



LOS ANGELES COUNTY
COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010
TEL. (213) 738-2816 · FAX (213) 637-4748
WEBSITE: <http://hiv.lacounty.gov> | EMAIL: hivcomm@lachiv.org

COMMISSION ON HIV MEETING

**Thursday, July 12, 2018
9:00 AM - 12:45 PM**

**St. Anne's Conference Center
155 North Occidental Blvd.
Los Angeles, CA 90026**



Join the movement in ending the HIV/AIDS epidemic in Los Angeles County, once and for all.

Visit www.LACounty.HIV



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

VISION

A comprehensive, sustainable, accessible system of prevention and care that empowers people at-risk, living with or affected by HIV to make decisions and to maximize their lifespans and quality of life.

MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County.

The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).



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GUIDELINES FOR CONDUCT

The Los Angeles County Commission on HIV has played an active role in shaping HIV services in this County and in the State for over a decade. The dedication to providing quality services to people with and at risk of HIV/AIDS by people who are members of this body, both past and present, is unparalleled.

In order to encourage the active participation of all members and to address the concerns of many Commissioners, consumers and other interested members of the community, it is important that meetings take place in a "safe" environment. A "safe" environment is one that recognizes differences, while striving for consensus and is characterized by consistent professional and respectful behavior. As a result, the Commission has adopted and is consistently committed to implementing the following Guidelines for Conduct for Commission, committee and associated meetings.

Similar meeting ground rules have been developed and successfully used in large group processes to tackle difficult issues. Their intent is not to discourage meaningful dialogue, but to recognize that differences and even conflict can result in highly creative solutions to problems when approached in a respectful and professional manner.

The following should be adhered to by all participants and stakeholders:

- 1) Be on Time for Meetings
- 2) Stay for the Entire Meeting
- 3) Show Respect to Invited Guests, Speakers and Presenters
- 4) Listen
- 5) Don't Interrupt
- 6) Focus on Issues, Not People
- 7) Don't just Disagree, Offer Alternatives
- 8) Give Respectful, Constructive Feedback
- 9) Don't Judge
- 10) Respect Others' Opinions
- 11) Keep an Open Mind to Others' Opinions
- 12) Allow Others to Speak
- 13) Respect Others' Time
- 14) Begin and End on Time
- 15) Have All the Issues on the Table and No "Hidden Agendas"
- 16) Minimize Side Conversations
- 17) Don't Monopolize the Discussion
- 18) Don't Repeat What Has Already Been Said
- 19) If Beepers or Cell Phones Must Be On, Keep Them on Silent or Vibrate

1. APPROVAL OF THE AGENDA:

- A. Agenda (**MOTION #1**)
- B. Membership Roster
- C. Committee Assignments
- D. Commission Member Conflict of Interest
- E. Geographic Maps
- F. July to October 2018 Meeting Calendars



LOS ANGELES COUNTY
COMMISSION ON HIV



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

(213) 738-2816 / FAX (213) 637-4748

EMAIL: hivcomm@lachiv.org WEBSITE: <http://hiv.lacounty.gov>

THURSDAY, JULY 12, 2018, 9:00 AM – 12:45 PM

St. Anne's Conference Center
Foundation Conference Room
155 North Occidental Boulevard, Los Angeles, CA 90026

Notice of Teleconferencing Site:
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-616
Sacramento, CA 95814

AGENDA POSTED: Original posted July 3, 2018; revised posted July 10, 2018.

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

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 5 business days' notice before the meeting date. To arrange for these services, please contact Dina Jauregui at (213) 738-2816 or via email at djauregui@lachiv.org.

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 Dina Jauregui al (213) 738-2816 (teléfono), o por correo electrónico á djauregui@lachiv.org, por lo menos cinco días antes de la junta.

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

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

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

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

Call to Order and Roll Call

9:00 A.M. – 9:03 A.M.

I. ADMINISTRATIVE MATTERS

- | | | | |
|----|-----------------------------|------------------|-----------------------|
| 1. | Approval of Agenda | MOTION #1 | 9:03 A.M. – 9:04 A.M. |
| 2. | Approval of Meeting Minutes | MOTION #2 | 9:04 A.M. – 9:06 A.M. |
| 3. | Consent Calendar | MOTION #3 | 9:06 A.M. – 9:07 A.M. |

II. REPORTS

- | | | |
|----|---|-----------------------|
| 4. | Executive Director's Report | 9:07 A.M. – 9:10 A.M. |
| | A. Racial Justice Workshop Schedule | |
| 5. | Co-Chair's Report | 9:10 A.M. – 9:13 A.M. |
| | A. Meeting Management Reminders | |
| | B. COH Member Recruitment | |
| | C. December 13, 2018 Meeting Cancellation | |
| | D. August 9, 2018 COH Co-Chair Open Nominations | |
| | E. Member Service Recognition | |

III. DISCUSSION

- | | | |
|----|---|-----------------------|
| 6. | Los Angeles County HIV/AIDS Strategy (LACHAS) | 9:13 A.M. – 9:30 A.M. |
| | A. June 14, 2018 LACHAS Community Meeting Evaluation | |
| | B. July 19, 2018 LACHAS Community Meeting Antelope Valley | |
| | C. 2018 LACHAS Community Meeting Schedule Update | |

IV. 2018 COLLOQUIA SERIES

- | | | |
|----|--|------------------------|
| 7. | Health Disparities, Risk Behaviors and Healthcare Utilization among Transgender Women in Los Angeles County: A Comparison from 1998-1999 to 2015-2016. Presenter: Cathy J. Reback, PhD | 9:30 A.M. – 10:15 A.M. |
|----|--|------------------------|

V. ANNOUNCEMENTS

10:15 A.M. – 10:20 A.M.

8. Opportunity for members of the public and Commission members to make announcements regarding workshops, trainings, and community events; refer to Public/Commission Comment for comments on agendized or non-agendized items.

VI. BREAK

10:20 A.M. – 10:30 A.M.

VII. REPORTS (cont'd)

10. Housing Opportunities for People Living with HIV/AIDS (HOPWA) Report 10:30 A.M. – 11:00 A.M.
A. Los Angeles Homeless Services Authority (LAHSA) Homeless Count Update
11. Vaccine Preventable Disease Control Program 11:00 A.M. – 11:05 A.M.
LA County Department of Public Health
12. Division of HIV/STD Programs (DHSP) Report 11:05 A.M. – 11:20 A.M.
LA County Department of Public Health
13. California Office of AIDS (OA) Report 11:20 A.M. – 11:30 A.M.
14. Standing Committee Reports: 11:30 A.M. – 12:20 P.M.
A. Operations Committee
1. Membership Management
a. 2018 Proposed Membership Slate **MOTION #4**
2. Assessment of the Administrative Mechanism (AAM) Draft Report
3. Recruitment and Retention Efforts & Opportunities
B. Standards and Best Practices (SBP) Committee
1. Legal Assistance Services Standards **MOTION #5**
2. Medical Care Coordination (MCC) Service Standards Update
C. Planning, Priorities and Allocations (PP&A) Committee
1. FY 2018-2019 Priorities and Allocations Process Update
D. Public Policy (PPC) Committee
1. Healthcare Access
2. Federal, State and County Budget
3. Federal, State and County Legislation/Policy
4. LACHAS Policy Workgroup
15. Caucus, Task Force and Work Group Reports 12:20 P.M. – 12:23 P.M.
16. City/Health District Reports 12:23 P.M. – 12:25 P.M.
17. SPA/District Reports 12:25 P.M. – 12:27 P.M.
18. AIDS Education/Training Centers (AETCs) 12:27 P.M. – 12:29 P.M.

- VIII. PUBLIC COMMENT** 12:29 P.M.–12:35 P.M.
 19. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission.
- IX. COMMISSION COMMENT** 12:35 P.M. – 12:41 P.M.
 20. Non-Agendized or Follow-Up
- X. ANNOUNCEMENTS** 12:41 P.M. – 12:45 P.M.
 21. Opportunity for members of the public and Commission members to make announcements regarding workshops, trainings, and community events; refer to Public/Commission Comment for comments on agendized or non-agendized items.
- X. ADJOURNMENT AND ROLL CALL** 12:45 P.M.
 22. Adjournment in memory of former Commission and community member, Robert Butler, for the meeting of July 12, 2018.

PROPOSED MOTION(s)/ACTION(s):**PROCEDURAL MOTION(S):**

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Commission meeting minutes, as presented or revised.
MOTION #3:	Approve the Consent Calendar, as presented

CONSENT CALENDAR:

MOTION #4:	Approve the 2018 Proposed Membership Slate, as presented or revised.
MOTION #5:	Approve the Legal Services Standards, as presented or revised.

All Commission meetings will begin at their appointed times. Participants should make every effort to be prompt and ready. All agenda items are subject to action. Public comment will be invited for each item. All "action" (non-procedural) motions are included on the consent calendar and are approved when the consent calendar is approved. A motion can be "pulled" from the consent calendar if there are objections to it, or if it is to be presented or discussed later in the meeting.

COMMISSION ON HIV MEMBERS:

Ricky Rosales, Co-Chair	Grissel Granados, MSW, Co-Chair	Traci Bivens-Davis	Al Ballesteros, MBA
Jason Brown	Joseph Cadden, MD	Danielle Campbell, MPH	Raquel Cataldo
Deborah Owens Collins, PA, MSPAS, AAHIVS	Michele Daniels	Erika Davies	Susan Forrest (Alternate)
Aaron Fox, MPM	Marcos Garcilazo (Alternate)	Jerry D. Gates, PhD	Joseph Green
Terry Goddard II, MA	Bridget Gordon	William King, MD, JD	Lee Kochems, MA
Bradley Land	David P. Lee, MPH, LCSW (Alternate)	Eric Paul Leue	Abad Lopez
Andrew Lopez (Alternate)	Eduardo Martinez (Alternate)	Miguel Martinez, MSW, MPH	Anthony Mills, MD
Katja Nelson, MPP	Derek Murray	Frankie Darling-Palacios	Raphael Peña
Mario Pérez MPH	Juan Preciado	Ace Robinson, MPH	Rebecca Ronquillo
Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter	Yolanda Sumpter
Greg Wilson	Russell Ybarra		
MEMBERS:	42		
QUORUM:	22		

LOS ANGELES COUNTY
COMMISSION ON HIV
COMMISSION ON HIV MEMBERSHIP ROSTER
JULY 12, 2018

MEMBERSHIP SEAT #	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (if any)	TERM BEGINS	TERM ENDS	ALTERNATE
1	Medi-Cal representative	1	SBP	Vacant	City of Pasadena Department of Public Health	July 1, 2017	June 30, 2019	
2	City of Pasadena representative	1	PP&A	Erika Davies	Dept. of Health and Human Services, City of Long Beach	July 1, 2016	June 30, 2018	
3	City of Long Beach representative	1	EXC	Deborah Owens Collins, PA, MSPAS, AAHIVS	AIDS Coordinator's Office, City of Los Angeles	July 1, 2017	June 30, 2019	
4	City of Los Angeles representative	1	PP&A	Ricky Rosales	City of West Hollywood	July 1, 2016	June 30, 2018	
5	City of West Hollywood representative	1	EXC/PP&A	Derek Murray	DHSP, LA County Department of Public Health	July 1, 2017	June 30, 2019	
6	Director, DHSP	1	PP&A	Mario Pérez, MPH	Los Angeles LGBT Center	July 1, 2016	June 30, 2018	
7	Part B representative	1	EXC/PP&A	Vacant	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2017	June 30, 2019	
8	Part C representative	1	PP&A	Aaron Fox, MPH	Keck School of Medicine of USC	July 1, 2016	June 30, 2018	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	Rand Shrader Clinic (SPA1), LA County Department of Health Services	July 1, 2017	June 30, 2019	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Children's Hospital Los Angeles	July 1, 2016	June 30, 2018	
11	Provider representative #1	1	EXC/PP&A	Joseph Cadden, MD	Tarzana Treatment Center	July 1, 2017	June 30, 2019	
12	Provider representative #2	1	PP&A	Vacant	Alliance for Housing and Healing	July 1, 2016	June 30, 2018	
13	Provider representative #3	1	EXC/OPS	Miguel Martinez, MSW, MPH	Southern CA Men's Medical Group	July 1, 2017	June 30, 2019	
14	Provider representative #4	1	EXC/PP&A	Raquel Cataldo	Los Angeles LGBT Center	July 1, 2016	June 30, 2018	
15	Provider representative #5	1	EXC/PP&A	Terry Goddard, MA	Rand Shrader Clinic (SPA1), LA County Department of Health Services	July 1, 2017	June 30, 2019	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
17	Provider representative #7	1	PP&A	Frankie Darling Palacios	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
18	Provider representative #8	1	PP	Martin Sattah, MD	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
19	Unaffiliated consumer, SPA 1	1	OPS	Michelle Daniels	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
20	Unaffiliated consumer, SPA 2	1	PP&A	Abad Lopez	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
21	Unaffiliated consumer, SPA 3	1	EXC/PP&A	Jason Brown	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
22	Unaffiliated consumer, SPA 4	1	PP&A	Vacant	Unaffiliated Consumer	July 1, 2016	June 30, 2018	Susan Forrest
23	Unaffiliated consumer, SPA 5	1	PP&A	Yolanda Sumpter	Unaffiliated Consumer	July 1, 2017	June 30, 2019	David Lee, MPH, LCSW
24	Unaffiliated consumer, SPA 6	1	PP&A	Vacant	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
25	Unaffiliated consumer, SPA 7	1	PP&A	Raphael Peña	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
26	Unaffiliated consumer, SPA 8	1	PP&A	Vacant	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
27	Unaffiliated consumer, Supervisorial District 1	1	EXC/OPS/PP&A	Vacant	Unaffiliated Consumer	July 1, 2017	June 30, 2019	Marcos Garcilazo
28	Unaffiliated consumer, Supervisorial District 2	1	EXC/OPS/PP&A	Vacant	Unaffiliated Consumer	July 1, 2016	June 30, 2018	Andrew Lopez
29	Unaffiliated consumer, Supervisorial District 3	1	EXC/OPS/PP&A	Vacant	Unaffiliated Consumer	July 1, 2017	June 30, 2019	Eduardo Martinez
30	Unaffiliated consumer, Supervisorial District 4	1	EXC/OPS/PP&A	Vacant	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
31	Unaffiliated consumer, Supervisorial District 5	1	EXC/OPS/PP&A	Vacant	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
32	Unaffiliated consumer, at-large #1	1	PP&A	Russell Ybarra	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
33	Unaffiliated consumer, at-large #2	1	EXC/OPS	Joseph Green	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
34	Unaffiliated consumer, at-large #3	1	EXC/OPS/PP&A	Kevin Stalter	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
35	Unaffiliated consumer, at-large #4	1	OPS	Bridget Gordon	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
36	Representative, Board Office 1	1	EXC/PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2016	June 30, 2018	
37	Representative, Board Office 2	1	EXC/OPS	Traci Bivens-Davis	N/A	July 1, 2017	June 30, 2019	
38	Representative, Board Office 3	1	PP	Kajia Nelson, MPP	APLA	July 1, 2016	June 30, 2018	
39	Representative, Board Office 4	1	EXC/PP&A	Ace Robinson, MPH	No Affiliations	July 1, 2017	June 30, 2019	
40	Representative, Board Office 5	1	SBP	Bradley Land	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
41	Representative, HOPWA	1	PP&A	Rebecca Ronquillo	City of Los Angeles, HOPWA	July 1, 2017	June 30, 2019	
42	Behavioral/social scientist	1	PP	Lee Kochems	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
43	Local health/hospital planning agency representative	1	PP	Vacant	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
44	HIV stakeholder representative #1	1	EXC	Grisel Granados, MSW	Children's Hospital Los Angeles	July 1, 2016	June 30, 2018	
45	HIV stakeholder representative #2	1	PP	Greg Wilson	In the Meantime Men's Group	July 1, 2017	June 30, 2019	
46	HIV stakeholder representative #3	1	OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2016	June 30, 2018	
47	HIV stakeholder representative #4	1	EXC/PP&A	Eric Paul Leue	Free Speech Coalition	July 1, 2017	June 30, 2019	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2016	June 30, 2018	
49	HIV stakeholder representative #6	1	PP&A	Vacant	W. King Health Care Group	July 1, 2017	June 30, 2019	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2016	June 30, 2018	
51	HIV stakeholder representative #8	1	PP&A	Vacant	W. King Health Care Group	July 1, 2017	June 30, 2019	
TOTAL: 37								

COMMITTEE ASSIGNMENT LEGEND: EXC (Executive), OPS (Operations), PP&A (Planning, Priorities & Allocations), PP (Public Policy), SBP (Standards and Best Practices)

☐ = Vacant



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COMMITTEE ASSIGNMENTS (Updated: July 10, 2018)

