



LOS ANGELES COUNTY
COMMISSION ON HIV



Visit us online: <http://hiv.lacounty.gov>

Get in touch: hivcomm@lachiv.org

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COMMISSION ON HIV Meeting

Thursday, June 13, 2024
9:00am-12:45pm (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020

Validated Parking @ 523 Shatto Place, LA 90020

**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

Agenda and meeting materials will be posted on our website at <http://hiv.lacounty.gov/Meetings>



Members of the Public May Join in Person or Virtually.

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

<https://lacountyboardofsupervisors.webex.com/weblink/register/r5a9de762600d777ef8c7780c8b7770a8>

Notice of Teleconferencing Sites:

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

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535



*Scan QR code to download an electronic copy of the meeting agenda and packet on your smart device. Please note that hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste. *If meeting packet is not yet available, check back 2-3 days prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.*

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:

<https://www.surveymonkey.com/r/COHMembershipApp>

For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org



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

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

Thursday, June 13, 2024 | 9:00 AM – 12:45 PM

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room*, Los Angeles 90020
Validated Parking @ 523 Shatto Place, LA 90020

**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

Notice of Teleconferencing Sites

California Department of Public Health, Office of AIDS
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MEMBERS OF THE PUBLIC: TO JOIN VIRTUALLY, REGISTER HERE:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r5a9de762600d777ef8c7780c8b7770a8>

AGENDA POSTED: June 6, 2024

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, email your Public Comment to hivcomm@lachiv.org or submit electronically [HERE](#). All Public Comments will be made part of the official record.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

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



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

1. ADMINISTRATIVE MATTERS

- | | | |
|----------------------------------------------------------------|------------------|-------------------|
| A. Call to Order, Roll Call/COI & Meeting Guidelines/Reminders | | 9:00 AM – 9:03 AM |
| B. County Land Acknowledgment | | 9:03 AM – 9:05 AM |
| C. Approval of Agenda | MOTION #1 | 9:05 AM – 9:07 AM |
| D. Approval of Meeting Minutes | MOTION #2 | 9:07 AM – 9:09 AM |
| E. Consent Calendar | MOTION #3 | 9:09 AM – 9:12 AM |

2. PUBLIC & COMMISSIONER COMMENTS

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|
| A. Public Comment (Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically HERE , or by emailing hivcomm@lachiv.org . <i>If providing oral public comments, comments may not exceed 2 minutes per person.</i>) | | 9:12 AM – 9:20 AM |
| B. Commissioner Comment (Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission. <i>Comments may not exceed 2 minutes per member.</i>) | | 9:20 AM – 9:25 AM |

3. PRESENTATION

- | | |
|-------------------------------------------------------------------------------|-------------------|
| AMAAD, Institute HIV.E Community-Based Participatory Research | 9:25 AM – 9:45 AM |
|-------------------------------------------------------------------------------|-------------------|

4. STANDING COMMITTEE REPORTS – I

9:45 AM – 10:15 AM

A. Operations Committee

- (1) Membership Management
 - a. 2024 Renewal Membership Applications Slate **MOTION #4**
- (2) Policies & Procedures
- (3) Assessment of the Administrative Mechanism | UPDATES
- (4) [2024 Training Schedule](#)
- (5) Recruitment, Retention & Engagement

B. Standards and Best Practices (SBP) Committee

- (1) Service Standards Schedule
- (2) Ambulatory Outpatient Medical (AOM) Service Standards | UPDATES

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

D. Public Policy Committee (PPC)

- (1) Federal, State, County Policy & Budget
 - a. 2024 Legislative Docket **MOTION #5**
 - b. 2024 Policies Priority | UPDATES
 - c. County Response to STD Crisis



4. STANDING COMMITTEE REPORTS – I (continued)

E. **Caucus, Task Force, and Work Group Reports:** 10:15 AM – 10:30 AM

- (1) Aging Caucus | August 6, 2024 @ 1-3PM *Virtual
- (2) Black/AA Caucus | June 20, 2024 @ 4-5PM *Virtual
 - Non-US Born Immigrant/Caribbean Community Listening Session: June 14 @ 5PM; see [flyer](#)
- (3) Consumer Caucus | June 13, 2024 @ 1:30-3PM *Hybrid @ Vermont Corridor
- (4) Transgender Caucus | July 23, 2024 @ 10-11:30AM *Vermont Corridor
- (5) Women’s Caucus | July 15, 2024 @ 2-4PM *Meeting Canceled
 - Virtual Lunch & Learn Part 2: June 17, 2024 @ 2PM; see [flyer](#)
- (6) Housing Task Force | Last Friday of Each Month @ 9AM-10AM

5. **B R E A K** 10:30 AM – 10:40 AM

6. MANAGEMENT/ADMINISTRATIVE REPORTS – I

A. **Executive Director/Staff Report** 10:40 AM – 10:50 AM

- (1) HRSA Technical Assistance Site Visit Feedback
- (2) 2024 COH Meeting Schedule Review & Updates
- (3) Annual Conference Workgroup Updates

B. **Co-Chairs’ Report** 10:50 AM – 11:15 AM

- (1) Welcome New Members & Service Acknowledgment for Leaving Members
- (2) COH Housing Taskforce Updates
- (3) May 9, 2024 COH Meeting | FOLLOW-UP & FEEDBACK
- (4) Executive Committee Member At-Large | OPEN NOMINATION & ELECTION **MOTION #6**
- (5) Conferences, Meetings & Trainings
- (6) Member Vacancies & Recruitment
- (7) [Acknowledgement of National HIV Awareness Days](#)
 - a. [HIV Long-Term Survivors Awareness Day](#) – June 5
 - b. [Caribbean American HIV/AIDS Awareness Day \(CAHAAD\)](#) – June 8
 - c. [National HIV Testing Day](#) – June 27

C. **LA County Department of Public Health Report** 11:15 AM – 12:15 PM

- (1) Division of HIV/STD Programs (DHSP) Updates (RWP Grantee/Part A Representative)
 - a. Programmatic and Fiscal Updates
 - Presentation: Linkage and Re-engagement Program (LRP) Utilization
 - b. Mpox Briefing
 - c. Ending the HIV Epidemic (EHE) | UPDATES
- (2) California Office of AIDS (OA) Report (Part B Representative)

12:15 AM – 12:20 PM

- a. [OAVoice Newsletter Highlights](#)
- b. California Planning Group (CPG)

D. **Ryan White Program (RWP) Parts C, D, and F Report** 12:20 PM – 12:25 PM

E. **Cities, Health Districts, Service Planning Area (SPA) Reports** 12:25 PM – 12:30 PM



MISCELLANEOUS

- A. Public Comment** 12:30 PM – 12:35 PM
(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)
- B. Commission New Business Items** 12:35 PM – 12:40 PM
(Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to act arose after the posting of the agenda.)
- C. Announcements** 12:40 PM – 12:45 PM
(Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.)
- D. Adjournment and Roll Call** 12:45 PM
Adjournment for the meeting of June 13, 2024.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve meeting agenda, as presented or revised.
MOTION #2	Approve meeting minutes, as presented or revised.
MOTION #3	Approve Consent Calendar, as presented or revised.
MOTION #6	Approve Executive At-Large Member, as elected.
CONSENT CALENDAR	
MOTION #4	Approve the following 2024 renewal membership applications as presented or revised and forward to the Board of Supervisors for reappointment: Bridget Gordon Seat #28, Unaffiliated consumer, SPA 8; Alasdair Burton Seat #44, HIV stakeholder representative #1; Miguel Alvarez Seat #51, HIV stakeholder representative #8; Daryl Russell Seat #34 Unaffiliated consumer, at-large #3; Dechelle Richardson Seat #16 Provider representative #6; and Erica Robinson Seat #46 HIV stakeholder representative #3.
MOTION #5	Approve 2024 Legislative Docket, as presented or revised.

COMMISSION ON HIV MEMBERS

<i>Danielle Campbell, PhDc, MPH, Co-Chair Co-Chair</i>	<i>Joseph Green, Co-Chair Pro Tem</i>	Miguel Alvarez	Jayda Arrington
Al Ballesteros, MBA	Alasdair Burton	Mikhaela Cielo, MD	Lilieth Conolly
Sandra Cuevas	Mary Cummings	Erika Davies	Kevin Donnelly
Kerry Ferguson (*Alternate)	Felipe Findley, PA-C, MPAS, AAHIVS	Arlene Frames	Arburtha Franklin (**Alternate)
Rita Garcia (**Alternate)	Felipe Gonzalez	Bridget Gordon	Karl Halfman, MA
Dr. David Hardy (**Alternate)	Ismael Herrera	William King, MD, JD, AAHIVS	Lee Kochems, MA
Leon Maultsby, MHA	Vilma Mendoza	Andre Moléte	Derek Murray
Dr. Paul Nash, CPsychol, AFBPS FHEA	Katja Nelson, MPP	Ronnie Osorio	Byron Patel, RN
Mario J. Pérez, MPH	Dechelle Richardson	Erica Robinson	Leonardo Martinez-Real
Matthew Muhonen (LOA)	Ricky Rosales	Daryl Russell	Harold Glenn San Agustin, MD
Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter	Lambert Talley (*Alternate)
Justin Valero, MPA	Jonathan Weedman	Russell Ybarra	

MEMBERS: 43

QUORUM: 22

LEGEND:

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



LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://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).



CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)



OVERVIEW OF THE COUNTYWIDE LAND ACKNOWLEDGMENT

AS ADOPTED BY THE BOARD OF SUPERVISORS ON NOVEMBER 1, 2022

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

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

To learn more about the First Peoples of Los Angeles County, please visit the Los Angeles City/County Native American Indian Commission website at lanaic.lacounty.gov.

WHAT IS A LAND ACKNOWLEDGMENT?

A land acknowledgment is a statement that recognizes an area's original inhabitants who have been forcibly dispossessed of their homelands and is a step toward recognizing the negative impacts these communities have endured and continue to endure, as a result.

"THIS IS A FIRST STEP IN THE COUNTY OF LOS ANGELES ACKNOWLEDGING PAST HARM TOWARDS THE DESCENDANTS OF OUR VILLAGES KNOWN TODAY AS LOS ANGELES...THIS BRINGS AWARENESS TO STATE OUR PRESENCE, E'QUA'SHEM, WE ARE HERE."

—Anthony Morales, Tribal Chairman of the Gabrieleno/Tongva San Gabriel Band of Mission Indians

HOW WAS THE COUNTYWIDE LAND ACKNOWLEDGMENT DEVELOPED?

JUNE 23, 2020

The Board of Supervisors (Board) approves a motion, authored by LA County Supervisor Hilda L. Solis, to adopt the Countywide Cultural Policy.

JULY 13, 2021

The Board supports a motion to acknowledge and apologize for the historical mistreatment of California Native Americans by Los Angeles County.

OCTOBER 5, 2021

The Board directs the LA County Department of Arts and Culture (Arts and Culture) and the LA City/County Native American Indian Commission (LANAIC) to facilitate meetings with leaders from local Tribes to develop a formal land acknowledgment for the County.

"THE SPIRIT OF OUR ANCESTORS LIVES WITHIN US. THE TRUE DESCENDANTS OF THIS LAND HAVE BECOME THE TIP OF THE SPEAR AND WILL CONTINUE TO SEEK RESPECT, HONOR, AND DIGNITY, ALL OF WHICH WERE STRIPPED FROM OUR ANCESTORS. IT IS OUR MOST SINCERE GOAL TO WORK TOGETHER AS WE BEGIN TO CREATE THE PATH FORWARD TOWARD ACKNOWLEDGMENT, RESTORATION, AND HEALING."

—Donna Yocum, Chairwoman of the San Fernando Band of Mission Indians

NOVEMBER 2021 – MARCH 2022

With help from an outside consultant, Arts and Culture and LANAIC conduct extensive outreach to 22 tribal governments, with generally 5 tribal affiliations, that have ties to the LA County region, as identified by the California Native American Heritage Commission. Five Tribes agree to participate on a working group.

MARCH 30 – SEPTEMBER 30, 2022

Over five facilitated sessions, the working group contributes recommendations, guidance, and historic and cultural information that informs the development of the County's land acknowledgment.

OCTOBER 18, 2022

LANAIC Commissioners approve a recommendation for the Board to adopt the Countywide Land Acknowledgment.

NOVEMBER 1, 2022

The Board adopts the Countywide Land Acknowledgment.

DECEMBER 1, 2022

The Countywide Land Acknowledgment begins to be verbally announced and displayed visually at the opening of all Board meetings.

"TRUTH IS THE FIRST STEP TO THE RECOVERY OF OUR STOLEN LAND AND BROKEN PROMISES...WE ARE STILL HERE."

—Robert Dorame, Tribal Chair of the Gabrielino Tongva Indians of California



2024 MEMBERSHIP ROSTER | UPDATED 6.5.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative			Vacant	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP *Non Voting	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	OPS	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2022	June 30, 2024	
11	Provider representative #1			Vacant		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	PP&A	Dechelle Richardson	AMAAD Institute	July 1, 2022	June 30, 2024	
17	Provider representative #7			Vacant		July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated consumer, SPA 2	1	SBP	Russell Ybarra	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	PP&A	Ish Herrera	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2022	June 30, 2024	Lambert Talley (PP&A)
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7	1	OPS	Vilma Mendoza	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
26	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1	1	PP	Leonardo Martinez-Real	Unaffiliated Consumer	July 1, 2023	June 30, 2025	Arburtha Franklin (PPC)
28	Unaffiliated consumer, Supervisorial District 2	1	EXC OPS	Bridget Gordon	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Ariene Frames	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2022	June 30, 2024	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated consumer, at-large #1	1	PP&A	Lilieth Conolly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2			Vacant		July 1, 2023	June 30, 2025	
34	Unaffiliated consumer, at-large #3	1	PP&A	Daryl Russell, M.Ed	Unaffiliated Consumer	July 1, 2022	June 30, 2024	David Hardy (SBP)
35	Unaffiliated consumer, at-large #4	1	EXC	Joseph Green	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhD, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Matthew Muhonen (LOA)	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC OPS PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, Cpsychol AFBPs FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP	Ronnie Osorio	Center for Health Justice (CHJ)	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	SBP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		42						

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

LOA: Leave of Absence

Overall total: 47



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 6/5/24

In accordance with the Ryan White Program (RWP), conflict of interest is defined as any financial interest in, board membership, current or past employment, or contractual agreement with an organization, partnership, or any other entity, whether public or private, that receives funds from the Ryan White Part A program. These provisions also extend to direct ascendants and descendants, siblings, spouses, and domestic partners of Commission members and non-Commission Committee-only members. Based on the RWP legislation, HRSA guidance, and Commission policy, it is mandatory for Commission members to state all conflicts of interest regarding their RWP Part A/B and/or CDC HIV prevention-funded service contracts prior to discussions involving priority-setting, allocation, and other fiscal matters related to the local HIV continuum. Furthermore, Commission members must recuse themselves from voting on any specific RWP Part A service category(ies) for which their organization hold contracts. ***An asterisk next to member's name denotes affiliation with a County subcontracted agency listed on the addendum.**

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
CONOLLY	Lilieth	No Affiliation	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FERGUSON	Kerry	ViiV Healthcare	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FRANKLIN*	Arburtha	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA*	Rita	Translatin@ Coalition	Vulnerable Populations (Trans)
GERSH (SBP Member)	Lauren	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Data to Care Services			
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	David	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	Leonardo	Unaffiliated consumer	No Ryan White or prevention contracts
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	Vilma	Unaffiliated consumer	No Ryan White or prevention contracts
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLETTE	Andre	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
MUHONEN	Matthew	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Data to Care Services			
OSORIO	Ronnie	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	Dechelle	AMAAD Institute	Community Engagement/EHE
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated consumer	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

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

Division of HIV and STDs Contracted Community Services

The following list and addendum present the conflicts of interest for Commission members who represent agencies with Part A/B and/or CDC HIV Prevention-funded service contracts and/or subcontracts with the County of Los Angeles. For a list of County-contracted agencies and subcontractors, please defer to Conflict of Interest & Affiliation Disclosure Form.

