate tracking of tokens of appreciation. Onika has designed a completely new tracking system that requires each staff member to account for their results each week. Through Onika's advanced knowledge of Excel, these spreadsheets automatically update when a

new document is added to a designated folder. To facilitate meeting the project's challenging benchmarks, Onika has set deadlines for completion of medical record abstractions based on the page content of the record.

With the team teleworking, she's had to handle many of the project tasks alone, such as completing a mass mailing several times a year to our sampled participants. This involves printing, folding, and stuffing hundreds of recruitment flyers.

Without a doubt, Onika Chambers has been instrumental to the improvement of the MMP program, hiring new staff, and bringing increased accountability to the staff through professionalism and integrity. We are fortunate to benefit from her strong leadership contributions to the Medical Monitoring Project. Congratulations, Onika!

Helen Hwang is MMP's Senior Data Collector with a reputation for a notoriously prolific ability to do highly accurate, meticulously detailed, and expedient medical record abstractions. Helen completes the majority of medical record abstractions for the overall project team. We rely on her to help us make benchmarks. On one occasion, she completed 11 abstractions in one week, putting in long hours, so that we could make our Medical Record Abstraction (MRA) benchmark. Because of Helen's efforts, MMP has currently met our interim MRA and re-abstraction benchmarks for the 2021 cycle. Helen is committed to the project outcomes and dedicated to the success of the project.

Helen also mentors and trains closely with new MMP staff to teach them how to review medical records for abstractions. She has trained 4 new abstractors and the 2 management personnel over the past 9 months. Project leadership trusts Helen to gauge when a new team member can complete a solo abstraction. She has been with MMP since its inception and her institutional memory and wealth of experience and knowledge in the project are

invaluable resources. Helen manages all of this with steady interview progress and amazing recruiting techniques. MMP management recently observed Helen's interview technique by evaluating one of her interviews (with the sampled person's permission). This interview was a difficult one, because the individual was disclosing some trauma associated with the interview subject. Her patience with the individual's questions was exemplary. Helen exhibited such empathy for this participant that at the close of the interview, he thanked her for listening. At the same time, she made sure to get the interview completed – taking the individual back to the interview protocol appropriately. Listening to her interview felt like a master class.

Helen's attention to detail and productivity, resourcefulness, deep knowledge of HIV history and care, and willingness to share that knowledge with the new teammates makes her stand out as an exceptional member of our team. We are thrilled to be able to show our appreciation through this SPOT Award. Congratulations, Helen!

HIV Awareness:

May 18 - National HIV Vaccine Awareness Day:

OA will recognize National HIV Vaccine Awareness Day (NHVAD). This day is observed each year to recognize and appreciate the many volunteers, community members, health professionals, and scientists working to develop a vaccine to prevent HIV. NHVAD provides an opportunity to educate communities about the importance of preventative HIV vaccine research. The National Institutes of Health's National Institute of Allergy and Infectious Diseases leads this observance.

May 19 - National Asian & Pacific Islander HIV/AIDS Awareness Day:

In addition, OA will observe National Asian & Pacific Islander HIV/AIDS Awareness Day

(NAPIHAAD). This day is observed to raise awareness about the impacts of HIV on Asian and Pacific Islander communities and break the silence and stigma surrounding HIV/AIDS. NAPIHAAD also encourages individuals to get tested for HIV. CDC's [Let's Stop HIV Together campaign](#) provides information on prevention, testing, and treatment resources for Asian people and Native Hawaiian and other Pacific Islander people.

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.

Collaborating with syringe services programs (SSPs) for vaccine distribution is one way to increase access to COVID-19 vaccines among people who use drugs and others underserved by traditional healthcare systems. The National Association released *COVID-19 Vaccine: Guidance for Syringe Services Programs, Health Departments, and People Who Use Drugs*. This resource provides [strategies and considerations for potential collaboration between SSPs and health departments in COVID-19 vaccine distribution](#) and can be found at <https://www.nastad.org/resource/covid-19-vaccine-guidance-syringe-services-programs-health-departments-and-people-who-use-0>.

Please refer to our [OA website](#) 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 CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement

challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

HIV/STD/HCV Integration:

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](#) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Ending the Epidemics:

OA will provide information on the innovative interventions selected by each one of the six EtHE counties. These interventions are based on significant community input and will be described in the Integrated Plan strategies they impact. In this issue, we will highlight the Inland Empire counties of **Riverside** and **San Bernardino**. Over the next several months, all six county plans will be described. Several of the interventions will impact multiple Integrated Plan strategies.

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

Riverside County's *EtHE* plan will assist the Riverside University Health System to become a PrEP-AP Enrollment site to ensure access to PrEP for those who need financial assistance. PrEP Navigation will also be available to assist clients start and stay on PrEP. Training providers on addressing sexual health with their patients will also increase PrEP usage.

San Bernardino is developing a peer-based PrEP promotion and support program.

PrEP-Assistance Program (AP):

As of April 30, 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](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

Data on active PrEP-AP clients can be found in the tables below.

Strategy B: Increase and Improve HIV Testing

Recognizing the increasing number of young gay/men who have sex with men (MSM) of color becoming infected with HIV, Riverside

County will create a Young MSM of Color testing initiative within community-based organizations. San Bernardino will bring HIV, STI and HCV screening into the community through a mobile clinic, especially in the remote areas where services are limited.

OA's HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (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 7 months, between September 1, 2020 and March

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	255	6%	---	---	---	---	91	2%	346	8%
25 - 34	1,276	29%	---	---	1	0%	658	15%	1,935	43%
35 - 44	920	21%	---	---	4	0%	350	8%	1,274	28%
45 - 64	508	11%	1	0%	24	1%	212	5%	745	17%
65+	25	1%	---	---	134	3%	14	0%	173	4%
TOTAL	2,984	67%	1	0%	163	4%	1,325	30%	4,473	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:																		
Current Age	Latinx		White		Black or African American		Asian		American Indian or Alaskan Native		Native Hawaiian/ Pacific Islander		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	163	4%	97	2%	32	1%	33	1%	---	---	4	0%	4	0%	13	0%	346	8%
25 - 34	938	21%	548	12%	127	3%	206	5%	5	0%	4	0%	25	1%	82	2%	1,935	43%
35 - 44	758	17%	305	7%	69	2%	79	2%	2	0%	1	0%	8	0%	52	1%	1,274	28%
45 - 64	423	9%	229	5%	33	1%	42	1%	2	0%	1	0%	2	0%	13	0%	745	17%
65+	34	1%	131	3%	4	0%	3	0%	---	---	---	---	1	0%	---	---	173	4%
TOTAL	2,316	52%	1,310	29%	265	6%	363	8%	9	0%	10	0%	40	1%	160	4%	4,473	100%

Both 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: 4/30/2021 at 12:01:10 AM. Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

31, 2021, 1248 tests were distributed, including 145 tests distributed in March. Of those ordering a test in March, 49.0% reported never before receiving an HIV test, 55.9% were 18 to 29 years of age. Of those reporting ethnicity, 44.6% were Hispanic/Latinx, and 57.7% of those reporting sexual history indicated 3 or more partners in the past 12 months. To date, 182 recipients have filled out an anonymous follow up survey, with 95.1% indicating that they would recommend TakeMeHome HIV test kits to a friend.

Strategy C: Expand Partner Services

Riverside County staff will create a targeted intervention working with Surveillance staff to interview newly diagnosed individuals and working with their partners to ensure testing, HIV treatment or PrEP are available to all partners of those newly diagnosed with HIV.

San Bernardino County's Rapid Response Team (RRT) will reach out to partners of those living with HIV to ensure they have access to testing, HIV treatment, or PrEP. Being mobile and working throughout the county will bring services to populations with severe barriers to access including those experiencing homelessness and people living with HIV (PLWH) living in the high desert area where there are no care sites.

Strategy D: Improve Linkage to Care

Both Riverside and San Bernardino Counties are creating Rapid StART programs using their mobile clinics and rapid response teams to reach newly diagnosed individuals and facilitate initiation of Anti-Retroviral Therapy (ART) through keeping a stock of ART starter packs and escorting individuals to their first clinical appointment, with specific clinics reserving spaces for seeing newly diagnosed individuals within 72 hours.

Strategy E: Improve Retention in Care

San Bernardino's development of Peer Navigators will work with individuals being

relinked to care and supporting them in sustaining medical care and achieving viral suppression.

Strategy F: Improve Overall Quality of HIV-Related Care

San Bernardino and Riverside Counties participate in the California Regional Quality Group, which is a consortium of agencies who set goals for improved health outcomes among specific populations and measure progress at achieving the goals.

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

HIV/AIDS Waiver Renewal, Medi-Cal Waiver Program:

The CDPH, OA, Medi-Cal Waiver Program (MCWP) in collaboration with the Department of Health Care Services (DHCS) is working on the renewal process for the 2022 to 2026 1915(c) Home and Community-Based Services, HIV/AIDS Waiver. DHCS intends to submit the Waiver Renewal Application on behalf of CDPH to the federal Centers for Medicare and Medicaid Services (CMS) on or before August 31, 2021. As part of the renewal process, the **MCWP seeks public comment on the HIV/AIDS Waiver Renewal Application from stakeholders**. The [HIV/AIDS Waiver Renewal Notification](#) will be posted in the California Regulatory Notice Register at https://oal.ca.gov/california_regulatory_notice_online. The public comment period is May 7 through June 7, 2021. The [Companion Guide and Public Comment Template](#) for submitting public comments will be posted at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_care_mcwp.aspx. Stakeholders may also [e-mail comments or questions](#) about the Waiver application to MCWPWaiverRenewal@cdph.ca.gov.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from March
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	607	+3.23%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,641	+3.63%
Medicare Part D Premium Payment (MDPP) Program	2,039	+4.35%
Total	9,287	+3.73%

ADAP's Insurance Assistance Programs:

As of April 30, 2021, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart above.

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

African Americans had the highest rate increase in opioid deaths among all races and ethnicities in recent years. This alarming trend is obscured as media continues to emphasize the impact of the opioid crisis on largely white rural and suburban populations. The Foundation for Opioid Response Efforts (FORE) has released an issue brief, [Promoting Equity in Access to Opioid Use Disorder Treatment and Supports: A Focus on Black Communities](https://forefdn.org/wp-content/uploads/2021/04/FORE_IssueBrief_CommunitiesofColor_FINAL.pdf) that highlights the efforts of three harm reduction programs that address this. The brief also includes suggested policy changes to increase access to treatment and recovery services for African Americans. It can be found at https://forefdn.org/wp-content/uploads/2021/04/FORE_IssueBrief_CommunitiesofColor_FINAL.pdf

Overdose deaths continue to increase in the U.S. along with the consistent message to increase naloxone access. Although all SSPs in California now distribute naloxone, a study completed by RTI International, National Harm

Reduction Coalition and North American Syringe Exchange Network focused on how programs could dramatically increase naloxone availability in their communities to prevent overdose. A [recording of the webinar that details their findings](#) is available for viewing.

As part of the *EtHE* plan, San Bernardino will expand HIV prevention services for people who inject drugs (PWID). This program will foster partnerships with local harm reduction organizations to provide information about HIV harm reduction, naloxone, and other services. Through these trusted collaborations, San Bernardino will support increased access to HIV prevention among unhoused PWID.

Strategy N: Enhance Collaborations and Community Involvement

Like all the Ending the HIV Epidemic Phase I counties, the Inland Empire will continue to conduct community engagement activities to bring new voices to the planning, implementation and monitoring of efforts to reduce new infections.

California Planning Group (CPG):

OA and the CPG will host a four-day virtual CPG meeting on May 7, 10, 14, and 17, 2020. Due to COVID-19, this meeting will replace the annual spring in-person meeting. This virtual

CPG meeting format will be comprised of four separate Zoom meetings scheduled from 1:00PM to 4:00PM. On May 5, we will host our third CPG Leadership Academy, which will focus on skills and capacity building for members. All subsequent meetings will be open to the public, and a 10-minute opportunity for public comment will be provided each day. [Additional meeting information, including zoom links and daily agendas](#) are located on the OA website at: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx

During the meeting, CPG members will elect two new Community Co-Chairs to succeed outgoing

chairs Evelyn Alvarez and Edd Cockrell. The nomination process will be held on Day 2 and the election will occur on Day 4. The role requires a high level of dedication to being available for discussions regarding the direction and goals of the CPG. Members of the public are encouraged to attend to learn what the CPG is currently working on and find out how they may join our HIV & Aging, Youth, and Women's Committees.

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



State of California—Health and Human Services Agency
California Department of Public Health



Tomás J. Aragón, M.D., Dr.P.H.
Director and State Public Health Officer *Acting Director*

GAVIN NEWSOM
Governor

April 27, 2021

TO: Human Immunodeficiency Virus (HIV) Prevention Program Coordinators and All Interested Parties

SUBJECT: PRE-EXPOSURE PROPHYLAXIS (PrEP) NAVIGATOR RESOURCES

This memo is to inform HIV Prevention Program Coordinators and other interested parties of currently available PrEP navigation resources. PrEP navigation links people to necessary services including medical care, health care enrollment, benefits counseling, transportation and other social support services. Successful PrEP navigation eliminates and/or reduces barriers to timely and consistent care, treatment, adherence, and retention in HIV care and prevention services.

Access to current resources is a crucial component to successful PrEP navigation. Below is a list of current resources that may be helpful for informing existing PrEP navigation services.

Infographic: Verifying PrEP is Covered as a Preventive Service

The Patient Protection and Affordable Care Act (ACA) now requires qualified health plans to cover PrEP as a preventive service at no cost to the patient. The new NASTAD infographic, "[Verifying PrEP is Covered as a Preventive Service](#)," summarizes the steps to verify that a given plan is offering PrEP at no cost to the patient. This brief tool aims to support enrollment assisters and PrEP navigators to maximize the current [Special Enrollment Period](#) (SEP).

PrEP and PEP at the Pharmacy

Californians can now access PrEP and Post-exposure Prophylaxis (PEP) at some pharmacies without a medical visit. In 2019, the California Legislature passed Senate Bill 159, which allows pharmacists to initiate and dispense PrEP and PEP to a HIV negative person without a prescription. Use the [Board of Pharmacy Health Services Provided by Pharmacists search tool](#) to find a pharmacy near you that provides PrEP or PEP without a doctor's prescription.



PrEP Navigator Manual

[*Helping People Access Pre-Exposure Prophylaxis*](#) provides in-depth information to frontline staff on the various aspects of supporting people who seek PrEP to get and maintain their prescriptions and related health care. The manual is available in both [English](#) and [Spanish](#) and helps establish baseline knowledge for staff who are new to PrEP navigation, and also fills in gaps in knowledge for more experienced navigators. The manual touches on topics including PrEP research, PrEP care and PrEP navigation and is framed within the context of health care in California.

This “living” document is updated regularly as the PrEP health care landscape changes. To hear about updates to the manual, please contact get.sfcba@sfdph.org.

The California PrEP Navigator Google Group

This group serves as a way for PrEP Navigators to stay connected with one another and to share challenges, successes and resources related to PrEP navigation. To join the PrEP Navigators group go to <https://groups.google.com/g/caprepnavigators>. You will either need to login with your Google account or create a new account. Once joined, you can post your own questions or resources directly to the group by emailing CAPrEPNavigators@googlegroups.com.

HealthHIV

PleasePrEPMe launched in 2015 as the first searchable and location-responsive PrEP and PEP provider directory in English and Spanish for the state of California. Through collaborations and partnerships, PleasePrEPMe works to expand access to PrEP and PEP. PleasePrEPMe has a new home as part of HealthHIV. For more information, go to PleasePrEPMe.org.

Capacity Building Assistance

The Capacity Building Assistance (CBA) Tracking System (CTS) is a Centers for Disease Control and Prevention (CDC) program that provides information, training and technical assistance (TA) to HIV prevention service providers to help them build skills, plan for and adapt to change, and meet their goals. Organizations (indirectly funded and non-funded) and HIV planning groups that provide HIV prevention services can ask the health department in their jurisdiction to submit a CBA request on their behalf. For more information about CBA, please reach out to your local Health Department CTS User:

Health Department	CTS User	Contact
California Department of Public Health	Alejandro Contreras	alejandro.contreras@cdph.ca.gov
Los Angeles County Department of Health	Elizabeth Escobedo	eescobedo@ph.lacounty.gov
San Francisco Department of Health	Michael Paquette	michael.paquette@sfdph.org

For more information, please visit: <https://effectiveinterventions.cdc.gov/>. For a list of types of available CBA at a glance, visit: <https://www.cdc.gov/CTS/Pages/Main/TAAtAGlance>.

For any additional questions or comments or on the information provided in this memorandum, please contact: Tiffany Woods, Transgender Sexual Health Specialist, at Tiffany.Woods@cdph.ca.gov or email PS18-1802@cdph.ca.gov.

Thank you,

Sharisse L. Kemp

Sharisse Kemp
Acting Chief, HIV Prevention Branch, Office of AIDS

Cc: Marisa Ramos, Ph.D
Office of AIDS Division Chief
Center for Infectious Diseases, California Department of Public Health

Matthew Willis
HIV/STD Program Specialist, Acting Chief High Impact Prevention Section
Office of AIDS

Tiffany Woods
Transgender Sexual Health/Community Engagement Specialist
HIV Prevention High Impact Section Office of AIDS



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May 6, 2021

Dear Division of HIV and STD Programs Colleagues:

On April 13, 2021, the federal Centers for Disease Control and Prevention (CDC) released its 2019 Annual Sexually Transmitted Disease (STD) Surveillance Report which can be accessed at (<https://www.cdc.gov/std/statistics/2019/default.htm>). The national report showed that the number of reported STDs reached an all-time high with a combined 2.6 million cases of chlamydia, gonorrhea, and syphilis reported. The highest increase was observed in cases of syphilis among newborns which has quadrupled in the United States over the last 5 years. The inaugural Sexually Transmitted Infection (STI) National Strategic Plan, released in 2020, has set forth five high-level goals to develop, improve, and bring to scale STD prevention and control programs over the next five years. These goals include:

1. Preventing new STDs through increased awareness, expansion of high-quality programs, improving Human Papilloma Virus vaccination coverage, and increasing the public health and health care capacity to prevent STDs.
2. Improving health by expanding high-quality STI prevention in communities most impacted by STDs and increasing the capacity to identify, diagnose and provide care and treatment for persons with STDs.
3. Accelerating progress in STD research, technology and innovation in vaccines, preventive strategies, diagnostic technologies, and therapeutic agents.
4. Reducing health inequities by addressing stigma and discrimination, expanding culturally competent and linguistically appropriate STD programs, and addressing social determinants of health and co-occurring conditions among those most vulnerable to disease.
5. Achieving a coordinated STD response by addressing the syndemics of STDs, HIV, viral hepatitis, and substance abuse disorders in STD programs; improving the quality, timeliness, and use of STD data, and improving systems for measuring, monitoring, evaluating, reporting, and disseminating progress.

The Los Angeles County (LAC) Department of Public Health's Division of HIV and STD Programs (DHSP) has prepared a STD snapshot highlighting key findings from STD case surveillance data reported to DHSP through the end of 2019. Similar to the trends outlined in the CDC report, LAC showed increases in the number of syphilis and chlamydia cases in 2019. In LAC, syphilis cases among infants reached its highest level in 2019, reflecting a 1,300% increase since 2012 when congenital syphilis cases were at a nadir. Conversely, gonorrhea cases have plateaued after a peak in 2018, reflecting a difference from the national trend.

Disparities in STD disease persist across age, gender, and racial/ethnic groups in LAC, underscoring the need for STD programs to address the barriers that prevent the most at-risk communities from accessing the services needed to improve health. This includes improved access to sex-positive and culturally appropriate programs that provide integrated services for persons with low health literacy, persons who are unstably housed or experiencing homelessness, persons with substance use disorders, and persons experiencing poverty. To reverse the STD epidemic, LAC Public Health will continue to focus the STD response on four priorities that aim to strengthen policy efforts and intensify screening, treatment, and awareness, particularly for at-risk populations.

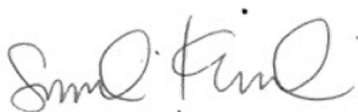
1. Improve early detection of cases through testing of at-risk populations.
2. Interrupt disease transmission through the appropriate treatment of cases and their partners.
3. Educate consumers and community to raise awareness of STDs.
4. Create effective policies to impact health care provider behavior.

For your reference, LAC's 2019 STD snapshot is attached and can be accessed on the DHSP website at: <http://publichealth.lacounty.gov/dhsp/Reports.htm>.

Sincerely,



Mario J. Pérez, MPH
Director



Sonali Kulkarni, MD, MPH
Medical Director



Andrea Kim, PhD, MPH
Chief of HIV and STD Surveillance

Update on HIV and STD Surveillance in Los Angeles County

Intersections and Opportunities

Andrea Kim, PhD, MPH
Chief, HIV and STD Surveillance
Division of HIV and STD Programs





Updates in HIV Surveillance



Ending the HIV Epidemic in Los Angeles County

By utilizing the right data, right tools & right leadership

Diagnose

- Increase routine opt out HIV testing in healthcare & institutional settings
- Increase HIV testing programs in non-healthcare settings including home testing
- Increase client's yearly HIV re-screening



Treat

- Expand partner services to facilitate rapid ART and linkage to care
- Increase knowledge of and access to HIV services
- Assess mental health services to identify gaps in care
- Improve client experience by working with clinical staff
- Increase opportunities for telehealth
- Develop programming that provides services related to housing and emergency financial assistance



Prevent

- Utilize data to better identify persons with indication for PrEP and link to services
- Expand PrEP service delivery & provider options, including telehealth and pharmacies
- Improve PrEP retention in care through provider and consumer programming
- Expand Syringe Services Programs

Respond

- Facilitate real-time cluster detection and response through protocol development and trainings
- Implement routine epidemiological analysis of new infections in hot spots and subpopulations
- Monitor and assess clusters identified through recency testing
- Continue to build surveillance infrastructure at the public health department

Federal Funding in LA County

Various entities have received federal funding from HRSA, CDC & NIH to support ending the HIV epidemic goals and strategies, including the public health department, federally qualified health centers, AIDS Education Training Centers, and research partners.

