



LOS ANGELES COUNTY  
COMMISSION ON HIV



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**PUBLIC POLICY COMMITTEE  
MEETING MINUTES**

November 5, 2018



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.

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Aaron Fox, MPM, <i>Co-Chair</i>	Jerry D. Gates, PhD	Craig Pulsipher	Cheryl Barrit, MPIA
Terry Goddard, MA, <i>Co-Chair</i>	Andrew Lopez ( <i>Alt.</i> )	Peter Soto	Jane Nachazel
Kyle Baker	Eduardo Martinez ( <i>Alt.</i> )		Julie Tolentino, MPH
Alasdair Burton ( <i>Alt.</i> )	Greg Wilson		Sonja Wright, MS, Lac
Lee Kochems, MA			
Eric Paul Leue			<b>DPH/DHSP STAFF</b>
Katja Nelson			Joshua Bobrowsky, JD, MPH
Martin Sattah, MD			

**CONTENTS OF COMMITTEE PACKET**

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- 2) **Minutes:** Public Policy Committee Meeting Minutes, 10/15/2018
- 3) **Priorities:** 2018 Policy Priorities, February 2018
- 4) **Template:** 2019 Work Plan (WP) Template, Draft/For Review, 11/5/2018
- 5) **Table:** Criteria for Evaluating Proposed Polices, 2018
- 6) **Table:** DRAFT - Not For Distribution - Strategy/Policy Prioritization for Discussion Only, 2018
- 7) **Table:** 2018-2019 Legislative Docket, 10/4/2018
- 8) **Statement:** End the Epidemics, Californians Mobilizing to End HIV, HCV, and STDs, Community Consensus Statement, November 2018
- 9) **Memorandum:** Washington, DC Update, 10/22/2018
- 10) **Fact Sheet:** Proposed Changes to "Public Charge" Policies for Immigrants: Implications for Health Coverage, September 2018
- 11) **Article:** A New Threat to Immigrants' Health - The Public-Charge Rule, 9/6/2018

**CALL TO ORDER:** Mr. Fox called the meeting to order at 1:04 pm.

**I. ADMINISTRATIVE MATTERS**

**1. APPROVAL OF AGENDA:**

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

**2. APPROVAL OF MEETING MINUTES:**



**MOTION #2:** Approve the 10/15/2018 Public Policy Committee Meeting Minutes, as presented (*Passed by Consensus*).

## II. PUBLIC COMMENT

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

## III. COMMITTEE COMMENT

4. **NON-AGENDIZED OR FOLLOW-UP:** There were no comments.

## IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT:** Reminder: Annual Meeting will be 11/8/2018, St. Anne's Conference Center, 9:00 am.
- a. **Committee Work Plan 2019:**
- Ms. Barrit noted this reflects Committee feedback and will evolve, e.g., the STD Resolution Board Letter is in process.
  - While not yet on the Work Plan, there was strong interest in Mr. Fox presenting his Policy 101 to the Commission, perhaps at the January meeting. Mr. Baker suggested delaying the presentation to take into account impacts of the upcoming federal election, information on the state budget, and more clarity on upcoming state legislation.
  - Mr. Fox suggested he provide individual Committee presentations to better encourage questions and discussion.
  - Determine format and time frame for Policy 101 presentation(s) to Commissioners by Mr. Fox.
6. **CO-CHAIR REPORT:** There was no report.