Service Category	Organization/Subcontractor
Mental Health	
Medical Specialty	
Oral Health	
AOM	
Case Management Home-Based	Libertana Home Health Caring Choice The Wright Home Care Cambrian Care Connection Envoy
Nutrition Support (Food Bank/Pantry Service)	AIDS Food Store Foothill AIDS Project JWCH Project Angel
Oral Health	Dostal Laboratories
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
STD-Ex.C	
Biomedical HIV Prevention Services	
Case Management Home-Based	Envoy Caring Choice Health Talent Strategies Hope International
Mental Health	
Vulnerable Populations (YMSM)	TWLMP
Nutrition Support (Food Bank/Pantry Service)	
Vulnerable Populations (Trans)	CHLA SJW
HTS - Storefront	LabLine Mobile Testing Unit Contract
Vulnerable Populations (YMSM)	
Service Category	Organization/Subcontractor
AOM	
Vulnerable Populations (YMSM)	APAIT AMAAD
HTS - Storefront	Center for Health Justice Sunrise Community Counseling Center
STD Prevention	
HERR	

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC)
	EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN)
	Spanish Telehealth Mental Health Services
	Translation/Transcription Services
	Public Health Detailing
	HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	
Service Category	Organization/Subcontractor
Community Engagement and Related Services	AMAAD
	Program Evaluation Services
	Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
	Bienestar
Vulnerable Populations (YMSM)	CHLA
	The Walls Las Memorias
	Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups
	Translatin@ Coalition
	CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Populations (YMSM)	
Sexual Health Express Clinics (SHEx-C)	AMMD - Contracted Medical Services
Case Management Home-Based	Caring Choice
	Envoy
AOM	
Mental Health	
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	

Service Category	Organization/Subcontractor
Residential Facility For the Chronically Ill (RCFCI)	
Transitional Residential Care Facility (TRCF)	
HTS - Social and Sexual Networks	Black AIDS Institute
AOM	
Case Management Home-Based	Envoy Cambrian Caring Choice
Oral Health	Dental Laboratory
AOM	
HTS - Storefront	
HTS - Social and Sexual Networks	
AOM	New Health Consultant
Case Management Home-Based	Always Right Home Envoy
Mental Health	
Oral Health-Endo	
Oral Health-Gen.	
Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech Biopsies - Pacific Oral Pathology
Oral Health-Gen.	Patient Lab Services
AOM	UCLA
Benefit Specialty	UCLA
Medical Care Coordination	UCLA
Oral Health	



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COMMITTEE ASSIGNMENTS

Updated: June 5, 2024
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 13 Number of Quorum= 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Danielle Campbell, PhDc, MPH	Co-Chair, Comm./Exec.*	Commissioner
Joseph Green (<i>Pro tem</i>)	Co-Chair, Comm./Exec.*	Commissioner
Miguel Alvarez	Co-Chair, Operations	Commissioner
Alasdair Burton	At-Large	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Felipe Gonzalez	Co-Chair, PP&A	Commissioner
Bridget Gordon	At-Large	Commissioner
Lee Kochems, MA	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero, MA	Co-Chair, Operations	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the Month Regular meeting time: 10:00 AM-12:00 PM Number of Voting Members= 9 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Miguel Alvarez	Committee Co-Chair*	Commissioner
Justin Valero	Committee Co-Chair*	Commissioner
Jayda Arrington	*	Commissioner
Alasdair Burton	At-Large	Commissioner
Bridget Gordon	At-Large	Commissioner
Ismael Herrera	*	Commissioner
Leon Maultsby, MHA	*	Commissioner
Vilma Mendoza	*	Commissioner
Erica Robinson	*	Commissioner

Committee Assignment List

Updated: June 5, 2024

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 16 Number of Quorum= 9		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Donnelly	Committee Co-Chair*	Commissioner
Felipe Gonzalez	Committee Co-Chair*	Commissioner
Al Ballesteros, MBA	*	Commissioner
Lilieth Conolly	*	Commissioner
Rita Garcia (<i>alternate to Felipe Gonzalez</i>)	*	Alternate
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Matthew Muhonen (<i>LOA</i>)	*	Commissioner
Derek Murray	*	Commissioner
Dèchelle Richardson	*	Commissioner
Daryl Russell, M.Ed	*	Commissioner
Harold Glenn San Agustin, MD	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Lambert Talley	*	Commissioner
Jonathan Weedman	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1 st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 9 Number of Quorum= 5		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION

Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Alasdair Burton	*	Commissioner
Mary Cummings	*	Commissioner
Arburtha Franklin (<i>alternate to L. Martinez-Real</i>)	*	Alternate
Leonardo Martinez-Real	*	Commissioner
Paul Nash, CPsychol AFBPsS FHEA	*	Commissioner
Ronnie Osorio	*	Commissioner
Ricky Rosales	*	Commissioner

Committee Assignment List

Updated: June 5, 2024

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1 st Tuesday of the Month		
Regular meeting time: 10:00AM-12:00 PM		
Number of Voting Members = 15 Number of Quorum = 9		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Sandra Cuevas	*	Commissioner
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Kerry Ferguson	*	Alternate
Arlene Frames	*	Commissioner
Lauren Gersh	*	Committee Member
David Hardy, MD	*	Commissioner
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Byron Patel, RN, ACRN	*	Commissioner
Martin Sattah, MD	*	Commissioner
Russell Ybarra	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS
Regular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting
Co-Chairs: Damone Thomas, Lilieth Conolly & Ismael (Ish) Herrera
Open membership to consumers of HIV prevention and care services

AGING CAUCUS
Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm
Co-Chairs: Kevin Donnelly & Paul Nash
Open membership

TRANSGENDER CAUCUS
Regular meeting day/time: 4th Tuesday of Every Other Month @ 10am-12pm
Co-Chairs: Xelestiál Moreno-Luz & Jade Ali
Open membership

WOMEN'S CAUCUS
Regular meeting day/time: Virtual - 3rd Monday of Each Quarter @ 2-4:00pm
The Women's Caucus Reserves the Option of Meeting In-Person Annually
Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo
Open membership



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

**COMMISSION ON HIV (COH)
MAY 9, 2024 MEETING MINUTES**

**Vermont Corridor Terrace Level
510 S. Vermont Avenue, Los Angeles, CA 90020
CLICK [HERE](#) FOR MEETING PACKET**

TELECONFERENCE SITES:

California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-61, Sacramento, CA 95814

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

COMMISSION MEMBERS									
P=Present VP=Virtually Present A=Unexcused Absence EA=Excused Absence									
Miguel Alvarez	P	Jayda Arrington	P	Al Ballesteros, MBA	P	Alasdair Burton	P	Danielle Campbell, PhDc, MPH	P
Mikhaela Cielo, MD	P	Lilieth Conolly	P	Sandra Cuevas	P	Mary Cummings	P	Erika Davies	P
Kevin Donnelly	P	Kerry Ferguson	P	Felipe Findley	P	Arlene Frames	P	Luckie Fuller	EA
Felipe Gonzalez	P	Bridget Gordon	P	Joseph Green	P	Karl Halfman, MS	EA	Dr. David Hardy	P
Ismael Herrera	P	Dr. William King, JD	P	Lee Kochems	P	Leon Maultsby, MHA	P	Vilma Mendoza	P
Andre Molette	A	Matthew Muhonen	EA	Derek Murray	P	Dr. Paul Nash	P	Katja Nelson	P
Ronnie Osorio	A	Byron Patel	P	Mario J. Pérez, MPH	P	Leonardo Martinez-Real	P	De’chelle Richardson	P

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Erica Robinson	P	Ricky Rosales	P	Daryl Russell	P	Dr. H. Glenn San Augustin	P	Dr. Martin Sattah	EA
Dr. LaShonda Spencer	EA	Kevin Stalter	AB2449	Lambert Talley	P	Justin Valero	P	Jonathan Weedman	A
Russell Ybarra	P								
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA; Dawn McClendon, Lizette Martinez, MPH; Sonja Wright, DACM; Jose Rangel-Garibay, MPH; and Jim Stewart									

1. ADMINISTRATIVE MATTERS

A. **CALL TO ORDER, ROLL CALL/COI & MEETING GUIDELINES/REMINDERS**

Danielle Campbell, COH Co-Chair, called the meeting to order at 9:11 AM and reviewed meeting guidelines and reminders; see meeting packet. Jim Stewart, Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, L. Conolly, S. Cuevas, M. Cummings, E. Davies, K. Donnelly, K. Ferguson, F. Findley, A. Frames, F. Gonzalez, B. Gordon, D. Hardy, I. Herrera, W. King, L. Kochems, L. Maulsby, V. Mendoza, D. Murray, P. Nash, K. Nelson, B. Patel, M. Perez, D. Richardson, E. Robinson, L. Martinez-Real, R. Rosales, D. Russell, H. G. San Agustin, K. Stalter (AB2449), L. Talley, J. Valero, R. Ybarra, D. Campbell, and J. Green.

B. **COUNTY LAND ACKNOWLEDGEMENT**

Executive Director, Cheryl Barrit, read the County's Land Acknowledgement to recognize the land originally and still inhabited and cared for by the Tongva, Tataviam, Kizh, and Chumash Peoples; see meeting packet for full statement.

C. **APPROVAL OF AGENDA**

MOTION #1: Approve meeting agenda, as presented or revised. ✓ *Passed by Consensus*

D. **APPROVAL OF MEETING MINUTES**

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

E. **CONSENT CALENDAR**

MOTION #3: Approve consent calendar, as presented or revised. ✓ *Passed by Consensus*

2. PUBLIC & COMMISSIONER COMMENTS

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A. Public Comment

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

- No public comment.

B. Commissioner Comment

Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission.

- Felipe Findley read a statement regarding the war on Gaza as follows:
Friends and Colleagues, on Worlds AIDS Day 2023, ACT UP New York said, “just as silence equals death in the fight to end AIDS, so too, does it apply to complicity with genocide against Palestinians”. In November 2023, the American Public Health Association at the Annual Conference released a statement opposing the war in Gaza. We are now more than six months into a war that both the WHO and UN describe as a humanitarian crisis and public health disaster. In 2018, the United Nations AIDS Program (UNAIDS) reported that 220,000 people are infected with HIV and living with AIDS in the Middle East and North Africa (MENA), 35% of them are children and about 18,000 are new infections. The prevalence and incidence of HIV in Palestine is underestimated due to high social stigma. It was reported that HIV-risk groups are often subjected to homophobia, harassment, discrimination, and criminalization. Published in 2020 in the International Journal of Infectious Diseases, the mortality rate among HIV/AIDS patients in Palestine is very high; within a short time patients become susceptible to opportunistic infections, probably due to the late diagnosis and presentation of the cases. About 53 patients (54.1%) died of AIDS associated illness and 38 (38.8%) were alive, while clinical status of 7 cases (7.1%) is unknown. It is believed that most HIV/AIDS patients do not seek medical treatment, most likely they are concerned about confidentiality of their medical situation. HIV infection is socially stigmatic and HIV patients are not accepted in Palestinian society. What are we to presume will be the consequence for those living with HIV and those at risk for HIV? Armed conflict and displacement have already proven to be a driver of the HIV epidemic globally, we have evidence from the war in Libya in which the pattern of HIV spread can be traced to the war in 2015. A total of 4,539 patients with HIV/AIDS were studied from the four regions during the Libyan conflict. Our data analysis indicated that Benghazi, the biggest city in the Eastern region, was the significant exporter of the virus to the rest of the country. As a Commission we have stood against the defunding of US funded international aid to regions of the world through PEPFAR. We acknowledge the impact of settler colonialism and genocide here in Los Angeles County.

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- Jayda Arrington thanked staff for moving the standing Committee reports to an earlier time slot on the agenda.
- Dr. William King inquired if the Commission body was going to make a statement and/or take a stance regarding the war on Gaza.
 - Co-Chair D. Campbell reminded the Commission the war on Gaza falls outside of the purview of the Commission located in Los Angeles County (LAC) and that the Commission is responsible for planning efforts within this geographic region. D. Campbell posed to the body, what would be the actions of the Commission in how it would effect change in Gaza.
 - Dr. King offered looking at the Commission's vision statement and F. Findley's statement regarding the impact of war on HIV. The Commission could expand it towards people living with HIV (PLWH). Dr. King inquired if there was any precedent in the Commission doing anything outside of LAC.
 - D. Campbell indicated not to her knowledge and reiterated what would be the Commission's actions.
 - Justin Valero commented the Commission must remain focused on its issues and charge as a body but offered that commissioners could pursue personal activism. He also stressed that he is sympathetic to the atrocities happening in Gaza.
 - Sandra Cuevas addressed the Commission as an Angelino and person of color, placing aside her Part F seat. S. Cuevas stands in solidarity with Dr. King and F. Findley and stated systemic racism is one of the issues that the Commission tries to fight against. It was her sentiments that at the very minimum, the Commission should acknowledge the interconnection and international solidarity that can be taken, in addition to supporting students that are taking solidarity with Gaza to the front lines and the violence that has been unleashed against them. How this is tied to public health and the police force should be examined as it is the same violence unleashed against the communities of color that she is a part of. S. Cuevas emphasized that at a bare minimum, the Commission should acknowledge these interconnections.
 - Derek Murray expressed the billions of dollars that are spent funding war and racism overseas can be reinvested in our communities. The Commission's stance could be to reinvest in our communities in crises instead of killing people overseas.
 - Kevin Donnelly commented that public and commissioner comments are just that and not open to discussing non-agendized items.

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- Joe Green stated that items not agendized can be addressed under Commission New Business Items.

3. STANDING COMMITTEE REPORTS – I

A. Operations Committee

J. Green acknowledged Operations newly elected Co-Chair M. Alvarez. M. Alvarez welcomed the new membership applicants approved via consent calendar, Arburtha Franklin and Rita Garcia, both from the Translatin@ Coalition, and Dahlia Ale-Ferlito, City of Los Angeles representative. M. Alvarez summarized the consent calendar as follows:

- Arburtha Franklin | Alternate **MOTION #4**
(Approved via Consent Calendar)
- Rita Garcia | Alternate **MOTION #5**
(Approved via Consent Calendar)
- Dahlia Ale-Ferlito | City of Los Angeles representative **MOTION #6**
(Approved via Consent Calendar)
- 2024 Renewal Membership Slate **MOTION #7**
(Approved via Consent Calendar)

In addition, M. Alvarez made an appeal for volunteers as additional mentors are needed. Co-chair, J. Valero, reminded the Commission that the proposed Bylaws changes are on hiatus until completion of the Health Resources and Services Administration (HRSA) Technical Assistance (TA) site visit, to allow for information and feedback from HRSA to be incorporated into the proposed changes, if needed. J. Valero provided an update for the Assessment of the Administrative Mechanism (AAM) in that staff is working with Collaborative Research to develop the survey instrument and format. He also encouraged commissioners to look at the mandatory trainings and report to staff any trainings reviewed on the Commission's website. J. Valero ended the Operations Committee report by highlighting the Operations Committee's recruitment, retention, and engagement efforts are going in a positive direction considering how new members are being recruited and onboarded, including those from underrepresented populations; an appeal was made for recruiting Unaffiliated consumers for SPAs 1 and 4, and Supervisorial District 4.

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

Co-chair Felipe Gonzalez provided the report and key outcomes from PP&A's April meeting. Victor Scott, Division of HIV and STD Programs (DHSP), informed the Committee that DHSP has

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not received the full funding award from HRSA for Program Year 34, however, delays have not impacted services. Former Prevention Planning Workgroup Co-chair, Miguel Martinez, and Commission staff gave a presentation on current LA County prevention data, focusing on priority populations. Details of the presentation can be found in the meeting packet. The group discussed potential HIV/STI prevention strategies to target priority populations and recommendations included contingency management, health education and social marketing, expanded use of telehealth, rapid same-day prevention services for PrEP/injectable PrEP, and mirroring Ryan White Program services such as Medical Care Coordination (MCC) and food pantries. It was noted that interventions must be tailored to the unique needs of each population. F. Gonzalez asked commissioners to complete the mandatory Priority Setting and Resource Allocation (PSRA) & Service Standards Development training to familiarize themselves with the priority setting and resource allocation process. He reminded commissioners that the recording and presentation slides can be found on the Commission website [HERE](#) under 2024 Trainings. F. Gonzalez ended the PP&A Committee report by requesting that any additional HIV/STI prevention recommendations be submitted to Commission staff.

C. Standards and Best Practices (SBP) Committee

Co-chair Erika Davies provided the report and indicated that after reviewing their service standards calendar and due to the time constraints, the Committee has decided to focus on Emergency Financial Services (EFA), Transportation Services, and Transitional Case Management service standards. At their last meeting, a listening session was held to solicit feedback from Ambulatory Outpatient Medical (AOM) service providers regarding the current AOM service standards, to help SBP in developing their updates. E. Davies asked the Commission body to review the AOM service standards and provide feedback and recommendations to the SBP Committee at their June meeting. The AOM service standards can be found in the May 7th SBP Committee meeting packet [HERE](#).

D. Public Policy (PPC) Committee

Co-chair Lee Kochems directed everyone to the 2024 Policies Priorities approved by PPC on April 1st, page 64 of the meeting packet, and thanked the Commission for approving via consent calendar as follows:

- 2024 Policies Priorities

MOTION #8

(Approved via Consent Calendar)

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PPC discussed and approved the revised 2023-24 Legislative Docket at their May 6th meeting, which will be elevated to June's Executive Committee agenda. L. Kochems requested that the docket be reviewed by commissioners [HERE](#) and for feedback to be provided at the next meeting on June 3rd, from 1-3pm. L. Kochems informed everyone that the July PPC meeting has been canceled due to the holiday.

E. Caucus, Task Force and Work Group Reports

(1) Aging Caucus

Dr. Paul Nash provided the key outcomes for the April 2nd meeting as follows: (1) Jaime Baker, Executive Director of Being Alive, shared findings from their survey of older adults living with HIV and their health and wellness needs, (2) Commissioner, Dr. David Hardy, provided highlights from the 2024 CROI Conference on key research related to HIV and aging such as the REPRIEVE study, INSTI Switch during menopause, and pharmacokinetics of long-acting Cabotegravir and Rilpivirine in elderly people with HIV, (3) the Caucus updated their 2024 workplan to reflect additional activities which can be found [HERE](#), and (4) DHSP provided updates on their Buddy Program which is aimed at promoting connectedness among PLWH. Currently there are 19 mentors and 25 mentees. DHSP is currently developing an RFP for AOM and MCC. Dr. Nash encouraged all to (1) promote the Buddy Program and consider becoming a mentor or mentee, (2) continue providing ideas on solutions to improve services for older adults living with HIV in LAC, and (3) engaging non-HIV agencies in the HIV and aging conversations and service delivery improvements. Dr. Nash also informed the Commission that the Co-chairs of the Aging and Women Caucuses are in the process of planning an event focusing on older women and loneliness in underrepresented populations in LAC. The next Aging Caucus meeting is scheduled for June 4th from 1-2:30 pm via WebEx.

(2) Black/African American Caucus (BAAC)

Co-chair Leon Maultsby provided the report. The Caucus last met on April 22nd and finalized the details of its Faith Based Community Listening session held on April 26th from 6-8pm, which focused on bridging faith and sexual health in the fight against HIV. L. Maultsby acknowledged those who aided the listening session as follows: Aziza Wright of the California Black Women's Health Project and South-Central Provincial Coalition for providing nourishments and Dr. Dontá Morrison and commissioner Lilieth Conolly for facilitating the meeting. L. Maultsby also reminded everyone that this a project that Dr. Jordan was pushing for before he passed as he wanted to ensure that progression was made in bridging the gap between faith-based leaders,

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parishioners, and the public health community. Forty-three registered for the event and 16 were in attendance. The Caucus will provide a comprehensive report once all comments are reviewed. The Caucus will also explore the possibility of providing continuous education services within the church community. The Caucus discussed recommendations for the upcoming community listening session focusing on the Non-US Born Immigrant/Caribbean community in June, which aligns with the June 8 Caribbean-American HIV/AIDS Awareness Day and trying to bring this community to the table to provide input and feedback. BAAC is collaborating with the Aging Caucus in September for a similar activity to commemorate National HIV/AIDS and Aging Awareness Day (NHAAD). A follow up meeting is pending with consultant Equity Impact Solutions and DHSP staff to determine next steps regarding the Black-led/servicing organizational needs assessment, updates are forthcoming. L. Maultsby indicated positive feedback was received from those who attended the PrEP in Black America at the NMAC Biomedical HIV Summit, and the Caucus will begin planning for the 2024 Worlds AIDS Day. L. Maultsby ended the report by requesting promotion of the Black Caucus to encourage increased participation and to ensure equitable representation in all Commission planning discussions and decision-making.