Committee Member Name/ Alternate	Member Category	Affiliation
* = Primary Committee Assignment		** = Secondary Committee Assignment
EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the month		Regular meeting time: 1:00pm–3:00pm
Number of Voting Members: 13		Number of Quorum: 7
Grissel Granados, MSW	Co-Chair, Comm./Exec.*	Commissioner
Ricky Rosales	Co-Chair, Comm./Exec.*	Commissioner
Al Ballesteros, MBA	Co-Chair, PP&A	Commissioner
Traci Bivens-Davis	Co-Chair, Operations	Commissioner
Jason Brown	Co-Chair, PP&A	Commissioner
Joseph Cadden, MD	Co-Chair, SBP	Commissioner
Raquel Cataldo	At-Large Member*	Commissioner
Aaron Fox, MPM	Co-Chair, Public Policy	Commissioner
Joseph Green	At-Large Member*	Commissioner
Terry Goddard, MA	Co-Chair, PPC	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Ace Robinson, MPH	Co-Chair, SBP	Commissioner
Kevin Stalter	Co-Chair, Operations	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the month		Regular meeting time: 10:00am–12:00pm
Number of Voting Members: 9		Number of Quorum: 5
Traci Bivens-Davis	Committee Co-Chair*	Commissioner
Kevin Stalter	Committee Co-Chair*	Commissioner
Danielle Campbell, MPH	*	Commissioner
Raquel Cataldo	*	Commissioner
Michele Daniels	*	Commissioner
Bridget Gordon	*	Commissioner
Joseph Green	*	Commissioner
Marcos Garcilazo	*	Alternate
Juan Preciado	*	Commissioner

Committee Assignment List

Updated: July 10, 2018

Page 2 of 3

Committee Member Name	Member Category	Affiliation
* = Primary Committee Assignment	** = Secondary Committee Assignment	
PLANNING, PRIORITIES and ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the month		Regular meeting time: 1:00-4:00 PM
Number of Voting Members: 15		Number of Quorum: 8
Al Ballesteros, MBA	Committee Co-Chair*	Commissioner
Jason Brown	Committee Co-Chair*	Commissioner
Susan Forrest	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Abad Lopez	*	Commissioner
Miguel Martinez, MPH, MSW	*	Commissioner
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Deborah Owens Collins, MPA, MSPAS, AAHIVS	*	Commissioner
Frankie Darling Palacios	*	Commissioner
Raphael Pena	*	Commissioner
Rebecca Ronquillo	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Yolanda Sumpter	*	Commissioner
Russell Ybarra	*	Commissioner
TBD	DHSP staff	DHSP Staff

PUBLIC POLICY COMMITTEE		
Regular meeting day: 1st Monday of the month		Regular meeting time: 1:00 pm-3:00pm
Number of Voting Members: 11		Number of Quorum: 6
Aaron Fox, MPM	Committee Co-Chair*	Commissioner
Terry Goddard, MA	Committee Co-Chair*	Commissioner
Jerry Gates, PhD	*	Commissioner
Lee Kochems, MA	*	Commissioner
Eduardo Martinez	*	Alternate
Eric Paul Leue	*	Commissioner
Andrew Lopez	*	Commissioner
Katja Nelson	*	Commissioner
Martin Sattah, MD	*	Commissioner
Greg Wilson	*	Commissioner
Kyle Baker	DHSP staff	DHSP representative

Committee Assignment List

Updated: July 10, 2018

Page 3 of 3

Committee Member Name	Member Category	Affiliation
* = <i>Primary Committee Assignment</i>	** = <i>Secondary Committee Assignment</i>	

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day:	1 st Thursday of the month	Regular meeting time: 10:00am-12:00pm
Number of Voting Members: 6		Number of Quorum: 4
Joseph Cadden, MD	Committee Co-Chair*	Commissioner
Ace Robinson, MPH	Committee Co-Chair*	Commissioner
Erika Davies	*	Commissioner
Bradley Land	*	Commissioner
Kevin Stalter	**	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP representative

CONSUMER CAUCUS		
Regular meeting day:	Following Comm. mtg.	Regular meeting time: 1:00pm-3:00pm
<i>*Open membership to consumers of HIV prevention and care services*</i>		
Joseph Green	Co-Chair	Commissioner
Yolanda Sumpster	Co-Chair	Commissioner
Raphael Péna	Co-Chair	Commissioner
Al Ballesteros, MBA	Member	Commissioner
Jason Brown	Member	Commissioner
Michele Daniels	Member	Commissioner
Grissel Granados, MSW	Member	Commissioner
Bridget Gordon	Member	Commissioner
Lee Kochems, MA	Member	Commissioner
Brad Land	Member	Commissioner
Abad Lopez	Member	Commissioner
Eduardo Martinez	Member	Alternate
Anthony Mills, MD	Member	Commissioner
Kevin Stalter	Member	Commissioner

WOMEN'S CAUCUS

TRANSGENDER TASK FORCE		
3rd Monday of the month	Regular meeting time:	10:00am-12:00pm
<i>Open Membership</i>		
Destin Cortez	Co-Chair	Community Member
Johanna Padilla	Co-Chair	Community Member
<i>On Hiatus Until Further Notice</i>		



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

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.

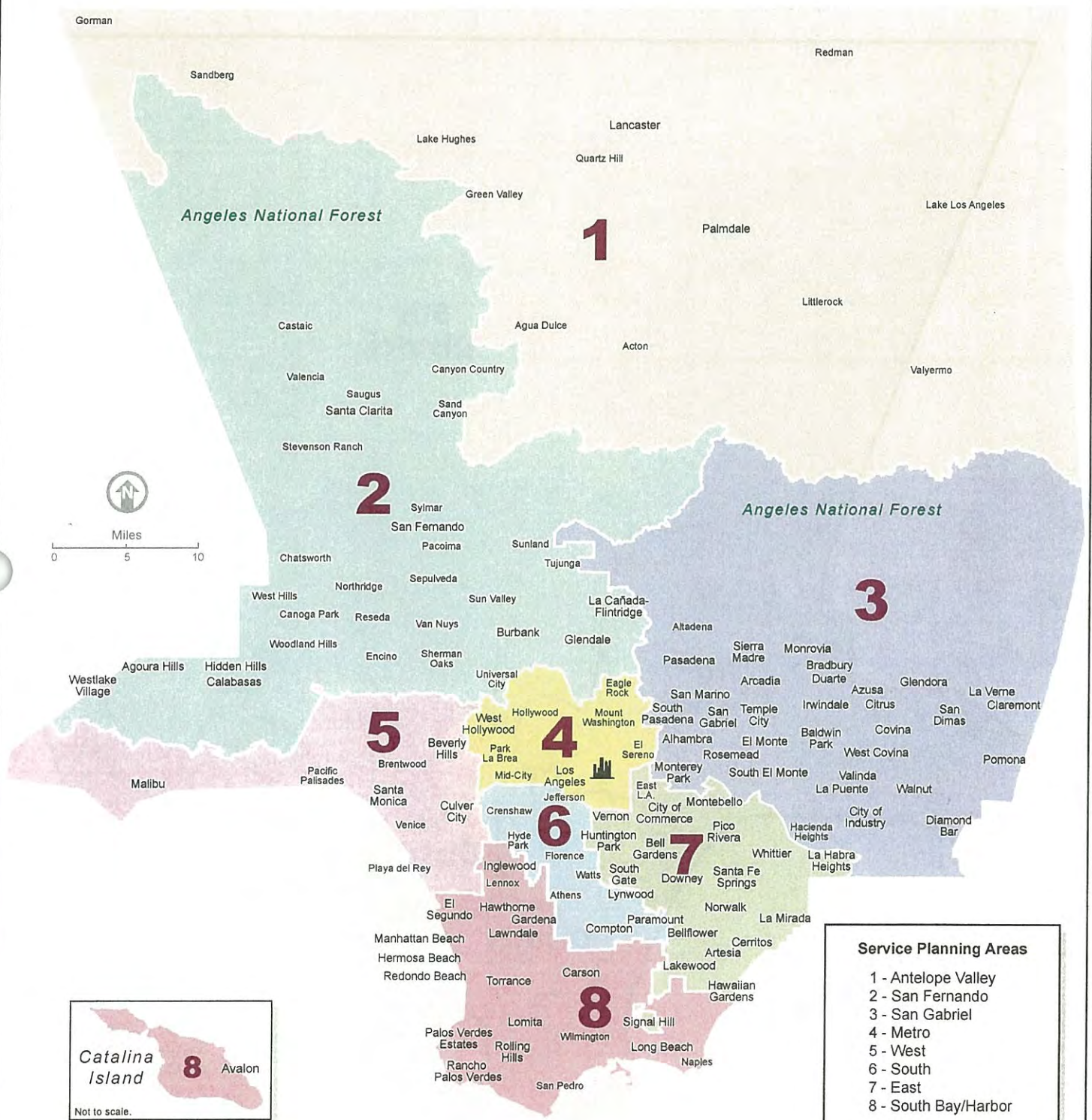
COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
BROWN	Jason	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
BIVENS-DAVIS	Traci	No Affiliation	No Ryan White or prevention contracts
CADEN	Joseph	Rand Schrader Health & Research Center	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination
			Mental Health, Psychiatry
CAMPBELL	Danielle	UCLA/MLKCH	HIV/AIDS Oral Health Care (Dental) Services
			HIV/AIDS Medical Care Coordination Services
			HIV/AIDS Ambulatory Outpatient Medical Services
			HIV/AIDS Medical Care Coordination Services
			nPEP Services
CATALDO	Raquel	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS			ORGANIZATION	SERVICE CATEGORIES
				Case Management, Home-Based
				Case Management, Transitional - Jails
				Medical Transportation
				Mental Health, Psychotherapy
				Oral Health
				Substance Abuse, Residential
				Substance Abuse, Transitional
				Substance Abuse, Detox
				Biomedical Prevention
				Medical Nutrition Therapy
DANIELS	Michele		Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie		Los Angeles Gay & Lesbian Center	Ambulatory Outpatient Medical (AOM)
				Health Education/Risk Reduction (HERR)
				HIV Counseling and Testing (HCT)
				Medical Care Coordination (MCC)
				Mental Health, Psychiatry
				Mental Health, Psychotherapy
				Non-Occupational HIV PEP
				Biomedical Prevention
				STD Screening and Treatment
				HIV Counseling and Testing (HCT)
				HIV/AIDS Health Education
DAVIES	Erika		City of Pasadena	HIV/AIDS Substance Abuse
FORREST	Susan		Los Angeles Center for Alcohol and Drug Abuse	Risk Reduction Prevention Services
				Residential Rehabilitation Services
				Ambulatory Outpatient Medical (AOM)
				Health Education/Risk Reduction (HERR)
				HIV Counseling and Testing (HCT)
				Medical Care Coordination (MCC)
				Mental Health, Psychiatry
				Mental Health, Psychotherapy
				Non-Occupational HIV PEP
				Biomedical Prevention
				STD Screening and Treatment
FOX	Aaron		Los Angeles Gay & Lesbian Center	

COMMISSION MEMBERS			ORGANIZATION	SERVICE CATEGORIES
GARCILAZO	Marcos		UCLA Center for Behavioral and Addiction Medicine	Medical Care Coordination Services
GATES	Jerry		Keck School of Medicine of USC	No Ryan White or prevention contracts
GODDARD II	Terry		Alliance for Housing and Healing	Residential Care Facilities for the Chronically III (RCFCI)
GORDON	Bridget		Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel		Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
				Case Management, Transitional - Youth
				Health Education/Risk Reduction (HERR)
				HIV Counseling and Testing (HCT)
				Medical Care Coordination (MCC)
				Biomedical Prevention
GREEN	Joseph		Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee		Unaffiliated consumer	No Ryan White or prevention contracts
KING	William		W. King Health Care Group	No Ryan White or prevention contracts
LAND	Bradley		Unaffiliated consumer	No Ryan White or prevention contracts
LEE	David		Charles R. Drew University of Medicine and Science	HIV/AIDS Benefits Specialty Services
				HIV Counseling, Testing, and Referral Prevention Services
LEUE PAUL	Eric		Free Speech Coalition	No Ryan White or prevention contracts
LOPEZ	Abad		Unaffiliated consumer	No Ryan White or prevention contracts
LOPEZ	Andrew		Friends Research Institute	Health Education/Risk Reduction and HIV Testing Services
MARTINEZ	Eduardo		AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
				Benefits Specialty
				Medical Care Coordination (MCC)
				MH, Psychiatry
				MH, Psychotherapy
				Medical Specialty
				Oral Health
				HIV Counseling and Testing (HCT)
				STD Screening and Treatment
MARTINEZ	Miguel		Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
				Case Management, Transitional - Youth
				Health Education/Risk Reduction (HERR)
				HIV Counseling and Testing (HCT)
				Medical Care Coordination (MCC)
				Biomedical Prevention
MILLS	Anthony		Southern CA Men's Medical Group	Biomedical Prevention
				Medical Care Coordination (MCC)
MURRAY	Derek		City of West Hollywood	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Benefits Specialty Case Management, Non-Medical (LCM) Case Management, Home-Based Health Education/Risk Reduction (HERR) HIV Counseling and Testing (HCT) Mental Health, Psychotherapy Nutrition Support Oral Health Biomedical Prevention Medical Care Coordination (MCC) Benefits Specialty
OWENS COLLINS	Deborah	Long Beach Department of Health & Human Services	Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) No Ryan White or prevention contracts Ryan White/CDC Grantee Mental Health, Psychotherapy Benefits Specialty Mental Health, Psychiatry Oral Health Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) No Ryan White or prevention contracts No Ryan White or prevention contracts No Ryan White or prevention contracts Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) No Ryan White or prevention contracts No Ryan White or prevention contracts No Ryan White or prevention contracts Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) Mental Health, Psychiatry Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) No Ryan White or prevention contracts No Ryan White or prevention contracts No Ryan White or prevention contracts HIV/AIDS Health Education/Risk Reduction Prevention Services No Ryan White or prevention contracts
PEÑA	Raphael	Unaffiliated consumer	
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	
PRECIADO	Juan	Northeast Valley Health Corporation	
ROBINSON	Ace	No Affiliation	
RONQUILLO	Rebecca	City of Los Angeles, HOPWA	
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	
SPENCER	LaShonda	LAC & USC MCA Clinic	
STALTER	Kevin	The Brotherhood IMPACT Fund	
SUMPTER	Yolanda	Unaffiliated consumer	
WILSON	Gregory	In the Meantime Men's Group, Inc.	
YBARRA	Russell	Capitol Drugs	

