LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
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COMMISSION ON HIV
Virtual Meeting

Thursday, December 8, 2022
9:00am-1:00pm (PST)

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

TO REGISTER & JOIN BY COMPUTER/SMART DEVICE:

https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=mb56ca610b6f277690b4f1f65eacfd599

**Link is for non-Commissioners/members of the public*

TO JOIN BY PHONE:

1-213-306-3065 Access Code: 2599 652 1670
Password: COMMISSION

For a brief tutorial on how to use WebEx, please check out this video:
http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9360

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

LIKE WHAT WE DO?

Apply to become a Commission Member at:
https://www.surveymonkey.com/r/2022CommissiononHIVMemberApplication
For application assistance call (213) 738-2816 or email hivcomm@lachiv.org

LOS ANGELES COUNTY
COMMISSION ON HIV

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

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

Thursday, December 8, 2022 | 9:00 AM – 1:00 PM
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=mb56ca610b6f277690b4f1f65eacfd599
link is for members of the public only
To Join by Telephone: 1-213-306-3065
Password: COMMISSION Access Code: 2599 652 1670

AGENDA POSTED: December 2, 2022

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

1. ADMINISTRATIVE MATTERS

A. Call to Order, Roll Call & Introductions		9:00 AM – 9:10 AM
B. Meeting Guidelines and Code of Conduct		9:10 AM – 9:15 AM
C. Approval of Agenda	**MOTION #1**	9:15 AM – 9:17 AM
D. Approval of Meeting Minutes	**MOTION #2**	9:17 AM – 9:20 AM

2. REPORTS - I

A. Executive Director/Staff Report — 9:20 AM – 9:30 AM
- (1) County/Commission Operations | UPDATES
  - a. AB 361 Continuation of Virtual Meetings for January 2023 **MOTION #3**
- (2) November 10, 2022, Annual Meeting Evaluation

B. Co-Chairs' Report — 9:30 AM – 9:55 AM
- (1) November 10, 2022 Annual Meeting | FOLLOW UP + FEEDBACK
- (2) January 12, 2023 Meeting Agenda Development
  - a. Ceremonial Oath of Office
  - b. County Counsel Presentation Re: Brown Act Amendments
- (3) 2023 Workplan Development
  - a. Coordinated STD Response
- (4) Conferences, Meetings & Trainings | OPEN FEEDBACK
- (5) Member Vacancies & Recruitment
- (6) Holiday Meeting Schedule
- (7) Committee & Working Unit Co-Chair Nominations & Elections | UPDATES

C. California Office of AIDS (OA) Report (Part B Representative) — 9:55 AM – 10:00 AM
- (1) OAVoice Newsletter Highlights

D. LA County Department of Public Health Report (Part A Representative) — 10:00 AM – 10:15 AM
- (1) Division of HIV/STD Programs (DHSP) Updates
  - a. Programmatic and Fiscal Updates
  - b. Mpox Briefing Update

E. Housing Opportunities for People Living with AIDS (HOPWA) Report — 10:15 AM – 10:20 AM

F. Ryan White Program Parts C, D, and F Report — 10:20 AM – 10:25 AM

G. Cities, Health Districts, Service Planning Area (SPA) Reports — 10:25 AM – 10:30 AM

BREAK — 10:30 AM – 10:40 AM

LOS ANGELES COUNTY
COMMISSION ON HIV

3. REPORTS - II 10:40 AM – 11:30 AM

A. Operations Committee
   (1) Membership Management
      a. New Membership Application: Mary Cummings | HIV Stakeholder Representative #5 **MOTION #4**
   (2) Policy & Procedure Review
   (3) Recruitment, Outreach & Engagement

B. Planning, Priorities and Allocations (PP&A) Committee
   (1) 2022-2026 Comprehensive HIV Plan (CHP) | UPDATES
   (2) Multi-Year Contingency Planning & Maximizing Part A Funds
   (3) DHSP Responses to the COH Program Directives | UPDATES

C. Standards and Best Practices (SBP) Committee
   (1) Oral Healthcare Service Standards | Dental Implants Addendum | **MOTION #5**
   (2) Transitional Case Management: Incarcerated/Post-Release Service Standards | **MOTION #6**

D. Public Policy Committee (PPC)
   (1) County, State and Federal Policy, Legislation, and Budget
      a. 2022-23 Legislative Docket | UPDATES
      b. 2022-2023 Policy Priorities | **MOTION #7**
      c. Act Now Against Meth (ANAM) | UPDATES

E. Caucus, Task Force and Work Group Report 11:30 AM – 11:45 AM
   (1) Aging Caucus | January 3, 2023 @ 1-3PM
   (2) Black/African American Caucus | January 19, 2023 @ 4-5PM
   (3) Consumer Caucus | December 8, 2022 @ 3-4:30PM
   (4) Prevention Planning Workgroup | January 25, 2023 @ 4-5:30PM
   (5) Transgender Caucus | January 24, 2023 @ 10AM-12PM
   (6) Women's Caucus | January 16, 2023 @ 2-4PM

4. PRESENTATION - I 11:45 AM – 12:45 PM

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

LOS ANGELES COUNTY
COMMISSION ON HIV

5. MISCELLANEOUS

A. Public Comment 12:45 PM – 12:50 PM

Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so via https://www.surveymonkey.com/r/PUBLIC_COMMENTS .

B. Commission New Business Items 12:50 PM – 12:55 PM

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

C. Announcements 12:55 PM – 1:00 PM

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

D. Adjournment and Roll Call 1:00 PM

Adjournment for the meeting of December 8, 2022.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Commission meeting minutes, as presented or revised.
MOTION #3:	Acting on behalf of the Commission on HIV (COH), and on behalf of the COH's five (5) subcommittees for which the COH members serve as governing members and are subject to the Brown Act, finds: (1) in accordance with Assembly Bill (AB) 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that the COH has reconsidered the circumstances of the State of Emergency due to the COVID-19 pandemic and that the State of Emergency remains active and, (2) in accordance with AB 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that local officials continue to recommend measures to promote social distancing. As a result of these findings, the COH approves to continue virtual meetings for January 2023.
MOTION #4:	Approve New Membership Application for Mary Cummings to occupy the HIV Stakeholder Representative #5 seat, as presented or revised and elevate to Board of Supervisors for appointment.
MOTION #5:	Approve the Oral Healthcare Service Standards, Dental Implants Addendum, as presented or revised.

MOTION #6:	Approve the Transitional Case Management: Incarcerated/Post-Release Service Standards as presented or revised.
MOTION #7:	Approve the 2022-2023 Policy Priorities document developed by the Public Policy Committee as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION ON HIV MEMBERS:			
Danielle Campbell, MPH, Co-Chair	*Bridget Gordon, Co-Chair*	Miguel Alvarez	Everardo Alvizo, LCSW
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Mikhaela Cielo, MD
Erika Davies	Pearl Doan	Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS
Arlene Frames	Alexander Luckie Fuller	Jerry D. Gates, PhD	Joseph Green
Thomas Green	Felipe Gonzalez	Karl Halfman, MA	William King, MD, JD, AAHIVS
Lee Kochems, MA	Jose Magaña (*Alternate)	Eduardo Martinez (*Alternate)	Anthony Mills, MD
Andre Molette	Carlos Moreno	Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA
Katja Nelson, MPP	Jesus “Chuy” Orozco	Mario J. Pérez, MPH	Mallery Robinson (*Alternate)
Reverend Redeem Robinson	Ricky Rosales	Harold Glenn San Agustin, MD	Martin Sattah, MD
LaShonda Spencer, MD	Kevin Stalter	Justin Valero, MPA	
MEMBERS:	**39**		
QUORUM:	**19**		

LEGEND:

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV

2022 MEMBERSHIP ROSTER| UPDATED 12.7.22

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

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

LOA: Leave of Absence

Overall total: 39

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor, Los Angeles, CA 90020
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ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: November 30, 2022
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4th Thursday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 11 | Number of Quorum= 5**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Bridget Gordon	**Co-Chair, Comm./Exec.***	**Commissioner**
Danielle Campbell	**Co-Chair, Comm./Exec.***	**Commissioner**
Al Ballesteros	Co-Chair, PP&A	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Alexander Fuller	Co-Chair, Operations	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Kevin Stalter *(LOA)*	Co-Chair, SBP	Commissioner
Justin Valero	Co-Chair, Operations	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4th Thursday of the Month **Regular meeting time: 10:00 AM-12:00 PM** **Number of Voting Members= 8 | Number of Quorum= 5**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Alexander Luckie Fuller	**Committee Co-Chair***	**Commissioner**
Justin Valero	**Committee Co-Chair***	**Commissioner**
Miguel Alvarez	*	Commissioner
Everardo Alvizo, LCSW	*	Commissioner
Jayda Arrington	*	Commissioner
Joseph Green	*	Commissioner
Jose Magaña	*	Alternate
Carlos Moreno	*	Commissioner

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE Regular meeting day: 3rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 1 2| Number of Quorum= 7		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Donnelly	**Committee Co-Chair***	Commissioner
Al Ballesteros	**Committee Co-Chair***	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus "Chuy" Orozco	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE Regular meeting day: 1st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 9 | Number of Quorum= 5		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Lee Kochems, MA	**Committee Co-Chair***	Commissioner
Katja Nelson, MPP	**Committee Co-Chair***	Commissioner
Alasdair Burton	*	Alternate
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Eduardo Martinez	**	Alternate
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Courtney Armstrong	DHSP staff	DHSP

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

Regular meeting day: 1st Tuesday of the Month
Regular meeting time: 10:00AM-12:00 PM
Number of Voting Members = 9 | Number of Quorum = 5

COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	**Committee Co-Chair***	**Commissioner**
Erika Davies	**Committee Co-Chair***	**Commissioner**
Mikhaela Cielo, MD	*	Commissioner
Thomas Green	**	Alternate
Mark Mintline, DDS	*	Committee Member
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	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 & Ishh Herrera
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
Co-Chairs: Al Ballesteros, MBA & Joe Green
Open membership

TRANSGENDER CAUCUS

Regular meeting day/time: 4th Tuesday of Every Other Month @ 10am-12pm
Co-Chairs: Isabella Rodriguez & Xelestial Moreno
Open membership

WOMEN'S CAUCUS

Regular meeting day/time: 3rd Monday of Each Month @ 9:30am-11:30am
Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo
Open membership

PREVENTION PLANNING WORKGROUP

Regular meeting day/time: 4th Wednesday of Each Month @ 5:30pm-7:00pm
Chair: Miguel Martinez, Dr. William King & Greg Wilson
Open membership

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 11/30/22

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	**Danielle**	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	**Pearl**	No Affiliation	No Ryan White or prevention contracts
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	**Luckie**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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

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

COMMISSION ON HIV (COH) VIRTUAL MEETING MINUTES

November 10, 2022

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

COMMISSION STAFF & CONSULTANTS
Cheryl Barrit, MPIA, Executive Director; AJ King, MPH, Consultant; Catherine Lapointe, MPH; Lizette Martinez, MPH; Dawn McClendon; Jose Rangel-Garibay, MPH; and Sonja Wright, BA, MSOM, LAc, Dipl. OM, PES
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF
Courtney Armstrong, MPH; Wendy Garland, MPH; Michael Green, PhD; and Michael Haymer, MD, MSW

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

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

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

1. **CALL TO ORDER, ROLL CALL, & INTRODUCTIONS**

   Bridget Gordon, Co-Chair, called the meeting to order. James Stewart, Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, E. Davies, K. Donnelly, F. Findley, L. Fuller, K. Halfman, W. King, L. Kochems, J. Magaña, C. Moreno, K. Nelson, P. Pérez, R. Rosales, H. San Agustin, K. Stalter, B. Gordon, and D. Campbell.

2. WELCOME, OPENING REMARKS, RECOGNITION OF SERVICE, & MEETING OBJECTIVES

Cheryl Barrit, Executive Director, welcomed attendees, went over standard housekeeping notes and reminders, and instructed attendees on how to use Webex functions and Spanish translation tools. B. Gordon welcomed attendees, thanked Commission on HIV (COH) staff and commissioners for their efforts in preparing for the Annual Meeting, and read the COH's mission and vision statements. B. Gordon began the meeting with an indigenous land acknowledgement recognizing the First people of Los Angeles County – the Gabrielino Tongva, Fernandeño Tataviam, and Ventureño Chumash. A brief pause of silence was held. B. Gordon extended her gratitude to Danielle Campbell for her service as the COH and Black Caucus Co-Chair and welcomed Luckie Alexander, who will serve as the 2023 COH Co-Chair alongside B. Gordon.

3. COH BUSINESS/ADMINISTRATIVE MATTERS

a. APPROVAL OF AGENDA

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

b. APPROVAL OF MINUTES

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

c. AB 361 Findings for the Month of December

MOTION #3: Acting on behalf of the Commission on HIV (COH), and on behalf of the COH's five (5) subcommittees for which the COH members serve as governing members and are subject to the Brown Act, finds: (1) in accordance with Assembly Bill (AB) 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that the COH has reconsidered the circumstances of the State of Emergency due to the COVID-19 pandemic and that the State of Emergency remains active and, (2) in accordance with AB 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that local officials continue to recommend measures to promote social distancing. As a result of these findings, the COH approves to continue virtual meetings for December 2022. *(✓Passed by Majority, Roll Call)*

4. LOS ANGELES COUNTY UPDATE ON HIV AND STDS UPDATE

Division of HIV and STD Programs (DHSP) updates on HIV and STDs in Los Angeles County were provided by Mario Pérez, Director (DHSP), Michael Haymer, Ending the HIV Epidemic (EHE) Treat Pillar Lead, Wendy Garland, Chief Epidemiologist, Program Monitoring & Evaluation, and Courtney Armstrong, Senior Policy Officer; see PowerPoint (PPT) presentation in packet.

5. **COMPREHENSIVE HIV PLAN (CHP) 2022-2026**

   AJ King, Comprehensive HIV Plan (CHP) Consultant, provided an update on the CHP 2022-2026; see PPT presentation in packet.

   The public comment period for the draft CHP will be open until November 21, 2022. The document can be found at https://hiv.lacounty.gov/our-work. Comments can be e-mailed to hivcomm@lachiv.org.

6. **TRANSGENDER EMPATHY TRAINING**

   Mallery Jenna Robinson, Transgender and HIV Healthcare Advocate, provided a Transgender Empathy Training; see PPT presentation in packet.

7. **REAL TALK ON HOW TRAUMA IS REALLY AFFECTING US**

   B. Gordon led a discussion entitled, "RealTalk on How Trauma is Really Affecting Us." The discussion featured an interview with Dr. Gabor Maté. The video can be viewed at https://www.youtube.com/watch?v=OvSL6RZCkyI.

8. **U=U | MOVING FROM AWARENESS TO FULL INTEGRATION IN HIV CARE**

   Murray Penner, Executive Director, U=U – U.S., provided a presentation on Undetectable = Untransmittable: Moving from Awareness to Full Integration in HIV Care; see PPT presentation in packet.

9. **DREAMING BIG | COMMUNITY WISHLIST FOR A BETTER AND MODERNIZED RYAN WHITE CARE SYSTEM & RYAN WHITE CARE ACT LEGISLATION OVERVIEW**

   Public Policy Committee (PPC) Co-Chairs Katja Nelson and Lee Kochems led a discussion on modernizing the Ryan White CARE System. C. Armstrong and M. Pérez provided a review of the Ryan White Program (RWP); see PPT presentation in packet.

   Commissioners Kevin Stalter, Jayda Arrington, and B. Gordon expressed their frustrations with receiving RWP services, such as excessive paperwork.

10. **REFLECTIONS | ARE WE MAKING PROGRESS TOWARD OUR GOAL OF ENDING THE HIV EPIDEMIC? WHAT SHOULD BE COMMISSION'S GOALS AND FOCUS FOR THE NEXT 2 YEARS?**

    B. Gordon led a discussion on the need to discuss isolation, separation, lack of community, and lack of support as prominent issues hindering progress toward ending the HIV epidemic. L. Fuller recommended talking about pleasure as part of the sexual experience to open the conversation on how people come into contact with HIV.

11. **SERVICE AWARDS & EVALUATION**

L. Alexander led the awards and recognition presentation. Commissioners M. Alvarez, K. Donnelly, B. Gordon, and L. Kochems were recognized for perfect attendance for 2022 meetings. Commissioners A. Burton, D. Campbell, J. Green, T. Green, K. Halfman, K. Nelson, M. Pérez, R. Rosales, and H. San Agustin were given special recognition for their attendance and excused absences for 2022.

The following commissioners and community members were recognized for their Co-Chair Service and Leadership:

- B. Gordon and D. Campbell | COH 2022 Co-Chairs
- A. Ballesteros and K. Donnelly | Planning, Priorities, and Allocations (PP&A) Committee
- E. Davies and K. Stalter | Standards and Best Practices (SBP) Committee
- L. Fuller and J. Valero | Operations Committee
- L. Kochems and K. Nelson | Public Policy Committee (PPC)
- A. Ballesteros and J. Green | Aging Caucus
- D. Campbell and G. Garth | Black Caucus
- X. Moreno-Luz and I. Rodriguez | Transgender Caucus
- S. Alonzo, M. Cielo, and G. Morales-Avendano | Women's Caucus
- W. King, M. Martinez, and G. Wilson | Prevention Planning Workgroup

12. PUBLIC COMMENTS: TO SUBMIT PUBLIC COMMENT, YOU MAY JOIN THE VIRTUAL MEETING VIA YOUR SMART DEVICE AND POST YOUR PUBLIC COMMENT IN THE CHAT BOX -OR- EMAIL YOUR PUBLIC COMMENT TO HIVCOMM@LACHIV.ORG -OR- SUBMIT YOUR PUBLIC COMMENT ELECTRONICALLY https://www.surveymonkey.com/r/PUBLIC_COMMENTS

C. Barrit notified attendees that a feedback survey on the Annual Meeting will be available via Webex immediately following the meeting.

K. Stalter thanked commissioners and COH staff for the support he has received during this difficult time in his life.

13. CLOSING REMARKS, ROLL CALL, & ADJOURNMENT

D. Campbell thanked all attendees and presenters for their contributions to the COH.

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

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, K. Donnelly, L. Fuller, J. Gates, K. Halfman, W. King, L. Kochems, J. Magaña, C. Moreno, K. Nelson, M. Pérez, R. Rosales, H. San Agustin, K. Stalter, D. Campbell, and B. Gordon

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve the October 14, 2021 Commission on HIV Meeting Minutes, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 3: Acting on behalf of the Commission on HIV (COH), and on behalf of the COH's five (5) subcommittees for which the COH members serve as governing members and are subject to the Brown Act, finds: (1) in accordance with Assembly Bill (AB) 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that the COH has reconsidered the circumstances of the State of Emergency due to the COVID-19 pandemic and that the State of Emergency remains active and, (2) in accordance with AB 361 Section 3(e)(3), California Government Code Section 54953(e)(3), that local officials continue to recommend measures to promote social distancing. As a result of these findings, the COH approves to continue virtual meetings for December 2022.	***Ayes:*** Alvarez, Alvizo, Arrington, Ballesteros, Burton, Cao, Cielo, Davies, Donnelly, Findley, Fuller, Green, Halfman, King, Kochems, Magaña, Moreno, Nelson, Pérez, Rosales, Stalter, Campbell, and Gordon ***Opposition***: None ***Abstentions***: None	**MOTION PASSED**

PLANNING FOR ACTION: 2023 AND BEYOND

Annual Meeting Evaluation Summary

December 7, 2022

Executive Committee

LOS ANGELES COUNTY
COMMISSION ON HIV

Background

- November 10, 2022
- 9:00am to 4:30pm
- Virtual format using WebEx
- Planning and selection of key topics discussed at July-October Executive Committee meetings
- Sessions with Topic Champions
  - To sustain and lead additional conversations
- 183 attendees
- 22 completed post event evaluation survey

LOS ANGELES COUNTY
COMMISSION ON HIV

Topics

- HIV and STD Updates – Division of HIV and STD Programs
- Comprehensive HIV Plan 2022-2026 – AJ King, K. Donnelly, A. Ballesteros
- Transgender Empathy Training – M. Robinson, Xelestial Moreno, I. Rodriguez
- How Trauma Affects Us – B. Gordon, video segments from Dr. Gabor Maté
- U=U: Moving from Awareness to Full Integration in HIV Care – M. Penner, D. Campbell
- Ryan White Legislation Overview and Systems Improvement – C. Armstrong, K. Nelson, L. Kochems

Evaluation Responses (22)

9	2	11
Commissioners	Los Angeles County Staff	Community Agency Staff

LOS ANGELES COUNTY
COMMISSION ON HIV

Summary

- Did the topics presented help you with new learnings or knowledge? 22 “Yes”

Overall, how satisfied were you with the Annual Meeting?

12
Very satisfied

7
Satisfied

2
Neutral

Please state 3 things that you liked most about the Annual Meeting

- I liked the data breakdown, I also liked how organized the meeting was, lastly all the speakers were knowledgeable and engaging.
- The Transgender Empathy Training
- The presentations
- Very organized, the information regarding the trauma was amazing.
- TG Empathy, Dr. Gabor Mate
- Presentations were effective and informative and thought-provoking

LOS ANGELES COUNTY
COMMISSION ON HIV

Please state 3 things that you liked most about the Annual Meeting

- Hearing program updates and upcoming changes
- Presentations, discussions and vision for the future
- Hearing about EHE plans, Mario's presentation, the big dream conversation at the end
- Inclusion of U=U, Mario's Presentation, RW review
- The Epi Data, the U=U presentation, the Trans Cultural Comp training
- Presentations on Transgender, Trauma-informed care, commissions members who addressed issues related seeking HIV services
- Was informal, recognition of attendance and DREAMING BIG presentation
- Transgender sensitivity tools that can be put into practice immediately

Please state 3 things that you liked most about the Annual Meeting

- I liked the presentations
- Good time management and staying on track with the agenda. Loved the presentation on Transgender empathy.
- Everything was amazing
- The presentations, comments and sense of networking
- The U=U talk, dissemination of information was clear, no time wasted.