(3) Consumer Caucus (CC)

Caucus Co-chair Ish Herrera provided the update as follows: (1) the Caucus last met on April 11, 2024 immediately following the Commission meeting and shared feedback from the Commission's housing panel, (2) the Caucus agreed to launch a letter writing campaign to local elected officials to express their concerns regarding housing challenges for PLWH in LAC, (3) the Caucus emphasized the critical need for meaningful consumer involvement in the proposed Commission's housing task force, and (4) the PP&A Committee plans to distribute a survey to consumers as part of its PSRA process and will incentivize participation through raffle prizes. The survey aims to increase participation from consumers to gather feedback and ratings on service categories. I. Herrera asked all to promote the CC to facilitate and encourage participation and requested continued involvement of consumers in all COH planning discussions and decision making.

(4) Transgender Caucus

Staff member, Jose Rangel-Garibay provided the Transgender Caucus update as follows: (1) the Caucus drafted recommendations for the PSRA process to elevate to the PP&A Committee, (2) finalized details for the "Harm Reduction Institute" event which took place on Monday April 29, 2024 at the Vermont Corridor. The event yielded the following recommendations to the COH:

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- Harm reduction services for Transgender, Gender non-conforming, and Intersex (TGI) people should center around building community with emphasis on relationships and peer support networks.
- Harm reduction services for TGI people should equip people with the tools they need to make the best-informed decision for themselves and help mitigate barriers to accessing harm reduction services due to stigma and shame.
- Organizations should hire and train more staff to serve and adequately meet the needs of TGI people. Contracts should include training and staff development opportunities to improve service delivery and client satisfaction. Additionally, there needs to be more entry-level, non-degree positions for members of the TGI community.
- J. Rangel-Garibay encouraged all to review the recommendations from Harm Reduction Institute which can be found [HERE](#).

(5) Women's Caucus (WC)

Caucus Co-chair Shary Alonzo provided the report as follows: (1) DHSP provided a presentation to the Caucus on recent LAC trends in Perinatal HIV, the presentation slides are in the Commission meeting packet, (2) the Caucus reviewed and provided feedback on DHSP's Preventing HIV Transmission During Pregnancy and Infant Feeding document, it was recommended to ensure accurate Spanish translation of the document with proper Spanish sentence structure and less formal vocabulary, (3) APLA provided an overview of their Women's HIV Resource Directory and the recommendations that were submitted by Caucus members; additional recommendations were also provided, and (4) the group discussed potential dates and times for their two-part virtual Lunch and Learn event of which Part 1 will focus on how to read medical labs and the importance of medication adherence to be held Monday, May 20th from 2pm-3:30pm, and Part 2 will focus on the role of peer support in reaching and maintaining optimal health, to be held Monday, June 17th from 2pm-3:30pm. The flyer is located in the Commission packet [HERE](#). S. Alonzo requested that the Lunch and Learn event flyer is shared with interested parties and to promote the WC and encourage clients to attend meetings and events.

- L. Conolly inquired if the Lunch and Learn series were virtual or in-person.
 - The May 20th part 1 session will be held virtually, and the WC is working to provide a hybrid (virtual and in-person) format for the July 17th part 2 session.

4. MANAGEMENT/ADMINISTRATIVE REPORTS – I

A. Executive Director/ Staff Report

Executive Director, Cheryl Barrit began by thanking everyone for being in attendance and thanking staff and county colleagues in recognition of National Public Service Recognition Week. C. Barrit informed the Commission that Mr. Edward Yen was appointed as the new Executive Officer at Tuesday's Board of Supervisors meeting. Mr. Yen has been part of the Executive Office for many years as the Assistant, Executive Officer overseeing planning operations and technology. C. Barrit provided additional reports as follows:

(1) Health Resources and Services Administration (HRSA) Technical Assistance (TA) Site Visit: May 21-23, 2024

The HRSA Technical Assistance (TA) site visit is a new program where HRSA staff goes to various Planning Council (PC) jurisdictions across the country to provide technical assistance in the form of trainings, tips, and advice to ensure that PCs are compliant with the Ryan White (RW) federal legislation requirements. Site visit participation is mandatory for all staff and a few Executive Committee members have confirmed their participation. DHSP will participate in the entrance and exit interviews, and parts of the sessions. HRSA will conduct the TA session during the Operations Committee meeting on May 23rd, from 10am-12pm, incorporating membership recruitment and retention training. The site visit will end after the Operations Committee meeting at noon. Staff will take notes and report pertinent information learned, particularly relating to areas of improvement recommended by HRSA. HRSA will write a report, but it may take some time to receive it, as such, staff will summarize some of their recommendations.

- K. Donnelly clarified the TA session is during the Operations Committee meeting and the meeting is open to the public.
- Al Ballesteros commented that the site visit is interesting considering the HRSA audit was completed last year.
 - C. Barrit differentiated the two in that this visit is slightly different considering HRSA is providing a training and offering feedback and advice to assist PCs in meeting the federally mandated guidelines. HRSA also indicated that it is not a common practice to conduct yearly site visits. Also, HRSA is still building and refining the program as they learn and gather information; it is a bi-directional learning process.
- A. Ballesteros followed-up in asking if the COH could present to HRSA some of the issues faced in terms of needs should there additional funding available.

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- C. Barrit indicated HRSA has requested slides around challenges and successes and overall key issues the COH wants to highlight for LAC. Some of the challenges will include housing, homelessness, and its intersection with HIV and STIs, mental health, substance use, and topics discussed during the Annual Conference.

C. Barrit directed the Commission to the list of documents in the meeting packet that the COH was required to submit, these are the same documents that were required during the Administrative Site Visit. C. Barrit stressed that considering this is a back-to-back site visit, she is going to use this as an opportunity to clarify the difference and seek information regarding the implementation of corrective action plans and performance improvements.

- Dr. David Hardy commented that from his personal experience, site visits from federal agencies that provide money are oftentimes a bit concerning but perhaps it is for informational purposes, and they are trying to help the COH. A topic that initially surfaced during the SBP Committee meeting involved a statistic that 80% of people currently funded by Ryan White will eventually be funded by Medi-Cal, hence no longer falling under RW Care standards but subjected to Medi-Cal standards, which will potentially require a need to change the RW standards. Is this an issue that should be discussed with HRSA?
 - C. Barrit indicated that this is a topic to discuss with HRSA and staff has included the Medi-Cal expansion as one of the challenges and opportunities in the slides. It is a challenge in terms of the COH's planning efforts and it is affecting discussions regarding payor of last resort, leveraging funding, and making sure that there is the continuity of excellent HIV care across various health care systems.
 - M. Perez added there are 40 states that have expanded Medicaid and 10 states mostly in the South who have not. There are clear differences in outcomes for Medicaid PLWH versus non-Medicaid states. LAC has adopted standards to ensure the quality and responsiveness of the Ryan White portfolio meets the needs of PLWH, the Medicaid system does not have a comparable set of standards. These are important questions for us to understand and promote and Medicaid is the single largest payer of HIV medicine in California, there should be a Medicaid representative at the table.

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- Lambert Talley echoed M. Perez's sentiments and asked if RW a secondary form of insurance payment.
 - D. Campbell clarified L. Talley's question in terms of who pays first in the insurance schema.
 - M. Perez explained RW is the payor of last resort. There are some consumers who have Medicare which must be used first and then there is a smaller subset of clients that have both Medicare and Medicaid, a combination of these resources to access. Commercial plans are also accessed before RW. There are different streams of funding available, however RW is accessed last.
 - L. Talley recommended establishing a committee which understands insurance to help guide consumers.
- Lilieth Conolly asked for clarification on Medi-Cal and Medicaid.
 - C. Barrit explained Medi-Cal is the State of California's Medicaid system.

(2) 2024 COH Meeting Schedule

C. Barrit highlighted the 2024 proposed meeting schedule in the packet and informed all to expect a few modifications. Staff will discuss the meeting schedule during the Co-chairs check-in meetings and in consultation with the Executive Committee to gauge whether the calendar needs to be shifted. There has been activity around the Comprehensive HIV Plan (CHP) in conjunction with work stemming from the Caucuses relative to the CHP and how it is progressing. This information will be brought to the full body and the community for discussion.

(3) Annual Conference Workgroup

The Annual Conference will be held November 14th, 2024 and in preparation for the conference the work group met and brainstormed around key topics of interest. Most of the topics are in alignment with feedback received from the Consumer Caucus and other Committees such as:

- Prevention and care
- Universal basic income as part of care
- PrEP navigation in the context of the social determinants of health that impact HIV
- Exploring using a resource roundtable format to integrate prevention and care
- Long-term benefits of prevention

There was an appeal to invite strong participation from primary care physicians and providers who are outside of HIV community and spaces. There was discussion about integrating workforce capacity and policy issues to address some of the systems infrastructure issues that

are impacting movement. There was also an appeal to ensure a diverse panel of both consumers and providers that represent the whole spectrum of interest for prevention and care, as well as social determinants of health. Venues that can accommodate breakout sessions are being explored. It is anticipated that the work group will be able to present its final plans to the Executive Committee within the next 3 months.

C. Co-Chairs' Report. D. Campbell led the report as follows:

(1) Welcome New Members & Recognition of Leaving Recognition

- Acknowledgement of new member, Matthew Muhonen (HOPWA representative) and alternates who have moved into full seats: Dechelle Richardson (Provider representative seat #6), Erica Robinson (HIV stakeholder representative #3), and Ronnie Osorio (HIV stakeholder representative #4).
- Ricky Rosales, City of Los Angeles representative, served as Commission Co-Chair from 2013 – 2018 and will be finishing his term of service to the Commission at the end of June. R. Rosales was appreciated and applauded for being instrumental in writing the Commission Bylaws and awarded a plaque for his service.

(2) COH Housing Taskforce Formation

The Executive Committee approved the formation of a Housing Taskforce on April 26th to formulate a set of recommendations on behalf of the Commission. A Doodle poll will be sent to commissioners to gauge interest in joining the task force, along with potential dates for the first meeting. The task force will plan and set a course of action within the purview of the COH to address housing and homelessness. The policies that describe the purpose of the task force will be created by the Commission, its Co-chairs, and/or the Executive Committee. The intention is to address housing and homelessness for PLWH in LAC within the scope of the Commission's purview.

(3) April 11, 2024 COH Meeting | FOLLOW-UP & FEEDBACK

- Jayda Arrington appreciated the venue at the MLK Behavioral Health Center conference center.
- J. Green acknowledged and thanked Dr. LaShonda Spencer for securing the space.

(4) Executive Committee Member At-Large | Open Nomination & Election MOTION #9

- Erica Robinson was nominated by Justin Valero
- Dechelle Richardson was nominated by Leon Maultsby

- Staff will verify if the nominees meet the requirements to fill an Executive At-Large seat

(5) Conferences, Meetings & Trainings

[NMAC Biomedical HIV Prevention Summit \(April 19-20, 2024\)](#) | **FEEDBACK** The NMAC HIV Biomedical Prevention Summit was held in Seattle, WA on April 19-20. Feedback of event was provided as follows:

- L. Conolly acknowledged D. Campbell and the researchers and presenters who attended and provided outstanding leadership. L. Conolly expressed appreciation for the PrEP in Black America presentation, the long-acting PrEP injection study, a study which targeted marginalized communities (i.e., Black women, TGI, Latinx), and the vaccine trial. L. Conolly indicated one of the biggest takeaways was the discussion on Black women and how Black women are raised. L. Conolly would also like to see more research done at local levels versus federal.
- Daryl Russell commented the NMAC Summit was very motivational and inspiring. The focus was on PrEP and it was inspiring to see research in this area for Black people. D. Russell attended the podcast presentation funded by the Centers for Disease Control (CDC) and mentioned the group of Black women who are sending out the message that they are HIV positive to encourage Black women to take PrEP. D. Russell also mentioned one of the buzz words was “lived experience” and how people would lived experiences are very important to prevention.
- L. Maultsby enjoyed PrEP in Black America and stated it was well done and exciting to see different agencies and different people across the United States speaking on how they are engaging people within the research arena around PrEP. There was talk about Charles Drew University’s (CDU) usage of a mini grant for campus events educating students on PrEP so when they venture into their respective careers, they are well-informed in speaking to patients. L. Maultsby also mentioned the presentation by Dr. Melissa Robinson consisting of a panel of Black women and 1 trans Black woman and felt that having dialogue supporting collaboration in finding solutions was very powerful.
- There was a robust discussion surrounding lived experiences and a consensus among the COH that those with lived-experiences should be actively recruited in the workforce and within jobs that provide services to PLWH and

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STIs versus recruiting and hiring those solely with education and degrees for the following reasons: (1) those with lived experiences provide a certain level of empathy that may not be witnessed in those who are not living with HIV, (2) PLWH want to be employed and actively working within the HIV spectrum, and (3) those with lived experiences are the best qualified to serve others living with HIV and to advocate for prevention and prevention services. The group also felt that training and education programs should be established to develop skills in those with lived experiences to become qualified and competitive when entering the job market, especially in careers such as social work.

(6) Member Vacancies & Recruitment.

Please continue to support the Operations Committee and staff in their recruitment efforts. Unaffiliated consumers are needed for:

- Service Planning Area 1 (Antelope Valley)
- Service Planning Area 4 (Metro)
- Supervisorial district 4 (Supervisor Janice Hahn's District)
- 1 At Large Seat

To qualify for an Unaffiliated consumer seat, the following criteria set forth by our federal funders must be met: 1) a person living with HIV; and 2) a Ryan White program client; and 3) NOT employed by an agency receiving funding for Part A Ryan White program.

There is an application for Local health/hospital planning agency representative in the queue. The Commission continues its appeal to the state and Dr. Karen Mark to designate a Medi-Cal representative; it was underscored earlier the importance of filling this seat. The Commission is also encouraging the City of Long Beach to appoint their representative to the body. Please refer to the Membership Roster in the packet to see the vacant seats on the Commission.

- C. Barrit highlighted her efforts in soliciting help from Dr. Mark to no avail. C. Barrit participated in a letter writing campaign to Secretary Michelle Bass in conjunction with other California jurisdictions. The Secretary acknowledged the letter and referred them back to Dr. Mark.
- The group discussed a few ideas to help facilitate securing a Medi-Cal representative and will discuss additional strategies the COH can pursue in the near future.

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- The Commission was reminded that applying as an alternate is a good way to become involved and familiarized with the Commission if one does feel prepared to fill a full seat and alternates are given the opportunity to move into a full seat when available.

(7) [Acknowledgement of National HIV Awareness Days](#)

D. Campbell encouraged members to peruse the HIV.Gov website periodically for updated information and social media tool kits from our federal partners on HIV awareness days and highlighted the following National HIV Awareness Days:

- HIV Vaccine Awareness Day – May 18th
- National Asian/Pacific Islander HIV/AIDS Awareness Day – May 19th
- [Mental Health Awareness Month](#) – May 1st -31st

D. LA County Department of Public Health Report (Part A Representative)

(1) Division of HIV/STD Programs (DHSP) Updates (RWP Grantee/Part A Representative)

Mario J. Pérez, MPH, Director of DHSP, provided the following updates:

a. Programmatic and Fiscal Updates. As mentioned earlier, DHSP has not received their full notice of award for the current year. They are anticipating the grant funding announcement from their partners in Atlanta for DHSP's annual CDC integrated HIV surveillance prevention program, which will cover the first 5 months of the calendar year from January through May. DHSP initially received confirmation of their June/July award, however the CDC is adjusting its term for the HIV prevention grants throughout the country in that the award will not start on August 1st, but the 10-month award is to be expected soon. M. Perez indicated he was able to speak to the Director of the CDC's Division of HIV at the Biomedical Conference and was assured that they are working very hard to finalize the awards. A factor contributing to the delay is surplus of unspent obligated resources throughout the country tied to the HIV prevention portfolio. The CDC wants to safeguard against supplying resources to jurisdictions who will not use the award in its entirety. In addition, there was a supplemental application process requesting DHSP provide a dollar amount needed for their expenditures.

b. Mpox Briefing. M. Perez stated two Mpox cases were reported last week and with PRIDE season commencing the number of vaccinations need to increase to be consistent with the number of people who are at elevated risk for Mpox exposure. It is also expected that the Mpox vaccines will be commercialized in 2024.

c. Ending the HIV Epidemic (EHE) | UPDATES

- M. Perez thanked Women’s Caucus for providing feedback in response to DHSP’s breastfeeding guidelines and their input on preventing perinatal HIV transmission. He also thanked the Women’s Caucus for their ongoing work.
- DHSP will be hosting two prevention listening sessions at the end of the month on May 30th, one for provider and one for clients
The first session is for providers of HIV and STD testing, and prevention services. DHSP is preparing to redo their entire HIV prevention and testing portfolio effective July 1st. They are working on an RFP to ensure an informed process is in place and are asking providers to provide feedback in the hopes that the RFP responsive to the needs of our communities.
- The second session is for consumers, whereby DHSP is soliciting their feedback on accessing the services and how the services should be delivered.
- DHSP is recreating their Ambulatory Outpatient Medical (AOM) and Medical Care Coordination (MCC) portfolios. The new portfolios are anticipated to be in place by 2025.
- DHSP held a convening on April 17th at St. Anne’s, in which MCC providers were invited. Good feedback was received and incorporated into the new and improved services. These services are also expected to be in place by 2025.
- M. Perez informed the group that DHSP has onboarded a new policy analyst, Jaime Cervantes de Reinstein who will ensure LAC is at the forefront of shaping a progressive budget and program policies.
- M. Perez is currently working with Dr. Michael Green on preparing the response for the next Ryan White program 3-year funding cycle.
- Jaime Cervantes de Reinstein introduced himself as the new policy analyst at DHSP. A brief summary of Matt’s background includes: (1) working in the private sector as an advertising executive, (2) graduating from the UCLA’s School of Public Affairs with a double master’s in public policy and social work, (3) training as a clinical behavioral therapist at an eating disorder center and working with analysts and youth struggling with eating disorders, (4) working with the California Department of Public Health on a research study examining barriers and facilitators to data collection, and (5) experience working with local governments, more specifically Holly. J. Mitchell's office at the Board of Supervisors (BOS).
 - K. Donnelly asked M. Perez about the Linkage and Re-engagement Program utilization report.