FEDERAL PARTNERS

NATIONAL GOAL

75%
reduction in
new HIV
infections
by 2025
and at least
90%
reduction
by 2030



Health Resources & Services Administration



Centers for Disease Control & Prevention



National Institutes of Health



Indian Health Service



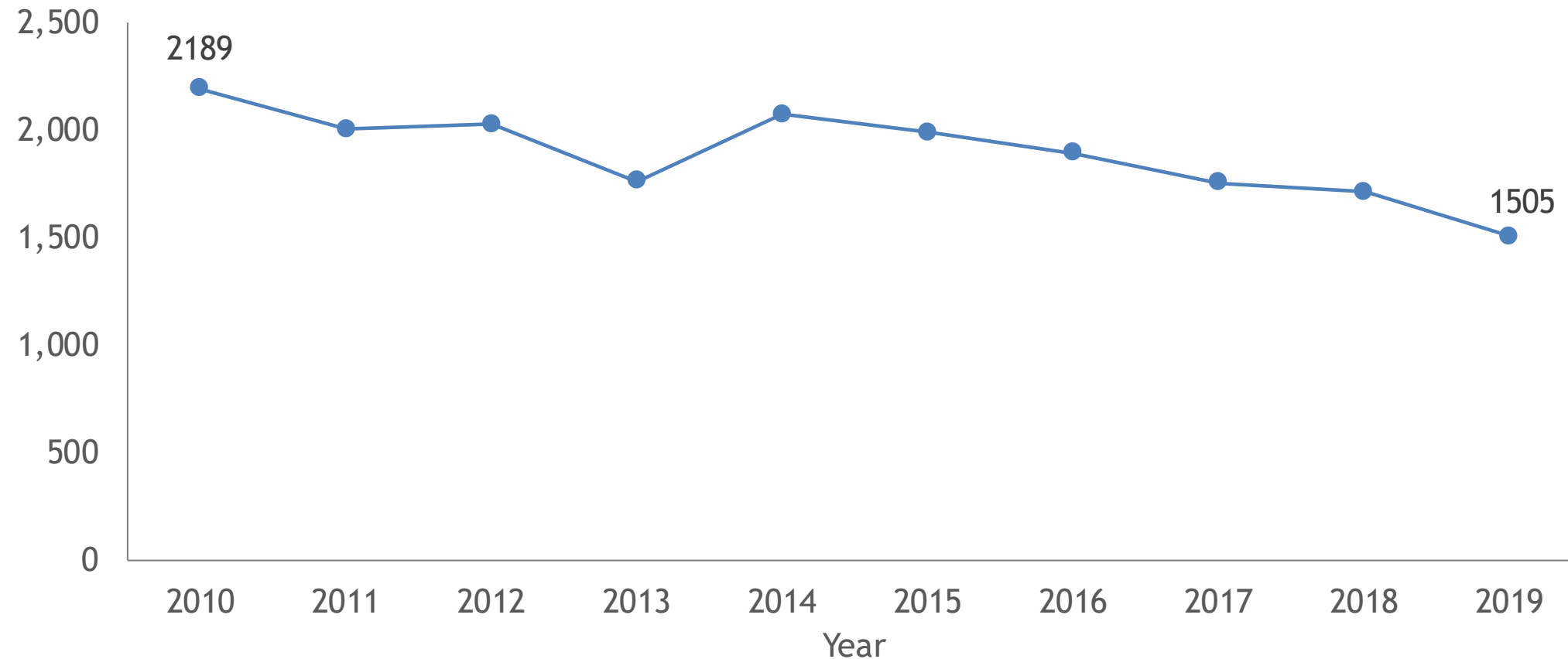
Substance Abuse & Mental Health Services Administration



PACE Team, Office of the Assistant Secretary of Health

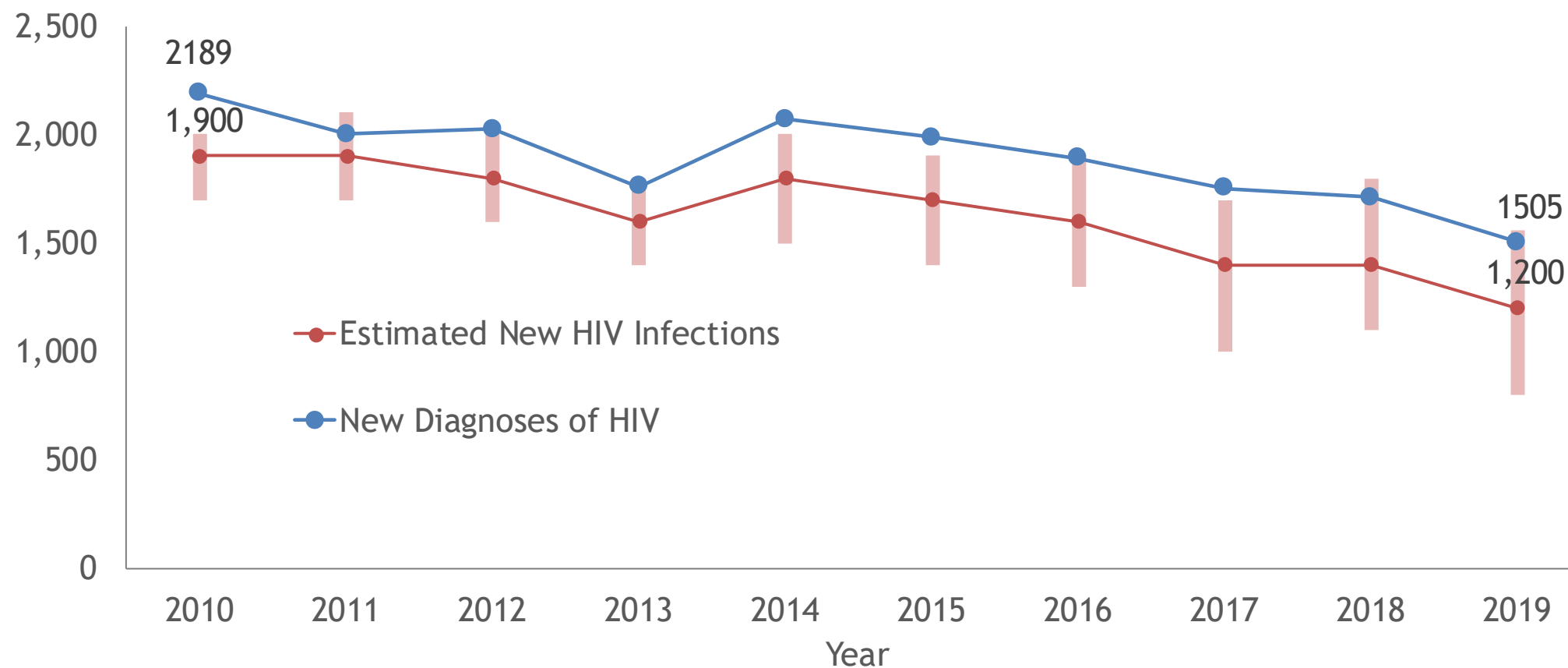


A Declining Epidemic: Trends in the number of new HIV diagnoses and estimated number of new infections among persons aged 13+ years, LAC 2010-2019¹



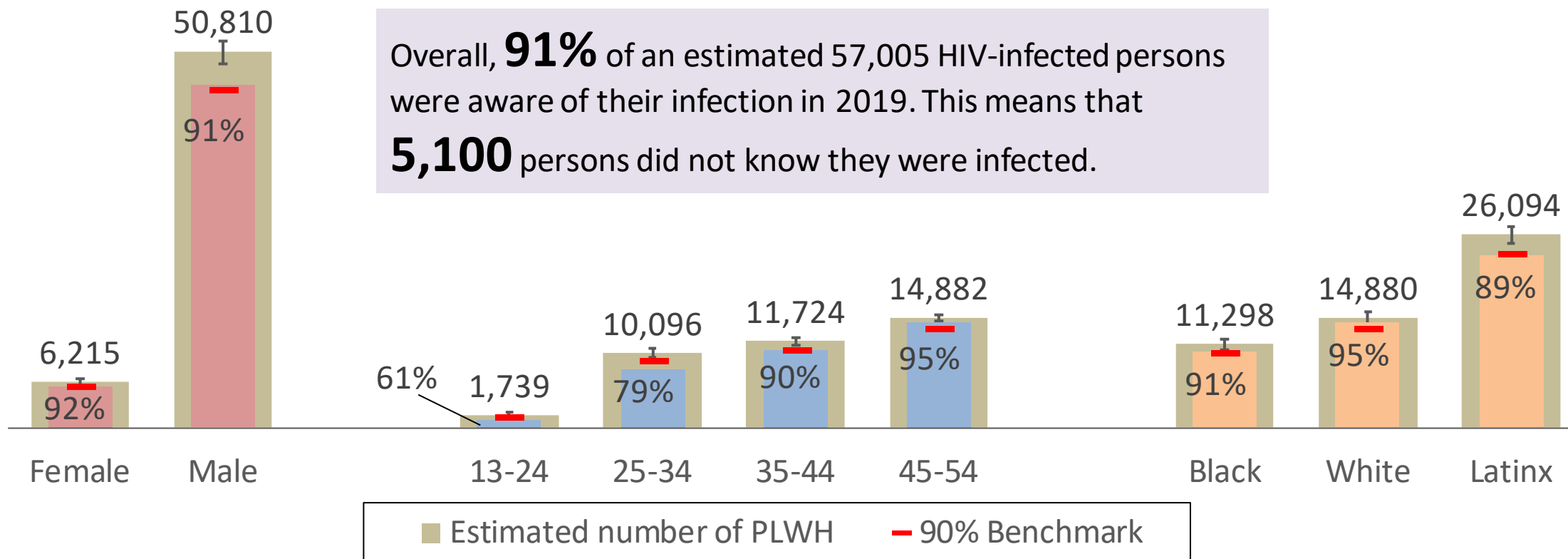


A Declining Epidemic: Trends in the number of new HIV diagnoses and estimated number of new infections among persons aged 13+ years, LAC 2010-2019¹



¹Using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County. 2019 incidence estimates are preliminary

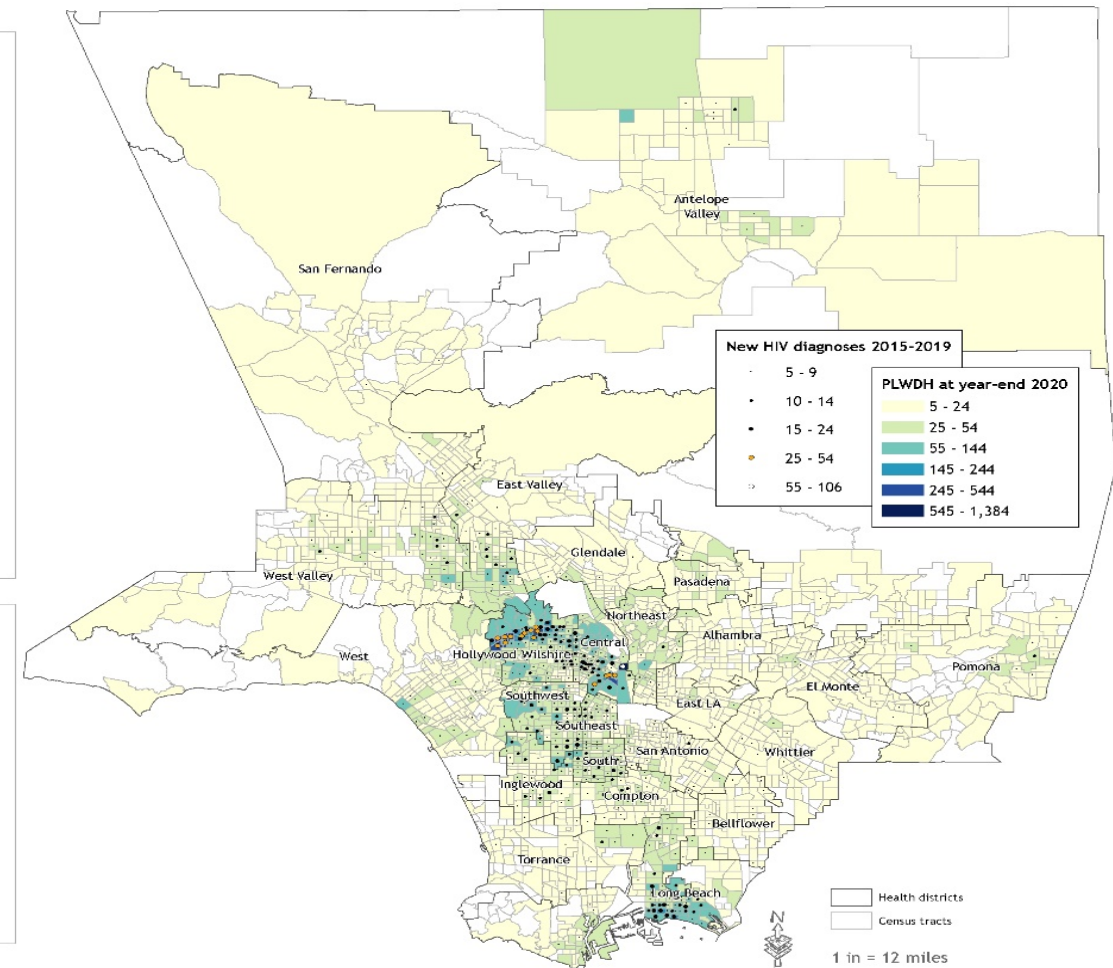
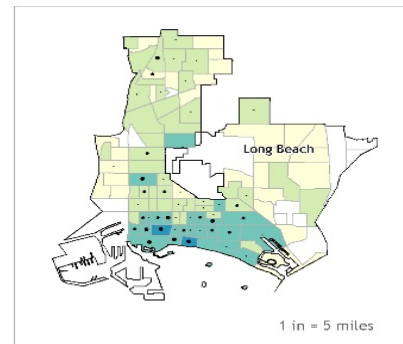
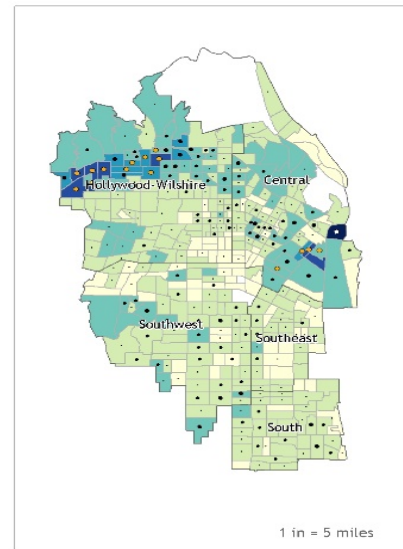
Awareness of HIV-positive serostatus among PLWH aged 13 years and older by gender, age group, and race/ethnicity, LAC 2019¹



¹Using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County. 2019 incidence estimates are preliminary. Transgender persons, Asian/Pacific Islanders, American Indians, Alaskan Natives and persons of multiple race/ethnicities were not included in the analysis because of unstable results due to small numbers.

Where are new HIV diagnoses being identified in Los Angeles County?¹

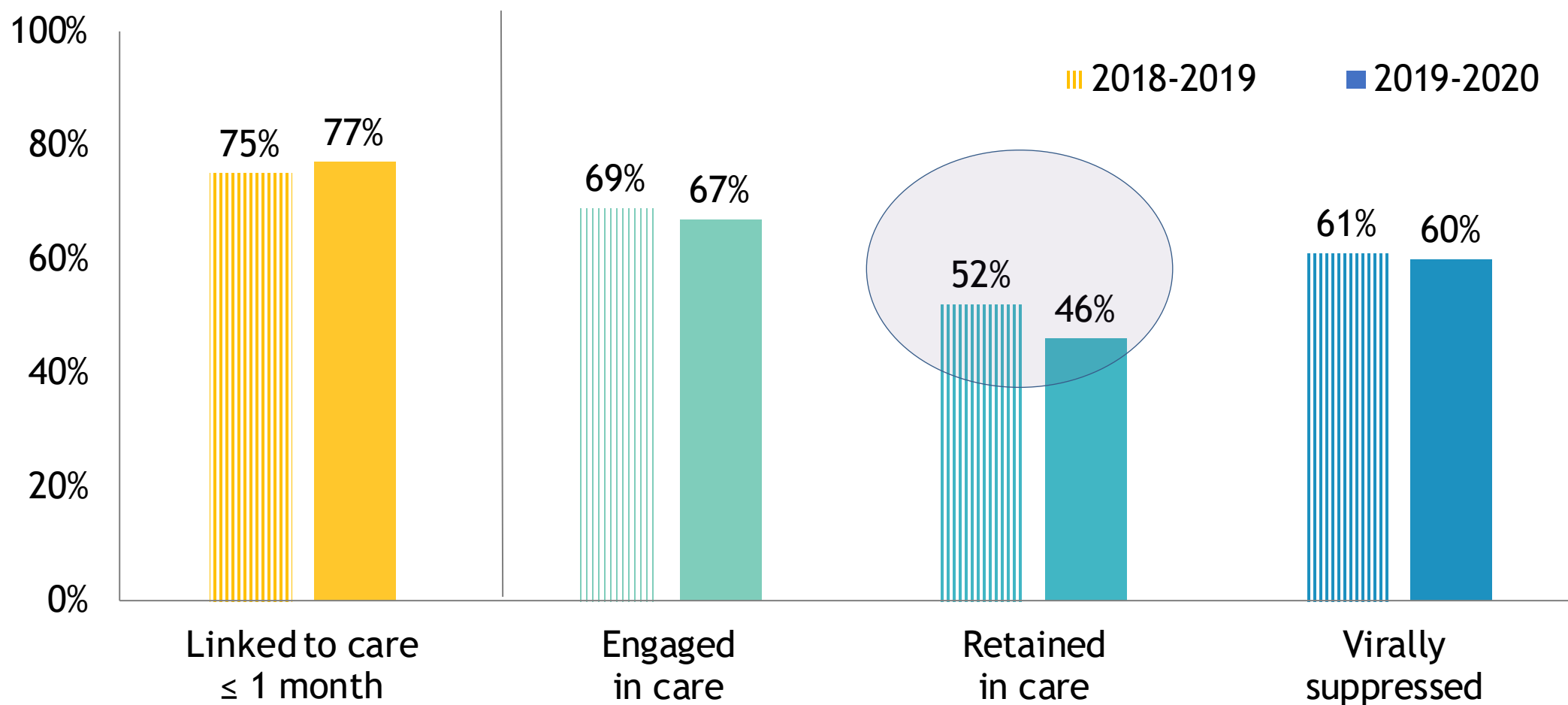
The 3 HIV epicenters in Los Angeles County are Hollywood-Wilshire Health District, Central Health District, and Long Beach Health District



¹Census tract and health district information was based on most recently reported residential addresses. Person with no reported street address information were aggregated to the census tract or health district level data based on available ZIP code information. Source: HIV Surveillance data as of December 31, 2020; U.S. Department of Commerce, 2010 U.S. Census Tract; U.S. Department of Housing and Urban Development, HUD USPS ZIP Code – Census Tract Crosswalk Files, 2nd quarter 2017 was used for HIV diagnoses 2015-2019 and 4th quarter 2020 was used for PLWDH at year-end 2020.



HIV care continuum¹ among persons aged 13+ years, LAC 2018-2020



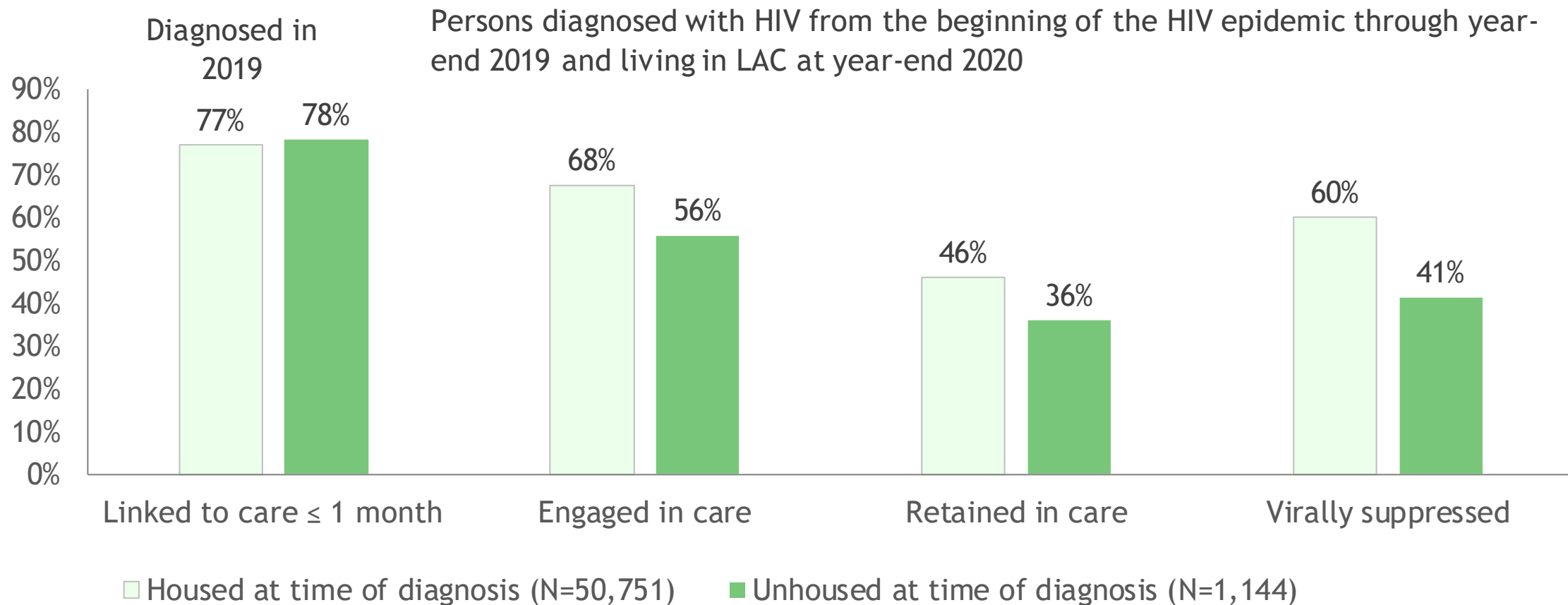
¹Linkage to care: numerator includes persons newly diagnosed with HIV in 2019 with ≥1 CD4/VL/Genotype test reported within 1 month of HIV diagnosis; denominator includes persons who were diagnosed with HIV in 2019.

Engaged in care: numerator includes PLWDH with ≥1 CD4/VL/Genotype test in 2020; denominator includes PLWDH diagnosed through 2019 and living in LAC at year-end 2020 based on most recent residence.

Retained in care: numerator includes PLWDH with ≥2 CD4/VL/Genotype tests at least 3 months apart in 2020; denominator includes PLWDH diagnosed through 2019 and living in LAC at year-end 2020 based on most recent residence.

Virally suppressed: numerator includes PLWDH whose last VL test in 2019 was suppressed (HIV-1 RNA < 200 copies/mL); denominator includes PLWDH diagnosed through 2019 and living in LAC at year-end 2020 based on most recent residence. For the purposes of this analysis, PLWDH without a VL test in 2020 were categorized as having unsuppressed viral load.

Unhoused persons have **worse** outcomes than housed persons across the HIV care continuum



Engaged in care: numerator includes PLWDH with ≥1 CD4/VL/Genotype test in 2020; denominator includes PLWDH diagnosed through 2019 and living in LAC at year-end 2020 based on most recent residence.

Retained in care: numerator includes PLWDH with ≥2 CD4/VL/Genotype tests at least 3 months apart in 2020; denominator includes PLWDH diagnosed through 2019 and living in LAC at year-end 2020 based on most recent residence.