Los Angeles County Service Planning Areas

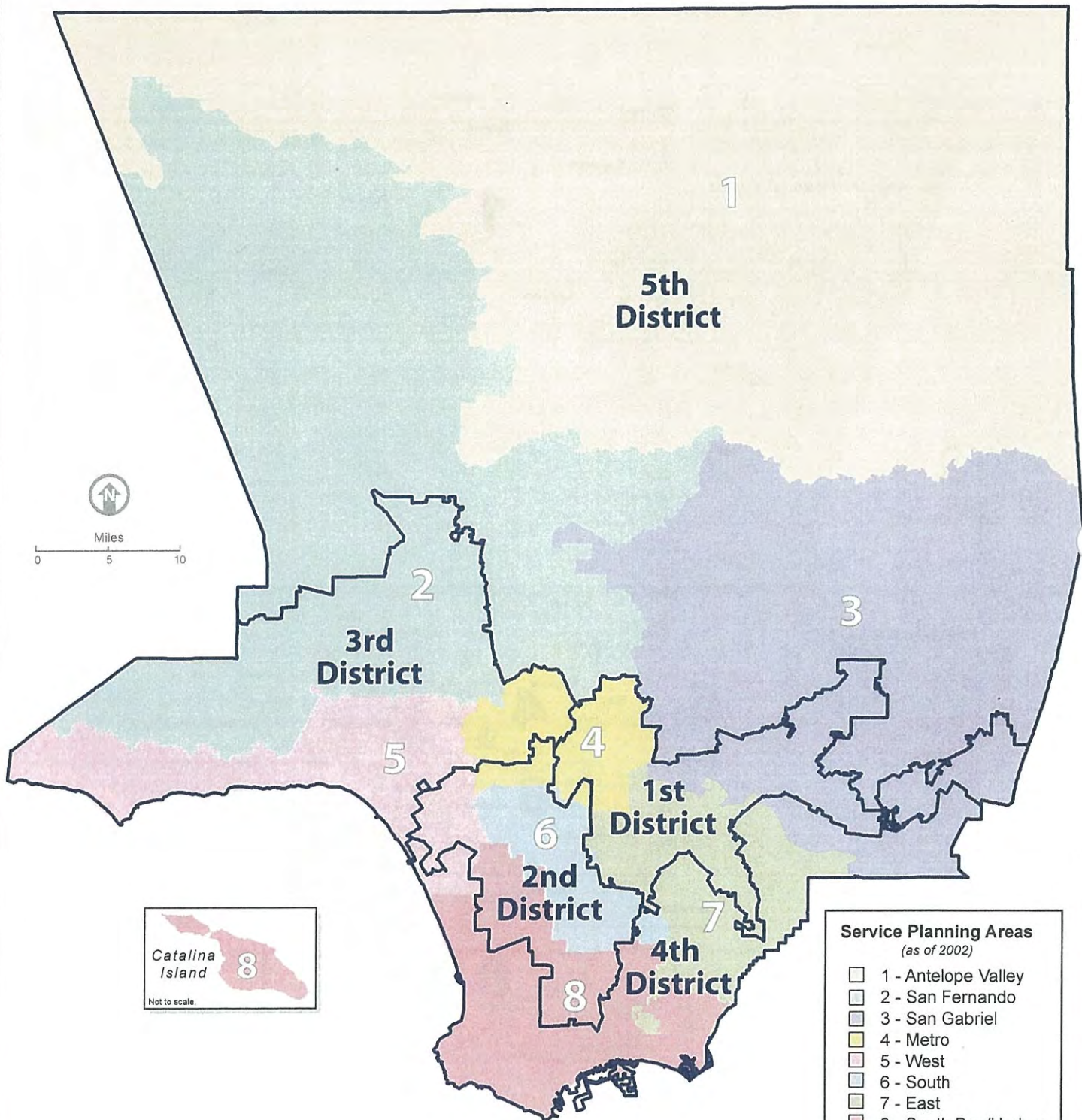


Los Angeles County
Children's Planning Council
Improving Children's Lives

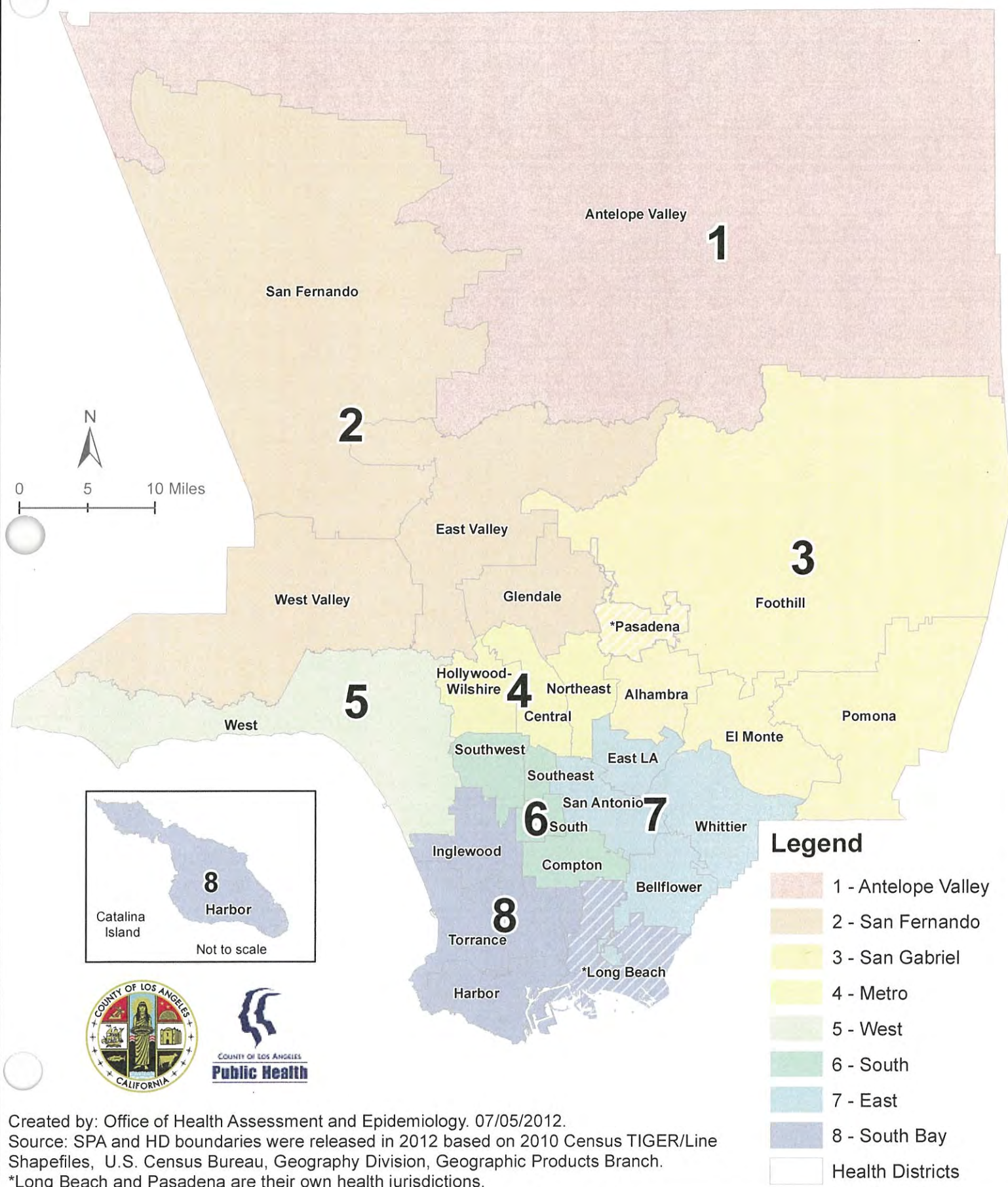
Note: City names are shown in **BLACK**.
Communities are shown in **GRAY**.

August, 2002
Los Angeles County
Children's Planning Council
Data Partnership (213) 893-0421

Los Angeles County Service Planning Areas by Supervisorial District



Los Angeles County Department of Public Health Service Planning Areas (SPA) and Health Districts (HD) - 2012



Created by: Office of Health Assessment and Epidemiology. 07/05/2012.

Source: SPA and HD boundaries were released in 2012 based on 2010 Census TIGER/Line Shapefiles, U.S. Census Bureau, Geography Division, Geographic Products Branch.

*Long Beach and Pasadena are their own health jurisdictions.

HIV Calendar

July 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Week 27	2 1:00 PM - 3:00 PM Public Policy Committee	3 9:30 AM - 1:00 PM Board of Supervisors (BOS)	4 9:30 AM - 11:30 AM BOS Agenda Review	5 10:00 AM - 12:00 PM [CANCELED] Standards & Best Practices (SBP)	6	7
8 Week 28	9	10 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 4:00 PM PP&A Committee Meeting: Priority Setting & Resource Allocations	11 9:30 AM - 11:30 AM BOS Agenda Review	12 9:00 AM - 12:45 PM Commission Meeting	13	14
15 Week 29	16	17 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A)	18 9:30 AM - 11:30 AM BOS Agenda Review	19 11:00 AM - 1:00 PM Health District Community (SPA 1) Health District Mtg. 1:30 PM - 2:30 PM Optional Tour of the Tarzana Treatment Center	20	21
22 Week 30	23	24 9:30 AM - 1:00 PM Board of Supervisors (BOS)	25 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce Meeting	26 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	27	28
29 Week 31	30	31 9:30 AM - 1:00 PM Board of Supervisors (BOS)	1 9:30 AM - 11:30 AM BOS Agenda Review	2 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	3	4

HIV Calendar

August 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29 Week 31	30	31 9:30 AM - 1:00 PM Board of Supervisors (BOS)	1 9:30 AM - 11:30 AM BOS Agenda Review	2 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	3	4
5 Week 32	6 10:00 AM - 12:00 PM LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM Public Policy Committee	7 9:30 AM - 1:00 PM Board of Supervisors (BOS)	8 9:30 AM - 11:30 AM BOS Agenda Review	9 9:30 AM - 12:30 PM Commission on HIV Meeting & Community (SPA 6) Health District Meeting	10	11
12 Week 33	13	14 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 4:00 PM PP&A Committee Meeting: Priority Setting & Resource Allocations	15 9:30 AM - 11:30 AM BOS Agenda Review	16 10:00 AM - 12:00 PM Community (SPA 5) Health District Mtg. (10am-12pm)	17	18
19 Week 34	20	21 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A)	22 9:30 AM - 11:30 AM BOS Agenda Review	23 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	24	25
26 Week 35	27	28 9:30 AM - 1:00 PM Board of Supervisors (BOS)	29 9:30 AM - 11:30 AM BOS Agenda Review	30	31	1

HIV Calendar

September 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26 Week 35	27	28 9:30 AM - 1:00 PM Board of Supervisors (BOS)	29 9:30 AM - 11:30 AM BOS Agenda Review	30	31	1
2 Week 36	3 10:00 AM - 12:00 PM LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM Public Policy Committee	4 9:30 AM - 1:00 PM Board of Supervisors (BOS)	5 9:30 AM - 11:30 AM BOS Agenda Review	6 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	7	8
9 Week 37	10	11 9:30 AM - 1:00 PM Board of Supervisors (BOS)	12 9:30 AM - 11:30 AM BOS Agenda Review	13 9:00 AM - 1:30 PM Commission Meeting & Member Orientation at the Music Center	14	15
16 Week 38	17	18 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A)	19 9:30 AM - 11:30 AM BOS Agenda Review 2:00 PM LACHAS Community Meeting (SPA 7)	20	21	22
23 Week 39	24	25 9:30 AM - 1:00 PM Board of Supervisors (BOS)	26 9:30 AM - 11:30 AM BOS Agenda Review	27 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	28	29
30 Week 40	1 10:00 AM - 12:00 PM LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM Public Policy Committee	2 9:30 AM - 1:00 PM Board of Supervisors (BOS)	3 9:30 AM - 11:30 AM BOS Agenda Review	4 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	5	6

HIV Calendar						
October 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
30 Week 40	1 10:00 AM - 12:00 PM LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM Public Policy Committee	2 9:30 AM - 1:00 PM Board of Supervisors (BOS)	3 9:30 AM - 11:30 AM BOS Agenda Review	4 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	5	6
7 Week 41	8	9 9:30 AM - 1:00 PM Board of Supervisors (BOS)	10 9:30 AM - 11:30 AM BOS Agenda Review	11 9:00 AM - 1:30 PM Commission on HIV Meeting & Community (SPA 4) Health District Mtg.	12	13
14 Week 42	15	16 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A)	17 9:30 AM - 11:30 AM BOS Agenda Review	18 10:00 AM - 12:00 PM Community (SPA 8) Health District Meeting	19	20
21 Week 43	22	23 9:30 AM - 1:00 PM Board of Supervisors (BOS)	24 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce Meeting	25 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	26	27
28 Week 44	29	30 9:30 AM - 1:00 PM Board of Supervisors (BOS)	31 9:30 AM - 11:30 AM BOS Agenda Review	1 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	2	3

2. APPROVAL OF THE MEETING MINUTES:

A. June 14, 2018 Meeting Minutes (**MOTION #2**)

4. EXECUTIVE DIRECTOR'S REPORT

A. Racial Justice Workshop Schedule



LOS ANGELES COUNTY
COMMISSION ON HIV



**Los Angeles County Commission on HIV
Executive Committee Special Meetings and Racial Justice Workshops Schedule**

Date	Time	Location	Description
July 11	1-3pm	COH office 3530 Wilshire Ave, Suite 1140, LA, CA 90010	Special Meeting of the Executive Committee to plan racial justice workshops.
August 15	1-3pm	COH office 3530 Wilshire Ave, Suite 1140, LA, CA 90010	Special Meeting of the Executive Committee to plan racial justice workshops.
Commissioners will only need to attend 1 of the following training sessions.			
Sept 20	10am to 3pm (Lunch provided)	3530 Wilshire Blvd 4th Floor DCFS Conference Room, Los Angeles, CA 90010	Workshop Session #1 for Commissioners.
Oct 10	10am to 3pm (Lunch provided)	3530 Wilshire Blvd., 7th Floor, Immunization Program Conference Room, Los Angeles, CA 90010	Workshop Session #2 for Commissioners.
Oct 17	10am to 3pm (Lunch provided)	3530 Wilshire Blvd., Suite 1140, COH Conference Room, Los Angeles, CA 90010	Workshop Session #3 for Commissioners.
Nov 8	9 am to 4:30 pm	St. Anne's Conference Center 155 N. Occidental Blvd, LA CA 900226	COH Annual Meeting/Full body comes together for training.
Dec 5	1-3pm	COH office 3530 Wilshire Ave, Suite	Special Meeting of the Executive Committee to debrief and develop Statement of Commitment

5. CO CHAIRS' REPORT

D. COH Co-Chair Duty Statement



LOS ANGELES COUNTY
COMMISSION ON HIV



DUTY STATEMENT COMMISSION CO-CHAIR

(APPROVED 3-28-17; REVISIONS 3-19-18)

In order to provide effective direction and guidance for the Commission on HIV, the two Commission Co-Chairs must meet the following demands of their office, representation and leadership:

SPECIFIC:

One of the Co-Chairs must be HIV-positive. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

ORGANIZATIONAL LEADERSHIP:

- ① Serve as Co-Chair of the **Executive Committee**, and leads those monthly meetings.
- ② Serve as ex-officio member of all standing Committees:
 - attending at least one of each standing Committee meetings annually or in Committee Co-Chair's absence
- ③ Meet monthly with the Executive Director, or his/her designee, to prepare the Commission and Executive Committee meeting agendas and course of action,
 - assist Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate.
- ④ Lead Executive Committee in decision-making on behalf of Commission, when necessary.
- ⑤ Act as final Commission-level arbiter of grievances and complaints

MEETING MANAGEMENT:

- ① Serve as the Presiding Officer at the Commission, Executive Committee and Annual meetings.
- ② In consultation with the other Co-Chair, the Parliamentarian, the Executive Director, or the senior staff member, lead all Commission, Executive and special meetings, which entail:
 - conducting meeting business in accordance with Commission actions/interests;
 - maintaining an ongoing speakers list;
 - recognizing speakers, stakeholders and the public for comment at the appropriate times;
 - controlling decorum during discussion and debate and at all times in the meeting;
 - imposing meeting rules, requirements and limitations;
 - calling meetings to order, for recesses and adjournment in a timely fashion and according to schedule, or extending meetings as needed;
 - determining consensus, objections, votes, and announcing roll call vote results;
 - ensuring fluid and smooth meeting logistics and progress;
 - finding resolution when other alternatives are not apparent;
 - apply Brown Act, conflict of interest, Ryan White Program (RWP) legislative and other laws, policies, procedures, as required;

Duty Statement: Commission Co-Chair

Page 2 of 3

- ruling on issues requiring settlement and/or conclusion.
- ③ Ability to put aside personal advocacy interests, when needed, in deference to role as the meetings' Presiding Officer.
- ④ Assign and delegate work to Committees and other bodies.

REPRESENTATION:

In consultation with the Executive Director, the Commission Co-Chairs:

- ① Serve as Commission spokesperson at various events/gatherings, in the public, with public officials and to the media after consultation with Executive Director
- ② Take action on behalf of the Commission, when necessary
- ③ Generates, signs and submits official documentation and communication on behalf of the Commission
- ④ Participate in monthly conference calls with HRSA's RWP Project Officer
- ⑤ Represent the Commission to other County departments, entities and organizations.
- ⑥ Serve in protocol capacity for Commission
- ⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

KNOWLEDGE/BACKGROUND:

- ① CDC HIV Prevention, RWP, and HIV/AIDS and STD policy and information
- ② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
- ③ LA County's HIV/AIDS and STD, and other service delivery systems
- ④ County policies, practices and stakeholders
- ⑤ RWP legislation, State Brown Act, applicable conflict of interest laws
- ⑥ County Ordinance and practices, and Commission Bylaws
- ⑦ Topical and subject area of Committee's purview
- ⑦ **Minimum of one year active Commission membership prior to Co-Chair role**

SKILLS/ATTITUDES:

- ① Sensitivity to the diversity of audiences and able to address varying needs at their levels.
- ② Life and professional background reflecting a commitment to HIV/AIDS and STD-related issues.
- ③ Ability to demonstrate parity, inclusion and representation.
- ④ Multi-tasker, action-oriented and ability to delegate for others' involvement.
- ⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible.
- ⑥ Capacity to attend to the Commission's business and operational side, as well as the policy and advocacy side.
- ⑦ Strong focus on mentoring, leadership development and guidance.
- ⑧ Firm, decisive and fair decision-making practices.
- ⑨ Attuned to and understanding personal and others' potential conflicts of interest.

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

- ① Put personal agenda aside and advocate for what's in the best interest of the Commission
- ② Devote adequate time and availability to the Commission and its business
- ③ Assure that members' and stakeholders' rights are not abridged
- ④ Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
- ⑤ Always consider the views of others with an open mind
- ⑥ Actively and regularly participate in and lead ongoing, transparent decision-making processes
- ⑦ Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors

6. Los Angeles County HIV/AIDS Strategy (LACHAS)

- A. June 14, 2018 LACHAS Community Meeting Evaluation
- B. July 19, 2018 LACHAS Community Meeting | Antelope Valley
- C. 2018 LACHAS Community Meeting Schedule Update

Event Summary
April 12, 2018

LOS ANGELES COUNTY HIV/AIDS STRATEGY FOR 2020 AND BEYOND

Call to Action Meeting: San Fernando Valley

The Commission on HIV, in collaboration with Division of HIV & STD Programs (DHSP), hosted a call to action meeting on the Los Angeles County HIV/AIDS Strategy, released by DHSP on World AIDS Day 2017. Key stakeholders and local community members discussed how to increase collaboration to reduce annual infections, increase diagnoses, and increase viral suppression in their Health District to end the HIV epidemic. This summary reflects recommendations proposed by attendees to promote the Strategy, and increase efforts on HIV prevention, testing, and treatment. A total of 90 attendees participated in the call to action meeting.

60,946 people living
with HIV in LA County

13%

live in SFV Health
Districts

Health District Rankings

26 total health districts. Based on HIV Rate per 100,000

San Fernando

26

West Valley

13

East Valley

8

Glendale

18

KEY TAKEAWAYS



Create synergy around Strategy goals

Focus on disproportionately impacted groups; build relationships to drive collaboration; increase community awareness and knowledge of the Strategy; develop and maintain partnerships in order to achieve the goals.



Conduct meaningful outreach

Analyze and address service gaps & barriers to prevention and care; coordinate services across systems; leverage existing tools and resources; engage non-traditional partnerships, support existing programs that work, share best practices and resources across networks.



Address stigma & other biases

Acknowledge and address racism, sexism, homophobia, and other biases; practice cultural humility; increase community input and participation



Understanding the Strategy

Who attended?

49 Members of the public

29 Commissioners

4 DHSP staff

8 Commission staff

All respondents either agreed or strongly agreed that they understand the Strategy goals

The least understood Strategy goal is increasing HIV diagnoses in communities. 45% disagreed or were neutral on understanding how to achieve this goal.