- M. Perez will consult with Dr. Green regarding when the report will be made available.

(2) California Office of AIDS (OA) Report (Part B Representative)

- a. [OAVoice Newsletter Highlights](#). No report.
- b. **California Planning Group (CPG)**. No report.

E. Ryan White Program (RWP) Parts C, D, and F Report

- **Part C:** L. Maultsby reminded the group of the upcoming Ryan White Conference August 20 – 23.
- **Part D:** Dr. Mikhaela Cielo reported their colleagues at UCLA are still recruiting for their Women to Peer program for newly diagnosed, out of care, or not virally suppressed women throughout LAC. Season 2 of the Confessions podcast, focusing on Black women, is available on Apple podcasts and Spotify. The podcast will be presented to mental health providers at tomorrow's Coping with Hope event. A Women and HIV conference is being held in Palm Springs in June and the flyer has already circulated. The Women's Caucus Lunch and Learn flyer will be added to the updated Caucus meeting packet for distribution. Dr. Cielo indicated they will try to have the second session in-person and she is working to secure a location with the possibility of providing childcare to encourage attendance.

RWD Part F Program Spotlight: Pacific AIDS Education Training Centers: Sandra Cuevas introduced Tom Donohoe, adjunct professor of Family Medicine at the David Geffen School of Medicine at UCLA and Director of Pacific AIDS Education and Training Center – Los Angeles Area, to the Commission. T. Donohoe provided the Part F Program spotlight and began by thanking individuals who were instrumental in supporting HIV work: Dr. Harold Glenn San Agustin, Dr. David Hardy, Dr. William King, Alasdair Burton, and Kevin Donnelly.

T. Donohoe highlighted the presentation slides as follows:

- Learning objectives: (1) explain the work of AIDS Education and Training Centers (AETCs), specifically the PAETC-Los Angeles Area (LAA), (2) discuss transitions taking place at the PAETC-LAA, (3) review directions AETCs are taking within the next 5-year cycle, and (4) reflect on HIV-related training needs in LAC.
- The AETCs cover the entire country and U. S. jurisdictions and PAETC works closely with the South-Central Education Training Center regarding U. S.-Mexico border issues. The Los Angeles training center covers Kern, Santa Barbara, and Ventura counties with specific areas of focus including Kern County and Bakersfield. Kern County is assisted

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with implementation of routine HIV screening and linkage to care at three Emergency Departments in Bakersfield

- T. Donohoe announced he is retiring from full-time work June 27, 2024 and July 1, 2024 will mark his first day as a pensioner. In August, he will embark on “call back” working a maximum of 43% time, in March 2025 will decide whether to continue on call back. T. Donohoe plans on being a Department of Family Medicine emeritus professor indefinitely and being available to assist the new PAETC team with their transitioning as needed.
- T. Donohoe covered the organizational chart, page 87 in the meetings materials, highlighting PAETCs external partners, regional office team, and local partners. Everyone reports to the regional office which has its own data staff, coordinators, project managers, and consultants. For example, advisors and coaches report to the Pasadena team for a practice transformation project and they have coaches assisting staff with practice transformation work. The far right of the organizational chart are the sites within PAETC: Arizona, Hawaii and U.S. affiliated Pacific Islands, Nevada, Bay Area and Central Coast, Central Valley and North Interior, Los Angeles area, Orange County and Inland Empire, and San Diego and Imperial County.
 - What cities does the Bay area North and Central Coast include.
 - San Francisco and north, except Sacramento.
- The old and new PAETC personnel organizational charts located in the meeting packet on pages 88 and 89.
- PAETCs regional proposed budget: \$2,570,000 (base), \$1,150,000 (MAI), and \$1,300,000 (EHE), totaling \$5,020,000. The Los Angeles area has the largest proposed budget of the local partners at \$641,650, which represents an 18.6% reduction from the previous five-year cycle, as inter-professional programs (IPE) cannot be located at the same site. Page 93 of the meeting packet depicts regional budget estimates consisting of consultants and activities.
- Three HRSA Goals and Objectives are comprise of: (1) expanding the number of health care team members providing HIV care and prevention services, including providers with different backgrounds and experiences, (2) expanding the ability of health care team members to provide effective HIV care and prevention services, and (3) improving health equity by integrating HIV care and prevention in primary care and other health care settings that provide services to underserved populations. Additional goals are listed on the slides within the meeting packet.

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- The three component areas are the base program, Minority AIDS Initiative (MAI), and Ending the HIV Epidemic (EHE). T. Donohue pointed out that every cycle it changes.
- There 8 local partners (LPs) proposing implementation of a variety of responses across the entire region and a few of the responses are listed as follows: (1) standardizing training packages across the region, (2) creating pathways for differentiated learners, (3) primary care provider focus and developing training pathways for nonprimary care providers, and (4) incorporating HIV curricula for Health Professions Programs (HPPs) at Minority Serving Institutions (MSIs).
- T. Donohue will provide the full slide deck to C. Barrit to share with the Commission.
 - Dr. Hardy stated his comment is political in nature in that the limitations of what HRSA can fund is very clear because of its strong link to Ryan White being treatment, however the EHE which is a fairly new funding source does include MAI and new money coming in as well.
 - T. Donohue agreed with Dr. Hardy and undertook extensive research of the Affordable Care Act (ACA).
- The Co-chairs presented Tom Donohue with a plaque on behalf of the Commission on HIV.

(J) Cities, Health Districts, Service Planning Area (SPA) Reports.

City of Los Angeles: R. Rosales reported the City of Los Angeles is finishing the RFP process which was delayed due to the budget process happening at the same time. This office's budget was reduced by 16% therefore, R. Rosales has been meeting with different council offices trying to recoup the money. R. Rosales has been attending the budget hearings but at the present time has no knowledge of what will happen. He remains optimistic that the money will be reinstated and once this is resolved, the RFP process will be completed.

City of West Hollywood: Dee Saunders provided the report on behalf of Derek Murray. The city's PRIDE event will be held from May 31st to June 2nd with the street fair happening on June 1st and June 2nd. West Hollywood's Human Services Division will have their own booth handing out harm reduction supplies.

City of Long Beach: Andrew Abayan shared that the City of Long Beach's PRIDE parade will coincide with the Long Beach PRIDE Festival, taking place May 18 – 19th along the Downtown waterfront. The festival will be a separate event that will remain organized by the Long Beach Pride organization. More information about the festival will be available at longbeachpride.com/festival. A. Abayan also informed the Commission that they are actively looking to fill Everardo Alvizo's vacant seat. L.B. is creating an HIV strategy plan and conducting listening sessions with Latinx, same gender loving, and their syndemics task force. There was a

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tuberculosis outbreak in L.B. resulting in the need for STI workers to be transitioned to covering the outbreak.

City of Pasadena: C. Barrit provided the report on behalf of Erika Davies. Pasadena will be celebrating PRIDE month in June with various activities throughout the month. Once the flyers are completed, they will be shared with the Commission. As part of Pasadena's PRIDE celebration, an event called Love, Loud & Proud will take place June 22nd and it will include information, vaccinations for Mpox, Hepatitis A, and meningitis vaccinations.

7. MISCELLANEOUS

A. Public Comment. *(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)*

- No Public Comment.

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

- No Commission New Business Items.

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

- None

D. Adjournment and Roll Call: Adjournment for the meeting of May 9, 2024.

The meeting adjourned at 12:24 PM. Jim Stewart conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, M. Cielo, L. Conolly, S. Cuevas, K. Donnelly, K. Ferguson, F. Findley, A. Frames, F. Gonzalez, D. Hardy, W. King, L. Kochems, L. Maultsby, V. Mendoza, P. Nash, K. Nelson, M. Perez, L. Martinez-Real, E. Robinson, R. Rosales, D. Russell, H. G. San Agustin, K. Stalter (AB2449), L. Talley, R. Ybarra, D. Campbell, and J. Green.

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MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting agenda, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 2: Approve the April 11, 2024, Commission on HIV meeting minutes, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 3: Approve Consent Calendar, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 4: Approve new member application for Arburtha Franklin to occupy an Alternate seat, as presented or revised, and forward to the Board of Supervisors for appointment.	Passed by Consent Calendar.	MOTION PASSED
MOTION 5: Approve new member application for Rita Garcia to occupy an Alternate seat, as presented or revised, and forward to the Board of Supervisors for appointment.	Passed by Consent Calendar.	MOTION PASSED
MOTION 6: Approve new member application for Dahlia Ale-Ferlito to occupy the City of Los Angeles representative seat, as presented or revised, and forward to the Board of Supervisors for appointment.	Passed by Consent Calendar.	MOTION PASSED
MOTION 7: Approve the following 2024 renewal membership applications as presented or revised and forward to the Board of Supervisors for final approval: Erika Davies Seat #2, City of Pasadena representative; Mario Perez Seat #6, Director, DHSP; Karl Halfman Seat #7, Part B representative; Leon Maulsby Seat #8, Part C representative; Sandra Cuevas Seat #10, Part F representative; Andre Molette Seat #12, Provider representative #2; Dr. LaShonda Spencer Seat #14, Provider representative #4; Dr. Martin Sattah Seat #18, Provider representative #8; Russell Ybarra Seat #20, Unaffiliated consumer, SPA 2; Lambert Talley Seat #22, Alternate; Jayda Arrington Seat #24, Unaffiliated consumer, SPA 6; Kevin Donnelly Seat #26, Unaffiliated consumer, SPA 8; Lilieth Conolly Seat #32, Unaffiliated consumer, at-large #1; Dr. David Hardy Seat #34, Alternate; Al Ballesteros Seat #36, Representative, Board Office 1; Katja Nelson Seat #38,	Passed by Consent Calendar.	MOTION PASSED

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MOTION AND VOTING SUMMARY		
Representative, Board Office 3; Jonathan Weedman Seat #40, Board Office 5; Lee Kochems Seat #42, Behavioral/social scientist; Mary Cummings Seat #48, HIV stakeholder representative #5; Dr. William King Seat #50, HIV stakeholder representative #7; and Miguel Alvarez Seat #51, HIV stakeholder representative #8.		
MOTION 8: Approve 2024 Policy Priorities as presented or revised.	Passed by Consent Calendar.	MOTION PASSED



STANDING COMMITTEES AND CAUCUSES REPORT | KEY TAKAWAYS | JUNE 13, 2024

1. Operations

Link to meeting packet [HERE](#)

Key outcomes/results from the meeting:

- The Operations Committee met on May 23, 2024 and approved various member renewals from returning Commissioners.
- The HRSA technical assistance (TA) site visit team conducted a session on membership recruitment, engagement, retentions and making meetings more consumer friendly, inviting, and shorter in duration. The HRSA TA team reinforced the importance of robust community engagement (beyond participation) at planning council meetings.

Action Needed from the Full Body:

- Continue supporting the Operations Committee in their recruitment, retention and engagement efforts, and actively pursue opportunities to fill current vacancies.
- Develop ideas and participate in feedback regarding the succession plan for filling vacancies and the upcoming seat rotations.

2. Executive

Link to meeting packet [HERE](#)

Key outcomes/results from the meeting:

- PY 34 Operational Budget. Staff led the Committee through a high-level summary review of the COH's proposed PY 34 operational budget which is pending review by DHSP. The COH's budget is negotiated with DHSP, who shares with the COH a limited administrative cap for the operation and management of the Ryan White Program.
- 2024 Updated Meeting Schedule. The Committee reviewed the updated COH meeting schedule for 2024 and agreed to cancel the October COH meeting to prepare for the November 14 Annual Conference. The Committee will determine later whether to cancel the December COH meeting.
- Commissioner Commitments. As an ongoing effort to uphold accountability among members and to ensure clarity regarding roles and responsibilities, members were invited to share perspectives on their roles, responsibilities, and community engagement efforts supporting the Commission's mission. Many members have been participating in various community engagement events, i.e., health fairs, Pride events, to promote the work of the COH.
- Annual Conference Workgroup.



The workgroup continues its planning for the November 14 Annual Conference; updates forthcoming.

- Housing Task Force.
- The taskforce scheduled its first meeting for May 31, 2024 @ 9:30AM. Based on interest to date, there is a healthy representation of both providers and consumers.

Action Needed from Full Body:

- Ongoing review of [Commissioner Duty Statement](#) for a refresher of roles and responsibility.
- Continued active participation and engagement from all Commissioners in promoting the work of the COH.

3. Planning, Priorities and Allocations (PP&A)

Link to the meeting cancellation notice: [HERE](#)

Key outcomes/results from the meeting:

- The May PP&A Committee meeting was cancelled due to the HRSA technical assistance site visit.
- The committee will be hosting a community listening session in Antelope Valley. Commissioners Al Ballesteros and Mary Cummings offered to host the event at their respective locations and assist with recruitment efforts. A preliminary meeting was held on June 10 to review discussion questions, identify challenges and opportunities for recruiting providers and consumers, and determine possible dates.
- The next PP&A Committee meeting is Tuesday, June 18th from 1pm-3pm at the Vermont Corridor.

Action Needed from the Full Body:

- Commissioners should familiarize themselves with the priority setting and resource allocation process. A recording and presentation slides can be found on the Commission website [HERE](#) under 2024 Trainings.
- If a commissioner has ties to the Antelope Valley, please consider assisting PP&A with listening session planning.

4. Standards and Best Practices (SBP)

Link to meeting packet [HERE](#)

Key highlights, outcomes/results from the meeting:

- Service Standards Schedule: The Committee updated their service standards schedule and decided to review the Emergency Financial Assistance (EFA) service standards in July 2024. The Committee will also develop a Transitional Case Management service standards document that focuses on three target populations: older adults (50+), youth, and justice-involved individuals.



- Ambulatory Outpatient Medical (AOM) Service Standards Review: The Committee continued their review of the AOM service standards and will have a version ready for public comment by August 2024.

Action Needed from Full Body:

- The next SBP Committee meeting will be on July 2, 2024 from 10am-12pm at the Vermont Corridor.

5. Public Policy

Link to meeting packet [HERE](#)

Key highlights, outcomes/results from the meeting:

- 2023-24 Legislative Docket: The Executive Committee approved the docket on 5/23/24 which included a revision to the PPC's position on Assembly Bill (AB) 2523. The PPC decided to change their position from "WATCH" to "OPPOSE" after reviewing additional feedback received from County and City partners urging the PPC to consider opposing AB 2523.
- 2024 Policy Priorities: The COH approved the document at the 5/9/24 COH meeting and will transmit the document along with the 2023-24 Legislative Docket to the County Office of Legislative Affairs and Intergovernmental Relations (LAIR).
- County Response to STD Crisis:
The next Department of Public Health (DPH) STD report to Board of Supervisors (BOS) is due in the coming months; COH staff will track the BOS correspondence page and share the document once available.
- CA 2025 Budget: The Governor share their

Action Needed from Full Body:

- Ongoing participation in BOS meetings and Health Deputies meetings to provide public comment related to the COH as appropriate.
- The July PPC meeting is cancelled. The next PPC meeting will be on August 5, 2024 from 1pm-3pm at the Vermont Corridor.

6. Aging Caucus

Link to meeting packet [HERE](#).

Key outcomes/results from the meeting:

- The Aging Caucus met on June 4 and received a report of selected studies on HIV and aging from CROI 2024 from Dr. David Hardy.
- REPRIEVE: Mechanistic Substudy of Effects Pitavastatin on Plaque on People Living with HIV and Low-Moderate Cardiovascular Disease Risk -- the study found that participants with HIV infection who received pitavastatin had a lower risk of a major adverse cardiovascular event than those who received placebo over a median follow-up of 5.1 years.
- In STI Switch: Ingrase strand transfer inhibitors (INSTIs) have been associated with greater weight gain in women with HIV than men with HIV. The study



found that switching to an INSTI-based regimen during late peri- and post menopause is associated with early accelerated increase in weight circumference and body mass index (BMI) when compared to women who did not switch. This suggests that menopausal status should be considered when switching to an INSTI.

- Pharmacokinetics of Long-Acting Cabotegravir and Rilpivirine in Elderly Using PBPK Modelling – elderly people with HIV have higher exposure of long-acting cabotegravir and rilpivirine and therefore are at lower risk for suboptimal drug concentrations at the end of the dosing interval.
- Staff provide a high level overview of the Older Americans Act (OAA) to inform the Caucus members of opportunities to provide community input in State and local plans and understand key reauthorization recommendations from SAGE (Advocacy & Services for LGBTQ+ Elders). SAGE is advocating for the following key statutory changes: that LGBTQ+ older people and older PLWH as populations of greatest need in the statutes; including HIV in list of chronic disease under Evidence-Based Health Promotions Program; adding HIV to routine health screening list; update definition of family to include family of choice, include and require coordination with Ryan White Programs and/or HIV case management; update definition of “older individual” to 40 for PLWH; establish an Office of Sexual Health and others.
- The Aging and Women’s Caucus will co-host a community educational event in September in commemoration of National HIV/AIDS and Aging Awareness Day on Sept. 23 to learn how to overcome isolation and loneliness and promote health and wellness.

Action Needed from Full Body:

- Review the meeting packet to learn more about the Older Americans Act and opportunities to expand services for older LGBTQ+ and PLWH adults over 60.

