



LOS ANGELES COUNTY
COMMISSION ON HIV



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EXECUTIVE COMMITTEE Meeting

Thursday, May 25, 2023

1:00pm-3:15pm (PST)

510 S. Vermont Ave

9th Floor, Terrace Conference Room

Los Angeles, CA 90020

**Validated Parking Available at 523 Shatto Place, LA 90020*

Agenda and meeting materials will be posted on our website at
<https://hiv.lacounty.gov/executive-committee>

Members of the Public May Join in Person or Virtually

For Members of the Public Who Wish to Join Virtually, Register Here:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r96703c212e0f1b44a0d92c39aed88885>

To Join by Telephone: 1-213-306-3065

Password: EXECUTIVE Access Code: 2591 905 0197



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

AGENDA FOR THE **REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV
EXECUTIVE COMMITTEE**

THURSDAY, MAY 25, 2023 | 1:00 PM – 3:15 PM

510 S. Vermont Ave
Terrace Level Conference Room A (TK11)
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r96703c212e0f1b44a0d92c39aed88885>

To Join by Telephone: 1-213-306-3065

Password: EXECUTIVE Access Code: 2591 905 0197

EXECUTIVE COMMITTEE MEMBERS			
<i>Luckie Fuller, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Everardo Alvizo, LCSW	Miguel Alvarez (Executive At-Large)
Al Ballesteros, MBA	Danielle Campbell, MPH (Executive At-Large)	Erika Davies	Kevin Donnelly
Joseph Green (Executive At-Large)	Lee Kochems, MA	Katja Nelson, MPP	Mario J. Pérez, MPH
Kevin Stalter	Justin Valero, MPA		
QUORUM: 8			

AGENDA POSTED: May 19, 2023

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: <http://hiv.lacounty.gov> or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. **Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County’s green initiative to recycle and reduce waste.*

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 submit in person, email to hivcomm@lachiv.org , or submit electronically [here](#). All Public Comments will be made part of the official record.

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 á HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

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.

I. ADMINISTRATIVE MATTERS

- | | | |
|---|------------------|-------------------|
| 1. Call to Order & Meeting Guidelines/Reminders | | 1:00 PM – 1:03 PM |
| 2. Introductions, Roll Call, & Conflict of Interest Statements | | 1:03 PM – 1:05 PM |
| 3. Assembly Bill 2449 Attendance Notification for “Emergency Circumstances” | MOTION #1 | 1:05 PM – 1:07 PM |
| 4. Approval of Agenda | MOTION #2 | 1:07 PM – 1:08 PM |
| 5. Approval of Meeting Minutes | MOTION #3 | 1:08 PM – 1:10 PM |

II. PUBLIC COMMENT

1:10 PM – 1:15 PM

6. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking [here](#), or by emailing hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

- 8. Executive Director/Staff Report** 1:15 PM – 1:20 PM
- A. Commission (COH)/County Operational Updates
- 9. Co-Chair Report** 1:20 PM – 1:40 PM
- A. Reimaging COH Meetings
- (1) June 8, 2023 COH Meeting Agenda Development
- a. Unmet Needs Presentation Part III: In Care, Virally Suppressed (DHSP)
 - b. 2023 Renewal Membership Slate (OPS)
 - c. (5) New Member Applications (OPS)
 - d. Proposed Code of Conduct (OPS)
 - e. Attendance Policy Updates (OPS)
 - f. Program Year (PY) 31 Assessment of the Administrative Mechanism (AAM) Final Report
 - g. Fiscal Year (FY) 2023 Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI) Recommended Revised Allocations from DHSP (PP&A)
 - h. Universal Service Standards (SBP)
 - i. 2023-2024 Legislative Docket—Federal Bills (PPC)
 - j. 2023-2024 Policies Priority (PPC)
 - k. National HIV Awareness Days
 - 6/5 HIV Long-Term Survivors Awareness Day #HLTSAD
 - 6/26 National HIV Testing Day #HIVTestingDay
2. July 13, 2023 COH Meeting Agenda Development (Tentative)
- a. DHSP Presentation Re: HIV Surveillance Update & Data Challenges for Native American Population
 - b. 2023 Renewal Membership Slate
 - c. 7/21 Zero HIV Stigma Day #ZeroHIVStigmaDay
3. August 10, 2023 Meeting Cancellation Consideration
- B. May 11, 2023 COH Meeting | FOLLOW UP + FEEDBACK
- C. Conferences, Meetings & Trainings | OPEN FEEDBACK
- D. Member Vacancies & Recruitment
- 10. Division of HIV and STD Programs (DHSP) Report** 1:40 PM – 2:00 PM
- A. Fiscal, Programmatic and Procurement Updates
- (1) Ryan White Program (RWP) Part A & MAI
 - (2) Fiscal
 - (3) Ending the HIV Epidemic (EHE)
 - (4) Mpox | UPDATES

11. Standing Committee Report

2:00 PM – 2:50 PM

A. Operations Committee

(1) Membership Management

a. New Membership Applications

- Lilieth Connolly **MOTION #4**
- Shonté Daniels **MOTION #5**
- Déchelle Richardson **MOTION #6**
- Byron Patél **MOTION #7**
- Juan Solis **MOTION #8**

b. Parity, Inclusivity & Reflectiveness (PIR) | UPDATES

c. 2023 Renewal Membership Slate | REMINDER DUE DATE: JUNE 10, 2023

(2) Policies & Procedures

a. Proposed Code of Conduct **MOTION #9**

b. Policy #08.3204 Attendance Policy Updates **MOTION #10**

(3) PY 31 Assessment of Administrative Mechanism (AAM) Final Report **MOTION #11**

(4) [2023 Training Schedule](#) | REMINDER

(5) Recruitment, Retention and Engagement

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

(1) Fiscal Year (FY) 2023 Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI) Recommended Revised Allocations from DHSP **MOTION #12**

C. Standards and Best Practices (SBP) Committee

(1) Universal Service Standards | [OPEN FOR PUBLIC COMMENT: May 5-June 5, 2023](#)

(2) Nutrition Support Services Standards Review

(3) Medical Care Coordination (MCC) Overview

D. Public Policy Committee (PPC)

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

a. 2023-2024 Legislative Docket | Federal Bills **MOTION #13**

b. 2023-2024 Policy Priorities **MOTION #14**

c. Coordinated STD Response

d. Act Now Against Meth (ANAM) | UPDATES

12. Caucus, Task Force, and Work Group Reports:

2:50 PM – 3:05 PM

A. Aging Caucus

B. Black/AA Caucus

C. Consumer Caucus

D. Transgender Caucus

E. Women’s Caucus

F. Bylaws Review Taskforce

G. Mission & Statement Workgroup

H. Prevention Planning Workgroup

VI. NEXT STEPS

3:05 PM – 3:10 PM

- 13. Task/Assignments Recap
- 14. Agenda development for the next meeting

VII. ANNOUNCEMENTS

3:10 PM – 3:15 PM

- 15. Opportunity for members of the public and the committee to make announcements

VIII. ADJOURNMENT

3:15 PM

Adjournment for the meeting of May 25, 2023 in the memory of former Commissioner Thomas Green.

PROPOSED MOTIONS

MOTION #1:	Approve remote attendance by members due to “emergency circumstances”, per AB 2449.
MOTION #2	Approve the Agenda Order as presented or revised.
MOTION #3	Approve the meeting minutes, as presented or revised.
MOTION #4	Approve new membership application for Lilieth Connolly, as presented or revised, and forward to full body for approval at its June 13, 2023 meeting.
MOTION #5	Approve new membership application for Shonté Daniels, as presented or revised, and forward to full body for approval at its June 13, 2023 meeting.
MOTION #6	Approve new membership application for Déchelle Richardson, as presented or revised, and forward to full body for approval at its June 13, 2023 meeting.
MOTION #7	Approve new membership application for Byron Patél, as presented or revised, and forward to full body for approval at its June 13, 2023 meeting.
MOTION #8	Approve new membership application for Juan Solis, as presented or revised, and forward to full body for approval at its June 13, 2023 meeting.
MOTION #9	Approve proposed updates to the Code of Conduct, as presented or revised, and forward to full body for approval at its June 13, 2023 meeting.
MOTION #10	Approve proposed updates to Policy #08.3204 Attendance Policy, as presented or revised, and forward for approval to full body at its June 13, 2023 meeting.
MOTION #11	Approve adoption of PY 31 AAM Final Report, as presented or revised, and forward to full body for approval at its June 13, 2023 meeting.
MOTION #12	Approve Fiscal Year (FY) 2023 Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI) proposed revised allocations, as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #13	Approve the 2023-2024 Legislative Docket—Federal Bills – as presented or revised, and forward to the full body for approval at its June 13, 2023 meeting.
MOTION #14	Approve the 2023-2024 Policy Priorities as presented or revised, and forward to the full body for approval at its June 13, 2023 meeting.



LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

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

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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



2023 MEMBERSHIP ROSTER | UPDATED 5.12.23

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	EXC 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	1	PP	Leon Mautsby	Charles R. Drew University	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			Vacant		July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Jose Magana	The Wall Las Memorias	July 1, 2021	June 30, 2023	
12	Provider representative #2	1	SBP	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			Vacant		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	Alexander Luckie Fuller	APLA	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	SBP	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	EXC 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	SBP	Arlene Frames	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
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	
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 OPS	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	1	PP&A	Jonathan Weedman	ViaCare Community Health	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	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	PP	Pearl Doan	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP&A	Redeem Robinson	No affiliation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	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	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		37						



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/12/23

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
			Ambulatory Outpatient Medical (AOM)
			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	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts

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	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
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
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
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 (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)
			Transportation Services
MAULTSBY	Leon	Charles R. Drew University	HIV Testing Storefront
			HIV Testing Social & Sexual Networks

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
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			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	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks

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)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention



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Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission’s website and may be corrected up to one year after approval. Meeting recordings are available upon request.

EXECUTIVE COMMITTEE MEETING MINUTES April 27, 2023

COMMITTEE MEMBERS			
P = Present A = Absent			
Luckie Fuller, Co-Chair	EA	Joseph Green (Executive At-Large)	P *AB2449
Bridget Gordon, Co-Chair	P	Lee Kochems, MA	P
Everardo Alvizo, LCSW	P	Katja Nelson, MPP	EA
Al Ballesteros, MBA	A	Mario J. Pérez, MPH	P
Danielle Campbell, MPH (Executive At-Large)	A	Kevin Stalter	P
Erika Davies	EA	Justin Valero	P
Kevin Donnelly	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn McClendon; Jose Rangel-Garibay, MPH Sonja Wright, BA, MSOM, Lac, Dipl. OM, PES			
DHSP STAFF			
<i>No other DHSP staff in attendance</i>			

Meeting agenda and materials can be found on the Commission’s website [HERE](#)

I. **ADMINISTRATIVE MATTERS**

1. **CALL TO ORDER & MEETING GUIDELINES/REMINDERS**

Bridget Gordon, Co-Chair, Commission on HIV (COH), commenced the meeting at around 1:13 PM and provided an overview of the meeting guidelines.

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2. INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS

B. Gordon led introductions and requested that Committee members state conflicts of interest. Cheryl Barrit, Executive Director, COH, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, K. Donnelly, J. Green (AB2449), L. Kochems, M. Pérez, J. Valero, and B. Gordon.

3. ASSEMBLY BILL 2449 ATTENDANCE NOTIFICATION FOR “EMERGENCY CIRCUMSTANCES”

MOTION #1: Approve remote attendance by members due to “emergency circumstances,” per AB 2449. *Not applicable.*

4. APPROVAL OF AGENDA

MOTION #2: Approve the Agenda Order, as presented or revised. *✓Passed by consensus*

L. Kochems requested that a motion corresponding to Agenda item #12(D)(1)(a) be added to approve the 2023 Legislative Docket pertaining to State bills.

5. APPROVAL OF MEETING MINUTES

MOTION #3: Approve the Executive Committee minutes, as presented or revised. *✓Passed by consensus*

II. PUBLIC COMMENT

6. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.

Not applicable.

III. COMMITTEE NEW BUSINESS ITEMS

7. OPPORTUNITY FOR COMMITTEE MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.

No committee new business items.

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IV. REPORTS

8. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission (COH)/County Operational Updates

(1) [HRSA & CDC Dear Colleague Letter Re: Joint HIV Outbreak & Housing Response Efforts](#)

C. Barrit highlighted the joint Dear Colleague letter which was forwarded to the membership and included in the meeting packet, and encouraged members to review and be mindful of the key strategies referenced as the Commission continues to address the housing crisis as a barrier in ending the HIV epidemic.

(2) **Ryan White Part A Conflicts of Interest (COI)**

a. **Member COI Forms | OVERDUE**

C. Barrit reminded Committee members to complete the required Ryan White Program Part A Conflict of Interest and Agency Affiliation form which are now overdue. Hard copies are available.

C. Barrit shared that staff is coordinating introductory meetings, to include the COH Co-Chairs, with the County's Mental Health Commission, Public Health Commission, and the Commission on Alcohol and Other Drugs in response to the Committee's expressed interest in establishing partnerships with key commissions whose work intersects with and can potentially support the Commission's planning activities.

9. CO-CHAIR REPORT

A. Remembering Dr. Wilbert C. Jordan

B. Gordon announced the passing of Dr. Jordan, a pioneer in the field of HIV, highlighting his work in the Black community, and shared that the meeting will be adjourned in his memory. Information regarding Dr. Jordan's memorial service has been shared via various emails.

B. Reimagining COH Meetings (1) May – July 2023 COH Meeting Schedule & Agenda Development

The Committee discussed the upcoming meeting schedule and potential agenda items for the May-July COH meetings. It was acknowledged that there were numerous activities requiring attention and therefore, it was decided that the COH meetings scheduled for May and June would proceed as scheduled.

- The Committee indicated that they would revisit whether to move forward or cancel the July and/or August COH meetings at their May Committee meeting and poll members who will be attending the International AIDS Society Conference on Science for possible scheduling conflicts.

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B. Gordon suggested that the Commission collaborate with other County commissions and/or community-based organizations to find ways to partner in promoting and commemorate national HIV awareness days. As an example, partner with APAIT to promote National API HIV/AIDS Awareness Day.

C. Barrit shared that the May and June COH meetings will be held at St. Anne's Conference & Events Center (fka St. Anne's Maternity Home) due to unavailability of sufficient conference room space at the Vermont Corridor. Advance notice of venue change will be shared through the Commission's listservs.

C. April 13, 2023 COH Meeting | FOLLOW UP + FEEDBACK

An observation was shared that although the meeting started later than scheduled, it concluded earlier than anticipated, which was well-received by the attendees. It was further shared that the discussion on unmet needs was good, and appreciation was expressed for breaking up the presentation into three parts allowing for better comprehension and digestion of the information presented.

D. Bylaws Review Taskforce (BRT) | MEMBER RECRUITMENT DEADLINE: 4/27/23

E. Alvizo, BRT Co-Chair, reported that the taskforce extended the recruitment period to April 27 to allow more Commissioners to join to reach a more reflective membership. M. Pérez announced that he will participate. No additional members expressed interest in joining.

E. Conferences, Meetings & Trainings | OPEN FEEDBACK

It was announced that the Office of AIDS, California Planning Group (CPG) will be hosting their Spring in-person meeting May 1-3, 2023, at the Hyatt Regency in Long Beach. May 2-3 will be open to members of the public. As a CPG member, Commissioner Jayda Arrington shared that she would attend. See the [CPG website](#) for more information.

Commissioner Alasdair Burton shared that he will be attending DHSP's Ending the HIV Epidemic (EHE) Steering Committee in-person meeting on May 2, 2023.

F. Member Vacancies & Recruitment

B. Gordon deferred this item to be addressed during the Operations Committee standing report.

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

A. Fiscal, Programmatic and Procurement Updates

(1) Ryan White Program (RWP) Part A & MAI

Mario J. Pérez, Director, DHSP, reported that the HRSA site visit report has not yet been released and will share with the Commission upon receipt.