## V. DISCUSSION ITEMS

7. **DEPARTMENT OF PUBLIC HEALTH (DPH) POLICY PRIORITY CRITERIA:**
- Ms. Barrit and Ms. Tolentino attended a DPH community meeting on setting priorities. She introduced Mr. Bobrowsky, Director, Policy and Legislative Affairs, and thanked him for presenting. This conversation offers an opportunity for collaboration and alignment at the DPH level on, e.g., health equity and political feasibility.
  - Mr. Bobrowsky noted the HIV advocacy community has always had a strong history of community engagement. Barbara Ferrer, PhD, MPH, MEd, Director, DPH, and DPH as a whole would like to see that level of engagement across programs. A 2018 strategic planning goal is to engage in a community planning process on key, high priority policy opportunities. DPH will prioritize opportunities and elevate one to three areas to cross-departmental and community policy teams.
  - DPH envisions four main ways it addresses policy work: 1. conveners and subject matter experts to support community partner advocacy efforts; 2. recommendations to take positions on legislation to the Board of Supervisors (BOS) in collaboration with other departments, and the Chief Executive Office and its Legislative Affairs staff; 3. collaboration with national, state, and local associations, e.g., National Association of City and County Health Officials (NACCHO), County Health Executives Association of California (CHEAC), and Health Officers Association of California (HOAC); and, 4. direct communication with public and private sector partners regarding institutional policies, e.g., work with hospitals on STIs.
  - Policy suggestions were categorized by federal, state, local, and institutional levels. Staff brainstormed ideas as a starting point for community engagement meetings and attendees used a sticky dot prioritization process. Over 100 pages of ideas were generated via community meetings. Those were being evaluated against DPH criteria and/or fleshed out, as needed.
  - One to three key areas will be elevated for prioritization with a policy team. So many strong ideas came forward, however, that DPH programs will be provided with a complete list and may identify areas for less intensive engagement, e.g., a letter of support. The list will be ongoing with another round of outreach next year so other items may be highlighted in future.
  - The new DPH Health Officer, Muntu Davis, MD, MPH, introduced a prioritization tool for DPH's use, included in the packet, that can be applied to strategic planning, but also to the policy arena. It can be used to score policy ideas to identify, e.g., what is more feasible to address in a one-year time frame, versus two to three years, or longer term.
  - Core criteria for prioritization are: interest from community partners, health equity, need for Los Angeles County (LAC) leadership, impact, urgency, feasibility, and political viability. The tool helps to score policies low, medium, or high per the criteria under headings of specificity, feasibility, leverage, and values with three levels of questions under each.



- Input into this process ranged from service-oriented programmatic suggestions to policy initiatives including bills from this past legislative session. In future, the process will likely be initiated sooner in the year to better inform the legislative term, but the process will not supersede existing policy initiatives.
- Mr. Baker noted the Commission is distinct in LAC in having a long-standing Public Policy Committee. It generates annual Policy Priorities, a Legislative Docket, and has a Los Angeles County HIV/AIDS Strategy (LACHAS) Policy Work Group on recommendations generated by LACHAS. While a niche, he felt the DPH process would benefit by folding in this expertise.
- Mr. Bobrowsky replied the process was originally envisioned as annual, but it took more time than anticipated and generated a very large list. DPH may consider different ways in future to incorporate new items that may include building off existing efforts and expertise. In particular, the Commission already has a process to include community feedback. The list does include some items related to STIs, but nothing specific to HIV. As a first attempt, DPH will also seek to improve the process going forward, e.g., community meeting notifications could have gone out earlier to increase attendance.
- Mr. Fox noted an area of opportunity for state and federal budget advocacy pertaining to STIs and HIV prevention raised at the 10/31/2018 Health Deputies meeting. Elan Shultz, Senior Health Deputy, Supervisor Sheila Kuehl, District 3, seemed to commit to some form of partnership between LAC and community advocates who develop the state budget proposal to address cuts and the growing epidemic, and to advocate for it annually. Some at the Public Policy Committee table are also members of, e.g., California HIV Alliance and AIDS United, involved in that effort.
- Typically, LAC lobbyists do not attend Budget Committee or Budget Health Subcommittee meetings to support STI and HIV prevention requests. That may occur behind the scenes but, if the community cannot see it, it does not happen effectively. Ideally, the BOS would both approve of community budget priorities and partner on advocacy efforts to increase funding.
- Mr. Baker added, historically, BOS responded to advocate urging against potential cuts, but it is important now for the BOS to support requests for more state funding versus only asking not to cut funds. He already coordinates with Mr. Bobrowsky regarding upcoming legislative and advocacy issues. Mr. Fox added there is an advantage to partnering with people who regularly attend legislative meetings, know staff, and are trusted by the community.
- Regarding the Chief Executive Office (CEO), Mr. Bobrowsky referred to the LAC State Legislative Agenda. It sets out broad statements of policy and priorities as articulated in the Board Letter adopted by the BOS. The CEO also responds to items pushed up by departments and checks with departments when it identifies things that may be of interest to them. The BOS is judicious in selecting legislative efforts to co-sponsor or support based on the need to ensure movement. There is only so much bandwidth for such efforts and it is assumed departments will also engage in advocacy outside of the BOS process.
- Ms. Barrit asked about the interface between this process and priorities identified by the Center for Health Equity. Mr. Bobrowsky reiterated that this process was not meant to replace existing initiatives, but to identify new opportunities for engagement. A Center for Health Equity staff person is participating in the prioritization process to ensure alignment.
- ➡ Invite Mr. Bobrowsky to the February 2019 Public Policy Committee meeting to address joint budget advocacy.