53% agreed that they understand the meaning of Health Districts, 26% strongly agreed, 5% disagreed and 16% were neutral

TOP INSIGHTS FROM SMALL GROUP DISCUSSIONS



Identify Community Assets

Create resource guide/asset map in SFV; identify all testing/PrEP sites in the community; conduct outreach to general medical providers outside of Ryan White; increase collaboration among non-traditional partners; recruit volunteers (medical students, pharmacy, nursing, etc.); plug into existing advocacy coalitions/programs; map the social determinants of health to identify community needs



Determine Resource Needs

Host more community events and local trainings in SFV; strengthen communication network regarding meetings, linkages and referrals; collect data on youth; increase DHSP presence/participation at meetings; conduct provider education & cultural competency trainings to alleviate medical mistrust in the community; increase SPA 2 representation



Achieve Strategy Goals

Coordinate referral systems across sectors; educate and gain neighborhood buy-in; increase HIV testing; recruit leadership that is reflective of the populations they serve; leverage social media and educational messaging; engage non-traditional partners more effectively, including: schools, neighborhood groups, consumer advisory boards, youth, faith sector, homeless service providers and others

Join the movement to end the HIV/AIDS epidemic, once and for all.

Visit www.LACounty.HIV to learn more.

DRAFT
Event Summary
June 14, 2018

LOS ANGELES COUNTY HIV/AIDS STRATEGY FOR 2020 AND BEYOND

Call to Action Meeting: San Gabriel Valley

The Commission on HIV, in collaboration with Division of HIV & STD Programs (DHSP), hosted a call to action meeting on the Los Angeles County HIV/AIDS Strategy, released by DHSP on World AIDS Day 2017. Key stakeholders and local community members discussed how to increase collaboration to reduce annual infections, increase diagnoses, and increase viral suppression in their Health District to end the HIV epidemic. This summary reflects recommendations proposed by attendees to promote the Strategy, and increase efforts on HIV prevention, testing, and treatment. A total of 74 attendees participated in the call to action meeting.

60,946 people living
with HIV in LA County

7%

live in SGV Health
Districts

Health District Rankings

26 total health districts. Based on HIV Rate per 100,000

Pasadena

10

El Monte

20

Foothill

22

Pomona

23

Alhambra

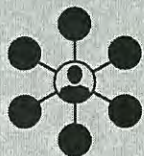
25

KEY TAKEAWAYS



Increase education & awareness

Build community awareness and knowledge of the Strategy by increasing presence at local community events (e.g. 626 Night Market); develop and maintain partnerships; focus on educating youth within the community; increase social media presence; advertise free medical care via Ryan White services



Conduct meaningful community engagement

Shift focus to a more grassroots perspective; conduct in-depth discussion forums on how to achieve the Strategy goals; engage non-traditional partnerships (boy/girl scouts, chamber of commerce, Black Lives Matter); develop strategies for outreach to specific populations (youth, transgender folks, undocumented individuals, etc.)



Align programming with Strategy goals

Identify opportunities to leverage existing funding streams; seek additional funding; incentivize referrals; address barriers to care by connecting organizations directly with community members; include PrEP in the California Healthy Youth Act

Understanding the Strategy

Who attended?

37 Members of the public
26 Commissioners
4 DHSP staff
7 Commission staff

97% of respondents either agreed or strongly agreed that they understand the Strategy goals.

The least understood Strategy goal is increasing viral suppression in the community. 17% disagreed or were neutral on understanding how to achieve this goal.

50% agreed that they understand the meaning of Health Districts, 7% strongly agreed, 6% disagreed or strongly disagreed, and 20% were neutral

TOP INSIGHTS FROM SMALL GROUP DISCUSSIONS



Identify Community Resources

Assess community readiness concerning HIV & related issues; include front line staff, non-traditional partners, providers & physicians, PrEP navigators, Medical Care Coordination teams, health educators & school districts in Strategy engagement; create a network of wrap around services and referrals; provide funding to health districts for Strategy implementation.



Increase Collaboration

Eliminate silos; incentivize collaboration; build coalitions within health districts; focus on mental health, homeless and undocumented populations; seek multi-disciplinary/diverse funding; form peer based education discussion groups; establish quarterly meetings with providers & advocate for better reimbursement for providers.

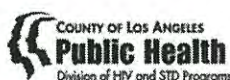


Achieve Strategy Goals

Utilize a modern social media approach for Strategy dissemination & education; tailor language for specific populations (e.g. youth, women); focus on social determinants of health that affect adherence; increase PrEP education & awareness; provide health districts with more information or timeline on next steps; establish accountability & align scopes of work with the Strategy; provide funding to health districts for Strategy implementation.

Join the movement to end the HIV/AIDS epidemic, once and for all.
Visit www.LACounty.HIV to learn more.

Interested in staying connected with the Commission on HIV? Email hivcomm@lachiv.org to be added to the listserv.





LOS ANGELES COUNTY HIV/AIDS STRATEGY FOR 2020 AND BEYOND

**Continuing the Community Dialogue
in the Antelope Valley**

Join us as we discuss the Los Angeles County
HIV/AIDS Strategy. Let's work together to end the
HIV epidemic, once and for all.

Thursday, July 19, 2018

11:00am – 1:00pm*

**Registration begins at 10:30am.
Lunch and Spanish language interpretation
will be provided.**

**Antelope Valley Partners for Health
44226 10th St. West, Lancaster, CA 93534**

***Optional tour of the Tarzana Treatment Center
located at 907 West Lancaster Blvd.,
Lancaster, CA 93534 from 1:30pm to 2:30pm**

Free parking is available on site. For public transportation, please visit:
<https://www.metro.net/riding/trip-planner/>.

Spanish language interpretation will be available. For more information,
visit our website at <http://hiv.lacounty.gov/> or call (213) 738-2816.



LOS ANGELES COUNTY
COMMISSION ON HIV



COUNTY OF LOS ANGELES
Public Health
Division of HIV and STD Programs



ESTRATEGIA CONTRA EL VIH/SIDA DEL CONDADO DE LOS ANGELES PARA 2020 Y EN ADELANTE

**Continuar el diálogo con la comunidad
en el Valle de Antelope Valley**

Únase a nuestro debate sobre la Estrategia contra el VIH/SIDA del Condado de Los Angeles. Trabajemos juntos para poner fin a la epidemia de VIH de una vez por todas.

Jueves, 19 de Julio de 2018

11:00 a.m. – 1:00 p.m. *

El registro comienza a las 10:30 a.m.

*** Se proporcionará almuerzo
e interpretación en Español.**

**Antelope Valley Partners for Health
44226 10th St. West, Lancaster, CA 93534**

*** Recorrido Opcional de el Centro de
Tratamiento de Tarzana en**

**907 West Lancaster Blvd., Lancaster, CA 93534
de 1:30 pm á 2:30 pm**

Estacionamiento gratis en el sitio. Para consultar transporte público, visite:
<https://www.metro.net/riding/trip-planner/>.

Habrà disponible servicios de interpretación en español. Para más información, visite nuestro sitio web en <http://hiv.lacounty.gov/> o llame al (213) 738-2816.



LOS ANGELES COUNTY
COMMISSION ON HIV



COUNTY OF LOS ANGELES
Public Health
Division of HIV and STD Programs





LOS ANGELES COUNTY COMMISSION ON HIV



2018 Commission on HIV (COH) & Los Angeles County HIV/AIDS Strategy (LACHAS) Meetings - Call to Action Schedule

ISUBJECT TO CHANGE/Updated 7.9.181 * Denotes additional meeting

June 2018

DAY	TIME	MEETING TYPE	LOCATION	SPA
14 THURSDAY	9 am - 1:30 pm	Commission Meeting	Lambert Park Auditorium 11431 McGirk Ave El Monte, CA 91732	SPA 3 - San Gabriel Valley (Pasadena, Alhambra, El Monte, Foothill, Pomona)

July 2018

DAY	TIME	MEETING TYPE	LOCATION	SPA
12 THURSDAY	9 am - 12:45 pm	Commission Meeting	St. Anne's Conference Center 155 N. Occidental Blvd. Los Angeles, CA	
19* THURSDAY	11 am - 2:30 pm 11-1 pm Call to Action Meeting 1:30-2:30 optional tour of Tarzana Treatment Center (TTC)	LACHAS Community Meeting TTC tour @ 907 W. Lancaster Blvd	Antelope Valley Partners for Health 44226 10th St. West Lancaster, CA 93534	SPA 1 - Antelope Valley Antelope Valley

August 2018

DAY	TIME	MEETING TYPE	LOCATION	SPA
9 THURSDAY	9:30 am - 12:30 pm	Commission & LACHAS Meeting Call to Action meeting 9:30 am to 11:30 am; Working Lunch and COH meeting to follow at 12 to 12:30 Optional tour of MLK Campus and nearby agencies after the meeting	Bateman Hall 11331 Ernestine Ave, Lynwood, CA 90262	SPA 6 - South (Compton, South LA, Southeast, Southwest)
16* THURSDAY	10 am - 12 pm	LACHAS Community Meeting	TBD	SPA 5 - West LA



LOS ANGELES COUNTY COMMISSION ON HIV



2018 Commission on HIV (COH) & Los Angeles County HIV/AIDS Strategy (LACHAS) Meetings - Call to Action Schedule

[SUBJECT TO CHANGE/Updated 7.9.18] * Denotes additional meeting

September 2018

DAY	TIME	MEETING TYPE	LOCATION	
13 THURSDAY	9 am - 1:30 pm	Commission Meeting Member Orientation to follow COH meeting	Music Center	
19* WEDNESDAY	TBD (2 hour time block between 2 to 5 pm) Time will depend on venue availability	LACHAS Community Meeting	TBD	SPA 7- East Bellflower, E. Los Angeles, San Antonio, Whittier

October 2018

DAY	TIME	MEETING TYPE	LOCATION	SPA
11 THURSDAY	9 am - 1:30 pm	Commission & LACHAS Meeting	St. Anne's Conference Center 155 N. Occidental Blvd. Los Angeles, CA	4 - Metro (Hollywood-Wilshire, Central, Northeast)
18* THURSDAY	10 am - 12 pm	LACHAS Community Meeting	TBD	SPA- 8 South Bay (Inglewood, Torrance, Harbor, Long Beach)

November 2018

DAY	TIME	MEETING TYPE	LOCATION	
8 THURSDAY	9 am to 4:30 pm	Annual Commission Meeting	St. Anne's Conference Center 155 N. Occidental Blvd. Los Angeles, CA	

December 2018

DAY	TIME	MEETING TYPE	LOCATION	
13 THURSDAY	9 am - 1:30 pm	Commission Meeting	TBD	
CONFLICTS WITH RYAN WHITE CONFERENCE DEC. 11-14/ CANCELLED				

7. 2018 COLLOQUIA SERIES

Health Disparities, Risk Behaviors and Healthcare Utilization
among Transgender Women in Los Angeles County: A
Comparison from 1998-1999 to 2015-2016.

Presenter: Cathy J. Reback, PhD

HIV Research & Community Colloquia Series 2018

The Los Angeles County Commission on HIV and the UCLA Center for HIV Identification, Prevention, and Treatment Services invite you to attend

Health Disparities, Risk Behaviors and Healthcare Utilization among Transgender Women in Los Angeles County: A Comparison from 1998-1999 to 2015-2016

Cathy Reback, PhD

Senior Research Scientist, Friends Research Institute, Inc.

Director, Combination Prevention Core

Center for HIV Identification, Prevention and Treatment Services

St. Anne's Maternity Home

155 N. Occidental Blvd

Los Angeles, CA 90026

Thursday, July 12, 2018

9:30am to 10:30am*

This presentation will discuss the results from two studies of transgender women in Los Angeles County using the same methodology and survey assessment, comparing structural determinants of health, HIV/STI prevalence, HIV risk behaviors, substance use, gender confirmation procedures, and perceived discrimination and harassment/abuse across a 17-year time period. These findings elucidate specific areas of transgender women's health and risk profiles that improved or worsened across this time period. While healthcare access has improved, transgender women continue to face significant barriers to good health, indicating the need for increased attention to this population.



**LOS ANGELES COUNTY
COMMISSION ON HIV**



CHIPTS
Center for HIV Identification, Prevention
and Treatment Services

*as part of the Commission on HIV meeting agenda. No registration required.

Cathy J. Reback, PhD, is a Senior Research Scientist with Friends Research Institute, a Research Sociologist with the UCLA Integrated Substance Abuse Programs, and the Director of the Combination Prevention Core for the UCLA Center for HIV Identification, Prevention and Treatment Services. Additionally, Dr. Reback is the founder and Executive Director of Friends Community Center the community-based site for Friends Research Institute, which provides publicly funded, culturally tailored, substance abuse and HIV prevention services for MSM and transgender women and outpatient methamphetamine abuse treatment services. The focus of Dr. Reback's research is an examination of the intersection of substance use disorders and HIV sexual risk behaviors among sexual and gender minority status individuals in community settings. Dr. Reback has an extensive background in conducting community-research collaborations, managing large-scale HIV prevention and intervention programs for sexual and gender minority status individuals, designing and implementing technology-based interventions, designing and implementing venue- and street-based intervention programs, evaluating behavioral and biomedical treatment therapies for high-risk populations with substance use and mental health disorders, and conducting mixed methods research studies. Additionally, she has collaborated with several local community-based organizations to adopt, tailor, and transfer evidenced-based interventions into public health and community settings. Dr. Reback's community and policy work includes current and past membership on numerous local and national HIV/AIDS and substance abuse task forces and advisory committees.

**Health Disparities, Risk Behaviors and
Healthcare Utilization among Transgender
Women in Los Angeles County:
A Comparison from 1998-1999 to 2015-2016**

Cathy J. Reback, Ph.D.

Friends Research Institute, Inc.
Center for HIV Identification, Prevention and Treatment Services (UCLA CHIPTS),
UCLA David Geffen School of Medicine
Department of Family Medicine
University of California, Los Angeles

Presented to the Los Angeles County Commission on HIV
Los Angeles, California, July 12, 2018.

Collaborators

Study 1:

Paul A. Simon, M.D., M.P.H.
Cathleen C. Bemis, M.S.
Bobby Gatson
Los Angeles County Department of Public Health

Study 2:

Jesse B. Fletcher, Ph.D.
Friends Research Institute

Kirsty A. Clark, M.P.H.
Ian W. Holloway, Ph.D.
University of California Los Angeles

Acknowledgments

Research Assistants

Study 1:

Talia Bettcher, Ph.D.,
Jordan Blaza
Liz Gonzalez

Study 2:

Prudence Mendiola
Alvy Rangel

...And we acknowledge and thank the Los Angeles trans/
gender non-binary/non-conforming communities for their support of both studies.

Study 1 was supported by the California HIV/AIDS Programs (formerly University of California
Universitywide AIDS Research Program), grant #PC97-LAC-012L. Study 2 was supported by the
National Institute on Drug Abuse, grant #R21DA037816.

Background

- Trans women face numerous adverse health disparities in comparison to cisgender individuals:
 - ✓ Higher rates of substance use
 - ✓ Higher HIV and STI prevalence and incidence rates
 - ✓ Higher HIV sexual risk behaviors
 - ✓ Higher rates of mental health disorders including depression, anxiety and suicidality
- Due to structural barriers (i.e., law and policies) and interpersonal stigmatization (everyday episodes of prejudice, harassment, abuse, discrimination), trans women experience:
 - ✓ Higher rates of unemployment
 - ✓ Higher rates of housing insecurity
 - ✓ Lower income
 - ✓ Lower educational attainment
- All of the above, are predictors of poor health

Background (cont'd)

- The cyclical nature of health disparities:
 - ✓ Prejudice, harassment, abuse, discrimination → forced out of legitimate economies, education, housing → exchange sex, sex work, transactional sex to survive → increased risk for HIV, STIs, violence, incarceration → numerous adverse health disparities
- No study has investigated how these health disparities and determinants have improved or worsened over time
 - ✓ While there have been extensive efforts in the past decade to increase health research and implement tailored interventions for trans women, the impact of these efforts remains unclear without data from comparison studies across time

A Comparison from 1998-1999 to 2015-2016:

Objective:

This is the first study to compare trans women's health disparities, HIV prevalence rates, HIV risk behaviors, substance use, healthcare utilization, and experiences of discrimination over two distal time points

Aim:

To understand how trans women's health disparities in LAC have improved or worsened across multiple categories over time, so as to better inform health interventions focused on the unmet needs of trans women

Methods

- Data from two studies of trans women in Los Angeles County that used the same methodology, same survey assessment, same Investigator
 - ✓ Study 1: 1998-1999, N=244
 - ✓ Study 2: 2015-2016, N=271
- Recruitment
 - ✓ Street- and venue-based outreach and from collaborating CBOs
- Baseline assessment only, no follow-up assessment
 - ✓ Study 1: Paper assessment
 - ✓ Study 2: Audio Computer-Assisted Self-Interview (ACASI)
- Compensation:
 - ✓ Study 1: \$15
 - ✓ Study 2: \$50
- All research assistants identified as trans women
- *Los Angeles Transgender Health Survey* (Reback et al., 2001)
 - ✓ 7 modules including sociodemographics, healthcare access, medical history

Study Eligibility

- Aim to recruit moderate- and high-risk trans women to assess risk and protective behaviors
- Study 1:
 - ✓ 18 years of age or older
 - ✓ Lived in LAC
 - ✓ Identified as a trans woman or as a woman who was assigned the male sex at birth
- Study 2:
 - ✓ 18 years of age or older
 - ✓ Lived in LAC
 - ✓ Identified as a trans woman or as a woman who was assigned the male sex at birth
 - ✓ Use of alcohol (any amount) or an illicit substance (including non-medically prescribed marijuana) or unprotected anal intercourse (either insertive or receptive) in the past 6 months