(2) Fiscal – No fiscal update provided.

(3) Mpox | UPDATES

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M. Pérez reported that Mpox cases have slowed down significantly, however due to the upcoming Pride season and a reported cluster detection in France, DHSP remains vigilant in the ongoing surveillance of cases. DHSP is collaborating with 24 public health and community-based partners, utilizing state resources, to promote early and widespread mpox vaccination ahead of Pride month. However, the current demand for vaccinations is significantly low, resulting in only around 150 vaccinations administered per week in the County. DHSP is working with an outside firm to develop and promote mpox vaccination messaging which will be launched soon and will include advertisements via mobile apps.

- As requested, M. Pérez will forward to COH staff mpox testing and vaccination websites for dissemination.

M. Pérez confirmed that DHSP will provide a mpox update presentation at the May 11 Consumer Caucus meeting.

M. Pérez highlighted a significant rise in reportable STI cases in California. In 2022 alone, there were 53,000 cases of chlamydia, 27,000 cases of gonorrhea, and 9,100 cases of syphilis reported. Despite the state allocating funding, the funds arrived considerably late, creating a sense of urgency in establishing Memorandums of Understanding (MOUs) with agencies. DHSP is actively working to maximize those resources and have requested that state partners consider an extension that would allow them to use any unused funds after the end of the state fiscal year considering the upcoming Pride season which is in June. DHSP continues to collaborate with the BOS offices, public health partners, and community stakeholders to address this crisis.

Additionally, M. Pérez shared that an appeal has been made to the Board of Supervisors (BOS) to accept funding from the state dedicated to address the congenital syphilis crisis. It is anticipated that the BOS will approve funding in the upcoming week. Once approved, DHSP plans to mobilize its staff and initiate amendments to existing contracts to strengthen congenital syphilis control efforts. M. Pérez emphasized the importance of addressing the syphilis and congenital syphilis crisis. Key areas of focus include decreasing the number of men diagnosed, establishing the ideal frequency of visits for diagnosis and treatment, and strengthening partner notification mechanisms, including the use of mobile apps. Outreach efforts should encompass engaging private entities, fostering a culture of shared responsibility, and promoting sex-positive health education and messaging. He shared that the organization [Building Health Online Coalition \(BHOC\)](#) is a consortium of public health leaders and gay dating website and app owners who are

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working together to support HIV and STI prevention and are constructively working on this issue.

- The Committee requested that a representative from BHOC attend an upcoming COH meeting to provide an overview of their efforts to address STI prevention via apps and perhaps partner with the COH on future efforts. It was further recommended that a community liaison for each of the gay dating apps (Tinder, Scruff, Grinder, etc.) be invited to an upcoming COH meeting to address creating a campaign to demand apps include a partner notification service.
- Submit information regarding private sex parties to DHSP for outreach efforts.

M. Pérez responded to a question regarding the correlation between individuals on PrEP and STI testing compared to those not on PrEP. It was noted that there is currently no reliable method to measure the correlation between active PrEP usage and STI rates. M. Perez referred to the [National HIV Behavior Surveillance \(NHBS\)](#) as the best tool to measure behaviors around PrEP utilization.

M. Pérez shared that DHSP is closely looking at scaling up its STI control efforts to include Doxycycline otherwise known as doxy-PEP. Other jurisdictions such as Santa Clara County and San Francisco have implemented doxy-PEP as part of their toolbox. DHSP is currently developing a Dear Colleague letter to provide recommendations and resources on using doxy-PEP as an approach to STI control.

- Updates will be provided at the May meeting.

Lastly, in relation to COVID, M. Pérez shared that because we are now out of the federal COVID control response structure, DPH's focus has pivoted to devising strategies to maintain the structure in the event of a new COVID variant.

11. STANDING COMMITTEE REPORTS

A. Operations Committee

(1) Membership Management

The Committee recommended to vacate Commissioner Eduardo Martinez' seat; the motion will be reflected on the May COH meeting agenda.

a. Status on New/Pending Membership Applications

- Seven applicants have been interviewed and deliberated; five of whom will move forward to the next Executive Committee meeting for recommendation. The remaining two will be invited back to the next Operations Committee for further discussion.

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b. Parity, Inclusivity & Reflectiveness (PIR) | UPDATES

- To address reflectiveness, the Committee will discuss expanding the demographic categories to better capture those who identify as multi-racial
- The applicants moving forward will help improve PIR and fill unaffiliated consumer vacancies.

c. 2023 Renewal Membership Slate

- Renewal applications must be submitted to staff by June 10, 2023; please see Sonja Wright for more information.

(2) Policies & Procedures

a. Proposed Code of Conduct | MOTION #4 *No action taken; postpone to next meeting.*

b. Policy #08.3204 Attendance Policy | REVIEW *No action taken; postpone to next meeting.*

c. 2023 Training Schedule | REMINDER *See training schedule.*

(3) 2020-2021 Assessment of Administrative Mechanism (AAM) Final Report *No action taken; postpone to next meeting.*

(4) Recruitment, Retention and Engagement

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

(1) Status Neutral Planning

K. Donnelly reported the Committee is continuing its discussions on implementing a status-neutral approach to HIV service planning and its challenges.

Chuy Orozco, HOPWA representative, provided updates to the Committee on the HOPWA program to include its funding cycle being extended to a five-year cycle to compliment long term planning.

The Committee discussed the unmet needs report from DHSP to determine what data is needed.

Stakeholder engagement via townhalls and listening sessions was also discussed to garner feedback on service priorities in alignment with the Ryan White Program funding cycle.

C. Standards and Best Practices (SBP) Committee

(1) Universal Service Standards Review

K. Stalter reported that updates to the Universal Service Standards will be released via a public comment period beginning May 5-June 5, 2023, and noted no significant changes were made.

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(2) Nutrition Support Services Standards Review

No updates reported.

(3) Medical Care Coordination (MCC) Overview

A MCC Workforce Survey presentation will be held at the next meeting on May 2, 2023 @ 10AM.

D. Public Policy Committee (PPC)

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

- a. **2023-2024 Legislative Docket Development.** A motion is scheduled to be included on the agenda of the May 11, 2023 COH meeting, seeking approval for the state bill section of the docket.
- b. **2023-2024 Policy Priorities Development** The Committee is finalizing the policy priorities document and should be ready for approval at the next meeting for approval.
- c. **Coordinated STD Response** The Committee agreed to place further discussions on hold until the legislative docket finalized.
- d. **Act Now Against Meth (ANAM) | UPDATES** An update presentation pending from ANAM.

12. CAUCUS, TASK FORCE, AND WORKGROUP REPORTS

- A. **Ageing Caucus** K. Donnelly shared that the Caucus met on April 4, 2023 and discussed planning for National HIV/AIDS Aging Awareness Day and will be partnering with other organizations to advance the Caucus' agenda outside of the Commission.
- B. **Black/African American Caucus**
Dawn Mc Clendon reported that the Caucus convened on April 20, 2023, and paid tribute to the late Dr. Jordan. Julie Tolentino (DHSP) shared that the contract with Raniyah Copeland for the Organizational Capacity Needs Assessment is nearing completion. The Caucus has initiated discussions on conducting community listening sessions to address the state of HIV in the Black community. Additionally, the Caucus has confirmed their participation in the 2023 Taste of Soul.
- C. **Consumer Caucus**
Alasdair Burton reported that the Caucus met on April 13, 2023, and discussed the key points from the Commission meeting, including the unmet needs presentation by DHSP. Ongoing concerns were expressed regarding the lack of provider sensitivity, emphasizing the need for culturally sensitive training. A. Burton shared that he obtained HRSA's Monique Hitch's email address and will compile individual summary reports from Caucus members in response to the HRSA closed listening session. The final draft will be presented to the Caucus before submitting to Ms. Hitch. Additionally, A. Burton

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announced that DHSP will deliver an mpox update presentation at the May 11, 2023 Caucus meeting, urging all consumers to attend.

D. Transgender Caucus

On behalf of Jose Garibay-Rangél, D. Mc Clendon reported that the Caucus met on April 25, 2023 and received a presentation from COH staff, offering a comprehensive overview of the Commission and the Caucus' role. The Caucus also heard from a community member who shared her expertise and experiences in advocating for transgender health. Lastly, it was announced that the next Caucus meeting is scheduled for May 23, 2023, from 10:00 AM to 11:30 AM

E. Women's Caucus

D. McClendon reported that the Women's Caucus met on April 17, 2023 and began planning for its next Virtual Lunch & Learn series which will be a two-part presentation focusing on loss, grief and healing; more details to follow. The next meeting will be July 17, 2023 and the Caucus will revisit their 2019 recommendations along with reviewing the PP&A directives to determine next steps.

F. Bylaws Review Taskforce

The Committee agreed to extend recruitment of participants to April 27th. M. Pérez volunteered to participate. Staff will send out a scheduling poll to determine next meeting.

G. Mission & Vision Statement Workgroup

The workgroup will meet to review member feedback and report back at an upcoming meeting.

H. Prevention Planning Workgroup (PPW)

K. Donnelly shared that the workgroup is current reviewing the status neutral framework and discussing whether to integrate back into PP&A.

V. NEXT STEPS

13. TASK/ASSIGNMENTS RECAP

- ➔ Email notification will be provided to members and the community of the change in venue for the May 11, 2023 COH meeting. Meeting will be held at St. Anne's Conference & Events Center.
- ➔ All applicable motions will move forward to the May 11, 2023 COH meeting.
- ➔ The 2023-2024 Legislative Docket (state bills) will be placed on the May 11th COH meeting agenda for approval.
- ➔ Staff to poll members who will be attending the International AIDS Society Conference on Science to determine July meeting schedule.

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14. AGENDA DEVELOPMENT FOR THE NEXT MEETING

The Executive Committee finalized their agenda for the next meeting.

VI. ANNOUNCEMENTS

15. OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS

- Staff reminded members who are renewing to submit their applications by June 10, 2023.

VII. ADJOURNMENT

16. ADJOURNMENT FOR THE MEETING OF APRIL 27, 2023

The meeting was adjourned by B. Gordon in memory of Dr. Wilbert C. Jordan at 3:00 PM.

DRAFT

Equity Lens for Decision Making

Below are the current equity lens questions for use in planning, decision-making and implementation for policies, practices, and programs. These are a guide only, and there may be other factors to consider. The Lens is an ever-evolving tool for decision making, that changes as our constructs and understandings change.

SECTION 1: Basic Racial Equity Lens

1. What is the policy, program or decision under review?
2. What racial, cultural and/or ethnic group(s) experience disparities related to this policy, program or decision? Are they at the table? (If not, why?)
3. How might the policy, program or decision affect the group(s)? How might it be perceived by the group(s)?
4. Does the policy, program or decision improve, worsen, or make no change to existing disparities? Please elaborate. Does it result in systemic change that addresses institutional racism?
5. Does the policy, program, or decision produce any intentional benefits or unintended consequences for the affected group(s)?
6. Based on the above responses, what are the possible revisions to the policy, program, or decision under review?
7. What next step is recommended and how will it be advanced?

Adapted from: Portland State University Equity Lens Assessment Tool

SECTION 2: Multi-Dimension Equity Lens

(Broad inclusion of multiple as well as intersecting historically marginalized groups and underserved populations) These questions provide more global considerations and speak to macro issues such as policy as well as individual project, program or micro issue decision making, action and implementation.

People

- How have we adequately ensured that our operational processes are inclusive and that elements of the process have not created barriers to meaningful participation?
- Which stakeholder groups would we like to have included but were unable to facilitate?
- Who is affected—positively, negatively, or not at all—by this decision, process, and actions? List positives and negatives.
- What are the specific ways this decision, process, or action, etc. is expected to reduce disparities and advance social justice?
- How have you intentionally involved stakeholders who are also members of the communities affected by the strategic investment or resource allocation? How do you validate your assessment?

Place

- On the basis of Harvard Chan School of Public Health's social, physical and cultural location, how does this process compensate for access limitations of various stakeholder groups?
- How have we modified our process to support access by marginalized community stakeholders?

Process

- How are our processes supporting the empowerment of communities historically most affected by inequities?
- How are processes ensuring that participants' emotional and physical safety needs are addressed?
- How are processes supporting participants' need to be productive and feel valued?
- How are our processes building ongoing community capacity for involvement with Harvard Chan School of Public Health by those communities historically most affected by inequities?
- How are we using this opportunity to contribute to the leadership development of those from marginalized communities?
- What types of biases have influenced the work of your group and how have these been identified and addressed?
- What improvements to team processes can you support for naming and identifying unaddressed bias?
- What have we learned about effective practices that we can recommend being continued by other offices and departments?
- What are the barriers to more equitable outcomes? (e.g. mandated, political, financial, programmatic, or managerial)



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Lilieth Connolly

Application on file at Commission office

Interview panel: Justin Valero and Joe Green



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Shonte Daniels

Application on file at Commission office

Interview panel: Everardo Alvizo, Kevin Donnelly, and Jayda Arrington



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Dechelle Richardson

Application on file at Commission office

Interview panel: Everardo Alvizo and Kevin Donnelly



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Byron Patel

Application on file at Commission office

Interview panel: Everardo Alvizo, Jose Magana, and Justin Valero



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Juan Solis

Application on file at Commission office

Interview panel: Everardo Alvizo, Joe Green, and Justin Valero

Planning Council/Planning Body Reflectiveness (Updated 5.18.23)

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

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	10	26.32%	4	50.00%
Black, not Hispanic	10,155	20.00%	11	28.94%	3	37.50%
Hispanic	22,766	44.84%	12	31.58%	1	12.50%
Asian/Pacific Islander	1,886	3.71%	5	13.16%	0	0.00%
American Indian/Alaska Native	300	0.59%	0	0.00%	0	0.00%
Multi-Race	1,705	3.36%	0	0.00%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	38	100%	8	100%
Gender						
Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	26	68.42%	5	62.50%
Female	5,631	11.09%	10	26.32%	3	37.50%
Transgender	854	1.68%	2	5.26%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	38	100%	8	100%
Age						
Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
13-19 years	122	0.24%	0	0.00%	0	0.00%
20-29 years	4,415	8.69%	1	2.63%	0	0.00%
30-39 years	9,943	19.58%	11	28.95%	0	0.00%
40-49 years	11,723	23.09%	10	26.32%	1	12.50%
50-59 years	15,601	30.72%	9	23.68%	4	50.00%
60+ years	8,973	17.67%	7	18.42%	3	37.50%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	38	100%	8	14.29%

**Percentages may not equal 100% due to rounding. **
(Includes alternates)

Non-Aligned Consumers = 21% of total PC/PB



2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our [website](#) for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

Topic	Date
<u>General Orientation and Commission on HIV Overview</u> *	March 29 3:00 - 4:30 PM
<u>Priority Setting and Resource Allocation Process & Service Standards Development</u> *	April 12 3:00 - 4:30 PM
<u>Tips for Making Effective Written and Oral Public Comments</u>	May 24 3:00 - 4:00 PM
<u>Ryan White Care Act Legislative Overview</u> <u>Membership Structure and Responsibilities</u> *	July 19 3:00 - 4:30 PM
<u>Public Health 101</u>	August 16 3:00 - 4:30 PM
<u>Sexual Health and Wellness</u>	September 20 3:00 - 5:00 PM
<u>Health Literacy and Self-Advocacy</u>	October 18 3:00 - 4:30 PM
<u>Policy Priorities and Legislative Docket Development Process</u> *	November 15 3:00 - 4:30 PM
<u>Co-Chair Roles and Responsibilities</u>	December 6 4:00 - 5:00 PM

****Mandatory core trainings for all commissioners.***



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**PROPOSED UPDATES TO CODE OF CONDUCT
PUBLIC COMMENT TRACKER
(March 23-April 21, 2023)**

NAME	DATE	COMMENT(S)
Pamela Ogata (DHSP)	3/23/23	I agree, these are good ground rules for the Commission. What happens if they are not followed?
Ilish Perez (DHSP)	3/23/23	All participants and stakeholders should adhere to the following: 1) We approach all our interactions with compassion, respect, and transparency. 2) We seek clarity to avoid assumptions. 3) We respect others' time by starting and ending meetings on time, being punctual, and staying present. 4) We listen with intent, avoid interrupting others, and elevate each other's voices. 5) We encourage all to bring forth ideas for discussion, community planning, and consensus. 6) We focus on the issue, not the person raising the issue. Be flexible, open-minded, and solution-focused. 7) We give and accept respectful and constructive feedback. 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions, and minimize side conversations. 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism. 10) We give ourselves permission to learn from our mistakes. – I suggest adding something like an action were someone can actively learn on how to prevent repeating the same mistake.
Robert Aguayo Deputy Director El Centro Del Pueblo	3/24/23	I agree with your revised code of conduct and recommend that these are included with all agendas and materials that are submitted as part of the Commission meetings or subcommittees.
Ricky Rosales (COH Member)	3/23/23	What are the consequences for violating the code of conduct? I think that is the piece that has always been missing.
Commission Staff	4/24/23	In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal."



