



PUBLIC POLICY COMMITTEE First Annual Virtual Public Policy Priorities Stakeholder Community Consultation

Monday, March 7, 2022

1:00PM-3:30PM (PST)

Agenda + Commission Public Policy Priorities will be available on the Commission's website at:
<http://hiv.lacounty.gov/Public-Policy-Committee>

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/yjr8zpaz>

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll

Access code: 2590 328 8978

*Link is for members of the public only. Commission members, please contact staff for specific log-in information if not already received.

PUBLIC COMMENTS

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

For a brief tutorial on joining WebEx events, please check out:
<https://help.webex.com/en-us/nrbgeodb/Join-a-Webex-Meeting>

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Follow the Commission on HIV at



Interested in becoming a Commissioner? at [Click here for a Member Application](#).



LOS ANGELES COUNTY
COMMISSION ON HIV



AGENDA FOR THE **VIRTUAL** MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV
**FIRST ANNUAL PUBLIC POLICY
PRIORITIES STAKEHOLDER
COMMUNITY CONSULTATION**

MONDAY, MARCH 7, 2022 | 1:00 PM – 3:30 PM

To Join by Computer: <https://tinyurl.com/yjr8zpaz>

Link is for non-committee members and the public only

To Join by Phone: 1-415-655-0001
Access code: 2590 328 8978

Public Policy Committee Members:			
Katja Nelson, MPP <i>Co-Chair</i>	Lee Kochems, MA <i>Co-Chair</i>	Alasdair Burton (Alternate)	Felipe Findley
Jerry D. Gates, PhD	Gerald Garth	Eduardo Martinez	Isabella Rodriguez (Alternate)
Ricky Rosales	Martin Sattah, MD		
QUORUM: 6			

AGENDA POSTED: March 3, 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 (213) 738-2816 or via email at HIVComm@lachiv.org. Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>.

The Commission Offices are located at 510 S. Vermont Ave. 14th Floor, one building North of Wilshire on the eastside of Vermont just past 6th Street. Validated parking is available.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission’s standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs’ discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

Call to Order, Introductions, Meeting Objectives and Desired Outcomes	1:00 PM – 1:15 PM
I. Overview Of Public Policy Purpose and Charge	1:15 PM – 1:30 PM
a. Overview of Current Policy Priorities	
II. Speaker Presentations (Invited)	1:30 PM – 2:30 PM
a. Black AIDS institute	
b. Black Lives Matter	
c. Justice Los Angeles Coalition	
d. THE BREATHE ACT	
III. Community Consultation/Public Comments	2:30 PM – 3:15 PM
a. How do you envision changing or expanding the Public Policy Committee’s (PPC) current policy priorities to best align with efforts to end the HIV epidemic? Please share any recommendations.	
b. Upon review of the PPC’s policy priorities, and in relation to your organization’s mission, please identify the top 3 priorities that the committee should focus on this year.	
c. In order to achieve the priorities identified today, what are some concrete policy and advocacy actions the PPC can undertake to support the Commission’s efforts to end the HIV epidemic.	
IV. Closing Remarks and Next Steps	3:15 PM – 3:30 PM

Los Angeles County Commission on HIV Public Policy Committee

Responsibilities

Examples of Commission on HIV (COH) Policy Accomplishments

- HIV Names Based Reporting
- CD4 Reporting
- Ryan White Reauthorizations
- Affordable Care Act/1115 Waiver
- Local funding for STD response
- Medical Care Coordination expansion
- Continued advocacy for syringe exchange programs, housing, health equity, and civil rights
- Facilitated community meetings and panels on HIV/STD control in the adult film industry

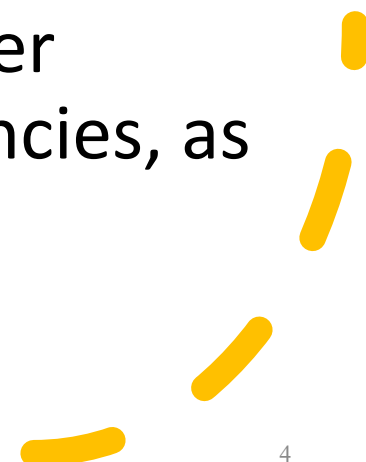


Public Policy Committee Responsibilities

- A. Advocating public policy issues at every level of government that impact Commission efforts to implement a continuum of HIV services or a service delivery system for Los Angeles County, consistent with the comprehensive HIV plan;
- B. Initiating policy initiatives that advance HIV care, treatment and prevention services and related interests;
- C. Providing education and access to public policy arenas for the Commission members, consumers, providers, and the public;



**Public Policy
Committee
Responsibilities**

- D. Facilitating communication between government and legislative officials and the Commission;
 - E. Recommending policy positions on governmental, administrative, and legislative action to the Commission, the BOS, other County departments, and other stakeholder constituencies, as appropriate;
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Public Policy Committee Responsibilities

- F. Advocating specific public policy matters to the BOS, County departments, interests and bodies, and other stakeholder constituencies, as appropriate;
- G. Researching and implementing public policy activities in accordance with the County's adopted legislative agendas;
- H. Advancing specific Commission initiatives related to its work into the public policy arena; and
- I. Carrying out other duties and responsibilities as assigned by the Commission or the BOS.



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- Only the Board of Supervisors (BOS) set policy for the County.
 - County commissions and other advisory bodies may make recommendations and subject to review and approval by the CEO's Legislative Affairs Office.

