



LOS ANGELES COUNTY
COMMISSION ON HIV



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EXECUTIVE COMMITTEE Virtual Meeting

Thursday, April 22, 2021

1:00PM -3:00PM (PST)

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

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PUBLIC COMMENTS

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

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LOS ANGELES COUNTY
COMMISSION ON HIV



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

Thursday, April 22, 2021 @ 1:00 P.M.– 3:30 P.M.

To Join by Computer, please Register at:

<https://tinyurl.com/t3uwybzv>

**link is for non-Committee members + members of the public*

To Join by Phone: +1-415-655-0001

Access code: 145 021 6577

Executive Committee Members:			
<i>Bridget Gordon, Co-Chair</i>	<i>David Lee, MPH, LCSW, Co-Chair</i>	Raquel Cataldo	Erika Davies
Lee Kochems, MA	Carlos Moreno	Katja Nelson, MPP	Frankie Darling-Palacios
Mario J. Pérez, MPH	Juan Preciado	Kevin Stalter	Justin Valero (Exec. At large)
QUORUM:	7		

AGENDA POSTED: April 16, 2021

ATTENTION: Any person who seeks support or endorsement from the Commission or Committee 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 (213) 738-2816 or via email at hivcomm@lachiv.org.

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SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

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 a 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, Introductions, and Conflict of Interest Statements 1:00 P.M. – 1:03 P.M.

I. ADMINISTRATIVE MATTERS

- 1. Approval of Agenda **MOTION #1** 1:03 P.M. – 1:05 P.M.
- 2. Approval of Meeting Minutes **MOTION #2** 1:05 P.M. – 1:07 P.M.

II. PUBLIC COMMENT 1:07 P.M. – 1:10 P.M.

- 3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission.

III. COMMITTEE NEW BUSINESS ITEMS 1:10 P.M. – 1:13 P.M.

- 4. Opportunity for Committee 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.

IV. REPORTS

- 5. **Executive Director’s/Staff Report** 1:13 P.M. – 1:15 P.M.
 - A. Commission/County Operational Updates
 - B. Commission and Committee Activities
 - 2021 Work Plan
- 6. **Co-Chair’s Report** 1:15 P.M. – 2:15 P.M.
 - A. “So You Want to Talk About Race?” Book Reading Activity
 - Chapters 2-3
 - B. Ending the HIV Epidemic (EHE) Plan + Commission Involvement
 - (1) Commission’s Role and Expectations
 - (2) EHE Steering Committee (SC) Role and Expectations
 - (3) Commission EHE SC Liaison | Selection, Role & Expectation
 - (4) Opportunities for Collaboration

6. **Co-Chair's Report (cont'd)** 1:15 P.M. – 2:15 P.M.
C. April 11, 2021 COH Meeting | FOLLOW UP + FEEDBACK
D. May 13, 2021 (Draft) Commission Meeting Agenda | REVIEW + FEEDBACK
E. HealthHIV/COH Effectiveness Assessment Survey | UPDATE

V. REPORTS

7. **Division of HIV and STD Programs (DHSP) Report** 2:15 P.M. – 2:35 P.M.
A. Fiscal, Programmatic and Procurement Updates
(1) Emergency Financial Assistance (EFA) Update
(2) 2020-2021 Fiscal Updates
(3) 2020 Preliminary STD/HIV Surveillance Data Update
(4) Child Care Services + Translation Services Provider + Client Survey | UPDATES
B. Ending the HIV Epidemic (EHE) Activities
8. **Standing Committee Reports:** 2:35 P.M. – 3:10 P.M.
A. Operations Committee
(1) Membership Management
(i) New Member Applications
• Mikhaela Cielo, MD | Part D Representative Seat **MOTION #3**
• Mallery Robinson | Alternate #25 Seat **MOTION #4**
(ii) Membership Application Redevelopment | **MOTION #5**
(2) Outreach, Retention and Community Engagement Strategies and Efforts
B. Planning, Priorities and Allocations (PP&A) Committee
(1) Multi-Year Priority Setting and Resource Allocation (PSRA) Review
(2) Prevention Planning Activities
C. Standards and Best Practices (SBP) Committee
(1) Child Care and Language Services Provider Survey | UPDATE
(2) 2021 Service Standards | REVIEW
D. Public Policy Committee
(1) County, State and Federal Policy and Legislation
(2) County, State and Federal Budget
9. **Caucus, Task Force, and Work Group Reports:** 3:10 P.M. – 3:20 P.M.
A. Aging Task Force | May 4, 2021 @ 1-3pm
B. Black/African American Community (BAAC) Task Force | April 26, 2021 @ 1-3pm
C. Consumer Caucus | May 13, 2021 @ 3-4:30pm
D. Prevention Planning Workgroup | April 28, 2021 @ 5:30-7PM
E. Transgender Caucus | May 25, 2021 @ 10am-12pm
F. Women's Caucus | May 17, 2021 @ 2-4pm

VI. NEXT STEPS

10. Task/Assignments Recap 3:20 P.M. – 3:25 P.M.
11. Agenda development for the next meeting 3:25 P.M. – 3:27 P.M.

VII. ANNOUNCEMENTS

12. Opportunity for members of the public and the committee to make announcements 3:27 P.M. – 3:30 P.M.

VII. ADJOURNMENT

13. Adjournment for the meeting of April 22, 2021. 3:30 P.M.

PROPOSED MOTION(s)/ACTION(s):

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve recommendation for New Member Applicant, Mikhaela Cielo, MD, to occupy Part D Representative seat, and forward to May Commission meeting for approval, as presented or revised.
MOTION #4:	Approve recommendation for New Member Applicant, Mallery Robinson, to occupy Alternate #25 seat, and forward to May Commission meeting for approval, as presented or revised.
MOTION #5:	Approve revised membership application and forward to County Counsel for review. Thereafter, forward to full Commission for final approval.



LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748

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

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

**EXECUTIVE COMMITTEE
MEETING MINUTES**

March 25, 2021

COMMITTEE MEMBERS			
P = Present A = Absent			
Bridget Gordon, Co-Chair	P	Carlos Moreno	P
David Lee, MPH, LCSW, Co-Chair	P	Katja Nelson, MPP	P
Raquel Cataldo	P	Mario Pérez, MPH	P
Frankie Darling-Palacios	P	Juan Preciado	A
Erika Davies	P	Kevin Stalter	P
Lee Kochems, MA	P	Justin Valero, MA	P
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Dawn Mc Clendon, Carolyn Echols-Watson, and Sonja Wright Catherine LaPointe and Malik Ogunlade, Academic Interns			
DHSP STAFF			
Julie Tolentino, MPH			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

*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 approval.

Meeting agenda and materials can be found on the Commission's website at
http://hiv.lacounty.gov/LinkClick.aspx?fileticket=cgGhOYHKI_Q%3d&portalid=22

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

- Bridget Gordon, Co-Chair, called the meeting to order at 1:03 pm. Ms. Gordon reviewed housekeeping reminders.
- Committee Members introduced themselves and stated their Ryan White Program HIV care and/or Center for Disease Control (CDC) prevention conflicts of interest.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the Executive Committee Meeting Minutes, as presented (*Passed by Consensus*).

II. PUBLIC COMMENT

- 3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:** There were no comments.

III. COMMITTEE NEW BUSINESS ITEMS

- 4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA:** There were no new items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission/County Operational Updates

- Cheryl Barrit, Executive Director, reported that the Executive Office has expressed that its priority is in the County's robust vaccination effort and is currently assessing its reconstitution plan to reopen offices via a phased-in and hybrid work structure approach ensuring the health and safety of its employees.
- Ms. Barrit indicated that there are no current directives provided by the Executive Office to open the office to the public. However, Ms. Barrit will continue to provide updates as they are communicated by the Executive Office.
- Lastly, Ms. Barrit shared that the Commission office has been updated to include appropriate seat spacing in the lobby, plexiglass in high traffic areas, and a door to divide the public area from the staffing area.