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(PROPOSED) CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. 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 approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 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 racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 9) We give ourselves permission to learn from our mistakes.**

[Click here to view the current Code of Conduct.](#)

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19; 3/3/22, 3/23/23)



LOS ANGELES COUNTY COMMISSION ON HIV



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

I, _____ certify that I have read and fully understand the Los Angeles County Commission on HIV's Code of Conduct. I further understand that failure to adhere to the Commission's Code of Conduct may be cause for disciplinary action.

Commission Member Signature

Date

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

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LOS ANGELES COUNTY
COMMISSION ON HIV



**DRAFT/PROPOSED UPDATES
FOR 4/27/23 OPS/EXEC
COMMITTEE**

510 S. Vermont Avenue, 14th Floor • Los Angeles, CA 90020

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POLICY/ PROCEDURES:	NO. #08.3204	Commission and Committee Meeting Absences
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SUBJECT: Commission and Committee Meeting Absences

PURPOSE: To clarify how absences from a Commission or Committee meeting must be claimed, how it must be communicated, why it is important, and what purpose it serves.

POLICY: It is recommended that all Commissioners and Committee members regularly and faithfully inform staff of their intentions to be absent from either Commission and/or Committee meetings. Knowledge of member attendance/absences prior to meetings helps Commission Co-Chairs and staff ascertain quorums in advance.

Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused. Members will be given a 14-day grace period after they have been absent to inform Commission staff of the reasons for their absence. If a member provides this notification within the 14-day grace period, their absence will be considered "excused." However, if they fail to provide notification within the specified time period, their absence will be recorded as "unexcused."

Unaffiliated Consumer members experiencing hardship will be assessed on a case-by-case basis of their overall level of participation and record of attendance to determine appropriate next steps.

COH bylaws dictate that excused absences can be claimed for the following reasons:

- personal sickness, personal emergency and/or family emergency
- vacation; a
- out-of-town travel; and/or
- unforeseen work schedule conflict(s)

In cases of an extended absence from the COH due to personal sickness, personal emergency and/or family emergency, members can take a leave of absence for up to three months. Should a member's leave of absence extend beyond three months, the Operations' Committee Co-Chairs and Executive Director will confer with the member and determine appropriate next steps, to include a voluntary resignation from the Commission with the understanding that they can reapply at a later time.

Commented [MD1]: Proposed language inserted per the February OPS Committee meeting discussion to offer a 14-day grace period post-absence.

PROCEDURE:

To claim an excused absence for reasons ~~provided above, members must notify the Commission Secretary or respective Committee support staff person~~ Commission staff prior to the meeting or up to 14 days following the meeting. ~~two weeks prior to the meeting. For purposes of personal/family emergency or sickness, members have until two days after a meeting to notify the staff that they are claiming an excused absence.~~

Commented [MD2]: Updated language to align with 14 day grace period.

For leaves of absence, members must notify the Executive Director immediately upon knowledge of the extended absence. It is the responsibility of the member to keep the Executive Director updated on their status and estimated return to the COH. If the member does not notify the Executive Director appropriately, the member’s absence is therefore, deemed unexcused and the member is subject to suspension of voting privileges or removal from the Commission.

Notification must occur in writing by e-mail ~~or fax or via text~~ to Commission staff for documentation purposes (e-mail preferred). ~~Receipt of the excused absence notification will be acknowledged within 48 hours through the same medium; an absence is not considered excused until receipt has been acknowledged.~~ Notification must detail the member’s name, meeting for which an excused absence is being claimed, and reason for the excused absence.

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Commented [MD3]: Updated language to align with current practices.

NOTED AND APPROVED:	<i>Cheryl Barrett</i>	EFFECTIVE DATE:	07/11/2019
Original Approval: 11/24/2008	Revision(s): 05/23/16; 7/24/17; 7/11/2019; 7/8/21; Proposed 4/27/23		

Assessment of Administrative Mechanism (AAM) Ryan White Program Year 31 (March 1, 2020-February 28, 2021) – Summary of Key Themes and Recommendations

April 27, 2023



Background

- The federal Health Resources and Services Administration (HRSA) requires all Part A planning councils (the Commission on HIV is Los Angeles County's Ryan White Part A planning council) to conduct "Assessments of the Administrative Mechanism" (AAM).
- The AAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County.

Background

- Led by the Operations Committee
- AAMs typically cover contracted agencies only.
- However, the Commission also uses the AAM cycles to assess the Commissioners' understanding of the priority setting and resource allocation process.
- The contract period covered by this AAM summary is the Ryan White Program Year 31 (March 1, 2020-February 28, 2021).

Assessment Methodology

- Covers 2 areas: 1) an assessment of the Commissioners' understanding of the priority setting and resource allocation process and 2) feedback from contracted agencies on the efficiency of Los Angeles County's administrative mechanisms (such as contracts, procurement, solicitations) to rapidly disburse funds to support HIV services in the community.
 - Anonymous questionnaire via SurveyMonkey to elicit responses from Commissioners and contracted agencies.
 - The Operations Committee of the Commission led the AAM and utilized the same questionnaire used for the previous AAMs as they have been tested and used in previous studies.
-

Assessment Methodology

Online Survey of Commissioners:

- Open from April 4 to May 2022.
- At that time, there were 35 members (1 was on a leave of absence) and 8 alternates (1 was on a leave of absence) for a total of 41 possible respondents.
- 19 responses (46%).

Online Survey Contracted Providers:

- All 43 County-contracted HIV prevention and care providers were invited to participate in the AAM survey between August 18-September 15, 2022.
 - 11 agencies completed the survey.
 - One response per agency.
-

Limitations

- Low response rate may be due to multiple local, statewide, and national surveys in circulation in 2022, including those related to the development of the Comprehensive HIV Plan.
 - Lag time between the program year cycle focus of the survey and the time of when the survey was released—this may have impacted memory recall of events and data presentations delivered to the Commission.
 - Cannot make broad interpretations with the results of the AAM but rather, use the information as a record of perceptions and responses from those individuals and agencies who completed the survey.
-

Key Observations: Commissioners

- There appears to be recognition and recall of programmatic, fiscal, surveillance, service utilization and care continuum data provided to the Commission and its committees during PY 31.
 - More data on the intersection of HIV with morbidities such as mental, substance use, seniors and social conditions such as stigma and discrimination.
 - More data sharing from the independent health jurisdictions (Long Beach and Pasadena) was also noted by a respondent.
 - More robust, direct, and highly visible participation and engagement of consumers in the Commission's priority setting, resource allocation process and decision-making.
-

Key Observations: Commissioners

- 18 of the 19 respondents strongly agreed/agreed that they were “adequately notified of PSRA meetings and activities during the PY 31 planning cycle.
- In terms of structure and process, 15 respondents indicated that they strongly agreed/agreed that the Commission is effective as a planning body; while 3 responded neither agreed or disagreed and 1 disagreed.

Key Recommendations: Commissioners

- More structured collaboration process for the Operations Committee and Consumer Caucus to develop customized a training/coaching plan for consumers on how decisions are made on the Commission and make data presentations more accessible to consumers.
 - Continue efforts around ongoing education and training on COH structure, role and processes.
-

Key Recommendations: Commissioners

- Periodic assessment/review of its structure, processes (such as service standards development, allocations/reallocations, and service category prioritization) and define desired outcomes and examples of what an “effective planning body” constitutes.
 - Collaborate with the Consumer Caucus to identify strategies aimed at increasing ongoing participation of consumers in PP&A discussions, especially among consumers who identify as people of color, elderly, long-term survivors, Native Americans, and other communities disproportionately affected by HIV.
 - Continue implementing recommendations from the Health HIV Planning Council effectiveness assessment to improve processes and community engagement.
-

Key Themes: Contracted Providers

Sufficient to Very Good Guidance on Invoicing, Budget Development and Budget Modifications

- Comments ranged from “sufficient” to “very good” and “clear guidance.”
 - Respondents appreciated the accessibility and assistance from program and fiscal managers for questions and technical assistance.
-

Key Themes: Contracted Providers

Mixed Reactions around Communication of Expectations Prior to Site Visits and Program Monitoring

- While some of the responses noted that program managers conveyed expectations clearly prior to site visits, there were also comments that alluded to the need for clearer communication of expectations for program monitoring prior to the site visit and better explanation for changes in expectations from year to year.
 - Some participants commented that frequent changes in program managers “create a disconnect on how a program operates.”
-

Key Themes: Contracted Providers

Contractors Receive Regular Feedback on Performance and Technical Assistance (TA) on Barriers and Challenges

- DHSP regularly provides feedback on contractor performance and the feedback is helpful in improving program policies, procedures, and assisting the agencies meet their contractual goals.
 - Some participants noted that the TA provided by DHSP has been helpful; an example was cited where an agency was able to interact with other providers to identify solutions to challenges and barriers.
 - A few participants indicated that they have not received TA or feedback on challenges they have reported in progress reports at the time when the survey was conducted.
-

Key Themes: Contracted Providers

Inconsistency with the Level of TA and Support Provided by Assigned Program Manager and Fiscal Representative

- While many respondents described receiving helpful TA from their program/fiscal managers, some described inconsistencies with regard to guidance and communication. Some agencies with multiple service contracts are assigned different program managers.
-

Key Themes: Contracted Providers

Experience with the County's Request for Proposals (RFP) Process

- Several participants noted that their contracts have been in place for several years
 - RFP instructions appear to be clear
 - However, directions regarding auditing could be more uninformed across service categories and how service target goals are calculated for contracts could be better explained to agencies.
-

Key Themes: Contracted Providers

The County's Process for Awarding Contracts for Services is Fair

- Overall, the participants noted that the County's process of awarding contracts is fair and transparent.

Agencies Have Established Internal Practices to Ensure that Ryan White Program (RWP) Funds are Spent Efficiently

- Contracted agencies have developed organizational and administrative practices to ensure that RWP funds are utilized efficiently.
 - Practices include internal audits and compliance tools, continuous quality improvement efforts, regular supervision meetings, and targeting the right client populations.
-

Key Themes: Contracted Providers

Payments within 30 Days Have Improved

- Respondents noted that DHSP issues payments in general, within 30 days, following the submission of complete and accurate invoices
 - Payment turnaround time has improved.
-

Key Themes: Contracted Providers

- The general comments collected from this AAM reflect the recurring themes from previous AAMs, such as consistency of information received from DHSP, setting clear expectations for audits/site visits; and lengthy RFP process.
 - It is important to note that the lengthy RFP process cited by some survey participants is a County-wide issue.
 - The BOS)has charged the Quality and Productivity Commission, in consultation with the Small Business Commission, and Citizen's Economy and Efficiency Commission, to seek innovative ways to streamline the County's contracting process, assist businesses, and identify potential cost savings to County operations.
-

Suggestions for Improvement: Contracted Providers

- Continue to improve payment turnaround cycles within 30 days.
 - Expedite or shorten the length of time it takes to execute a contract or approve a budget modification.
 - Ensure uniformity in the information communicated by program and fiscal managers to contracted agencies.
 - Ensure timeliness and consistency of technical assistance provided to agencies regarding programmatic and fiscal challenges and questions.
-

Thank you.

3/13/2023

**Assessment of the Administrative
Mechanism (AAM)**

Ryan White Program Year 31
(March 1, 2020-February 28, 2021)

Final Draft



LOS ANGELES COUNTY
COMMISSION ON HIV



**Assessment of the Administrative Mechanism
Ryan White Program Year 31
(March 1, 2020-February 28, 2021)**

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- III. Assessment Responses/3**
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- IV. Contracted Providers Responses/13-18**
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 - **Suggestions for Improvement/20-21**

I. Introduction and Purpose of Report

As a Ryan White Part A planning council, the Los Angeles County Commission on HIV (“the Commission”) is required by Health Resources and Services Administration (HRSA) to conduct a regular “Assessment of the Administrative Mechanism” (AAM). The AAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Operations Committee of the Commission led the development, implementation, and analysis of the AAM for Ryan White Program Year 31. The purpose of this report is to present the findings of this assessment. Outlined in the sections below is the assessment methodology, and findings.

II. Assessment Methodology

The AAM covers 2 areas: 1) an assessment of the Commissioners’ understanding of the priority setting and resource allocation process and 2) harnessing feedback from contracted agencies on the efficiency of Los Angeles County’s administrative mechanisms (such as contracts, procurement, solicitations) to rapidly disburse funds to support HIV services in the community. The Operations Committee used an anonymous questionnaire via SurveyMonkey to elicit responses from Commissioners and contracted agencies. The Operations Committee of the Commission led the AAM and utilized the same questionnaire used for the previous AAMs as they have been tested and used in previous studies.

Online Survey of Commissioners:

Commissioners were invited to respond to the survey between April 4 to May 2022. At that time, there were 35 members (1 was on a leave of absence) and 8 alternates (1 was on a leave of absence) for a total of 41 possible respondents. Several follow-up emails were sent to ensure a high response rate. Nineteen responses were recorded at close of survey, generating a response rate of 46%.

Online Survey Contracted Providers:

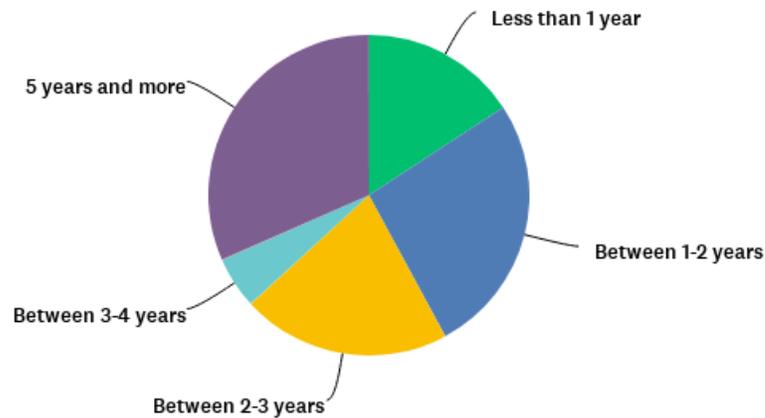
All 43 County-contracted HIV prevention and care providers were invited to participate in the AAM survey between August 18-September 15, 2022. 11 agencies completed the survey. Agencies were asked to provide one response per agency.

Limitations: The Operations Committee discussed and acknowledged the possibility of a low response rate for the Commissioner and provider surveys due to multiple local, statewide, and national surveys in circulation in 2022, including those related to the development of the federally required Integrated Plan. Another limitation of this AAM is the lag time between the program year cycle focus of the survey and the time of when the survey was released—this may have impacted memory recall of events and data presentations delivered to the Commission. Readers should not make broad interpretations with the results of the AAM but rather, use the information as a record of perceptions and responses from those individuals and agencies who completed the survey.