7. Black Caucus

Link to meeting packet [HERE](#)

Key outcomes/results from the meeting:

- The Caucus last met on May 20th and shared feedback from the April 26 Faith Based Community Listening Session, which was hugely successful, garnering approximately 17 interfaith participants who engaged in a meaningful discussion on how we can better support the faith community in addressing sexual health, specifically, stigma and shame, the drivers of HIV and STIs in the Black faith community. An Executive Summary will be forthcoming reflecting the key discussion highlights and recommendations.
- As part of the community listening session series, the Caucus is planning for its next listening session centered around our Black Non-US Born Immigrant/Caribbean communities in LA County. That session has been confirmed for Friday, June 14 @ 5-7PM; location to be shared upon confirmed registration. For those who are a part of that community and interested in



participating, please contact COH staff, Dawn McClendon or refer to the flyer that has been widely disseminated.

- A follow up meeting is pending with consultant Equity Impact Solutions and DHSP staff to determine next steps regarding the Black-led/servicing organizational needs assessment, updates forthcoming.

Action Needed from the Full Body:

- Promote the BC and encourage participation.
- Incorporate the BAAC recommendations and ensure equitable representation in COH planning discussions and decision-making.

8. Consumer Caucus

Link to meeting packet [HERE](#)

Key outcomes/results from the meeting:

- The Caucus last met on May 9th immediately following the COH meeting and shared feedback of the COH meeting emphasizing the need for discussions on People with HIV (PWH) to adopt a holistic approach, considering the "whole person." This includes addressing employment, housing, and mental health to help PWH achieve normalcy. Additionally, the Caucus highlighted the importance of increasing opportunities for PWH to engage in policy development and legislative initiatives that directly affect them.
- Staff led the Caucus through the Priority Setting & Resource Allocation (PSRA) Survey, providing guidance on how to complete the survey.
- The Caucus reviewed its draft housing letter to local elected officials and provided feedback. Staff will provide the updated draft letter incorporating the Caucus' feedback at its next meeting.
- In commemoration of National Mental Health Awareness Month, Caucus members were asked to share their "secret sauce" for nurturing their mental health which resulted in a lot of great feedback.

Action Needed from Full Body:

- Promote the CC and encourage participation.
- Continued involvement of consumers in all COH planning discussions and decision-making #MIPA

9. Transgender Caucus

Link to meeting packet [HERE](#)

Key highlights, outcomes/results from the meeting:

- The Caucus last met on April 23, 2024 and drafted recommendations to help inform the Priority Setting and Resource Allocation (PSRA) process led by the Planning, Priorities, and Allocations (PP&A) Committee. COH staff is working with the Caucus co-chairs to revise the document and formally transmit it to the PP&A Committee.



- On April 29, 2024, the Caucus held their “Harm Reduction Institute” event which yielded a set of recommendations to the COH related to the provision of harm reduction services for the Transgender, Gender Non-Conforming, and Intersex (TGI) communities. These items are also included in the recommendations document the Caucus will elevate to the PP&A Committee.

Action Needed from Full Body:

- The June Caucus meeting is cancelled. The next Caucus meeting will be on July 23, 2024 from 10am-12pm at the Vermont Corridor.

10. Women’s Caucus

Link to part 1 of lunch and learn series [HERE](#)

Key outcomes/results from the meeting:

- The Caucus did not meet for the month of May but part 1 of the two-part virtual lunch and learn series was held on Monday, May 20th which included a presentation from Dr. Cielo on how to read medical labs and the importance of medication adherence. A recording of the session can be found on the Commission website under events.
- The caucus will be hosting part 2 of the virtual lunch and learn series on Monday, June 17th from 2pm-3:30pm. The session will focus on the role of peer support in reaching and maintaining optimal health. See Commission packet for flyer.
- The July caucus meeting is cancelled. Instead, the caucus will be co-hosting a special in-person lunch presentation with APLA titled “HIV Matters for Her” with Dr. Judith Currier on July 15th from 12:30pm – 2:00pm at the Vermont Corridor. The presentation will provide an update on women’s HIV health issues. More details to follow.

Action Needed from the Full Body:

- Share the Lunch and Learn event flyer with interested parties.
- Continued promotion of the WC. Please encourage your clients or peers to attend WC meetings and events.



Standards and Best Practices (SBP) Committee

Service Standards Revision Date Tracker as of 06/10/24 FOR PLANNING PURPOSES

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
1	AIDS Drug Assistance Program (ADAP) Enrollment	AIDS Drug Assistance Program (ADAP) Enrollment	State program that provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them.	n/a	ADAP contracts directly with agencies. Administered by the California Department of Public Health, Office of AIDS (CDPH/OA).
2	Benefits Specialty Services	Benefits Specialty Services (BSS)	Assistance navigating public and/or private benefits and programs (health, disability, etc.)	Last approved by COH on Sep. 8, 2022.	Upcoming solicitation—release Nov. 2024.
3	Emergency Financial Assistance	Emergency Financial Assistance (EFA)	Pay for rent, utilities (including cell phone and Wi-Fi), and food and transportation.	Last approved by COH on Jun. 11, 2020.	Committee will begin review on 7/2/23.
4	HIV/STI Prevention Services	Prevention Services	Services used alone or in combination to prevent the transmission of HIV and STIs.	Last approved by COH on Apr. 11, 2024.	Not a program—standards apply to prevention services. Upcoming solicitation—release Aug./Sep. 2024
5	Home-Based Case Management	Home-Based Case Management	Specialized home care for homebound clients.	Last approved by COH on Sep. 9, 2022.	Active solicitation
6	Language Interpretation Services	Language Services	Translation and interpretation services for non-English speakers and deaf and/or hard of hearing individuals.	Last approved by COH in 2017.	

Standards and Best Practices Committee
Service Standards Revision Tracker | June 10, 2024

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
7	Legal Services	Legal Services	Legal information, representation, advice, and services.	Last approved by COH on Jul. 12, 2018.	
8	Medical Care Coordination	Medical Care Coordination (MCC)	HIV care coordination through a team of health providers to improve quality of life.	Last approved by COH on Jan. 11, 2024.	Upcoming solicitation—release Nov. 2024
9	Medical Outpatient Services	Ambulatory Outpatient medical (AOM) Services	HIV medical care accessed through a medical provider.	Last approved by COH on Jan. 13, 2006.	Committee began review on Apr. 2, 2024. Upcoming solicitation—release Nov. 2024
10	Medical Specialty	Medical Specialty Services	Medical care referrals for complex and specialized cases.		
11	Mental Health Services	Mental health Services	Psychiatry, psychotherapy, and counseling services.	Last approved by COH in 2017.	
12	Nutrition Support	Nutrition Support Services	Home-delivered meals, food banks, and pantry services.	Last approved by COH on Aug. 10, 2023.	Upcoming solicitation—release Oct. 2024
13	Oral Health Care	Oral Health Services (General and Specialty)	General and specialty dental care services.	Last approved by COH on Apr. 13, 2023.	
14	Psychosocial Support	Psychosocial Support/Peer Support Services	Help people living with HIV cope with their diagnosis and any other psychosocial stressors they may be experiencing through	Last approved by COH on Sep. 10, 2020.	Upcoming solicitation—Release TBD

Standards and Best Practices Committee
Service Standards Revision Tracker | June 10, 2024

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
			counseling services and mental health support.		
15	Substance Use Residential and Treatment Services	Substance Use Disorder Transitional Housing (SUDTH)	Housing services for clients in recovery from drug or alcohol use disorders.	Last approved by COH on Jan. 13, 2022.	
16	Temporary Housing Services	Residential Care Facility for the Chronically Ill (RCFCI)	Home-like housing that provides 24-hour care.	Last approved by COH on Feb. 8, 2018.	Upcoming solicitation—release Nov. 2024
17	Temporary Housing Services	Transitional Residential Care Facility (TRCF)	Short-term housing that provides 24-hour assistance to clients with independent living skills.	Last approved by COH on Feb. 8, 2018	Upcoming solicitation—release Nov. 2024
18	Transitional Case Management Services, Youth	Transitional Case Management—Youth	Client-centered, comprehensive services designed to promote access to and utilization of HIV care by identifying and linking youth living with HIV/AIDS to HIV medical and support services.	Last approved by COH on Apr. 13, 2017.	Committee decided to develop a global Transitional Case Management service standard document which will include sections for priority populations such as youth, older adults (50+), and justice-involved individuals.
19	Transitional Case Management Services—	Transitional Case Management	Support for incarcerated individuals transitioning from County Jails back to the community.	Last approved by COH on Dec. 8, 2022.	See notes section for item #18.

Standards and Best Practices Committee
Service Standards Revision Tracker | June 10, 2024

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
	Justice-Involved Individuals				
20	Transitional Case Management—Older Adults	n/a	To be developed.	n/a	See notes section for item #18.
21	Transportation	Transportation Services	Ride services to medical and social services appointments.	Last approved by COH in 2017.	Consider for review in 2024. Upcoming solicitation—Release Oct. 2024
22	Universal Standards and Client Rights and Responsibilities	n/a	Establish the minimum standards of care necessary to achieve optimal health among people living with HIV, regardless of where services are received in the County. These standards apply to all services.	Last approved by COH on Jan. 11, 2024.	Not a program—standards apply to all services. The Committee will review this document on a bi-annual basis or as necessary per community stakeholder, partner agency, or Commission request.



LOS ANGELES COUNTY
COMMISSION ON HIV



2023-2024 Legislative Docket | Approval Date: Last approved by COH on 6/8/23. **Last approved by PPC on 05/06/24.**