B. Commission and Committee Activities

- 2021 Work Plan. Ms. Barrit referred to the work plan in the packet and directed attention to the revisions of #3. Ms. Barrit indicated that there is an opportunity to take a step back to better understand the Commission's role as planners regarding the implementation and operationalization of the Ending the HIV Epidemic (EHE) Plan. She encouraged the Committee to ask the question, "What do you need to fully understand your role as a Commissioner to fully understand and implement the EHE?"
 - Justin Valero added and inquired, how can we understand our blind spots and measure active engagement of Ryan White Program (RWP) providers and non-RWP providers; how do we engage the private health plans.
 - Kevin Stalter expressed that the EHE Plan doesn't seem to offer any new or innovative prescribed strategies and expressed concerns over lack of activism in reauthorizing the Ryan White Program legislation
 - Ms. Gordon inquired how can we incorporate strategies within the EHE Plan to ensure RWP services are more accessible and user-friendly to those accessing HIV care and treatment.

6. CO-CHAIR REPORT

- A. March 11, 2021 COH Meeting | FOLLOW UP + FEEDBACK.** No feedback provided.
- B. "So You Want to Talk About Race?" Book Reading Activity.** David Lee led the Commission in reading Chapter 1.
- C. April 8, 2021 (Draft) Commission Meeting Agenda | REVIEW + FEEDBACK.** No feedback provided.
- D. COH Letter Re: COVID-19 Vaccination for People Living with HIV | UPDATE.**
- Ms. Gordon shared the letter was sent to the Board of Supervisors (BOS) and Governor Gavin Newsome's office, which to date, no responses have been received. Ms. Gordon also shared that she provided public comment at the most recent Board of Supervisors meeting requesting that the BOS respond.
 - Katja Nelson and Mario J. Pérez shared that providers are using their discretion in prioritizing vaccinations for people living with HIV and are applying the CDC guidance liberally.
 - Ms. Nelson further reported that the Governor announced that beginning April 1, 2021, all those 50+ will be eligible for the vaccine and beginning April 16, 2021, those 16+ will be eligible.
 - Mr. Pérez announced that the Department of Public Health (DPH) is holding an All-Staff meeting at 1pm to discuss the next phase of COVID-19 vaccinations, among other topics. DHSP staff will attend and report back on any pertinent information.
 - Mr. Pérez reported there will be a substantial increase in vaccine supply and accessibility during April-May; the County expected to administer 600,000 vaccines per week and indicated the next couple of weeks will be crucial to getting more people vaccinated.
- E. Meaningful Involvement of People Living with HIV (MIPA).** Ms. Gordon emphasized the importance of those who were not able to attend the [March 15, 2021 special Women's Caucus presentation](#) by Venita Ray, Co-Executive Director, Positive Women's Network and Caucus members Shary Alonzo, Jayda Arrington and Shonté Daniels on Meaningful Involvement of People Living with HIV (MIPA) to check out the recording on the Commission's website at <http://hiv.lacounty.gov/Events>; the PowerPoint (PPT) presentation slides are located in the packet.
- F. HealthHIV/COH Effectiveness Assessment Survey | REMINDER.**
- Ms. Gordon strongly encouraged members who have yet to complete the survey to do so as soon as possible, and to reach out to each other as a reminder to complete the survey.
 - As reported by HealthHIV, only 33 responses have been received to date and 100% participation is necessary for this effort to be meaningful and reflective.
 - Ongoing reminders have been sent out by staff and HealthHIV; another round of reminders forthcoming.
 - On a separate note, Ms. Gordon referenced and denounced the increase of racial violence against the Asian American/Pacific Islander (AAPI) community in the wake of COVID-19 and noted that the Commission has issued a statement in solidarity with the AAPI community which can be found on the Commission's website at: <http://hiv.lacounty.gov/LinkClick.aspx?fileticket=OXtBPTm3n7Q%3d&portalid=22> .

7. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT

A. Fiscal, Programmatic, and Procurement Updates

- Mario J. Pérez, Director, DHSP, responded to previous inquiries regarding So. California Kaiser Permanente – Romaine and Sunset locations – application to be approved as a Medi-Cal pharmacy site and indicated although DHSP doesn't have a direct role in designating ADAP pharmacy sites, it will continue to assist and triangulate efforts between the State Office of AIDS (OA) and the Department of Health Care Services (DHCS). DHSP is awaiting confirmation from OA on the status of Kaiser-Romaine's application.
- Mr. Pérez reported that DHSP is working to maximize the RWP Part A, B and MAI program resources as well as revenue tied to two (2) EHE grants and will report back to the Commission once that exercise has been completed.
- Additionally, Mr. Pérez reported that DHSP will be working on the 2021 year-end fiscal and budget activities and will present to the Commission once finalized.
- Mr. Pérez noted that while there are aggressive deadlines for providers to submit their invoices, in the face of COVID-19, invoice submission has been slow thus causing delay in wrapping up year-end fiscal expenditures.
- Lastly, Mr. Pérez reported that he attended the last Black African American Community (BAAC) Task Force meeting to work with BAAC in addressing recommendations and expressed his commitment to meeting more frequently to accelerate discussions and create momentum in addressing the recommendations in a timely manner.
- Will work with Commission staff to coordinate schedules for follow-up meetings.

(1) Emergency Financial Assistance (EFA) Updates

- Mr. Pérez reported that 96 EFA applications have been submitted to date with the Alliance for Housing and Healing receiving a slightly higher percentage of applications than Housing for Health.
- Of the 96 applications received, 40 have been approved with checks to be issued as quickly as possible, 53 pending review, one (1) denial, and two (2) withdrawal.
- Mr. Pérez reported that the state has announced release of its rental support program and that DHSP will be working with Maribel Ulloa @ HOPWA to develop a one-page resource sheet to provide the community an "all in one" resource guide detailing the state's rental support program, HOPWA's resources and DHSP's EFA program; resource guide forthcoming.

B. Ending the HIV Epidemic (EHE) Activities

- Julie Tolentino, EHE Coordinator, DHSP, thanked everyone for providing input on EHE efforts.
- Ms. Tolentino referenced a recent conversation with Ms. Barrit, Ms. Gordon, and Mr. Lee regarding strategizing ways to present the EHE in a more palatable way, to encourage understanding and engagement among Commission members. It was agreed that specific EHE-related topics would be agendaized for upcoming committee and working group meetings to provide built-in time allowing members to provide input on the EHE Plan, specifically the pillars, i.e. HIV testing.
- Ms. Tolentino further reported that DHSP is excited to announce that the agency selected for the Community Engagement Mobilization contract is AMAAD, utilizing LAC+USC as its fiscal agent. The item was on the recent Health Deputy agenda and is slated to go before the BOS at

B. Ending the HIV Epidemic (EHE) Activities (cont'd)

its April meeting. Additionally, contract negotiations with AMAAD are underway to discuss scope of work, to include recruitment efforts to ensure people living with HIV are appropriately reflected. Ms. Tolentino shared that a presentation with an overview of the goals and expectations of the Community Engagement Mobilization project will be provided to the Commission soon.

- Ms. Tolentino mentioned she attended the recent Prevention Planning Workgroup (PPW) and was pleased to see the energy around prevention planning, and noted that DHSP is working with the County's Substance Abuse and Control (SAPC) Program to expand and increase capacity of agencies addressing substance use under the EHE initiatives.
- Ms. Tolentino reported that DHSP is working with HRSA Technical Assistance (TA) which is funded under the EHE to receive feedback on its mental health assessment survey which is slated to be administered in July and will be a comprehensive assessment developed in collaboration with the Department of Mental Health (DMH), targeting both client and provider level responses. Upon completion, DHSP intends to incorporate some of the recommendations into its programming.
- Ms. Tolentino further reported that DHSP is working with the same HRSA TA to draft a contingency management pilot program which is a program designed to provide financial incentives to engage people and link them to services. DHSP's focus will be on linkage and retention to support women, Trans individuals and youth who are out of care and to assist with viral suppression.
- Lastly, Ms. Tolentino expressed her ongoing availability to those who would like additional information and support around EHE efforts, and to contact her at JTolentino@ph.lacounty.gov.