III. Assessment Responses

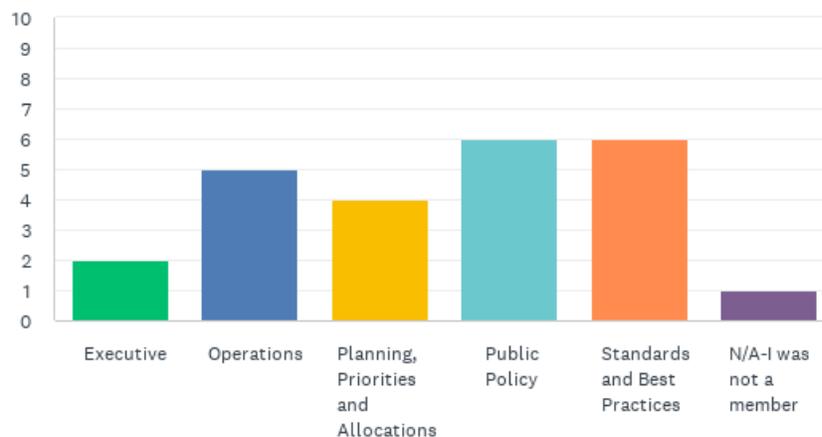
A. Survey of Los Angeles County Commission on HIV Commissioners¹

Q1. For how long have you served as a Commissioner and/or Alternate on the Los Angeles County Commission on HIV?



Of the 19 individuals who responded to the survey, 3 indicated they have been a member of the Commission for less than a year; 5 between 1 to 2 years; 4 between 2 to 3 years; 1 between 3 to 4 years; and 6 for 5 years or more.

Q2. During the Ryan White Program Year 31 (March 1, 2020-February 28, 2021) priority setting and resource allocations process, which committee(s) were you a member of?

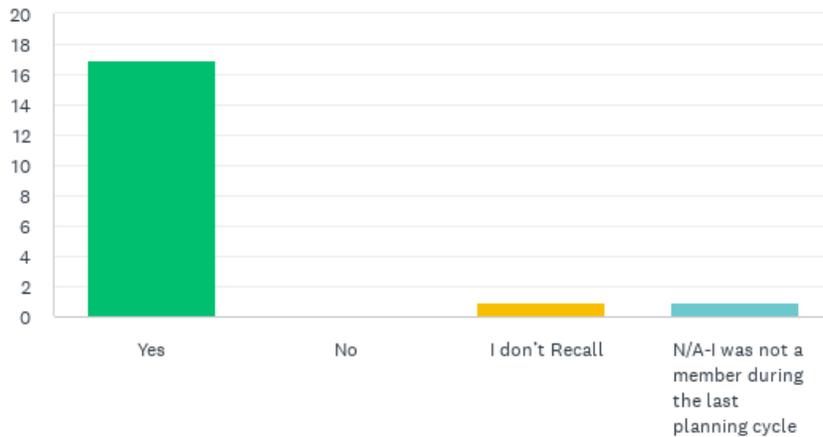


During the PY 31 priority setting and resource allocation (PSRA) process, 2 individuals indicated that they

¹ N=19

were assigned to the Executive Committee; 5 were members of Operations; 4 were members of the Planning, Priorities and Allocations; 6 were assigned to Public Policy; 6 were assigned to Standards and Best Practices; and 1 noted that they did not have a committee assignment at the time of the survey - this individual may have just been recently onboarded to the Commission and was awaiting confirmation of their committee assignment at the time that the survey was conducted.

Q3. During the Ryan White Program Year 31 (March 1, 2020-February 28, 2021) priority setting and resource allocations cycle, did the Commission on HIV review/study an appropriate amount and type of data on an ongoing basis to determine community needs?

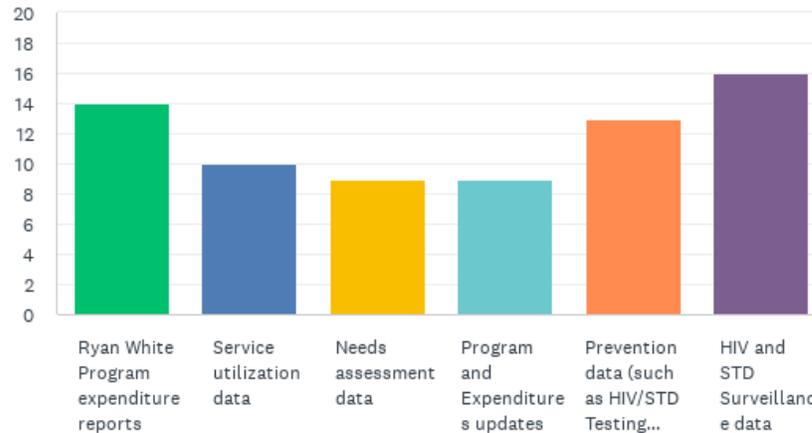


During the PY 31 PSRA planning cycle, 17 individuals who responded to the survey agreed that the Commission reviewed an appropriate amount and type of data on an ongoing basis to determine community needs; 1 indicated “I do not recall”, and 1 responded that they were not a part of the planning cycle.

Comments:

- I think a greater amount of data/service resource and funding direct from the independent CA Health Jurisdictions in LA County.

Q4. During the Ryan White Program Year 31 (March 1, 2020-February 28, 2021) priority setting and resource allocations cycle, do you recall any of the following DHSP reports being provided as a part of the priority setting and resource allocations process?

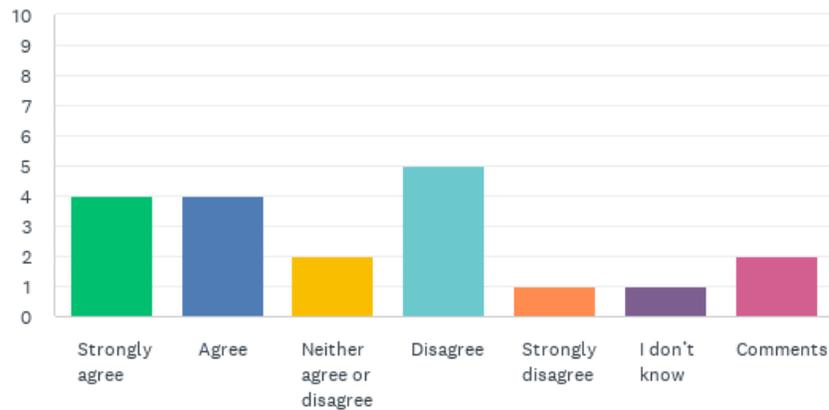


The data types most remembered by survey participants in ranked order were 1) HIV and STD surveillance (84.21%); 2) Ryan White Program expenditures report (73.68%); 3) prevention data (68.42%); 4) service utilization (52.63%); 5) needs assessment and program/expenditures updates (both at 47.37%). Prevention data included HIV/STD testing services; National HIV Behavioral Surveillance; LAC Apps-based survey; contracted biomedical services; contracted HIV education and risk reduction services; contracted vulnerable populations services).

Comments:

- Not sure on the one item. It may well have been done, I just don't remember.
- We could use more INTERSECTIONAL data on HIV HOUSING, HIV mental health, HIV SUBSTANCE USE INCLUDING HARM REDUCTION, especially related to methanol hatsmine (sp) use, AND a significant update on LGBTQI stigma/discrimination, and data that better shows the increasing needs of Seniors infected with HIV.
- I don't remember the specific reports. We were still receiving LACHAS reports and gearing up for the EHE. I don't remember a lack of data.
- Seen reports but not sure on time frame; also not sure how No 1 and 4 differ.

Q5. Please indicate the degree to which you agree with the following statement: There is adequate consumer participation and input in the planning, priority setting, and resource allocations process.

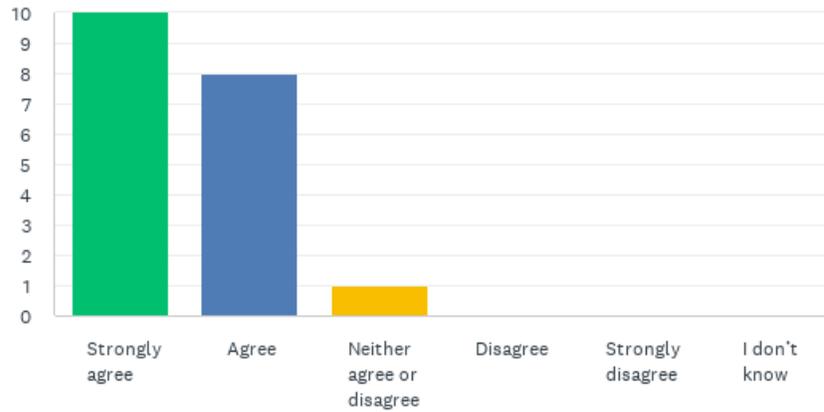


Regarding adequate consumer participation in the PSRA and planning process, 4 individuals “strongly agreed”; 4 “agreed”; 3 “neither agreed or disagreed”; 5 “disagreed”; 1 “strongly disagreed”; 1 replied “I don’t know”; and 2 provided comments (listed below).

Comments:

- “Adequate” however is insufficient, and consumers need much more support to participate especially elderly and long-term survivors, and people of color – especially Native American Representatives
- Agree, but we could do more with consumer involvement.

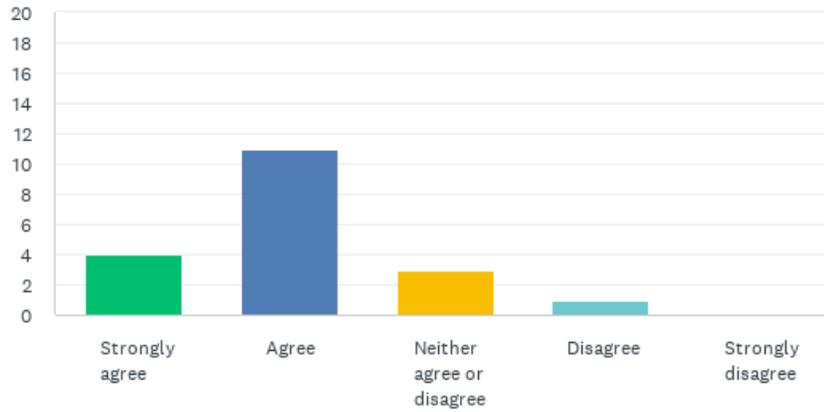
Q6. Please indicate the degree to which you agree with the following statement: During the last planning cycle, I was adequately notified of planning, priority setting, and resource allocations activities and meetings.



When asked to rate their agreement/disagreement with the statement, “during the last planning cycle, I was adequately notified of planning, PSRSA activities and meetings”, 10 individuals “strongly agreed”; 8 “agreed”; and 1 neither agreed or disagreed.”

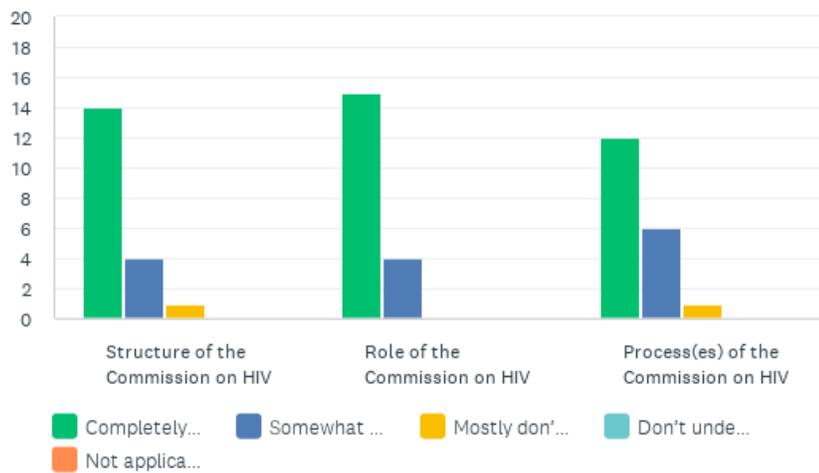
Comments: none

Q7. Please indicate the degree to which you agree with the following statement: In terms of structure and process, the Commission on HIV is effective as a planning body.



When asked to rate their agreement/disagreement with the statement, “in terms of structure and process, the Commission on HIV is effective as a planning body”, 4 individuals “strongly agreed”; 11 “agreed”; 3 “neither agreed or disagreed”; and 1 “disagreed”.

Q8. Please indicate the degree to which you understand the following:



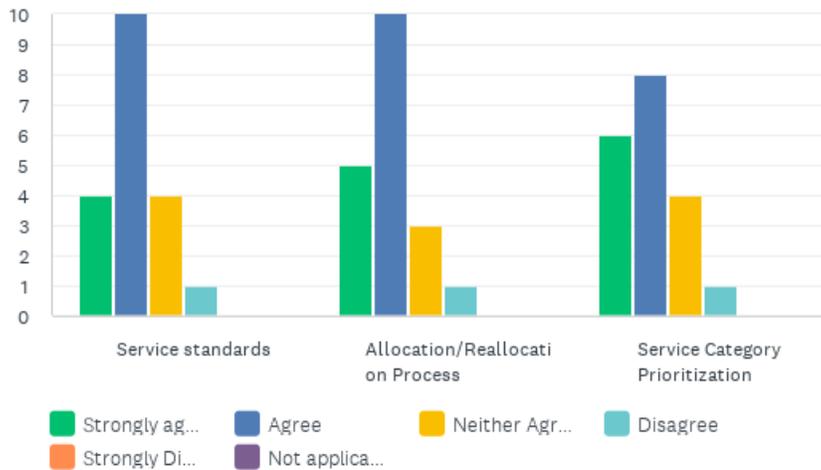
Regarding the Commissioners understanding of the structure, role and processes of the Commission, survey participants responded in the following manner:

- Structure of the Commission – 14 answered “completely understand”; 4 “somewhat understand”; and 1 “mostly don’t understand”
- Role of the Commission – 15 answered “completely understand” and 4 “somewhat understand”;
- Process(es) of the Commission – 12 answered “completely understand”; 6 “somewhat understand”; 1 “mostly don’t understand”

Comments:

- We participate in creating plans. We don’t lack for plans. Success in the metrics we use is incremental. We can’t keep doing the same things and expect different results.
- The COH has done an excellent job helping me learn and understand my role as a commissioner.

Q9. Please indicate the degree to which you agree with the following statement: The Commission on HIV has prepared me to make decisions related to:



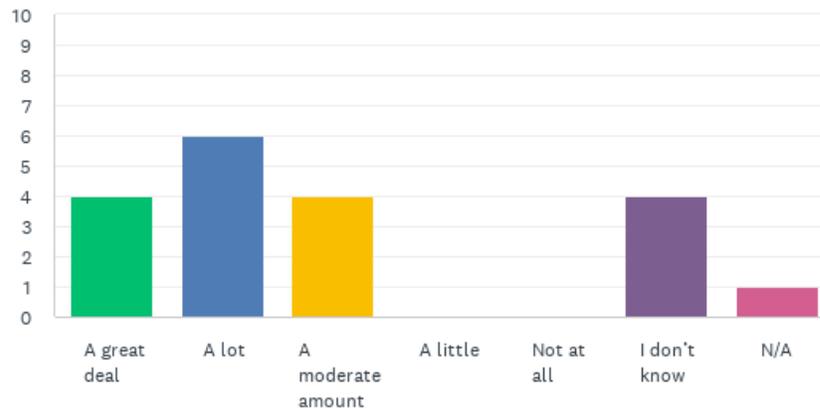
When asked to rate the degree to which the Commission has prepared members to make decisions related to service standards, PSRA and service category prioritization, survey participants responded in the following manner:

- Service standards – 4 “strongly agreed”; 10 “agreed”; 4 “neither agreed nor disagreed”; and 1 “disagreed”
- PSRA process – 5 “strongly agreed”; 10 “agreed”; 3 neither agreed nor disagreed”; and 1 “disagreed”
- Service category prioritization – 6 “strongly agreed”; 8 “agreed”; 4 neither agreed nor disagreed”; and 1 “disagreed”

Comments:

- As part of the Commission, I believe there is always room for improvement and increased knowledge.
- We have the knowledge and experience around the table. We need more direct consumer feedback and involvement.