#### **8. STD RESOLUTION FOLLOW UP:**

- Mr. Baker commented that, while the Commission on HIV retained its name, its integration in 2013 with the Prevention Planning Committee expanded its Ordinance purview to make recommendations to the BOS on STDs and HIV prevention.
- Mr. Fox noted the STD Resolution originated in the Public Policy Committee to increase STD funding and capacity targeting disproportionately impacted communities. This is in line with LAC and Center for Health Equity priorities. The Resolution calls for \$30 million more in funding to be effective. The full Commission approved the formal recommendation to the BOS.
- This followed the effort to increase funding and political leadership for PrEP uptake in 2015. That was also from this Committee, approved by the Commission as a formal recommendation to the BOS, moved by Health Deputies, and passed.
- The Commission is meeting its Ordinance charge to make recommendations to the BOS through such actions.
- An ad hoc group of a cross-section of community providers and stakeholders across all five supervisorial districts also asked the Health Deputies to agendize gaps in STD services and capacity at their 10/31/2018 meeting. They remain willing to engage in partnerships around budget advocacy at the federal and state level, but that does not absolve LAC responsibility.
- Mr. Shultz, Chair, Health Deputies, noted these meetings are essentially for BOS agenda review so it was unprecedented to grant permission for a community presentation. Discussion was informative and civil. The community hoped for action, but Mr. Fox felt Health Deputies offered care while claiming a lack of needed funds. That response was not generally satisfactory to the community so follow-up is ongoing. Follow-up does include the LAC assistance with advocacy for state General Fund dollars noted earlier, but it remains LAC responsibility to identify needed funds.
- Dr. Ferrer expressed the need for other taxpayer funded payers to pick up costs, e.g., her assessment of patients at DPH clinics reflects a high proportion of existing Medi-Cal beneficiaries. Mr. Fox said, however, that Part C clinics doing STD



testing, especially within LGBT populations, are not seeing that. Regarding Ryan White clinics, all are Federally Qualified Health Centers (FQHCs) so can readily accommodate Medi-Cal patients as their medical home.

- Mr. Baker noted this was one of Mr. Shultz's last Health Deputies meetings as Chair because Board Chairship rolls over with the new year. The new Health Deputy Chair will need information. Mr. Leue also felt the Health Deputies were confused when PrEP was raised because some believe it increases STIs despite current science on the topic.
- Mr. Baker continued that PrEP education was discussed at that morning's LACHAS Policy Work Group. PrEP does need to be contextualized, not only in regards to STDs, but to achieve the LACHAS goal of a minimum 70,000 people on PrEP as the Centers of Disease Control and Prevention (CDC) three-year demonstration Project PrEP Implementation Data2Care Evaluation (PrIDE) expires. It is important especially to educate the almost all new Health Deputies since 2015 from both LACHAS and Public Policy lenses. Ms. Barrit added the Consumer Caucus will also likely have follow-up recommendations.
- Mr. Bobrowsky asked if the STD Resolution provides recommendations for utilizing the \$30 million requested. Mr. Fox replied the document outlines broad areas including enhanced surveillance, programmatic issues, scaling up testing and treatment, and a policy piece. As advocates, the goal is to balance being directive while also deferring to DPH expertise.
- Dr. Sattah's LAC clinic diagnoses and treats STDs, but he was unclear on the extent of DPH follow-up, e.g., tracking contacts, notifications, and ensuring testing. Mr. Baker replied DHSP's Partner Services Branch is as robust as possible. Follow-up is prioritized starting with MSM with syphilis. Thousands of annual Chlamydia cases are slightly deprioritized due to staffing. DHSP also funds two or three Community Based Organization (CBOs) for this work including DHSP community-embedded disease investigative specialists located at CBOs. DHSP would use some of the requested \$30 million to expand follow-up.
- Mr. Fox noted there would likely be some community actions distinct from Commission advocacy. Mr. Kochems added advocacy was also raised at the LACHAS Policy Work Group so there are multiple groups interested in participating.
- ➡ Prepare individual educational meetings with Board Offices, especially for the new Chair, Supervisor Janice Hahn, District 4.
- ➡ Coordinate training for the Consumer Caucus and other interested parties for long-term advocacy work.