Sociodemographics

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Age	18-29	132	(54.1%)	109	(40.2%)	39.8 ($<.0001$)
	30-39	85	(34.8%)	68	(25.1%)	
	40+	27	(11.1%)	94	(34.7%)	
Racial/ Ethnic Identity	Hispanic/Latina	120	(49.2%)	114	(42.1%)	47.2 ($<.0001$)
	African-American/Black	17	(7.0%)	82	(30.3%)	
	Non-Black/Non-Hispanic	107	(43.9%)	75	(27.7%)	
Sexual Identity	Heterosexual/Straight	187	(76.6%)	199	(73.7%)	0.72 (0.869)
	Homosexual/Gay/Lesbian	22	(15.3%)	28	(10.4%)	
	Bisexual	14	(5.7%)	17	(6.3%)	
	Other/Don't Know/Refused	21	(8.6%)	27	(9.9%)	

Sociodemographics (cont'd)

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Education Level	Less than High School/GED	114	(46.7%)	99	(36.5%)	15.9 (.0003)
	High School/GED	54	(22.1%)	104	(38.4%)	
	Greater than High School/GED	76	(31.1%)	68	(25.1%)	
Income (past 30 days)	< \$1,000	122	(50.0%)	211	(83.7%)	65.8 ($<.0001$)
	\$1,000-\$2,999	98	(40.2%)	28	(11.1%)	
	> \$3,000	24	(9.8%)	13	(5.2%)	

Structural Health Determinants

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Housing Status	Not Homeless	234	(95.9%)	231	(85.2%)	16.7 ($<.0001$)
	Homeless	10	(4.1%)	40	(14.8%)	
Healthcare Insurance	Has Health Insurance	85	(34.8%)	209	(77.1%)	102.9 ($<.0001$)
	Does not Have Health Insurance	156	(63.9%)	54	(19.9%)	
	Unknown Refused	3	(1.2%)	8	(3.0%)	
Type of Healthcare Insurance	Medical/Medicare/Medicaid	43	(17.6%)	153	(56.5%)	29.2 ($<.0001$)
	Private/Employer/HMO	42	(17.2%)	33	(12.2%)	

HIV and STI Prevalence						
		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
HIV Status	HIV Negative	189	(77.5%)	159	(58.7%)	26.2 ($<.0001$)
	HIV Positive	54	(22.1%)	96	(35.4%)	
	Unknown/Refused	1	(0.04%)	16	(5.9%)	
STI History (Lifetime) ^a	Gonorrhea	32	(13.1%)	65	(24.0%)	14.3 (.0063)
	Syphilis	29	(11.9%)	71	(26.3%)	
	Chlamydia	5	(2.0%)	48	(17.7%)	
	Genital/Rectal Warts	17	(7.0%)	25	(9.2%)	
	Genital Herpes	10	(4.1%)	16	(5.9%)	

^aMultiple/responses possible

HIV Sexual Risk Behaviors						
		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Condomless Anal Sex ^a	With Main Partner(s)	68	(27.9%)	87	(32.1%)	2.4 (.306)
	With Casual Partner(s)	48	(19.6%)	89	(32.8%)	
	With Exchange Partner(s)	34	(13.9%)	51	(18.8%)	
	Any	115	(47.1%)	151	(55.7%)	
Sex Work as Main Source of Income (past 6 months)	Sex Work as Main Source of Income	121	(49.6%)	98	(36.2%)	9.5 (.002)
	Sex Work NOT Main Source of Income	131	(50.4%)	173	(63.8%)	
^a Multiple/responses possible						

Substance Use						
		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Substance Use (past 6 months) ^a	Alcohol	188	(77.1%)	109	(40.2%)	54.1 ($<.0001$)
	Cannabis/Marijuana	95	(38.9%)	147	(54.2%)	
	Methamphetamine	68	(27.9%)	74	(27.3%)	
	Cocaine	61	(25.0%)	27	(10.0%)	
	Crack	37	(15.2%)	11	(4.1%)	
	Poppers	24	(9.8%)	14	(5.2%)	
	Ecstasy	17	(7.0%)	19	(7.0%)	
^a Multiple/responses possible						

Gender Confirmation Procedures						
		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Hormone Use (past 6 months)	Non-prescribed	88	(36.1%)	27	(9.9%)	64.3 ($<.0001$)
	Prescribed/Medically Monitored	54	(22.1%)	132	(48.7%)	
Gender Confirmation Surgery ^a	Breast Augmentation	49	(20.0%)	32	(11.8%)	9.1 (.029)
	Rhinoplasty	44	(18.0%)	17	(6.3%)	
	Other Facial Surgery	15	(6.1%)	8	(3.0%)	
	Genital Reconstruction	7	(2.9%)	13	(4.8%)	
	(Vaginoplasty)					
^a Multiple/responses possible						

Perceived Discrimination and Abuse

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Perceived Discrimination (Lifetime)^a	Job (hiring)	115	(47.1%)	174	(64.2%)	1.5 (0.819)
	Job (fired)	71	(29.1%)	109	(40.2%)	
	Housing	73	(29.9%)	115	(42.4%)	
	Health services	32	(13.1%)	58	(21.4%)	
	HIV prevention services	10	(4.1%)	23	(8.5%)	
Abuse/ Harassment (Lifetime)^a	Verbal	195	(79.9%)	210	(77.5%)	1.9 (0.169)
	Physical	115	(47.1%)	154	(56.8%)	

^aMultiple/responses possible

Conclusions

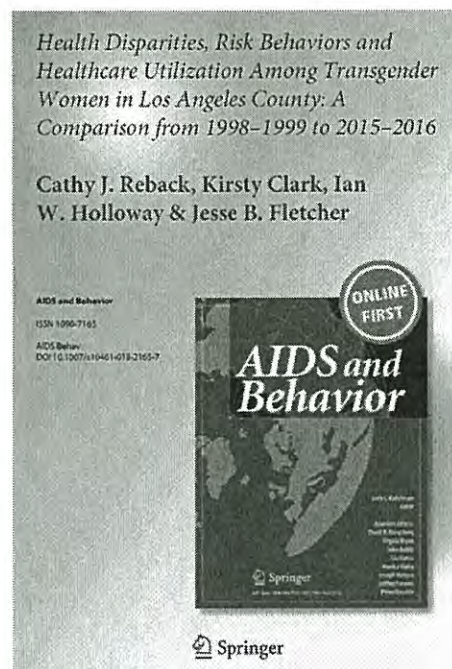
- Improved Determinants of Health from Study 1 to Study 2
 - ✓ Healthcare Insurance
 - ✓ Healthcare access / utilization
 - ✓ Nearly half (49%) in Study 2 reported access to prescribed or medically monitored hormones compared to one-fifth (22%) of Study 1
 - ✓ Non-prescribed / non-medically monitored hormone use, including injectable hormones and “fillers,” decreased from over one-third (36%) in Study 1 to approximately one-in-ten (10%) in Study 2
 - ✓ Fewer participants reported sex work as a main source of income

Conclusions (cont'd)

- Worsened Determinants of Health from Study 1 to Study 2
 - ✓ Homelessness / housing insecurity; three-fold increase from 4% in Study 1 to 15% in Study 2
 - ✓ Income; 50% reported a monthly income of less than \$1,000 in Study 1 and 84% in Study 2
 - ✓ Elevated rates of receptive condomless anal intercourse with every partner type including main partner(s), casual partner(s), and exchange partner(s)
 - ✓ Methamphetamine use remained high and stable
 - ✓ Similar or higher rates of discrimination, harassment and abuse in every category surveyed
 - ✓ Increased lifetime STI prevalence rate for every STI surveyed
 - ✓ HIV prevalence rate from 22% in Study 1 to 35% in Study 2

Conclusions (cont'd)

- Findings shed light on the numerous issues still faced by trans women 17 years after the initial study
- These findings highlight that trans women continue to face substantial barriers to achieving optimum or even satisfactory health outcomes
- To improve trans women's healthcare outcomes, public health professionals must be trained and culturally responsive, and implement health-related interventions that are specifically tailored to address the immense structural and interpersonal barriers faced by trans women
- Despite identifying trans women as a funding priority and increased funding efforts, HIV, STIs, and sexual risk behaviors are all highly prevalent and difficult to prevent
- HIV and STI prevention efforts targeting trans women must take into account the numerous structural barriers faced by the population, and ensure that HIV and STI prevention efforts consider and target these barriers



Thank you!

Cathy Reback

reback@friendsresearch.org

**10. HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH
HIV/AIDS (HOPWA) REPORT:**

- A. Los Angeles Homeless Services Authority (LAHSA)
Homeless Count Update



2018 Greater Los Angeles Homeless Count - Data Summary

Los Angeles County¹

Population ¹	Sheltered	Unsheltered	Total	Prevalence of Homeless Pop. (%)	Percent Change 2017 - 2018	Significant Difference 2017 - 2018 ²
All Persons						
All Persons	13,369	39,826	53,195	100%	-3%	Yes
Household Composition						
Individuals (Those not in family units)	6,830	38,082	44,912	84%	-4%	Yes
Chronically Homeless	896	13,010	13,906	26%	-17%	Yes
Veterans	1,041	2,778	3,819	7%	-19%	Yes
Unaccompanied Minors (Under 18)	35	28	63	0.1%	-36%	No
Family Members (Those in family units)	6,504	1,716	8,220	15%	-1%	No
Children in Families (Under 18)	3,944	942	4,886	9%	-2%	No
Chronically Homeless	91	392	483	1%	-11%	No
Veterans	25	63	88	0.2%	+76%	Yes
Veterans						
All Veterans	1,066	2,844	3,910	7%	-18%	Yes
Chronically Homeless Veterans	183	1,485	1,668	3%	-21%	No
Gender						
Male	7,346	28,338	35,684	67%	-4%	Yes
Female	5,894	10,516	16,410	31%	-4%	No
Transgender	118	801	919	2%	+91%	Yes
Gender Non-Conforming	11	171	182	0.3%	+29%	No
Age						
Under 18	3,979	970	4,949	9%	-2%	Yes
18 - 24	1,521	1,578	3,099	6%	-7%	No
25 and Over	7,869	37,278	45,147	85%	-3%	Yes
Chronically Homeless						
Individuals (Those not in family units)	896	13,010	13,906	26%	-17%	Yes
Family Members (Those in family units)	91	392	483	1%	-11%	No
Total Chronically Homeless Persons	987	13,402	14,389	27%	-16%	Yes

Health and Disability						
Health/Disability Indicator ³	Sheltered	Unsheltered	Total	Prevalence in Over 18 Homeless Pop. (%)	Percent Change 2017 - 2018	Significant Difference 2017 - 2018 ²
Substance Use Disorder	303	6,930	7,233	15%	-18%	Yes
HIV/AIDS	307	445	752	2%	-36%	Yes
Serious Mental Illness	1,360	11,610	12,970	27%	-16%	Yes

Domestic/Intimate Partner Violence						
Domestic/Intimate Partner Violence	Sheltered	Unsheltered	Total	Prevalence in Over 18 Homeless Pop. (%)	Percent Change 2017 - 2018	Significant Difference 2017 - 2018 ²
Homeless Due to Fleeing Domestic/Intimate Partner Violence	473	2,608	3,081	6%	N/A ⁴	N/A ⁴

Notes:

1. The Los Angeles County Data Summary includes Long Beach, Pasadena, and Glendale.

2. Significance tested at the 95% confidence interval.

3. Health/Disability indicators are not mutually exclusive (a person may report more than one). Numbers will not add up to 100%.

4. No data available to compare from 2017.

Data collected by Los Angeles Homeless Services Authority (May 2018).

Data from 2018 Greater Los Angeles Point-In-Time Count conducted in January 2018. Visit <http://www.lahsa.org/homeless-count/> to view and download data.

Los Angeles County Homeless Count:

HIV & Homelessness

Presentation

July 2018



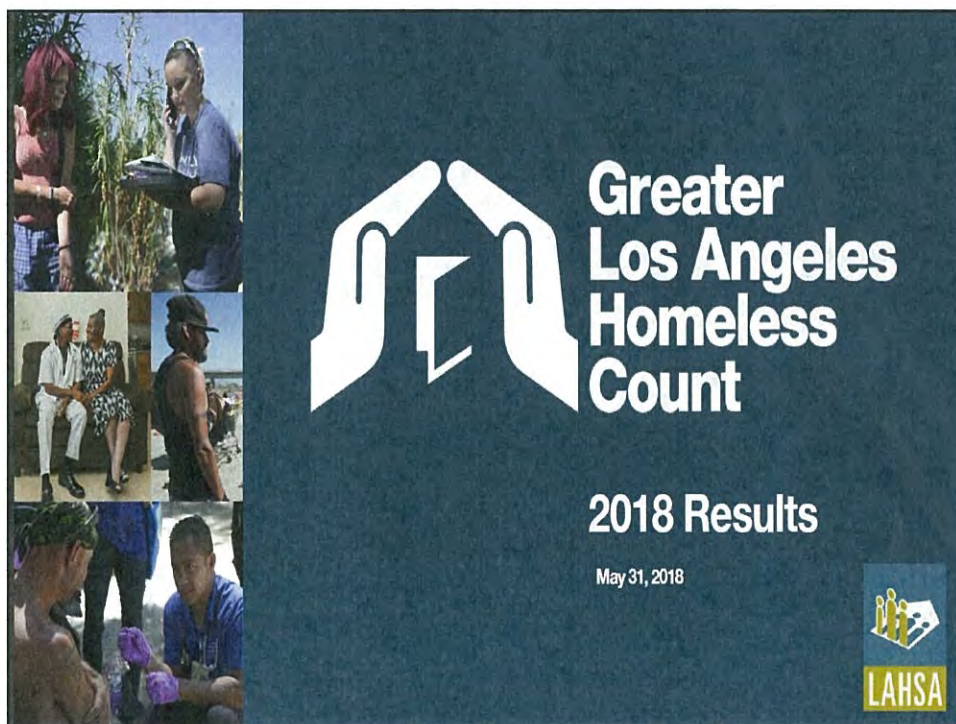
LAHSA

LOS ANGELES
HOMELESS
SERVICES
AUTHORITY

AGENDA

- Los Angeles County Homeless Count
- Los Angeles Homeless Services Authority (LAHSA) Efforts
- People Living With HIV/AIDS (PLWHA) Experiencing Homelessness
- Questions





Who We Count

Persons who meet HUD's definition of literal homelessness

Unsheltered

"An individual/family whose primary nighttime residence is public/private place not designed for or ordinarily used as a regular sleeping accommodation for human beings."

Sheltered

"An individual/family living in a supervised publicly or privately operated shelter designed to provide temporary living arrangement."

Emergency Shelters
Transitional Housing
Safe Havens
Emergency Hotel/Motel Voucher



Where We Count

- Los Angeles Continuum of Care (CoC)
 - 100% Census Tract Coverage (Street Count)
- Street Locations
 - Metro Lines, County Parks, Riverbeds
- Shelter Types
 - Emergency Shelters
 - Transitional Housing
 - Safe Havens
- LA CoC excludes Pasadena, Glendale, Long Beach



How We Count



Total Homeless Population



Single Adult



Adult Families



Transition Age Youth
(18 to 24)



Young Families



Unaccompanied Minors

Unsheltered

Street Count

Demographic Survey

Youth Count / Demographic Survey

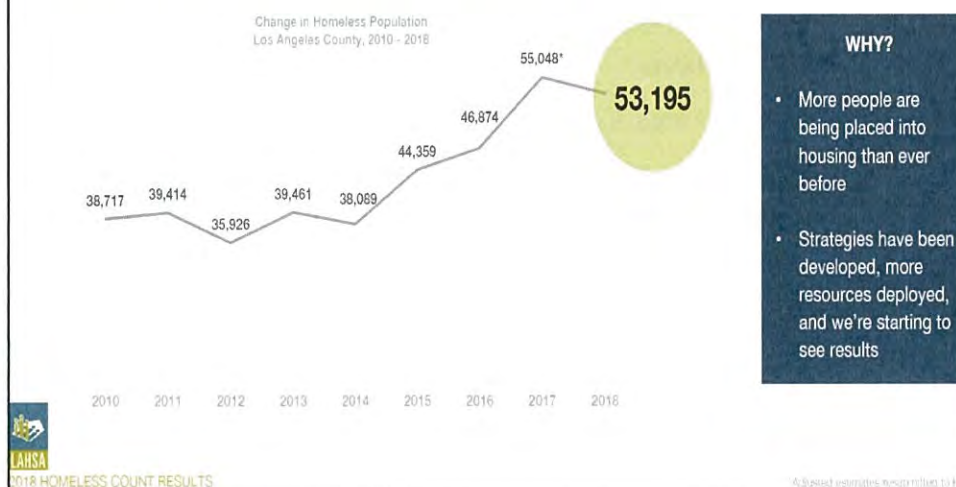
Sheltered

Shelter Count

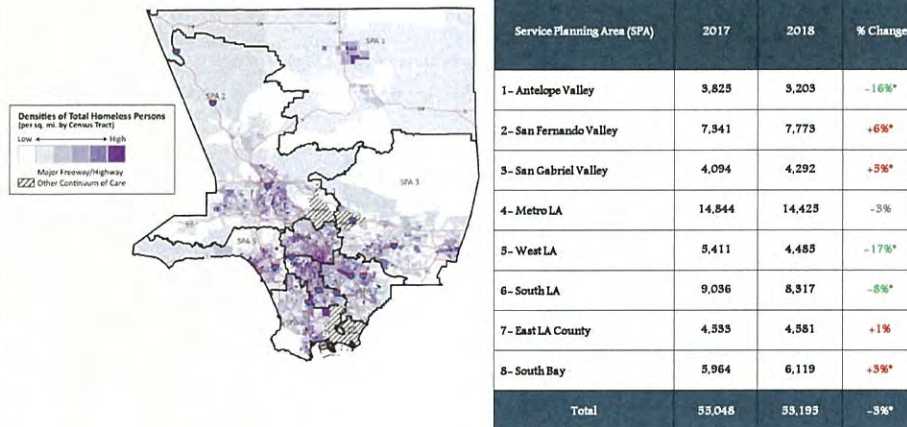
Shelter Intake Survey



For the first time in 4 years homelessness decreased



People Experiencing Homelessness by SPA



*Statistically Significant

Los Angeles
HOMELESS SERVICES AUTHORITY
Working Together to End Homelessness in Los Angeles



9

Strategic efforts to
address homelessness
are beginning to make
an impact



2018 HOMELESS COUNT RESULTS

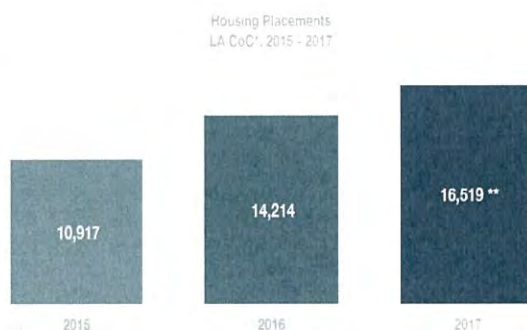
Los Angeles
HOMELESS SERVICES AUTHORITY
Working Together to End Homelessness in Los Angeles



10

More people are moving into homes

2017 was the highest year to date



*LA CoC includes Gender-Respect and Long Beach GRCs

**The HHS data system (HHS) caused a temporary disruption in data collection during 2017 resulting in fewer housing placements reported in the data system. Researchers Dennis O'Hare and Stephen Metraux used an historical statistical model to estimate that the total number of housing placements was 16,225.