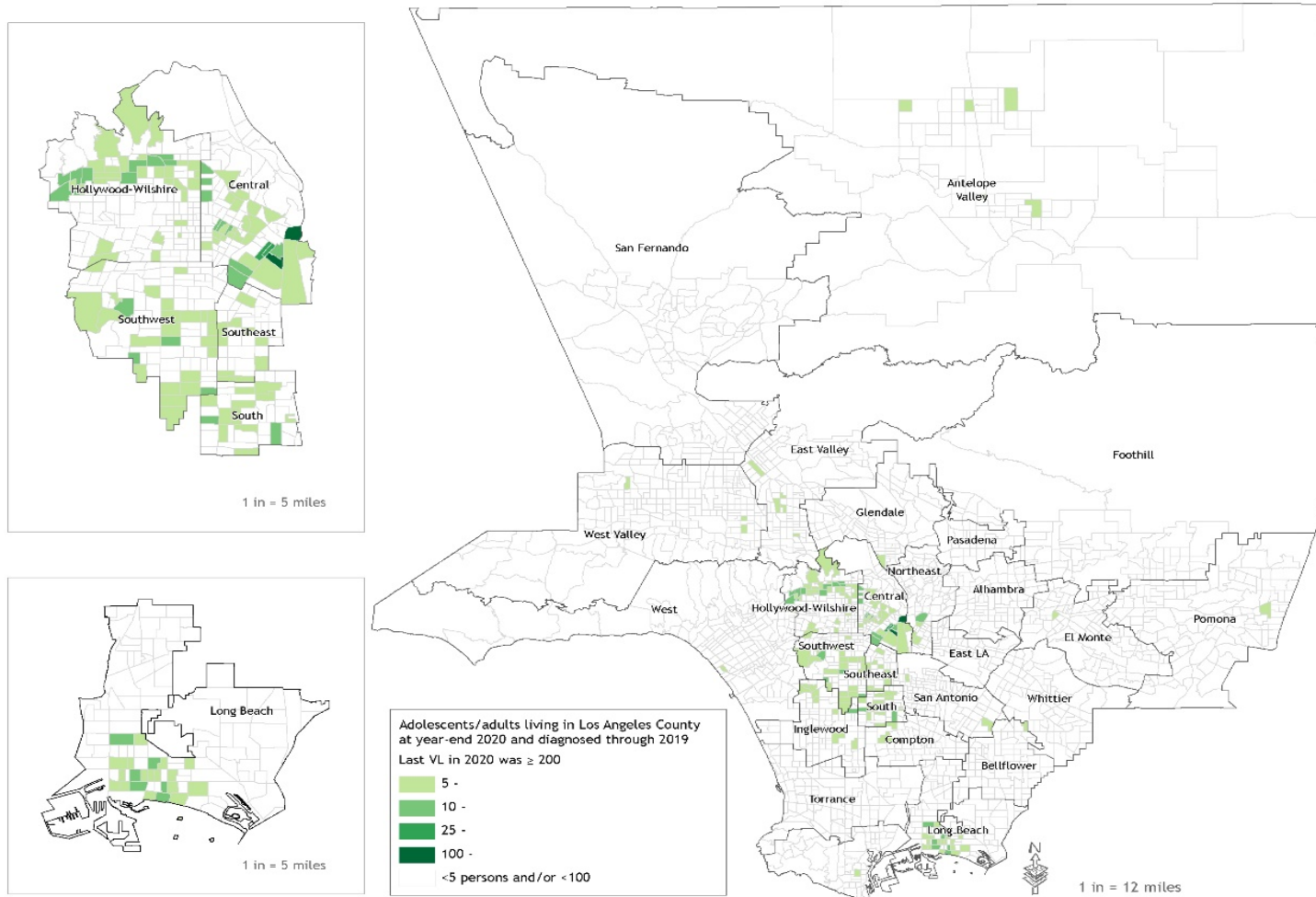
Virally suppressed: numerator includes PLWDH whose last VL test in 2020 was suppressed (HIV-1 RNA < 200 copies/mL); denominator includes PLWDH diagnosed through 2019 and living in LAC at year-end 2020 based on most recent residence. For the purposes of this analysis, PLWDH without a VL test in 2020 were categorized as having unsuppressed viral load.

Other transmission risk includes perinatal, hemophilia, coagulation disorder, blood transfusion, and risk factor not reported/identified. Persons without an identified risk factor were assigned a risk factor using CDC-recommended multiple imputation methods.

Where is HIV transmission occurring?



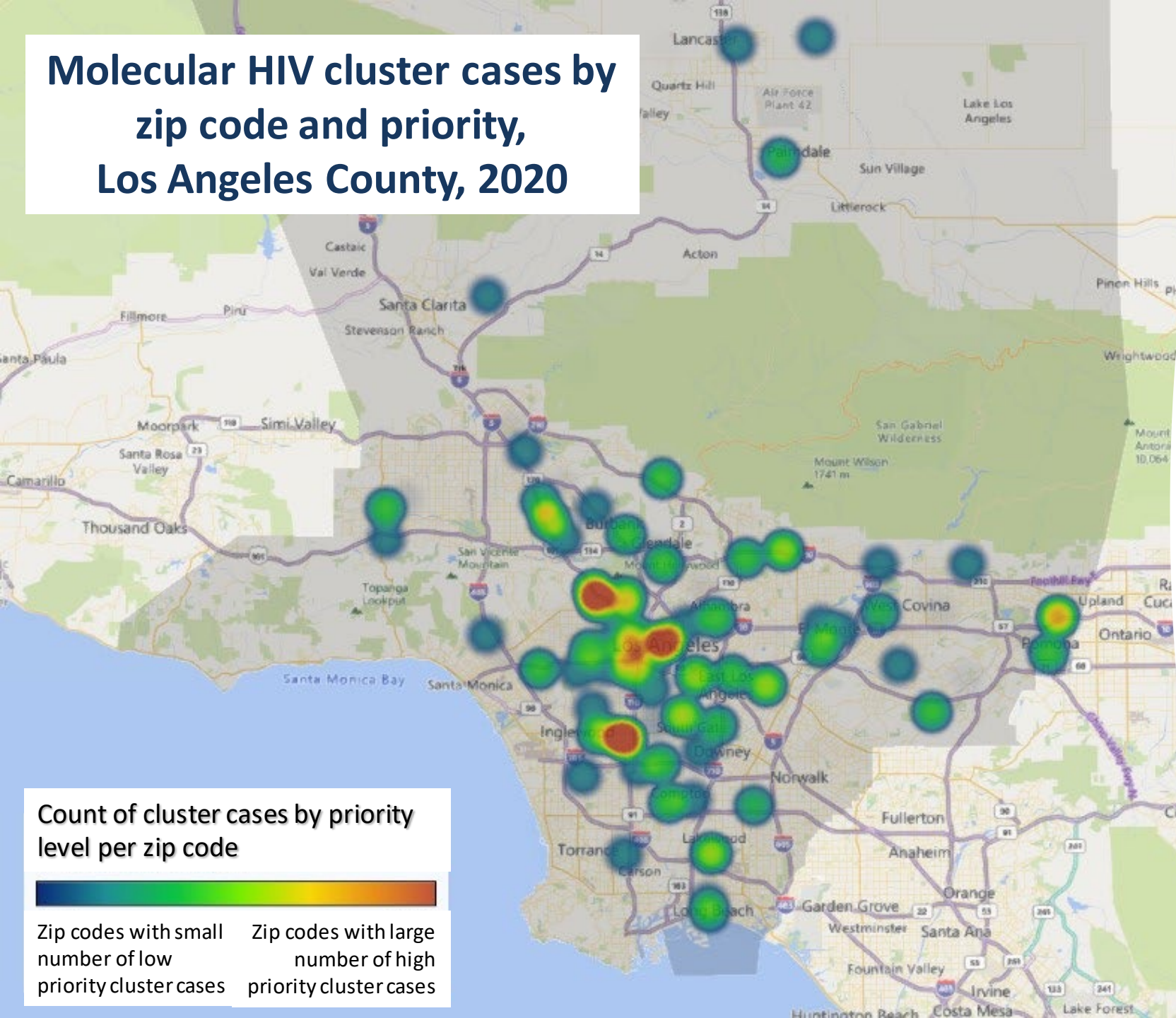
Unsuppressed viral load¹ among persons living with diagnosed HIV in Los Angeles County, 2020



Central, Hollywood-Wilshire, South, Southwest, Southeast, and Long Beach Health Districts have the highest levels of unsuppressed viral load. These areas represent the locations with highest potential for fueling onward HIV transmission.

¹Unsuppressed viral load: numerator includes PLWDH whose last VL test in 2020 was unsuppressed (HIV-1 RNA ≥ 200 copies/mL); denominator includes PLWDH diagnosed through 2019 and living in LAC at year-end 2020 based on most recent residence. PLWDH without a VL test in 2020 were considered virally unsuppressed. Analysis excludes PLWDH diagnosed through 2019 and living at year-end 2020 who (1) had missing census tract information, (2) were engaged in care but never had a viral load test, (3) were not engaged in care for >12 months at year-end 2020, or (4) were in census tracts with small sample sizes (<5 persons with unsuppressed viral load or population size <100 persons). Exclusions represented 69% of PLWDH diagnosed through 2019 and living in 2020 whose last viral load was unsuppressed.

Molecular HIV cluster cases by zip code and priority, Los Angeles County, 2020



Categorized HIV cluster priority as:

- Low <5 cases (**blue**)
- Medium ≥ 5 cases (**green**)
- High ≥ 5 cases (**orange/red**)

Findings:

- Highest number of high priority cluster cases in **West Hollywood, Downtown, and South LA**
- Risk profiles of persons in high priority cluster:
 - ~One in five have a history of meth use
 - ~10% have a history of homelessness
 - ~70% had anonymous sex partners
 - Nearly half have co-infection with syphilis

Count of cluster cases by priority level per zip code



Zip codes with small number of low priority cluster cases

Zip codes with large number of high priority cluster cases



Progress towards Ending the HIV Epidemic Targets

	EHE Targets for 2025	EHE Targets for 2030	LAC current
Number of new infections ¹	380	150	1,200 (2019)
Number of new HIV diagnoses ²	450	180	1,505 (2019)
Knowledge of HIV-status among HIV-infected persons ¹	95%	95%	91% (2019)
Linkage to HIV care among PLWDH ²	95%	95%	77% (2019)
Viral Suppression among PLWDH ²	95%	95%	60% (2020)
Percentage of persons in priority populations prescribed PrEP ³	50%	50%	39%

1. Using Los Angeles County HIV surveillance data in the CDC Enhanced HIV/AIDS Reporting system (eHARS).
2. Using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County.
3. Using Los Angeles County data from the National HIV Behavioral Surveillance system, STD clinic data, online Apps survey, COE program data, and AHEAD dashboard.

The case for HIV recency testing to accelerate towards our EHE goals

“If you can describe the most recent 100 persons infected with HIV, you have the key to the epidemic”





Updates in Sexually Transmitted Disease Surveillance

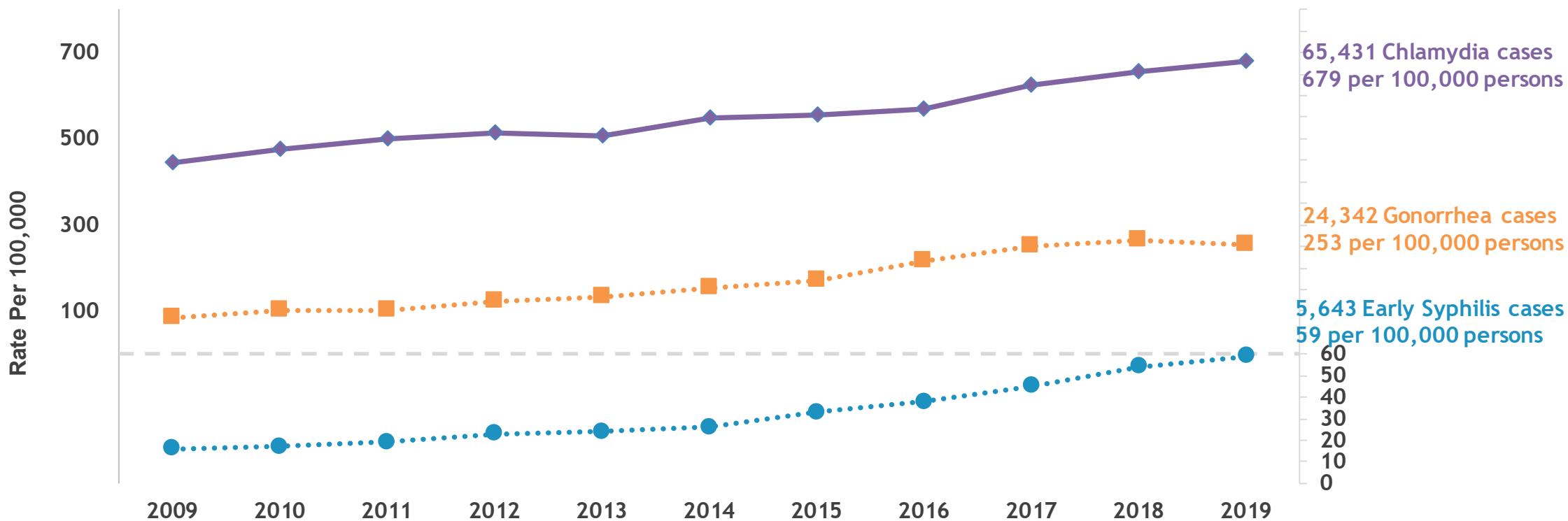


SEXUALLY TRANSMITTED DISEASE SURVEILLANCE, 2019

Reported STDs in the U.S. reach all-time high for 6th consecutive year

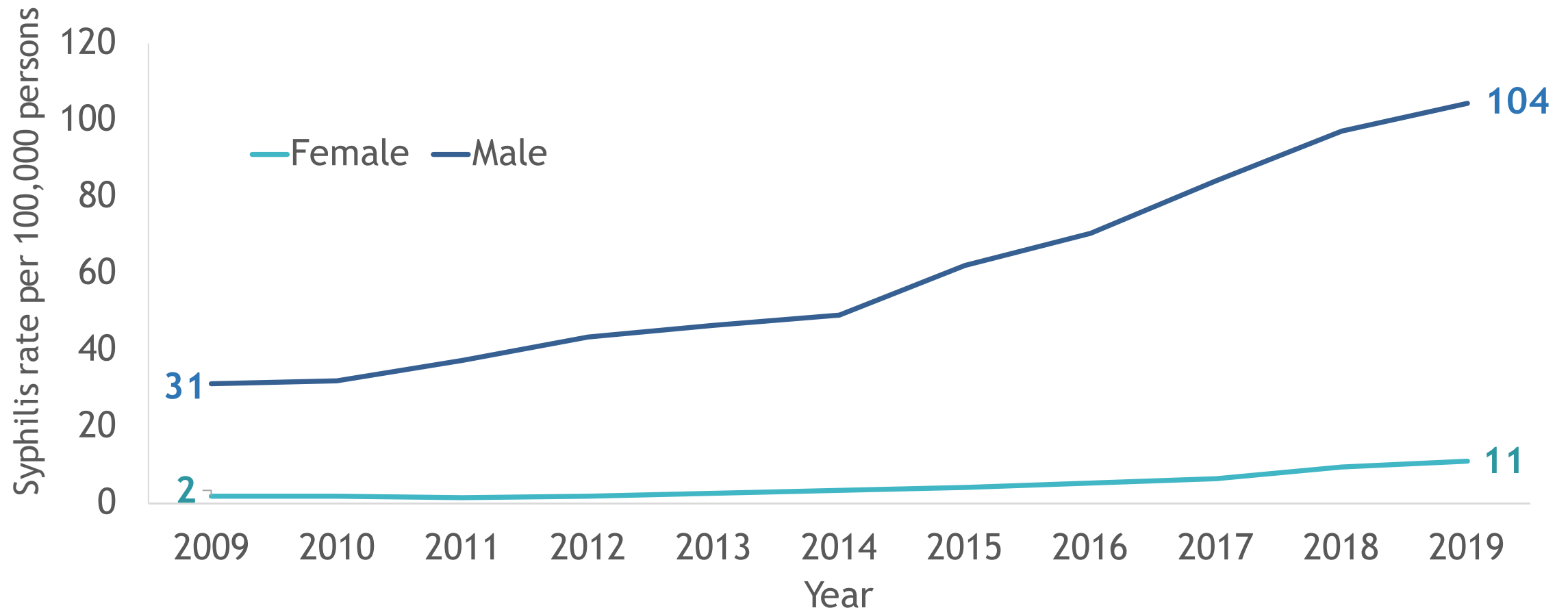
More than 2.5 million cases of chlamydia, gonorrhea, and syphilis were reported in 2019

Trends in Sexually Transmitted Diseases, Los Angeles County, 2009-2019¹



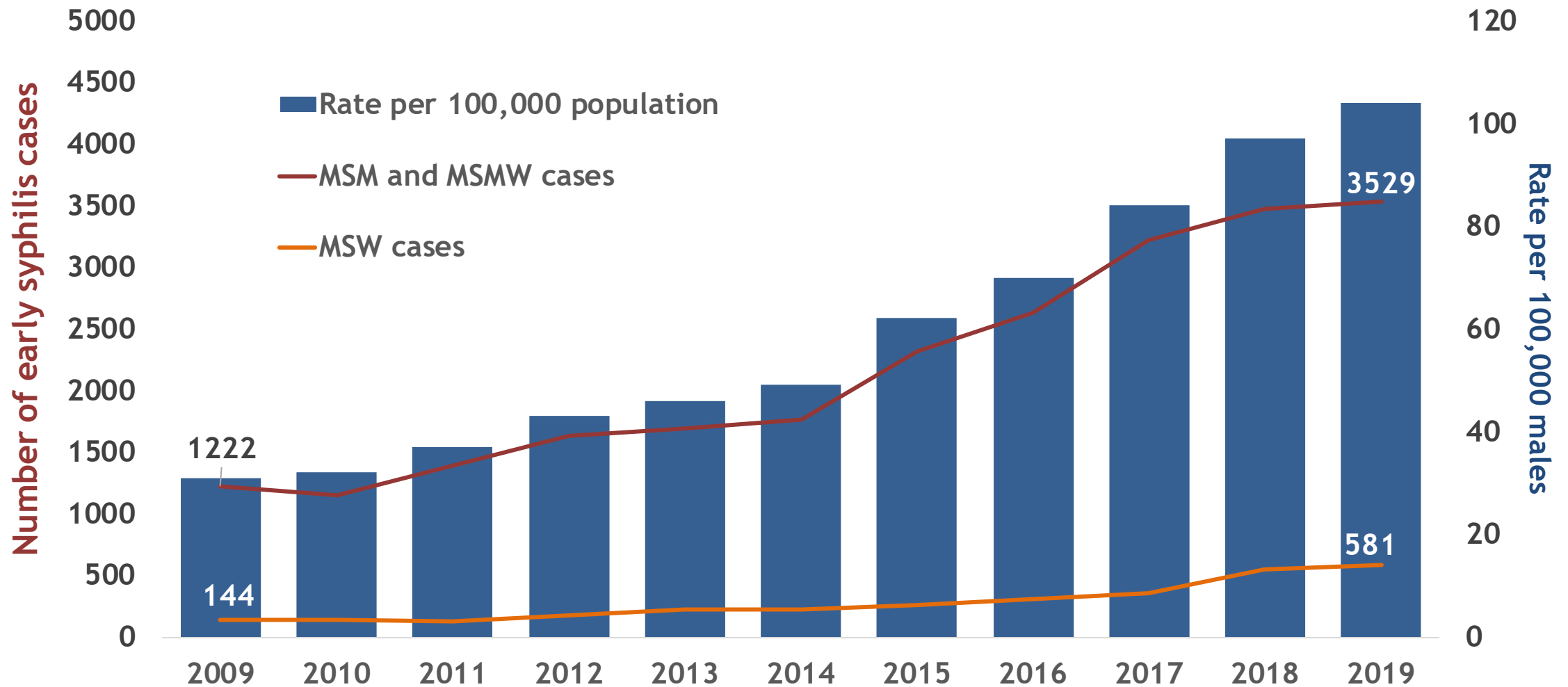
¹ Data as of 03/14/2021. Early syphilis includes all cases staged as primary, secondary, or early non-primary non-secondary (previously early latent); cases from Long Beach and Pasadena are excluded. 2018 and 2019 data are provisional due to reporting delay.

Since 2009, early syphilis rates have increased **450%** among females and **235%** among males¹



¹ Data as of 03/14/2021. Early syphilis includes all cases staged as primary, secondary, or early non-primary non-secondary (previously early latent); cases from Long Beach and Pasadena are excluded. 2018 and 2019 data are provisional due to reporting delay

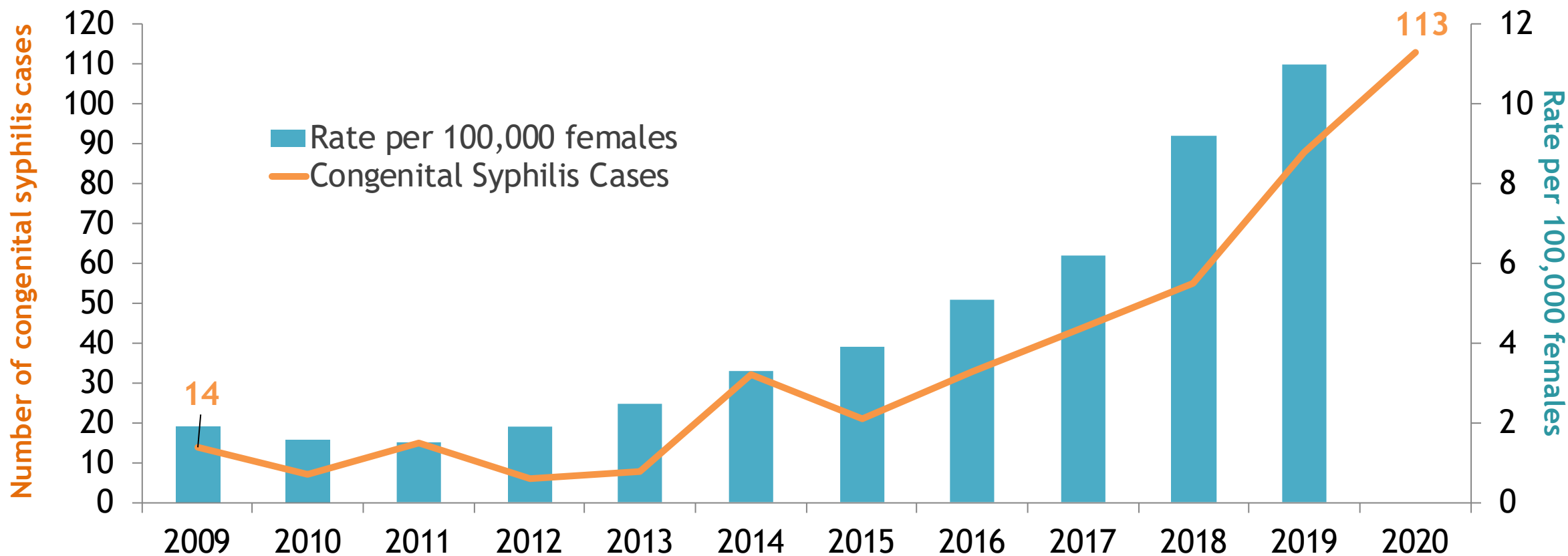
Early syphilis in males, Los Angeles County, 2009-2019¹



¹ Data as of 03/14/2021. Early syphilis includes all cases staged as primary, secondary, or early non-primary non-secondary (previously early latent); cases from Long Beach and Pasadena are excluded. 2018 and 2019 data are provisional due to reporting delay

MSM = men who have sex with men; MSMW = men who have sex with men and women; MSW = men who have sex with women

Early syphilis in females and babies, Los Angeles County, 2009-2019¹



¹ Data as of 03/14/2021. Early syphilis includes all cases staged as primary, secondary, or early non-primary non-secondary (previously early latent); cases from Long Beach and Pasadena are excluded. 2018, 2019, and 2020 data are provisional due to reporting delay

SYPHILIS IN NEWBORNS IS ON THE RISE IN U.S.