8. STANDING COMMITTEE REPORTS

A. Operations Committee

(1) Membership Management

- Carlos Moreno, Co-Chair, reported that the Committee welcomed its newest member, Felipe Findley.
- Mr. Moreno further reported that the Committee met this morning and discussed members with excessive unexcused absences – Eduardo Martinez and Tony Spears – and the corrective action that the Committee has taken via attendance letters. While Mr. Martinez responded and expressed his interest to remain a Commission member and has subsequently attended meetings appropriately, Mr. Spears has not. The Committee will be discussing next steps at its next meeting.
- Lastly, Mr. Moreno shared the Committee was reminded to complete the HealthHIV survey and, if applicable, to attend the New Member Welcome Orientation on March 30, 2021 at 10am-12pm.

(2) Membership Application Redevelopment | UPDATES

- Mr. Moreno reported the Committee reviewed the most recent draft of the revised Membership Application and was able to receive constructive feedback from both members and the public. The Committee hopes to review the final draft at its next meeting in April.

(3) Outreach, Retention and Community Engagement Strategies and Efforts. No updates provided.

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

(1) Priority Setting and Resource Allocation (PSRA) Training

- Frankie Darling-Palacios, Co-Chair, reported that the Committee received training on the Priority Setting and Resource Allocation (PSRA) process at its last meeting, performed the reading activity of “So You Want to Talk About Race,” and discussed the BAAC recommendations and the Committee’s progress in addressing them.

(2) Prevention Planning Activities

- Frankie reported that the Prevention Planning Workgroup (PPW) leadership met on March 18, 2021 to prepare for the March 22, 2021 PPW meeting which will be held in the evening at 5:30-7pm to accommodate schedules.

C. Standards and Best Practices (SBP) Committee

(1) Child Care and Language Services Provider Survey | UPDATE

- Erika Davies, Co-Chair, reported that the Committee continues to place the Child Care service standard on hold until the Child Care Provider Survey results have been shared by DHSP.

(2) 2021 Service Standards | REVIEW

- Ms. Davies reported the Committee will continue to review Home Based Case Management, Benefit Specialty, and Substance Use Residential Treatment service standards as a part of their 2021 service standard review process.
- The Committee will also discuss drug Medi-Cal and have invited a presentation from Safe Refuge and Tarzana Treatment Center on their substance abuse programs at its next meeting.

D. Public Policy Committee

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

- Katja Nelson, Co-Chair, welcomed two new members beginning April 5 – Gerald Garth and Isabella Rodriguez.
- Ms. Nelson shared that the Act Now Meth townhall was held recently and indicated that the Committee will continue to monitor the outcome to determine next steps and will keep this issue as a standing agenda item.
- Ms. Nelson reminded the Committee that there is still a STD crisis and that efforts to revitalize the discussion to include the draft letter to the BOS must be initiated.

A. 2021 COH Policy Priorities **MOTION #3 (✓Passed by Consensus)**

- Ms. Nelson presented the 2021 Policy Priorities for approval and solicited feedback.
- Ms. Nelson thanked staff Carolyn Echols-Watson for the incredible work performed in developing the document.
- Ms. Nelson noted that prior versions of the Policies Priorities are usually concise, however, this year, to infuse a cultural, racial and social equity and justice lens, the document is much more expansive and includes key priorities such as racism, housing, mental health, sexual health, substance use, consumers and empowerment, aging, women, trans-individuals , general healthcare and service delivery, criminalization, and data (privacy and distributing resources)

- Ms. Gordon inquired into Proposition 209 which prohibits state governmental institutions from considering race, sex, or ethnicity, specifically in the areas of public employment, public contracting, and public educations and essentially prohibits any equitable relief for those experiencing discrimination based on race, gender, age, sexual orientation, etc. in school admissions, hiring, accessing social services, etc.
- Although this item extends far beyond the scope of the Committee, Lee Kochems, Co-Chair, suggested that the item be taken back to the Committee to discuss potential strategies in addressing Proposition 209.
- Mr. Pérez congratulated the Committee for capturing many of the priorities and recommended that it identify the top priorities to create more utility. Additionally, Mr. Pérez suggested that the Committee consider modifying the document after the upcoming 2020 HIV/STD Surveillance Report is released. Mr. Pérez noted that there is some surveillance data that is captured reflecting specific subpopulations while other data is more general in nature. He expressed that some of the priorities should more explicit to better address the needs of subpopulations, i.e. 50+ PLWH and the Trans community.
- Ms. Nelson indicated that she would take Mr. Pérez' recommendations back to the Committee for discussion.
- The 2021 Policies Priorities, once approved, will be elevated to the April 8, 2021 Commission meeting for final approval.

(2) County, State, and Federal Budget

- Ms. Nelson reported that Xavier Becerra was confirmed by Governor Newsome as Director for the state's Department of Health and Human Services, and Ron Bonta appointed as the new Attorney General.
- Ms. Nelson further reported that federal earmarks ended in 2011 are back; agencies and providers are discussing strategies to promote pilot programs around health and social determinants of health and encouraged members to reach out to their local representatives to promote similar initiatives. Will keep the Committee updated.
- Ms. Nelson reported that \$2.6 million in federal funds are being allocated toward AB3088 which includes a program designed to provide rental assistance support. Applications for assistance will be accepted until funding runs out.
- Ms. Nelson shared that the Committee continues to work on its 2021 Legislative Docket and encouraged those who would like legislative bills considered to contact Ms. Nelson or Mr. Kochems. The Committee hopes to finalize the docket at its April 5, 2021 meeting.
- The Committee also continues to work with the Transgender Caucus on AB-2218, the Transgender Wellness and Equity Fund and is keeping tabs on the EHE statewide budget proposals.

9. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

A. Aging Task Force – 3/6/21, 1:00 – 3:00 pm

- Ms. Barrit reported that the next meeting will be held April 6, 2021.
- Ms. Barrit reported that the Task Force is currently reviewing different models of comprehensive care for older people living with HIV to determine best practices.
- Ms. Barrit further reported that the Task Force is reviewing CPT codes often used in billing to better understand gerontology care in determining what kind of age-appropriate assessments are needed to enhance the RWP system of care.
- The Task Force continues to work with Wendy Garland, DHSP, on requested data and for feedback on its recommendations.
- The Task Force planned a virtual educational event on ageism in partnership with SCAN for May 6, 2021; registration can be accessed [here](#). The event will provide understanding and awareness on implicit bias and aging.
- Danielle Campbell inquired whether the Task Force has considered inclusion of those born with HIV; they are usually left out of the aging conversation. Ms. Barrit suggested that Ms. Campbell reach out to Al Ballesteros, Co-Chair, to initiate that conversations with the Task Force.

B. Black/African American Community (BAAC) Task Force - 3/22/2021, 1:00 – 3:00 pm

- Ms. Campbell, Co-Chair, provided the following report:
 - BAAC met with DHSP at its meeting on March 22, 2021. The meeting was well attended.
 - 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. Items discussed/presented included:
 - Incorporating a mandatory training curriculum addressing implicit bias, cultural sensitivity, and other topics in new and renewing DHSP awarded contracts
 - A comprehensive Implicit Bias training for providers which BAAC will review at its next meeting and provide additional feedback
 - Utilizing existing funding to develop culturally appropriate promotional marketing for PrEP in the Black/AA communities
 - Creating and developing a Request for Proposal for PrEP Centers of Excellence for women
 - Technical assistance for minority-based community-based organizations
 - The BAAC and DHSP will continue to meet on a regular basis to address the recommendations.
 - The next meeting will be Monday, April 26 @ 1-3pm.

C. Consumer Caucus - 3/8/2021, 3:00 – 4:30 pm

- Alasdair Burton, Co-Chair, shared the Caucus engaged in a productive discussion in response to the parliamentarian training provided by Jim Stewart.
- Mr. Burton also reported that the Caucus is finalizing planning for the NMAC BLOC training for May 17-20, 2021.
- Lastly, Mr. Burton shared that the next meeting will be April 8, 2021 and the Caucus is still recruiting a third Co-Chair. If anyone is interested, to contact Mr. Burton, Jayda Arrington, or Commission staff. Additionally, more consumers are encouraged to attend the Caucus meetings.

D. Women's Caucus - 3/15/2021, 2:00 – 4:00 pm

- Ms. Barrit shared that the Caucus held a special presentation on Meaningful Involvement for People Living with HIV (MIPA) and the recording is available on the Commission's website at <http://hiv.lacounty.gov/Events>.
- The next Caucus meeting will be April 19 @ 2-4pm.