2018 HOMELESS COUNT RESULTS



What's Working:

- ✓ Created new supportive and rapid re-housing resources
- ✓ Expanded landlord incentive programs
- ✓ Expanded move-in financial assistance

LA's Plan Moving Forward:

- Adding housing location services
- Linking affordable housing to the Coordinated Entry System
- Launching Shallow Subsidy program
- Implementing Year 2 of Proposition HHH and Measure H to create more housing

Veteran homelessness decreased 18%

Dedicated resources, continued hard work, local leadership



2018 HOMELESS COUNT RESULTS



What's Working:

- ✓ Established a Countywide Veterans Benefit Advocacy Program
- ✓ Redesigned VA programs to target chronically homeless Veterans
- ✓ Enhanced direct-service staff collaboration
- ✓ Coordinated VA housing resources through the Coordinated Entry System

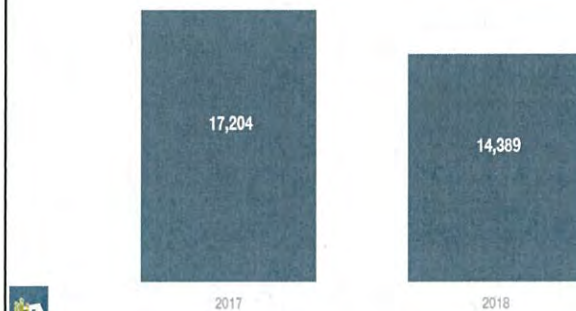
LA's Plan Moving Forward:

- Continuing to strengthen system collaboration between VA and the Coordinated Entry System
- Adding 800+ Veteran-specific supportive housing units
- Allocating \$20 million countywide to house Veterans experiencing mental health issues
- Creating countywide Veteran Peer Support Network

Chronic homelessness decreased 16%

Prioritizing our most vulnerable

Chronically Homeless Persons
Los Angeles County, 2017 & 2018



2018 HOMELESS COUNT RESULTS

What's Working:

- ✓ Focused Coordinated Entry System services for chronic/high-need population
- ✓ Dedicated half of all HACoLA turnover housing choice vouchers
- ✓ Streamlined supportive housing process

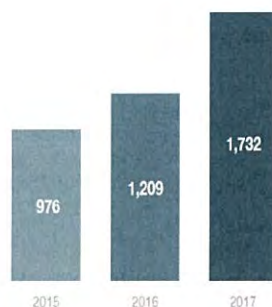
LA's Plan Moving Forward:

- Strengthening linkages to medical services
- Reducing housing barriers through legal assistance services
- Implementing Proposition HHH and Measure H resources to create new supportive housing units

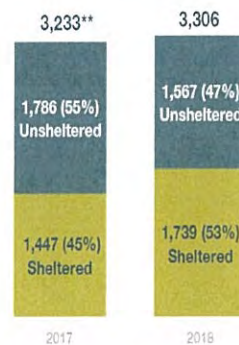
Youth housing placements increased 43%

The number of sheltered youth increased 20%

Youth Placed into Housing
LA CoC*, 2015 - 2017



Total Homeless Youth Population
Los Angeles County, 2017 & 2018



*LA CoC includes Greater Pasadena and Long Beach CoCs

2018 HOMELESS COUNT RESULTS

**Adjusted estimate resubmitted to HUD

What's Working:

- ✓ Created 276 new youth interim housing beds
- ✓ Launched youth family reconnection program
- ✓ Added 196 rapid re-housing slots dedicated for youth

LA's Plan Moving Forward:

- Enhancing youth drop-in centers
- Adding 350 new interim housing beds dedicated for youth
- Adding 129 supportive housing units dedicated for youth



Los Angeles has a growing affordable housing crisis



Los Angeles County needs over 565,000 new affordable housing units for low income renters – 16,000 more than the previous year



Since 2000, median rent in Los Angeles County has increased 32% while median renter household income has decreased 3%*



Los Angeles County has the highest poverty rate across all counties in the state at nearly 25%**

When accounting for housing costs and cost-of-living, California has the highest poverty rate in the country at over 20%***



2018 HOMELESS COUNT RESULTS

Source: California Housing Partnership Corporation (May 2018), Los Angeles County's Housing Emergency and Proposed Solutions

*Adjusted Inflation

Source: California Housing Partnership Corporation (May 2017), Los Angeles County Renters in Crisis: A Call for Action

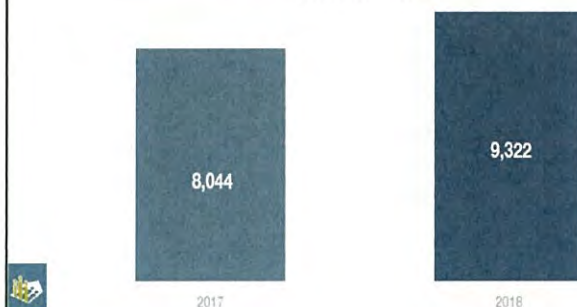
**California Poverty Measure (CPM), a measure developed by the Paul D. McCloskey Institute of California (PDI) and the Stanford Center on Poverty and Inequality, average poverty rates from 2011-2015

***University of California, Berkeley's Center for Social and Community Development (CSCD), average poverty rates from 2014-2016

More people are falling into homelessness for the first time

46% of the 9,322 people experiencing homelessness for the first time said it was due to a loss of employment or other financial reasons

First Time Experiencing Homelessness Within the Last Year
Unsheltered Adults 25+ & Children in Adult Families
LA CoC*, 2017 & 2018



2018 HOMELESS COUNT RESULTS

LA CoC excludes Glendale, Pasadena, and Long Beach CoCs



Current Strategies:

- ✓ Expanded family homelessness prevention services
- ✓ Launched youth and adult prevention services
- ✓ Targeted services to people exiting jails, foster care, and hospitals who would otherwise become homeless
- ✓ Supporting the development and preservation of affordable housing

LA's Plan Moving Forward:

- Launching prevention pilot in a high eviction neighborhood
- Expanding services for people at-risk of experiencing homelessness
- Creating new affordable housing

Homelessness remains visible on our streets

3 out of 4 people remain unsheltered

 **39,826**
(75%) Unsheltered

 **13,369**
(25%) Sheltered



The number of

- Vehicles
- Tents
- Makeshift shelters

increased 5%*
from last year and
32%* since 2016



2018 HOMELESS COUNT RESULTS

LA CoC excludes Glendale, Pasadena, and Long Beach CoCs

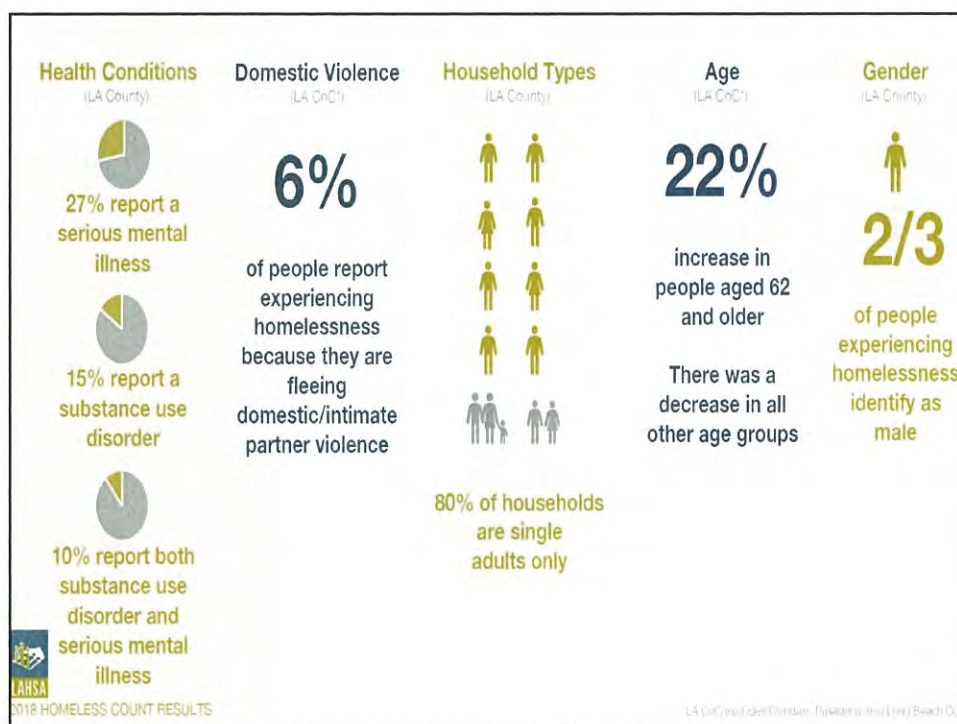


Current Strategies:

- ✓ Doubled the amount of outreach workers to 500
- ✓ Implemented a holistic outreach strategy

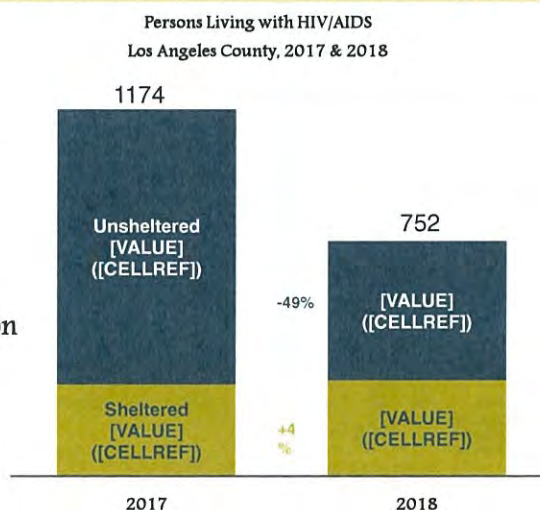
LA's Plan Moving Forward:

- Launching Centralized Outreach Referral Portal
- Adding more outreach workers
- Adding 3,250 interim housing units
- Expanding use of technology and data



HIV & Homelessness – Los Angeles County

- All LA County CoCs
 - # of PLWHA experiencing homelessness decreased by 36%
- Unsheltered population
 - 49% decrease
 - 445 PLWHA living on the streets
- Sheltered
 - 4% increase



Sheltered PLWHA Experiencing Homelessness – Los Angeles County

- LA CoC
 - Over half of all sheltered PLWHA PSH were in PSH
 - Pattern reflects push towards permanent housing
 - 143 PLWHA in crisis housing

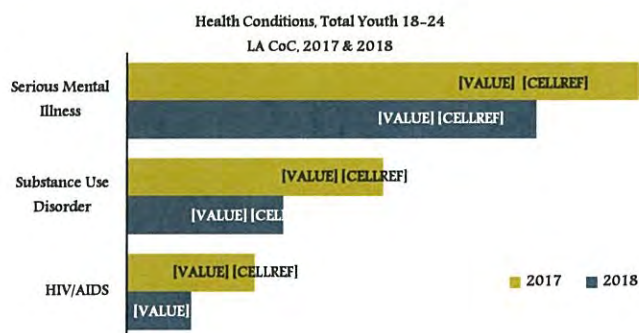
Housing Type	2018	%
Emergency	92	29.9
Transitional Housing	51	16.6
Permanent Supportive Housing (PSH)	164	53.4
Total	307	100

Data Source: Homeless Count – Includes data from Glendale, Pasadena, and LB



HIV Youth & Homelessness – LA CoC

Population of HIV+ homeless youth decreased by 50% in LA CoC



Challenges

- **Missing information from non-CoC funded providers who do not enter into HMIS**
 - Ryan White
 - HOPWA
 - Others
- **Reluctance to Disclosure Status**
 - Street Count
 - HMIS
 - Providers
- **VI-SPDAT**



Opportunities

- **Emergency, Transitional Housing**
 - Ryan White and HOPWA
- **Permanent Housing / Rapid Re-Housing**
 - LA CoC and HOPWA
- **HMIS**
 - Data Sharing
- **Coordination of Services**
 - Coordinated Entry System (CES)
 - VI-SPDAT



QUESTIONS?



13. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

A. July 2018 OA Report

California Department of Public Health (CDPH), Office of AIDS (OA)
Monthly Report
July 2018

This report is organized to align the updates with Strategies from the *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (the Plan). In April 2018, a Getting to Zero Baseline Report was released with new baseline measures for each Plan Objective, a description of formative activities, and a summary of next steps. The Plan and Baseline Report are available on the OA website at www.cdph.ca.gov/Programs/CID/DOA/Pages/OAmain.aspx.

Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization

Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)

- On June 21, 21 enrollment sites received their go-live date of June 25, to begin enrolling uninsured and insured clients into the PrEP-AP.
- As of June 21, there are 134 PrEP-AP enrollment sites.
- The OA webpage has been updated to include tools to assist enrollment workers in enrolling uninsured and insured clients in the PrEP-AP. These resources, along with job aids and policy documents, are available in the AIDS Drug Assistance Program (ADAP) Enrollment Worker SharePoint.
- As of June 21, OA has executed 20 contracts covering a total of 33 clinics who currently make up the PrEP-AP Provider Network:

Clinical Provider Name	County	# of clinics on contract
Primary Care at Home, Inc.	Alameda	1
Clinicas de Salud del Pueblo	Imperial	4
Los Angeles LGBT Center	Los Angeles	1
Kern County Department of Public Health	Kern	1
Dignity Health - St. Mary's Medical Center	Los Angeles	1
APLA Health & Wellness - Baldwin Hills	Los Angeles	2
Watts Healthcare Corporation	Los Angeles	1
St. John Well Child and Family Center	Los Angeles	1
East Valley Community Health Center	Los Angeles	2
Vista Community Clinic	Oceanside	1
Desert AIDS Project, Inc.	Riverside	1
One Community Health	Sacramento	1
San Ysidro Health	San Diego	2
San Francisco AIDS Foundation	San Francisco	1
UCSF 360 Positive Care	San Francisco	1

HealthRIGHT360	San Francisco	4
Asian & Pacific Islander Wellness	San Francisco	1
Santa Rosa Community Health Center	Sonoma	1
West County Health Centers	Sonoma	4
AIDS Healthcare Foundation	Alameda and San Francisco	2

Strategy F: Improve Overall Quality of HIV-Related Care

In July and August 2018, the HIV Care Branch will host two, two-day trainings for HIV Care Program contractors, one in northern and one in southern California. The training will discuss changes coming to the HIV Care Program (HCP), such as the Standards of Care and a financial eligibility requirement. OA will provide an overview of these changes, discuss implementation, and answer questions during the training. An email invitation will be sent to HCP Contractors soon, requesting they attend one of the two trainings. The training is only for HCP Contractors, not sub-contractors. Each HCP Contractor must send one attendee, and can send up to two.

Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP

Expansion of the Medicare Part D Premium Payment (MDPP) Program

- Effective June 14, 2018, the MDPP Program benefits have expanded to include payment of Medigap premiums and outpatient medical out-of-pocket claims up to a client's annual out-of-pocket maximum.

Employer Based Health Insurance Premium Payment (EB-HIPP) Program

- Effective May 24, 2018, new and existing ADAP clients who are currently enrolled in an employer-based health insurance premium plan may receive premium assistance for the client's (employee's) portion of their employer-based insurance premiums, if eligible.
- The EB-HIPP Program will pay medical and dental premiums, if eligible. If a vision premium is included in the medical or dental premium, the client will have their vision subsidized.
- The EB-HIPP Program will also pay the client's outpatient medical out-of-pocket claims up to a client's annual out-of-pocket maximum, if eligible.