Please state 3 things that you disliked about the Annual Meeting?

- N/A
- The time it took
- The duration
- I had nothing to dislike except echos and a couple of glitches.
- Could have been more efficient with time and made the meeting shorter. For instance, the video could have been sent out to watch on our own.
- Dr. Mate's video was difficult to hear.
- Virtual, I would love to attend in person.

LOS ANGELES COUNTY
COMMISSION ON HIV

Please state 3 things that you disliked about the Annual Meeting?

- Some conversations are difficult but need it. I appreciated the conversations.
- Unanimous vote to meet by zoom in Dec., no interactive opportunity, the long trauma video that should have been summarized.
- That is was a full day, WebEx (prefer Zoom), that there wasn't a longer break for lunch.
- Length and issues of not being able to sign in due to wrong password.
- Being triggered when asked about sexual abuse, one presentation was too long, meeting was too long

Please state 3 things that you disliked about the Annual Meeting?

- The whole meeting was well done.
- I think the presentation on Trauma should not have been to sit and watch a YouTube video for 30 minutes. The video should have been 5 minutes max, and the other 25 minutes a discussion of how that is relevant to us, the work we do, and the patients we serve. The presentation about vision for Ryan White program was excellent, but when it came down to hearing audience input, it could have been done perhaps in a smaller group setting (like a breakout session), and needed more structure and specific prompts. I think commissioners have excellent ideas for what direction we would like to go, but perhaps was not given the opportunity to speak up in that format.

Suggestions

- I thought that it was very good and kept my attention all the way through.
- Look forward to another event!
- N/A
- It was a great meeting.
- In person
- Good job
- Glad to have been able to participate!
- Find a better way to take attendance and a vote than asking and waiting for each person to respond. Perhaps a private chat group?

Suggestions

- I liked hearing from consumers and providers about when we are falling short, it helps keep me focused on improving the work we do.
- Thank you for all the work. Let's continue.
- We need to meet in-person. It is impossible to network/build community in this format.
- Shorter on time pls, 9am-4pm was long.

Other Insights

- Conversations about trauma needs additional and dedicated time with more focus in 2023.
- Expand trauma conversations into the impact of COVID, living with HIV and racialized trauma.
- Identify concrete action steps and solutions to address and navigate trauma and provider burnout.
- Trauma session needed to be more interactive.
- Address social determinants and meeting basic needs of PLWH.
- Good to hear from various DHSP staff

LOS ANGELES COUNTY
COMMISSION ON HIV

Other Insights

- Consider a dedicated conversation on self-care and what that may look like for individuals and communities.
- Appreciated the U=U presentation and tips on clear messaging.
- Continue discussions in 2023

LOS ANGELES COUNTY
COMMISSION ON HIV

MARY CUMMINGS
HIV STAKEHOLDER #5

MEMBERSHIP APPLICATION ON FILE WITH THE COMMISSION OFFICE

LOS ANGELES COUNTY COMMISSION ON HIV

APPROVED
COH Meeting 6-7-22

Approval Dates: Planning, Priorities, and Allocations Committee 5/17/22/; Executive Committee 5/26/22/; COH 6/9/22; DHSP Response 11/14/22

Program Directives for Maximizing Health Resources Services Administration (HRSA) Ryan White Part A and MAI Funds for Program Years (PY) 32, 33, 34 and Centers for Disease Control and Prevention (CDC) Funding

Purpose: These program directives approved by the Los Angeles County Commission on HIV (COH) on June 9, 2022 articulate instructions to the Division of HIV and STD Programs (DHSP) on how to meet the priorities established by the COH. The Ryan White PY Years 32, 33, and 34 service rankings and allocations table are found in Attachment A.

1. Across all prevention programs and services, use a status-neutral approach in service delivery models and create a connected network of services that promote access to PrEP, ongoing preventive care, mental health, substance use, and housing services. A status-neutral approach considers the steps that can lead to an undetectable viral load and steps for effective HIV prevention (such as using condoms and PrEP). The status-neutral approach uses high-quality, culturally affirming care and empowers PLWH to get treatment and stay engaged in care. Similarly, high-quality preventive services for people who are at risk of HIV exposure help keep them HIV-negative.[1] A status-neutral approach to HIV care means that all people, regardless of HIV status, are treated the same way, with dignity and respect, and with the same access to high-quality care and services.

   DHSP Response:
   - DHSP's EHE Outreach and Education team developed HIV Testing palm cards that are status-neutral. One side of the palm card has resources for persons diagnosed with HIV, and the other side of the card contains resources for persons who are HIV negative.
   - DHSP recently released a new RFP (through Heluna Health) to fund mini-projects that will improve linkage to care, diagnoses, or engagement in care. The RFP recommends the use of a status-neutral approach and is available at https://www.helunahealth.org/news/rfp-la-county-department-of-public-health-ending-the-hiv-epidemic-mini-grant-program-short-version-
   - All DHSP prevention contracts are status-neutral
   - Under vulnerable population contracts, at least four provide housing vouchers and three provide mental health services
   - Persons at risk for HIV should have access to substance use prevention and treatment if they have any private health insurance or through MediCal
   - Identification of a funding source for housing services for persons at risk of HIV has been a challenge. DHSP will advocate with CDC and HRSA to allow more flexibility with funding in order to support the status neutral approach

2. Across all funding sources for prevention and care, prioritize investments in populations most disproportionately affected and in health districts with the highest disease burden and prevalence, where service gaps and needs are most severe. To determine populations and geographic areas most affected by HIV, request DHSP to provide data on the following:
    a. HIV and STD surveillance
    b. Continuum of care
    c. PrEP continuum
    d. Data on low service utilization in areas with high rates of HIV
    e. Viral suppression and retention rates by service sites
    f. and other relevant prevention and care data

Priority populations are those groups defined in the Los Angeles County Ending the HIV Epidemic plan. "Based on the epidemiologic profile, situational analysis, and needs assessment in Los Angeles County, the key populations of focus selected for local Ending the HIV Epidemic activities to reduce HIV-related disparities include Black/African American

[1] hiv-status-neutral-prevention-and-treatment-cycle (nyc.gov)

MSM, Latinx MSM, women of color, people who inject drugs, transgender persons, and youth under 30 years of age. Although priority populations have been selected for EHE, the LAC HIV portfolio will continue to support all populations affected by HIV and will not diminish efforts to prevent, diagnose, and treat HIV for populations who remain a critical concern, including people over age 50 who account for over 51% of PLWH in LAC and people experiencing unstable housing or homelessness, among others" (pg. 21).

The Health Districts with the highest disease burden represent five cluster areas that account for more than 80% of the disease burden (LACHAS, pg. 7)

1. Hollywood Wilshire (SPA 4)
2. Central (SPA 4)
3. Long Beach (SPA 8)
4. Southwest (SPA 6)
5. Northeast (SPA 4)

See health district (HD) maps for ranking by HIV disease burden (Attachment B).

DHSP Response:

- DHSP has developed HIV and STD dashboards which present current data and trends. Health district and SPA results are available. The dashboards can be accessed at http://publichealth.lacounty.gov/dhsp/Dashboard.htm
- DHSP Data Visualization team has developed Health District-level Epi Profiles and a Power BI tool to help track clusters and inform cluster detection and response initiatives more efficiently
- DHSP has and will continue to provide responses to COH data requests. HIV and STD surveillance, RWP Utilization, NHBS, HIV testing, and MMP data were presented during 2021 and 2022. Data were also provided and included in the Comprehensive Prevention Plan.

3. Integrate telehealth across all prevention and care services, as appropriate.

DHSP Response:

- DHSP augmented some biomedical contracts to purchase telehealth software
- RWP AOM, MCC, MH, Transitional Case Management (TCM) and Home-Based Case Management (HBCM) services have had the capacity to deliver services via telehealth since March 2020, and will continue using telehealth (phone)
- Prevention programs used Zoom, Facebook and phone and will continue to use these telehealth modalities and a hybrid approach.
- DHSP will continue to monitor and evaluate telehealth usage in the RWP
- New services such as the Spanish language mental health services will require both on-site and telehealth options

4. Continue the implementation of the recommendations developed by the Black/African Community (BAAC) Task Force (TF) which set a progressive and

inclusive agenda to eliminate the disproportionate impact of HIV/AIDS/STDs in all subsets of the African American/Black diaspora. PP&A is calling special attention to the following recommendations from the BAAC TF as key priorities for RFP development, funding, and service implementation starting in 2020:

a. Require contracted agencies to complete training for staff on cultural competency and sensitivity, implicit bias, medical mistrust, and cultural humility. DHSP should work with the Black/African American community as subject matter experts in developing training materials and curriculum, monitoring, and evaluation.

   DHSP Response:

   - DHSP developed a training that addresses issues of cultural humility and implicit bias last year. Three hundred people have been trained so far and this work is ongoing.

b. In collaboration with the Black/African American community, conduct a comprehensive needs assessment specific to all subsets of the Black/African American population with a larger sample size. Subgroups include MSM, transgender masculine and feminine communities, and women. Integrate needs assessment objectives and timelines in the 2022-2026 Comprehensive HIV Plan.

   DHSP Response:

   - DHSP has collaborated with Raniyah Copeland to obtain perspectives and feedback from the Black/African American community to develop a social marketing strategy
   - Black/African American Taskforce will conduct key informant interviews with service providers including workforce development needs
   - Conducting LACHNA is extremely labor intensive and time-consuming activity. The NHBS data can be used for prevention planning and the Medical Monitoring Project (MMP) can be used to understand HIV care needs.
   - A more targeted needs assessments can be completed by COH and AJ as part of the CHP development

c. Assess available resources by health districts by order of high prevalence areas.

   DHSP Response:

   - DHSP will update analyses to better understand geographic diversity of the HIV epidemic and will share the results with the COH.
   - See response to item #2

- DHSP will help improve the response of local HIV efforts to address epidemic among Blacks and African Americans by enlisting new providers and working with other county departments to help make the county contracting process easier to navigate and more inclusive.

d. Conduct a study to identify out-of-care individuals, and populations who do not access local services and why they do not.

DHSP Response:

- DHSP staff are currently analyzing data from the Linkage and Re-Engagement Program (LRP) as well as other Data-to-Care activities to identify out of care individuals and better understand their service needs.
- DHSP has developed a dedicated in-house Data to Action team

e. Fund mental health services for Black/African American women that are responsive to their needs and strengths. Maximize access to mental services by offering services remotely and in person. Develop a network of Black mental health providers to promote equity and reduce stigma and medical mistrust.

DHSP Response:

- Under the HRSA EHE grant, DHSP has secured a contractor who has conducted a Mental Health Needs Assessment. This assessment includes three levels of inquiry: systems, providers, and clients/consumers. Fifteen keyholder interviews were conducted, and surveys were collected from 35 providers and 29 consumers.
- The consultant presented preliminary findings at the October COH meeting and the final report will be available before the end of 2022.
- Based on the results of the Needs Assessment, DHSP will determine next steps to increase availability of mental health services for Black/African American women.
- Three RFPs for Black/African American or Latino MSM, Black/African American cisgender women, and Black/African American transgender were recently released (October 2022)
- To fully accomplish this goal, reform in the educational and reimbursement systems are needed which is outside DHSP's scope.

5. Earmark funds for peer support and psychosocial services for Black gay and bisexual men. The Commission allocated 1% funding for Psychosocial Support Services in PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 include peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis. It is recommended that DHSP collaborate with SBP to convene subject matter experts from the African American

community to ensure that mental health and psychosocial support services are culturally tailored to the needs of the community. For 2022, SBP is developing Best Practices for Special Populations with a specific document for Black/African community across multiple service categories.

DHSP Response:

- It would be helpful to obtain more specific information on the programmatic design of these psychosocial services from the COH
- One of the recently released priority population intervention RFPs (through Heluna Health) is for Black/African American MSM. This RFP requires both MH and psychosocial support services in the program model.
- DHSP currently supports one agency that has a robust peer support program and will obtain more information from them on their program model to inform the development of a RFP. A solicitation is scheduled for release in 2023.

6. Provide Non-Medical Case Management (NMCM) services in non-traditional and traditional locations to support improved service referrals and access points to Ryan White services for identified priority populations, such as young men who have sex with men (YMSM), African American men and women, Latinx communities, transgender individuals, and older adults (over 50 years). The COH's approved allocations for NMCM for PYs 32, 33, and 34 are as follows: 2.44% Part A and 12.61% MAI. The COH requests a solicitations schedule and updates from DHSP on an annual basis.

   DHSP Response:

   - DHSP recently released a new RFP (through Heluna Health) to fund mini-projects that will improve linkage to care, diagnoses, or engagement in care. Traditional and non-traditional service sites can be proposed. The RFP also encourages non-traditional HIV providers to apply, and the RFP is available at https://www.helunahealth.org/news/rfp-la-county-department-of-public-health-ending-the-hiv-epidemic-mini-grant-program-short-version-
   - Two additional RFPs (through Heluna Health) were released. There is one RFP for ciswomen and another for TG persons. A peer-to-peer model to assist with referrals, access to care, and support services is a component of these new RFPs
   - One possible way to improve referral and care coordination is electronically through a new data system. DHSP plans to use EHE funds to procure a new data system in 2023.
   - DHSP is also exploring the possibility of developing a program that combines psychosocial and NMCM services
   - It would be helpful to obtain more specific information on the programmatic design of the requested NMCM services from the COH

7. Continue to enhance Foodbank and Home Delivered Meals services to include dietary guidance, better quality foods (specifically more high-quality nutrient-rich fruits, vegetables, and lean proteins), and increase the amount of food available for clients based on their individual needs or by gaps observed or reported by agencies and clients; cover essential non-food items such as personal hygiene products (to include feminine hygiene items), household cleaning supplies, and personal protective equipment (PPE). Permit contracted agencies to

provide grocery, gas, and transportation support (e.g., Metro Tap cards, rideshare services) to clients to facilitate expanded access to food.

DHSP Response:

- The majority of HRSA CARES funds were allocated to nutritional support services for new equipment, food, and PPE
- DHSP has augmented and is currently in the processes of augmenting nutritional support contracts
- Essential non-food items are currently available at DHSP contracted nutritional support providers
- Further enhancement of contracts has been a part of DHSP's investment strategy for RWP funds in 2022

8. Food insecurity affects all people regardless of their HIV status. Support agencies that provide prevention services to have access to and the ability to provide or link clients to foodbanks, food delivery services, and nutritious meals to maintain overall health and wellness. The PrEP navigation system offers a model for linking clients regardless of their status to benefits counseling and leveraging prevention funds to link individuals to wrap- around services and social supports such as housing, transportation, job referrals, legal services, and foodbanks.

   DHSP Response:

   - DHSP highly recommends that all prevention contractors provide referrals to foodbanks and food delivery services
   - DHSP will advocate with CDC and other prevention funders to be more flexible in allowable services/costs

9. Support intensive case management services for people living with HIV served in Ryan White HIV housing programs and increase the target number of clients served during the reallocation process. Funds should also be used to support additional training for housing specialists to serve the housing needs of families.

   DHSP Response:

   - Intensive Case Management services are available to clients participating in the Housing for Health (MAI Housing) program. Initially, Housing for Health notified DHSP that they had other funding to cover the Intensive Case Management services so it was not part of their DHSP contract.
   - DHSP is working with Housing for Health to now cover the costs of Intensive Case Management Services and to expand the number of clients served under this contract. DHSP is waiting for a budget proposal from Housing for Health.

10. Continue to support the expansion of medical transportation services for all individuals regardless of their HIV status.

    DHSP Response:

    - Some HTS providers have transportation under their incentive line items. It is up to each provider to request a transportation line item.
    - Transportation services are available and an integral part of Linkage and

Reengagement and Rapid and Ready program.
- DHSP RWP transportation contracts allow family members to utilize ride share
- DHSP will ask CDC if transportation is an allowable cost

11. Continue efforts to develop Ryan White client eligibility cards and welcome packets, with information on Ryan White-funded services in Los Angeles County; train providers on the use of eligibility cards to reduce the paperwork burden on clients. Develop and implement eligibility cards without the need to issue a Request for Proposals (RFP) to expedite the distribution of eligibility cards as stated by DHSP representatives. The COH requests a solicitations schedule and updates from DHSP on annual basis.

    DHSP Response:
    - RWP Fact Sheets for each service category are currently available on online in both English and Spanish language. These documents will be included in the welcome packet.
    - Under the HRSA EHE grant, DHSP has contracted with Heluna Health and the client eligibility cards are one of the scope of work items. The Heluna Health contract was approved within the past 45 days.
    - Additionally, the proposed data system will also contain eligibility information to further reduce the paperwork burden on clients

12. Augment contracts to permit agencies to have an operational line-item budget for childcare and transportation to facilitate consistent engagement in care and support services. This strategy would avoid releasing a stand-alone RFP for childcare and transportation and give service providers the flexibility to provide these services to all clients with children. Explore funding informal childcare for Medical Care Coordination (MCC) programs for maximum flexibility. The County's Department of Public and Social Services administers a program under CalWORKs that provides childcare allowances to foster care parents. This model may provide insights on a possible contractual or administrative mechanism to expand childcare options using Ryan White or Net County Cost funding.

    DHSP Response:
    - RWP transportation contracts currently exist
    - The Childcare RFP is in development with new services starting in 2023

13. Continue to expand flexibility to provide emergency financial support for PLWH. Augment Medical Case Management/Medical Care Coordination services to include Emergency Financial Assistance (EFA) and Childcare services. Priority populations such as women and their families, YMSM, and transgender women, may have unique needs for emergency financial assistance due to domestic and intimate partner, or community violence.

    DHSP Response:
    - All eligible PLWDH can obtain EFA regardless of which RWP service they utilize. Thus, all MCC clients can apply for EFA and a line item is not necessary
    - All MCC providers (subrecipients) will be eligible to apply for a Childcare Services contract

- Note: Although not considered EFA, a contingency management program (iCARE) was launched in August 2022. This program provides financial incentives in the form of store gift cards for successfully reaching milestones in HIV care including appointment attendance, lab draws, linkage to supportive services, achieving and sustaining viral suppression for youth (age 30 or younger) and women of child bearing age that are enrolled in the Linkage and Reengagement Program (LRP).

14. Fund mobile care teams or clinics that provide holistic care for women living with HIV. Mobile teams should be available for all agencies and link women to services where they reside, congregate, or prefer to be engaged. Mobile clinics should aim to be all-inclusive and include bilingual services, STI services, linkages to clinics for ongoing care, STI/HIV testing, PrEP, mammograms, health education, and made availability to women of all ages. Mobile clinics should have the capacity to provide community referrals to food, childcare, housing, recreation and wellness resources, and other support services. Explore partnering with existing street medicine programs to enhance mobile care teams specifically designed for women.

DHSP Response:

- DHSP is assessing the current mobile unit inventory and discussing the type and quantity of mobile units needed
- Beginning in 2019 DHSP staff developed and implemented the POWER project. The goal of the POWER Project is the identification and treatment of women with undiagnosed and/or untreated HIV or syphilis infection who may not otherwise be tested in routine healthcare settings through partnership with County agencies and community-based organizations across Los Angeles County serving women with substance use disorder (SUD), experiencing mental health challenges or experiencing homelessness to provided HIV and STI testing and treatment to these women and their partners. DPH identified three Partner Models for expanding testing and treatment in this population: CBO with DPH staff, street based medicine provider model, and hybrid model (still in development). This project is still ongoing.
- DHSP is collaborating with the USC Street Medicine Group to provide street medicine based services to PLWDH. The program will be called the HIV Transition of Care Project and the contract is currently under review.

15. Fund psychosocial services and support groups for women. Psychosocial support services must include peer support to build a stronger sense of community, empowerment, and resilience among women living with HIV. Maximize access to psychosocial and support group services by offering services remotely and in person. The Commission allocated 1% funding for Psychosocial Support Services for PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 include peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis.

DHSP Response:

- Two recently released RFPs recommend peer models for cisgender and transgender women

- A DHSP consultant is training DHSP staff and providing psychosocial and mental health services for women enrolled in the LRP program
- It would be helpful to obtain more specific information on the programmatic design of these psychosocial services from the COH

16. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program and integrate the HIV and Aging care framework developed by the Aging Task Force. This framework seeks to facilitate medical wellness examinations and offers a flexible and adaptable guide to customizing care for older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, who experience aging-related issues earlier in life (before age 50). See Attachment C for the HIV and Aging Framework.

DHSP Response:

- A DHSP workgroup will be developed to review this directive. A progress update will be provided to the Aging Caucus in January 2023.

17. Integrate a geriatrician in medical home teams and establish a coordination process for specialty care services for older adults living with HIV.