E. Transgender Caucus - 3/23/2021, 10:00 am – 12:00 noon

- Ms. Barrit reported that the Caucus met this past Tuesday and agreed to meet every other month; next meeting will be May 25, 2021 at 10am-12pm.
- At its next meeting, the Caucus will focus on training around how the Commission makes decisions and how they can leverage the power of the Caucus to work with various Committees and working groups to ensure Trans voices are reflected in discussions and planning.
- The Caucus will continue to discuss strategies on how to support AB-2218, the Transgender Wellness and Equity Fund with the assistance of the Public Policy Committee.

V. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP:

- Continue reading of "So You Want to Talk About Race" according to monthly assignment
- Continue draft meeting agenda reviews for upcoming Commission meetings
- Update COH work plan appropriately according to feedback and add an item for discussion on next agenda on how we can improve the Ryan White Program system.

11. AGENDA DEVELOPMENT FOR NEXT MEETING: There were no additional items.

VI. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS: There were none.

VII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at approximately 3:02pm.



LOS ANGELES COUNTY COMMISSION ON HIV (COH) 2021 MASTER WORK PLAN (Updated 3.31.21)

Co-Chairs: Bridget Gordon & David Lee		Revision Dates: 1/5/21; 3/31/31
<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	Conduct EHE focused strategic planning for the Commission. Support implementation of local EHE Plan within duties of the COH as defined in its ordinance. Strategic planning sessions will lead to the development of an EHE operational plan for the Commission. <ul style="list-style-type: none"> Conduct an in-depth analysis of EHE plan and operationalize relevant activities for the Commission. Determine how to best support and supplement the work of the DHSP EHE Steering Committee. Define specific roles and goals for the Commission to end the HIV epidemic in LA County in 10 years. 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 	May-June 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. 	June Virtual training secured for May 17-20
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



LOS ANGELES COUNTY COMMISSION ON HIV (COH) 2021 MASTER WORK PLAN (Updated 3.31.21)

	Subject to change and does not include ongoing activities for Committees and subgroups.	
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**LOS ANGELES COUNTY
COMMISSION ON HIV**



**(DRAFT) 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 – 2:30 PM

To Register/Join by Computer:

**link is for members of the public*

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

AGENDA POSTED: **TBD**

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

DRAFT: FOR 4.22.21 EXECUTIVE COMMITTEE MEETING DISCUSSION ONLY

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		
5.	<u>PRESENTATION</u>		
	A. HealthHIV/COH Assessment of Effectiveness FINAL RESULTS & REPORT		9:20 AM – 10:20 AM
6.	<u>DISCUSSION</u>		
	A. “So You Want to Talk About Race” by Ijeoma Oluo Reading Activity		10:20 AM – 11:20 AM
	• Chapters 4 & 5		
	B. Los Angeles County Human Relations Commission Guided Discussion & Training		
	• “Words Matter”		
7.	<u>REPORTS - II</u>		11:20 AM – 11:50 AM
	A. Co-Chairs’ Report		
	(1) Ending the HIV Epidemic (EHE) Plan & Commission Involvement		
	• Commission’s Role and Expectations		
	• EHE Steering Committee (SC) Role and Expectations		
	• Commission EHE SC Liaison Selection, Role and Expectation		
	• Opportunities for Collaboration		
8.	<u>BREAK</u>		11:50 AM – 12:00 PM
9.	<u>REPORTS - III</u>		
	A. California Office of AIDS (OA) Report		12:00 PM – 12:10 PM
	(1) California HIV Planning Group (CPG) Update		
	B. LA County Department of Public Health Report		12:10 PM – 1:10 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		

10. REPORTS – III (cont'd)

- C. Housing Opportunities for People Living with AIDS (HOPWA) Report 1:10 PM – 1:25 PM
- D. Ryan White Program Parts C, D, and F Report 1:25 PM – 1:30 PM
- E. Cities, Health Districts, Service Planning Area (SPA) Reports 1:30 PM – 1:35PM
- F. Standing Committee Reports 1:35 PM – 2:00 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 2:00 PM – 2:15 PM
- Aging Task Force | June 1, 2021 @ 1-3pm
 - Black/African American Community (BAAC) Task Force | May 24, 2021 @ 1-3pm
 - Consumer Caucus | May 13, 2021 @ 3-4:30pm
 - Prevention Planning Workgroup | May 26, 2021 @ 5:30-7pm
 - Transgender Caucus | May 25, 2021 @ 10am-12pm
 - Women’s Caucus | May 17, 2021 @ 2-4pm

11. MISCELLANEOUS

- A. Public Comment 2:15 PM – 2:20 PM

Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide 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.

12. MISCELLANEOUS (cont'd)

B. Commission New Business Items 2:20 PM – 2:25 PM

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

C. Announcements 2:25 PM – 2:30 PM

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

Adjournment and Roll Call 2:30 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.

DRAFT: FOR 4.22.21 EXECUTIVE COMMITTEE MEETING DISCUSSION ONLY

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

- 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%)**

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%)
MCA Clinic	Yes	No	230 (49.6%)
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%)



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

- **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
MCA Clinic	Yes	Yes	251 (54.1%)
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%)

Oral health services was brought up only in the LAFAN group:

- For oral health appointments, the majority of clients indicated not having access to interpretation services during their visits
- They indicated there are sometimes dental assistants that are bilingual who would quickly explain the procedures and/or interpret for the dentist, but this was not always available.
- Everyone confirmed that phone interpretation was not available during their dental visit.

“I did not know they were going to pull my tooth; no one was able to explain to me what was going to happen.”

- For mental health services, a couple of participants indicated having used phone interpretation services.
 - One client stated they were satisfied with the service because they had built a relationship with the interpreter who was always the same one.
 - Another client did not feel that phone interpretation worked for this type of service because the flow of the conversation was lost, when they needed to pause for the interpreter. They also felt that the “feelings” were never able to be conveyed.
 - In the other groups, everyone felt that mental health should be provided in Spanish and not through an interpreter.

All the participants indicated needing translation services that included:

- Translating forms
- Getting assistance to fill out forms/applications
- Having all documents needed to be signed (consent forms, etc.) in Spanish
- Clients reported paying someone to translate documents

“I helped a friend fill out an application as much as I could, but when they submitted it, their application was denied because information was missing.”

Listening Sessions Summary



- ✓ Clients indicated there is a need for services to be offered in Spanish as a preference.
- ✓ Clients prefer to have interpreters in person and not via the phone.
- ✓ Interpreters need to be professional so that the information shared is accurate
- ✓ There is a need for interpreters for oral health services
- ✓ There is a need for translation services

How has COVID-19 impacted your services?

18/24 (75%) stated there were no major disruptions to their services. Comments from the other 6 providers who noted some impact included:

- *“Phone translation has increased the time for patient care”*
- *“More tele-health services resulting in less childcare issues”*
- *“Only change is that most services for patients are now completed on the telephone.”*
- *“Parents now have canceled visits due to restrictions on number of participants during the visit. Not having an option for additional members, rather than the patient has limited the drive to continue care.”*
- *“Having onsite childcare and translation services will positively impact adherence to medical appointments.”*
- *“The only change we have had is that we no longer have an in-person interpreter in our clinic. These are all done over the phone with staff from our Culture and Linguistics Department here at LAC+USC. We do have staff who are bilingual and help with interpretation.”*

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.