Congenital syphilis is a disease that can cause miscarriages, premature births, stillbirths, or even death of newborn babies.

From 2015–2019, cases of congenital syphilis have nearly

QUADRUPLED

492
2015



639
2016



935
2017



1,306
2018



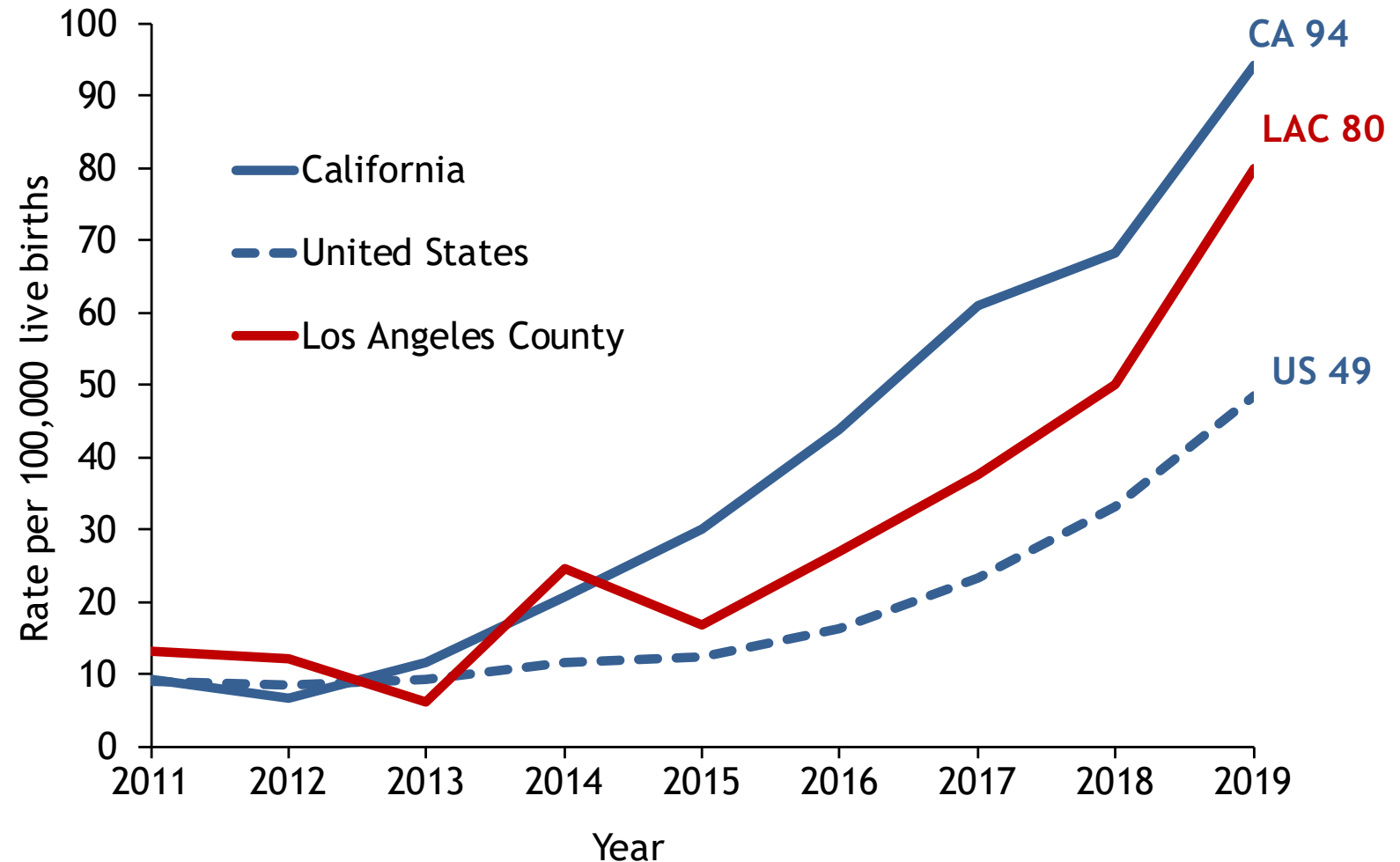
1,870
2019



A mother is likely to pass syphilis on to her baby if she is not treated.

Source: U.S. Centers for Disease Control and Prevention

Congenital Syphilis: How does Los Angeles County compare with California and the US?¹



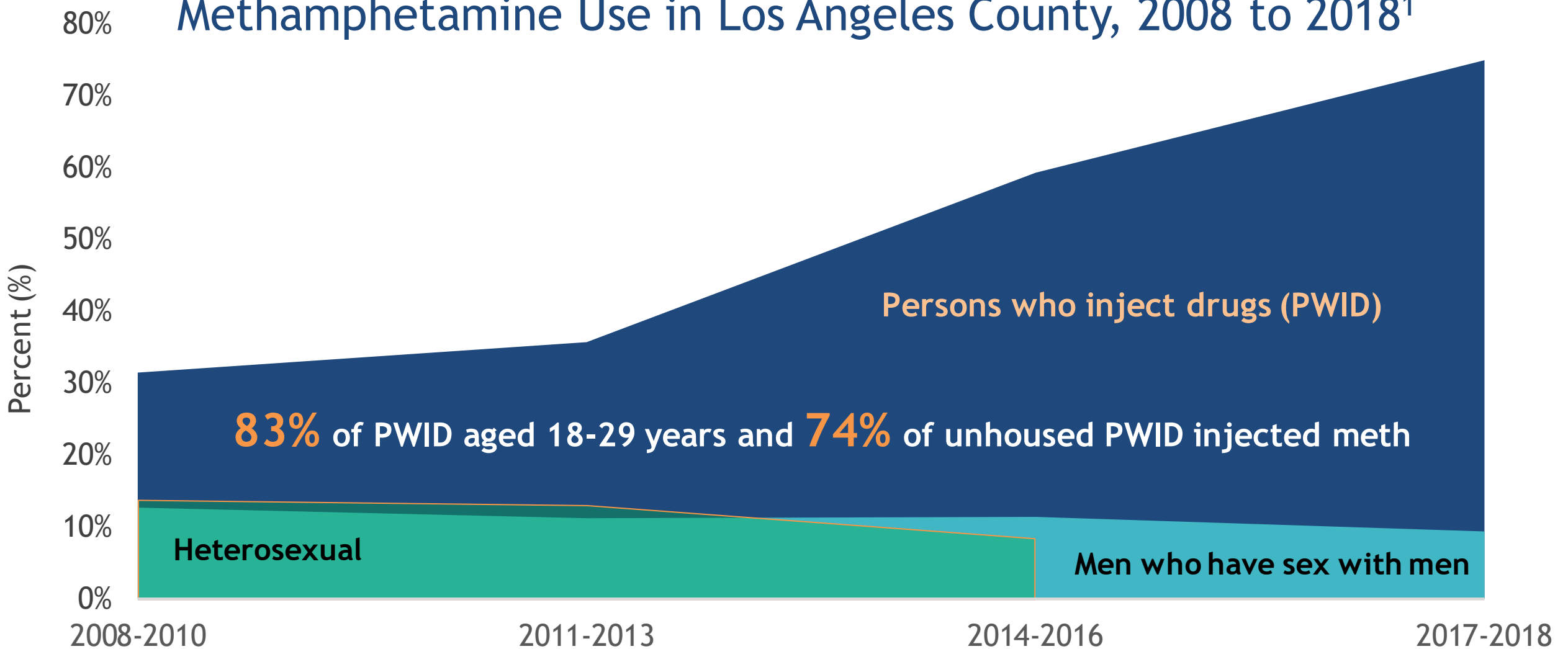
¹ Los Angeles County data as of 03/14/2021. Cases from Long Beach and Pasadena are excluded. 2018 and 2019 data are provisional due to reporting delay. US and California data accessed from the Centers for Disease Control and Prevention 2019 STD Surveillance Report.



What is driving the increases in syphilis and congenital syphilis in Los Angeles County?

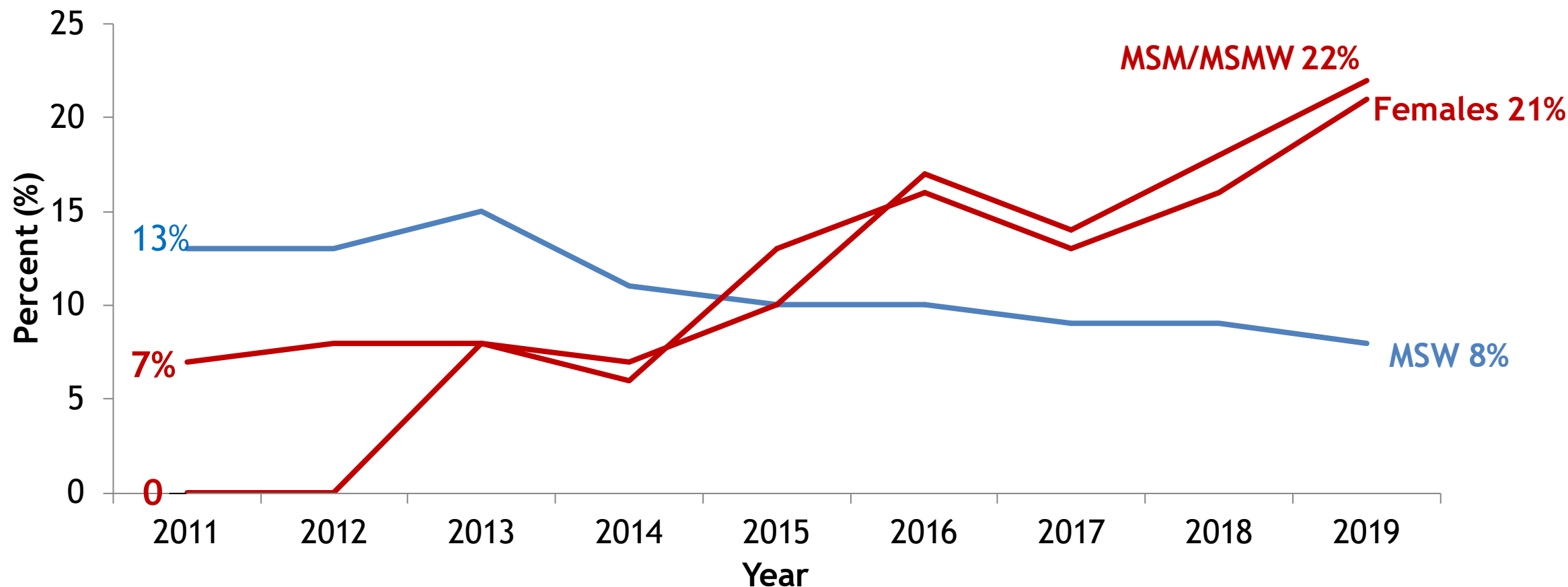


Methamphetamine Use in Los Angeles County, 2008 to 2018¹



¹Data abstracted from the National HIV Behavioral Surveillance (NHBS). NHBS is a national behavioral surveillance system designed to generate nationally representative estimates of HIV prevalence and behaviors among groups at highest risk for HIV infection. NHBS has been implemented in 20 local health jurisdictions, including LAC, since 2004. In LAC, the most recent cycles of NHBS was conducted in 2016 for heterosexuals, 2017 for MSM and 2018 for PWID.

Methamphetamine Use among Persons with Early Syphilis by Gender of Sex Partners, Los Angeles County, 2011-2019^{1,2,3}



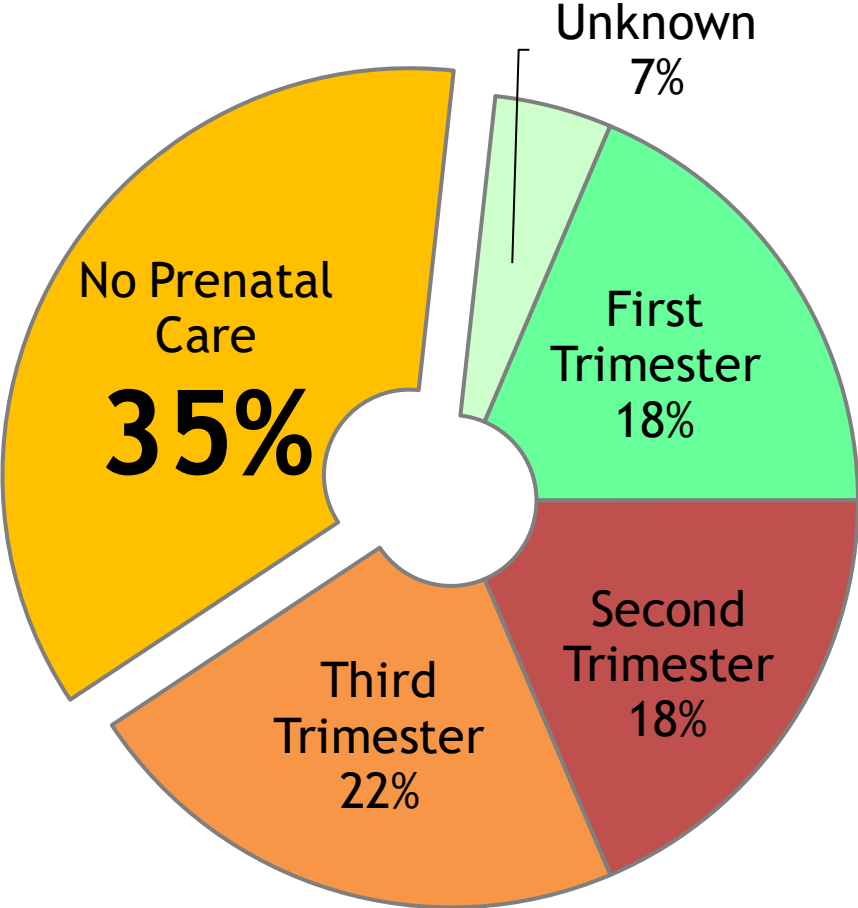
¹ Early Syphilis includes Primary, Secondary and Early Latent Syphilis. Data as of 3/12/2021.

² MSM = men who have sex with men; MSMW = men who have sex with men and women; MSW = men who have sex with women only. Men who have sex with transgendered are included in the MSM/MSMSW category.

³ Data based on syphilis cases who received partner services (N=25,937). Methamphetamine use reflects the number of individuals reporting methamphetamine use in the past 12 months.

Maternal Characteristics of 88 Congenital Syphilis Cases, Los Angeles County, 2019

Entry into Prenatal Care



36% had a history of incarceration

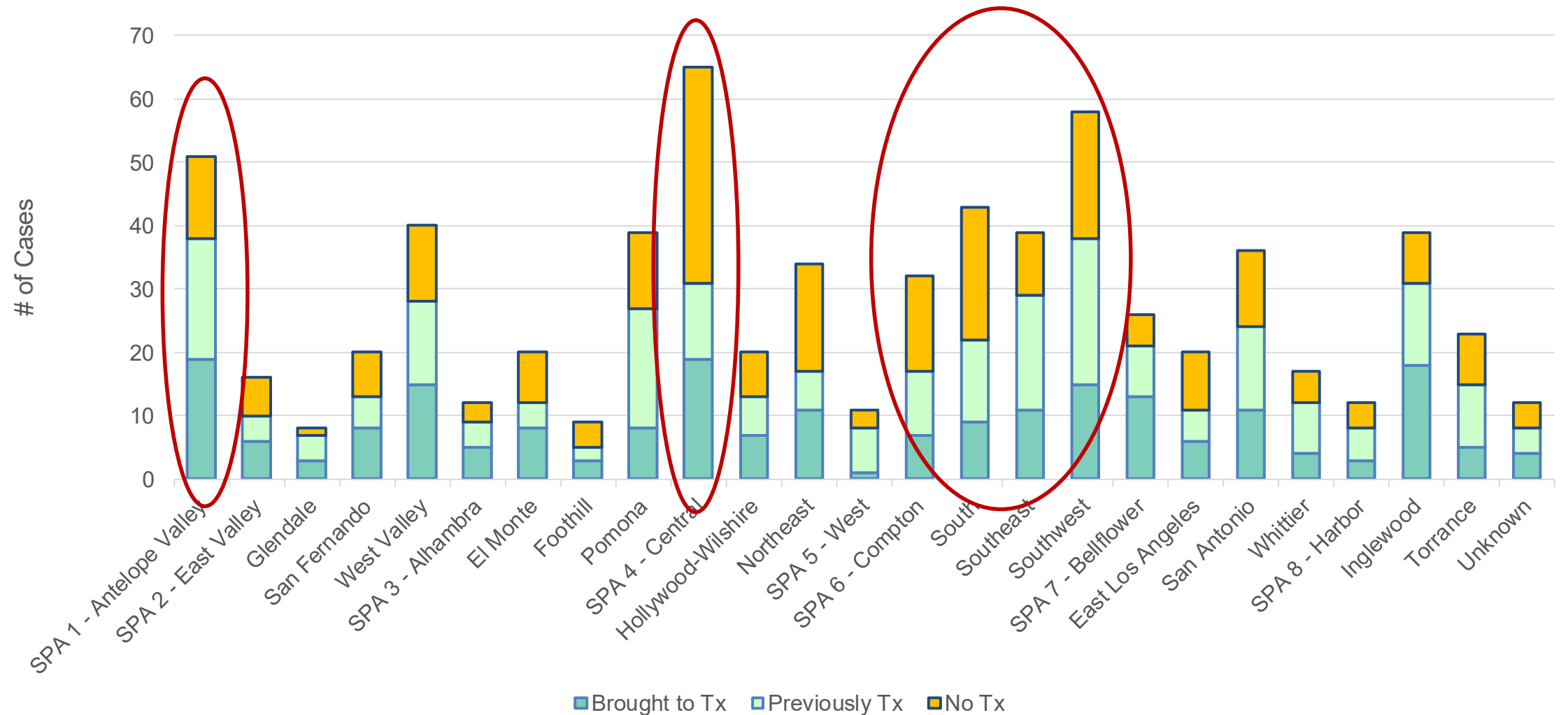
40% had unstable housing

68% had a substance use disorder

49% were using meth or some drug combination with meth

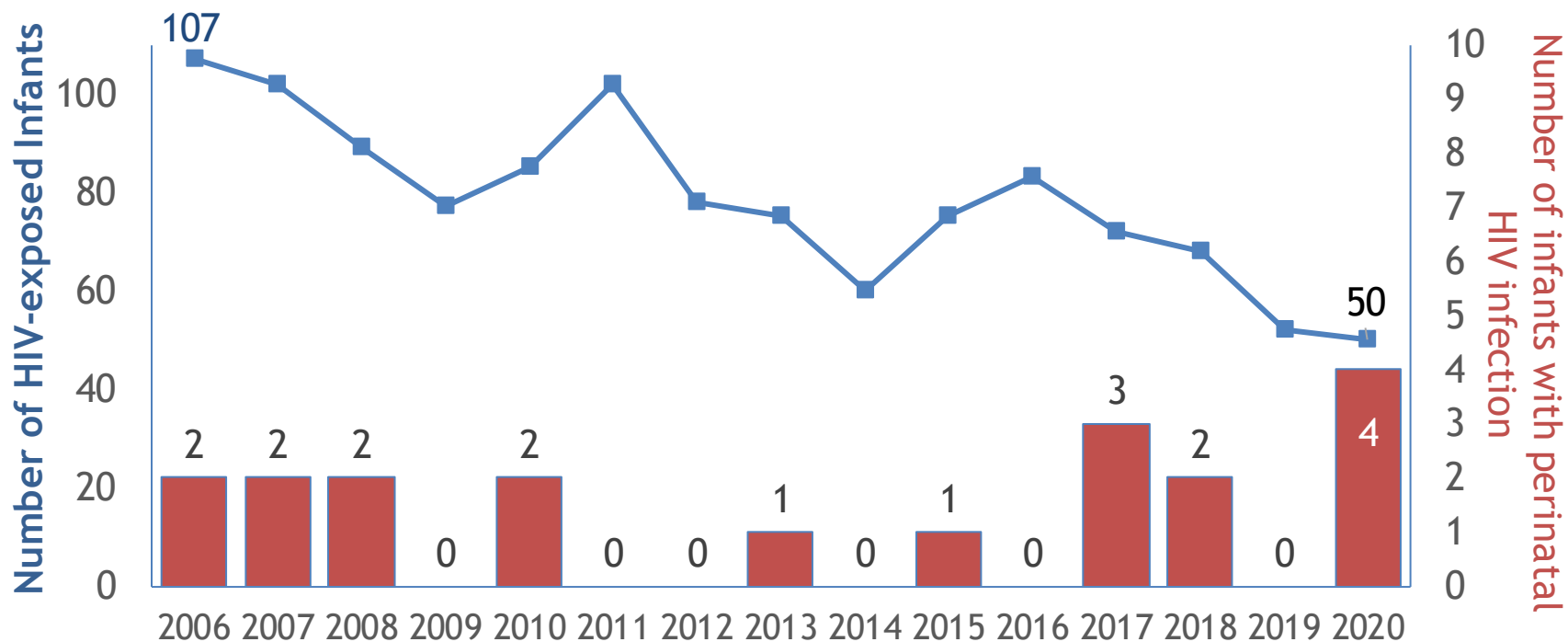
80% of deliveries resulted in DCFS/Foster Care Referral

Female syphilis cases by geographic area and treatment status, Los Angeles County, January - August 2020¹



¹ YTD 2020 data are preliminary and as of 11/01/20. Data exclude Long Beach and Pasadena. Treatment data are based on disposition. Syphilis among females of reproductive age (aged 15-44) including all cases staged as primary, secondary, early non-primary non-secondary (previously early latent) and unknown duration/late (previously late latent).

Trends in HIV-exposed infants and perinatal HIV transmission, 2006 to 2020¹



In 2020, LAC had **4** perinatal HIV transmissions

Common maternal risk factors

- Meth use (N=3)
- Unhoused (N=3)
- Mental illness (N=3)
- STDs (N=4)
 - **Syphilis** (N=3), GC (N=1)
- History of incarceration (N=2) and partner incarceration (N=1)

Neonate information

Congenital syphilis (N=3)

¹The number of infants with perinatal HIV infection (Red bars) includes perinatal transmissions that occurred in LAC for a given birth year. The number of HIV-exposed infants was derived from 7 pediatric HIV-specialty sites which serve over 90% of HIV-positive pregnant women who seek care in Los Angeles County and is an underestimate of the total number of HIV-exposed infants in the County. Data for 2019 and 2020 are provisional due to reporting delay.

What do our surveillance data show?

HIV

- Although HIV diagnoses is declining, Los Angeles County is far from reaching our local EHE goals.
- An estimated 1,200 persons are infected with HIV annually and ~5,100 persons living with HIV are not aware of their infection.
- As HIV incidence declines, the potential for HIV outbreaks has grown.
 - Viral suppression is lagging due to gaps in the case cascade and will contribute to onward transmission.
 - Meth use among persons who inject drugs (PWID) is increasing, especially young PWID and unhoused PWID.
 - In 2020 hotspots of rapid and recent transmission were identified in West Hollywood, Downtown, and South LA.
- Perinatal transmission is on the rise and fueled by syndemics of syphilis co-infection, meth use, homelessness, and mental health.