DHSP Response:

- DHSP is currently reviewing Homebased Case Management Services with the intent of developing a new RFP.

by COH 01-13-2022; PY 32 Approved by COH Sept 2021)

ons (PY 32) (1)				FY 2023 RW Allocations (PY 33)(2)			FY 2024 RW Allocation (PY 34)(2)		
	Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI % (3)	Part A %	MAI %	Total Part A/ MAI % (3)
ies	0.96%	87.39%	8.33%	0.96%	87.39%		0.96%	87.39%	
	2.44%	12.61%	3.30%	2.44%	12.61%		2.44%	12.61%	
	25.51%	0.00%	23.33%	25.51%	0.00%		25.51%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		1.00%	0.00%	
	28.88%	0.00%	26.41%	28.88%	0.00%		28.00%	0.00%	
	4.07%	0.00%	3.72%	4.07%	0.00%		4.07%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	2.17%	0.00%	1.99%	2.17%	0.00%		2.17%	0.00%	
ed	8.95%	0.00%	8.19%	8.95%	0.00%		8.95%	0.00%	
	17.60%	0.00%	16.13%	17.60%	0.00%		17.48%	0.00%	
	0.95%	0.00%	0.87%	0.95%	0.00%		0.95%	0.00%	
	1.00%	0.00%	0.92%	1.00%	0.00%		1.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	6.78%	0.00%	6.21%	6.78%	0.00%		6.78%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
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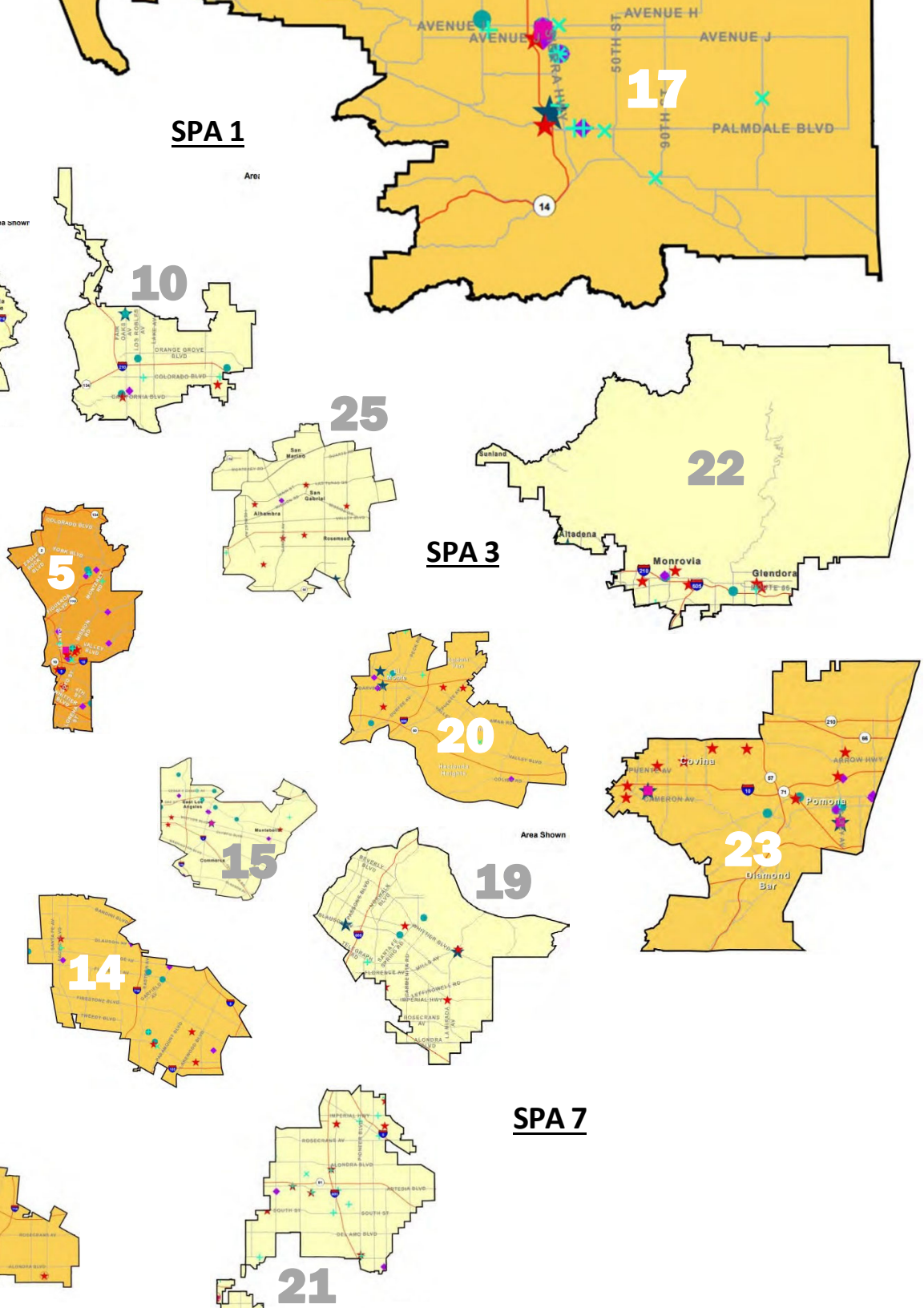
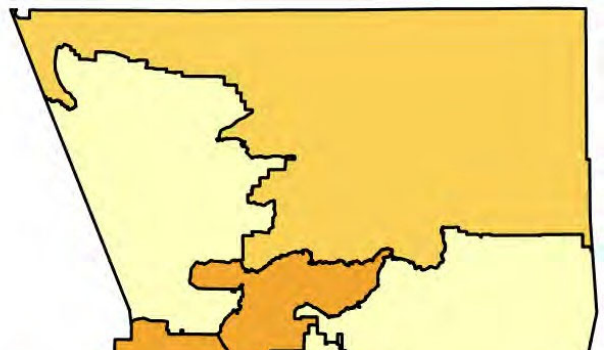


Los Angeles County HIV/AIDS Strategy Goals

By 2022:

1. Reduce annual HIV infections by 500
2. Increase diagnoses to at least 90%
3. Increase viral suppression to 90%



Aging Task Force | Framework for HIV Care for PLHWA 50+ (10.18.21; COH approved on 11/18/21)

STRATEGIES:

1. This framework seeks to facilitate medical wellness examinations and offers a flexible and adaptable guide to customizing care for ALL older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, experience aging-related issues earlier in life (before age 50) .

2. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program.

3. Integrate a geriatrician in medical home teams.

4. Establish coordination process for specialty care.

Aging Task Force | Framework for HIV Care for PLHWA 50+ (10.18.21)

Assessments and Screenings			
Mental Health	Hearing	HIV-specific Routine Tests	Immunizations
Neurocognitive Disorders/Cognitive Function	Osteoporosis/Bone Density	Cardiovascular Disease	Advance Care Planning
Functional Status	Cancers	Smoking-related Complications	
Frailty/Falls and Gait	Muscle Loss & Atrophy	Renal Disease	
Social Support & Levels of Interactions	Nutritional	Coinfections	
Vision	Housing Status	Hormone Deficiency	
Dental	Polypharmacy/Drug Interactions	Peripheral Neuropathologies	

From Golden Compass Program

From Aging Task Force/Commission on HIV

Screenings & Assessment Definitions

- HIV-specific Routine Tests
  - HIV RNA (Viral Load)
  - CD4 T-cell count
- Screening for Frailty
  - Unintentional weight loss, self-reported exhaustion, low energy expenditure, slow gait speed, weak grip strength
- Screening for Cardiovascular Disease
  - Lipid Panel (Dyslipidemia)
  - Hemoglobin A1c (Diabetes Mellitus)
  - Blood Pressure (Hypertension)
  - Weight (Obesity)
- Screening for Smoking-related Complications
  - Lung Cancer - Low-Dose CT Chest
  - Pulmonary Function Testing, Spirometry (COPD)

Screening for Renal Disease

  - Complete Metabolic Panel
  - Urinalysis
  - Urine Microalbumin-Creatinine Ratio (Microalbuminuria)
  - Urine Protein-Creatinine Ratio (HIVAN)
- Screening for Coinfections
  - Injection Drug Use
  - Hepatitis Panel (Hepatitis A, B, C)
  - STI - Gonorrhea, Chlamydia, Syphilis

Screenings & Assessment Definitions (continued)

- Screening for Osteoporosis
  - Vitamin D Level
  - DXA Scan (dual-energy X-ray absorptiometry)
  - FRAX score (fracture risk assessment tool)
- Screening for Male and Female Hormone Deficiency
  - Menopause, decreased libido, erectile dysfunction, reduced bone mass (or low-trauma fractures), hot flashes, or sweats; testing should also be considered in persons with less specific symptoms, such as fatigue and depression.
- Screening for Mental Health Comorbidities
  - Depression – Patient Health Questionnaire (PHQ)
  - Anxiety – Generalized anxiety disorder (GAD), Panic Disorder, PTSD
  - Substance Use Disorder - Opioids, Alcohol, Stimulants (cocaine & methamphetamine), benzodiazepines
  - Referral to LCSW or MFT
  - Referral to Psychiatry
- Screening for Peripheral Neuropathologies
  - Vitamin B12
  - Referral to Neurology
  - Electrodiagnostic testing
- Screening for Sexual Health

Other Suggestions from ATF/COH Discussions

- Screen patients for comprehensive benefits analysis and financial security
- Assess patients if they need and have access to caregiving support and related services
- Assess service needs for occupational and physical therapy (OT/PT) and palliative care
- Review home-based case management service standards for alignment with OT and PT assessments
- Establish a coordinated referral process among DHSP-contracted and partner agencies
- Collaborate with the AIDS Education Training Centers to develop training for HIV specialist and geriatricians.

ORAL HEALTH CARE SERVICE STANDARD ADDENDUM

Approved by the Standards and Best Practices Committee on 9/6/22.
Approved by the Executive Committee on 10/27/22.
For approval by the Commission on HIV.

I. INTRODUCTION

The purpose of the addendum is to provide specific service delivery guidance to Ryan White Part A-funded agencies regarding the provision of dental implants. The service expectations are aimed at creating a standardized set of service components, specifically for dental implants. Dental implants are an oral health care procedure and not a specialty service. Subrecipients funded by the Los Angeles County Division of HIV and STD Programs (DHSP) must adhere to all service category definitions and service standards for which they are funded.

II. BACKGROUND

On February 24th, 2022, the Los Angeles County Commission on HIV convened an Oral Health Care subject matter expert panel to discuss an addendum to the EMA's Oral Health Care service standard specifically to address dental implants. The panel consisted of dental providers and dental program administrators from agencies contracted by the Division on HIV and STD Programs (DHSP) to provide dental and specialty dental services under the Ryan White Program Part A. Among the participating agencies, there were the UCLA School of Dentistry, USC School of Dentistry, Western University, AIDS Healthcare Foundation, and Watts Health.

III. SUBJECT MATTER EXPERT PANEL FINDINGS AND RECOMMENDATIONS

Recommendations for improving dental implant services for Ryan White Part A specialty dental providers:

a. Support and reinforce patient understanding, agreement, and education in the patient's treatment plan.
b. Ensure patient understanding that dental implants are for medical necessity (as determined by the dental provider through assessments and evaluation) and would lead to improved HIV health outcomes
c. Reinforce that RW funds cannot be used to provide dental implants for cosmetic purposes.
d. The treatment plan should be signed by both patient and doctor.
e. Engage and collaborate with the Consumer Caucus to revisit and strengthen the "Consumer Bill of Rights" document and consider reviewing the client responsibilities section to ensure it addresses the client's service expectations and the service provider's capacity to meet them within the limits of the contractual obligations as prescribed by DHSP.
f. Review the referral form(s) providers use to refer patients to specialty dental services
g. Develop a standard form/process referring providers can complete when referring

h. Train referring dental providers on how to adequately complete referral forms to allow more flexibility in treatment planning for receiving specialty dental providers.
i. Recommend that dental providers complete training modules and access training resources available on the Pacific AIDS Education and Training (PAETC) website.

IV. HEALTH RESOURCES SERVICE ADMINISTRATION (HRSA) SERVICE CATEGORY DEFINITION FOR ORAL HEALTH CARE SERVICES[1]

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants

V. PROGRAM SERVICE CATEGORY DEFINITION FOR ORAL HEALTH CARE SERVICES

Service Considerations (as listed on 2015 Oral Healthcare Service Standards) Oral healthcare services should be an integral part of primary medical care for all people living with HIV. Most HIV-infected patients can receive routine, comprehensive oral healthcare in the same manner as any other person. All treatment will be administered according to published research and available standards of care (for additional information please see: Oral Health Care Standards of Care).

VI. PROPOSED ORAL HEALTHCARE SERVICE ADDENDUM REGARDING DENTAL IMPLANTS

General Consideration: There is no justification to deny or modify dental treatment based on the fact that a patient has tested positive for HIV. Further, the magnitude of the viral load is not an indicator to withhold dental treatment for a patient. If, however, a patient's medical condition is compromised, treatment adjustments, as with any medically compromised patient, may be necessary.

SERVICE COMPONENT	STANDARD	DOCUMENTATION
EVALUATION/ASSESSMENT	Obtain a thorough medical, dental, and psychosocial history to assess the patient's oral hygiene habits and periodontal stability and determine the patient's capacity to achieve dental implant success and the possibility of dental implant failure.	Client Chart/Treatment Plan/Provider Progress Notes
	Clinician, after patient assessment, will make necessary referrals to specialty programs including, but not limited to smoking cessation programs; substance use treatment; medical nutritional therapy, thereby increasing patients' success rate for receiving dental implants.	
	The clinicians referring patients to specialty Oral Healthcare services will complete a referral form, educate the	

[1] *HRSA Policy Clarification Notice (PCN) #16-02*

	patient, and discuss treatment plan alternatives with patient.	
TREATMENT PLANNING AND ORAL HEALTH EDUCATION	The receiving clinician will review the referral, consider the patient's medical, dental, and psychosocial history to determine treatment plan options that offer the patient the most successful outcome based on published literature. The clinician will discuss with patient dental implant options with the goal of achieving optimal health outcomes.	Referral in Client Chart/Treatment Plan/Provider Progress Notes
	The clinician will consider the patient's perspective in deciding which treatment plan to use.	Client Chart/Treatment Plan/Provider Progress Notes
	The clinician will discuss treatment plan alternatives with the patient and collaborate with the patient to determine their treatment plan.	Client Chart/Treatment Plan/Provider Progress Notes
	The clinician and the patient will revisit the treatment plan periodically to determine if any adjustments are necessary to achieve the treatment goal.	Client Chart/Treatment Plan/Provider Progress Notes
	The clinician will educate patients on how to maintain dental implants and the importance of routine care.	Client Chart/Treatment Plan/Provider Progress Notes

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DRAFT

SERVICE STANDARDS FOR TRANSITIONAL CASE MANAGEMENT: JUSTICE-INVOLVED INDIVIDUALS

LOS ANGELES COUNTY
COMMISSION ON HIV

Approved by the SBP Committee on 12/6/22.
Approved by the Executive Committee on 12/7/22.
For Full-Body Commission on HIV approval.

Last approved by the Commission on HIV on 4/13/2017

DRAFT

SERVICE STANDARDS: TRANSITIONAL CASE MANAGEMENT- JUSTICE-INVOLVED INDIVIDUALS

IMPORTANT: The service standards for Justice-involved individuals, Transitional Case Management Services adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

Human Resource Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) # 16-02 *(Revised 10/22/18)*: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

HRSA HAB Policy Clarification Notice (PCN) # 18-02: The use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved

HRSA HAB, Division of Metropolitan HIV/AIDS Programs: National Monitoring Standards for Ryan White Part A Grantees: Program – Part A

INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies offer to clients, however, providers are encouraged to exceed these standards. The Los Angeles County Commission on HIV (COH) developed Transitional Case Management Services for justice-involved individuals standards to establish the minimum services necessary to coordinate care for individuals who are living with HIV and are transitioning back to the community and those that continue to experience recidivism. The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, caucuses, and the public-at-large.

SERVICE DESCRIPTION

Transitional Case Management: Justice-Involved Individuals is a client-centered activity that coordinates care for justice-involved individuals who are living with HIV and are transitioning back to the community and experiencing recidivism. TCM services include:

- Intake and assessment of available resources and needs
- Periodic reassessment of status and needs
- Development and implementation of Individual Release Plans
- Appropriate referrals to housing, community case management, medical, mental health, and substance use treatment, dental health
- Services to facilitate retention in care, viral suppression, and overall health and wellness
- Access to HIV and STI information, education, partner services, and behavioral and biomedical interventions (such as pre-exposure prophylaxis (PrEP)) to prevent acquisition and transmission of HIV/STIs)

RECOMMENDED TRAINING TOPICS FOR TRANSITIONAL CASE MANAGEMENT STAFF

Transitional Case Management staff should complete ongoing training related to the provision of TCM services. Staff development and enhancement activities should include, but not be limited to:

- HIV/AIDS Medical and Treatment Updates
- Risk Behavior and Harm Reduction Interventions
- Addiction and Substance Use Treatment
- HIV Disclosure and Partner Services
- Trauma-informed Care
- Person First Language
- Mental health and HIV/AIDS including Grief and Loss
- Legal Issues, including Jails/Corrections Services
- Alternatives to Incarceration Training
- Integrated HIV/STI prevention and care services including Hepatitis C screening and treatment
- Sexual identification, gender issues, and provision of trans-friendly services
- Stigma and discrimination and HIV/AIDS
- Health equity and social justice
- Motivational interviewing
- Knowledge of available housing, food, and other basic need support services

The following are resources to assist agencies the health and social needs of this community:
https://wdacs.lacounty.gov/justice-involved-support-services/
https://careacttarget.org/sites/default/files/JailsLinkageIHIPPocketCard.pdf
https://www.cdc.gov/correctionalhealth/rec-guide.html
http://www.enhancelink.org/

SERVICE STANDARDS

All contractors must meet the Universal Standards of Care approved by the COH in addition to the following Incarcerated/Post-Release Transitional Case Management Services standards. The Universal Standards of Care can be accessed at: https://hiv.lacounty.gov/service-standards

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Outreach	Transitional case management programs will conduct outreach to educate potential clients and HIV and STI services providers and other supportive service organizations about the availability and benefits of TCM services for justice-involved persons living with HIV.	Outreach plan on file at provider agency.
	Transitional case management programs will provide information sessions to incarcerated people living with HIV that facilitate enrollment into TCM services.	Record of information sessions at the provider agency. Copies of flyers and materials used. Record of referrals provided to clients.
	Transitional case management programs establish appointments (whenever possible) prior to release date.	Record of appointment date.
Client Intake	Initiate a client record	Client record to include: • Client name and contact information including: address, phone, and email • Written documentation of HIV/AIDS diagnosis • Proof of LAC Residency or documentation that client will be released to LAC residency • Verification of client's financial eligibility for services • Date of intake • Emergency and/or next of kin contact name, home address, and telephone number • Signed and dated Release of Information, Limits of

		Confidentiality, Consent, Client Rights and Responsibilities, and Grievance Procedures forms
Comprehensive Assessment	Comprehensive assessment and reassessment are completed in a cooperative process between the TCM staff and the client and entered into DHSP's data management system within 15 days of the initiation of services. Perform reassessments at least once per year or when a client's needs change or they have re-entered a case management program. Comprehensive assessment is conducted to determine the: • Client's needs for treatment and support services including housing and food needs • Client's current capacity to meet those needs • Client's Medical Home post-release and linkage to Medical Case Management (MCC) team prior to release to ensure continuity of care • Ability of the client's social support network to help meet client need • Extent to which other agencies are involved in client's care	Comprehensive assessment or reassessment on file in client chart to include: ○ Date of assessment/reassessment ○ Signature and title of staff person conducting assessment/reassessment ○ Client strengths, needs and available resources in the following areas: ○ Medical/physical healthcare ○ Medications and Adherence issues ○ Mental health ○ Substance use and substance use treatment ○ HCV/HIV dual diagnosis ○ Nutrition/food ○ Housing and living situation ○ Family and dependent care issues ○ Access to hormone replacement therapy, gender reassignment procedures, name change/gender change clinics and other transition-related services. ○ Transportation ○ Language/literacy skills ○ Religious/spiritual support ○ Social support system ○ Relationship history

		○ Domestic violence/Intimate Partner Violence (IPV) ○ History of physical or emotional trauma ○ Financial resources ○ Employment and Education ○ Legal issues/incarceration history ○ HIV and STI prevention issues
Individual Release Plan (IRP)	IRPs will be developed in conjunction with the client within two weeks of completing the assessment or reassessment The IRP should address, at minimum, the following: • Document discharge viral load • Document discharge medications ordered • Reasons for incarceration and prevention of recidivism • Transportation • Housing/shelter • Food • Primary health care • Mental health • Substance use treatment • Community-based case management IRPs will be updated on an ongoing basis.	IRP on file in client chart to includes: • Name of client and case manager • Date and signature of case manager and client • Date and description of client goals and desired outcomes • Action steps to be taken by client, case manager and others • Customized services offered to client to facilitate success in meeting goals, such as referrals to peer navigators and other social or health services. • Goal timeframes • Disposition of each goal as it is met, changed, or determined to be unattainable
Monitoring and	Implementation, monitoring, and follow-up involve ongoing contact and interventions with (or on behalf of) the client to ensure that IRP goals are addressed, and that the client is linked to and appropriately access	Signed, dated progress notes on file that detail (at minimum): • Description of client contacts and actions taken • Date and type of contact • Description of what occurred

Follow-up	and maintains primary health care and community-based supportive services identified on the IRP. Case managers will: • Provide referrals, advocacy and interventions based on the intake, assessment, and IRP • Monitor changes in the client's condition • Update/revise the IRP • Provide interventions and linked referrals • Ensure coordination of care • Help clients submit applications and obtain health benefits and care • Conduct monitoring and follow-up to confirm completion of referrals and service utilization • Advocate on behalf of clients with other service providers • Empower clients to use independent living strategies • Identify available familial or partner resources • Help clients resolve barriers • Follow up on IRP goals • Maintain/attempt contact at a minimum of once every two weeks and at least one face-to-face contact monthly • Follow up missed appointments by the end of the next business day • Collaborate with the client's community-based case manager for coordination and follow-up when appropriate • Transition clients out of incarcerated transitional case management at six month's	• Changes in the client's condition or circumstances • Progress made toward IRP goals • Barriers to IRPs and actions taken to resolve them • Linked referrals and interventions and current status/results of same • Barriers to referrals and interventions/actions taken • Time spent with, or on behalf of, client • Case manager's signature and title

	post-release. Transitioning may include sharing assessment documents and other documents that were collected with the receiving provider agency	
Staffing Requirements and Qualifications	Case managers will have: • Knowledge of HIV//STIs and related issues • Knowledge of and sensitivity to incarceration and correctional settings and populations • Knowledge of and sensitivity to lesbian, gay, bisexual, and transgender and gender-fluid persons • Effective motivational interviewing and assessment skills • Ability to appropriately interact and collaborate with others • Effective written/verbal communication skills • Ability to work independently • Effective problem-solving skills • Ability to respond appropriately in crisis situations • Effective organizational skills • Prioritize caseload • Patience • Multitasking skills Refer to list of recommend training topics for Transitional Case Management Staff	Resume, training certificates, interview assessment notes, reference checks, and annual performance reviews on file.
	Case managers will hold a bachelor's degree in an area of human services; high school diploma (or GED equivalent) and at least one year's	Resumes on file at provider agency documenting experience. Copies of diplomas on file.

	experience working as an HIV case manager or at least two years' experience working within a related health services field. Prior experience providing services to justice-involved individuals is preferred. Personal life experience with relevant issues is highly valued and should be considered when making hiring decisions.	
	All staff will be given orientation prior to providing services.	Record of orientation in employee file at provider agency.
	Case management staff will complete DHSP's required certifications/training as defined in the contract. Case management supervisors will complete DHSP's required supervisor's certification/training as defined in the contract.	Documentation of certification completion maintained in employee file.
	Case managers and other staff will participate in recertification as required by DHSP.	Documentation of training maintained in employee files to include: • Date, time, and location of function • Function type • Staff members attending • Sponsor or provider of function • Training outline, handouts, or materials • Meeting agenda and/or minutes
	Case management staff will receive a minimum of four hours of client care-related supervision per month from a master's degree-level mental health professional.	All client care-related supervision will be documented as follows (at minimum): • Date of client care-related supervision • Supervision format • Name and title of participants • Issues and concerns identified • Guidance provided and follow-up plan • Verification that guidance and plan have been

		implemented • Client care supervisor's name, title, and signature.
	Clinical Supervisor will provide general clinical guidance and follow-up plans for case management staff.	Documentation of client care-related supervision for individual clients will be maintained in the client's individual file.