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

As part of the FY 2018-19 state budget, the California legislature enacted a trailer bill that included the following changes to laws governing CDPH's ability to authorize syringe exchange programs (SEPs) and provide them with supplies. These changes went into effect on June 27, 2018:

- The January 1, 2019, sunset on CDPH's power to directly authorize new SEPs was repealed.
- The 90-day public comment period for review of new SEP applications was cut from 90 to 45 days.
- The legislature added a new section to the Health & Safety Code, which will allow an SEP already authorized by CDPH to request approval for changes to service locations, hours, or services model (e.g. mobile vs fixed site). The request will not be subject to the public comment requirements for new SEPs, and CDPH will respond to the request within 30 days.
- The state drug paraphernalia law was amended to allow CDPH, through the Syringe Exchange Supply Clearinghouse, to purchase and distribute any materials deemed necessary for disease prevention or safety. This change will allow OA to expand the Clearinghouse catalog to include materials needed for safer injection, such as "cookers" (bottle caps used for dissolving drugs) that were not previously available.
- The requirement that health officers report biennially (every other year) about SEPs was retained, and statute did not revert to the previously enacted annual reporting requirement.

General OA Updates

- Governor Brown signed the Enacted Budget on June 27, 2018. The Enacted Budget includes several changes for OA, which are outlined in a letter to stakeholders at the following link:
www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Stakeholder%20Letter%20FY%202018-19%20Enacted%20Budget%20Office%20of%20AIDS.docx.pdf.
- Dr. Karen Mark has been named the Medical Director at the California Department of Health Care Services (DHCS). As DHCS' Medical Director, she will join an incredible team to work on improving health care quality and clinical preventive services for over 13 million Californians on Medi-Cal, including over 47,000 living with HIV. Her last day at the OA was June 29, 2018. Dr. Mark would like to thank everyone for their collaboration over the years and for their dedication to California's Getting to Zero goals.
- Effective June 18, Karl Halfman is the new HIV Care Branch Chief. He has worked in public health at the state and local levels for over 22 years. Since 2005, Karl has worked at OA in various roles. He has a bachelor's degree in Cultural Studies from Pitzer College and a master's degree in Sociology from California State University, Sacramento.

For questions regarding this report, please contact: michael.foster@cdph.ca.gov.

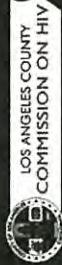
14. STANDING COMMITTEE REPORTS:

- A. Operations Committee:
 - 1. Membership Management
 - a. 2018 Proposed Membership Slate **MOTION #4**
 - 2. Assessment of the Administrative Mechanism (AAM) Draft Report
- B. Standards and Best Practices (SBP) Committee
 - 1. Legal Assistance Services Standards **MOTION #5**
- D. Public Policy Committee (PPC)

14. STANDING COMMITTEE REPORTS:

A. Operations Committee:

1. Membership Management
 - a. 2018 Proposed Membership Slate **MOTION #4**
2. Assessment of the Administrative Mechanism (AAM) Draft Report



2018 (PROPOSED) MEMBERSHIP SLATE | JULY 11, 2018

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative	1	SBP	<i>Vacant</i>	City of Pasadena Department of Public Health	July 1, 2017	June 30, 2019	
2	City of Pasadena representative	1	PP&A	Erika Davies	Dept. of Health and Human Services, City of Long Beach	July 1, 2016	June 30, 2018	
3	City of Long Beach representative	1	EXC	Deborah Owens Collins, PA, MSPAS, AAHVS	AIDS Coordinator's Office, City of Los Angeles	July 1, 2017	June 30, 2018	
4	City of Los Angeles representative	1	PP&A	Ricky Rosales	City of West Hollywood	July 1, 2016	June 30, 2018	
5	City of West Hollywood representative	1	EXC/PP&A	Derek Murray	DHSP, LA County Department of Public Health	July 1, 2016	June 30, 2018	
6	Director, DHSP	1		Mario Pérez, MPH		July 1, 2016	June 30, 2018	
7	Part B representative			<i>Vacant</i>	Los Angeles LGBT Center	July 1, 2016	June 30, 2018	
8	Part C representative	1	EXC/PP	Aaron Fox, MPH	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2016	June 30, 2018	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	Keck School of Medicine of USC	July 1, 2017	June 30, 2019	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Rand Shradler Clinic (SPA1), LA County Department of Health Services	July 1, 2016	June 30, 2018	
11	Provider representative #1	1	EXC/BBP	Joseph Cadden, MD		July 1, 2017	June 30, 2019	
12	Provider representative #2	1	TBD	<i>David Lee, MPH, LCSW</i>	<i>Charles Drew University</i>	July 1, 2016	June 30, 2018	
13	Provider representative #3	1	PP&A	Miguel Martinez, MSW, MPH	Children's Hospital Los Angeles	July 1, 2017	June 30, 2019	
14	Provider representative #4	1	EXC/OPS	Raquel Cataldo	Tarzana Treatment Center	July 1, 2016	June 30, 2018	
15	Provider representative #5	1	EXC/PP	Terry Goddard, MA	Alliance for Housing and Healing	July 1, 2017	June 30, 2019	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2016	June 30, 2018	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2017	June 30, 2019	
18	Provider representative #8	1	PP	Martin Saitah, MD	Rand Shradler Clinic (SPA1), LA County Department of Health Services	July 1, 2016	June 30, 2018	
19	Unaffiliated consumer, SPA 1	1	OPS	Michele Daniels	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
20	Unaffiliated consumer, SPA 2	1	PP&A	Abad Lopez	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
21	Unaffiliated consumer, SPA 3	1	EXC/PP&A	Jason Brown	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
22	Unaffiliated consumer, SPA 4			<i>Vacant</i>		July 1, 2016	June 30, 2018	Susan Forrest
23	Unaffiliated consumer, SPA 5	1	PP&A	Yolanda Sumpler	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
24	Unaffiliated consumer, SPA 6			<i>Vacant</i>		July 1, 2016	June 30, 2018	Alasdair Burton
25	Unaffiliated consumer, SPA 7	1	PP&A	Raphael Pena	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
26	Unaffiliated consumer, SPA 8			<i>Vacant</i>		July 1, 2016	June 30, 2018	
27	Unaffiliated consumer, Supervisorial District 1			<i>Vacant</i>		July 1, 2017	June 30, 2019	
28	Unaffiliated consumer, Supervisorial District 2			<i>Vacant</i>		July 1, 2016	June 30, 2018	Marcos Garcilazo
29	Unaffiliated consumer, Supervisorial District 3			<i>Vacant</i>		July 1, 2017	June 30, 2019	
30	Unaffiliated consumer, Supervisorial District 4			<i>Vacant</i>		July 1, 2016	June 30, 2018	Andrew Lopez
31	Unaffiliated consumer, Supervisorial District 5	1	TBD	<i>Diamante Johnson</i>	Unaffiliated Consumer	July 1, 2017	June 30, 2019	Eduardo Martinez
32	Unaffiliated consumer, at-large #1	1	PP&A	Russell Ybarra	Unaffiliated Consumer	July 1, 2016	June 30, 2018	Carlos Moreno
33	Unaffiliated consumer, at-large #2	1	EXC/OPS	Joseph Green	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
34	Unaffiliated consumer, at-large #3	1	EXC/OPS/BBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
35	Unaffiliated consumer, at-large #4	1	OPS	Bridget Gordon	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
36	Representative, Board Office 1	1	EXC/PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2016	June 30, 2018	
37	Representative, Board Office 2	1	EXC/OPS	Traci Bivens-Davis	N/A	July 1, 2017	June 30, 2019	
38	Representative, Board Office 3	1	PP	Katia Nelson, MPP	APLA	July 1, 2016	June 30, 2018	
39	Representative, Board Office 4	1	EXC/BBP	Ace Robinson, MPH	No Affiliations	July 1, 2017	June 30, 2019	
40	Representative, Board Office 5	1	SBP	Bradley Land	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
41	Representative, HOPWA	1	PP&A	Rebecca Ronquillo	City of Los Angeles, HOPWA	July 1, 2017	June 30, 2019	
42	Behavioral/social scientist	1	PP	Lee Kochens	Unaffiliated Consumer	July 1, 2016	June 30, 2018	
43	Local health/hospital planning agency representative			<i>Vacant</i>		July 1, 2017	June 30, 2019	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2016	June 30, 2018	
45	HIV stakeholder representative #2	1	PP	Greg Wilson	In the Meanline Men's Group	July 1, 2017	June 30, 2019	
46	HIV stakeholder representative #3	1	OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2016	June 30, 2018	
47	HIV stakeholder representative #4	1	EXC/PP	Eric Paul Leue	Free Speech Coalition	July 1, 2017	June 30, 2019	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLAM/KCH	July 1, 2016	June 30, 2018	
49	HIV stakeholder representative #6	1	TBD	<i>Alexander "Lucky" Fuller</i>	N/A	July 1, 2017	June 30, 2019	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHVS	W. King Health Care Group	July 1, 2016	June 30, 2018	
51	HIV stakeholder representative #8	1	TBD	<i>Jazelle Newsome</i>	<i>St. John's Well Child & Family Center</i>	July 1, 2017	June 30, 2019	
PROPOSED TOTAL: 41								
						VACANT	RENEWING	NEW

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



**LOS ANGELES COUNTY COMMISSION ON HIV
ASSESSMENT OF THE ADMINISTRATIVE MECHANISM
RWCA FISCAL YEARS 24, 25, 26**

*Conducted Under Contract By SST Nonprofit Services
June 2018*

EXECUTIVE SUMMARY

In general terms, the AAM shows that the overall administrative mechanism that supports the system of RWCA-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.

Background

The Los Angeles County Commission on HIV sought the services of a consultant to conduct an independent assessment of the Ryan White Part A funded administrative mechanism in the Los Angeles County Eligible Metropolitan Area (EMA). The Assessment of the Administrative Mechanism (AAM) is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in LA County. Ryan White Program Part A funding requires all Part A planning councils to conduct annual AAMs.

The AAM is intended to determine that the administrative mechanism procures services according to the planning council's established priorities and allocations; how effectively Ryan White Program funds are disbursed for HIV services, and oversight, monitoring and other functions. For purposes of this study, in the Los Angeles EMA, the "administrative mechanism" comprises the Ryan White Program-related work and responsibilities of the administrative agency (the Division of HIV and STD Programs (DHSP)), the planning council (the Commission on HIV), the grantee (Los Angeles County Department of Public Health), and the Chief Elected Official (CEO), which is the Los Angeles County Board of Supervisors.

The Commission's Operations Committee and Executive Director oversee the completion of the annual AAM, and supervise the contractor. For this year's AAM, the Operations Committee sought a multilayered assessment that would include input from key informants within all sectors of Los Angeles County's Ryan White Program-funded HIV service delivery system.

Methodology

Because the AAM had not been conducted in the previous three grant years, the current study was designed to elicit **perceptions** in aggregate form from three identified cohorts of key informants, including Commissioners, County programmatic and fiscal staff, and providers. The identified review period referenced in this AAM was agreed to be FY 2014, 2015 and 2016 (Ryan White Fiscal Years 24, 25, 26).

It was noted early on in the planning process that the Los Angeles EMA is quite “mature” in the sense that, more than 25 years after the creation of the RWCA and the first dedicated HIV funding in the County, the array of RWCA funded service providers has been in place and stable for many years, and contracts for services are typically renewed quite often for existing providers. There have been very few Requests for Proposals (RFPs) issued during the three year period being studied; consequently the determination was made at the outset to focus more on the overall perceptions of the members of three relevant focus areas regarding the planning, procurement and payment process, rather than on quantitative assessments of granular data of the various processes comprising the dissemination of RWCA funds.

The final Scope of Services was approved on November 6, 2017. Three cohorts of interviewees were identified:

- **Focus Area 1: Commission on HIV (COH) Perspectives**
A total of 24 of the identified members of the Operations and Executive Committees participated in one-on-one interviews, which were conducted either in person or over the phone.
- **Focus Area 2: Key DHSP/DPH Stakeholder Perspectives**
There were 12 members of the staffs of the Department of HIV and STD Services (DHSP), the Department of Public Health (DPH), COH staff, and the Executive Office of the Board (EOB) who were identified at the outset as having the most engagement with the process of contracting for services funded by RWCA. Some of the identified parties offered to include their coworkers, direct reports or associates in the interview sessions; consequently 14 individuals participated.
- **Focus Area 3: Contracted Agency Perspectives**
A total of 17 provider agencies were surveyed using a semi-structured interview tool that was similar to that used for the other two cohorts. A number of interviewees assembled teams of those in their agency who had direct knowledge of the various aspects of the contracting, monitoring and reimbursement processes.

The full study includes an overview and schematic of the contracting and solicitations process, which is conducted jointly by the entities comprising the administrative mechanism.

Observations and Recommendations

General Observations

As was noted by interviewees at all levels, the system of RWCA-funded client/patient care in Los Angeles County is very mature and a great many of the provider agencies have been both providing services for decades and have developed effective working relationships with DHSP. This high level of provider experience was noted to be a positive in terms of providing quality care (and doing so efficiently), however some observers and participants indicate it has become an inertia-laden “closed system” with little opportunity to bring in new providers who may be closer to emerging communities, geographic areas or specific needs.

Variations on the comment “well, it’s the County, you know how that is,” were also repeated many times among interviewees in all three focus areas. There is widespread resignation to the fact that Los Angeles County is a large and complicated bureaucracy that does things in its own, very complicated, ways. Those who have been working in this environment for many years have learned to deal with it, even while they wish it could be different. Ironically, the high level of difficulty in working within the system seems to have led to a relatively high level of “satisfaction” with it—that is, once you know the ropes, and find ways to deal with all the hurdles, you can get work done.

Summary of Recommendations *(refer to the full report for rationale and context)*

Regarding the Commission

While there was high satisfaction with the effectiveness and efficiency of the COH as a whole among those who are most regularly involved, the next level of assessment that would contribute to a complete picture would be a 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.**

A second recommendation is that **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.

Regarding DHSP and DPH

A recommendation made by one informant seems highly relevant: **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.** It was not within the scope of the current AAM to look into these systems, but they emerged often as impediments to efficiency. The lack of adequate numbers of items in both the EOC and the DHSP were noted by informants, so staffing levels should also be explored.

A companion recommendation to the above is that COH should 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.

Several interviewees noted the difficulty of finding unaligned, impartial, competent reviewers for the RFP process. **It is recommended that the COH 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 a "pool" of qualified reviewers (as HRSA does), and this suggestion should be revisited.**

Another recommendation was carried over from previous AAM processes, and was reiterated by sufficient numbers of Key Informants in the current study to reinforce its continuing relevance: **The DHP/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.

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.

Regarding Providers

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 summit" 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.

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.

General Recommendation

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.

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.**

Procedural Recommendations Regarding Future AAMs

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 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.

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.

Please refer to the full report for detailed information the process and observations leading to the above recommendations. For further information, please contact Lead Researcher Marc Hauptert of SST Nonprofit Services, who conducted the AAM, at Marc@SSTnonprofitServices.org.

14. STANDING COMMITTEE REPORTS (cont'd):

B. Standards and Best Practices (SBP) Committee

1. Legal Assistance Services Standards **MOTION #5**



LOS ANGELES COUNTY
COMMISSION ON HIV



LEGAL SERVICES STANDARDS OF CARE

For Full Commission Approval 7/12/18

Approved at SBP Meeting 6/7/18

INTRODUCTION

Service standards outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. The purpose of the service standards are to ensure that all Ryan White service providers offer the same fundamental components of the given service category. The standards establish the minimal level of care that a Ryan White funded agency or provider may offer in Los Angeles County.

The Los Angeles County Commission on HIV has developed the Legal Services Standards of Care to ensure people living with HIV (PLWH) receive accessible, quality care, as well as services and benefits to which they are entitled, regardless of where services are received in the County. The development of the Standards includes review of and alignment with recent Legal Services Request for Proposals from the Los Angeles County Department of Public Health - Division of HIV and STD Program and HOPWA, Health Resources and Services Administration (HRSA) guidelines, Housing Opportunities for Persons with AIDS (HOPWA) RFP, as well as Los Angeles County Commission on HIV – Standards & Best Practices Committee feedback and discussions, and content experts in the legal services arena.

LEGAL SERVICES OVERVIEW

Legal assistance is designed to help mitigate the impact of restrictive social and economic conditions for PLWH by providing relevant legal information, advice, and services. An individual's HIV-positive status may be directly related to a given legal issue. Even where HIV-positive status may not appear to be related, the stress and disruption caused by an unmet legal need may necessitate legal intervention. In a study conducted by The Williams Institute, data has shown that 90% of respondents living with HIV reported they had a legal need. Each individual had an average of 6 distinct legal needs in 4 issue areas.¹

Increasing access to justice for low-income and low-resources individuals is the purpose of providing HIV legal services. The services are intended to ensure access to and continuity of benefits and services that maintain optimal health and a higher quality of life for PLWH.

Services include consultation, referral, and representation in multiple areas of civil law, such as:

- Public and private benefits
- Advanced planning
- Credit and bankruptcy
- Health and disability insurance
- Housing and eviction prevention
- Discrimination and confidentiality
- Employment
- Gender rights
- Immigration
- Permanency planning for dependent children

Improved health outcomes and increased lifespans resulting from more effective treatment, and evidence based research verifying PLWH with an undetectable viral load have effectively little to no risk

of transmitting HIV, underscores the importance of legal assistance due to increased likelihood of legal issues related to the complex effects of behavioral, psychosocial, and medical implications of HIV. In addition, clients accessing services in Ryan White funded programs, the payer of last resort, often face multiple challenges with regard to the social determinants of health such as housing instability, and poverty.

SERVICE COMPONENTS

All services provided must be in accordance with procedures formulated and adopted by the State Bar of California and in compliance with all applicable federal, State, County, and local laws and regulations and all applicable rules of professional conduct governing the provision of legal services as they currently exist or shall exist at any future time.