LOS ANGELES COUNTY
COMMISSION ON HIV



Mikhaela Cielo, MD

Membership Application on File with the Commission Office

CURRICULUM VITAE**MIKHAELA CIELO****FEBRUARY 10, 2020****EDUCATION AND PROFESSIONAL APPOINTMENTS****EDUCATION:**

1995	HS Diploma, Turlock High School, Turlock, CA
1999	BA Psychology, UC Berkeley, Berkeley, CA
2004	MD, USC Keck School of Medicine, Los Angeles, CA

POST-GRADUATE TRAINING:

2004-2007	Internship and Residency, Pediatrics, Children's Hospital and Research Center Oakland, Oakland, CA
2007-2010	Fellowship, Pediatric Infectious Disease, Children's Hospital and Research Center Oakland, Oakland, CA
2018-2021	HIV Specialist Credential, American Academy of HIV Medicine

HONORS, AWARDS:

1996-1998	Dean's Honors List	UC Berkeley, Berkeley, CA
2002-2004	Dean's Scholar, Jr-Sr Curriculum	USC Keck School of Medicine, Los Angeles, CA

ACADEMIC APPOINTMENTS:

2012-current	Assistant Professor	Clinical Pediatrics, Keck School of Medicine of USC, Los Angeles, CA, USA
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TEACHING**DIDACTIC TEACHING:*****LAC+USC***

2012-current	Annual Antibiotic Overview	1h/session	Lecturer for Resident Lecture Series
Sept 2012	Herpes and Varicella	1h	Lecturer for Resident Lecture Series
2013-current	Annual Pediatric Board Review-ID Topics	1h/session	Lecturer for Resident Lecture Series
Dec 2013	Parasitic Pathogens	1h	Lecturer for Resident Lecture Series
Oct 2014	Pre-Exposure Prophylaxis and Antiretroviral Treatment	1h	Lecturer for Resident Lecture Series
Feb 2015	Congenital CMV	1h	Lecturer for Resident Lecture Series
Nov 2015	Congenital Syphilis and HIV	1h	Lecturer for Resident Lecture Series
2016-current	Congenital Infections	1-2h/session	Lecturer for Resident Lecture Series

UNDERGRADUATE, GRADUATE AND MEDICAL STUDENT (OR OTHER) MENTORSHIP:

2014	Mentor Sessions	Year 3 KSOM Students	3h small group teaching sessions, case presentations, Q+A
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POSTGRADUATE MENTORSHIP:

2012-2015	Yee Aye	Pediatric Infectious Disease Fellow, LAC+USC
2013-2016	Allison Bearden	Pediatric Infectious Disease Fellow, LAC+USC
2013-2016	Katie Santohigashi	Pediatric Resident, LAC+USC
2016	Brigid O'Brien	Pediatric Resident, LAC+USC, Pediatric HIV Presentation
2016-2017	Judy Oh	Pediatric Resident, LAC+USC
2017-2019	Thomas Tarro	Pediatric Infectious Disease Fellow, LAC+USC
2019-2020	Anne Zepeda	NICU Fellow, LAC+USC
	Shannon Mitchell	Pediatric Resident, LAC+USC
	Fernanda Delgado	Medicine Pediatrics Resident, LAC+USC
	Hannah Gwin	Medicine Pediatrics Resident, LAC+USC

SERVICE

DEPARTMENT SERVICE:

2013-current	Expansion of outreach to HIV+ youth, development of adolescent-focused clinic, coordination of HIV prevention services with VIP and ACT clinics, as well as Juvenile Hall and Emergency Dept.	Maternal Child Adolescent/Adult Clinic, LAC+USC
2015-current	Incoming Pediatric Resident interviews	LAC+USC Department of Pediatrics
2019-current	Development of Pediatric LTBI clinic	LAC+USC Department of Pediatrics

MEDICAL SCHOOL SERVICE:

2014-2018	Lecturer, Year 3 KSOM Medical Students, 4-6 sessions per year—Antibiotics	Dept of Pediatrics Core Lecture Series
2016-2018	Incoming KSOM student interviews	Keck School of Medicine at USC

HOSPITAL OR MEDICAL GROUP SERVICE:

2012-current	Pediatric Infectious Disease Consultant	LAC+USC
2016-current	Development and Director of Pediatric Antimicrobial Stewardship Program	LAC+USC

PROFESSIONAL SOCIETY MEMBERSHIPS:

2004	American Academy of Pediatrics
2008	Infectious Disease Society of America
2017	American Academy of HIV Medicine

ADMINISTRATIVE SERVICE:

2012-2019	Assistant Director of Pediatric ID Fellowship	Help program director to meet fellowship requirements, participate in internal reviews, submit ACGME documents (including Self Study and Annual Program Evaluation), recruitment of fellows.
2017-current	Development and Director of Pediatric Antimicrobial Stewardship Program	Optimize clinical outcomes while minimizing unintended consequences of antimicrobial use; provide opportunity for formal training in pediatric antimicrobial stewardship.
2019-current	Program Director of Peds ID Fellowship	Meet fellowship requirements, participate in internal reviews, submit ACGME documents (Self-study Annual Program Evaluation), recruit and mentor fellows, supervise research projects and scholarly activity.
2019-current	Medicine Pediatrics Infectious Disease Fellowship	Coordinate with Internal Medicine Infectious Disease Fellowship Program Director to develop a combined Fellowship Program. Recruit and supervise fellows, develop research projects and scholarly activity.
2019-current	HRSA PEPFAR HIV Skills Sharing Project Uganda	Develop partnership with Ugandan HIV clinics to share best practices of HIV care to address gaps in viral load suppression, including pediatric and adolescent patients. Continue to deliver ongoing virtual support, teach through Zoom conferences, develop QI projects.

COMMUNITY SERVICE:

2013-2015	Liason, medical screener	Annual First Ladies Health Fair, Los Angeles	Local health screenings and education on HIV and Hep C through mega-churches in the minority communities.
2013-2015	MCA Clinic Representative	C2P: Connect to Protect Coalition, Los Angeles	Network with community groups to create structural change to reduce HIV in primarily gay and bisexual youth of color.
Aug 2014	Presenter	Eighth Annual Los Angeles Women's HIV Treatment Summit and Health Resource Fair, Los Angeles	Informative presentation and Q+A session on methods of HIV prevention.
Jan 2015	Presenter	Los Padrinos Juvenile Hall, Downey	Question and Answer sessions with incarcerated youth related to HIV and STIs.
July 2015	Presenter	Community Clinic Association, Los Angeles	Presentation about pre-exposure prophylaxis implementation and HIV prevention for primary care providers.
2016-17	Presenter	Los Angeles Region AIDS Education and Training Center	Participation on panel discussion regarding offering PrEP (HIV prevention) to adolescents and young adults
2018-Current	Educator	Camp Laurel Volunteer Training	Provide HIV education in an interactive format for counselors who will work with HIV infected and affected kids in summer camp.
2019	Expert Witness	Los Angeles County Public Health	Provided expertise related to a child's infection at request of Public Health lawyer.

MAJOR AREAS OF RESEARCH INTEREST

Research Areas

1. HIV positive and high risk youth linkage to and engagement in care
2. Novel vaccine development, including RSV
3. Syphilis, TB

GRANT SUPPORT - CURRENT:

Grant No. 2016-2020
IMPAACT 2011, 2012, 2013, 2018: International Maternal Pediatric Adolescent AIDS Clinical Trials Group 10%
A Phase I Study of Safety and Immunogenicity of Recombinant Live-Attenuated Respiratory Syncytial Virus Vaccine in RSV-Seronegative Infants and Children
Role: PI

GRANT SUPPORT - PAST:

Grant No.

Grant No. HRSA-2017
Health Resources and Services Administration (HRSA)
Ryan White HIV/AIDS Program Part D Grants for Coordinated Infants, Children, and Youth (WICY) Supplemental HIV Care Innovation activities to develop a snapchat application in care

Grant No. HRSA-16-087
Health Resources and Services Administration (HRSA)
Ryan White HIV/AIDS Program Part D Grants for Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Supplemental HIV Care Innovation activities, motivational interviewing to link &
Role: PI

HRSA-NIH-CDC-ATN Collaboration 2013-2016
10%
Project for the Enhancement and Alignment of the Continuum of Care for HIV-Infected Youth: A Multi-Agency Collaboration
Increase number of HIV+ youth linked, engaged and retained in care through motivational interviewing and development of structural change objectives.
Role: Linkage to Care Supervisor

IMPAACT 2000: International Maternal Pediatric Adolescent AIDS Clinical Trials Group 2014-2015
10%
A Phase I Study of Safety and Immunogenicity of Recombinant Live-Attenuated Respiratory Syncytial Virus Vaccine LIDΔM2-2 in RSV-Seronegative Infants and Children
Role: PI

INVITED GRAND ROUNDS, CME LECTURES

2013	Pediatric Grand Rounds	"Update: Bacterial Meningitis in Pediatrics", LAC+USC
2015	Adolescent Medicine Grand Rounds	"Pre-exposure Prophylaxis (for HIV prevention) 101", Children's Hospital Los Angeles
2016	National Ryan White Conference, Division of Community HIV/AIDS Programs	"Linking Youth to Medical Care: Best Practices You Need to Know"
2017	Association of Nurses in AIDS Care	"Perinatal Transmission of HIV"
2019	Pediatric Grand Rounds	"Social Media and Telemedicine as they relate to engagement and retention in care of individuals living with HIV", LAC+USC

PUBLICATIONS:

REFEREED JOURNAL ARTICLES:

McFarland EJ, Karron RA, Muresan P, Cunningham CK, Libous J, Perlowski C, Thumar B, Gnanashanmugam D, Moyer J, Schappell E, Barr E, Rexroad V, Fearn L, Spector SA, Aziz M, **Cielo M**, Beneri C, Wiznia A, Luongo C, Collins P, Buchholz UJ. **Live Respiratory Syncytial Virus Attenuated by M2-2 Deletion and Stabilized Temperature Sensitivity Mutation 1030s is a Promising Vaccine Candidate in Children.** *Journal of Infectious Disease.* 2020 Feb 3; 221(4):534-543. PMID: 31758177

I personally helped recruit patients to participate in the clinical trial, as well as reviewed and offered feedback and revisions of the manuscript submitted for publication.