LOS ANGELES COUNTY
COMMISSION ON HIV

2022-2023 Legislative Docket
Approval Date: COH 7-14-22

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 4 (Arambula)	Medi-Cal: eligibility	The bill would extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB4	Support	26-AUG-21 In Committee: Held Under Submission.
AB 15 (Chiu)	COVID-19 relief: tenancy: Tenant Stabilization Act of 2021	This bill would extend the definition of "COVID-19 rental debt" as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and December 31, 2021. The bill would also extend the repeal date of the act to January 1, 2026. The bill would make other conforming changes to align with these extended dates. By extending the repeal date of the act, the bill would expand the crime of perjury and create a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB15 Per Assembly Chiu Office the Assembly person will hold the bill until the next legislative cycle. Due to the passing of AB 3088, SB 91 and AB 832 which prevent eviction due to non-payment of rent for those whose income was negatively impacted by the pandemic.	Support with questions	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 16 (Chiu)	Tenancies: COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021	This bill would establish the Tenant, Small Landlord, and Affordable Housing Provider Stabilization Program. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB16 Per Assembly Chiu Office the Assembly person will hold the bill until the next legislative cycle. Due to the passing of AB 3088, SB 91 and AB 832 which prevent eviction due to non-payment of rent for those whose income was negatively impacted by the pandemic.	Watch	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)
AB 65 (Low)	California Universal Basic Income Program: Personal Income Tax	This bill would declare the intent of the Legislature to enact legislation to create a California Universal Basic Income Program, with the intention of ensuring economic security for all Californians. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB65	Watch	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)
AB 77 (Petrie-Norris)	Substance use disorder treatment services	This bill would declare the intent of the Legislature to enact Jarrod's Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the State Department of Health Care Services. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB77	Support	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)
AB 240 (Rodriguez)	Local health department workforce assessment	This bill would require the department to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB240	Support with Questions	26-AUG-21 In Committee: Held under Submission

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 328 (Chiu)	Reentry Housing and Workforce Development Program	This bill would establish the Reentry Housing Program. The bill would require the Department of Housing and Community Development to, on or before July 1, 2022, take specified actions to, upon appropriation by the Legislature, provide grants to counties and continuums of care, as defined, for evidence-based housing and housing-based services interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB328	Support	01-FEB-22 Filed with the Chief Clerk pursuant to Joint Rule 56. (1)
AB 835 (Nazarian)	Hospital emergency departments: HIV testing	This bill would require every patient who has blood drawn at a hospital emergency department to be offered an HIV test, as specified. The bill would specify the manner in which the results of that test are provided. The bill would state that a hospital emergency department is not required to offer an HIV test to a patient if the department determines that the patient is being treated for a life-threatening emergency or if they determine the person lacks the capacity to consent to an HIV test. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835	Support	26-AUG-21 In Committee: Held Under Submission
AB 1038 (Gipson)	California Health Equity Program	This bill would establish the California Health Equity Program, a competitive grant program administered by the Office of Health Equity to community-based nonprofit organizations, community clinics, local health departments, and tribal organizations to take actions related to health equity. The bill would establish the California Health Equity Fund. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1038	Support	26-AUG-21 In Committee: Held Under Submission

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1400 (Kalra)	Guaranteed Health Care for All	This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1400	Support	01-FEB-22 Died on third reading file.
AB 1542 (McCarty)	County of Yolo: Secured Residential Treatment Program.	This bill would, until January 1, 2025, authorize the County of Yolo to offer a pilot program, known as the Secured Residential Treatment Program, for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony crimes, as specified. The bill would require the program to meet certain conditions relating to, among other things, a risk, needs, and psychological assessment, a comprehensive curriculum, a determination by a judge of the length of treatment, data collection, licensing and monitoring of the facility by the State Department of Health Care Services, and reporting to the department and the Legislature. Bill Text - AB-1542 County of Yolo: Secured Residential Treatment Program. (ca.gov)	Watch	3-FEB-22 VETOED BY THE GOVERNOR
AB 1928 (McCarty)	Hope California: Secured Residential Treatment Pilot Program	Existing law authorizes a court to grant pretrial diversion to a defendant in specified cases, including when the defendant is suffering from a mental disorder, specified controlled substances crimes, and when the defendant was, or currently is, a member of the United States military. This bill would, until January 1, 2026, the Counties of San Joaquin, Santa Clara, and Yolo to develop, manage, staff, and offer a secured residential treatment pilot program, known as Hope California, for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony crimes, as specified. The bill would require the program to meet certain conditions relating to, among other things, a risk, needs, and psychological assessment, a comprehensive curriculum, a determination by a judge of the length of treatment, data collection, licensing and monitoring of the facility by the State Department of Health Care Services, and reporting to the department and the Legislature. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1928	Watch	19-MAY-22 In committee: Held under submission.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2194 (Ward and Lee)	Pharmacists and pharmacy technicians: continuing education: cultural competency	Requires pharmacists and pharmacy technicians to complete at least one hour of continuing education through a cultural competency course focused on lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ+) patients. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2194	Support	06-JUNE-22 From committee: Do pass and re-refer to Com. On APPR.
AB 2223 (Wicks)	Reproductive Health	Existing law requires a county coroner to hold inquests to inquire into and determine the circumstances, manner, and cause of violent, sudden, or unusual deaths, including deaths related to or following known or suspected self-induced or criminal abortion. Existing law requires a coroner to register a fetal death after 20 weeks of gestation, unless it is the result of a legal abortion. If a physician was not in attendance at the delivery of the fetus, existing law requires the fetal death to be handled as a death without medical attendance. Existing law requires the coroner to state on the certificate of fetal death the time of fetal death, the direct causes of the fetal death, and the conditions, if any, that gave rise to these causes. This bill would delete the requirement that a coroner hold inquests for deaths related to or following known or suspected self-induced or criminal abortion, and would delete the requirement that an unattended fetal death be handled as a death without medical attendance. The bill would prohibit using the coroner's statements on the certificate of fetal death to establish, bring, or support a criminal prosecution or civil cause of damages against any person. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2223	Support	30-JUNE-22 From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 2.) (June 30). Re-referred to Com. on APPR.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2312 (Lee)	Nonprescription contraception: access	This bill would, with certain exceptions, prohibit a retail establishment, as defined, from refusing to furnish nonprescription contraception to a person solely on the basis of age or any of the above-listed characteristics by means of any conduct, including, but not limited to, requiring the customer to present identification for purposes of demonstrating their age or other characteristic. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2312	Watch	6-APR-22 In committee: Set, first hearing. Hearing canceled at the request of author.
AB 2521 (Santiago)	Transgender, Gender Nonconforming, or Intersex Fund	This bill would rename the fund as the Transgender, Gender Nonconforming, or Intersex Fund. The bill would require the office to establish a community advisory committee for the purpose of providing recommendations to the office on which organizations and entities to select for funding and recommendations on the amount of funding for each organization or entity. The bill would require the community advisory committee to be composed of multiple marginalized members of the TGI community for whom the services provided by the funds are intended. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2521 Sponsored by TransLatin@ Coalition	Support	08-JUNE-22 Referred to Coms. On HEALTH and JUD.
SB 17 (Pan)	Office of Racial Equity	This bill would state the intent of the Legislature to enact legislation to require the department to address racism as a public health crisis. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB17	Support	29-June-22 Set for second hearing. Placed on suspense file.
SB 56 (Durazo)	Medi-Cal: eligibility	This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB56	Support	23-June-21 From Committee: Do Pass and Re-refer to Committee on Appropriation

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 57 (Wiener)	Controlled Substances: Overdose Prevention Program	This bill would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, and providing access or referrals to substance use disorder treatment. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB57 The City of Los Angeles approved a pilot site for this program and requested a bill amendment to include the City of Los Angeles. The sponsor held the bill for this legislative session and will continue the legislative process in January 2022 (Legislative Session 2022-23).	Support	06-JUNE-22 Read second time. Ordered to third reading.
SB 217 (Dahle)	Comprehensive sexual health education and human immuno-deficiency virus (HIV) prevention education.	This bill would require the governing board of a school district to adopt a policy at a publicly noticed meeting specifying how parents and guardians of pupils may inspect the written and audiovisual educational materials used in comprehensive sexual health education. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB217	Opposed Unless Amended	01-FEB-22 Returned to Secretary of Senate pursuant to Joint Rule 56(1)
SB 225 (Wiener)	Medical procedures: individuals born with variations in their physical sex characteristics	This bill would prohibit a physician and surgeon from performing certain sex organ modification procedures on an individual born with variations in their physical sex characteristics who is under 12 years of age unless the procedure is a surgery required to address an immediate risk of physical harm, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB225	Support	30-JUNE-22 Read second time and amended. Re-referred to Com. on APPR.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 316 (Eggman)	Medi-Cal: federally qualified health centers and rural health clinics	This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB316	Support	09-SEP-21 Ordered to inactive file on request of Assembly Member Reyes.
SB 357 (Wiener)	Crimes: loitering for the purpose of engaging in a prostitution offense	Existing law prohibits soliciting or engaging in an act of prostitution. This bill would repeal those provisions related to loitering with the intent to commit prostitution and would make other conforming changes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB357	Support	01-JULY-22 Approved by the Governor
SB 464 (Hurtado)	California Food Assistance Program: eligibility and benefits	This bill, commencing January 1, 2023, would instead make a noncitizen applicant eligible for the California Food Assistance Program if the noncitizen satisfies all eligibility criteria for participation in the CalFresh program except any requirements related to immigration status. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB464	Support	01-JULY-21 From Committee: Do Pass and Re-refer to Committee on Approp-riation. Re-referred to Committee Appropriation
SB 523 (Leyva)	Health care coverage: contra-ceptives	This bill would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issues, amended, renewed, or delivered on and after January 1, 2022. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB523	Support	26-AUG-21 August 26 Hearing Postponed by Committee.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 923 (Wiener)	Gender-affirming care	This bill requires health plans and insurers to require all of its support staff who are in direct contact with enrollees or insureds to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex. This bill adds processes to continuing medical education requirements related to cultural and linguistic competency for physician and surgeons specific to gender-affirming care services, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB923	Support	23-JUNE-22 Read second time and amended. Re-referred to Com. on APPR.
SB 939 (Pan)	Prescription drug pricing	This bill prohibits payers and drug manufacturers from imposing requirements, conditions, or exclusions that discriminate against certain health care entities participating in a federal drug discount program, including contracted pharmacies of the health care entities. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB939	Support	28-JUNE-22 June 28 set for first hearing canceled at the request of author.
SB 1033 (Pan)	Healthcare Coverage	This bill would require the Department of Managed Health Care (DMHC) and the Insurance Commissioner, no later than July 1, 2023, to revise specified regulations that would require health plans, specialized health plans, or insurance policies, excluding Medi-Cal beneficiaries, for cultural and health-related social needs in order to improve health disparities, health care quality and outcomes, and addressing population health. This bill is referred by the community as the health equity and data bill. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1033	Support	29-JUNE-22 From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 2.) (June 28). Re-referred to Com. on APPR.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 1234 (Pan)	Family Planning, Access, Care, and Treatment Program	The bill would require reimbursement, subject to an appropriation by the Legislature and any potential draw down of federal matching funds, for services related to the prevention and treatment of sexually transmitted diseases (STDs), including counseling, screening, testing, follow-up care, prevention and treatment management, and drugs and devices outlined as reimbursable in the Family PACT Policies, Procedures and Billing Instructions manual, to uninsured, income-eligible patients or patients with health care coverage who are income-eligible and have confidentiality concerns, including, but not limited to, lesbian, gay, bisexual, transgender (LGBTQ+) patients, and other individuals who are not at risk for experiencing or causing an unintended pregnancy, and who are not in need of contraceptive services. In addition, the bill would require any office visits, including in-person and visits through telehealth modalities, to be reimbursed at the same rate as office visit. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1234	Support	30-JUNE-22 Read second time and amended. Re-referred to Com. on APPR.
SB 1338 (Umberg)	Community Assistance, Recovery, and Empowerment (CARE) Program	Senate Bill 1338 would establish the Community Assistance, Recovery, and Empowerment (CARE) Court Program, which would authorize specified persons to petition a civil court to create a CARE plan and implement services for individuals suffering from specified mental health disorders. If the court determines the individual is eligible for the CARE Court Program, the court would order the implementation of a CARE plan, as devised by the relevant county behavioral services agency, and would oversee the individual's participation in the plan. https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=202120220SB1338 Supported by the Los Angeles County Board of Supervisors	Watch with reservations	30-JUNE-22 Read second time and amended. Re-referred to Com. on APPR.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
FEDERAL BILLS				
BILL	**TITLE**	**DESCRIPTION / COMMENTS**	**RECOMMENDED POSITION**	**STATUS**
H.R.5 (Cicilline)	Equality Act	This bill prohibits discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system. https://www.congress.gov/bill/117th-congress/house-bill/5	Support	17-March-2021 Senate Committee on the Judiciary Hearings Held
H.R. 1201 (Lowenthal-Markey)	International Human 5 Rights Defense Act of 2021	The bill is to establish in the Bureau of Democracy, Human Rights, and Labor of the Department of State a Special Envoy for the Human Rights of LGBTQI Peoples. The Special Envoy shall serve as the principal advisor to the Secretary of State regarding human rights for LGBTQI people internationally. https://www.congress.gov/bill/117th-congress/house-bill/1201/text	Support	02-APRIL-21 Referred to the Subcommittee on Africa, Global Health and Global Human Rights
H.R. 1280 (Bass)	George Floyd Justice and Policing Act of 2021	This bill addresses a wide range of policies and issues regarding policing practices and law enforcement accountability. It increases accountability for law enforcement misconduct, restricts the use of certain policing practices, enhances transparency and data collection, and establishes best practices and training requirements. The Commission on HIV refer this bill back to the Committee because funding for the police is included in the bill. This is at odds with the movement for Black Lives which opposes the bill. https://www.congress.gov/bill/117th-congress/house-bill/1280?q=%7B%22search%22%3A%5B%22George+Floyd+Justice+and+Policing+Act+of+2021%22%5D%7D&s=2&r=1	Watch with reservations	09-March-21 Received in the Senate Referred Back to Committee in Discussion

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
Federal Bill Proposal (Sponsored Movement for Black Lives)	The BREATHE Act	Divesting Federal Resources from Policing and Incarceration & Ending Federal Criminal-Legal System Harms Investing in New Approaches to Community Safety Utilizing Funding Incentives Allocating New Money to Build Healthy, Sustainable & Equitable Communities for All People Holding Officials Accountable & Enhancing Self-Determination of Black Communities file:///S:/2021%20Calendar%20Year%20-%20Meetings/Committees/Public%20Policy/07%20-%20July/Packet/The-BREATHE-Act-V.16_.pdf	Watch with discussion	Referred Back to Committee in Discussion
HR 5611 (Blunt Rochester)/ S. 1902 (Cortez Masto)	Behavioral Health Crisis Services Expansion Act	This bill establishes requirements, expands health insurance coverage, and directs other activities to support the provision of behavioral health crisis services along a continuum of care. https://www.congress.gov/bill/117th-congress/house-bill/5611?q=%7B%22search%22%3A%5B%22hr5611%22%2C%22hr5611%22%5D%7D&s=1&r=1 https://www.congress.gov/bill/117th-congress/senate-bill/1902?q=%7B%22search%22%3A%5B%22S1902%22%2C%22S1902%22%5D%7D&s=2&r=1	Support	**HR 5611** 02-NOV-21 House Referred to the Subcommittee on Health **S. 1902** 27-MAY-21 Read Senate twice and referred to the Committee on Health, Education, Labor, and Pensions

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
S.1 (Merkley)	For the People Act	This bill addresses voter access, election integrity and security, campaign finance, and ethics for the three branches of government. https://www.congress.gov/bill/117th-congress/senate-bill/1?q=%7B%22search%22%3A%5B%22S+1%22%5D%7D&s=1&r=1	Support	11-AUG-21 Placed on Senate Legislative Calendar Under General Orders. Calendar No. 123
S. 854 (Feinstein)	Methampheta-mine Response Act of 2021	This bill designates methamphetamine as an emerging drug threat (a new and growing trend in the use of an illicit drug or class of drug). It directs the Office of National Drug Control Policy to implement a methamphetamine response plan. https://www.congress.gov/bill/117th-congress/senate-bill/854	Support	14-MARCH-22 Became Public Law/Signed by the President
S.4263/ H.R.4 (Leahy)	John Lewis Voting Rights Advancement Act 2021	To amend the Voting Rights Act of 1965 to revise the criteria for determining which States and political subdivisions are subject to section 4 of the Act, and for other purposes. https://www.congress.gov/bill/117th-congress/house-bill/4?q=%7B%22search%22%3A%5B%22H.4%22%2C%22H.4%22%5D%7D&r=1&s=4	Support	14-SEP-20 Received in the Senate.

LOS ANGELES COUNTY
COMMISSION ON HIV

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HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

PUBLIC POLICY COMMITTEE (PPC)[1]
2022-2023 POLICY PRIORITIES

HIV has been raging in communities across the world for almost 40 years and with advancements in biomedical interventions, research and vaccines, the time for the HIV cure is now.

With a renewed sense of optimism and urgency, the PPC remains steadfast in its commitment to universal health care, eradication of racism in all forms, and unfettered access to trauma informed care and supportive services, including comprehensive harm reduction services, to ensure that all people living with HIV and communities most impacted by HIV and STDs, live full, productive lives.

The COVID-19 global pandemic has demonstrated that with political will, funding, and most important of all, urgency, rapid and safe vaccine development is possible. Nevertheless, like the HIV epidemic, (globally, nationally, and locally), it is our most marginalized communities, including youth, who are disproportionately impacted with higher rates of disease and death. In addition, The COVID-19 global pandemic is severely impacting the delivery of HIV prevention and care services. The PPC is compelled to encourage and support innovative efforts to reduce bureaucracy, increase funding, enhance HIV prevention, and care service. This effort is to address the negative impacts of COVID-19 and restore pre-COVID service levels, preferably exceeding the quantity and quality of HIV and prevention services.

The PPC recommends the Commission on HIV endorse the prioritization of the following issues. PPC will identify support legislation, local policies, procedures, and regulations that address Commission priorities in calendar years 2022 and 2023. (Issues are in no order.)

Systemic and Structural Racism

a. Establish health equity through the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; as well as criminalization.

[1] The Public Policy Committee acts in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article VI, Section 2, no Ryan White resources are used to support Public Policy Committee activities.

b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in the Black/African American community. To include the identification of and rooting out of systemic and systematic racism as it affects Black/African American communities.

Racist Criminalization and Mass Incarceration[2]

a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).
b. Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration. [3]

Housing[4]

a. Focus b, c, and d below especially in service to LGBTQIA+ populations
b. Improve systems, strategies and proposals that expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS
c. Improve systems, strategies, and proposals that prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
d. Promote Family housing and emergency financial assistance as a strategy to maintain housing.

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[2] Black/African Americans, while making up only 8% of the LA County population, represent over 30% of the jail population. In the Los Angeles County Alternatives to Incarceration Report, "Los Angeles County operates the largest jail system in the United States, which imprisons more people than any other nation on Earth." As documented in the Los Angeles County HIV/AIDS Strategy for 2020 and Beyond; "Incarceration destabilizes communities, disrupts family relationships, and magnifies the accumulation of health and social disadvantage for already marginalized populations. Incarceration is associated with harmful effects on viral suppression, lower CD4/T-cell counts, and accelerated disease progression."

[3] Developing a plan for closing men's central jail as Los Angeles county reduces its reliance on incarceration (item #3 July 7, 2020, board meeting)

[4] Homelessness is a risk factor for HIV transmission and acquisition. LGBTQIA+ experience a number of factors which increased the risk of being unhoused, from family discrimination at home to discrimination in employment. Such discrimination contributes to higher rates of poverty; undermines their ability to thrive; and increases the risk of arrest and incarceration. Homelessness is a risk factor for HIV transmission and acquisition.

Mental Health

a. Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
b. By increasing services for those with underlying mental health issues, there will be less reliance on incarceration. Los Angeles County Jail has also become the largest mental health institution in the country.
c. Support the building of community-based mental health services.
d. Support the placement in mental health facilities of the estimated 4,000+ individuals currently incarcerated and in need of mental health services and support closing of Men's Central Jail. (See footnote 3)

Sexual Health

a. Increase access to prevention, care and treatment and bio-medical intervention (such as PrEP and PEP) services. Promote the distribution of services to people at risk for acquiring HIV and people living with HIV/AIDS.
b. Increase comprehensive HIV/STD counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
c. Maximize HIV prevention to reduce and eliminate syphilis and gonorrhea cases; especially among young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color.
d. Advance and enhance routine HIV testing and expanded linkage to care.
e. Maintain and expand funding for access and availability of HIV, STD, and viral hepatitis services.
f. Promote women centered prevention services to include domestic violence and family planning services for women living with and at high-risk of acquiring HIV/AIDS.
g. Preserve full funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Abuse

a. Advocate for substance abuse services to PLWHA.
b. Advocate for services and programs associated with methamphetamine use and HIV transmission.
c. Expand alternatives to incarceration/diversion programs to provide a "care first" strategy and move those who need services away from incarceration to substance abuse programs.
d. Expand harm reduction services (including and not limited to syringe exchange, safe administration sites, over-dose prevention strategies) across all of Los Angeles County.
e. Support trauma informed services for substance users.