All service components shall be delivered in a culturally and linguistically sensitive manner by culturally competent staff.

1. Legal Checkup

According to the CDC, individuals who test positive for HIV should be referred to legal services as soon as possible for counseling on how to prevent discrimination.² Clients living with HIV that are new to legal services shall be offered a legal checkup which includes a comprehensive one on one legal evaluation of all significant civil legal issues that may be helped by talking to an attorney. After a legal checkup, the client shall receive education and information on how to access needed legal assistance.

The legal checkup counseling session should review the following:³

- Public and private benefits (application and appeals for income and other safety net supports)
- Advanced planning (healthcare directives, financial power of attorney, simple wills)
- Consumer (debtor/creditor, bankruptcy)
- Health coverage and access to healthcare (appealing denials of care/service, disability insurance)
- Housing (eviction, poor conditions, service/support animal rights, requests for reasonable accommodations)
- Discrimination (occurring in healthcare, housing, and employment settings; gender rights)
- Confidentiality (disclosing status, healthcare privacy for minors and those under 26 years of age)
- Immigration (adjustment of status, naturalization)
- Criminal (traffic citations, criminal records expungement)
- Domestic violence (restraining orders, family law)

If a legal need is identified during the legal checkup that cannot be met by the current provider, legal services referral(s) must be provided to the client. Legal service providers will refer to the full compendium of Ryan White service providers to ensure access to and increase utilization of support services for clients.

2. Client Intake

A client intake is required for all PLWH who request or are referred to legal assistance services and should occur at the first meeting with the potential client. The intake records demographic data that includes personally identifiable information such as name, address, and date of birth. Client records for individuals receiving services must be maintained and client confidentiality shall be strictly enforced complying with all relevant legal practice standards of the State Bar of California.

The client intake file should, at minimum, include:

- Contact information
 - Name, home address, mailing address, phone number
- Eligibility Documentation
 - Verification of HIV diagnoses
 - Verification of income
 - Verification of residence in Los Angeles County
- Emergency and/or next of kin contact information
 - Name, home address, phone number
- Release of Information Form
 - Must be updated annually and include what type of information may be released
- Client Rights and Responsibilities Form
- Client Grievance Procedure Form & Limits of Confidentiality

3. Legal Assistance and Representation

Legal service providers will conduct appropriate action on behalf of clients to meet their legal needs. Such action includes offering relevant legal advice and counseling, advocating and negotiating on the client's behalf, providing legal services referrals to other providers/programs, as well as to pro bono attorneys, and representing clients in court and administrative proceedings where appropriate. After a referral is received, a legal services staff member or volunteer will respond within 3 business days to schedule the first legal checkup and client intake with the potential client.

HIV legal assistance service providers will fully inform clients about the nature of services offered, including their rights to engage in the generation and review of any legal goals and/or strategies, confidentiality, and their ability to terminate services at any time. It is the responsibility of the client to inform the legal service representative of any communication with other agencies and adverse parties relevant to the case. Documentation of legal representation efforts shall be maintained in the client record.

4. Referrals

Programs providing HIV legal assistance will provide legal services referrals and information regarding available resources and social services to clients. Documentation of referrals and linkages will be made in the client record.

5. Client Feedback

Legal service providers must allow for a formalized client feedback process to evaluate program effectiveness, customer service, and ensure quality improvement.

6. Case Closures

Legal service providers shall develop client-centered case closure criteria and procedures that ensure clients who have identified legal needs have access to addressing these needs. All attempts to contact the client and notifications regarding missed appointments and/or case closure will be documented in the client file, along with the justification for case closure. Cases will be closed in accordance with the State Bar of California's Rules of Professional Conduct.

Cases may be closed when the client:

- Has become ineligible for the service
- Has had no direct program contact in the past six months
- Is deceased
- No longer needs the service
- Decides to discontinue the service
- Is improperly utilizing the service
- Has not complied with the retainer contract

7. Outreach/Education

Legal service providers will promote, educate, and conduct outreach to HIV service providers, other supportive service organizations, and potential clients regarding the availability of legal assistance for PLWH.

An outreach plan will be developed that demonstrates collaboration with HIV medical outpatient providers and other service providers throughout the 26 Health Districts across Los Angeles County. The plan shall include proactive efforts, via educational forums, to educate and inform HIV service providers on how to access legal services with a specific focus on underserved communities based on socioeconomic status, gender identity, race, sexual orientation and/or nation of origin.

The outreach plan will include (at minimum):

- Written strategy for the provision of legal assistance that links with HIV medical outpatient services and other HIV support services
- Memoranda of Understanding (MOUs) to demonstrate formalized linkages
- Assessment of other available legal and social resources and services
- Required number of educational forums and potential dates and locations
- Timeline for implementing services
- Evaluation plan

8. Staffing Requirements

HIV legal assistance staff and attorneys will have the skills and ability to specialize in the areas of most critical need to PLWH. Staff, attorneys and volunteers will be trained and remain knowledgeable of relevant legal and non-legal HIV/AIDS issues. Staff attorneys, licensed by the state of California and members in good standing with the State Bar of California, will coordinate, supervise and/or provide all services. Note that immigration attorneys practice under the Federal system and do not need to be licensed by the State of California. Licensed volunteer attorneys, law students, law school graduates and other legal professionals, all under the supervision of a qualified staff attorney, may be used to expand program capacity. All legal assistance staff and volunteers onsite will complete an agency-based orientation before providing services.

All HIV legal services attorneys and volunteer attorneys will practice according to the American Bar Association's Model Rules for Professional Conduct (http://www.abanet.org/cpr/mrpc/mrpc_home.html) and the State Bar of California's Rules of Professional Conduct (http://www.calbar.ca.gov/state/calbar/calbar_extend.jsp?cid=10158)

TABLE 1. LEGAL SERVICES STANDARDS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
1. Legal Checkup	Legal service provider will partner with HIV testing agencies and medical providers to recruit potential clients.	MOU outlining referral processes on file at provider agency.
	Comprehensive legal checkup will review the following (at minimum): a. Public and private benefits b. Advanced planning c. Credit and bankruptcy d. Health and disability insurance e. Housing and eviction prevention f. Discrimination and confidentiality g. Employment h. Gender rights i. Immigration j. Permanency planning for dependent children	Client file will include the following (at minimum): a. Intake form (see Standard below) b. Completed legal assessment c. Referrals, interventions, results d. Documentation of all legal assistance and results Referrals to appropriate services as needed.
	Required forms are discussed and completed as appropriate. a. Release of Information b. Client Rights and Responsibility c. Client Grievance Procedure d. Limits of Confidentiality	Forms are signed, dated, and kept in client file. a. Release of Information Form must be updated annually.

SERVICE COMPONENT	STANDARD	DOCUMENTATION
2. Intake	Intake occurs during first contact with client and will collect (at minimum): a. Contact info b. Eligibility documentation c. Emergency and/or next of kin contact info d. Required forms	Completed intake form is included in client file.
3. Legal Assistance and Representation	Legal service provider will respond to potential clients (referrals or outreach efforts) within 3 business days to set up appointment.	Program policy and procedures included in a written document. Provided to staff at orientation.
	Legal service provider will fully inform clients about: a. Nature of services offered b. Right to engage in generation and review of any legal goals/strategies c. Confidentiality d. Ability to terminate services at any time	Program policy and procedures included in a written document. Provided to staff at orientation. Documentation included in client file.
4. Referrals	Programs will provide referrals and information on the full array of Ryan White service providers.	Referral list on file at provider agency. Documentation of referrals in client file.
5. Client Feedback	Legal service provider will seek feedback from clients, at minimum, annually. a. Provider takes necessary steps to address and incorporate feedback into program.	Tool utilized to seek feedback on file (e.g. online survey, evaluation form, client customer service form) a. Documentation of how feedback was addressed and implemented.
6. Case Closure	Legal service provider will follow up with clients who have missed appointments and may be pending case closure.	Number of attempts to contact and mode of communication documented in client file.
	Cases may be closed when the client: a. Has become ineligible for the service b. Has had no direct program contact in the past 6 months c. Is deceased d. No longer needs the service e. Is improperly utilizing the service	Justification for case closure documented in client file.

SERVICE COMPONENT	STANDARD	DOCUMENTATION
	f. Has not complied with the retainer contract	
7. Outreach and Education	Legal service provider will promote services and conduct outreach. Outreach plan will include: a. Written strategy for the provision of legal assistance that links with HIV medical outpatient services and other HIV support services b. Memoranda of Understanding (MOUs) to demonstrate formalized linkages c. Assessment of other available resources and services d. Required number of educational forums and potential dates and locations e. Timeline for implementing services f. Evaluation plan	Outreach plan is kept on file. Site visit will be conducted to verify activities.
	Legal service provider will collaborate with HIV service providers to set up a bi-referral system. HIV service providers include, but are not limited to, primary healthcare, supportive services, etc.	MOUs are kept on file.
8. Staffing Requirements	Attorneys are licensed to practice law in the State of California and are members in good standing of the State Bar of California. Immigration attorneys practice under Federal law and do not need to be licensed by the State of California.	Attorney and staff resumes, and applicable licenses, to be kept on file.
	Attorneys and staff must have the knowledge, skills and ability to specialize in HIV related issues and concerns. a. All staff and volunteers must attend an agency orientation before providing services. b. All staff and volunteers must attend a cultural sensitivity/humility training.	Sign-in sheets and/or certificate of completion for all trainings to be kept on file. Documentation included in staff and volunteer files.

SERVICE COMPONENT	STANDARD	DOCUMENTATION
	c. Staff and volunteers will attend any additional trainings pertaining to HIV related issues and concerns (e.g. DHSP trainings, HIV/STD Prevention trainings)	
	Qualified staff attorneys will coordinate, supervise and/or provide legal services to clients.	Policy and procedures manual and chart review to confirm.
	Qualified staff attorneys will supervise volunteers who may include: a. Licensed volunteer attorneys b. Law students c. Law school graduates d. Other legal professionals	Documentation of supervision on file at provider agency.

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REFERENCES

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14. STANDING COMMITTEE REPORTS (cont'd):

D. Public Policy Committee (PPC)



July 11, 2018

TO: NASTAD Members
FR: Murray Penner and Emily McCloskey
RE: Update: NASTAD Response to Report of Ryan White HIV/AIDS Program Funding
Used for Office of Refugee Resettlement Activities

You may have seen a recent [article](#) in Slate (see below) detailing the Trump Administration's plan to pay for child separation activities using, at least in part, Ryan White HIV/AIDS Program funds. We are working to obtain detailed information from HRSA about the reported transfers but meanwhile wanted to provide you with our analysis of the report.

The Secretary of Health and Human Services has, and has exercised, broad transfer authority, some of which has benefited our programs (ADAP Emergency Relief funding was provided as a transfer from several other agencies, for instance). Granted, there is great concern that Ryan White Program funds would be used for a purpose (housing separated children, for instance) that many might deem unacceptable and inhumane (among other claims). We do not hesitate to call that out as unjust.

We do, however, believe the funds referenced for transfer are likely those that are not current and therefore not eligible to be allocated to any Ryan White Program grantee. Current fiscal year appropriations have very likely already been obligated to grantees and it would be very difficult to deobligate those in order to move them to the reported child separation activities. As a reminder, when funds are unspent they are eligible to be returned to the Department of the Treasury and therefore can be used as the Administration deems appropriate. This is **the** reason we have strongly recommended that funds must be spent as they are available, as unspent funds present many challenges for us in continuing to advocate for additional resources and defending why the resources must be maintained.

NASTAD has no reason to believe the referenced transfers will impact current Ryan White Program funding in any way. We will keep you apprised as we learn more information about this issue.

Please contact [Emily McCloskey](#) if you have questions.

Trump's Office of Refugee Resettlement Is Budgeting for a Surge in Child Separations

The agency is planning to move funds for refugees and HIV/AIDS patients to cover the possible costs.

By MARK JOSEPH STERN
JULY 10, 2018 2:57 PM

The Office of Refugee Resettlement is preparing for the possibility of another surge in family separations. Internal documents obtained by Slate show that ORR has modeled a scenario in which the Trump administration's border policies could require the detention of thousands more immigrant children.

ORR—an agency within the Administration for Children and Families, which is itself a division of the Department of Health and Human Services—was caught off guard by the family separation policy, the documents reveal. In April, Attorney General Jeff Sessions announced that the Department of Justice would henceforth have “zero tolerance” for immigrants who cross the border without authorization. He expanded the policy in May by partnering with the Department of Homeland Security to prosecute immigrants for unlawful border crossing, a misdemeanor. Under zero tolerance, parents are imprisoned, and children are placed in ORR shelters, sometimes far from the border.

There are currently about 11,800 children in ORR's care. Alex Azar, the secretary of the Department of Health and Human Services, has stated that somewhere between 2,000 and 3,000 of those children were separated from their parents at the border. The remaining children in ORR custody are unaccompanied minors—children who crossed the border without a parent or guardian.

In the documents obtained by Slate, ORR officials describe the budget implications of a potential surge in immigrant minors over the next three months. The ORR's budgeting exercise is premised on the possibility that the agency could need as many as 25,400 beds for immigrant minors by the end of the calendar year. The documents do not indicate that ORR officials have specific knowledge that family separations will increase but do show that the agency is preparing for the possibility.

The internal documents estimate that if 25,400 beds are needed, ORR would face a budget shortfall of \$585 million for ORR in fiscal year 2018, which ends on Sept. 30. Under this scenario, that shortfall would increase to \$1.3 billion in the first quarter of fiscal year 2019, adding up to a total shortfall of \$1.9 billion for the period between Oct. 1, 2017, and Dec. 31, 2018. The documents stress that these budget estimates represent maximum possible expenditures and that actual expenses may be lower. The Department of Health and Human Services did not respond to multiple requests for comment about these figures or anything else relating to the documents.

To help cover these potential costs, the documents say, HHS will seek supplemental appropriations from Congress. The documents also indicate that HHS plans to pay for child separation by reallocating money from the Ryan White HIV/AIDS Program, which, according to its website, “provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured.” Per the documents, the process of transferring those HIV/AIDS funds has already begun.

In addition, HHS plans to reallocate \$79 million from programs for refugee resettlement, a move that could imperil social services, medical assistance, and English language instructions for refugees in the U.S., as well as programs for torture survivors.

ORR’s budgeting exercise does not account for a federal court decision ordering the administration to reunify separated parents and children within 30 days, or within 14 days if those children are younger than 5 years old. Azar has stated publicly that he will attempt to comply with these deadlines.

The documents do, however, take into account the executive order that Trump signed on June 20 that purports to end family separation—and reveal that ORR does not seem to be operating on the assumption that the separation policy has truly ended. The budgeting exercise assumes that Trump’s order created a 20-day pause on family separations and that referrals would increase after that 20-day period—that is, after July 10—to 325 immigrant children per day for four weeks. If that estimate is correct, that means an additional 9,100 immigrant children would be detained and housed by the U.S. government in the four weeks beginning Tuesday.

At the end of those four weeks, the agency documents assume, the deterrent effect of family separation would again reduce referrals—that is, the number of immigrant children in government detention. There is no evidence that a resumption of family separation will deter parents from crossing the border with their children; the number of families apprehended at the border stayed flat between May and June as the U.S. government implemented the zero-tolerance policy.

The timeline laid out in these internal documents reflects a debatable reading of Trump’s executive order. ORR officials appear to think that the order allowed families and children to be detained together temporarily but that under the Flores settlement these children must be transferred to ORR’s custody after 20 days. Under this interpretation of the executive order, all children who are separated from a parent or guardian from this point forward must first be detained with that parent or guardian for 20 days.

While the executive order is ambiguous on this point, ORR’s interpretation is plausible. Moreover, not all of the referrals—ORR’s term for minors placed in its care—that are accounted for in ORR’s budgeting exercise would be children separated from their parents. Some of the additional beds would presumably go to minors who arrive at the border unaccompanied by a parent or guardian. But given the claim in the documents that referrals would increase after a pause on family separations, it appears ORR believes a substantial number of those beds would indeed go to children separated from their parents.

Mark Greenberg, a senior fellow at the Migration Policy Institute who led the Administration for Children and Families—the division of HHS that includes the Office of Refugee Resettlement—from 2013 to 2015, told Slate the plans indicate an “enormous increase” in the number of minors that will be held

in custody. "This envisions having further family separation cases coming to HHS—a lot of them," he said. Greenberg also noted that the documents suggest the possibility of a vast expansion of federal expenditures on unaccompanied minors. "The entire appropriation for unaccompanied alien children this year was \$1.3 billion," he said. Now ORR is "seeking an additional \$1.3 billion" for just the last three months of 2018.

Bob Carey, who served as director of ORR under President Barack Obama, told Slate that the documents also reflect the possibility that the agency may "keep children for much longer periods of time." Under Obama, the average minor in federal custody remained in ORR's care for 33 days before being released to a sponsor, usually a family member. Under Trump, that average has increased to 55 days, and stints in detention could grow longer as the administration creates higher barriers to sponsorship. Carey said the Trump administration has implemented processes that have a "deterrent effect" on sponsors. For instance, ORR now shares information about potential sponsors with Immigration and Customs Enforcement. That policy could dissuade undocumented family members from sponsoring minors, potentially keeping children languishing in ORR's care for months.

"That tactic represents muddying of mission," Carey said. "ORR shelters were not established to care for children on a long-term basis. They were set to keep kids for as short a period of time as possible until the child could be released to a parent or other sponsor. Clearly [the agency] is creeping away from that."

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