Q10. Please indicate the degree to which you believe the priorities and allocations established by the Commission on HIV in Ryan White Program Year 31 (March 1, 2020-February 28, 2021) were followed by DHSP.



When queried to rate the degree to which the priorities and allocations established by the Commission for the Ryan White PY 31 were followed by the DHSP (the grantee), 4 responded “a great deal”; 6 “a lot”; 4 “a moderate amount”; 4 “I don’t know”; and 1 “N/A”.

Comments: none

Observations and Recommendations

While this study has limitations such as low response rate and the likelihood of poor memory recall due to the lag in time frame from date of the priority setting meetings and the date of the study, the responses from the Commissioners offer insights on opportunities for improvement, training and learning. Key observations and recommendations are listed below:

Key Observations:

- There appears to be recognition and recall of the range of programmatic, fiscal, surveillance, service utilization and care continuum data provided to the Commission and its committees during PY 31. A participant noted that they would like to see more data on the intersection of HIV with morbidities such as mental, substance use, seniors and social conditions such as stigma and discrimination. More data sharing from the independent health jurisdictions (Long Beach and Pasadena) was also noted by a respondent.
- There is a need for a more robust, direct, and highly visible participation and engagement of consumers in the Commission’s priority setting, resource allocation process and decision-making.
- Eighteen of the 19 respondents strongly agreed/agreed that they were “adequately notified of PSRA meetings and activities during the PY 31 planning cycle. The response may be due to the Commission’s open meetings which allows for broad community participation. In addition, data presentations are disseminated in advance to the PP&A Committee and materials are posted on

the Commission's website.

- In terms of structure and process, 15 respondents indicated that they strongly agreed/agreed that the Commission is effective as a planning body; while 3 responded neither agreed or disagreed and 1 disagreed. The continuous cycle of planning may also be a factor in the desire to execute different approaches to community planning.

Key Recommendations:

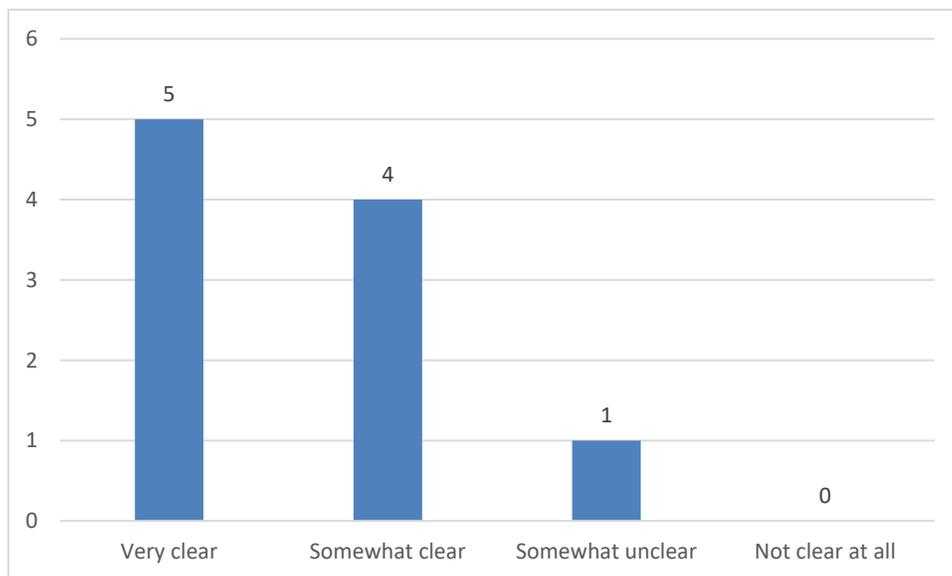
- Facilitate a more structured collaboration process for the Operations Committee and Consumer Caucus to develop customized training and coaching plan for consumers on how decisions are made on the Commission and make data presentations more accessible to consumers.
- In order to better prepare Commissioners with planning and decision making, the Commission should continue efforts around ongoing education and training on COH structure, role and processes. In addition, the Commission should consider periodic assessment/review of its structure, processes (such as service standards development, allocations/reallocations, and service category prioritization) and define desired outcomes and examples of what an "effective planning body" constitutes.
- Collaborate with the Consumer Caucus to identify strategies aimed at increasing ongoing participation of consumers in PP&A discussions, especially among consumers who identify as people of color, elderly, long-term survivors, Native Americans, and other communities disproportionately affected by HIV.

B. Assessment with Contracted Providers Responses²

Q1. Please describe the level of guidance you get from DHSP with respect to invoicing, budget development and budget modifications.

1. The process involves a lot of back and forth and detail that is unusual, and the spreadsheets are cumbersome.
2. Ongoing oversight on all dimensions. Usually high level of guidance provided, medium level during the COVID Era.
3. We receive sufficient guidance regarding invoicing, budget development and budget modification.
4. We've received very good, clear guidance from DHSP on budget development and modifications. They are highly responsive regarding invoicing, so there has been some lack clarify around invoicing for PFP portion of contract.
5. Our DHSP Program Managers and Finance Managers have always been accessible and more than willing to assist our program when needed.
6. Our DHSP team is most prompt and helpful when needed.
7. My project officer has been very helpful with all bud mods and invoicing
8. DHSP program managers are always available to assist and provide guidance.
9. DHSP gives adequate guidance in this area when needed.
10. Minimal
11. Guidance is generally provided when something needs to be revised. Over the years the budget process has become more tedious compared with funds that come directly from a federal source (HRSA, CDC, SAMSHA).

Q2. With respect to the process of program monitoring, how clear are you on the expectations prior to the site visit and monitoring?



Comments:

1. No information regarding audit has been provided yet.
2. Usually preparation materials are sent in advance.
3. There could have been clearer outlining of expectations prior to the site visit. Additionally, the site visit did not occur until the beginning of year 3, which was problematic.
4. Program managers convey expectations clearly prior to monitoring.
5. It seems that things are always changing. One year you get a great audit score and the next its terrible.
6. Seems like each year the expectations change. Moreover, not clear why a program that is in compliance needs to be reviewed every year. Moreover, there is a constant change in Program Managers. This creates a disconnect with understanding how a program operates. Program Managers need to go out into the field and witness programs in action.

Q3. Does DHSP regularly provide feedback on your performance? If so, is the feedback helpful? What is helpful about the feedback?

1. Feedback is always helpful. The more specific it is, the better.
2. Yes, DHSP provides feedback on performance that is helpful.
3. There is not regular feedback on the performance.
4. Our DHSP Managers regularly provide feedback on our performance. The feedback has always been helpful to improve our program policies and procedures.
5. We get regular communication from our program monitor. Updates and questions from finance are asked as needed.
6. Yes. The quarterly report is very helpful
7. Yes, DHSP provides helpful feedback to improve in areas of less strength. Also, if there is any programmatic issue, the feedback allows us to get back on track to achieve contractual goals.
8. DHSP provides feedback and about performance, goals etc.
9. No, and I think it would be nice to have a working relationship with all the program managers.
10. Feedback is generally provided in written form following a program review or if a grievance was submitted to DHSP.

Q4. Do you get feedback or technical assistance from DHSP on barriers and challenges reported on progress reports? If so, is that feedback or TA helpful? Please elaborate.

1. Yes, DHSP has been providing feedback and assisting us when we have questions. In particular, DHSP invited us to an MCC meeting where most providers were present so we could discuss our services and the referral process.
2. Needs to be on an ongoing basis. During the COVID period staff were redeployed to address the COVID Pandemic.
3. I don't recall a specific incident. However, I do believe they have been supportive regarding barriers and challenges.
4. No feedback is given on any challenges or anything specific that's reported in the monthly reports.

5. Feedback from our monthly progress reports is usually discussed during our annual program reviews. DHSP Program Managers often give examples of what other community facility programs with similar barriers and challenges are experiencing and how they are improving.
6. Our program monitor is most supportive and helpful.
7. None
8. Yes, we get feedback. DHSP always offers TA when needed, especially after a programmatic review, to address any issues identified.
9. Yes, TA is provided when requested. It has proven to be helpful taking a deeper dive into the contract expectations and clarify areas where we may have questions.
10. no- no feedback or suggestions.
11. Despite repeated requests for TA, no. One particular program continues to be challenged with reporting on one of the domains, and although we have requested TA, there has been no follow up.

Q5. With respect to the development of your DHSP contract, how would you describe the level of technical assistance and support provided by your assigned program manager and fiscal representative? (Please reference which RFP or service category you are referring to).

1. As it pertains to the fiscal portion, the process involves a lot of back and forth and detail that is unusual, and the spreadsheets are cumbersome. In addition, we had a lot of back and forth with the prior program manager. The service category is HIV Legal Services.
2. Education and Prevention-High TCM-Medium
3. Both assigned program manager and fiscal representative have been helpful. RCFCI service category.
4. N/A Were not involved in the development of the contract
5. XXXX* currently has three DHSP contracts: Medical Care Coordination Services, Ambulatory Outpatient Medical Services and Transportation Services. The transportation services contract is fairly new and was implemented during the pandemic. Unfortunately, we experienced a lack of guidance and/or communication with DHSP when trying to set up individual contracts with Metro. At the time, we didn't know who our assigned Transportation Program Manager was and could not get any response from calls and emails. We later found out that several managers had been temporarily reassigned to work on COVID-19 projects and/or were working from home. We currently have an amazing, supportive Transportation Program Manager!
6. We have an HE/RR contract and have had that contract for many years. The level of technical assistance is beneficial when needed - especially around audits.
7. I appreciate the offer of TA
8. At the beginning of 2022, we submitted our proposal for the HIV Biomedical PrEP Prevention RFP. During the application process, DHSP provided TA through webinars, provided an email address to submit any questions related to the RFP, and then posted the answers. Those tools allowed us to have a better understanding of submitting our proposal.
9. Technical assistance has been provided surrounding Benefits Specialty Services and has been helpful for frontline staff in delivering services, as well as managing the contract.
10. XXXX*- non existent but ok during audit XXXX*- minimal PH003772- great XXXX*- current is great, past was non existent XXX*- great

11. Most contracts have been in place for a number of years. Program Managers adhere to a strict definition of the contract language, but not very little how a program actually operates.

**XXXX = used to replace contract numbers to maintain anonymity.*

Q6. Do the RFPs provide clear instructions, directions, and/or guidance? If yes, how so? If no, in what ways are they unclear? What was your role in developing the application in response to the RFP? Please elaborate.

1. We did not reply to an RFP. We were asked to assume the delegation of duties from a current contract.
2. Multiple year funding, directions have been similar over the years. Was the lead on the application, and worked with staff on all stages of the submissions.
3. I do not recall. I was part of an in-house team that responded to the last RFP.
4. Did not develop the application. Were not employed with the organization at that time.
5. To my knowledge, the RFP instructions, directions and/or guidance seem to be clear. As the Program Manager, my role includes reporting, client numbers, etc.
6. N/A We have maintained the HE/RR contract for many years.
7. The administrative guidance and task are extremely cumbersome and take way too much time from our time
8. The RFP provided clear instructions regarding the staff required to implement and roll out the program and priority populations. However, it did not explain how the goals would be calculated. It was the program manager who explained that goals are calculated based on the assigned FTEs.
9. Yes, RFPs provide clear instructions. I have provided support in developing RFP application responses.
10. The RFPs are clear. The auditing is not consistent especially in BSS and MH. I was the main contact for the response.
11. As noted above, many contracts have been in place for many years. In my capacity at our organization, I wrote most of the applications. I have found the RFP's to be generally very clear.

Q7. Do you feel the county's process of awarding contracts for services is fair? Please explain.

1. Yes. It is transparent and provides due consideration of experience with the clients and area of service.
2. Yes. I believe there is an outside, independent County review panel.
3. Yes. In my experience for RCFCI services the RFP appeared fair.
4. Don't have sufficient information to answer this question.
5. I feel the process is fair. Contracts and funding are usually awarded to those areas and SPAs that need it.
6. Understanding what difficulty it must be to streamline processes and use pre-authorized agencies, it seems fair.
7. Yes. DHSP, in this last cycle has been fair.
8. I understand there is a review committee that evaluates each proposal. However, I am unaware

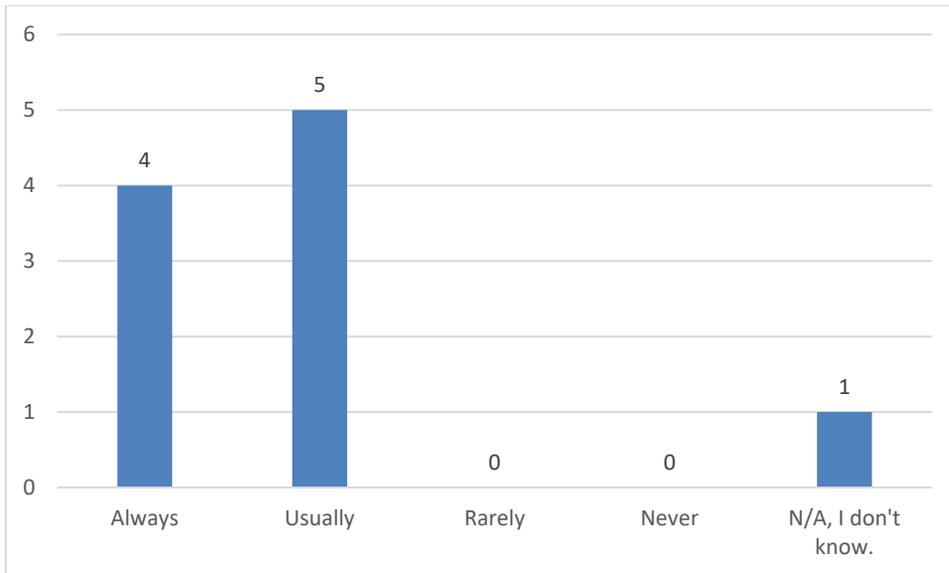
of how the review panel is chosen and how someone becomes part of it. I consider it should be more transparent to ensure there are no biases.

9. Yes, to my knowledge our agency has experienced fairness in awarding of contracts.
10. Yes
11. Yes; however, there continues to be some agencies funded that have a history of under-performing.

Q8. What are the most effective practices implemented by your agency to ensure that Ryan White program funds are spent efficiently? Please elaborate.

1. The team is established and is ready to receive referrals on trains, partners and the community.
2. Regular supervision meetings. Our award amount has remained basically the same for the past 14 years without a cost of living increase.
3. Ensuring that we have a full house and are able to bill for all available beds.
4. Internal controls on grant money spent provide a framework to ensure efficient use of program funds. These include internal approval processes, monthly financial reporting and accounts payable controls.
5. In-house audits.
6. The HE/RR contract is very specific. The guidelines are clear and reporting for both programming and financials are direct and easy to complete.
7. Targeting the right populations
8. Our agency has compliance tools that are reviewed quarterly to ensure all practices are followed, and funds are spent according to the contractual guidelines. Additionally, we submit our invoices and request feedback from the program manager or fiscal representative. If a discrepancy is identified, our accounting and program administrator correct the issue.
9. Continuous Quality Improvement efforts, through program monitoring, communication with DHSP, agency administration, management (finance, director etc) and frontline staff.
10. We have a dedicated fiscal manager. Programmatically we conduct internal audits.
11. Having finance and program administration staff who understand the contract, allowed expenses, and who work as a team to monitor expenses and respond in a timely manner with submitting budget mods.

Q9. DHSP issues payments within 30 days following submission of complete, accurate invoices, and submitted in a timely manner as stipulated by the DHSP contract.



Comments:

1. Payments are generally received in 45-60 days.
2. Much better than in the past.
3. However, it takes forever to receive an executed contract; often well-beyond the 90-days an agency is expected to "float" a program.

Q10. Are there other comments or feedback you would like to share about the County's procurement, contracting, and invoicing process? Please provide specific examples and suggestions for improvement.