What do our surveillance data show?

STDs

- Syphilis cases have increased 450% among females and 235% among males since 2009.
- Meth use has increased among females and men who have sex with men (MSM) and MSM who have sex with women.
- Increases in syphilis among females has led to a historic high in congenital syphilis cases.
- Maternal risk factors for congenital syphilis include meth use, unstable housing, mental illness, and lack of prenatal care.
- Syphilis co-infection is common among persons with diagnosed HIV residing in high priority HIV cluster locations and among infants with perinatal HIV infection.

Intersecting epidemics and opportunities

HIV



Substance abuse

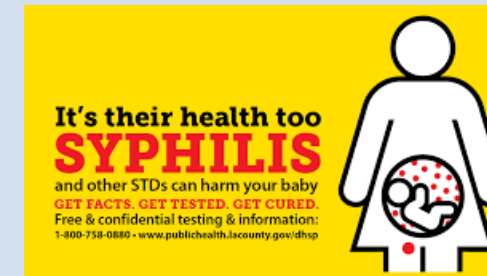
Mental illness

Unstable housing

Low access to care

Lack of integrated services

Syphilis



Opportunities

- Leverage EHE funds to increase collaboration between STD, HIV, substance abuse prevention and control, and housing programs
 - Work with providers for substance abuse services and homeless programs to provide pregnancy screening for women, HIV and syphilis testing for patients, and facilitate prompt linkage to care and prevention programs.
 - Target harm reduction outreach in homeless encampments to prevent outbreaks.
 - Integrate HIV recency testing in STD and HIV screening programs to identify and rapidly respond to clusters of recent transmission.
 - Expand active surveillance for perinatal HIV and syphilis exposure to improve identification and reporting of HIV-exposed and syphilis-exposed babies
 - Improve integration of data systems across HIV, STD, and substance abuse programs
 - Continue to strengthen the data to care continuum through real-time use of surveillance data to accelerate rapid intervention to stop transmission.



Thank you

For more information, please visit
<http://www.publichealth.lacounty.gov/dhsp/Reports/>

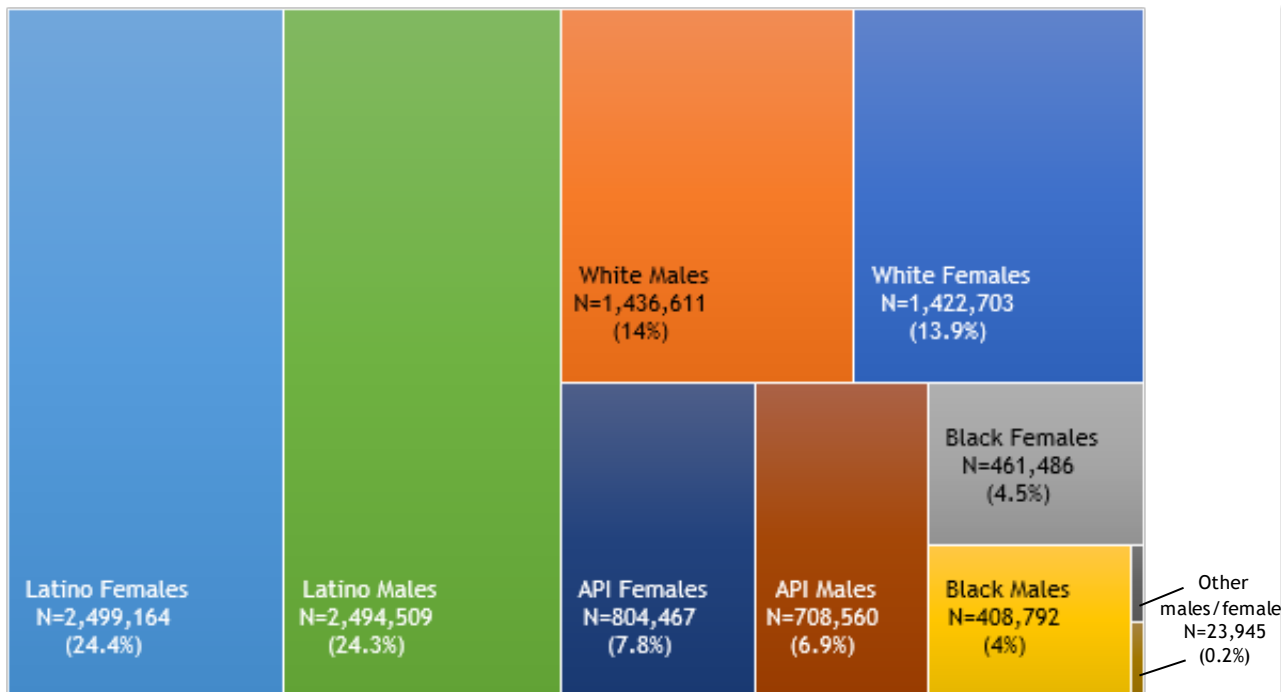




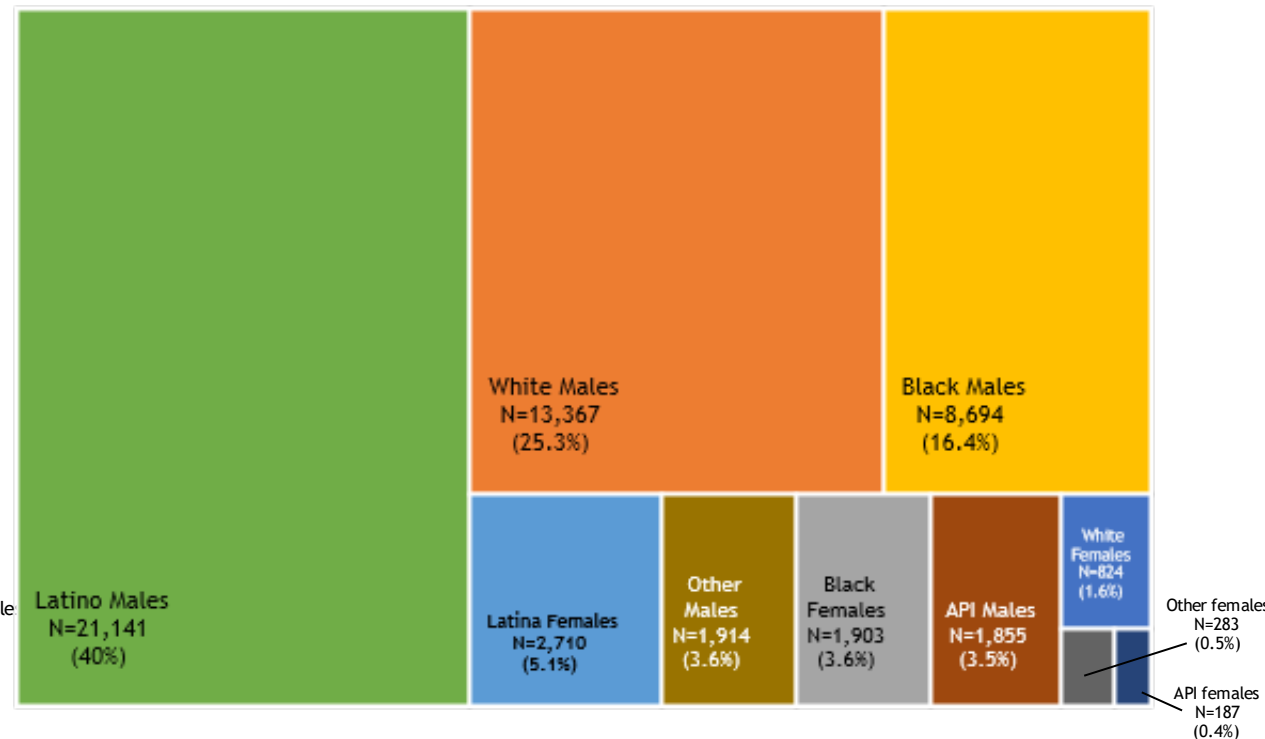
Additional slides



Distribution of sex¹ and race/ethnicity among Los Angeles County (LAC) residents in 2019 (N=10,260,237)²



Distribution of sex¹ and race/ethnicity among persons living with diagnosed HIV at year-end 2020, LAC (N=52,878)



¹ Population estimates are not currently available for transgender persons.

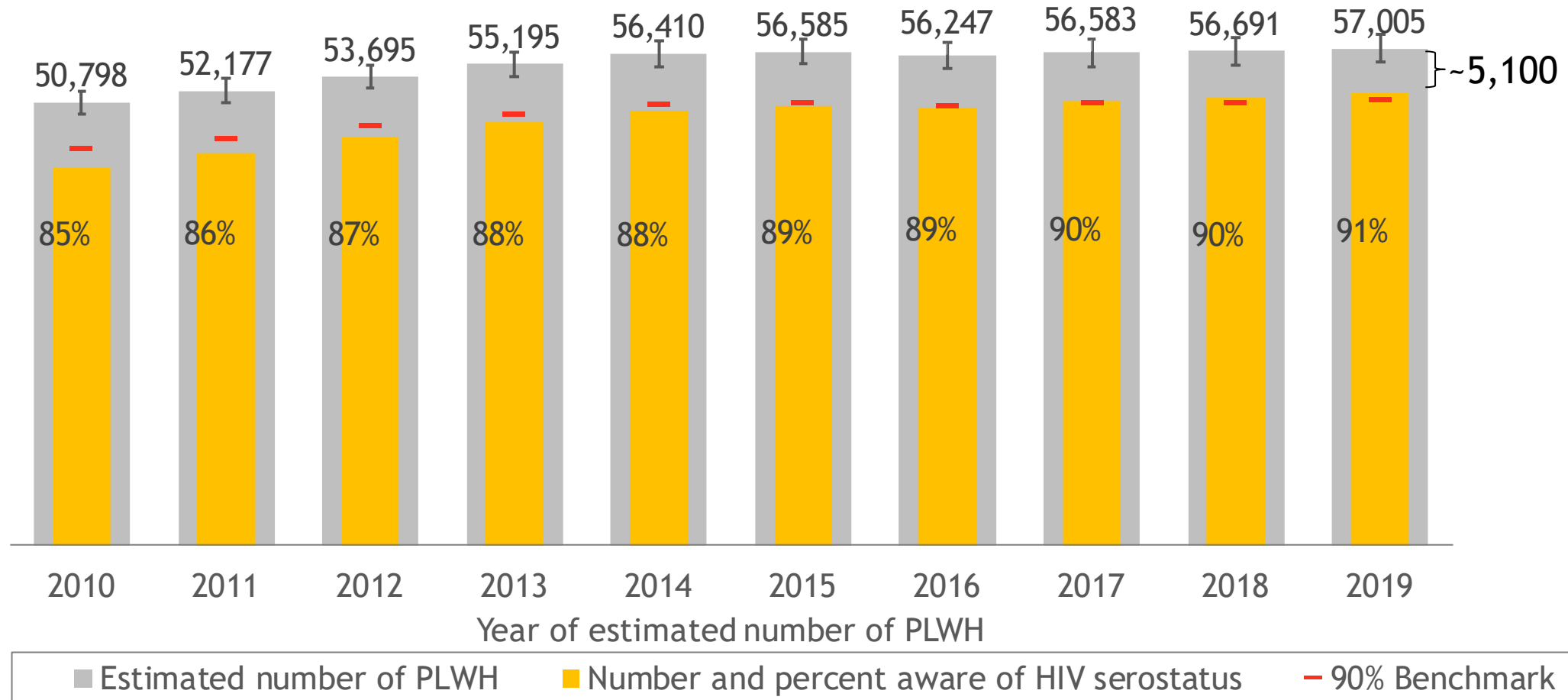
² Based on the 2019 population estimates provided by LAC Internal Services Department and contracted through Hedderson Demographic Services.

¹ Population estimates are not currently available for transgender persons, therefore male and female categories are based on biological sex at birth.

~10.3 million people reside in LAC. The Latinx population represents the largest group, followed by the White population. Black men and women represent 8% of the total LAC population.

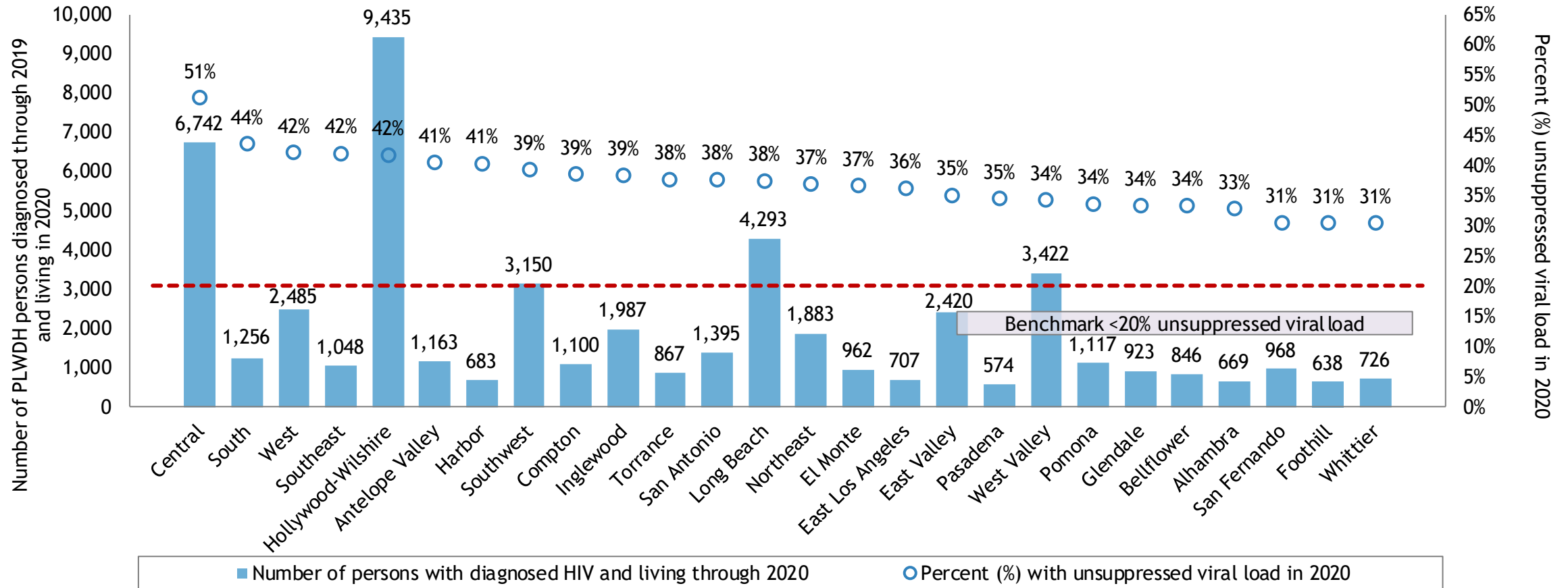
Latinos represent 40% of persons living with diagnosed HIV (PLWDH) followed by White (25%) and Black males (16%). These groups represent >80% of PLWDH in LA County.

Awareness of HIV-positive serostatus among PLWH aged 13 years and older, LAC 2010-2019¹



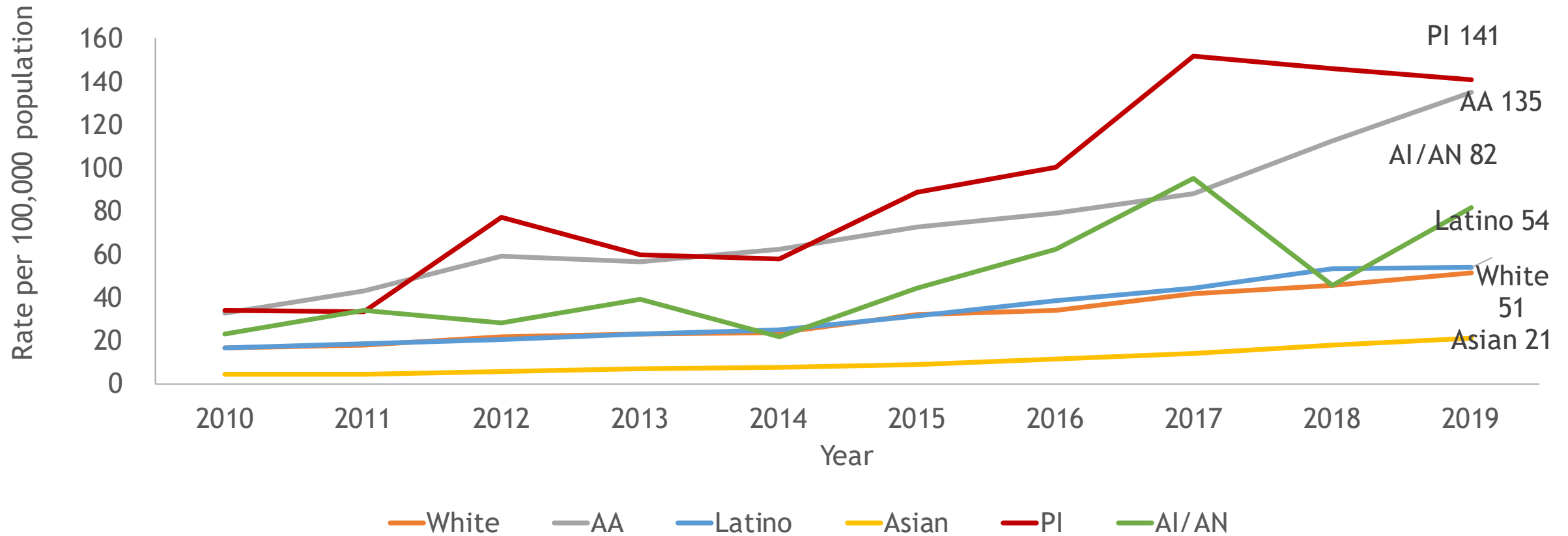
¹Using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County. 2019 incidence estimates are preliminary

Unsuppressed viral load by Health District among persons aged ≥ 13 years diagnosed through 2019 and living in LAC at year-end 2020

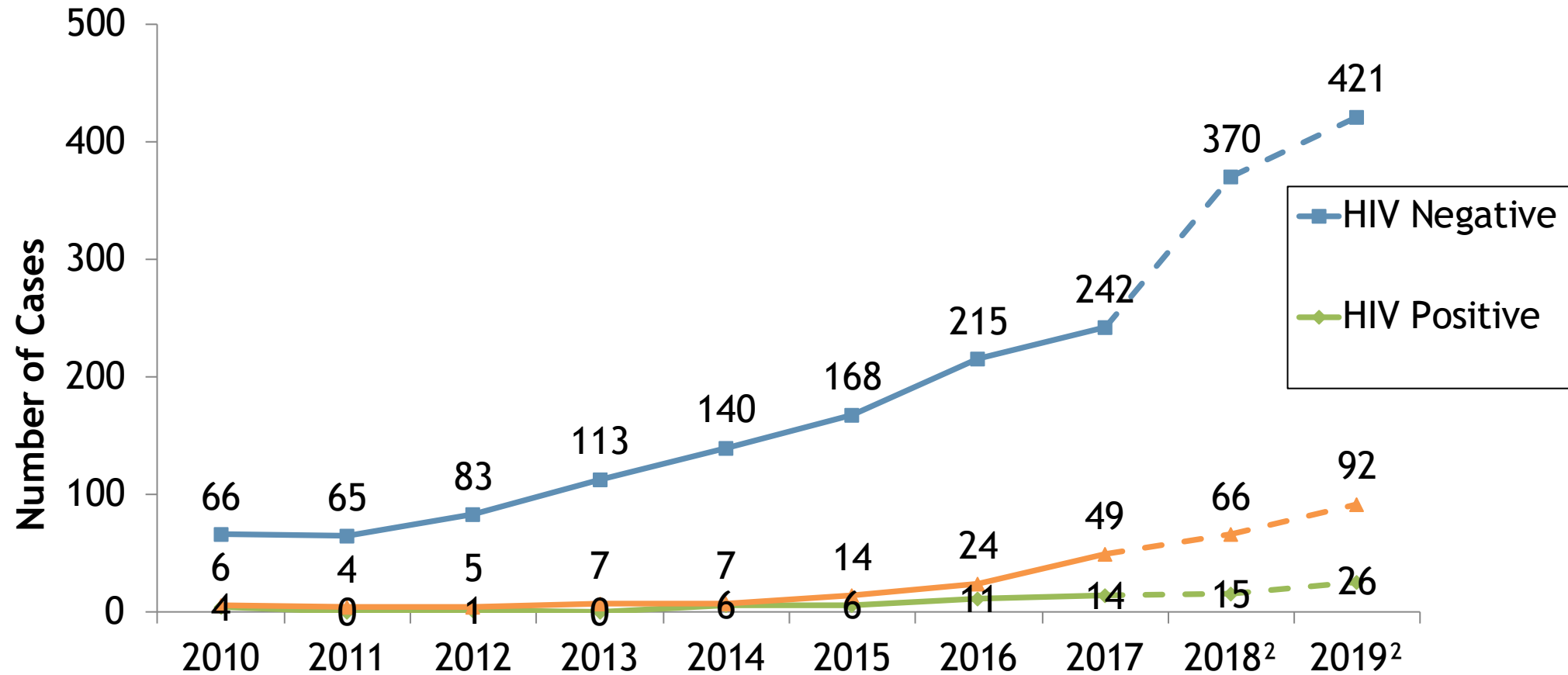


Unsuppressed viral load varies widely across LAC Health Districts. In 2020, no Health District achieved the national target for viral suppression, and lowest achievements were seen in Central, South, West, Southeast, and Hollywood-Wilshire Health Districts where unsuppressed viral load levels were $\geq 40\%$.