Consumers

a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWH/A) and those at risk of acquiring HIV. Focusing on young MSM (YMSM), African American MSM, Latino MSM, transgender persons (especially of color), women of color, and the aging.

Aging

a. Create and expand medical and supportive services for PLWHA ages fifty (50) and over.

Women

a. Create and expand medical and supportive services for women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare, and substance abuse.
b. Advocate for women's bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning.

Transgender

a. Create and expand medical and supportive services for transgender PLWHA.
b. Promote and maintain funding for the Transgender Wellness Fund created by the passage of AB2218.

General Health Care

a. Provide access to and continuity of care for PLWHA focusing on communities at highest risk for the acquisition and transmission of HIV disease.
b. Fund and expand eligibility for Medicaid, Medicare, and HIV/AIDS programs and health insurance coverage for individuals with pre-existing conditions.
c. Increase and enhance compatibility and effectiveness between RWP, Medicaid, Medicare, and other health systems. This includes restructuring funding criteria to **not** disincentives contractors from referring clients to other contractors.
d. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
e. Preserve full funding and accessibility to the AIDS Drug Assistance Program (ADAP), Office of AIDS Health Insurance Premium Payment (OA-HIPP) Assistance, Employer Based Health Insurance Premium Payment (EB-HIPP), and Medigap.
f. Provide trauma informed care and harm reduction strategies in all HIV Disease health care settings

Service Delivery

a. Enhance the accountability of healthcare service deliverables. This would include a coordinated effort between federal, state, and local governments.
b. Incorporate COVID strategies to reduce administrative barriers, increase access to health services and encourage the development of an HIV vaccine mirroring the COVID 19 vaccine process.

Data

a. Use data, without risking personal privacy and health, with the intention of improving health outcomes and eliminating health disparities among PLWHA.
b. Promote distribution of resources in accordance with the HIV burden within Los Angeles County.

Building the Resistance:
The Impact of Systemic Racism and Mass Incarceration on HIV in Los Angeles County

Felipe Findley, PA-C, MPAS, AAHIVS
Watts Healthcare Corporation
Los Angeles County HIV Commission
CHIPTS Community Advisory Board
Frontline Wellness Network

BUILDING THE RESISTANCE

THE IMPACT OF SYSTEMIC RACISM AND MASS INCARCERATION ON HIV IN LOS ANGELES COUNTY

Wednesday, November 9, 2022
12:00pm-1:30pm PT

SEMINAR OBJECTIVES

1. Describe how incarceration and interactions with law enforcement impact HIV/STI acquisition risk and treatment engagement.
2. Develop recommendations for improving partnerships and service integration in order to:
   a. Increase HIV/STI prevention, testing, and treatment engagement among people impacted by the criminal legal system and
   b. Reduce recidivism and improve diversion services for those affected by HIV.
3. Identify policy options and policy research priorities at the intersection of HIV and the criminal legal system.

REGISTER AT bit.ly/buildresist

CE credits provided by the Pacific AIDS Education & Training Center Program Los Angeles Area.

Continuing Education
The Pacific AIDS Education and Training Center - Los Angeles Area is accredited to provide the following continuing education:

Continuing Nursing Education Credit: Course is approved for a maximum of 1.5 contact hours by the California Board of Registered Nursing. Provider #15484. Providers should claim only the credit commensurate with the extent of their participation in the activity. *Pharmacists registered in CA may use BRN CEs per their governing board.

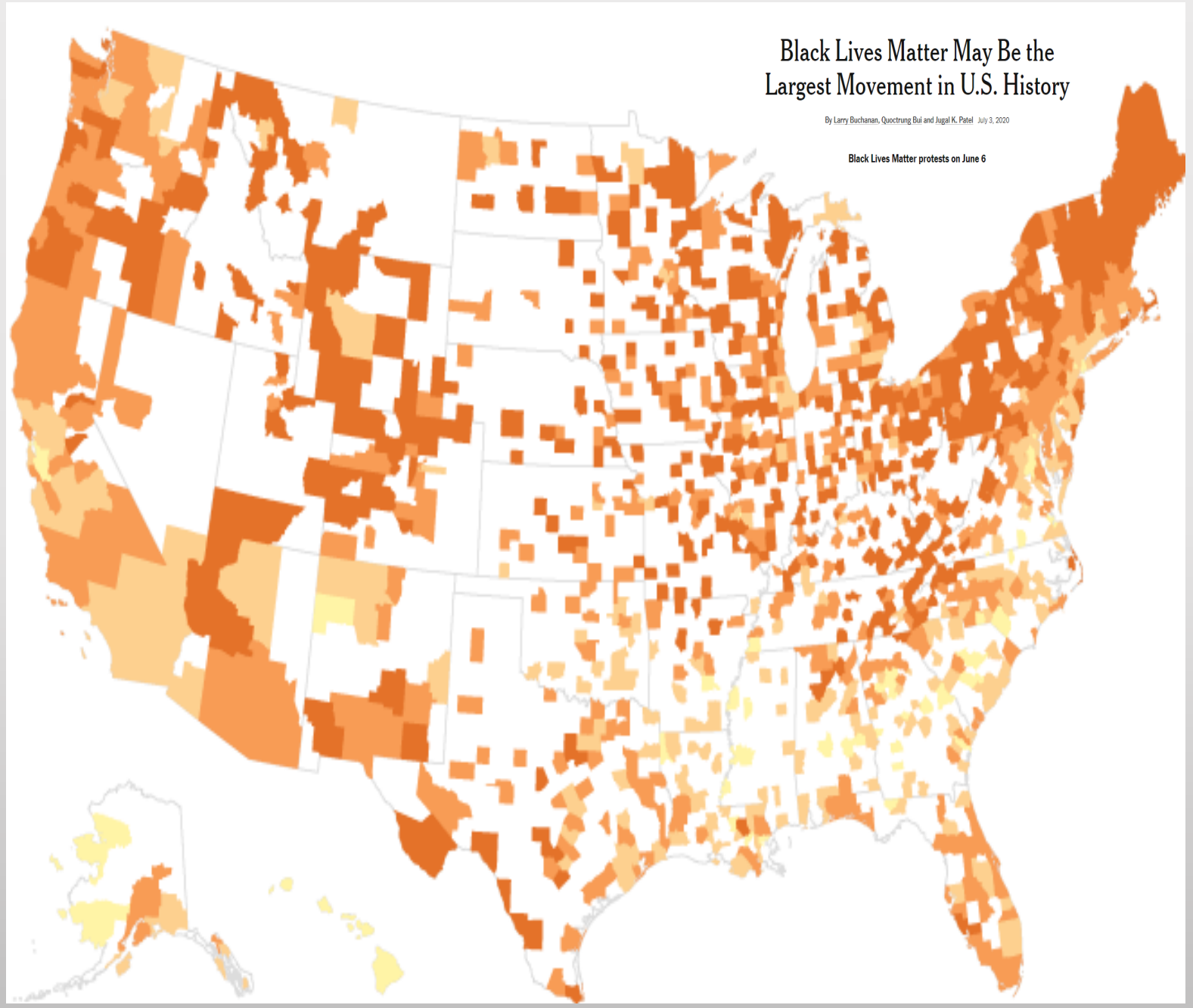
Continuing LMFTs, LCSWs, LPCCs, and LEPs Education Credit Courses meet the qualification for a maximum of 1.5 hours of continuing education credit for LMFTs, LCSWs, LPCCs, and LEPs as required by the California Board of Behavioral Sciences. Provider #PCE 128280.

CHIPTS · Natts healthcare · AETC Pacific · iSTRIVE · Children's Hospital Los Angeles · Los Angeles Family AIDS Network · Dignity & Power NOW · ACO · HWA Healing With Hope

JUSTICE LA

CARE NOT CAGES

FRONTLINE WELLNESS Network



https://www.nytimes.com/interactive/2020/07/03/us/george-floyd-protests-crowd-size.html

Los Angeles County Comprehensive HIV Plan 2022-2026

Incarceration: Incarceration is associated with harmful effects on viral suppression, lower CD4+ Tcell counts, and accelerated disease progression.40 HIV prevalence among men in LA County jails is estimated to be between 1% and 2% and approximately 300 PLWH are housed in the jails at any one time. Based on the MMP data from 2015-2019, between 1.1% and 3.2% of PLWDH reported being incarcerated in the past year. Among RWP clients in 2020, 8% had been incarcerated in the past two years. High percentages of these clients were living at or below FPL (85%), experiencing current homelessness (33%), MSM of color (44%), and African American (36%). These clients also had some of the lowest levels of engagement and retention in care and viral suppression.

Beyond the direct association of incarceration and poor health outcomes among PLWH, we also recognize incarceration as a force in LA and across the country, that destabilizes communities, disrupts family relationships, and magnifies the accumulation of health and social disadvantage for already marginalized populations. The LA County Sheriff's Department (LASD) operates the largest municipal jail system in the US, and the US, in turn "imprisons more people than any other nation on Earth." 41 There are more than 250,000 people who cycle through the county justice system annually, roughly 14,500 daily, and 500 inmates classified each day. In addition to the sheer volume of people in LA County jails, there are stark racial disparities. Black/African Americans, while making up only 9% of the LA County population, represent over 29% of the jail population. The justice system is clearly ill-equipped to deal with the thousands of people it imprisons who are typically struggling with poverty, homelessness, substance use disorders and mental health challenges. As a result, people cycle in and out of jail, not able to get the care they need to live healthy and productive lives.

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Los Angeles County Comprehensive HIV Plan 2022-2026

Incarceration: Incarceration is associated with harmful effects on viral suppression, lower CD4+ Tcell counts, and accelerated disease progression.40 HIV prevalence among men in LA County jails is estimated to be between 1% and 2% and approximately 300 PLWH are housed in the jails at any one time. Based on the MMP data from 2015-2019, between 1.1% and 3.2% of PLWDH reported being incarcerated in the past year. Among RWP clients in 2020, 8% had been incarcerated in the past two years. High percentages of these clients were living at or below FPL (85%), experiencing current homelessness (33%), MSM of color (44%), and African American (36%). These clients also had some of the lowest levels of engagement and retention in care and viral suppression.

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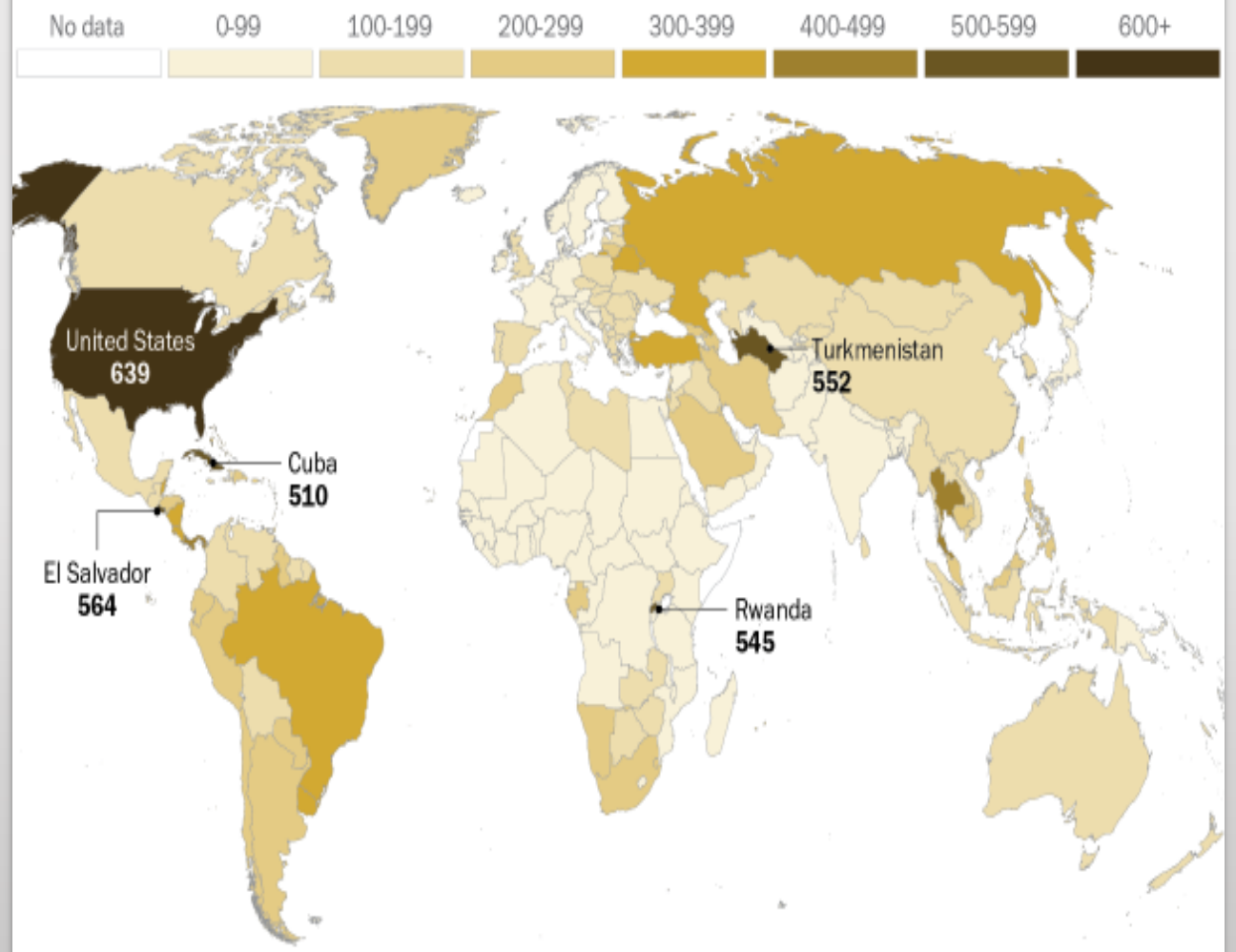
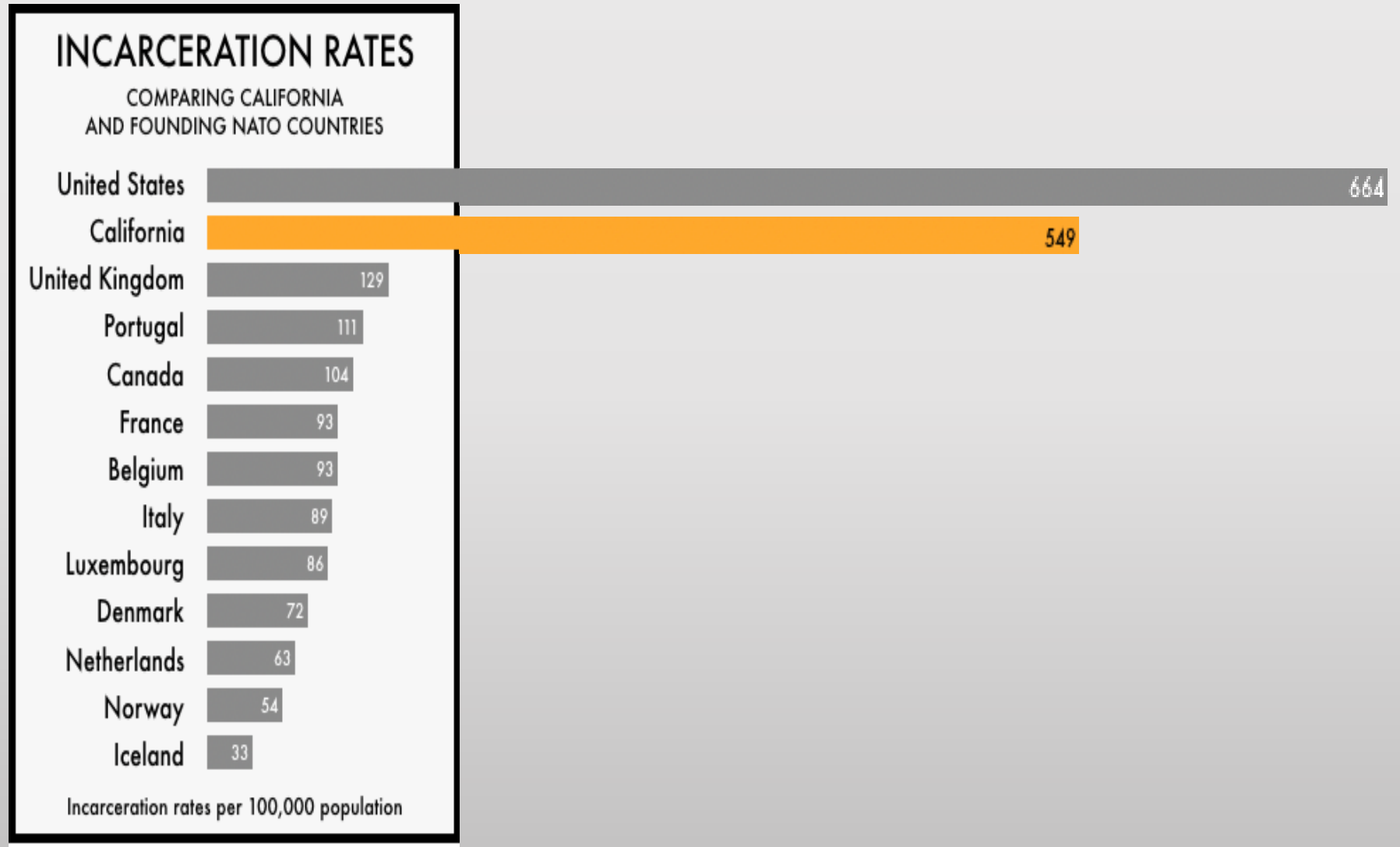
U.S. incarcerates a larger share of its population than any other country

Incarceration rate per 100,000 people of any age

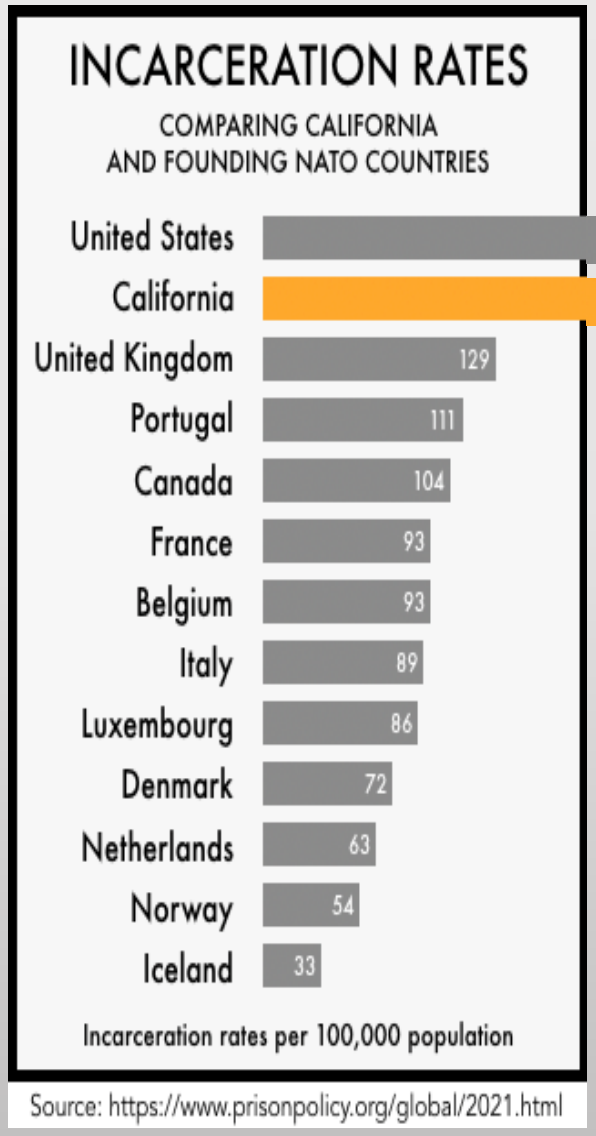


Note: Figures reflect most recent available data for each country. Territories are counted separately.
Data accessed Aug. 10, 2021.
Source: World Prison Brief, Institute for Crime & Justice Policy Research.