1. No/None
2. Honor the agencies' individual Negotiated Indirect Cost Agreements (NICRAs). A 10% ceiling is too low.
3. N/A
4. I know that sometimes the payment takes longer than 30 days, regardless of submitting the invoice on time.
5. DHSP staff often inform an agency that they have 24-48 hours to respond to a request; however, it often takes DHSP many months to execute a contract or approve a budget modification. There have been occasions when a budget mod was approved after a contract ended. Agencies should be allowed to submit a final budget mod, with parameters, upon submission of a final invoice. DHSP staff need to go out into the field and gain an understanding of the programs they monitor. Most program staff at funded agencies returned to the office in 2021, yet DHSP staff continued to work at home. The optics of this was/is not great. This further demonstrates the disconnect with what happens in the field.

C. Key Themes

Sufficient to Very Good Guidance on Invoicing, Budget Development and Budget Modifications

With regard to the level of guidance received from DHSP around invoicing, budget development and budget modifications, comments ranged from “sufficient” to “very good” and “clear guidance.” Some respondents also appreciated the accessibility and assistance from program and fiscal managers for questions and technical assistance.

Mixed Reactions around Communication of Expectations Prior to Site Visits and Program Monitoring

While some of the responses noted that program managers conveyed expectations clearly prior to site visits, there were also comments that alluded to the need for clearer communication of expectations for program monitoring prior to the site visit and better explanation for changes in expectations from year to year. Some participants commented that frequent changes in program managers “create a disconnect on how a program operates.”

Contractors Receive Regular Feedback on Performance and Technical Assistance (TA) on Barriers and Challenges

In general, the majority of the comments, appear to show that DHSP regularly provides feedback on contractor performance and that the feedback is helpful in improving program policies, procedures, and assisting the agencies meet their contractual goals.

Some participants noted that the TA provided by DHSP has been helpful; an example was cited where an agency was able to interact with other providers to identify solutions to challenges and barriers.

A few participants indicated that they have not received TA or feedback on challenges they have reported in progress reports at the time when the survey was conducted.

Inconsistency with the Level of TA and Support Provided by Assigned Program Manager and Fiscal Representative

While many respondents described receiving helpful TA from their program/fiscal managers, some described inconsistencies with regard to guidance and communication. Some agencies with multiple service contracts are assigned different program managers.

Experience with the County’s Request for Proposals (RFP) Process

Several participants noted that their contracts have been in place for several years and remarked that the County’s RFP instructions appear to be clear, however, directions regarding auditing could be more uninformed across service categories and how service target goals are calculated for contracts could be better explained to agencies.

The County's Process for Awarding Contracts for Services is Fair

Overall, the participants noted that the County's process of awarding contracts is fair and transparent.

Agencies Have Established Internal Practices to Ensure that Ryan White Program (RWP) Funds are Spent Efficiently

Based on comments provided under question #8, it appears that contracted agencies have developed organizational and administrative practices to ensure that RWP funds are utilized efficiently. These practices include internal audits and compliance tools, continuous quality improvement efforts, regular supervision meetings, and targeting the right client populations.

Payments within 30 Days Have Improved

Respondents noted that DHSP issues payments in general, within 30 days, following the submission of complete and accurate invoices; one comment indicated that the payment turnaround time has improved.

Suggestions for Improvement

The survey participants offered the following suggestions for improving the County's procurement, contracting and invoicing process:

- Continue to improve payment turnaround cycles within 30 days.
- Expedite or shorten the length of time it takes to execute a contract or approve a budget modification.
- Ensure uniformity in the information communicated by program and fiscal managers to contracted agencies.
- Ensure timeliness and consistency of technical assistance provided to agencies regarding programmatic and fiscal challenges and questions.

The general comments collected from this AAM reflect the recurring themes from previous AAMs, such as consistency of information received from DHSP, setting clear expectations for audits/site visits; and lengthy RFP process. It is important to note that the lengthy RFP process cited by some survey participants is a County-wide issue. The Los Angeles County Board of Supervisors (BOS) has charged the Quality and Productivity Commission, in consultation with the Small Business Commission, and Citizen's Economy and Efficiency Commission, to seek innovative ways to streamline the County's contracting process, assist businesses, and identify potential cost savings to County operations. As a short-term response, the County's *Doing Business* site was revamped to make it more community friendly and the County hosts quarterly technical assistance events for the public and vendors.

In addition, DHSP has an ongoing collaboration with the Commission on HIV's Black Caucus to address and strengthen the organizational capacity of Black-led and Black-serving agencies so that

they can be better prepared to successfully compete for and maintain HIV prevention and care contracts with DHSP. DHSP has also established a partnership with a third-party administrator, Heluna Health, to issue HIV prevention RFPs. This administrative process may offer additional opportunities to expedite Ryan White CARE RFPs and contracts. Despite the bureaucratic challenges associated with a large municipal government the size of Los Angeles County, DHSP continues to improve various administrative mechanisms to ensure that life-saving services reach people living with HIV in a timely and efficient manner.

²n=11 providers

**LOS ANGELES COUNTY COMMISSION ON HIV (COH)
ASSESSMENT OF THE ADMINISTRATIVE MECHANISM (AAM)
RYAN WHITE PROGRAM YEARS 24, 25, 26
(FY 2014, 2015 and 2016)**

**RECOMMENDATIONS MATRIX-DISCUSSION WORKSHEET FOR OPERATIONS COMMITTEE (UPDATED 3.19.19); UPDATES IN
RED IN 3RD COLUMN.**

In general terms, the AAM shows that the overall administrative mechanism that supports the system of Ryan White Care Act-funded service delivery in Los Angeles County is healthy and works well. A number of recommendations were offered by representatives of each level comprising the administrative mechanism as to possible improvements to the system, but the overarching assessment is that a mature and competent system has been developed. While the overall assessment included recommendations for improvement, the following positive attributes were noted: 1) the Commission on HIV (which is the Ryan White Planning Council) has highly committed staff that provide excellent support to its members, and their deliberations are thoughtful and result in allocations of resources that are responsive to community needs; 2) the administrative entity (DHSP) also is given high marks for competence, dedication and responsiveness to Commission allocations and directives; 3) the provider community has long experience in delivering quality and comprehensive services.

#	Recommendation	Priority Level: High, Medium, Low	Target Deadline/Notes/Comments
Focus Area 1: Commission on HIV Perspectives			
1	Survey of the entire membership. In addition to the Key Informant Interviews (of those most involved in service procurement processes) it is recommended that there be a survey tool to assess the perceptions of efficiency that are held by the entire body.	High Main deliverable for 2019.	<ul style="list-style-type: none"> ● COMPLETED. PART OF 2020 AND 2021 AAM. ● Combine with item #2. ● Expand survey to all Commissioners is not hard, reflects interest in views, and can inform training, e.g., one question was, "Do you recall getting trained on the planning and priority-setting process?" (Operations Committee Meeting 10/25/18 minutes). ● 2/21/1 - Start review of questionnaire and solicit DHSP feedback. ● 3/29/19 - Finalize updated questionnaire. Review list of survey participants.

			April-May 2019 - Release survey via SurveyMonkey to all COH members, DPH/DHSP staff and providers.
2	Future AAM processes should include tools to elicit perceptions of other components of the “administrative mechanism” as to the efficiency of the COH. While it is helpful to compile the collective perception of some of the most involved members of the COH regarding the body’s efficiency, it would be a more robust assessment to include the perceptions of other partners in the administrative mechanism, such as DPH/DHSP staff and Providers.	Medium Main deliverable for 2019.	<ul style="list-style-type: none"> ● REVISIT ● Combine with item #1. ● Pertains to additional broadening of perspectives." (Operations Committee Meeting 10/25/18 minutes). ● Main deliverable for 2019. ● 2/21/1 - Start review of questionnaire and solicit DHSP feedback. ● 3/29/19 - Finalize updated questionnaire. ● April-May 2019 - Release survey via SurveyMonkey to all COH members, DPH/DHSP staff and providers. ● Questions could help with an evaluation of the COH (AAM Workgroup Meeting 3/7/19).
Focus Area 2: Key Division of HIV and STD Programs (DHSP) and Department of Public Health (DPH) Stakeholder Perspectives			
3	The next assessment of the administrative mechanism (or some other interim administrative review) should include an assessment of the HR and Finance systems of the County and how they are impacting the ability of DHSP and DPH to efficiently employ appropriate processes to support HIV service delivery.	Medium 2021	<ul style="list-style-type: none"> ● REVISIT ● Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. ● May be focus of next AAM. Possible Health Agency changes may impact. (Operations Committee Meeting 10/25/18 minutes). ● Assessment of the DPH HR and Finance systems could be the focus of the AAM slated for 2021/2022 (AAM Workgroup Meeting 3/7/19).
4	Encourage the Executive Office or DPH to explore the impact of the consolidation of Contracts and Grants at the DPH level, as compared to the previous placement of Contracts and Grants within DHSP.	Low	<ul style="list-style-type: none"> ● REVISIT ● Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. ● Tied to ongoing organizational changes within DPH and process oriented. (Operations Committee Meeting 10/25/18 minutes).
5	Encourage the relevant components of the County to explore compensation for reviewers as many other governmental levels offer. A companion suggestion was made to assemble	Low	<ul style="list-style-type: none"> ● REVISIT ● Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and

	a “pool” of qualified reviewers (as HRSA does), and this suggestion should be revisited.		<p>administrative efficiency.</p> <ul style="list-style-type: none"> • Impact low now. Few new Requests For Proposals (RFPs) due to expansion of services for existing RFPs. (Operations Committee Meeting 10/25/18 minutes).
6	The DPH/DHSP should collaborate with ISD or undertake its own well-promoted community education sessions to educate providers who are not current county contractors about the steps, requirements and competencies necessary to do business with the County so as to potentially become HIV service delivery providers. Special outreach should be made to providers with competency in minority communities and in the HIV “hot spots” identified in the county’s HIV epidemiology reports.	High 2020	<ul style="list-style-type: none"> • REVISIT • Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. DHSP is the appropriate lead. • Supports adding providers with special focus on those serving minority communities and HIV "hot spots." (Operations Committee Meeting 10/25/18 minutes). • DHSP is approaching the solicitations process in a different way to get more providers to apply for RFPs. They are looking at a broader distribution of RFP notices and will start a series of trainings in April 2019 for agencies on how to better respond to RFPs. The trainings will replace bidder’s conferences (AAM Workgroup Meeting 3/7/19).
7	Given the reported variability among individual fiscal and programmatic monitors, DHSP should be encouraged to improve the quantity and frequency of its internal training of its contract monitoring staffs. While most staff members received high marks for their competency, there was sufficient commentary about variability among staff in their interaction with providers to warrant a review by DHSP senior staff.	High 2020	<ul style="list-style-type: none"> • REVISIT • conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. DHSP is the appropriate lead. • Training for DHSP contract monitoring staff on consistent communication and collaboration with providers. (Operations Committee Meeting 10/25/18 minutes). • DHSP is currently looking into doing internal training for DPH Contracts and Grants unit staff to ensure uniformity of messages and information given to contractors. DHSP staff have regular communications and training to ensure uniformity of information given to agencies. Dr. Green’s unit is in the process of revising monthly reporting tools for each service category to get more accurate and specific information from providers. Dr.

			Green will lead the training for DHSP program monitors on how to use the updated monthly reporting tool and how to give better and consistent guidance and information to contractors (AAM Workgroup Meeting 3/7/19).
Focus Area 3: Contracted Agency Perspectives			
8	There is clearly a great deal of variability among providers in terms of their own internal processes that ensure efficient delivery of funded services. A recommendation for COH to consider would be to participate with DHSP to convene a “best practice roundtable where more experienced provider agencies could share information on their systems and processes with less experienced providers. Various incentives could be explored such as compensation for staff time, or prizes for “best new practice,” or other incentives that might be funded by COH or private funders.	Medium 2021	<ul style="list-style-type: none"> ● REVISIT ● Use frontline feedback, but focus on provider executives to effect change. (Operations Committee Meeting 10/25/18 minutes). ● Frame the best practices roundtable in a way that is not looking at the procurement process. Traci Bivens-Davis suggested approaching the best practices roundtable by looking at impacts on clients (AAM Workgroup Meeting 3/7/19).
9	It was suggested that there could be improvements to provider efficiency if the current mandated data system were improved or another system implemented. If sufficient IT expertise were available or could be secured, a review of the collective data management system used by DHSP would be useful. Particular dimensions of the functionality of such a system that should be explored would be its use to avoid multiple eligibility processes across providers, and its ability to generate data so that monitoring of contract performance by providers could be partially automated and thereby both agency and DHSP staff would need less time on site.	High 2020	<ul style="list-style-type: none"> ● REVISIT ● Related to CaseWatch. DHSP is the appropriate lead. ● Focus on feasible improvements, e.g., renewing previous ability of providers to access CaseWatch to identify a client's prior provider to minimize paperwork burden on client and ensure coordination (not duplication) of care. (Operations Committee Meeting 10/25/18 minutes). ● DHSP is looking at a possible replacement to Casewatch for care related services and a system called IRIS for prevention services. In the past, a provider could see if a patient has been seen in another agency. That feature has been made active again. One issue is that most providers do not go into Casewatch before seeing the patient to check if they are already in the Ryan White care system. Providers are not accessing Casewatch in real time while with the client. DHSP is continuing to look into an eligibility card for clients (AAM Workgroup Meeting 3/7/19).

General Recommendations

10	<p>It is recommended that a task force be convened (by the Executive Office or whatever level deemed appropriate) to do a comprehensive review of all the steps involved in procuring HIV related services. Given that it is reported by multiple sources that the overall timeline from identifying a need to getting reimbursable services on the street is around 24 months, and that timeline has not changed for over a decade, it is clear that this complicated and sometimes redundant system could be “tested” for efficiencies.</p>	<p>High 2019 Policy and County- wide issue</p>	<ul style="list-style-type: none"> ● REVISIT ● Related to 2019 Co-Chairs’ Priorities to work with the BOS to address the County’s long contracting process and cycle. ● Discuss with DHSP to develop a time study of procurement steps to test for efficiencies. (Operations Committee Meeting 10/25/18 minutes). ● Since the contracting and procurement process is a countywide issue that requires a policy change from the Board of Supervisors, she asked if there are other advocacy work that the Commission should consider. Dr. Green noted he is exploring some possible options within DPH. He recommending working with health deputies first and Commissioners should focus on how the delays in contracting are impacting clients. Explore a fast track process for grant funded programs. Consider giving examples of how the delays in the contracting process impact access to services and clients. DHSP could help provide examples (AAM Workgroup Meeting 3/7/19).
11	<p>It was noted by various informants that ISD (the Internal Services Department) is exploring its procurement processes and looking for improved efficiencies. It was also reported that the Interim Health Officer at DPH has noted that the department is moving on a fiscal and administrative function reorganization that could have an impact on HIV related service contracting. It appears timely to intensively study the procurement process for RWCA funded services as a part of the preparation for this reorganization.</p>	<p>High 2021</p>	<ul style="list-style-type: none"> ● REVISIT ● Assess, watch, track, and monitor possible impact of single budget code consolidation for DPH ● Include in scope of next AAM ● Dr. Green noted that there has not been a consolidation of budget functions at DPH so far. Cheryl Barrit recommended that the Operations Committee track the issue for any potential impact on service delivery (AAM Workgroup Meeting 3/7/19).
Procedural Recommendations Regarding Future AAMs			
12	<p>A procedural recommendation (that had been made in previous AAMs) reemerged in the process of conducting the current AAM. There seems to be no readily available database or information on the specific dates of each of the steps in the</p>	<p>Low 2021</p>	<ul style="list-style-type: none"> ● REVISIT ● Discuss with DHSP to develop a time study of contracting steps with a provider to inform future AAMs.

	contracting process for each provider. It is recommended that the COH encourage the DHSP to track this information and to make it available for assessments in the future. This is one of HRSA's recommended practices, and it would augment future AAMs.		
13	Another procedural component that is very useful to quantitative analysis (and has been done in prior AAMs) is to conduct a survey of providers regarding their assessment of the efficiency of the overall administrative mechanism and in particular the procurement and fiscal/program monitoring procedures. COH should include a survey of all providers as component in the design of future AAM exercises. Incentives could be used to ensure high response rates, and the representativeness of the body of respondents could be analyzed as part of the process, and adjusted if needed.	Low 2021	<ul style="list-style-type: none"> • COMPLETED. ALL CONTRACTED PROVIDERS WERE INVITED TO PARTICIPATE IN THE PY 31 AAM. • Expand survey to all providers to better supplement key informant interviews.