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

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 2007 (Boerner)	Establish Unicorn Homes Pilot Program	Establishes a 3-year pilot program—the Unicorn Homes Transitional Housing for Homeless LGBTQ+ Youth Program—to place unhoused LGBTQ+ youth with affirming volunteer host families and provide trauma-informed crisis intervention care, with the ultimate goal of reunification with the youth’s family when possible. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2007	SUPPORT	<i>16-MAY-24</i> <i>In APPR. Committee: Held under submission.</i>
AB 2034 (Rodriguez)	Crimes: loitering for the purpose of engaging in a prostitution offense	This bill would make it a misdemeanor to loiter in a public place with the intent to commit prostitution, as defined, and make other conforming changes. By creating a new crime, this bill would impose a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2034	OPPOSE	07-MAR-24 In Committee Hearing postponed.
AB 2523 (Patterson)	Needle and syringe exchange services	This bill would require the department to send a written and an email notice to the affected city, county, or city and county. The bill would require the department to provide the biennial report to the city, county, or city and county. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2523	OPPOSE	01-APR-24 Re-referred to Com. on HEALTH.
AB 2229 (Wilson)	California Healthy Youth Act: menstrual health education	This bill would include in the definition of “comprehensive sexual health education” the topic of menstrual health, defined to mean a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle. The bill would that instruction and materials also teach pupils about the menstrual cycle, premenstrual syndrome and pain management, menstrual hygiene, menstrual disorders, menstrual irregularities, menopause, menstrual stigma, and any other relevant topics related to the menstrual cycle. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2229	SUPPORT	<i>29-MAY-24</i> <i>In Senate. Read first time. Referred to Com. on ED..</i>
AB 2258 (Zbur)	Health care coverage: cost sharing	This bill would prohibit a group or individual non-grandfathered health care service plan contract or health insurance policy issued, amended, or renewed on or after 1/1/2025, from imposing a cost-sharing requirement for items or services that are integral to the provision of preventive care services and screenings. The bill would require those contracts and policies to cover items and services for preventive care services and screenings, including home test kits for sexually transmitted disease and specified cancer screenings. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2258	SUPPORT	<i>05-JUN-24</i> <i>In Senate. Read first time. Referred to Com. on HEALTH.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 2442 (Zbur)	Expedite Licensure for Gender-Affirming Care Providers	Expands the network of gender-affirming care providers in the state to improve accessibility of care by expediting licensure applications for health care providers who intend to provide gender-affirming health care or gender-affirming mental health care in California. This bill's provisions will be sunset on January 1, 2029. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2442	SUPPORT	03-JUN-24 <i>In Senate. Referred to Com. on APPR.</i>
AB 2498 (Zbur and Quirk-Silva)	Housing: the California Housing Security Act	This bill would establish the California Housing Security Program to provide a housing subsidy to eligible persons to reduce housing insecurity and help Californians meet their basic housing needs. The bill would require the Department of Housing and Community Development to establish a 2-year pilot program in up to 4 counties and to establish guidelines that include the amount of the subsidy necessary to cover the portion of a person's rent to prevent homelessness but shall not exceed \$2,000 per month. Under the bill, the subsidy would not be considered income for purposes of determining eligibility or benefits for any other public assistance program, nor would participation in other benefits exclude a person from eligibility for the subsidy. Under the bill, an undocumented person, as specified, who otherwise qualifies for the subsidy would be eligible for the subsidy. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2498	SUPPORT	29-MAY-24 <i>In Senate. Read first time. Referred to Com. on HOUSING.</i>
AB 3031 (Lee and Low)	LGBTQ+ Commission	Establishes a statewide LGBTQ+ Commission representing California's diverse LGBTQ+ community to shine a light on the unique challenges LGBTQ+ people face, assess and monitor programs and legislation to address systemic barriers, and make recommendations to improve the health, safety, and well-being of LGBTQ+ Californians. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3031	SUPPORT	05-JUN-24 <i>In Senate. Read first time. Referred to Coms. On JUD. And G.O.</i>
SB 953 (Menjivar)	Medi-Cal: Menstrual products	This bill would add menstrual products as a covered benefit to the Medi-Cal schedule of benefits, subject to federal approval and federal financial participation. Requires DHCS to seek any federal approval necessary to implement this benefit. Defines "menstrual products" as a device for use in connection with a person's menstrual cycle. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB953	SUPPORT	16-MAY-24 <i>May 16 hearing: Held in committee and under submission.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 954 (Menjivar)	Sexual health: contraceptives	This bill requires all public high schools to make condoms available to students by the start of the 2025-26 school year and requires schools to provide information to students on the availability of condoms, as well as other sexual health information. Prohibits public schools from preventing distribution of condoms or preventing a school-based health center from making condoms available and easily accessible to students at the school-based health center site. Prohibits from restricting sales of nonprescription contraception on the basis of age. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB954	SUPPORT	<i>03-JUN-24</i> <i>In Assembly. Amended and Re-referred to Com. on ED.</i>
SB 957 (Wiener)	Data collection: sexual orientation and gender identity	Requires the California Departments of Public Health (CDPH) to collect demographic data, including sexual orientation, gender orientation (SOGI), and intersexuality data, from third parties on any forms of electronic data systems, unless prohibited by federal or state law. Adds SOGI to the information reported for the purpose of statewide or local immunization information systems. Requires CDPH to prepare an annual report concerning SOGI data. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB957	SUPPORT	<i>03-JUN-24</i> <i>In Assembly. Referred to Coms. on HEALTH and P. & C.P.</i>
SB 959 (Menjivar)	Trans-inclusive care: resources and support services	Creates an online resource for transgender, gender non-conforming, and intersex (TGI) Californians and their families to combat misinformation and provide accurate information about access to trans-inclusive health care, existing legal protections for patients and providers, and other available support services. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB959	SUPPORT	<i>03-JUN-24</i> <i>In Assembly. Referred to Coms. on HEALTH and JUD.</i>
SB 990 (Padilla)	Office of Emergency Services: State Emergency Plan: LGBTQ+ individuals	Requires California to update the State Emergency Plan to include LGBTQ+ inclusive policies and best practices to ensure that LGBTQ+ people can access affirming services and resources before, during, and after an emergency or natural disaster. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB990	SUPPORT	<i>28-MAY-24</i> <i>In Assembly. Referred to Com. on E.M.</i>
SB 996 (Wilk)	Comprehensive Sexual health Education and HIV Prevention Education	This bill would require the governing board of a school district to adopt a policy at a publicly noticed meeting specifying how parents and guardians of pupils may inspect the written and audiovisual educational materials used in comprehensive sexual health education and HIV prevention education are made available at each school site and publicly posted on the school district's internet website or on a school district's parent or guardian portal. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB996	OPPOSE	<i>16-MAY-24</i> <i>May 16 hearing: held in committed and under submission.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 1022 (Skinner)	Enforcement of Civil Rights	Enables the Civil Rights Department to investigate and prosecute long-running civil rights violations affecting groups or classes of people by making technical changes to the Fair Employment and Housing Act more effectively. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1022	SUPPORT	<i>28-MAY-24</i> <i>In Assembly. Referred to Com. on JUD.</i>
SB 1278 (Laird)	World AIDS Day	This bill would require the Governor to annually proclaim December 1 as World AIDS day. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1278	SUPPORT	<i>06-JUN-24</i> <i>Ordered to Consent Calendar.</i>
SB 1290 (Roth)	Health care coverage: essential health benefits	This bill would sunset the Kaiser Foundation Health Plan Small Group HM 30 plan as CA's Essential Health Benefit benchmark for individual and small group health plan contracts and health insurance policies after the 2026 plan year. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1290	WATCH	<i>28-MAY-24</i> <i>In Assembly. Referred to Com. on HEALTH.</i>
SB 1333 (Eggman and Roth)	Communicable diseases: HIV reporting	Revises and recasts existing law to permit the California Department of Public Health (CDPH) and local health departments (LHDs) to disclose personally identifying information in public health records for the coordination of, linkage to, or reengagement in care, as determined by CDPH or a LHD. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1333	SUPPORT	<i>04-JUN-24</i> <i>In Assembly. Amended. Re-referred to Com. on HEALTH.</i>
SB 1346 (Durazo)	Worker's compensation: aggregate disability payments	This bill allows the Worker's Compensation Appeals Board the discretion to extend the potential duration of temporary disability payments for up to 90 days if an injured employee prevails at a worker's compensation independent medical review. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1346	SUPPORT	<i>16-MAY-24</i> <i>May 16 hearing: Held in committee and under submission.</i>
AB 1487 (Santiago)	Public health: Transgender, Gender Variant, and Intersex Wellness Reentry Fund	Establishes the Transgender, Gender Variant, and Intersex (TGI) Wellness Reentry Fund in the State Treasury to fund grant programs focused on reentry programs to support TGI people who have experiences carceral systems. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1487	SUPPORT	<i>13-OCT-23</i> <i>Approved by Governor.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
ACA 8 (Wilson)	Slavery	This would prohibit slavery in any form, including forced labor compelled by the use or threat of physical or legal coercion. Follow-up questions regarding the phrasing: The ACA removed “Involuntary servitude is prohibited except to punish a crime” from phrasing and added “Slavery in any form.” https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA8	Support with follow-up questions	13-SEP-23 In Senate. Referred to Coms. on PUB S. and E. & C.A.
AB 4 (Arambula)	Covered California: Expansion	Requires Covered California to develop options for expanding access to affordable health care coverage to Californians regardless of immigration status and report these options to the Governor and Legislature. Follow-up questions regarding the phrasing: Starting Jan. 2024, undocumented Californians 26-49 years of age will be eligible for full scope Medi-Cal coverage; however, undocumented Californians who earn too much money to qualify for Medi-Cal are excluded from being able to purchase coverage through Covered California since the federal Affordable Care Act did not extend eligibility to undocumented individuals. The Centers for Medicare and Medicaid Services would need to approve a 1332 waiver which would allow Covered California to offer coverage to undocumented immigrants. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4	Support with follow-up questions	13-JUL-23 In Senate. Read second time and amended. Re-referred to Com. on APPR.
AB 598 (Wicks)	Sexual health education and HIV prevention education: school climate and safety: CA Health Kids Survey	This bill requires local educational agencies and charter schools to provide students participating in comprehensive sexual health education to receive physical or digital resources and administer the California Healthy Kids Survey in specified grades, related to sexual and reproductive health. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB598	Support	05-JUL-23 In Senate. Hearing canceled at the request of author.
AB 793 (Bonta)	Privacy: reverse demands	The bill bans reverse-location searches, which allow law enforcement agencies to obtain cell phone data about unspecified individuals near a certain location, and reverse-keyword searches, which allow law enforcement agencies to obtain data about unspecified individuals who used certain search terms on an internet website. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793	Support with Amendment	30-JUN-23 In Senate. Hearing canceled at the request of author.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 427 (Portantino)	Health care coverage: antiretroviral drugs, devices, and products	<p>Prohibits a non-grandfathered or grandfathered health plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, drug devices, or drug products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of HIV/AIDS. Prohibits a health plan or health insurer from subjecting ARVs that are either approved by the FDA or recommended by the CDC for the prevention HIV/AIDS, to prior authorization or step therapy, but authorizes prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, device, or product without cost sharing pursuant to an exception request. Does not require coverage by an out-of-network pharmacy, unless in the case of an emergency or if there is an out-of-network benefit. Delays implementation of this bill for an individual and small group health plan contract or insurance policy until 1/1/2025</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB427</p>	Watch	26-FEB-24 From inactive file. Ordered to third reading.
AB 367 (Maienschein)	Controlled Substances: Enhancements	<p>This bill, until 1/1/2029, applies the “great bodily injury” enhancement to any person who sells, furnishes, administers, or gives away fentanyl or an analog of fentanyl when the person to whom the fentanyl was sold, furnished, administered, or given suffers a significant or substantial physical injury from using the substance.</p> <p>Follow-up questions: The bill applies a 3-year sentence enhancement. Provides that the enhancement does not apply to juvenile offenders.</p> <p>https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB367</p>	Watch	01-FEB-24 Filed with the Chief Clerk pursuant to Joint Rule 56.
AB 1022 (Mathis)	Medi-Cal: Program of All-Inclusive Care for the Elderly	<p>This bill, among other things relating to the Program of All-Inclusive Care for the Elderly (PACE) would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization’s authority to use video telehealth to conduct all assessments, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1022</p>	Support	01-FEB-24 Filed with the Chief Clerk pursuant to Joint Rule 56.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1314 (Essayli and Gallagher)	Gender identity: parental notification	<p>This bill would, notwithstanding the consent provisions described above, provide that a parent or guardian has the right to be notified in writing within 3 days from the date any teacher, counselor, or employee of the school becomes aware that a pupil is identifying at school as a gender that does not align with the child’s sex on their birth certificate, other official records, or sex assigned at birth, using sex-segregated school programs and activities, including athletic teams and competitions, or using facilities that do not align with the child’s sex on their birth certificate, other official records, or sex assigned at birth.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1314</p>	Oppose	<p>01-FEB-24</p> <p>Filed with the Chief Clerk pursuant to Joint Rule 56.</p>
AB 1431 (Zbur)	Housing: the California Housing Security Act	<p>This bill would establish the California Housing Security Program to provide a housing subsidy to eligible persons to reduce housing insecurity and help Californians meet their basic housing needs. To create the program, the bill would require the Department of Housing and Community Development to establish a 2-year pilot program in up to 4 counties, as specified. The bill would require the department to issue guidelines to establish the program that include, among other things, the amount of the subsidy that shall be the amount necessary to cover the portion of a person’s rent to prevent homelessness but shall not exceed \$2,000 per month.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1431</p>	Support	<p>01-FEB-24</p> <p>Filed with the Chief Clerk pursuant to Joint Rule 56.</p>
AB 1549 (Carrillo)	Medi-Cal: federally qualified health centers and rural health clinics	<p>This bill revises the prospective payment system (PPS) per-visit rate calculation to account for staffing and care delivery models for Medi-Cal services provided by Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) (collectively, health centers).</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1549</p>	Support	<p>01-FEB-24</p> <p>Filed with the Chief Clerk pursuant to Joint Rule 56.</p>
SB 36 (Skinner)	Out-of-state criminal charges: prosecution related to abortion, contraception, reproductive care, and gender-affirming care	<p>This bill would prohibit the issuance of warrants for persons who have violated the laws of another state relating to abortion, contraception, reproductive care, and gender-affirming care, that are legally protected in California. The bill would also prohibit apprehending, detaining, or arresting a bail fugitive based on such offenses, and impose criminal and civil liability for doing so. In addition, the bill would restrict the sharing of information by law enforcement related to such protected activity and provide that convictions in other states would not result in ineligibility for state benefits.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB36</p>	Support	<p>01-FEB-24</p> <p>Returned to Secretary of Senate pursuant to Joint Rule 56.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 37 (Caballero)	Older Adults and Adults with Disabilities Housing Stability Act	This bill establishes the Older Adults and Adults with Disabilities Housing Stability Pilot Program to provide housing subsidies to older adults and adults with disabilities who either are experiencing or at risk of experiencing homelessness, in up to five geographic regions or counties. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB37	Support	29-JAN-24 In Assembly. Held at Desk.
SB 524 (Caballero)	Pharmacists: furnishing prescription medications	This bill authorizes a pharmacist to furnish medications to treat various diseases and conditions based on the results of a federal Food and Drug Administration test the pharmacist ordered, performed, or reported and adds these additional pharmacy services to the Medi-Cal schedule of benefits. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB524	Support	01-FEB-24 Returned to Secretary of Senate pursuant to Joint Rule 56.
AB 957 (Wilson)	Family law: gender identity	Requires a court to consider a minor's gender identity or gender expression when determining the best interest of the child, as specified. <u>Governor's Veto Message:</u> This legislation would require a court, when determining the best interests of a child in a child custody or visitation proceeding, to consider, among other comprehensive factors, a parent's affirmation of the child's gender identity or gender expression. I appreciate the passion and values that led the author to introduce this bill. I share a deep commitment to advancing the rights of transgender Californians, an effort that has guided my decisions through many decades in public office. That said, I urge caution when the Executive and Legislative branches of state government attempt to dictate - in prescriptive terms that single out one characteristic - legal standards for the Judicial branch to apply. Other-minded elected officials, in California and other states, could very well use this strategy to diminish the civil rights of vulnerable communities. Moreover, a court, under existing law, is required to consider a child's health, safety, and welfare when determining the best interests of a child in these proceedings, including the parent's affirmation of the child's gender identity. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957	Support	22-SEP-23 <u>Vetoed by Governor.</u>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1060 (Ortega)	Health care coverage: naloxone hydrochloride (NH)	<p>Requires coverage of prescription or nonprescription NH under a health plan contract or health insurance policy, and the Medi-Cal program and prohibits a them from imposing any cost-sharing requirements exceeding \$10/package of NH or another drug approved by the U.S. Food and Drug Administration (FDA) for the complete or partial reversal of an opioid overdose.</p> <p>Governor's Veto Message: This bill would require health plans to cover prescription and over the counter naloxone and all other U.S. FDA approved drugs for opioid overdose reversal, with a maximum of \$10 cost sharing. Combating the opioid crisis is one of my top priorities. I appreciate the author's shared commitment to this critical public health and public safety imperative. Together with the Legislature, we have invested more than \$1 billion to combat overdoses, support those with opioid use disorder, raise awareness, and crack down on trafficking. Further, the 2023 Budget Act included \$30 million for the CaRx Naloxone Access Initiative, to support partners in developing, manufacturing, procuring, and distributing a low-cost naloxone nasal product. While I support providing access to opioid antagonists to individuals with opioid use disorder or other risk factors, this bill would exceed the state's set of essential health benefits, which are established by the state's benchmark plan under the provisions of the federal Affordable Care Act. As such, this bill's mandate would require the state to defray the costs of coverage in Covered California. This would not only increase ongoing state General Fund costs, but it would set a new precedent by adding requirements that exceed the benchmark plan. A pattern of new coverage mandate bills like this could open the state to millions to billions of dollars in new costs to cover services relating to other health conditions. This creates uncertainty for our healthcare system's affordability. For these reasons, I cannot sign this bill.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1060</p>	Support	07-OCT-23 <u>Vetoed by Governor.</u>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1432 (Carrillo)	Health insurance: policy	<p>This bill subjects an out-of-state policy, or certificate of group health insurance that is marketed, issued, or delivered to a Californian resident to specified provisions of the Insurance Core requiring coverage of abortion, abortion-related services, and gender-affirming care, regardless of the origin of the contract, subscriber, or master group policyholder.</p> <p>Governor's Veto Message:</p> <p>This bill would require any out-of-state health insurance plan regulated by the California Department of Insurance that is marketed, issued, or delivered to a California resident to provide coverage for abortion, abortion-related services, and gender-affirming care. I commend the author for working to provide additional assurances that California residents can access abortion services and gender affirming care. It is a priority of my Administration to ensure that abortion and gender-affirming care are safe, legal, and accessible. However, it is not evident that out-of-state health insurance plans serving Californians do not already cover this care. Further, though well intentioned, this bill could invite litigation where an adverse ruling would outweigh a potential benefit.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1432</p>	Support	07-OCT-23 <u>Vetoed by Governor.</u>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1645 (Zbur)	Health care coverage: cost sharing	<p>Prohibits a large group health plan contract or health insurance policy issued, amended, or renewed on or after 1/1/2024, or an individual or small group contract or policy issued, amended, or renewed on or after 1/1/2025, from imposing a cost-sharing requirement for office visits of specified preventive care services and screenings and for items or services that are integral to their provision. Prohibits health plan contracts and insurance policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections (STI) screening, and from imposing a cost-sharing requirement for any items and services integral to a STI screening, as specified. Requires a health plan or insurer to directly reimburse specified nonparticipating providers or facilities of STI screening, specified rates for screening tests and integral items and services rendered and prohibits the nonparticipating provider from billing or collecting a cost-sharing amount for a STI screening from an enrollee or insured.</p> <p><u>Governor's Veto Message:</u></p> <p>This bill would prohibit health plans from imposing cost sharing for specified preventive or screening services and associated office visits and would require plans to directly reimburse nonparticipating essential community providers for STI screenings and services. I appreciate the author's efforts to increase access to preventive health care, including HIV and STI testing, colorectal screening, and other services. However, components of this proposal depart from structures in federal and state law, such as the existing policies for reimbursement to non-contracted providers. Further, because this bill exceeds the cost-sharing provisions under the Affordable Care Act, it would result in increased costs to health plans passed on to consumers through premiums. The State must weigh the potential benefits of all new mandates with the comprehensive costs to the entire delivery system.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1645</p>	Support	<p>07-OCT-23</p> <p><u>Vetoed by Governor.</u></p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 541 (Menjivar)	Sexual Health: contraceptives: Immunization	<p>This measure seeks to address the sexually transmitted infection epidemic among California youth and improve equitable public health outcomes statewide by expanding teen access to condoms and the HPV vaccine.</p> <p><u>Governor's Veto Message:</u></p> <p>This bill requires all public high schools to make free condoms available to students and would prohibit retailers from refusing to sell condoms to youth. While evidence-based strategies, like increasing access to condoms, are important to supporting improved adolescent sexual health, this bill would create an unfunded mandate to public schools that should be considered in the annual budget process. In partnership with the Legislature, we enacted a budget that closed a shortfall of more than \$30 billion through balanced solutions that avoided deep program cuts and protected education, health care, climate, public safety, and social service programs that are relied on by millions of Californians. This year, however, the Legislature sent me bills outside of this budget process that, if all enacted, would add nearly \$19 billion of unaccounted costs in the budget, of which \$11 billion would be ongoing. With our state facing continuing economic risk and revenue uncertainty, it is important to remain disciplined when considering bills with significant fiscal implications, such as this measure.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB541</p>	Support	08-OCT-23 <u>Vetoed by Governor.</u>
ACA 5 (Low)	Marriage Equality	<p>This measure would express the intent of the Legislature to amend the Constitution of the State relating to marriage equality.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5</p>	Support	20-JUL-23 <u>Chaptered by Secretary of State.</u>
AB 5 (Zbur)	The Safe and Supportive Schools Program	<p>Requires the California Department of Education to complete the development of an online training curriculum and online delivery platform by 7/1/2025 and requires local educational agencies to provide and require at least one hour of training annually to all certificated staff, beginning with the 2025-26 school year through the 2029-30 school year, on cultural competency in supporting lesbian, gay, bisexual, transgender, queer, and questioning students.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB5</p>	Support	23-SEP-23 Approved by Governor.
AB 223 (Ward)	Change of gender and sex identifier	<p>This bill enhances protections for minors seeking changes of name or gender by making the proceedings presumptively confidential.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB223</p>	Support	23-SEP-23 Approved by Governor.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 254 (Bauer-Kahan)	Confidentiality of Medical Info. Act: reproductive or sexual health application info.	This bill includes “reproductive or sexual health application information” in the definition of “medical information” and the businesses that offer reproductive or sexual health digital services to consumers in the definition of a provider of health care for purposes of the Confidentiality of Medical Information Act. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB254	Support	27-SEP-23 Approved by Governor.
AB 352 (Bauer-Kahan)	Health Information	This bill limits the sharing of information related to sensitive services in electronic health records without specific authorization from the patient. This bill also requires a specified stakeholder advisory group to include providers of sensitive services and to identify policies and procedures to prevent electronic health information related to sensitive services from automatically being shared with individuals and entities in another state. Follow-up questions regarding phrasing: “Sensitive services” are gender affirming care, abortion and abortion-related services, and contraception. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB352	Support with follow-up questions	27-SEP-23 Approved by Governor.
AB 470 (Valencia)	Continuing medical education: physicians and surgeons	This bills specifies how an association that accredits continuing medical education courses taken by Medical Board of California licensed physicians and surgeons should update standards for those courses, if they choose to update any standards. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470	Support	07-OCT-23 Approved by Governor.
AB 760 (Wilson)	California State University and University of California: records: affirmed name and gender identification	This bill would require California State University (CSU) and requests the Regents of the University of California (UC), to implement a process by which students, staff, and faculty can declare an affirmed name, gender, or both name and gender identification to be used in records where legal names are not required by law. Support w/Amendments: Due to the constitutional autonomy of the UC system, the Donahue Higher Education Act, which governs postsecondary education in the State of California, does not apply to the UC system. As a result, a bill must request the UC Regents to make education code provisions applicable to the UC system. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB760	Support with Amendments	23-SEP-23 Approved by Governor.
AB 1078 (Jackson)	Instructional materials: removing instructional materials and curriculum: diversity	Makes various changes to the adoption of instructional materials for use in schools, including a provision that would prohibit a governing board from disallowing the use of an existing textbook, other instructional material, or curriculum that contains inclusive and diverse perspectives, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1078	Support	25-SEP-23 Approved by Governor.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1163 (Luz Rivas)	Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act	This bill expands the data collection requirements in the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act, to additionally apply to the State Department of State Hospitals, the Department of Rehabilitation, the State Department of Developmental Services, and the Department of Community Services and Development. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1163	Support	13-OCT-23 Approved by Governor.
SB 339 (Wiener)	HIV preexposure prophylaxis and postexposure prophylaxis	This bill authorizes a pharmacists to furnish up to a 90-day course of preexposure prophylaxis (PrEP), or beyond 90-days if specified conditions are met and requires the Board of Pharmacy to adopt emergency regulations to implement these provisions by 7/1/2024. This bill requires a health care service plan and health insurer to cover PrEP and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB339	Support	06-FEB-24 Approved by Governor.
SB 372 (Menjivar)	Department of Consumer Affairs: licensee and registrant records: name and gender changes	This bill requires a board within the Department of Consumer Affairs to update licensee or registrant records with that individual's updated legal name or gender upon receiving government-issued documentation, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB372	Support	23-SEP-23 Approved by Governor.
SB 525 (Durazo)	Minimum wages: health care workers	This bill (1) enacts a phased in multi-tiered statewide minimum wage schedule for health care workers employed by covered healthcare facilities, as defined; (2) requires, following the phased-in wage increases, the minimum wage for health care workers employed by covered healthcare facilities to be adjusted, as SB 525; (3) provides a temporary waiver of wage increases under specified circumstances; (4) and establishes a 10-year moratorium on wage ordinances, regulations, or administrative actions for covered health care facility employees, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB525	Support with Amendments	13-OCT-23 Approved by Governor.