Syphilis Rates by Race/Ethnicity, 2010-2019



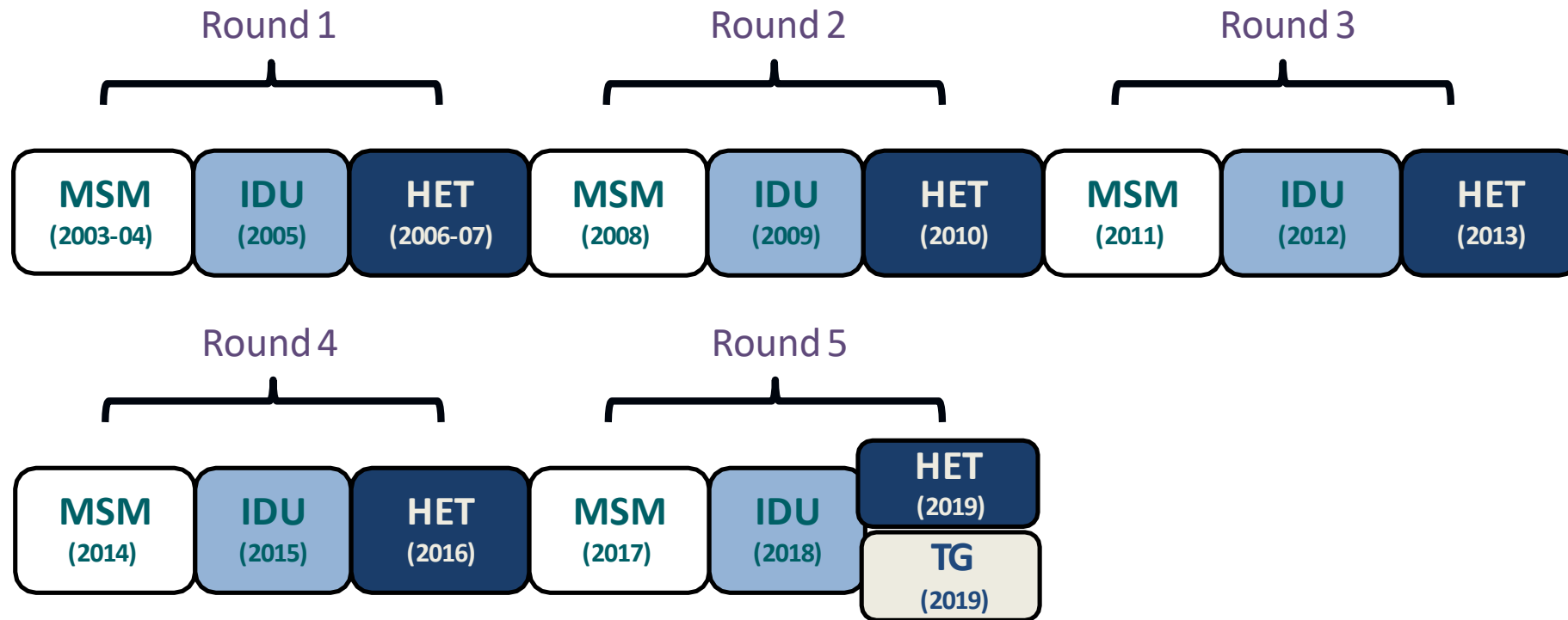
Number of Early Syphilis Cases among Females by HIV Status, Los Angeles County, 2013-2019¹



¹ HIV positive status includes cases that were either self-reported and/or laboratory confirmed. Data as of March 14, 2021.

² 2018-2019 data are provisional due to reporting delay.

NHBS annual rotating cycles



NHBS is implemented in annual rotating cycles such that each population is surveyed once every 3 years.

*MSM: Men who have sex with men *IDU: Injection drug users *HET: Heterosexuals at increased risk for HIV infection (HET).
Transgender (TG) will be piloted in 2019 as part of Round 5

- In an effort to better understand the needs of community members and support the services being offered by Ryan White providers, DHSP distributed a short online survey regarding the childcare, interpretation and translation needs of clients
- The survey consisted of 7-10 questions and was estimated to take 5-10 minutes
- The link was emailed to 42 Ryan White agencies on 12/16/2020
- 16 of the 42 agencies responded (38%) at this time
- The link was emailed again to agencies on 3/02/2021 to ask for participation
- An additional 8 agencies responded
- **Overall response rate was a total of 24/42 (57%)**



Top 5 RW Agencies with Highest Proportion of Non-English Speaking Clients

Agency	Total Non English Speakers (%) - March 2019-February 2020
Bienestar	69 (87.3%)
El Proyecto Del Barrio	146 (68.2%)
AltaMed	750 (59.3%)
Rand Schrader	1030 (55.7%)
MCA Clinic	251 (54.1%)

*Highlighted color denotes agencies that completed and submitted the Provider Survey

24 out of 42 RW agencies responded (57%)

- AIDS Health Care Foundation
- APLA
- Bienestar
- Children’s Hospital Los Angeles
- City of Long Beach
- DHS Harbor UCLA Medical Center
- DHS High Desert Health
- DHS Hubert Humphrey – Main Street Clinic
- DHS Long Beach Comprehensive Health Center
- DHS Olive View, UCLA
- DHS Rand Schrader Clinic
- East Valley Community Health Center
- El Proyecto del Barrio
- JWCH
- Oasis Clinic
- Northeast Valley Community Clinic
- Saban Community Clinic
- St. John’s Well Child and Family Center
- St. Mary’s Care Center
- Tarzana
- T.H.E. Clinic Inc
- UCLA Care Clinic
- UCLA Peds/LAFAN
- Watts Health Care Corporation



Top 5 RW Agencies with Highest Proportion of Female Clients of Childbearing Age

Agency	Total RW Females Served, Aged 15-44 (%) - March 2019-February 2020
Salvation Army Alegria	17 (60.7%)
MCA Clinic	230 (49.6%)
Center for Health Justice	18 (18.8%)
Children's Hospital, LA	8 (16.7%)
Watts HealthCare Corporation	19 (9.1%)

*Highlighted color denotes agencies that completed and submitted the Provider Survey

- None of the agencies who responded to the survey currently provide childcare services
- 11/24 (46%) identified a need for childcare
 - 9/11 (82%) said 25% or less of their clients needed childcare about 2 days/week

Would you consider applying for childcare if DHSP offered it?

- YES: 11/24 (46%)
 - 5 agencies who did NOT identify a need for childcare would apply anyway
- NO: 13/24 (54%)
 - 4 agencies who stated they needed childcare would NOT apply for funding
 - Main reasons: Don't have the client need, **lack of space**, no females of childbearing age served

Provider Survey: Childcare Needs



Agency	Need Childcare? Yes/No	Consider Childcare if DHSP funded?	Total RW Females Served, Aged 15-44 (%) - March 2019-February 2020
AIDS Healthcare Foundation	No	No	163 (4.3%)
APLA	No	Yes	61 (2.3%)
Bienestar	No	Yes	2 (2.5%)
Children's Hospital	No	Yes	8 (16.7%)
DHS Harbor UCLA	No	No	56 (6.7%)
DHS High Desert	No	Yes	7 (4.8%)
DHS Long Beach	No	No	4 (2.5%)
East Valley Community Clinic	No	No	21 (4.8%)
JWCH	No	Yes	34 (3.7%)
Saban Community Clinic	No	No	---
St. Mary's Care Center	No	No	41 (3.9%)
T.H.E. Clinic	No	No	13 (6.3%)
UCLA CARE Clinic	No	No	16 (2.4%)

Provider Survey: Childcare Needs



Agency	Need Childcare? Yes/No	Consider Childcare if DHSP funded?	Total RW Females Served, Aged 15-44 (%) - March 2019-February 2020
City of Long Beach	Yes	No	10 (4.9%)
DHS Hubert Humphrey – Main Clinic	Yes	Yes	18 (5.0%)
DHS Rand Schrader	Yes	Yes	147 (7.9%)
DHS Olive View UCLA	Yes	Yes	46 (8.5%)
El Proyecto Del Barrio	Yes	Yes	10 (4.7%)
UCLA (LAFAN)	Yes	No	---
Northeast Valley Health Corp	Yes	No	42 (5.9%)
OASIS Clinic	Yes	No	27 (7.6%)
St John's	Yes	Yes	6 (6.9%)
Tarzana	Yes	Yes	19 (3.3%)
Watts Health Care Corporation	Yes	Yes	19 (9.1%)

- **21/24 (88%) currently offer translation/interpretation service**
- Those that offered translation/interpretation services noted they use:
 - *“A translation/interpretation service is used for the whole company. When we had PALS it was more convenient.”*
 - *“Staff are bilingual and so can meet most language needs on their own.”*
 - *“We use a telephone translation service or staff members when needed. Providers are never really sure that patients are understanding medication instructions or are able to answer all patient questions. Medical interpretation would also be a plus for deaf clients. In the past, GLAAD Case Managers would meet clients for appointments and were able to explain medication regimens, ask questions and assist with other client needs.”*
 - *“We have traditionally used PALS for languages other than Spanish.”*
 - *“We utilize facility resources for on site and telephonic interpretation or I-pad for sign language.”*
- **Only 9/24 (38%) identified a need for translation services among 25-50% (avg) of their clients**
 - Languages requested: Spanish, Cantonese, Mandarin, Farsi, Tagalog, French

Provider Survey: Interpretation/Translation



Agency	Need Interpretation?	Need Translation?	Total Non English Speakers (%) - March 2019-February 2020
AIDS Healthcare Foundation	No	No	1495 (22.8%)
APLA	No	No	579 (22.5%)
Bienestar	No	Yes	69 (87.3%)
Children's Hospital	No	No	3 (6.3%)
DHS Harbor UCLA	No	No	342 (40.6%)
DHS High Desert	No	Yes	20 (13.7%)
DHS Hubert Humphrey – Main Clinic	No	No	130 (36.6%)
DHS Long Beach	No	No	38 (23.3%)
DHS Olive View UCLA	No	No	249 (46.2%)
Northeast Valley Health Corp	No	No	313 (43.9%)
Saban Community Clinic	No	Yes	---
St John's	No	No	46 (52.9%)
St. Mary's Care Center	No	Yes	197 (19.1%)
Tarzana	No	No	53 (9.2%)
UCLA Care Clinic	No	Yes	79 (11.9%)

Provider Survey: Interpretation/Translation



Agency	Need Interpretation?	Need Translation?	Total Non English Speakers (%) - March 2019-February 2020
UCLA (LAFAN)	Yes	Yes	---
OASIS Clinic	Yes	Yes	83 (23.3%)
City of Long Beach	Yes	Yes	36 (17.7%)
DHS Rand Schrader	Yes	No	1030 (55.6%)
East Valley Community Clinic	Yes	Yes	136 (30.9%)
El Proyecto Del Barrio	Yes	Yes	146 (68.2%)
JWCH	Yes	No	242 (25.9%)
T.H.E. Clinic	Yes	Yes	64 (31.4%)
Watts Health Care Corporation	Yes	Yes	91 (43.8%)

Summary/Key Take Aways



- Fewer than half of the 24 providers who responded to the survey stated they needed childcare services and just over half indicated they would not apply for additional funding if available (58%). Most also indicated it was a need only 1-2 days a week.
- Most providers offer interpretation/translation services (88%) and only 33% indicated an additional need for these services. However, the comments implied that while these services may be available, they could be improved especially for languages other than Spanish (e.g. Cantonese, Mandarin, Farsi, Tagalog, French).
- Three out of four of the providers (75%) reported no huge disruptions to their services from COVID-19. The main barrier or change noted was that services have moved to tele-health.
- Only 57% of the 42 DHSP-funded agencies responded to the survey so results may not represent the experience of all contracted agencies.

What are Oral Health Services?

Free dental services for people living with HIV (PLWH) as part of the Ryan White Program. These services will be provided by dental professionals who have experience serving persons living with HIV.

What are the goals of this service?

- √ To promote dental health
- √ Provide reliable dental health services
- √ Improve quality of life among PLWH

What type of assistance can I access through this service?

General Dentistry: Regular dental checkups, X-rays, cleaning, fillings, and access to any necessary and related medication, treatment or referrals to specialty dentistry services.

Specialty Dentistry Services: Additional procedures such as crowns, dentures, implants and dental surgery. These are services intended to improve dental health and function.

Where can I access these services?

AGENCY	PHONE	GENERAL	SPECIALTY
AIDS Healthcare Foundation	(323) 744-1752	√	
AltaMed Health Services	(323) 869-5459	√	
APLA Health & Wellness	(213) 201-1541	√	√
East Valley Community Health Center	(909) 620-8088 x 3200	√	
El Proyecto del Barrio	(818) 221-4600	√	
JWCH Institute, Inc.	(866) 733-5924	√	
Northeast Valley Health Corporation	(818) 988-6335	√	
St. John Well Child and Family Center	(323) 541-1411	√	
St. Mary Medical Center	(562) 624-4949	√	√
UCLA School of Dentistry	(310) 794-4348	√	√
Herman Ostrow School of Dentistry of USC	(213) 740-9626 (213) 740-9151	√	√
Watts Healthcare Foundation	(323) 564-4331 X3315	√	

How do I access these services?

Contact your HIV service provider or the agencies listed above and ask about payment assistance through the Ryan White Program. Confirmation of HIV status, Los Angeles County residency, current income and health insurance may be required. All personal information will be kept private and confidential.



¿Qué son los Servicios de Salud Bucal/Oral?

Servicios dentales gratuitos para personas que viven con el VIH (PLWH) pagados por el Programa Ryan White. Estos servicios serán proporcionados por dentistas que conozcan y tengan experiencia con el VIH.

Cuáles son los objetivos de este servicio?

- √ Promover la salud dental
- √ Proporcionar servicios de salud dental confiables
- √ Mejorar la calidad de vida entre PLWH

¿Qué tipo de asistencia puedo acceder a través de este servicio?

Odontología General: Chequeos regulares dentales, radiografías, limpieza, empastes, y acceso a cualquier medicamento, tratamiento o remisión a servicios adicionales necesarios.

Servicios de Odontología Especializada: Procedimientos adicionales como coronas, dentadura postiza, implantes y cirugía dental. Estos pueden ser servicios que mejoran la salud dental y la función.

¿Dónde puedo acceder a estos servicios?

AGENCIA	TELEFONO	GENERAL	ESPECIALIZADA
AIDS Healthcare Foundation	(323) 744-1752	√	
AltaMed Health Services	(323) 869-5459	√	
APLA Health & Wellness	(213) 201-1541	√	√
East Valley Community Health Center	(909) 620-8088 x 3200	√	
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Watts Healthcare Foundation	(323) 564-4331 X3315	√	

¿Cómo acceso estos servicios?

Comuníquese con su proveedor de servicios de VIH o las agencias mencionadas anteriormente y pregunte sobre la asistencia de pago a través del Programa Ryan White. La documentación que confirme el diagnóstico del VIH, la residencia en el Condado de Los Angeles, los ingresos actuales y el seguro médico pueden ser necesarias. Toda la información personal se mantendrá privada y confidencial.



What are Mental Health Services for PLWH?

Mental Health Services for persons living with HIV (PLWH) are designed to assist people living with HIV who are also experiencing mental health challenges that interfere with their everyday functioning. These services are coordinated with a client’s specialty HIV health care provider.

What are the goals of these services?

These services seek to improve the mental and physical health status of people living with HIV by addressing mental health stressors and challenges.

What types of assistance can I access through these services?

- ✓ Individual Counseling
- ✓ Family Counseling
- ✓ Group Counseling
- ✓ Multi-Family Counseling
- ✓ Medical Management
- ✓ Crisis Intervention

Where can I access these services?

AIDS Healthcare Foundation	(818) 380-2626 ext. 5733
AltaMed Health Services	(323) 869-5408
Los Angeles County Department of Mental Health	(213) 738-4717
Wesley Health Centers	(323) 201-4516 x 3040
LAC+USC Medical Center	(323) 409-8258
Northeast Valley Health Corporation	(818) 988-6335
Special Services for Groups	(213) 553-1849
St. John Well Child & Family Center	(323) 541-1411
Tarzana Treatment Centers	(818) 342-5897 x2195
Venice Family Clinic	(310) 664-7613
Being Alive	(323) 874-4322

How do I access these services?

You can access these services by contacting the providers listed above. It is important to note that you do not need to receive mental health services in the same clinic where you access your HIV medical care. If you are not already receiving services at one of the providers above, they may need to confirm that you are Ryan White Program-eligible and they may ask you to provide documentation confirming your HIV diagnosis, current income (if any), health insurance (if any), and that you live in Los Angeles County



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Ryan White HIV/AIDS Program Parts

The Ryan White HIV/AIDS Program is divided into five Parts, following from the authorizing legislation. Note that all Parts utilize the same service categories.

- **PART A** provides grant funding for medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are population centers that are the most severely affected by the HIV/AIDS epidemic.
- **PART B** provides grant funding to states and territories to improve the quality, availability, and organization of HIV health care and support services. Grant recipients include all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the 5 U.S. Pacific Territories. In addition, Part B also includes grants for the AIDS Drug Assistance Program (ADAP).
- **PART C** provides grant funding to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. Part C also funds planning grants, which help organizations more effectively deliver HIV care and services.
- **PART D** provides grant funding to support family-centered, comprehensive care to women, infants, children, and youth living with HIV.
- **PART F** provides grant funding that supports several research, technical assistance, and access-to-care programs. These programs include:
 - **The Special Projects of National Significance Program**, supporting the demonstration and evaluation of innovative models of care delivery for hard-to-reach populations;
 - **The AIDS Education and Training Centers Program**, supporting the education and training of health care providers treating people living with HIV through a network of eight regional centers and three national centers;
 - **The Dental Programs**, providing additional funding for oral health care for people with HIV through the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program; and
 - **The Minority AIDS Initiative**, providing funding to evaluate and address the impact of HIV/AIDS on disproportionately affected minority populations.



Keck School of Medicine of USC



HIV Clinical Leadership Program in Los Angeles

An intensive fellowship training for primary care physicians committed to leadership and service through caring for people living with HIV in underserved communities

The two-year Fellowship is based at the Rand Schrader Clinic, LAC+USC Medical Center and is a partnership with the LAC Department of Health Services, the Los Angeles Area Pacific AIDS Education and Training Center (PAETC) based in the Family Medicine Department, Keck Medical School of USC, and ViiV Healthcare. The program is highly competitive with applicants from all over the United States. Each class has 2-3 participants.

Program Goals: The goal of the fellowship is to train primary care physicians who are:

1. committed to providing high quality HIV care and prevention to all patients disproportionately impacted and vulnerable communities,
2. skilled in understanding the importance of health services research that benefits patients and communities affected by HIV/AIDS, and
3. dedicated to being leaders in healthcare, medical education, and patient advocacy.

In 2016 DHS received a grant from ViiV Healthcare, an HIV Specialist company to establish a HIV fellowship program in Los Angeles and that year DHS and the PAETC partnered to offer a two-year fellowship. ViiV Healthcare is a global specialist HIV company established in November 2009 by GlaxoSmithKline and Pfizer dedicated to delivering advances in treatment and care for people living with HIV. The company's aim is to take a deeper and broader interest in HIV/AIDS than any company has done before and take a new approach to deliver effective and new HIV

The HIV Clinical Leadership Program is managed by the Los Angeles County Department of Health Services (DHS). The mission of DHS is to ensure access to high-quality, patient-centered, cost-effective health care for Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

The Pacific AIDS Education and Training Center at USC (PAETC) is housed in the Department of Family Medicine at the Keck School of Medicine at USC. In 2000, recognizing an increasing need for well-trained HIV providers, PAETC at USC developed one of the first HIV fellowships in the United States. This one-year fellowship accepted recent graduates from family and internal medicine residencies who had a passion for HIV medicine, primary care, and a desire to practice in underserved communities hardest hit by the HIV epidemic. This LAC+USC Medical Center based HIV clinical fellowship was unique in that it also included experiences in several community and academic settings. In 2010, the only HIV Corrections fellowship in the United States was established, in partnership with the LA County Sheriff's Department.

Former and current fellows

To date 28 physicians have successfully completed the program with 2 currently in training and 3 to start July 2021. The listing below shows characteristics of our former and current fellows.

Women 15

Men 15

Ethnicity:

White non-Hispanic 15

Asian 11

Hispanic 4

African-American 1

South Asian 1

Residency training (18 California, 12 other states)

Family Medicine 23

Internal Medicine 4

Med-Peds 3

Current practice locations of former fellows

California (Southern) 19

California (Northern) 3

Southeast 3

Southwest 2

Midwest 1

Current employment of former fellows

Federally Qualified Health Center (FQHC) 12

Medical School/Residency Programs 7

Corrections 4

Kaiser 3

Public Health 3

Private Practice 2

Doctors without Boards 2



Mikhaela Cielo, MD

Membership Application on File with the Commission Office



Mallery Robinson

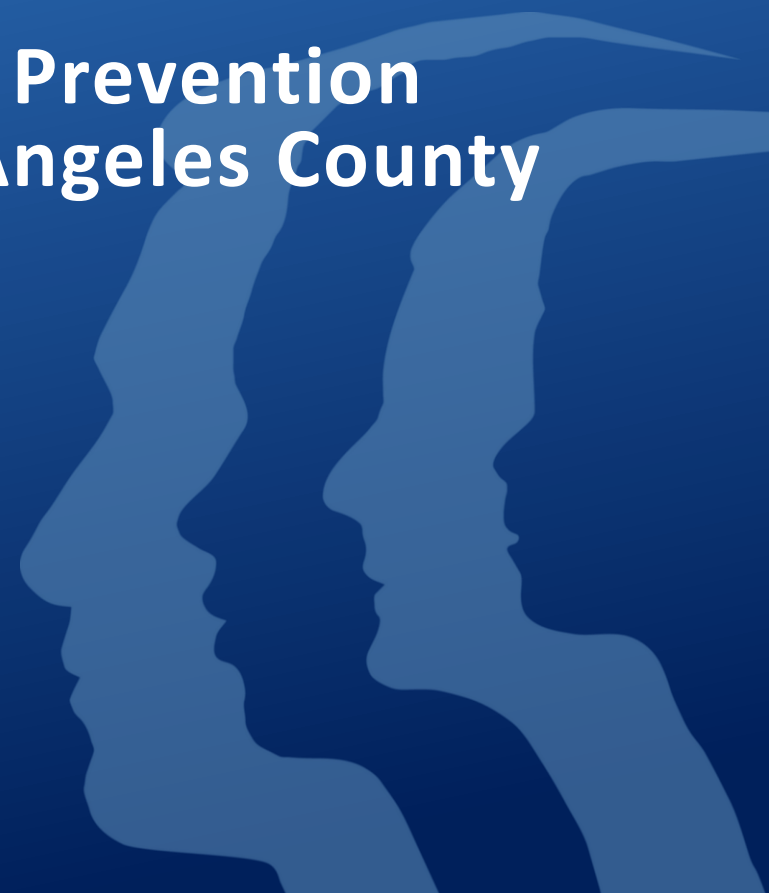
Membership Application on File with the Commission Office



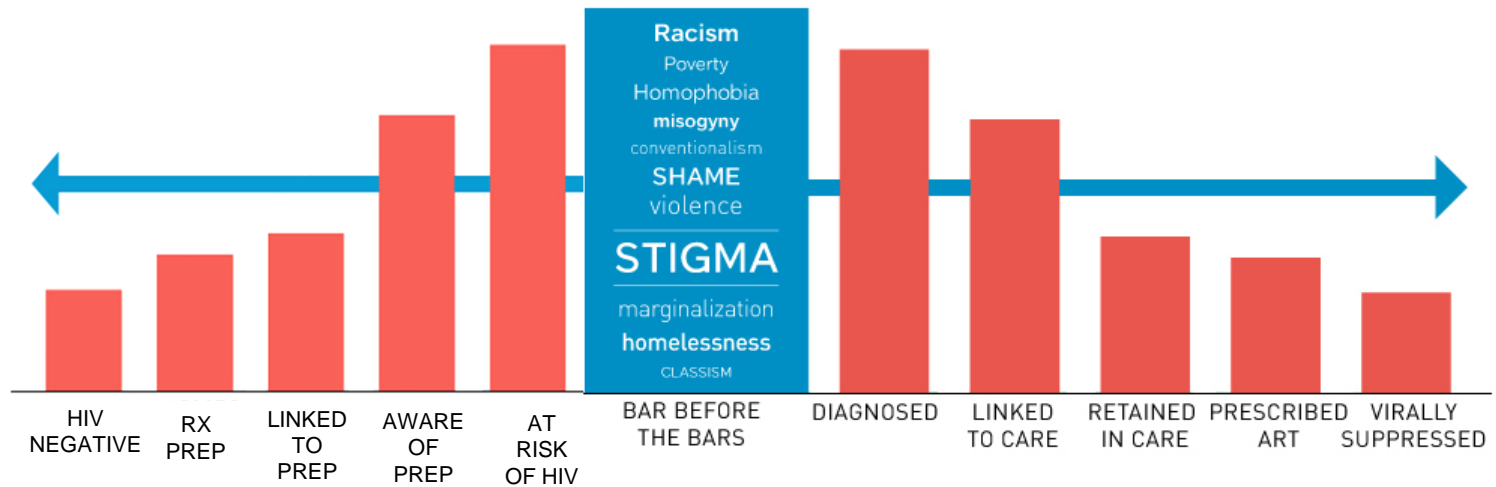
Overview of Contracted HIV Prevention and Testing Services in Los Angeles County