McFarland EJ, Karron RA, Muresan P, Cunningham CK, Valentine ME, Perlowski C, Thumar B, Gnanashanmugam D, Siberry GK, Schappell E, Barr E, Rexroad V, Yogev R, Spector SA, Aziz M, Patel N, **Cielo M**, Luongo C, Collins P, Buchholz UJ. **Live-attenuated respiratory syncytial virus vaccine candidate with deletion of RNA synthesis regulatory protein M2-2 is highly immunogenic in children.** *Journal of Infectious Diseases.* 2018 Apr 11; 217(9): 1347-1355. PMID: 29509911

I personally helped recruit patients to participate in the clinical trial, as well as reviewed and offered feedback and revisions of the manuscript submitted for publication.

Lin FY, Weisman LE, Azimi P, Young AE, Chang K, **Cielo M**, Moyer P, Troendle JF, Schneerson R and Robbins JB, Assessment of intrapartum antibiotic prophylaxis on prevention of early-onset group B Streptococcal disease. *Pediatric Infectious Disease Journal.* 30(9): 759-63, 2011. PMID: 21540758

Personally recruited women in labor to participate in study protocol; collected study swabs from mothers and babies; assistance with data collection and data forms; revision of manuscript for publication and sub-analysis of data collected.

REFEREED JOURNAL ARTICLES IN PRESS:

McFarland EJ, Karron RA, Muresan P, Cunningham CK, Libous J, Perlowski C, Thumar B, Gnanashanmugam D, Moye J, Schappell E, Barr E, Rexroad V, Fearn L, Spector SA, Aziz M, **Cielo M**, Beneri C, Wiznia A, Luongo C, Collins P, Buchholz UJ. **Live-attenuated respiratory syncytial virus vaccine with M2-2 deletion and with SH non-coding region is highly immunogenic in children.** Accepted to *Journal of Infectious Diseases*, PMID 32006006.

REFEREED REVIEWS, CHAPTERS, AND EDITORIALS:

Doshi, Vidhi and Mikhaela Cielo "Influenza". Chapter 41 of Pediatrics Morning Report: Beyond the Pearls (textbook). 2019

Villegas, Patricia and Mikhaela Cielo "Mumps". Chapter 31 of Pediatrics Morning Report: Beyond the Pearls (textbook). 2019.

CLINICAL COMMUNICATION: (CASE REPORTS, LETTERS)

Cielo, M, Avasarala K, Culbertson C, Hayes E, Sun P, Lee BP. A toddler with shivering spells, leukocytosis and thrombocytopenia. *Pediatric Infectious Disease Journal* 27(1): 65-66, 91-92, 2008. PMID: 18162941

MEDIA AND TELEVISION APPEARANCES:

02/17/15: Vaccine Panel Participant, California State University Northridge, "On Point" Local Cable broadcast, channel LA36, KCSN Radio.



LOS ANGELES COUNTY
COMMISSION ON HIV



Mallery Robinson

Membership Application on File with the Commission Office



Copy of ****DRAFT**** MEMBERSHIP APPLICATION

Introduction

Thank you for your interest in becoming a member on the Commission on HIV. Please complete the Membership Application (Application) in its entirety and submit where prompted. Commission staff is available to assist you in completing the Application and can be reached at hivcomm@lachiv.org or at 213.738.2816.

Once the Application is submitted, Commission staff will review the Application for completeness and will notify you regarding next steps.

A paper version of this Application can be accessed and printed by clicking here: [INSERT LINK]. You may email or mail the Application to the Commission office at:

Los Angeles County Commission on HIV
3530 Wilshire Blvd., Suite 1140
Los Angeles, CA 90010
Eml: hivcomm@lachiv.org

If you would like assistance in completing the Application or have questions concerning the membership application process, please contact Commission staff at hivcomm@lachiv.org or at 213.738.2816. For more information regarding the Commission, please visit our website at <https://hiv.lacounty.gov>.

****Questions requiring responses are preceded by an asterisk.***

* 1. Are you applying as a NEW or RETURNING member?

NEW

RETURNING

*** 2. Contact Information**

Name and Pronoun (if applicable; i.e. John Smith, he/him/his)

Do you work for an agency/organization? If so, please state agency/org name and if not, please indicate "N/A" (not applicable).

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Primary Email Address

Primary Phone Number

*** 3. Were you recommended by an individual or organization? If so, please state the name of the recommending entity. ***Suggested for applicants representing agencies/organizations*****

Yes

No

Recommending individual/organization:



Copy of ****DRAFT**** MEMBERSHIP APPLICATION

Demographic Information

This information will be used to determine membership eligibility, seat assignment, and to ensure federally mandated reflectiveness and representation requirements are met.

* 4. HIV Status ***There is NO requirement to disclose your status. Responses will be kept confidential. ***

- Positive
- Negative
- Prefer not to specify
- Unknown

* 5. Are you a parent, guardian or direct caregiver of a child with HIV under 19?

- Yes
- No

* 6. Do you use or receive Ryan White Part A HIV services in Los Angeles County? ***Click [here](#) to view list of Ryan White Part A services***

- Yes, I use and/or receive Ryan White Program Part A services in Los Angeles County
- No, I do not use or receive Ryan White Program Part A services in Los Angeles County
- I'm not sure; need assistance to determine

* 7. Do you use or receive Center of Disease Control (CDC) HIV prevention services in Los Angeles County? ***Services can include HIV testing and linkage to care, health education/risk reduction, Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), condoms and sterile syringes***

- Yes, I use and/or receive CDC HIV Prevention services in Los Angeles County
- No, I do not use or receive CDC HIV prevention services in Los Angeles County
- I'm not sure; need assistance to determine

* 8. Are you affiliated with a Ryan White Program-funded agency? ****Affiliated is defined as one who is either a board member, employee, or a consultant of an agency who receives Ryan White Program funding through the Los Angeles County Division of STD and HIV Programs (DHSP). Volunteers are considered unaffiliated. Click [here](#) for a list of Ryan White Program-funded agencies; subject to change****

- Yes
- No
- I'm not sure; need assistance to determine

* 9. Age

- 13-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60+

* 10. Gender Identification

- Non-Binary/Gender Non-Conforming
- Transgender: Female to Male
- Transgender: Male to Female
- If your gender identity is not listed above, please use this space to share how you self-identify:

* 11. Race/Ethnicity ****Please select all that apply****

- American Indian or Alaska Native ****Specify Nation in Comment Box below****
- Asian
- Black or African American
- Hispanic or LatinX
- If your Race/Ethnicity is not listed above, please use this space to share how you self-identify or to specify Nation if representing American Indian or Alaska Native
- Multi-Race
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

* 12. Please indicate which Supervisorial District and Service Provider Area (SPA) you work, live and/or receive HIV prevention, care and/or treatment services. ***Please select all that apply***

To determine your Supervisorial District and SPA, click here: <https://lacounty.gov/government/geography-statistics/maps/>

- Supervisorial District 1
- Supervisorial District 2
- Supervisorial District 3
- Supervisorial District 4
- Supervisorial District 5
- SPA 1
- SPA 2
- SPA 3
- SPA 4
- SPA 5
- SPA 6
- SPA 7
- SPA 8
- I don't know; need assistance to determine



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Representation

The Commission is composed of 51 members appointed by the Board of Supervisors and represent a broad and diverse group of providers, consumers, and stakeholders. *Please select all that apply*****

13. I have been recommended to represent one of the following health and social service institutions, among whom are individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs.