FEDERAL BILLS

Bill	Title	Description / comments	Recommended position	Status
H.R. 62 (Jackson Lee)	SHIELD Act	<p>SHIELD = Safeguarding Healthcare Industry Employees from Litigation and Distress This bill establishes a framework to limit interference with persons seeking to provide or access reproductive health services at the state level. The bill reduces the allocation of funds under certain law enforcement grant programs for a state that has in effect a law authorizing state or local officers or employees to interfere with persons seeking to provide or access reproductive health services. The bill authorizes civil remedies for a violation, including damages and injunctive relief. Additionally, it authorizes criminal penalties for a violation involving the use of deadly or dangerous weapon or the infliction of bodily injury.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/62/actions?s=8&r=5&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</p>	SUPPORT	<p>09-Jan-23</p> <p>Introduced in House. Referred to the Committee on Energy Commerce, and in addition to the Committee on the Judiciary.</p>
H.R. 73 (Biggs)	No Pro-Abortion Task Force Act	<p>This bill prohibits federal funding of the Reproductive Healthcare Access Task Force. The Department of Health and Human Services launched the task force on January 21, 2022, to identify and coordinate departmental activities related to accessing sexual and reproductive health care.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/73?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=7</p>	OPPOSE	<p>09-JAN-23</p> <p>Introduced in House. Referred to Committee on Energy and Commerce.</p>
H. Res. 185 (Hayes)	Declaring racism a public health crisis	<p>This resolution declares racism a public health crisis and support efforts to address health disparities and inequities across all sectors.</p> <p>https://www.congress.gov/bill/118th-congress/house-resolution/185/text?s=1&r=15&q=%7B%22search%22%3A%5B%22%5C%22HIV%5C%22%22%5D%7D</p>	SUPPORT	<p>10-MAR-23</p> <p>Referred to the Subcommittee on Health.</p>
H.R. 407 (Clyde)	Protect the UNBORN Act	<p>UNOBORN: Undo the Negligent Biden Orders Right Now This bill prohibits federal implementation of and funding for specified executive orders that address access to reproductive care services, including services related to pregnancy or the termination of a pregnancy.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/407?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=6</p>	OPPOSE	<p>27-JAN-23</p> <p>Introduced in House. Referred to the Subcommittee on Health.</p>

H.R. 445 (Williams)	HHS Reproductive and Sexual health Ombuds Act of 2023	This bill creates a position within the Department of Health and Human Services to support access to reproductive and sexual health services (including services relating to pregnancy and the termination of a pregnancy) that are evidence-based and medically accurate. Functions of the position include (1) educating the public about medication abortions and other sexual and reproductive health services, (2) collecting and analyzing data about consumer access to and health insurance coverage for those services, and (3) coordinating with the Federal Trade Commission on issues related to consumer protection and data privacy for those services. https://www.congress.gov/bill/118th-congress/house-bill/445?q=%7B%22search%22%3A%22%5C%22sexual+health%5C%22%22%7D	SUPPORT	27-JAN-23 Introduced in House. Referred to the Subcommittee on Health.
H.R. 459 (Eshoo)/ S. 323 (Hirono)	SAFER health Act of 2023	SAFER: Secure Access For Essential Reproductive Health This bill would ensure the privacy of pregnancy termination or loss under the HIPAA privacy regulations and the HITECH Act. https://www.congress.gov/bill/118th-congress/house-bill/459/text?s=8&r=8&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D https://www.congress.gov/bill/118th-congress/senate-bill/323/text?s=8&r=9&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D	SUPPORT	09-FEB-23
H.R. 517 (Mace)	Standing with Moms Act	This bill requires the Department of Health and Human Services (HHS) to disseminate information about pregnancy-related resources. Specifically, HHS must maintain a public website (life.gov) that lists such resources that are available through federal, state, and local governments and private entities. The bill excludes from life.gov, the portal and the hotline resources provided by entities (1) perform, induce, refer for, or counsel in favor of abortions; or (2) financially support such entities. The bill also requires HHS to report on traffic to life.gov and the portal, gaps in services available to pregnant and postpartum individuals, and related matters. https://www.congress.gov/bill/118th-congress/house-bill/517?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=19	OPPOSE	03-FEB-23 Referred to the Subcommittee on Health.
H.R. 561 (Lee)	EACH Act of 2023	This bill requires federal health care programs to provide coverage for abortion services and requires federal facilities to provide access to those services. The bill also permits qualified health plans to use funds attributable to premium tax credits and reduced cost sharing assistance to pay for abortion services. https://www.congress.gov/bill/118th-congress/house-bill/561?q=%7B%22search%22%3A%5B%22%5C%22transgender%5C%22%22%5D%7D&s=8&r=8	SUPPORT	21-FEB-23 Introduced in House. Referred to the Subcommittee

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
				on Indian and Insular Affairs
H.R. 1224 (Trahan)	INFO for Reproductive Care ACT OF 2023	INFO= Informing New Factors and Options This bill requires the Department of Health and Human Services to carry out a campaign to educate health care professionals (and health care professions students) about assisting patients to navigate legal issues related to abortions and other reproductive health care services. https://www.congress.gov/bill/118th-congress/house-bill/1224?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=4	SUPPORT	27-FEB-23 Introduced in House. Referred to the House Committee on Energy and Commerce.
S. 644 (Markey)	Modernizing Opioid Treatment Access Act	This bill expands access to methadone for an individual's unsupervised use to treat opioid use disorder (OUD). The bill (1) waives provisions of the Controlled Substances Act that require qualified practitioners to obtain a separate registration from the Drug Enforcement Administration (DEA) to prescribe and dispense methadone to treat OUD, and (2) requires the Substance Abuse and Mental Health Services Administration and the DEA to jointly report on the waiver. Additionally, the bill directs the DEA to register certain practitioners to prescribe methadone that is dispensed through a pharmacy for an individual's unsupervised use. Qualified practitioners must be licensed or authorized to prescribe controlled substances, and they must either work for an opioid treatment program or be a physician or psychiatrist with a specialty certification in addiction medicine. Individuals who receive methadone for unsupervised use must continue to have access to other care through an opioid treatment program. https://www.congress.gov/bill/118th-congress/senate-bill/644	SUPPORT	01-FEB-2024 Placed on Senate Legislative Calendar under General Orders.
S. 701 (Baldwin)	Women's Health Protection Act of 2023	To protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services. https://www.congress.gov/bill/118th-congress/senate-bill/701	SUPPORT	09-MAR-23 Placed on Senate Legislative Calendar under General Orders.

Footnotes:

(1) Under Joint Rule 56, bills introduced in the first year of the regular session that do not become carry-over bills shall be returned to the Chief Clerk of the Assembly or the Secretary of the Senate.

Notes:

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



LOS ANGELES COUNTY
COMMISSION ON HIV



510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

HOUSING TASK FORCE (HTF) VIRTUAL MEETING
MAY 31, 2024 | 9AM-10AM
MEETING SUMMARY

Agenda Item	Key Discussion Points	
Attendees:	<ul style="list-style-type: none"> • Jade Ali • Erika Davies • Joseph Green • David Hardy • Ish Herrera • Leonardo Martinez-Real 	<ul style="list-style-type: none"> • Derek Murray • Katja Nelson • DeeAna Saunders • Russell Ybarra • Commission Staff: Cheryl Barrit and Lizette Martinez
Purpose and Objectives	<p>Attendees stated the following ideas about purpose and objectives for the HTF:</p> <ul style="list-style-type: none"> • More involvement with housing providers; invite providers to attend the HTF meetings • Keep people housed • The cost of living is too high to keep people housed; some cities allow clients to write to their Housing Authority to work with the landlord to keep people housed (City of Palm Springs—<i>study/get more info</i>). • Address housing needs of people at risk for HIV • Highlight correlation between housing and being able to maintain treatment; draw upon street medicine experience and models; housing is key to ending HIV; very little coordination among providers/agencies • HTF should look at ways to collaborate with DHSP and other providers – agencies are not aware of what each other are doing; not much communication between HIV and housing providers; conduct a training among housing providers about the Ryan White program • Older adults are being harassed and extremely challenged with housing; lack of income; if housing is found for them, they often end up being disconnected from their source of care and support system. • Explore service models for different populations, such as the TransLatina Coalition’s employment to housing program, where graduates of the program learn to start their own business. • Intersect housing with other capacities like employment, food, mental health; some agencies just provide housing but not other services needed by the client to remain housed. • Need effort to educate housing and HIV agencies; create a document or 	

	<p>web page to help individuals at risk of losing housing; intervene to avert the crisis</p> <ul style="list-style-type: none"> • Focus on people of color—these communities are overburdened and often uninformed. • A situation was shared surrounding the confusing application process; the client was referred by an agency for housing services but was told by the service provider that they did not qualify because he was not referred. • Collaborate across all county and city departments; communication is not happening; more coordinated navigation • Learn services to share with other community members • Improve interagency communication; the lack of and often conflicting communication among lead agencies and subcontractor agencies lead to frustration and delays in application process; case closures are done erroneously and the burden of starting over is on the client. Submitted documents are lost when they have been submitted by the client multiple times. No one is talking to the client; often left in limbo. • Agencies are under-staffed; secure more funding to expand staffing capacity.
<p>Membership Structure</p>	<p>Co-Chairs:</p> <ul style="list-style-type: none"> • Nominations for co-chairs were entertained and the following individuals either self-nominated or were nominated by a peer: <i>David Hardy, Katja Nelson, Ish Herrera (rescinded self-nomination after the meeting), Russell Ybarra, and Derek Murray.</i> • Names may be submitted to C. Barrit; elections will occur at the next HTF meeting. <p>Open/Closed Membership: The attendees agreed to keep membership open.</p> <p>Meeting Frequency: Monthly, every last Friday of the month 9am to 10am.</p>
<p>Key Themes Review</p>	<p>Changes to the “Key Challenges and Themes” slide: Root causes of housing/homelessness may be difficult to tackle; <i>add mental health and substance and consider tackling those in concert with housing needs.</i></p>
<p>Next Steps</p>	<p>Develop meeting summary, develop HTF workplan (C. Barrit)</p>
<p>Agenda Development for Next Meeting</p>	<ul style="list-style-type: none"> • Elect HTF Co-Chair • Review workplan and agreement on purpose and key objectives. • Invite Mario Perez, DHSP Director to talk about housing funding structure (C. Barrit) • Invite Terry Goddard, executive Director, Alliance for Housing and Healing to get his perspectives on how to coordinate funding sources (K. Nelson)
<p>Adjournment</p>	<p>Meeting adjourned at 10:02am</p>

Key Housing Challenge and Themes

Lack of coordination among housing systems and providers

Duplicative and confusing application process

Lack of affordable housing stock

Current efforts are not addressing the root causes of homelessness (stagnant incomes, poverty, racism, etc.)

Lack of homeless prevention services

Lack of clarity about eligibility requirements

Outdated and restrictive federal policies and regulations

Unclear how/where one would access or start looking for help



Key Service Entry Points for Housing Resources (Draft for Discussion Only)

PLWHA-SPECIFIC

HOPWA

DHSP

CHIRP/LA

APLA HEALTH/ ALLIANCE FOR H +H

<https://211la.org/>

GENERAL

STAYHOUSEDLA.ORG

<https://www.lahsa.org/get-help>

Section 8

<https://housing.lacounty.gov/>





COMMUNITY LISTENING SESSION

Are you a member of the Black Non-US Born Immigrant/Caribbean community? Your voice matters!

We invite you to join us for a candid conversation addressing sexual health and HIV within the Black Non-US Born Immigrant/Caribbean communities of Los Angeles County.

Discussion topics include: *Addressing the stigma surrounding sexual health and HIV testing within the Black Non-US Born Immigrant/Caribbean community *Exploring obstacles and challenges in accessing sexual health services and HIV testing *Discussing cultural factors that may hinder access to healthcare and testing services within the community *Identifying opportunities for capacity building initiatives to enhance awareness and knowledge about sexual health and HIV.

RESOURCES

FOOD

GIFT CARDS

FRIDAY 14 JUNE 2024
5:00PM-7:00PM

LOS ANGELES
*LOCATION TO BE SHARED UPON
CONFIRMED REGISTRATION

REGISTER HERE
<https://tinyurl.com/eu6bzj5a>



*This is part of a multi-series community conversation among key populations of the Black community within Los Angeles County to address HIV and sexual health. These sessions are supported by the Los Angeles County Commission on HIV Black Caucus and UCLA-CDU [Grant AI152501].



LOS ANGELES COUNTY
COMMISSION ON HIV



THE WOMEN'S CAUCUS, IN PARTNERSHIP WITH THE CONSUMER CAUCUS, PRESENT

A virtual lunch and learn two-part series

EMPOWERING WOMEN TO PROTECT & IMPROVE THEIR HEALTH



1

PART ONE:

MAY 20, 2024 @ 2PM - 3:30PM

Medical Labs & Medication Adherence

This workshop is designed to empower participants with skills to understand medical labs and the importance of antiretroviral medication adherence.



2

PART TWO:

JUNE 17, 2024 @ 2PM - 3:30PM

Peer Support for Optimal Health

This workshop will discuss the powerful role of peer support plays in achieving and maintaining optimal health and explore positive outcomes of peer involvement.



LOS ANGELES COUNTY
COMMISSION ON HIV



Register now at:

<https://tinyurl.com/ms7pv852>



HRSA Technical Assistance (TA) Site Visit | Areas of Improvement Project Timeline **Subject to Change*

Task	Timeline	
<p>Governing Documents Updates</p> <ul style="list-style-type: none"> • Bylaws/Ordinance Revisions • Status Neutral PSRA Framework and Process • Committee-only Membership • Stipends Policy & Consumer Responsibilities 	July-August Complete revisions, CoCo consultations	<ul style="list-style-type: none"> • Operations Committee/Bylaws Review Task Force • Consumer Caucus
<p>MOU/MOA with DHSP</p>	May- June Co-Chairs review last MOU for changes, meetings with DHSP	<ul style="list-style-type: none"> • COH Co-Chairs • Executive Committee
<p>Annual Planning Cycle Workplan</p>	December Staff to develop draft annual planning cycle workplan with committees and subgroup tasks, CHP, prevention, AEAM	<ul style="list-style-type: none"> • PP&A, SBP, Operations, Executive Committee, subgroups
<p>Membership Recruitment and Succession Planning</p>	July-Aug Update application forms to match HRSA demographic breakdown	<ul style="list-style-type: none"> • Operations Committee
	Dec 2024 -Feb 2025 Update promotional flyers; develop elevator speech cards	
	Dec 2024 -Feb 2025 Update recruitment plan, develop succession plan for current vacancies and upcoming seat rotations	

**Los Angeles County Commission on HIV (COH)
Meeting Schedule and Topics - Commission Meetings**

Versions: 01.18.24; 01.26.24; 02.12.24; 03.03.24; 040724;04.19.24; 05.15.24

FOR DISCUSSION /PLANNING PURPOSES ONLY

- **Bylaws:** Section 5. Regular meetings. In accordance with Los Angeles County Code 3.29.060 (Meetings and committees), the Commission shall meet at least ten (10) times per year. Commission meetings are monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee. The Commission’s Annual Meeting replaces one of the regularly scheduled monthly meetings during the fall of the calendar year.

Meeting Schedule and Topics - Commission Meetings		
	Month	Community Discussion Topic
HOUSING	2/8/24 @ St. Anne’s Conference Center	City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program and Service Overview (Part 1)
	3/14/24 @ MLK BHC	City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program Client Demographics and Service Data (Part 2)
	4/11/24 @ MLK BHC	Housing Funders Roundtable and Community Problem Solving Discussion: Discuss key program successes, challenges and best practices for coordinated planning and resource sharing. HOPWA, DHSP, LAHSA, County CEO’s Homeless Initiative, Los Angeles County DHS Housing for Health, City of Los Angeles Housing Department, Los Angeles County Development Authority, Housing Authority of the City of Los Angeles
	5/9/24 @ Vermont Corridor	<ul style="list-style-type: none"> • DHSP presentation on the Linkage and Re-engagement Program (LRP) (Moved to June 13) • Ryan White Parts Spotlight: Part F presentation by Tom Donohoe and Sandra Cuevas
	6/13/24 @ Vermont Corridor	<ul style="list-style-type: none"> • DHSP presentation on the Linkage and Re-engagement Program (LRP) • AMAAD Institute HIV.E Program

	7/11/24 @ Vermont Corridor	City of West Hollywood Healthcare in Action -Whole Person Care to Unhoused People Living with and at risk for HIV Opportunities for Expansion and Partnership
	8/8/24 @ Vermont Corridor	Leveraging Mental Health and Substance Use Programs and Partnerships DMH, SAPC
	9/12/24 @ TBD	HIV and Aging (Collaborative panel/presentation with Aging and Women’s Caucus)
	10/10/24 @ TBD	CANCEL
	11/14/24 @ TBD	ANNUAL CONFERENCE
	12/12/24 @ TBD	CANCEL

Potential Topics/Wish List: Could be components of the Annual Conference

1. Planning Council Community Review – Aligning Expectations, Duties, and Improving Overall Effectiveness/Impact (Part of Annual Conference)
2. Aging and Isolation (presentation from Dr. Nash; Sept?)
3. Housing (ongoing)
4. National HIV Awareness Days-Related Presentations
5. Comprehensive HIV Plan Temperature Check
6. Linkage and Retention Program (LRP) Service Utilization Report (June)
7. City representatives presentations
8. EHE- How are we doing with meeting our goals
9. Bylaws update (integrated in agenda)
10. Indigenous communities and HIV
11. Mobilizing County-wide STI Response with Key Partners Roundtable



DUTY STATEMENT

AT-LARGE MEMBER, EXECUTIVE COMMITTEE

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, there are three At-Large members of the Executive Committee, elected annually by the body, to provide the following representation, leadership and contributions:

COMMITTEE PARTICIPATION:

- ① Serve as a member of the Commission's Executive and Operations Committees, and participates, as necessary, in Committee meetings, work groups and other activities.
- ② As a standing member of the Executive Committee, fill a critical leadership role for the Commission; participation on the Executive Committee requires involvement in key Commission decision-making:
 - Setting the agenda for Commission regular and special meetings;
 - Advocating Commission's interests at public events and activities;
 - Voting and determining urgent action between Commission meetings;
 - Forwarding and referring matters of substance to and from other Committees and to and from the Commission;
 - Arbitrating final decisions on Commission-level grievances and complaints;
 - Discussing and dialoguing on a wide range of issues of concern to the HIV/AIDS community, related to Commission and County procedure, and involving federal, state and municipal laws, regulations and practices.