## 9. COUNTY POLICY ISSUES:

### a. Housing Policy:

#### i. Housing Task Force Update:

- Mr. Goddard reported the Task Force was being mothballed for now. It went through a process of soliciting questions from all interested parties and worked to understand the various housing modalities in LAC including some site visits to answer those questions. It also identified important system level changes.
- Unfortunately, the Task Force hit some significant road blocks. Specifically, PLWH are not prioritized as they were in the past nor is there willingness to revise the assessment tool.
- The Task Force considered trying to launch a secondary process for homeless PLWH, prioritized as PLWH, via the Coordinated Entry System (CES). That has been proposed at the Housing Opportunities for People With AIDS (HOPWA) Oversight Committee for several years. Further work would require a Commission commitment.
- Finally, despite good partners and many tools, there is a lack of affordable housing until more is built.
- Ms. Barrit noted a housing carve-out or special process for PLWH was within the comprehensive set of policy recommendations that was moving forward to the Commission for approval and then to the BOS. She has emailed Miguel Fernandez, Los Angeles Homeless Services Authority (LAHSA), on the best way to navigate that process, e.g., perhaps something similar to the separate CES system for Transitional Age Youth which has been successful.
- Multiple programmatic level meetings were also occurring with Rebecca Ronquillo and her HOPWA leadership team and Mario Pérez, MPH and his DHSP leadership team. Ms. Barrit was invited to the first meeting to share the Commission perspective on doing a better job assessing the homeless count of PLWH, which changed dramatically year over year; to better align HOPWA funding and Ryan White services; and to fold in Measure H and other funding for a path to permanent housing. Those recommendations were developed by the Task Force.
- The Planning, Priorities and Allocations Committee has also continued housing as a top allocation priority.

#### ii. 2019 Work Plan Activities:

- ➡ Redistribute Work Plan for review and input for discussion at the January 2019 meeting.

### b. Los Angeles County HIV/AIDS Strategy (LACHAS) Policy Work Group:

- Mr. Fox said the Work Group met that morning and discussed updates on action steps for the priorities in the LACHAS.

- The Work Group will also contribute several slides from the policy perspective to the overall annual update on LACHAS by DHSP, the Commission, and the Community Co-Chairs on 11/29/2018. The Work Group's presentation will address its progress, the prioritization of policy recommendations, and collaboration with the Public Policy Committee.

**10. STATE LEGISLATION AND BUDGET:** Ms. Barrit called attention to the End the Epidemics Community Consensus Statement on HIV, HCV, and STDs in the packet. Contact Mr. Fox if interested in joining in further activity with the current participants.

**11. FEDERAL POLICY UPDATE:** Ms. Barrit also noted the most recent BOS Washington, DC update and the requested information on the public charge change also in the packet. Mr. Fox expected an HIV-specific response to public charge was likely. Mr. Baker added AIDS United was developing one.

#### **VI. NEXT STEPS**

**12. TASK/ASSIGNMENTS RECAP:** There were no additional items.

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

#### **VII. ANNOUNCEMENTS**

**14. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** There were no announcements.

#### **VIII. ADJOURNMENT**

**15. ADJOURNMENT:** The meeting adjourned at 2:40 pm.