Please select N/A (not applicable) if this does not apply to you

- | | |
|---|---|
| <input type="radio"/> Medi-Cal, State of California | <input type="radio"/> City of Los Angeles |
| <input type="radio"/> City of Pasadena | <input type="radio"/> City of Long Beach |
| <input type="radio"/> City of West Hollywood | <input type="radio"/> N/A |

14. I have been recommended to represent one of the following Ryan White grantees below. ***Please select "N/A" (not applicable) if this does not apply to you***

- | | |
|--|---|
| <input type="radio"/> Part B (California State Office of AIDS) | <input type="radio"/> Part F (AIDS Education and Training Centers [AETCs], or local providers receiving Part F dental reimbursements) |
| <input type="radio"/> Part C | <input type="radio"/> N/A <i>*Not Applicable</i> |
| <input type="radio"/> Part D | |

15. I represent one or more of the following stakeholder groups in Los Angeles County ****Please select all that apply****

- A person living with HIV or AIDS
- A person living with Hepatitis B or C
- A HIV-negative user of HIV prevention services and who is a member of an identified high-risk, special or highly impacted population.
- An HIV specialty physician from an HIV medical provider
- A Community Health Center/Federally Qualified Health Center ("CHC"/"FQHC") representative
- A mental health provider
- A substance abuse treatment provider
- A housing provider
- A provider of homeless services
- An AIDS Services Organization ("ASO") offering federally funded HIV prevention services
- An ASO offering HIV care and treatment services
- A provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles
- Health or hospital planning agency who is recommended by health plans in Covered California
- Behavioral or social scientist who is recommended from among the respective professional communities
- Faith-based entities engaged in HIV prevention and care
- Local education agencies at the elementary or secondary level
- The business community
- Union and/or labor
- Youth or youth-serving agencies
- Other federally-funded HIV programs
- Organizations or individuals engaged in HIV-related research
- Organizations or individuals performing harm-reduction services
- Employed as an advocate for incarcerated people living with HIV and/or I am a person living with HIV who was incarcerated in the past three years and can represent the interests of incarcerated people living with HIV.

16. I am a member of a a federally-recognized American Indian nation or Native Alaskan village.

- Yes*
- No
- *If yes, please specify Nation:



Copy of ****DRAFT**** MEMBERSHIP APPLICATION

Biographical Information

Please provide detailed information so that we may assess your interest in, knowledge of, and commitment to the Commission.

* 17. For new members, briefly state why you would like to become a member of the Commission. For renewing members, please share why you would like to continue your membership.

* 18. What skills, abilities, and/or experience do you have that can be helpful to the Commission?

19. If you have a resume or other documents (i.e. certificates, awards, letters of recommendation, biosketch, curriculum vitae) that will support your membership application, please upload here. *****This is optional and not required to be considered for membership*****

Choose File

Choose File

No file chosen

20. Please select any of the following trainings already taken. *****These trainings are not required to be considered for membership*****

Introduction to HIV/STI, HIV/STI 101, or a relate basic Informational HIV/STI training

Health Insurance Portability and Accountability Act (HIPAA) training

Protection of Human Research Subjects

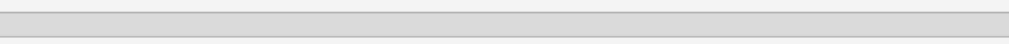
Other related trainings, please specify:

* 21. How prepared are you to serve on the Commission?

Not yet prepared; unfamiliar
with the work of the
Commission and eager to
learn

Somewhat prepared;
familiar with the work of the
Commission and eager to
learn more

Fully prepared; well
informed of the
Commission's work



* 22. How can we support you so that you are able to fully participate and be effective on the Commission?
Do you need special accommodations, i.e. translation or interpretation services, etc?

* 23. Would you consider being appointed as an Alternate? ***An Alternate attends Commission and assigned Committee meetings and serves in the absence of a unaffiliated consumer member with voting privileges in that capacity only. However, occupying an Alternate seat is a great way to learn the Commission and build capacity without the pressures of being a full member.***

Yes

No

24. Would you be interested in assuming a leadership role on the Commission? ***Members are eligible to serve as co-chairs on the Commission after one year of active service. Additional leadership opportunities are also available.***

Yes

No

25. Each appointed member will be assigned to one of the Commission's four standing Committees: Operations (OPS); Public Policy (PP); Planning, Priorities & Allocations (PP&A); and Standards & Best Practices (SBP). Please click [here](#) to review the roles & responsibilities of each Committee and select below, in order of priority, which Committee(s) you would be interested in participating on. **A second Committee assignment is an option, contingent upon approval.*



Operations (OPS) Committee



Planning, Priorities & Allocations (PP&A) Committee



Public Policy (SBP) Committee



Standards and Best Practices (SBP) Committee



Copy of ****DRAFT**** MEMBERSHIP APPLICATION

Statement of Qualifications

The Board of Supervisors requires that all Commission member appointees complete a Statement of Qualifications (SOQ) before they can be appointed.

Please click here to access the SOQ. Please be sure to complete all questions, indicate "N/A" if not applicable, and sign where prompted.

26. You may upload your completed/signed SOQ here, email to Commission staff at hivcomm@lachiv.org, or mail to the Commission office at 3530 Wilshire Blvd., Suite 1140, Los Angeles CA 90010.

Choose File

Choose File

No file chosen



Copy of ****DRAFT**** MEMBERSHIP APPLICATION

Application Submission

Upon submitting the Application, I commit to the following:

- **Participate in Commission and assigned committee meetings from beginning to adjournment.**
- **Prepare for each meeting by carefully reading all pre-distributed materials.**
- **Provide information regarding needs and priorities.**
- **Make recommendations considering the community needs and data not my special interests or personal perspectives.**
- **Follow the Bylaws and Code of Conduct.**

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information and personal health information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

* 27. Please be sure to check the appropriate box below affirming your commitment and certifying all information is true and accurate.

Yes

No

SUMMARY - RWP EXPENDITURE REPORT
As of April 8, 2021

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS

RYAN WHITE PART A, MAI YEAR 30 AND PART B FY 2020 EXPENDITURES BY SERVICE CATEGORIES

1	2	3	4	5	6
SERVICE CATEGORY	TOTAL FULL YEAR ESTIMATED EXPENDITURES PART A AND MAI	TOTAL FULL YEAR ESTIMATED EXPENDITURES PART B	TOTAL FULL YEAR ESTIMATED EXPENDITURES (Total Columns 2+3)	COH 2020 ALLOCATION PERCENTAGE APPLIED TO GRANT AWARD DIRECT SRVC PLUS PART B DIRECT SRVC	VARIANCE BETWEEN ALLOCATED BUDGETS AND TOTAL FULL YEAR ESTIMATED EXPENDITURES (Columns 5 - 4)
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	\$ 8,226,884	\$ -	\$ 8,226,884	\$ 9,584,184	\$ 1,357,300
MEDICAL CASE MGMT (Medical Care Coordination)	\$ 13,022,315	\$ -	\$ 13,022,315	\$ 10,513,048	\$ (2,509,267)
ORAL HEALTH CARE	\$ 5,660,369	\$ -	\$ 5,660,369	\$ 4,960,976	\$ (699,393)
MENTAL HEALTH	\$ 401,031	\$ -	\$ 401,031	\$ 211,105	\$ (189,926)
HOME AND COMMUNITY BASED HEALTH SERVICES	\$ 2,812,687	\$ -	\$ 2,812,687	\$ 2,346,788	\$ (465,899)
EARLY INTERVENTION SERVICES (HIV Testing Services)	\$ 512,440	\$ -	\$ 512,440	\$ 207,587	\$ (304,853)
NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services and Transitional Case Management)	\$ 1,974,172	\$ -	\$ 1,974,172	\$ 2,291,134	\$ 316,962
HOUSING (RCFCI, TRCF, and Permanent Supportive)	\$ 3,109,131	\$ 3,847,000	\$ 6,956,131	\$ 7,397,513	\$ 441,382
OUTREACH (Linkage and Re-engagement Program and Partner Services)	\$ 558,763	\$ -	\$ 558,763	\$ 1,959,762	\$ 1,400,999
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	\$ -	\$ 785,200	\$ 785,200	\$ 785,200	\$ -
MEDICAL TRANSPORTATION	\$ 472,750	\$ -	\$ 472,750	\$ 664,982	\$ 192,232
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	\$ 3,244,420	\$ -	\$ 3,244,420	\$ 2,093,462	\$ (1,150,958)
LEGAL	\$ 170,705	\$ -	\$ 170,705	\$ 56,295	\$ (114,410)
SUB-TOTAL DIRECT SERVICES	\$ 40,165,667	\$ 4,632,200	\$ 44,797,867	\$ 43,072,036	\$ (1,725,831)