Division of HIV and STD Programs
April 28, 2021

COH Prevention Workgroup
April 28, 2021



Status Neutral Continuum





Biomedical Prevention Services





Prevention Data Sources

- HIV/STD Testing Services
- National HIV Behavioral Surveillance Project
- **LAC Apps-Based Survey**
- **Contacted Biomedical Services**
- Contracted HIV Education and Risk Reduction (HERR) Services
- Contracted Vulnerable Populations Services



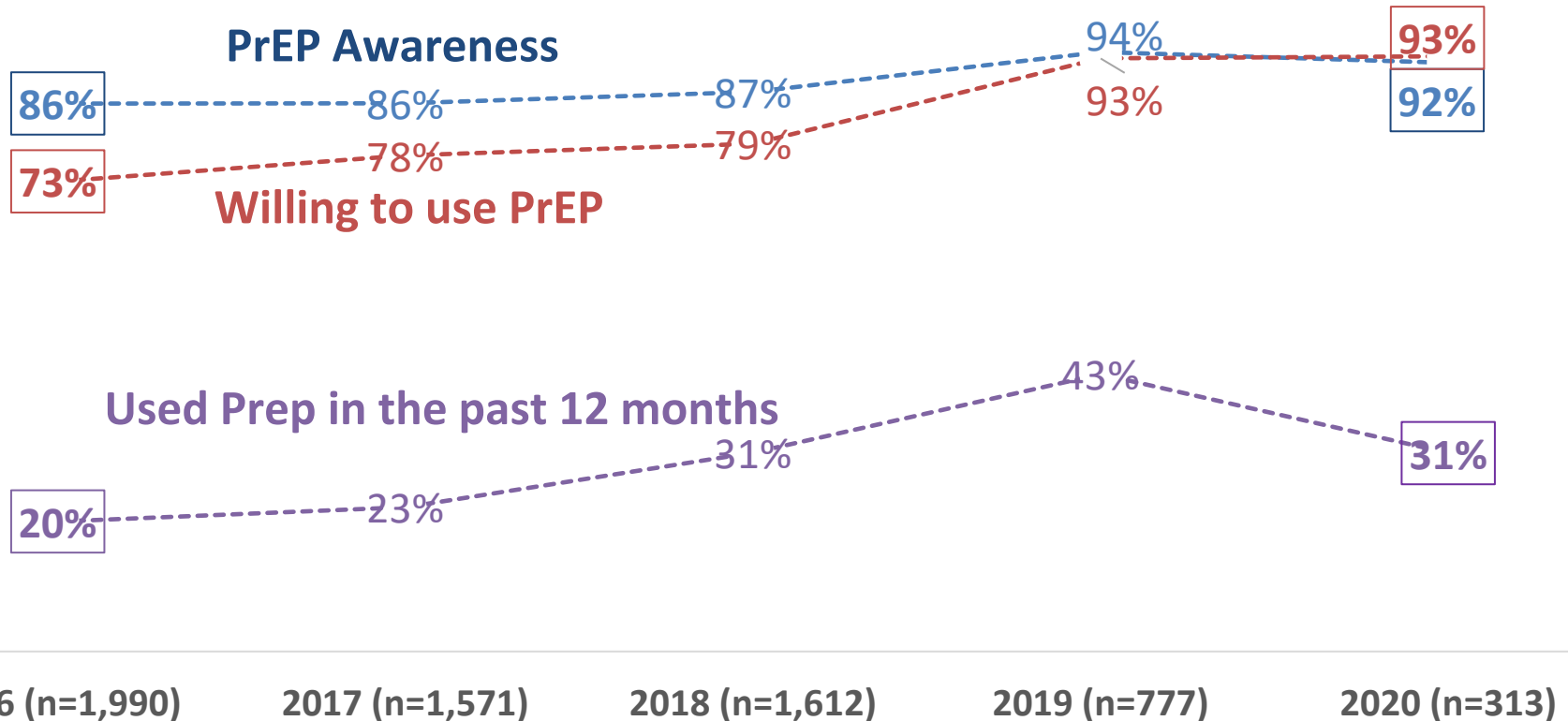
Online PrEP Monitoring PrEP

- Purpose: To monitor PrEP knowledge, attitudes and behaviors among priority populations for the CDC PrIDE initiative.
- Sample of Black and Latino MSM and Transgender Persons (TGP) recruited through dating apps
- conducted annually since 2016
- Key indicators:
 - **PrEP Awareness:** Before today, had you ever heard of PrEP?
 - **Willingness to use PrEP:** If it was available to you, would you be willing to take PrEP daily?
 - **PrEP Use:** In the past 12 months, have you taken PrEP daily for a period of at least one month?



Have Core PrEP Outcomes Changed in LAC?

PrEP awareness, willingness to use PrEP and PrEP use in past 12-months significantly increased from 2016 to 2019*



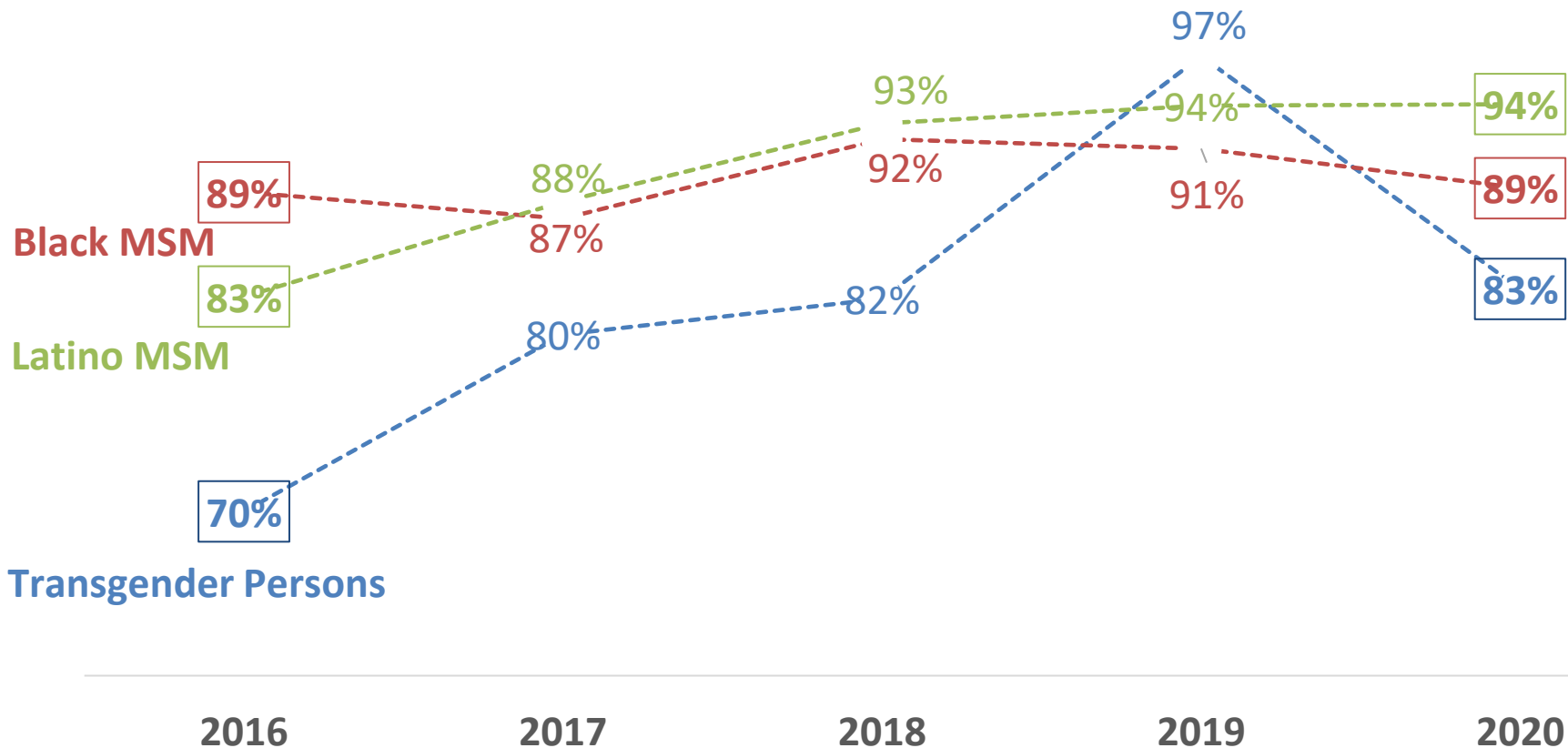
*p<0.001

¹Collected at baseline in April 2016 and in all follow up surveys (October 2016, February 2017, August 2017, February 2018, July 2018, December 2019, December 2020); MSM recruited via app TGP all sources



Which Priority Groups Saw Increased PrEP Awareness?

PrEP awareness significantly increased Latino MSM and TGP through 2020 but remained relatively unchanged among Black MSM



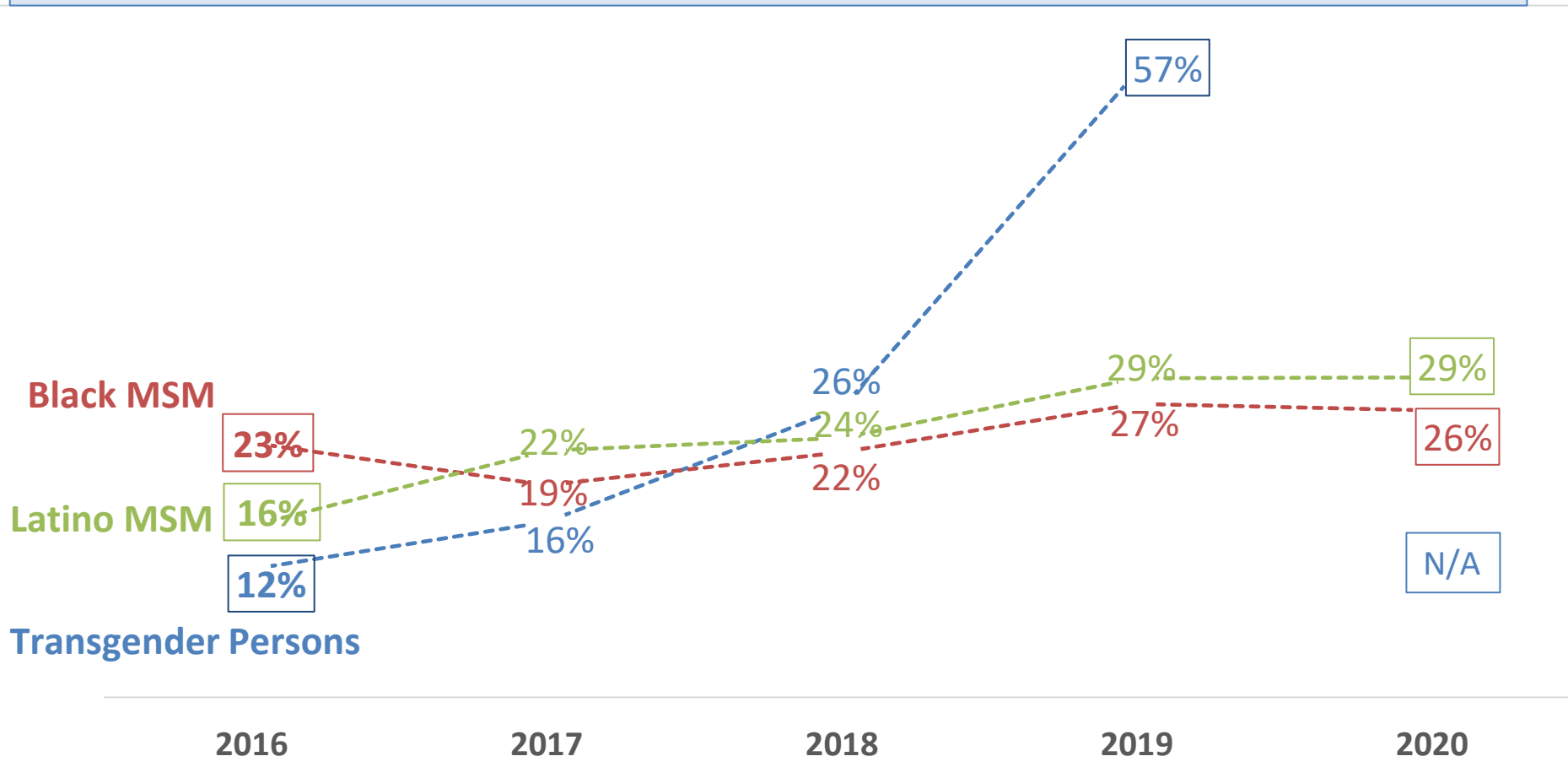
*LMSM and TGP p<0.001

¹Collected at baseline in April 2016 and in all follow up surveys (October 2016, February 2017, August 2017, February 2018, July 2018, December 2019, December 2020); MSM recruited via app TGP all sources



Which Priority Groups Saw Increased PrEP Use?

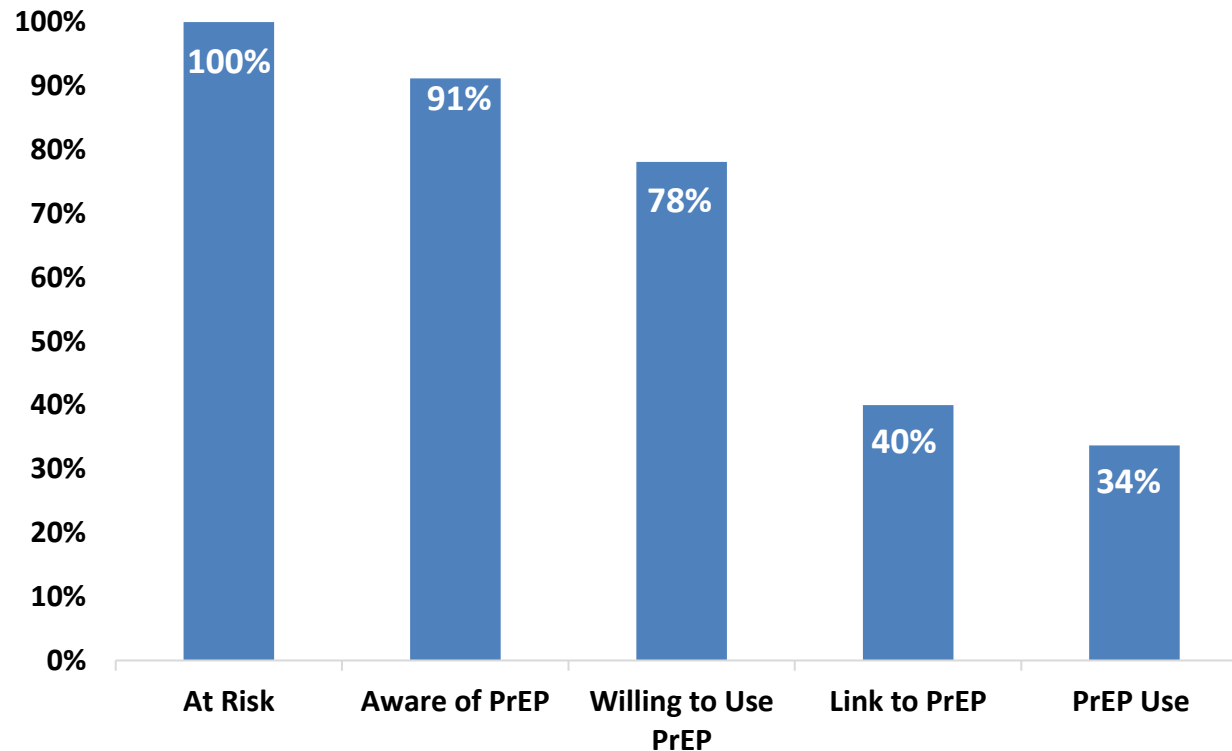
PrEP use within the past 12-month significantly increased across all groups since 2016*



*p<0.001

¹Collected at baseline in April 2016 and in all follow up surveys (October 2016, February 2017, August 2017, February 2018, July 2018, December 2019, December 2020); MSM recruited via app TGP all source; TGP data for 2020 not presented due to low sample size

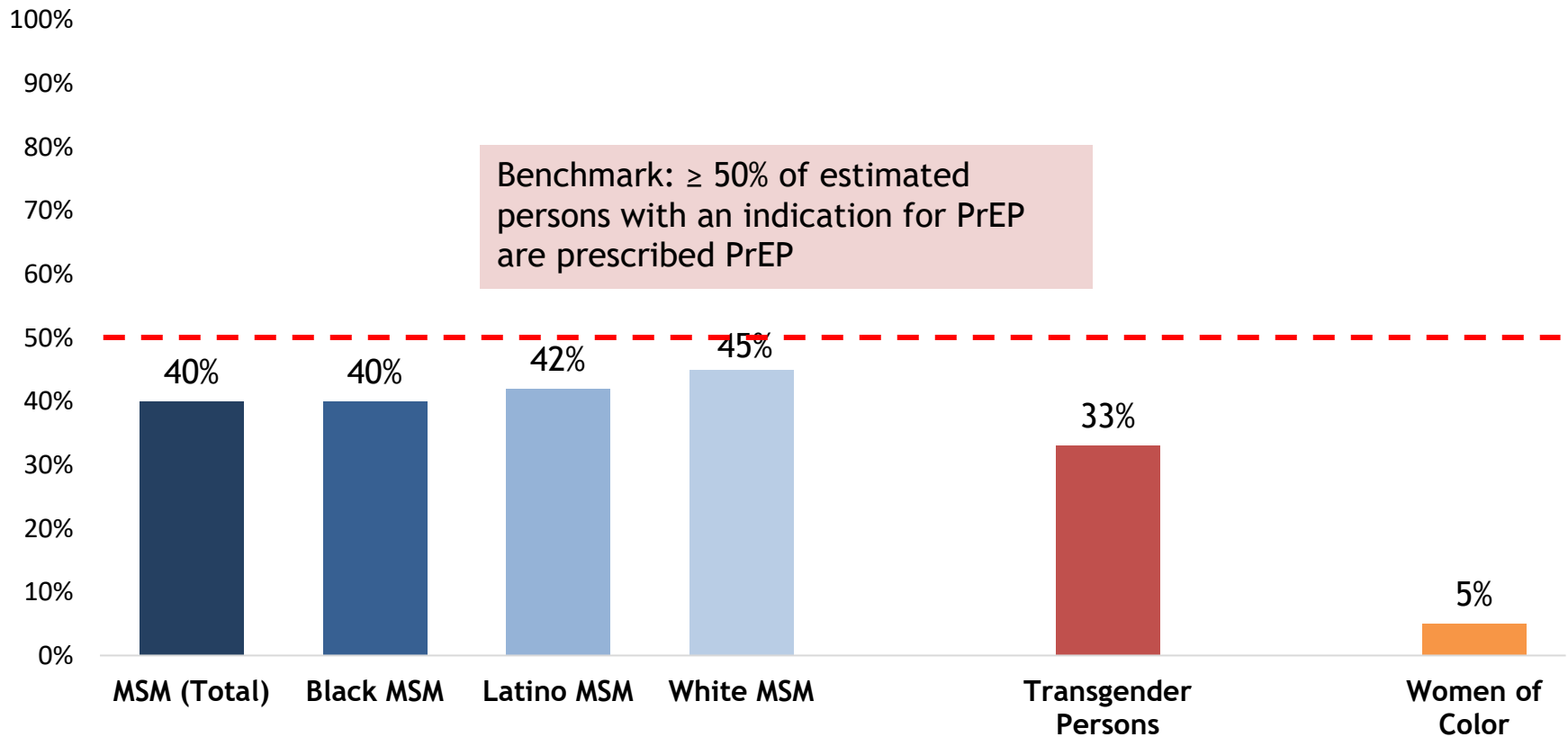
Los Angeles County PrEP Continuum of Care for MSM, 2018-2019



- At risk was estimated using the CDC's PrEP indicator estimation calculator, which employs a multiplier method to local data (2017 LAC surveillance data on proportions of HIV diagnoses by race/ethnicity and risk group and LAC Health Survey estimates of risk group sizes) to derive estimated numbers of adults with indications by risk group.
- Aware of PrEP, willing to take PrEP, linkage to PrEP and use of PrEP in past 12 months based on MSM response to online PrEP survey collected in 2018 and 2019 (90%, 87%, 46% and 39% respectively (Los Angeles County Division of HIV and STD programs internal data).