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May 17, 2023

TO: Planning, Priorities and Allocation Committee

FROM: Michael Green, Ph.D., MHSA
Chief of Planning, Development and Research

**SUBJECT: RYAN WHITE HIV/AIDS PROGRAM PART A and MAI FISCAL YEAR 2023
RECOMMENDED ALLOCATIONS**

The Los Angeles County Department of Public Health (DPH), Division of HIV and STD Programs (DHSP) has drafted fiscal year (FY) 2023 recommended allocations for Ryan White HIV/AIDS Program Part A and MAI for your review and approval. Every year, DHSP and the Commission must submit an allocation table and letter from the Commission to HRSA that reflects any changes from what was submitted with the application. The FY 2023 recommended allocation table references the FY 2023 allocations that were agreed upon by the Commission in 2022, prior to the HRSA Part A non-competitive continuation application submission, as well as the recommended FY 2023 allocations based on programmatic changes discussed since the application submission. Some contextual factors include:

1. In FY 2023 Early Intervention Services (EIS) is recommended to support the Linkage and Re-engagement Program (LRP) and a new partnership with DPH Clinic Services. The partnership with DPH Clinic Services will support HIV testing in DPH clinics for clients receiving STD services to identify positive cases and make recommendations for PrEP for high-risk individuals.
2. In FY 2023 an allocation for Emergency Financial Assistance (EFA) has been recommended. This program was previously supported in FY 2021 using HRSA EHE and moved to Part A in FY 2022. Support for this program under Part A will allow more eligible LAC RWHP clients to receive financial assistance.
3. Projected FY 2022 Part A expenditures show that expenditures for contracted services in Outpatient Ambulatory Medical Services and Mental Health Services were much lower than the approved FY 2022 allocations. Including EIS and EFA will offset that underspending and assist DHSP in maximizing the FY 2023 Part A award.

Planning, Priorities and Allocations Committee
May 17, 2023
Page 2

Because we recommend including EIS and EFA, the allocation percentages were revised for the remaining service categories under HRSA Part A.

DHSP is requesting your approval on the FY 2023 Recommended Allocation Table. If you have any questions or need additional information, please contact me at mgreen@ph.lacounty.gov or Victor Scott at vscott@ph.lacounty.gov. Thank you.

DRAFT

	Part A Award	MAI Award	Part A/MAI Totals
Total Award	\$ 42,984,882	\$ 3,675,690	\$ 46,660,572
Admin Ceiling	\$ 4,298,488	\$ 367,569	\$ 4,666,057
CQM	\$ 859,698	\$ -	\$ 859,698
Direct Services	\$ 37,826,696	\$ 3,308,121	\$ 41,134,817

	Allocations Approved by the Commission on HIV		Allocations Proposed by the Division of HIV and STD Programs							Notes
	FY 2023 Approved Part A Allocations (approved 1/13/22)	FY 2023 Approved MAI Allocations (approved 1/13/22)	FY 2023 Part A Recommendation	Recommended FY 2023 Part A %	FY 2023 MAI Recommendation	Recommended FY 2023 MAI %	Total FY 2023 Part A/MAI Recommended \$	Recommended Total FY 2023 Part A/MAI %		
SERVICES (71.1%)	Outpatient/Ambulatory Medical Services	25.51%	0.00%	\$ 7,033,345	18.59%	\$ -	0.00%	\$ 7,033,345	17.10%	Reduction in Part A allocation to account for addition of EIS, EFA and Outreach allocations and estimated YR 33 AOM expenditures.
	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	No change.
	AIDS Pharmaceutical Assistance (local)	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	No change.
	Oral Health	17.60%	0.00%	\$ 6,658,822	17.60%	\$ -	0.00%	\$ 6,658,822	16.19%	No change.
	Early Intervention Services	0.00%	0.00%	\$ 3,160,651	8.36%	\$ -	0.00%	\$ 3,160,651	7.68%	Allocation includes Linkage and Reengagement Program and new DPH Clinic Health Services program. Funding will help support a status-neutral approach using Part A funds.
	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	No change.
	Home Health Care	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	No change.

Los Angeles County Department of Public Health Division of HIV and STD Programs Proposed Revisions to FY 2023 (PY 33) Allocations

SUPPORT SERVICE	Housing Services /Rental Subsidies with CM	0.00%	87.39%	\$ -	0.00%	\$ 2,890,967	87.39%	\$ 2,890,967	7.03%	Permanent Supportive Housing/Rental Subsidies costs beyond allocation to be supported using MAI carryover or other funding sources.	
	Legal Services	1.00%	0.00%	\$ 379,213	1.00%	\$ -	0.00%	\$ 379,213	0.92%	No change.	
	Linguistic Services	0.65%	0.00%	\$ 246,819	0.65%	\$ -	0.00%	\$ 246,819	0.60%	No change.	
	Medical Transportation	2.17%	0.00%	\$ 721,771	1.91%	\$ -	0.00%	\$ 721,771	1.75%	Part A allocation reduced due to estimated YR 33 expenditures	
	Outreach Services	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	No change.	
	Psychosocial Support Services	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	New Buddy Program is supported using EHE funds.	
	Referral	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	No change.	
	Rehabilitation	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	No change.	
	Respite Care	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	No change.	
	Substance Abuse Residential	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	No change.	
	Treatment Adherence Counseling	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	No change.	
	Overall Total			\$ 37,826,696		\$ 3,308,121		\$ 41,134,817			
	Admin			\$ 4,298,488		\$ 367,569		\$ 4,666,057			
CQM			\$ 859,698		\$ -		\$ 859,698				
\$ 42,984,882				\$ 3,675,690				\$ 46,660,572			



LOS ANGELES COUNTY
COMMISSION ON HIV



2023-2024 Legislative Docket | Approval Date: **Approved by PPC on 4/5/23 and 5/1/23.**

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

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
ACA 5 (Low)	Marriage Equality	ACA= Assembly Constitutional Amendment This measure would express the intent of the Legislature to amend the Constitution of the State relating to marriage equality. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5	Support	15-FEB-23 May be heard in committee March 17.
ACA 8 (Wilson)	Slavery	This measure would instead prohibit slavery in any form, including forced labor compelled by the use or threat of physical or legal coercion. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA8 <i>Follow-up questions regarding the phrasing of the ACA: The ACA removed "Involuntary servitude is prohibited except to punish a crime" from phrasing and added "Slavery in any form."</i>	Support with follow-up questions	25-APR-23 Be adopted and re-refer to Com. on APPR.
AB 4 (Arambula)	Covered California: Expansion	This bill required Covered California to apply for a federal waiver to allow Covered California to offer coverage under a qualified health plan (QHP) for an individual who, due to their immigration status, is not currently eligible. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4 <i>Follow-up questions regarding the phrasing of the AB: Starting January 2024, undocumented Californians 26-49 years of age will be eligible for full scope Medi-Cal coverage; however, undocumented Californians who earn too much money to qualify for Medi-Cal are excluded from being able to purchase coverage through Covered California since the federal Affordable Care Act (ACA) did not extend eligibility to undocumented individuals. The Centers for Medicare and Medicaid Services (CMS) would need to approve a 1332 waiver which would allow Covered California to offer coverage to undocumented immigrants.</i>	Support with follow-up questions	26-APR-23 <i>In committee: Set, first hearing. Referred to suspense file.</i>