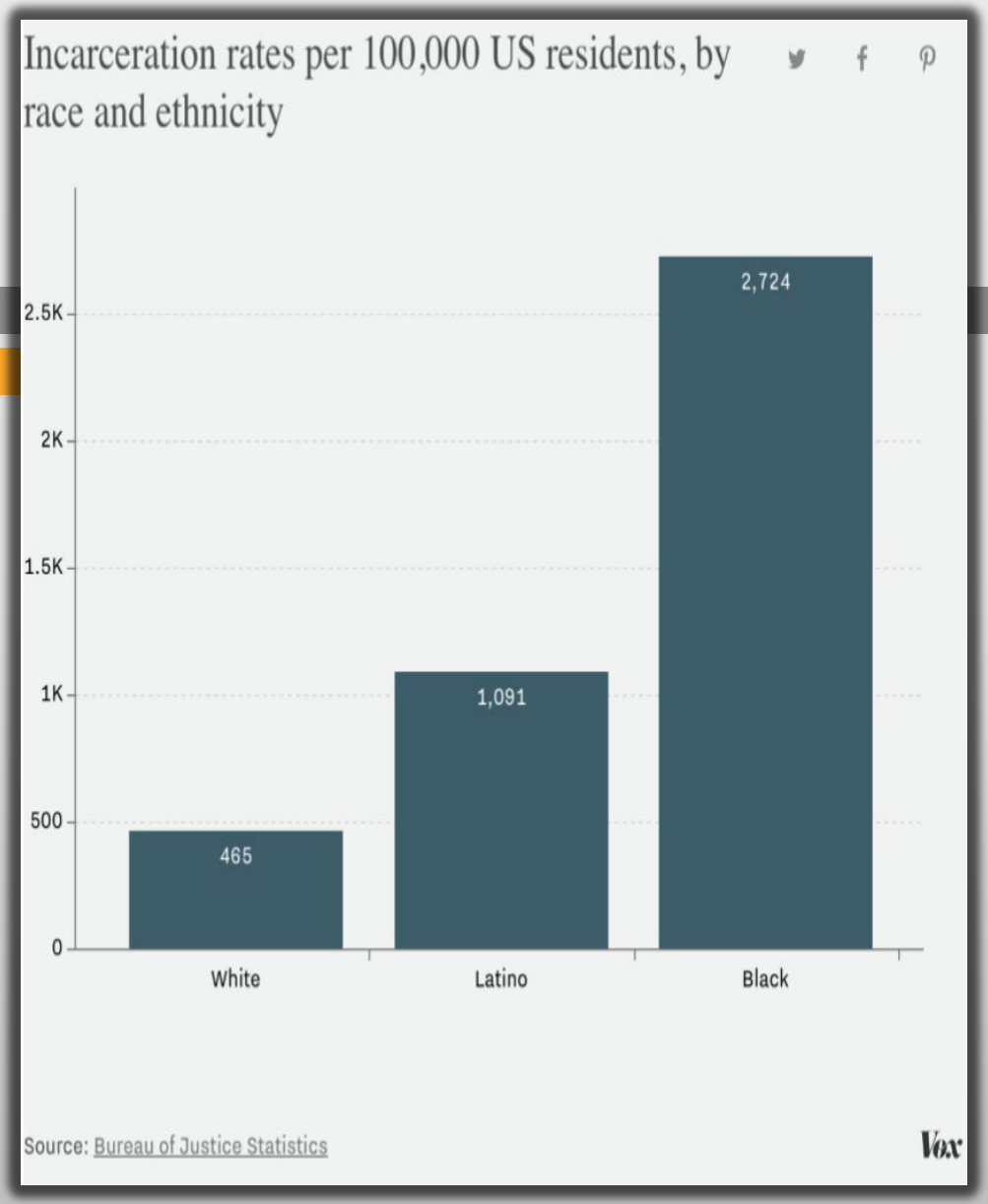
PEW RESEARCH CENTER



Source: https://www.prisonpolicy.org/global/2021.html

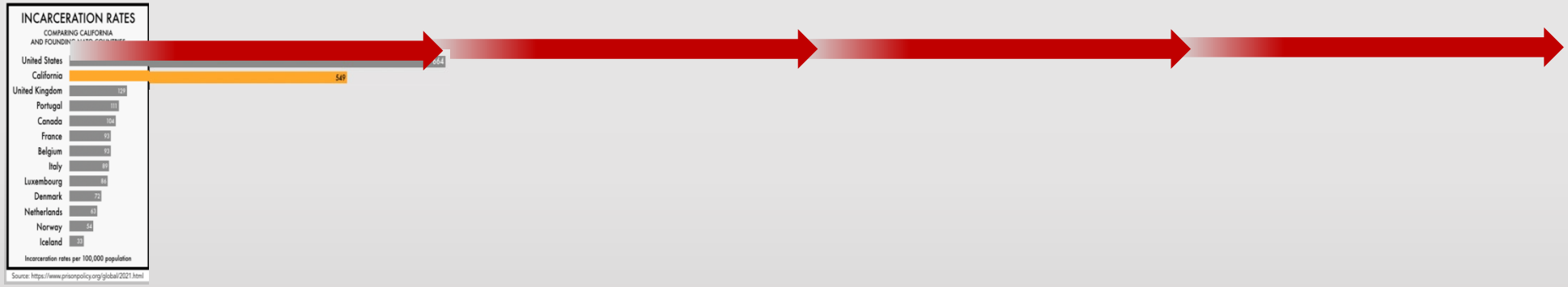


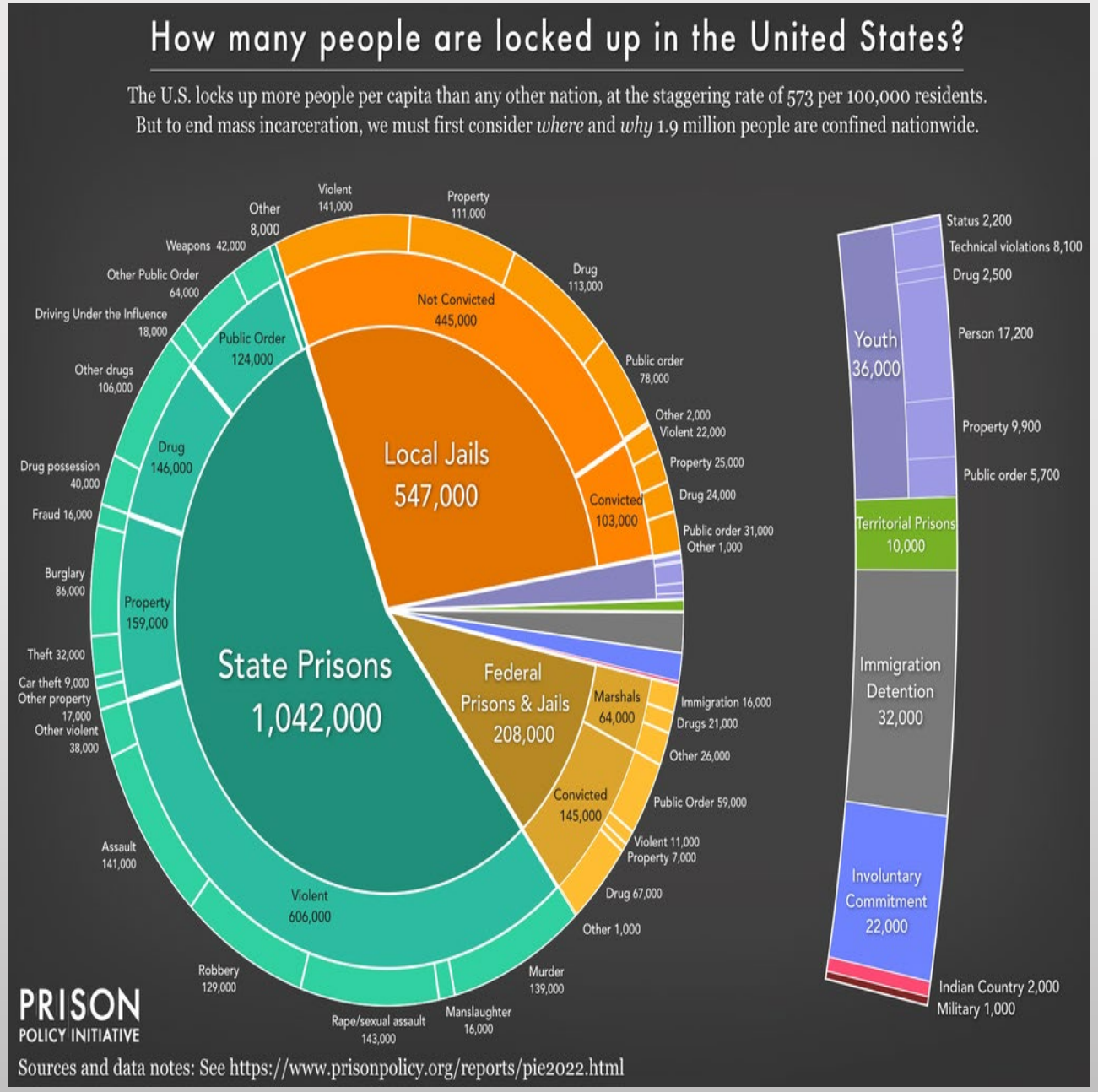
Source: https://www.prisonpolicy.org/global/2021.html



664

If Black people in the US made up their own country…



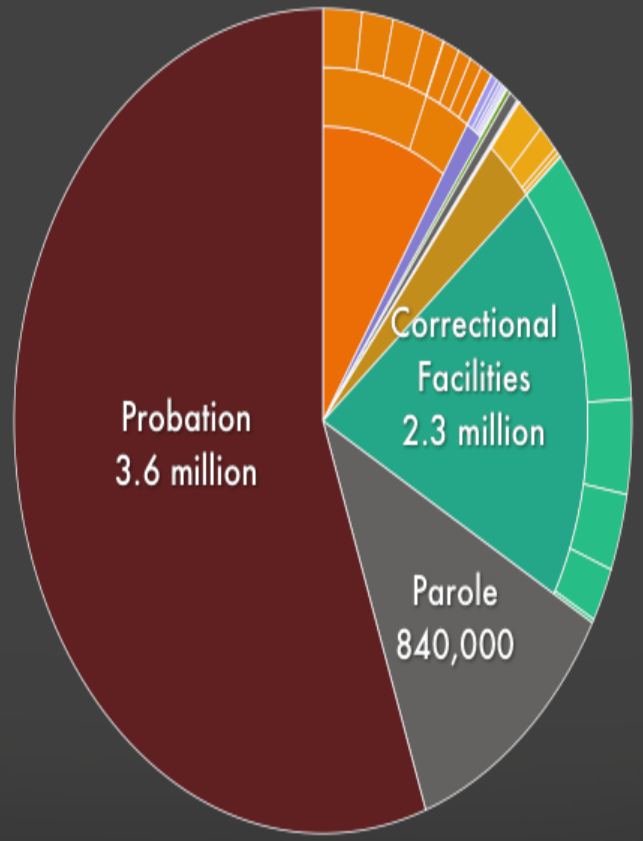


https://www.prisonpolicy.org/reports/pie2022.html

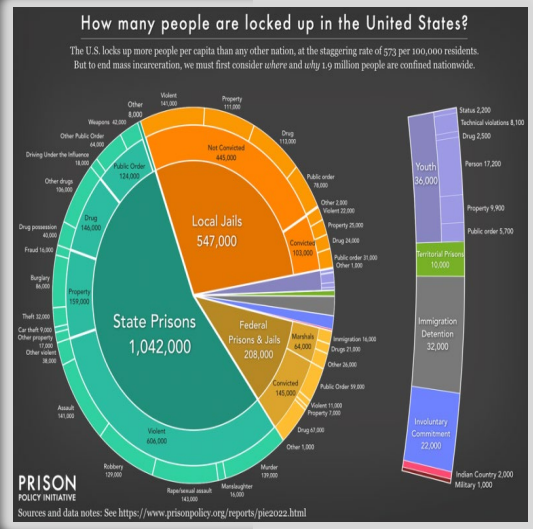
https://www.prisonpolicy.org/reports/pie2022.html

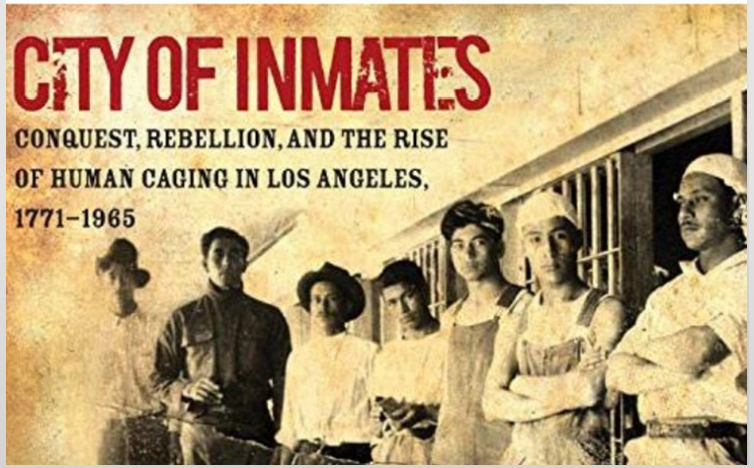
Incarceration is just one piece of the much larger system of correctional control

The U.S. justice system controls almost 7 million people, more than half of whom are on probation.



PRISON POLICY INITIATIVE





"Los Angeles County operates the **largest jail system in the United States**, which imprisons more people than any other nation on Earth.

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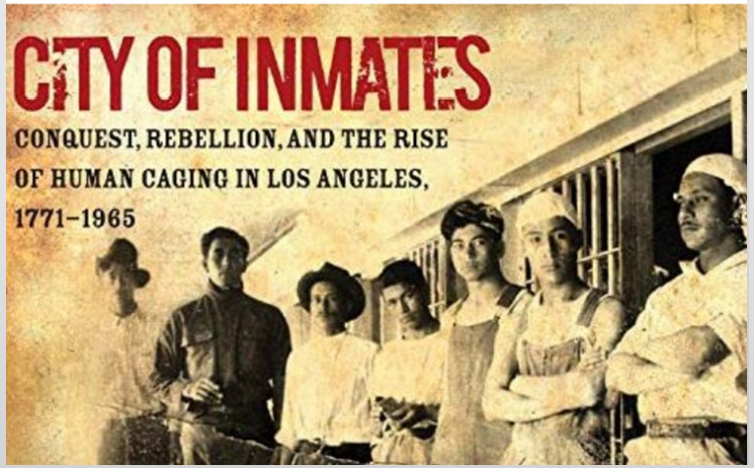
If so, Los Angeles, the City of Angels is, in fact, the City of Inmates, the carceral capital of the world."



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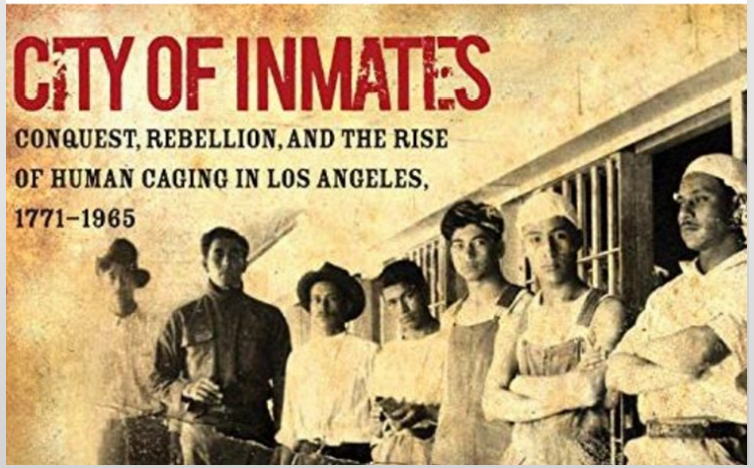

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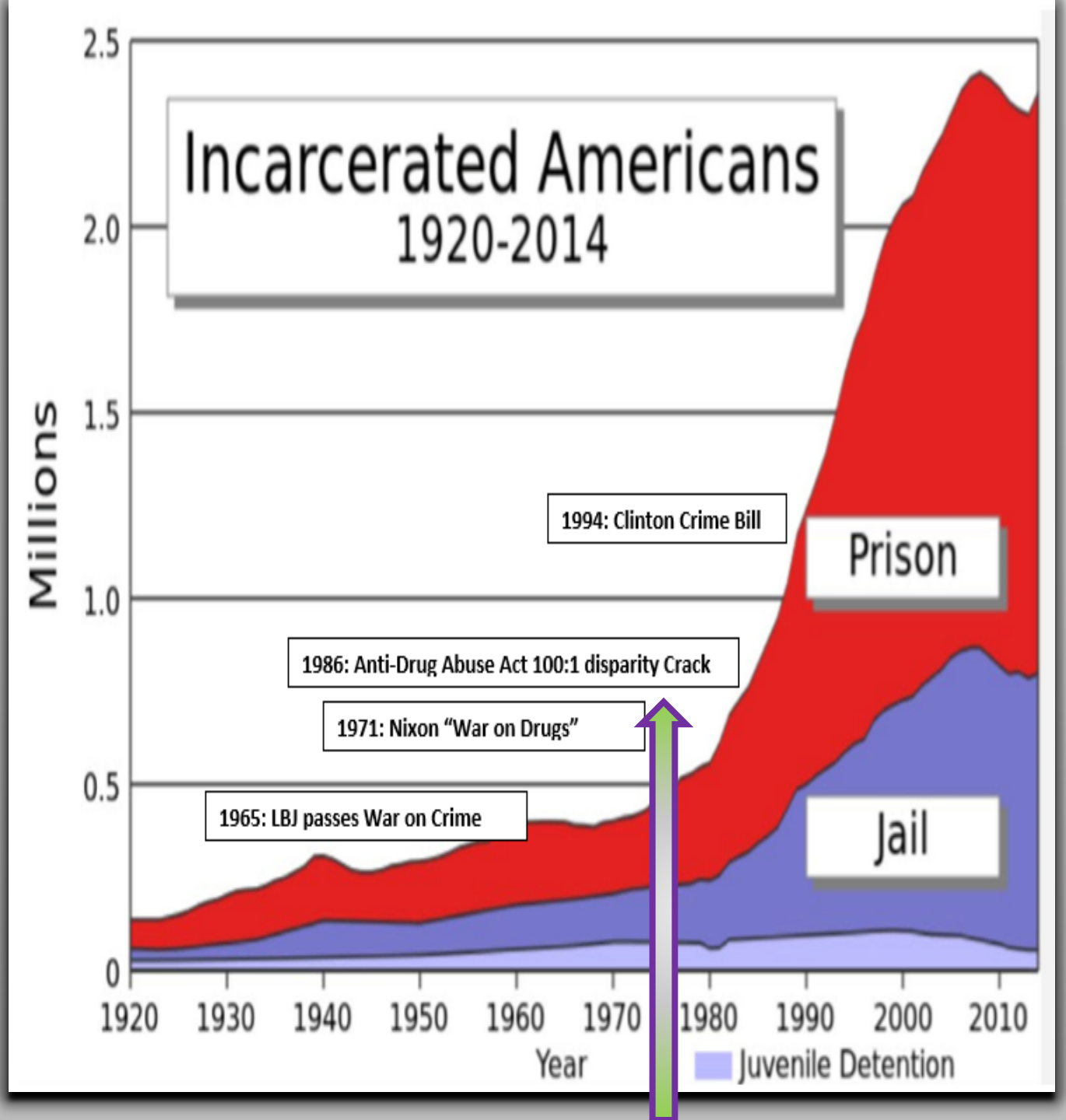
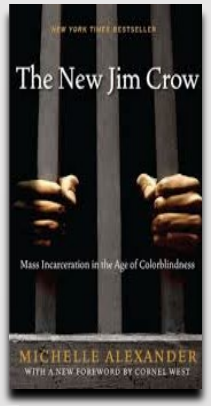
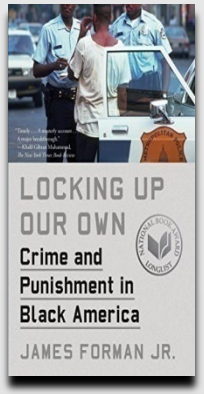
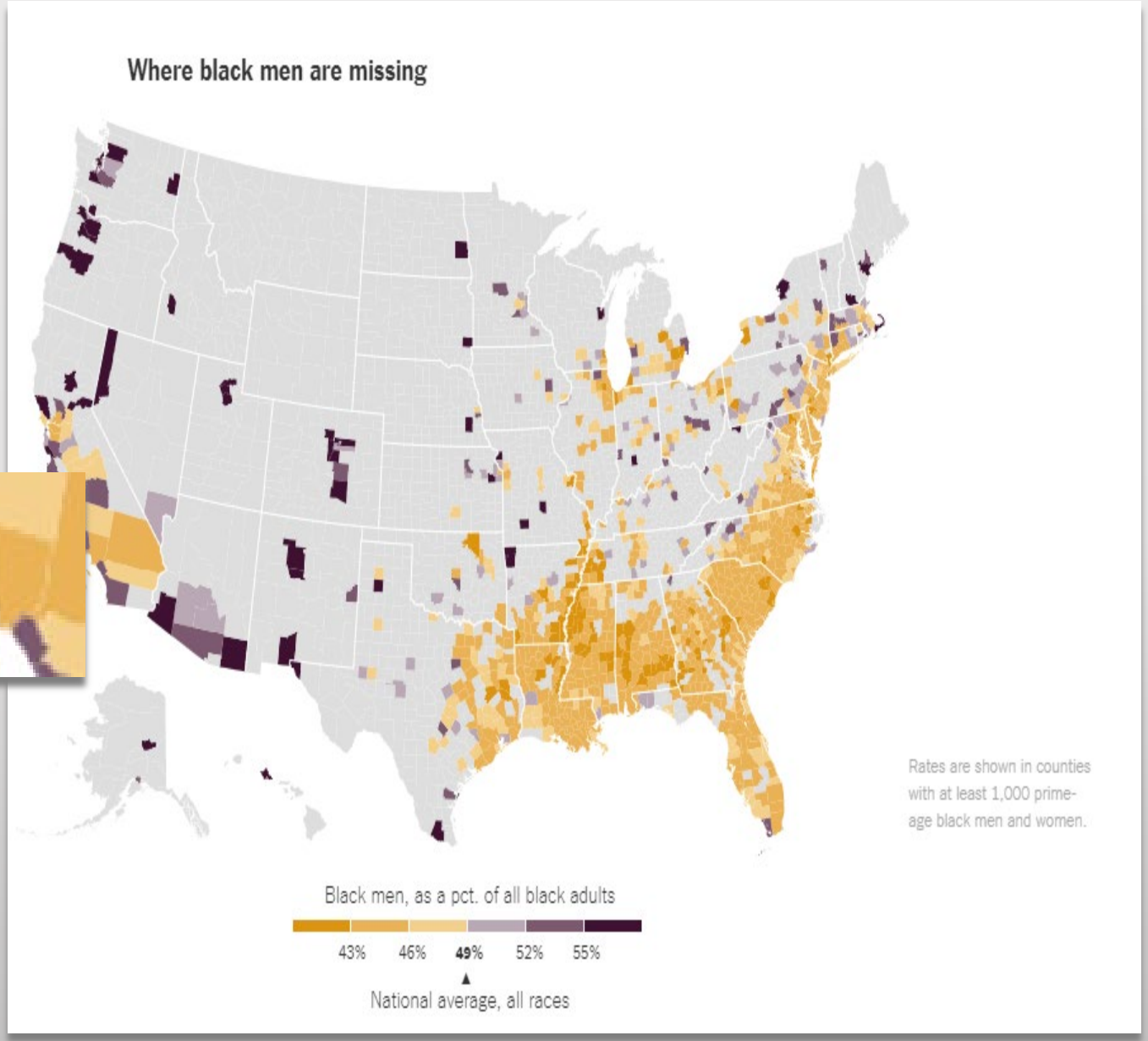