2018 estimates suggest that none of the priority populations in LAC met the EHE PrEP benchmark of at least 50% coverage



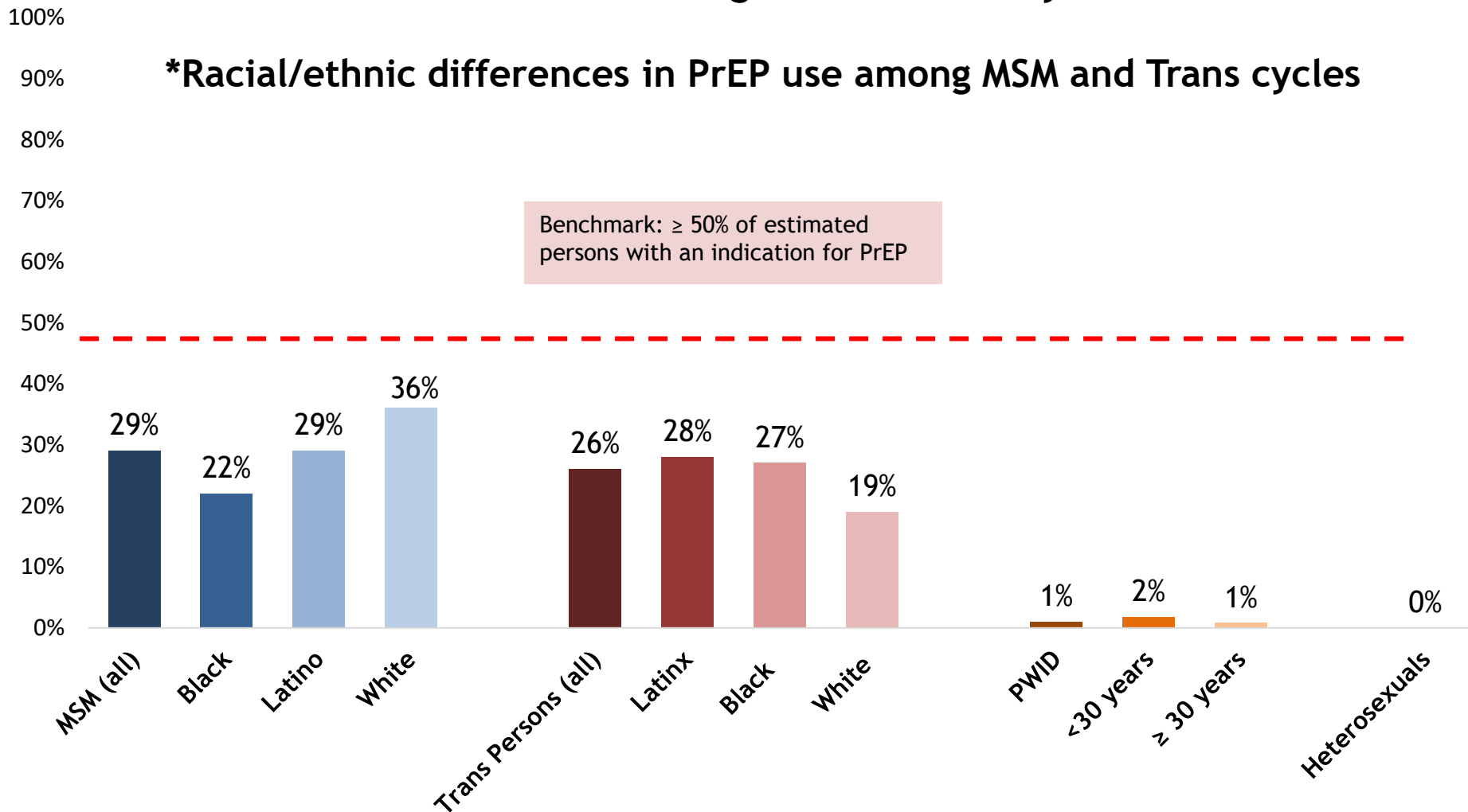
Main Sources: LAC Health Survey 2018 (MSM), NHBS (MSM, WoC), CDC PrEP Indication Calculator, DPH STD Clinics (WoC), DHSP PrEP Survey (MSM, TGP), and DHSP Partner Services (MSM, TGP, WoC)



***Current PrEP use reported by NHBS populations is below EHE benchmark**

***PrEP lowest among PWID and HET cycles**

***Racial/ethnic differences in PrEP use among MSM and Trans cycles**



- Includes 13 clinics across LAC to promote access to and uptake of biomedical prevention services (PrEP and PEP)
- Since inception in 2016, a total of 8,290 clients have been screened for all biomedical prevention services

6,025 unduplicated clients prescribed PrEP

- **92% cisgender male**, 5% transgender, 3% cisgender female
- **45% Latinx**, 35% White, 11% Black, 9% Asian/PI, and $\leq 1\%$ Native American
- **Average age= 33 years** (range 14-74 years)

2,420 unduplicated clients prescribed PEP

- **87% cisgender male**, 3% transgender, 10% cisgender female
- **44% Latinx**, 34% White, 12% Black, 9% Asian/PI, and $\leq 1\%$ Native American
- **Average age=31 years** (range 14-73 years)



Little change seen in PEP prescriptions overall and by priority populations at COEs

PEP clients were mainly MSM, with about 1 in 3 PEP clients being Latino

Population	2016*	2017	2018	2019
TOTAL CLIENTS	259	752	717	613
MSM	237 (92%)	655 (87%)	605 (84%)	513 (84%)
Black	28 (11%)	67 (10%)	66 (11%)	61 (12%)
Latino	106 (45%)	285 (44%)	268 (44%)	220 (43%)
Transgender Persons	6 (2%)	20 (3%)	22 (3%)	20 (3%)
Black	1	1	1	4
Latinx	5	15	19	12
Women of Color	9 (3%)	35 (5%)	40 (6%)	31 (5%)
Black	1	7	17	9
Latina	8	28	23	22

*Biomedical Contracts began in August 2016



Top Indicators for PrEP by Priority Population at PrEP Centers of Excellence (COEs)

	MSM	TGP	Cis Gender Women
1	Multiple Partners with unknown HIV Status	Multiple Partners with unknown HIV Status	Partner is Living with HIV
2	Condomless Receptive Sex	Condomless Receptive Sex	Multiple Partners
3	Anogenital STD or Syphilis	Transactional Sex	Partner is MSM

Clients served from August 2016-September 2018



Little change seen in PrEP prescriptions overall and by priority populations at COEs

PrEP clients were mainly MSM, with about 1 in 10 PrEP clients being Latino

Priority Population	2016	2017	2018	2019
TOTAL CLIENTS	282	2,003	2,449	2,068
MSM	264 (94%)	1,824 (91%)	2,183 (89%)	1,876 (91%)
Black	23 (9%)	172 (9%)	221 (10%)	208 (11%)
Latino	111 (42%)	771 (42%)	988 (45%)	825 (44%)
Transgender Persons	11 (4%)	106 (5%)	159 (6%)	86 (4%)
Black	2	13 (12%)	20 (13%)	7 (8%)
Latinx	6	75 (71%)	103 (65%)	58 (67%)
Women of Color	2 (<1%)	37 (2%)	45 (2%)	38 (2%)
Black	0	7	10	11
Latina	2	30	35	27



Contracted HIV and STD Testing and Screening Services





HIV Testing Data Sources

- HIV Surveillance
 - New diagnoses in all of LAC
- National HIV Behavioral Surveillance Project
 - HIV prevalence and testing behaviors among MSM, TGP, HET and PWID
- **Contracted HIV Testing Services**
 - Testing volume
 - Testing positivity
 - New and previously identified HIV diagnoses
 - Linkage to care



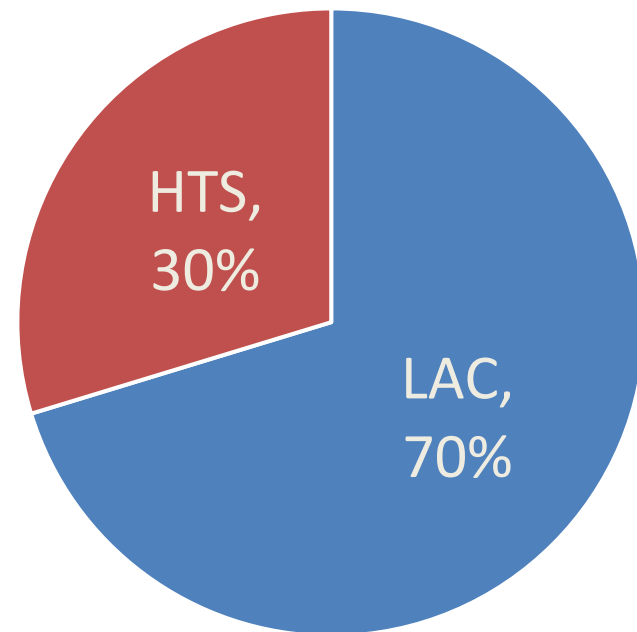
2019 HTS Measures

- **Testing volume** is the **total number of HIV tests performed** within the observation period
- **Positivity** is the **total number clients with a positive test result out of all of the tests performed** within the observation period
- **New positivity** is the number **clients with a positive test result not previously reported** in the HIV surveillance system
- **Linkage to care** is the **percent of diagnosed clients with evidence of a medical visit within 30 days** of their HIV diagnosis.

Scope of Contracted HIV Testing Services

- New HIV diagnoses identified through contracted HTS providers in 2019 represent approximately 1 in 3 new HIV diagnoses in LAC

2019 New HIV Diagnoses*
(N=1,720)



*Data sources: Division of HIV and STD Programs, eHARS data as of March 25, 2021 and HIV Testing Services as of March 13, 2020 and are subject to change



Contracted HIV Testing Services, 2019

TOTAL HIV TESTS
CONDUCTED **128,003**

NEWLY DIAGNOSED
HIV POSITIVITY **0.4%**

980

Total HIV tests with a
positive test result

511

were newly diagnosed
with HIV (52%)

469

were previously
diagnosed with HIV (48%)

61% of persons
newly diagnosed
with HIV were
**linked to medical
care within 7 days**

82% of persons
newly diagnosed
with HIV were
**linked to medical
care within 30
days**

90% of persons
newly diagnosed
with HIV were
**linked to medical
care within 90
days**

75% of persons
newly diagnosed
with HIV were
**referred to
partner services**



2019 HIV Testing Modalities by Setting

Healthcare	Non-Healthcare
<ul style="list-style-type: none">• 4 Community Clinics• 2 Jails (Men’s Central Jail/K6G, Century Regional Detention Facility)*• 12 Public Health STD Clinics• 1 Community-based STD Clinic	<ul style="list-style-type: none">• 17 Storefronts• 6 Mobile Testing Units• 2 Multiple Morbidity Testing Units*• 11 Commercial Sex Venues*• 2 Courts/Drug Expansion (DREX) program• 1 Social Network Testing• HIV Testing Events

DHSP also supports 5 Community Wellness Centers* and 10 PrEP Centers of Excellence*

HIV and STD Testing provided at settings designated with an “”*



Contracted HIV Testing Services Settings

- Of the 128,003 HIV tests conducted in 2019, half (50%) were in health care settings (50%), 28% were in mobile testing and 22% were non-healthcare settings

**New positivity in
health care
settings: 0.5%**

**New positivity in
non-healthcare
settings: 0.4%**

**New positivity in
in mobile testing
settings: 0.2%**

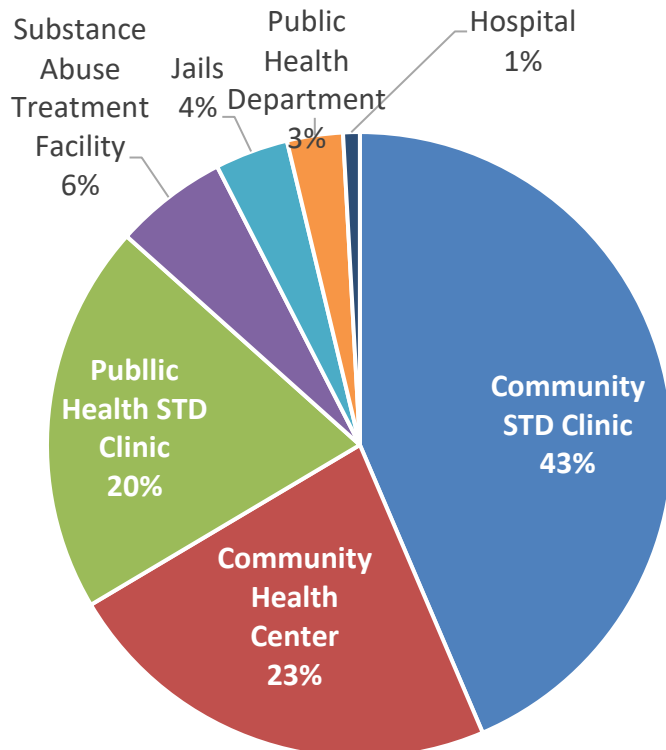
- Despite having the lowest testing volume, new positivity was highest in non-healthcare setting



Testing volume was more than double in health care compared to non-health care settings

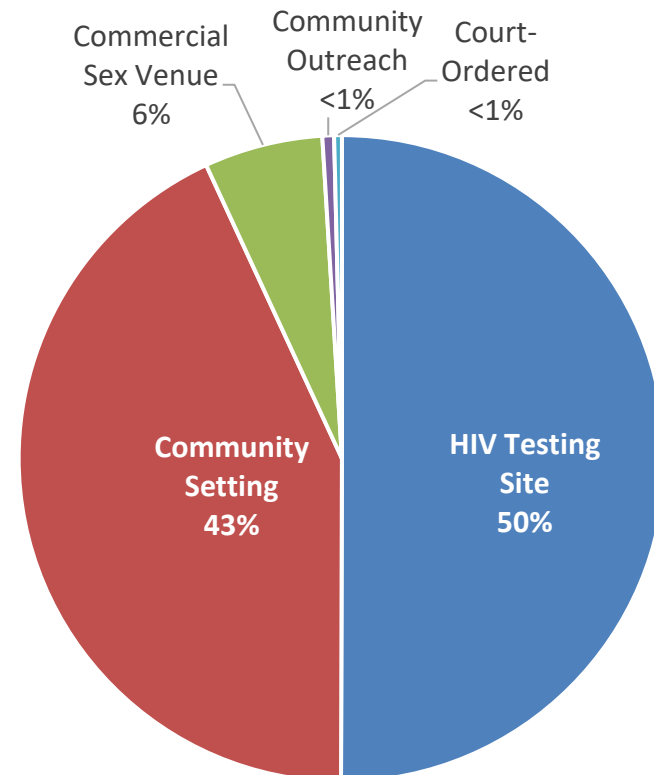
Health care settings=64,484 tests

2 in 3 tests were performed in community STD clinics and health centers



Non-healthcare settings=27,931 tests

3 in 4 tests were performed in HIV testing sites and community settings





- 2 out of 3 new diagnoses were identified in non-health care settings
 - Majority of previous diagnoses in the mobile unit setting



New Diagnoses (N=511)



Previous Diagnoses (N=469)



Linkage to Care in Contracted HTS Settings

- Of the 511 HIV diagnoses in 2019, the highest linkage to care(LTC) rates were among those identified in health care settings

**30-day LTC in
health care
settings: 88%**

**30-day LTC in non-
healthcare
settings: 82%**

**30-day LTC in
mobile testing
settings: 59%**

- Only HIV testing providers in the health care setting exceeded the EHE LTC benchmark of 85% or more

Contracted HIV Testing Outcomes by Race/Ethnicity, 2019



- Testing volume was highest among Latinx clients
- While the number of new diagnoses was highest among Latinx, new positivity was highest among Other racial/ethnic groups
- The EHE LTC benchmark was only achieved for Latinx and NH/PI clients

Racial/Ethnic Group	# Tests	# New Diagnoses	New Positivity	LTC ≤ 30 days
Latinx	47,665	200	0.4%	85%
White	29,540	100	0.3%	84%
Black	26,951	97	0.4%	76%
Other group	14,805	84	0.6%	82%
Asian	7,385	23	0.3%	70%
American Indian/Alaska Native	1,917	5	0.4%	80%
Native Hawaiian/Pacific Islander	399	2	0.5%	100%
TOTAL	128,003	511	0.4%	82%

Contracted HIV Testing Outcomes by Gender Identity, 2019



- Testing volume was highest among cisgender male clients
- New positivity among transgender women was nearly 10 times higher compared to cisgender women and twice that for cisgender men
-
- The EHE LTC benchmark was only met among clients without a reported gender identity

Gender Identity	# Tests	# New Diagnoses	New Positivity	LTC ≤ 30 days
Cisgender males	89,963	447	0.5%	82%
Cisgender females	35,621	39	0.1%	74%
Transgender women	1,637	16	1.0%	81%
Transgender men	468	1	0.2%	0%
Gender not reported	311	8	2.6%	100%
Transgender not specified	3	0	--	--
TOTAL	128,003	511	0.4%	82%

Contracted HIV Testing Outcomes by Age, 2019



- Testing volume and new positivity was highest among clients aged 18-29
- No age groups met the EHE LTC benchmarks however was lowest among the youngest and oldest clients

Age in Years	# Tests	# New Diagnoses	New Positivity	LTC ≤ 30 days
Under 18 years	1264	2	0.2%	50%
18-29 years	52,142	239	0.5%	83%
30-39 years	36,942	162	0.4%	83%
40-49 years	18,065	69	0.4%	80%
50-59 years	13,050	32	0.3%	81%
60 and older	6,423	7	0.1%	43%
Not reported	117	0	--	--
TOTAL	128,003	511	0.4%	82%

Contracted HIV Testing Outcomes by HIV Risk, 2019



- Testing volume and new positivity was highest among clients with other or missing HIV risk category reported
- While new positivity was highest among MSM/IDU, the number of new diagnoses was the lowest
- The EHE LTC benchmark was only met among clients with other or missing HIV risk category reported

Risk Category	# Tests	# New Diagnoses	New Positivity	LTC ≤ 30 days
Other/missing	69,273	308	0.4%	86%
Heterosexual	31,380	36	0.1%	69%
MSM	21,813	144	0.7%	79%
IDU	4,853	14	0.3%	86%
MSM/IDU	684	9	1.3%	44%
TOTAL	128,003	511	0.4%	82%

Comparison of HTS Pay-for-Performance Indicators, 2019-20



- Overall testing volume severely impacted by COVID-19
- Positivity rate increased despite lower testing volume
- Little improvement in LTC from 14 to 90 days in 2020

	2019	2020
Testing volume (#)	78,516	22,251
New Positivity rate	0.86%	1.1%
Linked to care ≤14 days	N/A	59%
Linked to care ≤90 days	64%	61%

**Positivity calculated as: # new positives by self report/testing volume X 100.*

Data Source: Division of HIV and STD Programs, HIV Testing Services as of 02/19/2020 and 03/17/2021 for 2019 and 2020 years, respectively; data is provisional and limited to only PFP service modalities (Storefront, Social Network Testing and Long Beach contracts).



Summary

- While PrEP awareness, willingness to use PrEP and PrEP use among priority populations in LAC has increased since 2016, there has been little change in utilization of PrEP at COEs
- Similarly, there has been little change in utilization of PEP at COEs since 2016
- Testing volume, positivity and linkage to varies by setting and client population
- Incomplete reporting of race/ethnicity and gender identity data may misrepresent HIV test positivity within these categories



Next Steps

- Advancing data reporting along neutral continuum with 2021 HTS forms
 - Track re-screening rates
 - Provision of biomedical and behavioral prevention services
- EHE Initiatives
 - Promotion of routine opt-out testing
 - Rapid Linkage to ART
 - TelePrEP
 - Expanded access to HIV testing through self testing kits
 - Increasing access to and capacity of syringe services programs



Questions?

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Additional Resources on DHSP Website

- 2019 Annual HIV Surveillance Report

http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2019Annual_HIV_Surveillance_Report_08202020_Final_revised_Sept2020.pdf

- Impact of COVID-19 on Contracted HIV and STD Services, LAC

- http://www.publichealth.lacounty.gov/dhsp/COVID-19/Impact_of_COVID-19_on_Contracted_HIV_and_STD_Services_in_LA_County_May2020.pdf

- Biomedical Services: Dashboards for PrEP COEs

- http://www.publichealth.lacounty.gov/dhsp/Reports/PrEPandPEP_Dashboards_Year_1-3.pdf

- http://www.publichealth.lacounty.gov/dhsp/Reports/Biomedical_HIV_Prevention_Contracts_Year%204_REV11-19.pdf

- NHBS Factsheets

- PWID: http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/NHBS_IDU5_Report_0822_2019.pdf

- MSM: http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/NHBS_MSM5_Report_7-22-19.pdf

- HET: http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/NHBS_HET4_Report_%207-22-19.pdf

Grant	FY 2020 Award	Estimated FY 2020 Expenditures	FY 2021 Award	Funding Restrictions
CDC EHE (PS 20-2010) (August 1 - July 31)	\$ 3,360,658	\$ 708,010	\$ 3,360,658	Cannot use funds for construction, purchase of needles or medication, research, advocacy and lobbying, and staff must be on budget for at least 50%
CDC IHSP (PS18-1802) Component A - Surveillance (January 1 - December 31)	\$ 2,561,928	\$ 1,526,287	\$ 2,561,928	Cannot use funds for construction, purchase of needles or medication, research, or advocacy and lobbying
CDC IHSP (PS18-1802) Component A - Prevention (January 1 - December 31)	\$ 15,388,167	\$ 13,795,454	\$ 15,388,167	Cannot use funds for construction, purchase of needles or medication, research, or advocacy and lobbying
CDC STD PCHD (PS19-1901) (January 1 - December 31)	\$ 3,266,404	\$ 3,040,656	\$ 3,324,265	Cannot use funds for construction, advocacy or lobbying
CDC NHBS (January 1 - December 31)	\$ 699,495	\$ 459,476	\$ 489,303	Cannot use funds for construction, purchase of needles or medication, advocacy, or lobbying
SAPC (Non-DMC) (July 1 - June 30)	\$ 4,449,000	\$ 3,254,011	\$ 3,249,000	Cannot be used for non-substance use/abuse related services, advocacy, or lobbying
CA DPH STD Management and Collaboration Project (July 1 - June 30)	\$ 497,400	\$ 78,394	\$ 497,400	Funds must be used to implement evidence-based public health activities with an emphasis on the prevention and control of infectious syphilis, congenital syphilis, gonorrhea, and chlamydia trachomatis infection
CA DPH STD General Funds (July 1 - June 30)	\$ 547,050	TBD	\$ 547,050	Funds must be used to implement public health activities to monitor, investigate, and prevent sexually transmitted diseases (STD). 50% of funds are required to be used to implement activities in conjunction with community based organizations (CBO).
HIV NCC (July 1 - June 30)	\$ 18,340,000	TBD	TBD	

HIV and or STD Prevention Activity	Approximate FY 2020 Funding	Funding Source(s)
HIV Counseling, Testing, and Referral Services	\$9,377,000	CDC Integrated HIV Surveillance and Prevention Program (IHSP) Component A, HIV NCC
Storefront, healthcare settings, social and sexual networks, and HIV testing with syphilis screening		
STD Testing and Screening Services (Category 1 and 2)	\$6,590,000	CA DPH STD Management and Collaboration Project, CDC Strengthening STD Prevention and Control for Health Departments (STD PCHD), Tobacco Settlement Funds, Infectious Disease Funds
STD testing and screening and sexual health express clinics		
Home HIV Self-test Kits	\$888,000	CDC Ending the HIV Epidemic
HIV test kits provided through DHSP pilot program targeted to substance use treatment and resource centers, PrEP sites, and partner services. At-home HIV test kits provided through the National Association of State and Territorial AIDS Directors (NASTAD) "Take Me Home" at-home testing program.		
Health Education/Risk Reduction Services	\$3,500,000	CDC IHSP, HIV NCC
Outreach encounters that assist in providing client-centered linked referrals to HIV and STD testing services and PrEP and individual or group-level education services		
Vulnerable Populations	\$5,700,000	CDC IHSP, CDC STD PCHD, HIV NCC, STD NCC
HIV and STD prevention services to African American and Latino YMSM and transgender individuals in the central and south areas of Los Angeles County		
HIV Biomedical Prevention	\$2,400,000	Non Drug Medical (Non DMC), HIV NCC
Biomedical HIV Prevention Navigation Services aimed at recruiting, linking and retaining in care those at highest risk for contracting and/or transmitting HIV.		
Comprehensive HIV and STD Testing in the City of Long Beach	\$1,200,000	STD NCC, CDC IHSP Component A
Comprehensive HIV and STD testing and STD treatment services in Long Beach to reduce HIV and STD transmission. Funding amount only represents one FY 2020 contract.		
National HIV Behavioral Survey (NHBS)	\$490,000	CDC NHBS
Los Angeles County's participation in this four-cycle national survey (MSM, IDU, Heterosexuals, and TG). Survey findings are used for the program development, resource allocation, and ending the HIV epidemic planning		
Community-based Sexual Health Programs	\$4,900,000	STD PCHD, CA DPH STD Management and Collaboration Project, STD NCC
STD testing, screening, diagnosis, treatment, and prevention services		
Social Marketing	\$75,000	CA DPH STD Management and Collaboration Project
HIV/STD prevention social marketing campaign targeted for those at highest risk for HIV/STDs through the expansion of LAC's condom distribution program		
CT/GC Medication	\$92,000	CA DPH STD General Funds
Patient delivered partner therapy medication distribution		
Rapid Syphilis Test Kits	\$97,028	CA DPH STD Management and Collaboration Project
Point-of-care testing of persons at risk for syphilis in settings where routine clinical follow up of laboratory testing may not be possible		