How the COH's Policy Priorities are Developed

Policy Priorities

- Guide and focus the Committee's selection of policy issues to discuss and champion
- Ensures that community needs are the focus of policy deliberations
- Aligned with service priorities set the Commission through the priority setting and resource allocations process
- Broadly worded to allow for swift actions and response to rapidly changing political environment



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PUBLIC POLICY COMMITTEE (PPC)
2021 POLICY PRIORITIES
(Approved 04/08/2021)

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 care and supportive 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. 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 and enhance HIV prevention and care service. This effort is to address negative impacts pre-COVID service levels, as well exceed 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 year 2021: (Issues are in no particular order.)

Racism

- a. Health equity, 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; and income/wealth gaps.
- 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.

Housing

- a. 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.



- b. Improve systems, strategies, and proposals that prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
- c. Promote Family housing and emergency financial assistance as a strategy to maintain housing.

Mental Health

- a. Mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.

Sexual Health

- a. 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. 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, 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.

Consumers

- a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWHA) and those at risk of acquiring HIV. This includes young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color, transgender and the aging.

Aging

- a. Create and expand medical and supportive services for PLWHA ages 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.

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** disincentivize 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.

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.

Criminalization

- a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS.

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.



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.

JUSTICELA

About JusticeLA

Launched in 2017, the Justice LA Coalition is a partnership of grassroots organizations, organizers, advocates, and impacted communities

1. stop jail expansion
2. reduce the footprint of incarceration, and
3. reinvest dollars away from the carceral system into community-led alternatives to incarceration.



JusticeLA works to end incarceration through:

- Pretrial Reform
- Alternatives to Incarceration
- Construction of Systems of Care
- DA and Law Enforcement Accountability
- Judicial Accountability
- Divestment from the PIC

**YOU CAN'T GET WELL
IN A CELL**

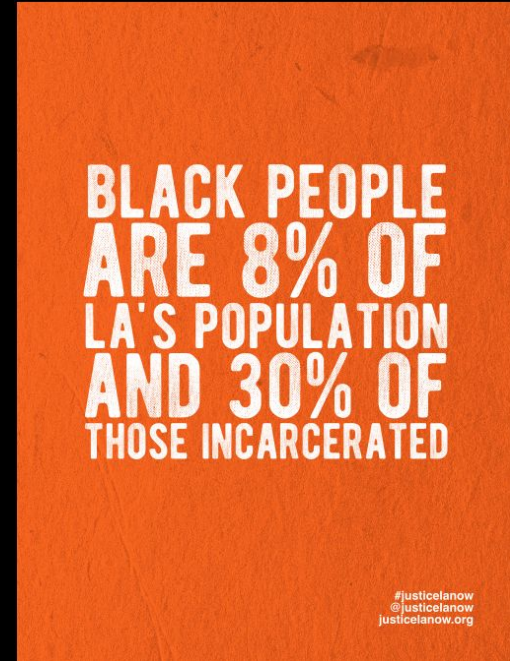
**JAIL TIME TRIGGERS OR WORSENS
MENTAL ILLNESS**

**DIVEST FROM CRIMINALIZATION
INVEST IN MENTAL HEALTH TREATMENT**

JUSTICELA

How We Organize

- Intersectional Movement Building
- Direct Action
- Jail & Community Outreach
- Fight on Environmental Grounds
- Organize Health Workers
- Develop Alternatives
- Build Impacted Leaders
- Art and Culture Work
- Political Education
- Narrative Shift Through Media
- Budget and Legislative Advocacy



JusticeLA x Public Policy Committee

- Pretrial
 - Decarceration
 - Harm reduction
 - Diversion
- Budget Advocacy
 - Measure J
 - Shifting county-budget priorities
- CA Legislation
 - Survivor Support
 - ATI

PPC

- Racism and health equity
- Mental Health
- Substance Use
- General Health Care
- Criminalization
- Gender Justice

Pretrial

- 13,544 people currently incarcerated in LAC jails
- 44% pretrial
- 43% mental health needs
- Office of Diversion and Reentry
 - Harm reduction
 - Naloxone distribution
 - Law Enforcement Assisted Diversion (LEAD)
 - SouthLA/North Long Beach
 - Hollywood
 - East LA

Budget Advocacy

- Measure J = Care First Community Investment
 - Ballot initiative- 10% of LAC unrestricted revenue should be set aside for community-based organizations and alternatives to incarceration.
 - Specific focus on underserved communities- communities of color, those impacted by the criminal legal system, LGBTQI+ communities.
- Shifting Budget Priorities
 - 2022- \$6.4 billion on law and justice- \$3.4B going to LASD
 - \$1.4B- Public Health
 -



Care First California Coalition

- **AB1670**

- Establishes a statewide commission on Alternatives to Incarceration (ATI) within the California Health and Human Services Agency.
- Report findings and recommendations by Feb 2024.
- Research and recommendations on:
 - Alternatives to incarceration
 - Alternative crisis response models
 - ReEntry models
 - Effects of family separation on families and communities

- **AB2534**

- Trauma-Informed Services for Survivors of Crime
- Establishes an Office of Survivor Support and Harm Reduction in five counties.
- Non-law enforcement led initiatives to support survivors-trauma-informed, non-carceral, non-punitive.

Synthesis

- **DECARCERATION**

- Pretrial population
- Mental health needs
- LGBTQI+, transgender and cis women

- **LEGISLATIVE ADVOCACY**

- ATI Bills
- Survivor Support
- Bills supporting decarceration policies

- **BUDGET ADVOCACY**

- Fully fund Measure J
 - CEO's Office, BOS, CFCI Advisory Body
- Shift in Budget Priorities
 - Accountability for departments who receive the bulk of County funding

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JUSTICE LA

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Campaigns Coordinator, Dignity & Power NOW

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