Incarcerated Americans
1920-2014
Millions
2.5
2.0
1.5
1.0
0.5
0
1920
1930
1940
1950
1960
1970
1980
1990
2000
2010
Year
1994: Clinton Crime Bill
1986: Anti-Drug Abuse Act 100:1 disparity Crack
1971: Nixon "War on Drugs"
1965: LBJ passes War on Crime
Prison
Jail
Juvenile Detention

THE POLITICAL-ECONOMY OF MASS INCARCERATION

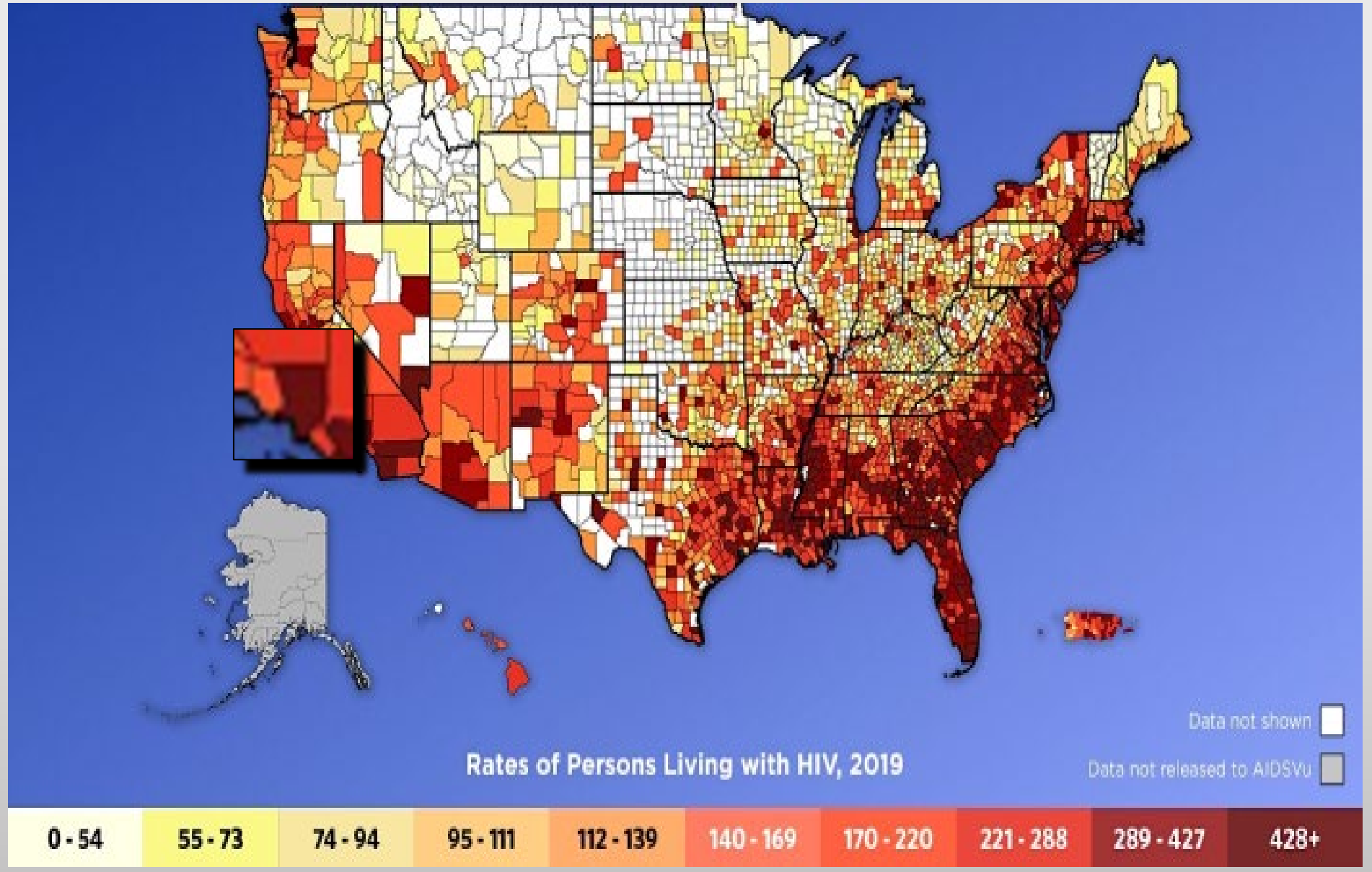




1619 → 1865 to 1965 → 2022



https://www.nytimes.com/interactive/2015/04/20/upshot/missing-black-men.html?searchResultPosition=1



https://map.aidsvu.org/map

"America's prisons play a central role in the social, economic and health disparities experienced by the African American community and the HIV/AIDS epidemic is merely one consequence of the close connection between prisons and poor communities of color."

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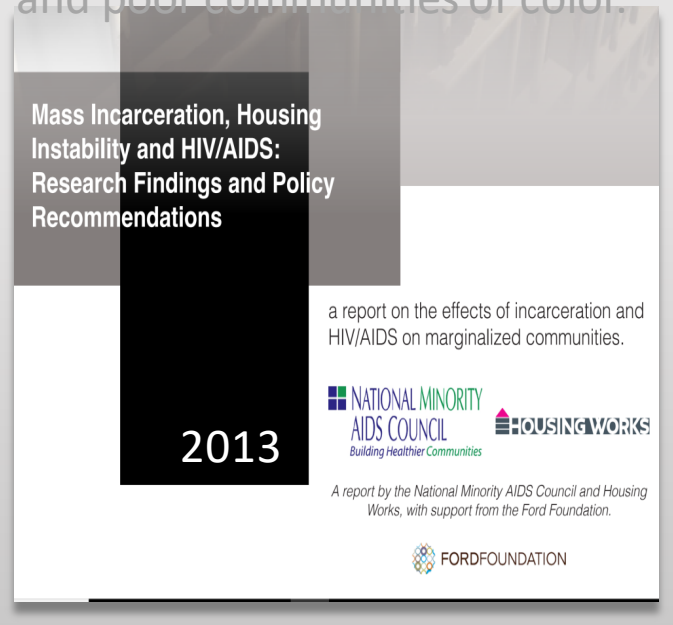
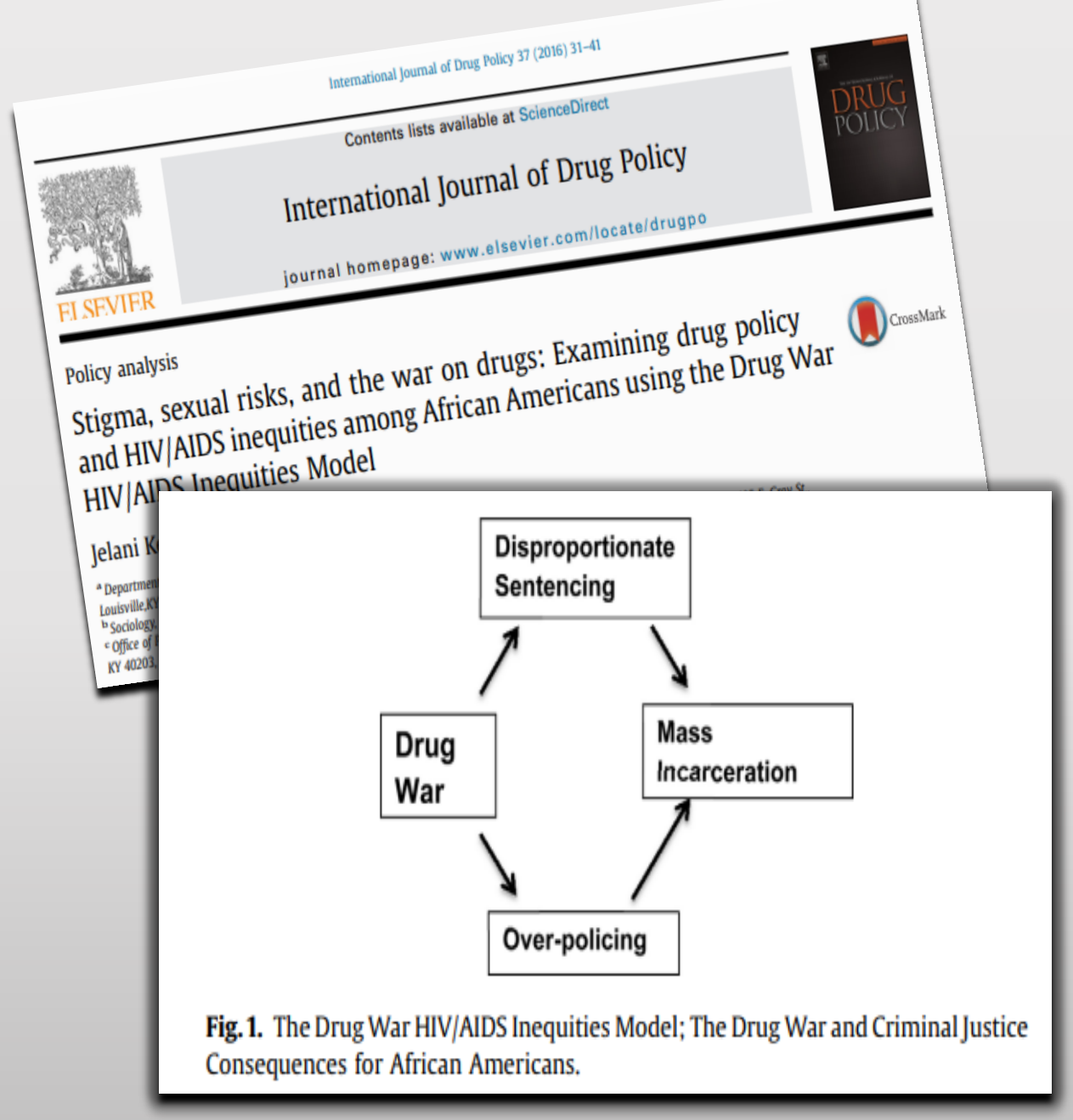


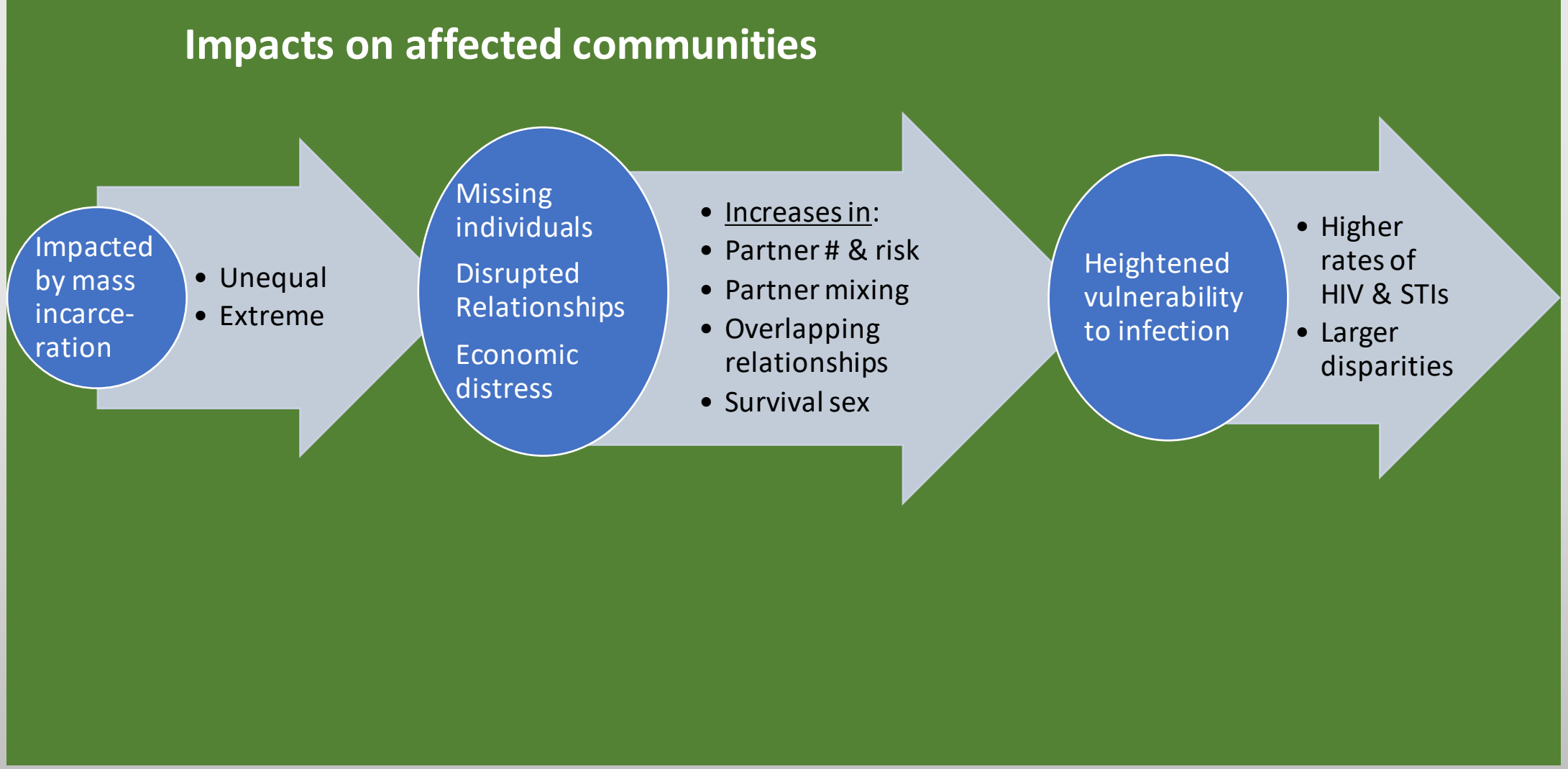
"Over the past 3 decades, overlapping epidemics of mass incarceration and HIV/AIDS became increasingly concentrated among persons of color.



"Overall, the Drug War era criminal justice reformations have ***increased HIV vulnerability among African American individuals and communities*** by exacerbating sexual risks, resource deprivation, social marginalization, and precarious access to health promoting resources."

Kerr, J., & Jackson, T. (2016). Stigma, sexual risks, and the war on drugs: Examining drug policy and HIV/AIDS inequities among African Americans using the Drug War HIV/AIDS Inequities Model. *International Journal of Drug Policy*, *37*, 31–41. doi: 10.1016/j.drugpo.2016.07.007

Impacts on affected communities



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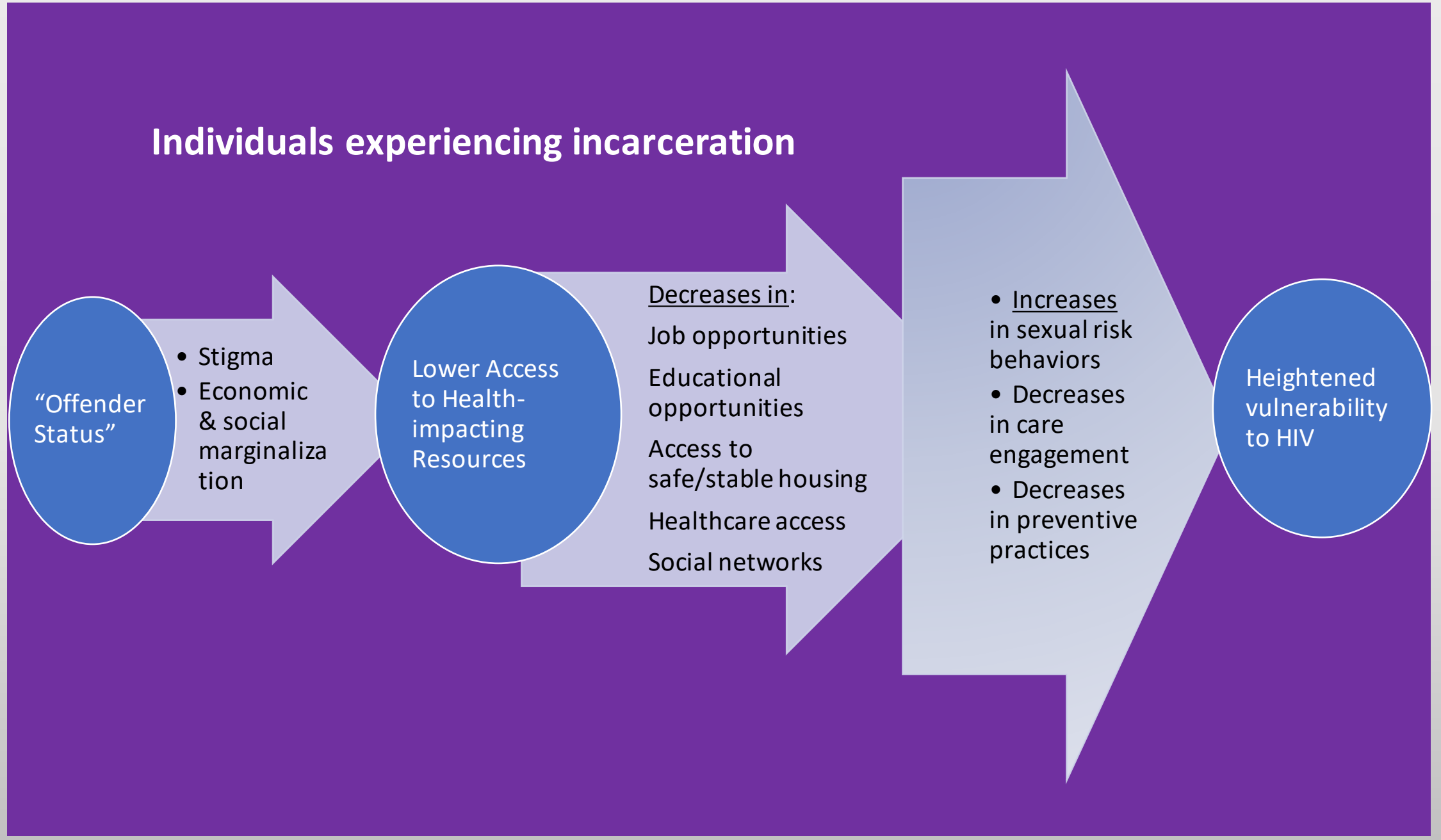

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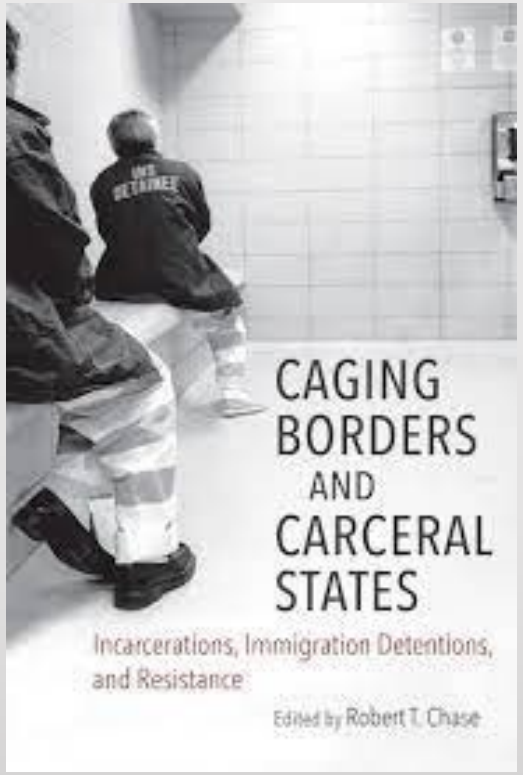
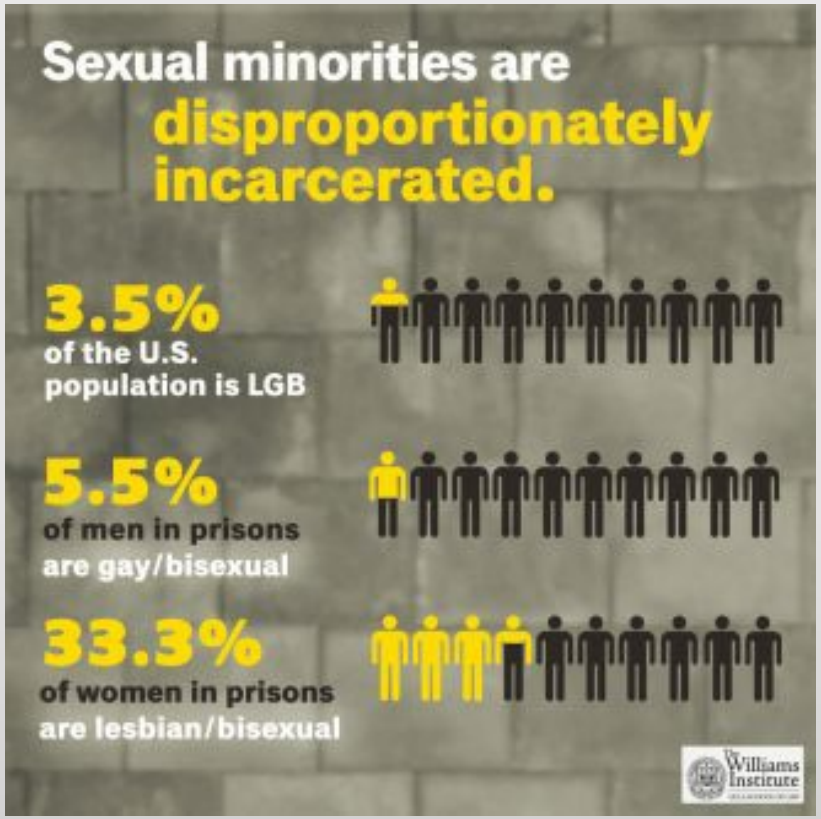
Detention and deportation *are part* of the carceral system

- Disrupts sexual partnerships and families.
- Can deter people from
  - accessing benefits and
  - accessing available HIV prevention and treatment.
- May discourage individuals from leaving or reporting abusive or risk partners.
- Blocks avenues for economic and educational advancement.