DRAFT

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 5 (Zbur)	The Safe and Supportive Schools Program	<p>This bill requires the California Department of Education (CDE), by July 1, 2025, to finalize the development of an online training delivery platform and online training curriculum CDS had already started developing to support lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) cultural competency training for teachers and other certificated employees. The bill specifies CDE may use funding it received as part of the Budget Act of 2021 to fulfill these requirements. The bill also requires local education agencies (LEAs) to provide and require a LGBTQ+ cultural competency training for certificated staff.</p> <p>This bill requires, commencing with the 2025-26 school year, and continuing through the 2029-30 school year, a local education agency to provide and require at least one hour of training annually to all teachers and other certificated employees serving pupils in grades seven to 12.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB5&search_keywords=transgender</p>	Support	18-APR-23 Re-referred to Com. on ED.
AB 223 (Ward)	Change of gender and sex identifier	<p>This bill enhances protections for minors seeking changes of name or gender by making the proceedings presumptively confidential.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB223&search_keywords=transgender</p>	Support	03-MAY-23 <i>Referred to Com. on JUD.</i>
AB 254 (Bauer-Kahan)	Confidentiality of Medical Information Act: reproductive or sexual health application information	<p>This bill would revise the Confidentiality of Medical Information (CMIA) to include reproductive or sexual health application information into the definition of medical information. Defines reproductive or sexual health application information to mean information about a consumer's reproductive health, menstrual cycle, fertility, pregnancy, miscarriage, pregnancy termination, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital services, including, but not limited to, information from which one can infer someone's pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identify. Defines reproductive or sexual health digital health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumers.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB254&search_keywords=sexual+health</p>	Support	11-MAY-23 <i>Read second time. Ordered to third reading.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 352 (Bauer-Kahan)	Health Information	<p>This bill limits the sharing of information related to sensitive services in electronic health records without specific authorization from the patient. This bill also requires a specified stakeholder advisory group to include providers of sensitive services and to identify policies and procedures to prevent electronic health information related to sensitive services from automatically being shared with individuals and entities in another state.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB352&search_keywords=sexual+health</p> <p><i>Follow-up questions regarding phrasing of AB: "Sensitive services" means all health care services related to mental or behavioral health, sexual and reproductive health, substance use disorder, gender affirming care, and intimate partner violence.</i></p>	Support with follow-up questions	<p>10-MAY-23</p> <p><i>In Committee (APPR): Set, first hearing. Referred to suspense file.</i></p>
AB 367 (Maienschein)	Controlled Substances: Enhancements	<p>This bill, until January 1, 2029, applies the "great bodily injury" enhancement to any person who sells, furnishes, administers, or gives away fentanyl or an analog of fentanyl when the person to whom the fentanyl was sold, furnished, administered, or given suffers a significant or substantial physical injury from using the substance.</p> <p>https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB367</p> <p><i>"Watch" position selected due to follow-up questions regarding the AB: The bill applies a 3-year sentence enhancement. Provides that the enhancement does not apply to juvenile offenders.</i></p>	Watch	<p>27-MAR-23</p> <p><i>In committee: Set, final hearing. Failed passed. Reconsideration granted.</i></p>
AB 470 (Valencia)	Continuing medical education: physicians and surgeons	<p>This bill updates continuing medical education (CME) standards to further promote cultural and linguistic competency and enhance the quality of physician-patient communication. Requires the updated standards for cultural and linguistic competency priorities languages in proportion to primary languages spoken by at least 10% of the state population, meet the needs of California's changing demographics, and address language disparities as they emerge.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470</p>	Support	<p>10-MAY-23</p> <p><i>In Senate: Referred to Com. on B., P. & E. D.</i></p>
AB 598 (Wicks)	Sexual health education and human immunodeficiency virus (HIV) prevention education: school climate and safety: California Health Kids Survey	<p>This bill would revise the information included in this instruction related to local resources and abortion, as specified, and would require that pupils received a physical or digital resource detailing local resources upon completion of the applicable instruction. This bill would require the State Department of Education to ensure the California Health Kids Survey includes questions about sexual and reproductive care as a core survey module for pupils in grades 7,9 and 11. The bill would require each school district serving pupils in any grades 5,7,9 or 11 to administer the California Health Kids Survey to pupils in the applicable grades, as provided.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB598&search_keywords=HIV</p>	Support	<p>03-MAY-23</p> <p><i>In committee (APPR.): Set, first hearing. Referred to suspense file.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 719 (Boerner Horvath)	Medi-Cal benefits	This bill requires the Department of Health Care Services (DHCS) to require Medi-Cal managed care plans to contract with public transit operators for the purpose of establishing reimbursement rates for nonmedical medical transportation (NMT) and nonemergency medical transportation trips (NEMT) provided by a public transit operator. The bill further requires rates reimbursed by the managed care plan to the public transit operator to be based on fee-for-service (FFS) Medi-Cal rates for NMT and NEMT services. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB719&search_keywords=HIV	Support	<i>03-MAY-23</i> <i>In committee (APPR): Set, first hearing. Referred to suspense file.</i>
AB 760 (Wilson)	California State University and University of California: records: affirmed name and gender identification	This bill would require California State University (CSU) and requests the Regents of the University of California (UC), to implement a process by which students, staff, and faculty can declare an affirmed name, gender, or both name and gender identification to be used in records where legal names are not required by law. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB760&search_keywords=gender <i>Support with Amendments: Require the bill to apply to the UC system as well. Because of the constitutional autonomy of the UC system, the Donahue Higher Education Act, which governs postsecondary education in the State of California, does not apply to the UC system. As a result, a bill must request the UC Regents to make education code provisions applicable to the UC system.</i>	Support with Amendments	<i>17-MAY-23</i> <i>In Senate: Referred to Coms. On ED. And JUD.</i>
AB 793 (Bonta)	Privacy: reverse demands	The bill bans reverse-location searches, which allow law enforcement agencies to obtain cell phone data about unspecified individuals near a certain location, and reverse-keyword searches, which allow law enforcement agencies to obtain data about unspecified individuals who used certain search terms on an internet website. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793	Support with Amendments	<i>10-MAY-23</i> <i>In committee (APPR): Set, first hearing. Referred to suspense file.</i>
AB 920 (Bryan)	Discrimination: housing status	This bill would also prohibit discrimination based upon housing status, as defined. "Housing status" refers to the status of experiencing homelessness, as defined in paragraph (2) of subdivision (a) of Section 50675.15 of the Health and Safety Code. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB920	Support	<i>26-APR-23</i> <i>In committee: Set, first hearing. Referred to suspense file.</i>
AB 957 (Wilson)	Family law: gender identity	This bill would require the court to strongly consider that affirming the minor's identity is in the best interest of the child if a nonconsenting parent objects to a name change to conform to the minor's gender identity. This bill would require a court, when determining the best interests of a child, to also consider a parent's affirmation of the child's gender identity. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957	Support	<i>05-MAY-23</i> <i>In Senate. Referred to Com. on JUD.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1022 (Mathis)	Medi-Cal: Program of All-Inclusive Care for the Elderly	<p>This bill, among other things relating to the Program of All-Inclusive Care for the Elderly (PACE) would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization's authority to use video telehealth to conduct all assessments, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1022&search_keywords=HIV</p>	Support	02-MAR-23 Referred to Com. on HEALTH.
AB 1078 (Jackson)	Instructional materials: removing instructional materials and curriculum: diversity	<p>This bill makes changes to the requirements on local school governing boards related to adopting instructional materials for use in schools.</p> <p>The bill also requires California Department of Education (CDE) to issue guidance related to how to help school districts, county offices of education, charter schools, and school personnel manage conversations about race and gender, and how to review instructional materials to ensure they represent diverse perspectives and are culturally relevant.</p> <p>Specifically, this bill revises the list of culturally and racially diverse groups a school governing board must include when adopting instructional materials to include materials that accurately portray the contributions of people of all gender expressions, rather than only men and women; the role and contributions of Latino Americans, rather than only Mexican Americans; the roles of LGBTQ+ Americans, rather than only lesbian, gay, bisexual, and transgender Americans; and other ethnic, cultural, religious, and socioeconomic status groups, rather than only ethnic and cultural groups</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1078&search_keywords=transgender</p>	Support	17-MAY-23 <i>In committee (APPR): Set, first hearing. Referred to suspense file.</i>
AB 1163 (Luz Rivas)	State forms: gender identity	<p>This bill requires, by January 1, 2025, nine specified state agencies to revise their public use forms that collect demographic data be inclusive of individuals who identify as transgender, gender non-conforming, or intersex.</p> <p>Each agency must also collect data pertaining to the specific needs of the transgender, gender nonconforming, and intersex community. Specifically, this bill impacts the following state agencies: (1) Business, Consumer Services, and Housing Agency (BCSH), (2) Department of Aging (CDA), (3) California Health and Human Services Agency (HHS), (4) State Department of Health Care Services (DHCS), (5) Labor and Workforce Development Agency, (6) Department of Housing and Community Development (HCD), (7) State Department of Social Services (DSS), (8) Civil Rights Department, and (9) California Commission on Disability Access.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1163&search_keywords=transgender</p>	Support	10-MAY-23 <i>In committee (APPR): Set, first hearing. Referred to suspense file.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1314 (Essayli and Gallagher)	Gender identity: parental notification	<p>This bill would, notwithstanding the consent provisions described above, provide that a parent or guardian has the right to be notified in writing within 3 days from the date any teacher, counselor, or employee of the school becomes aware that a pupil is identifying at school as a gender that does not align with the child's sex on their birth certificate, other official records, or sex assigned at birth, using sex-segregated school programs and activities, including athletic teams and competitions, or using facilities that do not align with the child's sex on their birth certificate, other official records, or sex assigned at birth. The bill would state legislative intent related to these provisions. By imposing additional duties on public school officials, the bill would impose a state-mandated local program.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1314</p>	Oppose	13-MAR-23 Referred to Com. on ED. (Education)
AB 1431 (Zbur)	Housing: the California Housing Security Act	<p>This bill would, upon appropriation of the Legislature, establish the California Housing Security Program to provide a housing subsidy to eligible persons, as specified, to reduce housing insecurity and help Californians meet their basic housing needs. To create the program, the bill would require the Department of Housing and Community Development to establish a 2-year pilot program in up to 4 counties, as specified. The bill would require the department to issue guidelines to establish the program that include, among other things, the amount of the subsidy that shall be the amount necessary to cover the portion of a person's rent to prevent homelessness but shall not exceed \$2,000 per month. Under the bill, the subsidy would not be considered income for purposes of determining eligibility or benefits for any other public assistance program, nor would participation in other benefits exclude a person from eligibility for the subsidy. Under the bill, an undocumented person, as specified, who otherwise qualifies for the subsidy would be eligible for the subsidy. The bill would require the department to submit a report on the program to the Legislature, as described.</p> <p>"Adult with a disability" means an individual or head of household who is 18 years of age or older and is experiencing a condition that limits a major life activity, including, but not limited to, one of the following: (5) A chronic illness, including, but not limited to, HIV.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1431&search_keywords=HIV</p>	Support	26-APR-23 <i>In Committee: Set, first hearing. Hearing canceled at the request of author.</i>
AB 1432 (Carrillo)	Health insurance: policy	<p>This bill subjects an out-of-state group health plan contract, policy, or certificate of group health insurance that is marketed, issued, or delivered to a California resident to specified provisions of the Health and Safety Code and Insurance Code requiring coverage of abortion, abortion-related services, and gender-affirming care, regardless of the origin of the contract, subscriber, or master group policyholder.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1432</p>	Support	11-MAY-23 <i>Read second time. Ordered to third reading.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1549 (Wendy Carrillo)	Medi-Cal: federally qualified health centers and rural health clinics	<p>This bill revises the prospective payment system (PPS) per-visit rate calculation to account for staffing and care delivery models for Medi-Cal services provided by Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) (collectively, health centers). This bill also revises the definition of change in scope of service to include visit duration, intensity, and amount of activities provided, among other provisions.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1549&search_keywords=HIV</p>	Support	<p>17-MAY-23</p> <p><i>In Committee: Set, first hearing. Referred to suspense file.</i></p>
AB 1645 (Zbur)	Health care coverage: cost sharing	<p>This bill prohibits a health plan contract or health insurance policy from requiring cost sharing for office visits of specified preventive care services and screenings and for items or services that are integral to the provision of those preventive care services.</p> <p>This bill also prohibits a health plan contract or insurance policy from requiring cost sharing, utilization review, or other specified limits on a recommended sexually transmitted infection (STI) screening, and from imposing a cost-sharing requirement for any items and services integral to an STI screening. The bill requires a health plan or insurer to directly reimburse specified nonparticipating providers or facilities of STI screening a specified amount for the screening tests and related items and services and prohibits the nonparticipating provider from billing or collecting a cost-sharing amount for an STI screening from an enrollee or insured.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1645&search_keywords=sexual+health</p>	Support	<p>17-MAY-23</p> <p><i>In committee: Set, first hearing. Referred to suspense file.</i></p>
SB 36 (Skinner)	Out-of-state criminal charges: prosecution related to abortion, contraception, reproductive care, and gender-affirming care	<p>This bill would prohibit the issuance of warrants for persons who have violated the laws of another state relating to abortion, contraception, reproductive care, and gender-affirming care, that are legally protected in California. The bill would also prohibit apprehending, detaining, or arresting a bail fugitive based on such offenses, and impose criminal and civil liability for doing so. In addition, the bill would restrict the sharing of information by law enforcement related to such protected activity and provide that convictions in other states would not result in ineligibility for state benefits.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB36&search_keywords=gender</p>	Support	<p>12-MAY-23</p> <p><i>Set for hearing May 18.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 37 (Caballero)	Older Adults and Adults with Disabilities Housing Stability Act	<p>This bill would, upon appropriation of funding by the Legislature, require the Department of Housing and Community Development (HCD) to develop and administer the Older Adults and Adults with Disabilities Housing Stability (OAHDS) Program to award competitive grants to eligible entities. Grant funds would provide housing subsidies to older adults and adults with disabilities whose households are experiencing homelessness or at risk of homelessness, as specified.</p> <p>a) "Adult with a disability" means an individual or head of household who is 18 years of age or older and is experiencing a condition that limits a major life activity, including, but not limited to, the following:</p> <ol style="list-style-type: none"> a. A "physical disability," as defined in subdivision (m) of Section 12926 of the Government Code. b. A "mental disability," as defined in subdivision (j) of Section 12926 of the Government Code, except it shall also include a substance use condition. c. A "medical condition," as defined in subdivision (i) of Section 12926 of the Government Code. d. A "developmental disability," as defined in subdivision (a) of Section 4512 of the Welfare and Institutions Code. e. A chronic illness, including, but not limited to, HIV. f. A traumatic brain injury. <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB37&search_keywords=HIV</p>	Support	12-MAY-23 <i>Set for hearing May 18.</i>
SB 339 (Wiener)	HIV preexposure prophylaxis	<p>This bill requires health plans and insurers to cover HIV preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing. Permits a pharmacist to furnish up to a 90-day course of PrEP, or beyond 90-days if specified conditions are met.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB339&search_keywords=HIV</p>	Support	12-MAY-23 <i>Set for hearing May 18.</i>
SB 372 (Menjivar)	Department of Consumer Affairs: licensee and registrant records: name and gender changes	<p>This bill requires a board within the Department of Consumer Affairs (DCA) to update licensee or registrant records with that individual's updated legal name or gender upon receiving government-issued documentation, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB372&search_keywords=gender</p>	Support	12-MAY-23 <i>Set for hearing May 18.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 427 (Portantino)	Health care coverage: antiretroviral drugs, devices, and products	This bill would prohibit health plans and insurers from requiring step therapy or prior authorization, as specified, or imposing any cost-sharing or utilization review requirements, for antiretroviral drugs, devices, or products that are either approved by the federal Food and Drug Administration (FDA) or recommended by the Centers for Disease Control and Prevention (CDC) for the prevention of AIDS/HIV, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB427&search_keywords=HIV	Watch	12-MAY-23 <i>Set for hearing May 18.</i>
SB 524 (Caballero)	Pharmacists: testing and treatment	This bill authorizes a pharmacist to furnish medications to treat various diseases and conditions based on the results of a federal Food and Drug Administration (FDA) test the pharmacist ordered, performed, or reported and adds these additional pharmacy services to the Medi-Cal schedule of benefits, as specified https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB524&search_keywords=HIV	Support	16-MAY-23 <i>Set for hearing May 18.</i>
SB 525 (Durazo)	Minimum wage: health care workers	This bill would enact a \$25 minimum wage for health care workers, as specified. Increases to this minimum wage would be indexed annually to the change in the Consumer Price Index https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB525&search_keywords=%22health+care%22 Support with amendments:	Support with Amendments	12-MAY-23 <i>Set for hearing May 18.</i>
SB 541 (Menjivar)	Sexual Health: contraceptives: Immunization	This bill requires schools, on or before the start of the 2024-25 school year, to make internal and external condoms available for free to all students in grades 9 through 12. This bill also requires the existing Family Planning Access Care Treatment (PACT) program to provide coverage for immunization against human papilloma virus (HPV) to persons 18 years of age or younger. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB541&search_keywords=HIV	Support	12-MAY-23 <i>Set for hearing May 18.</i>

FEDERAL BILLS				
BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R. 62 (Jackson Lee)	SHIELD Act	<p>SHIELD = Safeguarding Healthcare Industry Employees from Litigation and Distress</p> <p>This bill established a framework to limit interference with persons seeking to provide or access reproductive health services at the state level. The bill reduces the allocation of funds under certain law enforcement grant programs for a state that has in effect a law authorizing state or local officers or employees to interfere with persons seeking to provide or access reproductive health services. The bill authorizes civil remedies for a violation, including damages and injunctive relief. Additionally, it authorizes criminal penalties for a violation involving the use of deadly or dangerous weapon or the infliction of bodily injury.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/62/actions?s=8&r=5&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</p>	SUPPORT	<p>09-Jan-23</p> <p>Introduced in House. Referred to the Committee on Energy Commerce, and in addition to the Committee on the Judiciary.</p>
H.R. 73 (Biggs)	No Pro-Abortion Task Force Act	<p>This bill prohibits federal funding of the Reproductive Healthcare Access Task Force. The Department of Health and Human Services launched the task force on January 21, 2022, to identify and coordinate departmental activities related to accessing sexual and reproductive health care.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/73?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=7</p>	OPPOSE	<p>09-JAN-23</p> <p>Introduced in House. Referred to Committee on Energy and Commerce.</p>
H. Res. 185 (Hayes)	Declaring racism a public health crisis	<p>Resolved, That the House of Representatives—</p> <p>(1) supports the resolutions drafted, introduced, and adopted by cities and localities across the Nation declaring racism a public health crisis;</p> <p>(2) declares racism a public health crisis in the United States;</p> <p>(3) commits to—</p> <p>(A) establishing a nationwide strategy to address health disparities and inequity across all sectors in the United States;</p> <p>(B) dismantling systemic practices and policies that perpetuate racism in the United States;</p> <p>(C) advancing reforms to address years of neglectful and apathetic policies that have led to poor health outcomes for communities of color in the United States; and</p> <p>(D) promoting efforts to address the social determinants of health—especially for Black, Latino, and Native-American people, and other people of color in the United States; and</p> <p>(4) charges the Nation with moving forward with urgency to ensure that the United States stands firmly in honoring its moral purpose of advancing the self-evident</p>	SUPPORT	<p>28-FEB-23</p> <p>Introduced in House. Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary.</p>

		<p>truths that all people are created equal, that they are endowed with certain unalienable rights, and that among these are life, liberty, and the pursuit of happiness.</p> <p>https://www.congress.gov/bill/118th-congress/house-resolution/185/text?s=1&r=15&q=%7B%22search%22%3A%5B%22%5C%22HIV%5C%22%22%5D%7D</p>		
H.R. 407 (Clyde)	Protect the UNBORN Act	<p>UNOBORN: Undo the Negligent Biden Orders Right Now</p> <p>This bill prohibits federal implementation of and funding for specified executive orders that address access to reproductive care services, including services related to pregnancy or the termination of a pregnancy.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/407?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=6</p>	OPPOSE	<p>27-JAN-23</p> <p>Introduced in House. Referred to the Subcommittee on Health.</p>
H.R. 445 (Williams)	HHS Reproductive and Sexual health Ombuds Act of 2023	<p>This bill creates a position within the Department of Health and Human Services to support access to reproductive and sexual health services (including services relating to pregnancy and the termination of a pregnancy) that are evidence-based and medically accurate. Functions of the position include (1) educating the public about medication abortions and other sexual and reproductive health services, (2) collecting and analyzing data about consumer access to and health insurance coverage for those services, and (3) coordinating with the Federal Trade Commission on issues related to consumer protection and data privacy for those services.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/445?q=%7B%22search%22%3A%22%5C%22sexual+health%5C%22%22%7D</p>	SUPPORT	<p>27-JAN-23</p> <p>Introduced in House. Referred to the Subcommittee on Health.</p>
H.R. 459 (Eshoo)/ S. 323 (Hirono)	SAFER health Act of 2023	<p>SAFER: Secure Access For Essential Reproductive Health</p> <p>This bill would ensure the privacy of pregnancy termination or loss under the HIPAA privacy regulations and the HITECH Act.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/459/text?s=8&r=8&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</p> <p>https://www.congress.gov/bill/118th-congress/senate-bill/323/text?s=8&r=9&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</p>	SUPPORT	<p>09-FEB-23</p> <p>Introduced in Senate. Read twice and referred to the Committee on Health, Education, Labor, and Pensions.</p>
H.R. 517 (Mace)	Standing with Moms Act	<p>This bill requires the Department of Health and Human Services (HHS) to disseminate information about pregnancy-related resources. Specifically, HHS must maintain a public website (life.gov) that lists such resources that are available through federal, state, and local governments and private entities.</p>	OPPOSE	<p>25-JAN-23</p> <p>Introduced in House. Referred to the House Committee on</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
		The bill excludes form life.gov, the portal and the hotline resources provided by entities (1) perform, induce, refer for, or counsel in favor of abortions; or (2) financially support such entities. The bill also requires HHS to report on traffic to life.gov and the portal, gaps in services available to pregnant and postpartum individuals, and related matters. https://www.congress.gov/bill/118th-congress/house-bill/517?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=19		Energy and Commerce.
H.R. 561 (Lee)	EACH Act of 2023	This bill requires federal health care programs to provide coverage for abortion services and requires federal facilities to provide access to those services. The bill also permits qualified health plans to use funds attributable to premium tax credits and reduced cost sharing assistance to pay for abortion services. https://www.congress.gov/bill/118th-congress/house-bill/561?q=%7B%22search%22%3A%5B%22%5C%22transgender%5C%22%22%5D%7D&s=8&r=8	SUPPORT	21-FEB-23 Introduced in House. Referred to the Subcommittee on Indian and Insular Affairs
H.R. 1224 (Trahan)	INFO for Reproductive Care ACT OF 2023	<i>INFO= Informing New Factors and Options</i> This bill requires the Department of Health and Human Services to carry out a campaign to educate health care professionals (and health care professions students) about assisting patients to navigate legal issues related to abortions and other reproductive health care services. https://www.congress.gov/bill/118th-congress/house-bill/1224?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=4	SUPPORT	27-FEB-23 Introduced in House. Referred to the House Committee on Energy and Commerce.
S. 701 (Baldwin)	Women's Health Protection Act of 2023	To protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services. https://www.congress.gov/bill/118th-congress/senate-bill/701/text?s=8&r=14&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D	SUPPORT	08-MAR-23 Introduced in Senate. Placed on Senate Legislative Calendar under General Orders.

* The bill was not approved by the Commission on HIV
** Commission on HIV recommended bill for the Legislative docket

Footnotes:

(1) Bills introduced in the first year of the regular session that do not become carry-over bills shall be returned to the Chief Clerk of the Assembly or the Secretary of the Senate.

Notes:

Items italicized in blue indicate a new status or a bill for consideration for inclusion in the docket.