ESTIMATED MAI CARRYOVER

YR 2020 Total Part A + MAI+FY 2019 MAI Carryover	\$ 44,625,625
YR 2020 Part A and MAI Expenditures	\$ 45,350,574

\$ (724,949)

* Please note, figures in parentheses indicate expenditures exceed allocations

RYAN WHITE PART A SUMMARY

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
SUMMARY REPORT**

GRANT YEAR 30 RYAN WHITE PART A FUNDING EXPENDITURES THROUGH FEBRUARY 2021 (as of April 8, 2021 and invoicing up to January 2021)

1	2	3	4	5	6
PRIORITY RANKING	SERVICE CATEGORY	PART A COH ALLOCATIONS	PART A TOTAL YTD EXPENDITURES	PART A FULL YEAR EXPENDITURES	VARIANCE BETWEEN COH ALLOCATIONS AND TOTAL FULL YEAR ESTIMATED EXPENDITURES (Columns 3-5)
1	OUTPATIENT/AMBULATORY MEDICAL CARE	27.24%	7,240,735	8,226,884	\$ 1,357,300
4	MEDICAL CASE MGMT (Medical Care Coordination)	29.88%	12,205,044	13,022,315	\$ (2,509,267)
11	ORAL HEALTH CARE	14.10%	5,218,694	5,660,369	\$ (699,393)
3	MENTAL HEALTH	0.60%	373,077	401,031	\$ (189,926)
16	HOME AND COMMUNITY BASED HEALTH SERVICES	6.67%	2,598,891	2,812,687	\$ (465,899)
7	EARLY INTERVENTION SERVICES (HIV Testing Services)	0.59%	447,240	512,440	\$ (304,853)
10	NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services)	5.92%	1,289,177	1,341,606	\$ 741,300
2	HOUSING (RCFCI, TRCF)	1.42%	406,316	406,316	\$ 93,300
5	OUTREACH SERVICES (Linkage and Re-engagement Program and Partner Services)	5.57%	485,031	558,763	\$ 1,400,999
15	SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	0.00%	0	0	\$ -
9	MEDICAL TRANSPORTATION	1.89%	356,297	472,750	\$ 192,232
13	FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	5.95%	3,163,649	3,244,420	\$ (1,150,958)
21	LEGAL	0.16%	110,705	170,705	\$ (114,410)
	SUB-TOTAL DIRECT SERVICES	\$ 35,184,230	33,894,856	36,830,286	\$ (1,649,574)
	QUALITY MANAGEMENT	1,330,192	640,844	750,936	\$ 579,256
	ADMINISTRATION (Includes COH Budget) (10% of Part A award)	4,057,158	5,560,431	4,057,158	\$ -
	GRAND TOTAL	\$ 40,571,580	\$ 40,096,131	\$ 41,638,380	\$ (1,066,800)

Year 30 Grant funding for Part A is \$40,571,580

*Please note, figures in parentheses indicate expenditures exceed allocations

RYAN WHITE MAI SUMMARY

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

GRANT YEAR 30 RYAN WHITE MAI FUNDING EXPENDITURES THROUGH FEBRUARY 2021 (as of April 8, 2021 and invoicing up to Dec 2020 for Housing and Jan 2021

1	2	3	4	5	6
PRIORITY RANKING	SERVICE CATEGORY	TOTAL ALLOCATION MAI FY 30	MAI FISCAL YEAR 30 TOTAL YTD EXPENDITURES	MAI FISCAL YEAR 30 FULL YEAR EXPENDITURES	VARIANCE BETWEEN COH ALLOCATIONS AND TOTAL FULL YEAR ESTIMATED EXPENDITURES (Columns 3-5)
1	OUTPATIENT/AMBULATORY MEDICAL CARE	0.00%			\$ -
4	MEDICAL CASE MGMT (Medical Care Coordination)	0.00%			\$ -
11	ORAL HEALTH CARE	0.00%			\$ -
3	MENTAL HEALTH	0.00%			\$ -
16	HOME AND COMMUNITY BASED HEALTH SERVICES	0.00%			\$ -
7	EARLY INTERVENTION SERVICES (HIV Testing Services)	0.00%			\$ -
10	NON-MEDICAL CASE MANAGEMENT (Transitional Case Management)	6.14%	579,330	632,566	\$ (424,339)
2	HOUSING (Permanent Supportive Housing/Housing for Health Program)	93.86%	2,027,112	2,702,815	\$ 480,282
5	OUTREACH (Linkage and Re-engagement Program and Partner Services)	0.00%			\$ -
15	SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	0.00%			\$ -
9	MEDICAL TRANSPORTATION	0.00%			\$ -
13	FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	0.00%			\$ -
21	LEGAL	0.00%			\$ -
	SUB-TOTAL DIRECT SERVICES	3,391,324	2,606,442	3,335,381	\$ 55,943
	ADMINISTRATION (10% of MAI Year 30 award)	376,813	374,606	376,813	\$ -
	GRAND TOTAL	\$ 3,768,137	\$ 2,981,048	\$ 3,712,194	\$ 55,943

The total MAI funding for Year 30 is \$3,768,137 plus \$285,908 from Year 29 approved roll over funding. However, this table only reflects the base award without the carryover funds

*Please note, figures in parentheses indicate expenditures exceed allocations

RYAN WHITE PART B SUMMARY

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

GRANT YEAR 30 RYAN WHITE PART B FUNDING EXPENDITURES THROUGH MARCH 2021 (as of April 8, 2021 and invoicing through February 2021)

1	2	3	4	5	6
PRIORITY RANKING	SERVICE CATEGORY	PART B BUDGET	PART B TOTAL YTD EXPENDITURES	PART B FULL YEAR ESTIMATED EXPENDITURES	VARIANCE TOTAL BUDGET VS. FULL YR. ESTIMATED EXPENDITURES (Columns 3-5)
1	OUTPATIENT/AMBULATORY MEDICAL CARE				\$ -
4	MEDICAL CASE MGMT SVCS (Medical Care Coordination)				\$ -
11	ORAL HEALTH CARE				\$ -
3	MENTAL HEALTH				\$ -
16	HOME AND COMMUNITY BASED HEALTH SERVICES				\$ -
7	EARLY INTERVENTION SERVICES (HIV Testing Services)				\$ -
10	NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services and Transitional Case Management)				\$ -
2	HOUSING (RCFCI, TRCF)	3,714,800	3,660,088	3,847,000	\$ (132,200)
5	OUTREACH (Linkage and Re-engagement Program and Partner Services)				\$ -
15	SUBSTANCE ABUSE TREATMENT- RESIDENTIAL	785,200	785,200	785,200	\$ -
9	MEDICAL TRANSPORTATION				\$ -
13	FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT				\$ -
21	LEGAL				\$ -
	SUB-TOTAL DIRECT SERVICES	\$ 4,500,000	\$ 4,445,288	\$ 4,632,200	\$ (132,200)
	QUALITY MANAGEMENT	\$ -	\$ -	\$ -	\$ -
	ADMINISTRATION (10% of Part B award)	\$ 500,000	\$ 295,408	\$ 368,489	\$ 131,511.00
	GRAND TOTAL	\$ 5,000,000	\$ 4,740,696	\$ 5,000,689	\$ (689)

Year 2 State allocation for Part B is \$5,000,000.

*Please note, figures in parentheses indicate expenditures exceed allocations