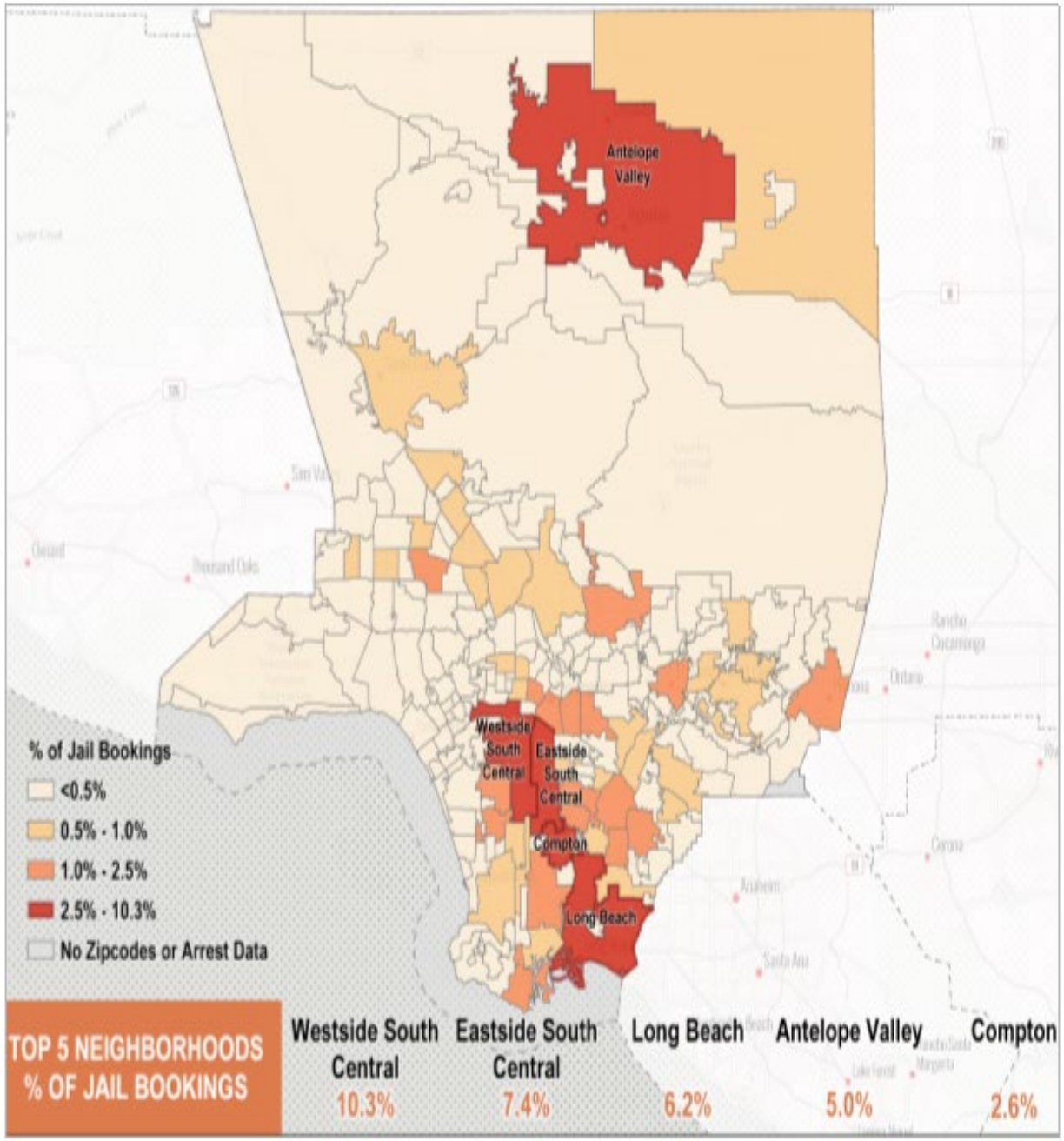
Sexual/gender minorities at increased risk for incarceration



Nearly *1 in 6* transgender people (16%) (including *1 in 5* transgender women) have been *incarcerated* at some point. Among Black *transgender people*, nearly half (47%) have been *incarcerated.*

-- National Ctr for Transgender Equality.

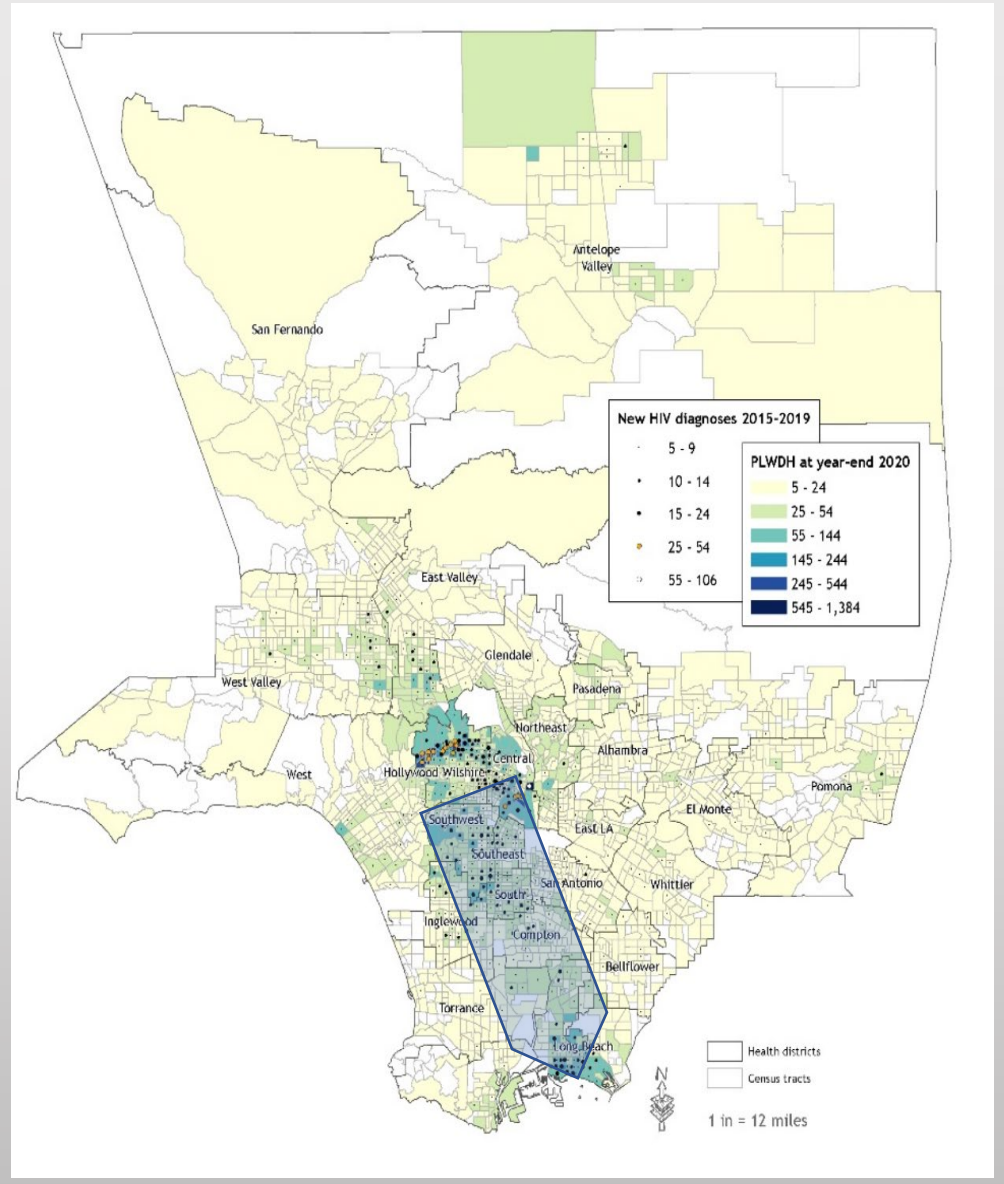
Jail Bookings by L.A. Neighborhood (2010-2016)



MILLION DOLLAR HOODS

https://milliondollarhoods.pre.ss.ucla.edu/test-iframe-2/

Geographic distribution of persons with diagnosed HIV



http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2020AnnualHIVSurveillanceReportUpdated9-2021_fig1fig2update.pdf

What do we know about the current jail population?

09/20/2022

Total Population	Females	Black	Hispanic	Mental Health Population
14,819	**1,579**	**4,340**	**8,005**	**5,915**

- * Average Time in Los Angeles County Jail is **81 days**
- * **44%** of inmates were awaiting trial or sentencing in Los Angeles County's jail system.
- * It is **the largest mental health institutions in the nation**. The number of inmates in the Los Angeles County jail system with mental health problems **increased 119%** from 2010 through 2020.

- LA jail HIV prevalence ~2%
- Jails and prisons are the only U.S. setting with similar HIV rates among cisgender males and females
- Low rates of engagement and retention in HIV care on release.

Mass incarceration helps fuels the HIV epidemic

- Disproportionality impacts Black and Latino/a/x people, including those who are sexual/gender minorities.
- Disproportionality removes men from communities, creating gender imbalances.
- Disrupts intimate relationships and facilitates risky behaviors.
- Reduces prospects for employment and reinforces poverty for those released, further destabilizing relationships.
- Infrequent but real risk of HIV acquisition during incarceration
- **In total**, the impacts of incarceration **multiply to become a toxic force** that increases risks in communities already vulnerability to HIV.

Fig. 1. The Drug War HIV/AIDS Inequities Model; The Drug War and Criminal Justice Consequences for African Americans.

***"As such, it behooves AIDS activists, public health associations, and criminal justice reform activists* to focus on and perhaps collaborate to address mass incarceration in the interest of HIV reduction."**

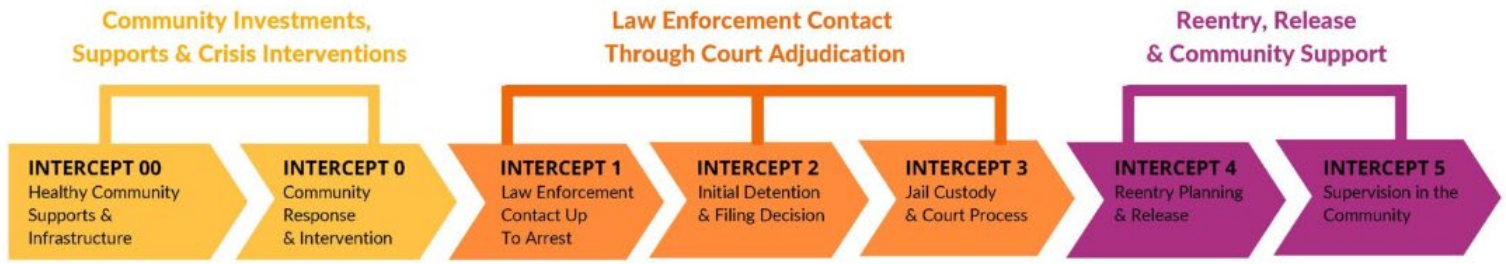
Kerr, J., & Jackson, T. (2016). Stigma, sexual risks, and the war on drugs: Examining drug policy and HIV/AIDS inequities among African Americans using the Drug War HIV/AIDS Inequities Model. *International Journal of Drug Policy*, *37*, 31–41. doi: 10.1016/j.drugpo.2016.07.007

ATI Office's Guiding Principle: The *Sequential Intercept Model*

The ***Sequential Intercept Model*** is foundational to the ATI Office's approach to policy development and implementation. The *Intercept Model* demonstrates how individuals with critical unmet needs, such as mental health & substance use disorders, housing & economic instability, or those simply in crisis, first come into contact with and subsequently move through the criminal justice system. We've determined there are phases that are critical for interventions to provide the best outcome for individuals and our communities as a whole. The *Intercept Model* doesn't just meet people at critical junctures, *it disrupts their downward trajectory*.

The *Intercept Model* is used to identify gaps in services and resources, and is predicated on a process that brings together community advocates, service providers, municipal departments, and other stakeholders to prevent involvement with the criminal justice system.

Each of the four main areas in which ATI works connects to this model, which is the strategic backbone for the Office's endeavors.



Los Angeles County
Alternatives to Incarceration Work Group
Final Report

LA County Voters approved **MEASURE J** in the November 2020 Election

Measure J mandates at least **10%** of the County's locally generated, **UNRESTRICTED** funding be appropriated towards **DIRECT COMMUNITY INVESTMENT** & **ALTERNATIVES TO INCARCERATION**

LA County has 3 years to build up to the **10% TARGET**, so that by FY 2023-24 the full 10% allocation is incorporated annually

RESTRICTED FUNDS refer generally to $$ required to finance mandatory fixed costs over which County lacks discretion (e.g., legal settlements, debt service payments, public assistance, contractual agreements, and others)

DIRECT COMMUNITY INVESTMENT
1. Youth Development & Education
2. Workforce Development
3. Small Business Development For Minority-Owned Businesses
4. Rental Assistance & Housing Supportive Services
5. Capital Funding (Housing)

ALTERNATIVES TO INCARCERATION
6. Pre-Trial Non-Custody Services & Treatment
7. Community-Based Health Services
8. Non-Custodial Diversion & Reentry Programs
9. Community-Based Restorative Justice Program

Jails Last

ANALYSIS

LA COUNTY MEASURE J PRISON REFORM

Despite Voter Approval, LA County Has Slow Rolled Measure J Implementation

The 2020 passing of Measure J promised to reallocate millions of dollars away from systems of harm and into LA County's communities. Two years later, Angelenos are still waiting.

Charlotte Slovin | July 1, 2022

https://knock-la.com/measure-j-la-county-no-follow-through/

ANALYSIS

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- "Despite the promises of Measure J to divest from the carceral system, more money is being pumped into law enforcement budgets, with the sheriff's office receiving over $3.6 billion this upcoming fiscal year"

https://knock-la.com/measure-j-la-county-no-follow-through/

Los Angeles Times

CALIFORNIA

After years of talk, little progress on closing L.A. County's aging jail

Men's Central Jail, built 59 years ago, is the largest of seven facilities in L.A. County's sprawling and overcrowded jail system. (Al Seib / Los Angeles Times)

BY ALENE TCHEKMEDYIAN | STAFF WRITER

MARCH 30, 2022 6:06 PM PT

About two years ago, the Los Angeles County Board of Supervisors voted to develop a plan to close the decrepit Men's Central Jail as it sought to find alternatives to incarceration for the thousands of people who filter in and out of the county's

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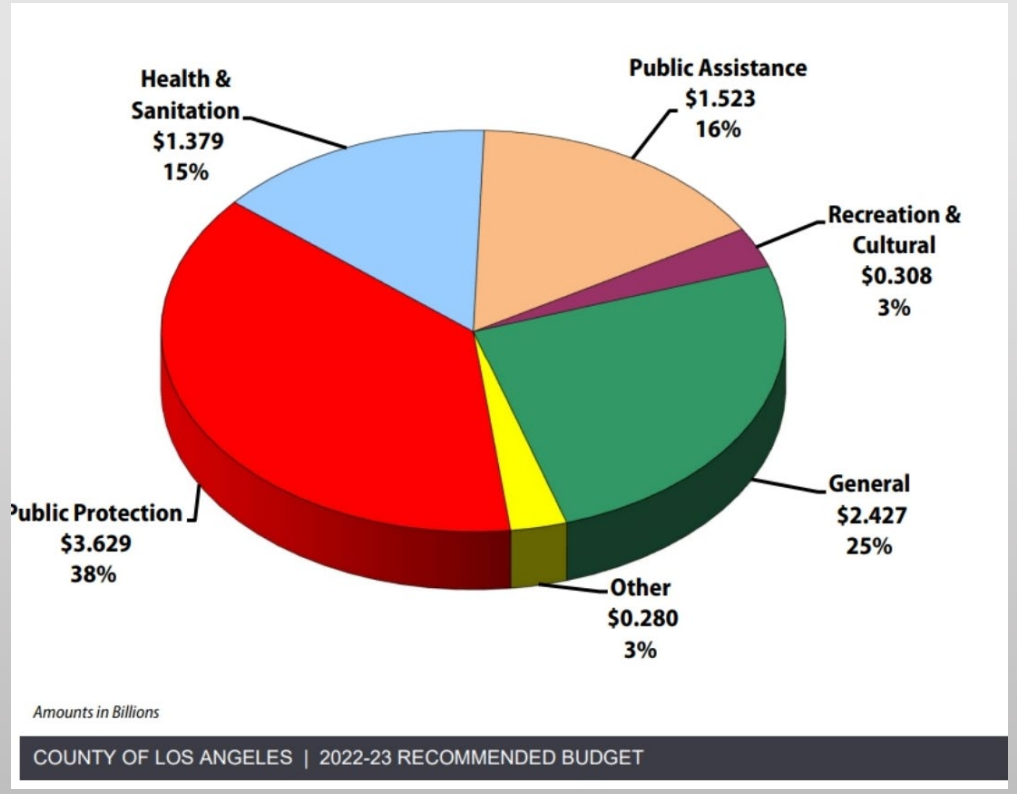
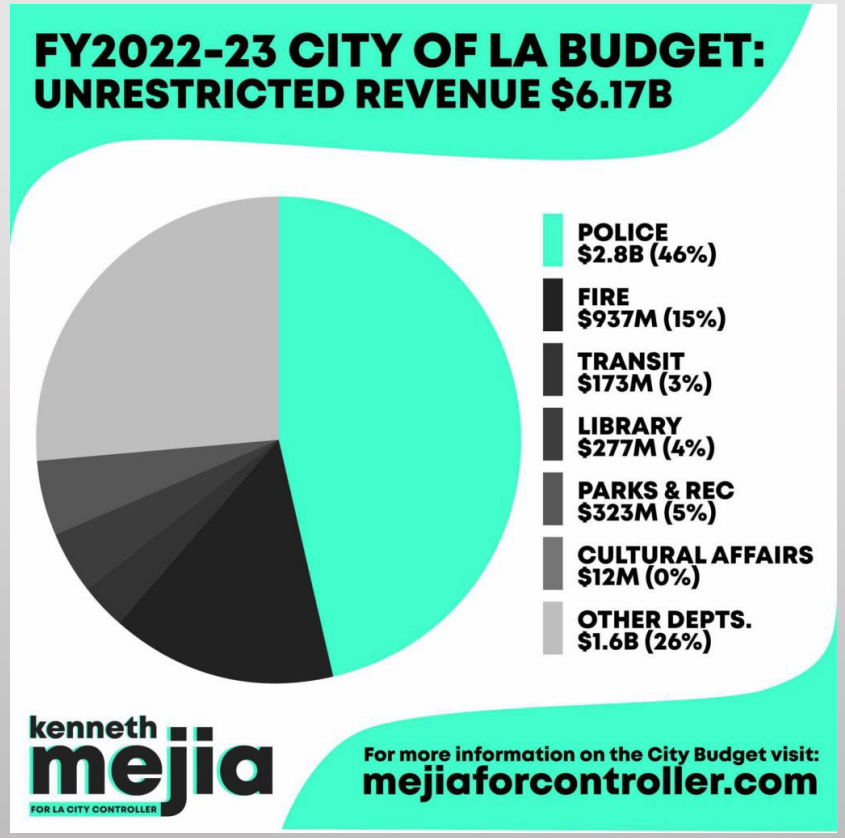
What I needed was a rest break on the Island of Grieving and Useless Folks

MUSIC
Welcome to the 'Hotel California' saga: Missing lyric sheets, rare book dealers and a relentless Don Henley

LAC Budget 2022-2023

- Currently, the overall LAC budget is $9.546B. Of that, the largest portion, 38% or $3.629B goes toward "public protection"





PPC Priorities 2022-2023

Racist Criminalization and Mass Incarceration

- Support the efforts of Measure J, ATI, and closure of MCJ
- Seek increased funding for services and programming through Measure J as well as
- Through Redistribution of funding for police and incarceration.

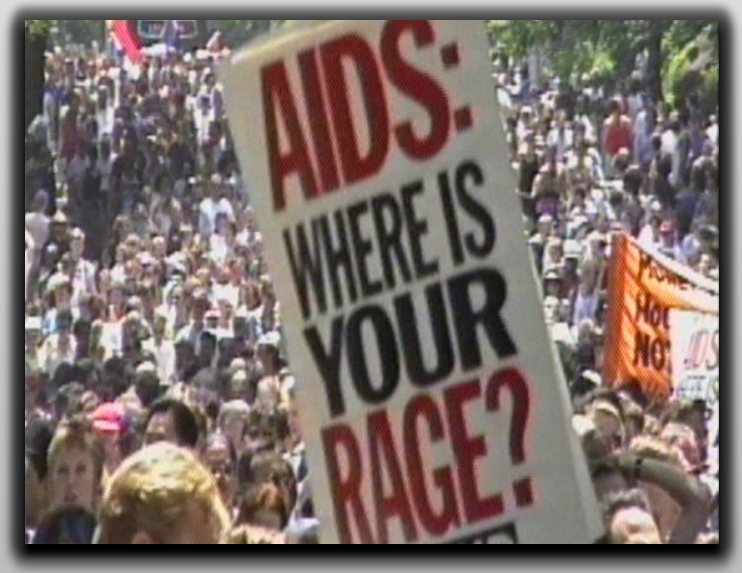
Los Angeles County Comprehensive Plan 2022-223

- Highlights of the Care First Community Investment spending plan (aka Measure J)

How the COH can support:

- **Support and lead community efforts to create a timeline for closing MCJ**
- **Transitional case management services for JI PWH to minimize interruption in post release care**
- **Consider funding for JI PWH as part of Ryan White carryover discussions**
- **Create new funding streams for HIV treatment and prevention services through the divestments in jails/sheriffs/police**

Learning from history – Bridging the struggle



Thank you!

https://uclahs.az1.qualtrics.com/jfe/form/SV_0qgvaGuivkOWf9Y