REPRESENTATION:

- ① Understand and voice issues of concern and interest to a wide array of HIV/AIDS and STI-impacted populations and communities
- ② Dialogue with diverse range perspectives from all Commission members, regardless of their role, including consumers, providers, government representatives and the public
- ③ Contribute to complex analysis of the issues from multiple perspectives, many of which the incumbent with which may not personally agree or concur
- ④ Continue to be responsible and accountable to the constituency, parties and stakeholders represented by the seat the member is holding
- ⑤ As a more experienced member, with a wider array of exposure to issues, voluntarily mentor newer and less experienced Commission members
- ⑥ Actively assist the Commission and Committee co-chairs in facilitating and leading Commission discussions and dialogue
- ⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

Duty Statement: Executive Committee At-Large Member

Page 2 of 2

KNOWLEDGE/BACKGROUND:

- ① CDC HIV Prevention Program, Ryan White Program (RWP), and other general HIV/AIDS and STI policy and information
- ② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
- ③ LA County's HIV/AIDS 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 **Minimum of one year's active Commission membership prior to At-Large 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 STI-related issues
- ③ Ability to demonstrate parity, inclusion and representation
- ④ Multi-tasker, take-charge, "doer", action-oriented
- 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

INSIDE:

- Community
- Awareness
- Updates
- Strategic Plan
- Health Access for All
- Racial Equity
- Mental Health & Substance Use

This newsletter is organized to align with the six Social Determinants of Health found in the *Ending the Epidemics Integrated Statewide Strategic Plan*, addressing the syndemic of HIV, HCV, and STIs in California. More about the *Strategic Plan* is available on the [Office of AIDS \(OA\) website](#).

STAFF HIGHLIGHT

Each year, the California Department of Public Health (CDPH) hosts a Department-Wide employee recognition ceremony, called the **PHAME Awards**. PHAME stands for Public Health Acknowledging My Efforts. Awardees are honored by various categories that include Beyond the Call of Duty, Leadership, Empowering Professional Growth and Development, and Public Service, to name a few.

Please join us in celebrating and acknowledging OA's PHAME Award recipients in Leadership and Public Service categories, respectively.

> Leadership

Linda Lewis is a Research Scientist Manager, with over a decade of work experience in infectious diseases, a doctor in veterinary medicine, and an MPH. Despite her impressive background and resume, she respects her staff's expertise through active listening and welcoming their inputs and feedback. She actively participated in staff trainings, picked up process tasks, and has worked late to learn and become the great asset she is today. It is her passion, dedication, humble demeanor, and quick intelligence that makes the staff respond positively and enabling them to take pride in doing so. Linda entered our team when there



Linda

was high turnover, many vacancies, limited documentation, and challenging dynamics. This was a complex leadership role needing to lead a team of research scientists, evaluating high profile projects aimed at HIV drug expansion and adherence, and be the product owner for a system that captures AIDS Drug Assistance Program Services provided. In less than a year, while also partially working on mpox, Linda became proficient in our team's work reflected in her timely decisions made to improve efficiencies, increase transparency, and accountability.



➤ Public Service

The OA Harm Reduction Unit (HRU) - **Alessandra Ross, Marjorie Katz, Leslie Knight, Loris Mattox and Pike Long** - serves some of the most marginalized people in California. The HRU manages the OA Syringe Services Authorization Program and has guided more than 20 community-based organizations, health clinics and local health departments through the complex process of becoming authorized as syringe services programs. Syringe services programs (SSPs) were originally established in California over 30 years ago to prevent HIV and hepatitis C among people who inject drugs, which is still central to their mission of harm reduction. But now SSPs are also on the frontline of the response to overdose epidemic, distributing naloxone and training their program participants in how to prevent and reverse overdoses. Although SSPs are not controversial in the scientific, medical, or public health fields, they can still be politically controversial in some areas of the state. The HRU is highly skilled at responding when objections to harm reduction are spotlighted,

answering questions and concerns, negotiating with local law enforcement and other local officials, and helping SSPs navigate potential pushback as they usher these entities through the authorization process. In the last six months, however, HRU has gone above and beyond their normal duties and delivered stellar support to SSPs, local stakeholders, CDPH and the CA Health and Human Services Agency by rapidly and precisely responding to new demands that required long hours, careful analyses, and quick answers. These conditions came about when a California appeals court issued a new set of requirements for the CDPH SSP authorization program. These requirements included a broader approach to stakeholder involvement, meticulous documentation of stakeholder outreach efforts, a full legal analysis of the authorizations already completed, and a process of reauthorization for existing SSPs to meet the new standards. The HRU staff led the OA and CDPH response through this ruling and, in a matter of months, redesigned our entire program to meet the new standards.

Congratulations and thank you for all you do!

COMMUNITY PARTNER SPOTLIGHT

June is **PRIDE Month!** During this month various events are held to recognize and celebrate the influence Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and Plus (LGBTQ+) people have made around the world. During PRIDE we celebrate diversity, allyship, and reflect on the progress made in the fight for social justice, equity, inclusion, and the freedom to be exactly who you are. Also, PRIDE Month provides an opportunity to raise awareness of current issues effecting the community while reaffirming to do more to support LGBTQ+ rights.

On May 29th **Tiffany Woods**, OA's Transgender Health Manager, was invited to speak at the Raising the Flag Ceremony at Sacramento's City Hall. We'd like to share a portion of her speech:

This is the first PRIDE flag raising for Sacramento as a Transgender Sanctuary city, a seismic act of intentional inclusion, representation, and support that goes beyond flag raising or other symbolic gestures at a dangerous time in our nation when courageous action is needed. It places Sacramento as a national beacon of hope, support, and inclusion and a roadmap of what can be possible not just for other cities, but for State departments as well. For several years, the Office of AIDS have been leading inclusion and representation efforts at CDPH by implementing internal Transgender Culturally Responsive and Racial Justice Trainings, creating an LGBTQ+ Inclusive Language Guide for programs, having LGBTQ+ staff lead statewide projects, and working with human resources to ensure our departments hire more diverse staff representing the great diversity of Californians we serve!

Raising the PRIDE flag demonstrates a city's statement of values, honors diversity and inclusion, and officially kicks-off PRIDE Month!



California
#PRIDE

We are also excited to share that OA and the Sexually Transmitted Disease Control Branch (STDCB) will be marching in the **Sacramento PRIDE March and Parade** on Sunday, June 9th for the first time! The event is both a demonstration of activism in pursuit of equity and justice and a celebration of the progress made. OA is proud to celebrate PRIDE Month and continues to work diligently to ensure everyone enjoys the full promise of equity, dignity, protection, and access to quality health services throughout California. We are looking forward to supporting and uplifting our LGBTQ+ co-workers and community!

HIV AWARENESS

June 5 is HIV Long-Term Survivors Awareness Day (HLSAD). On this day, we recognize and honor long-term survivors of the epidemic. It is a day of remembrance, reflection, and is also recognized to raise awareness of the needs, issues, and the journey long-term survivors have endured and continue to face.

On June 27 we observe National HIV Testing Day (NHTD), a day meant to encourage people to get tested for HIV, know their status and empower people to prioritize their sexual health. Knowing your HIV status helps you choose options to keep yourself and others healthy and linked to care and treatment options. There are many places to get an HIV test, find one near you at [AIDSVu](#) or for self-testing visit [TakeMeHome](#).

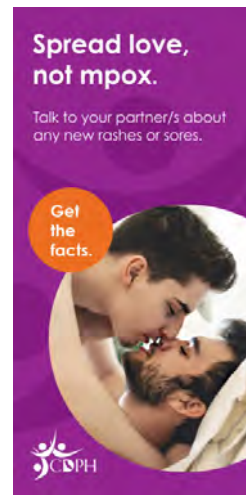
GENERAL UPDATES

> Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](#) to stay informed.

Mpox digital assets are available for LHJs and CBOs on DCDC's [Campaign Toolkit](#) website.

As we mentioned previously, on April 1, 2024, the mpox vaccine, JYNNEOS, became available on the commercial market. While CDPH will work to ensure access to vaccine through LGBTQ+ PRIDE season (starting as early as May 2024), access to vaccine for people who are uninsured/underinsured in a local jurisdiction may be



impacted once the state supply is phased out. In light of these circumstances, please consider using the state's turnkey resource (Optum Serve) to bolster vaccination efforts at large community or PRIDE events this Summer, particularly those that would serve a large under/uninsured population.

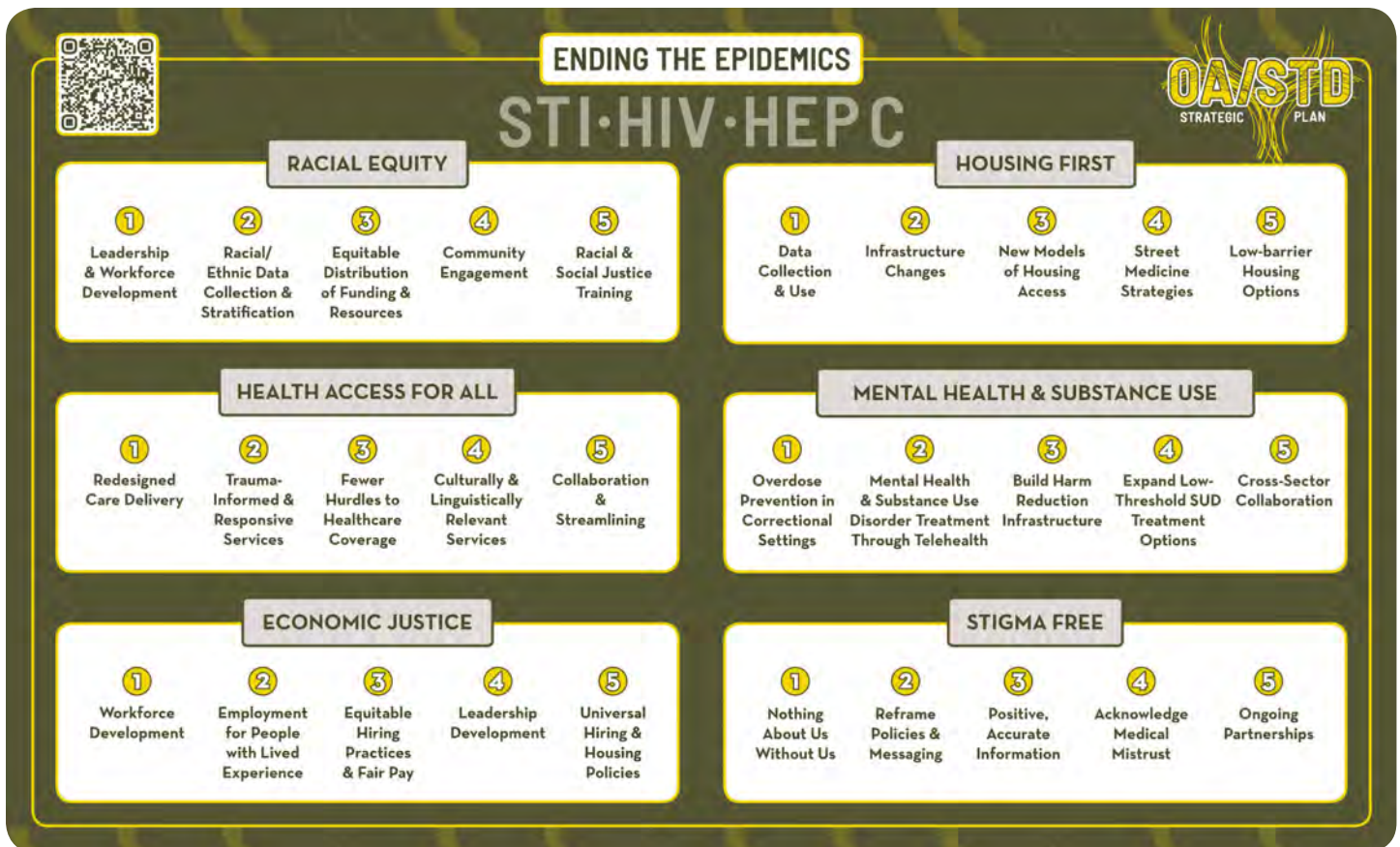
The Turnkey Program can deploy teams to indoor and outdoor sites and are equipped with all the necessary materials and supplies (except the vaccines themselves which would be provided by the local health jurisdiction).

If you know a local jurisdiction is interested in using the Mpox Turnkey Program and/or for more information, please contact [Brenda Meza](mailto:brenda.meza@cdph.ca.gov), (brenda.meza@cdph.ca.gov) and [Justin Garcia](mailto:justin.garcia@cdph.ca.gov) (justin.garcia@cdph.ca.gov).

Mpox flyers and stickers for PRIDE can be found in the PRIDE Toolkit, now available on the [LGBTQ+ webpage](#).

> HIV/STD/HCV Integration

We are re-initiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!



The **visual above** is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).

CDPH OA and STD Control Branch would like you to continue to use and share the *Strategic*

Plan and the *Implementation Blueprint*. These documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can visit [Facente Consulting's webpage](#).

HEALTH ACCESS FOR ALL

➤ Strategy 1: Redesigned Care Delivery

OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, **TakeMeHome**[®], (<https://takemehome.org/>) is advertised on gay dating apps, where users see

an ad for home testing and are offered a free HIV-home test kit.

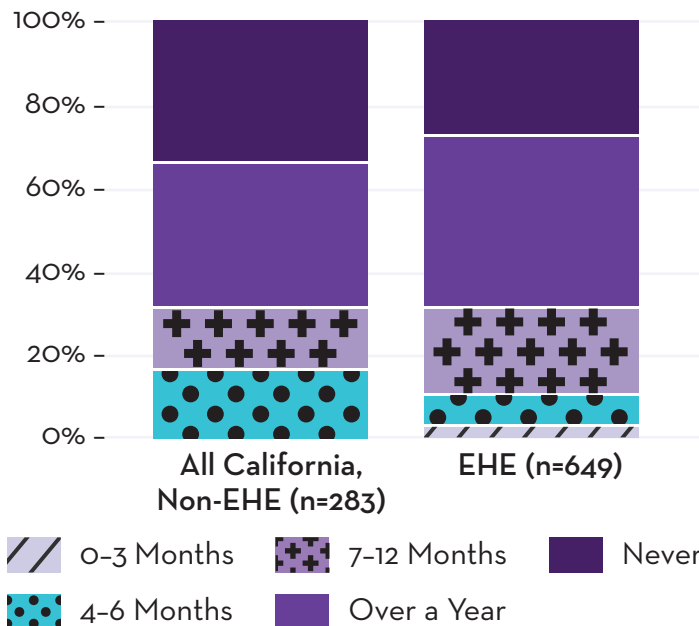
In April, 283 individuals in 43 counties ordered self-test kits, with 192 (67.8%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 44 months, between September 1, 2020, and April 30, 2024, 11,363 tests have been distributed. This month, mail-in lab tests (including dried

blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 395 (60.9%) of the 649 total tests distributed in EHE counties. Of those ordering rapid tests, 183 (72.1%) ordered 2 tests.

TAKEMEHOME



HIV Test History Among Individuals Who Ordered TakeMeHome Kits, April 2024



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	49.7%	53.9%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	36.7%	35.8%
Were 17-29 years old	45.6%	48.1%
Of those sharing their number of sex partners, reported 3 or more in the past year	42.7%	39.9%

Since September 2020, 1,292 test kit recipients have completed the anonymous follow-up survey from EHE counties; there have been 445 responses from the California expansion since January 2023.

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of May 30, 2024, there are 212 PrEP-AP enrollment sites and 231 clinical provider sites that currently make up the [PrEP-AP Provider network](#).

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on the next page of this newsletter.

As of May 30, 2024, the [number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program](#) are shown in the chart at the top of page 8.

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.3%	94.6%
Identify as a man who has sex with other men	52.6%	56.4%
Reported having been diagnosed with an STI in the past year	8.4%	90%

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	370	10%	---	---	---	---	25	1%	395	11%
25 - 34	1,267	34%	---	---	---	---	181	5%	1,448	39%
35 - 44	923	25%	---	---	2	0%	154	4%	1,079	29%
45 - 64	431	12%	---	---	18	0%	109	3%	558	15%
65+	26	1%	---	---	224	6%	8	0%	258	7%
TOTAL	3,017	81%	0	0%	244	7%	477	13%	3,738	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	209	6%	1	0%	45	1%	18	0%	3	0%	74	2%	1	0%	44	1%	395	11%
25 - 34	827	22%	3	0%	132	4%	89	2%	11	0%	281	8%	11	0%	94	3%	1,448	39%
35 - 44	621	17%	5	0%	97	3%	52	1%	6	0%	233	6%	6	0%	59	2%	1,079	29%
45 - 64	299	8%	---	---	55	1%	18	0%	2	0%	145	4%	2	0%	37	1%	558	15%
65+	24	1%	---	---	4	0%	6	0%	---	---	212	6%	---	---	12	0%	258	7%
TOTAL	1,980	53%	9	0%	333	9%	183	5%	22	1%	945	25%	20	1%	246	7%	3,738	100%

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	65	2%	---	---	4	0%	7	0%	2	0%	19	1%	---	---	10	0%	107	3%
Male	1,766	47%	8	0%	307	8%	168	4%	20	1%	893	24%	20	1%	212	6%	3,394	91%
Trans	123	3%	---	---	16	0%	6	0%	---	---	13	0%	---	---	7	0%	165	4%
Unknown	26	1%	1	0%	6	0%	2	0%	---	---	20	1%	---	---	17	0%	72	2%
TOTAL	1,980	53%	9	0%	333	9%	183	5%	22	1%	945	25%	20	1%	246	7%	3,738	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 05/31/2024 at 12:01:10 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from April
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	529	+ 0.37%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,505	- 2.04%
Medicare Premium Payment Program (MPPP)	2,092	- 0.42%
Total	8,126	- 1.49%

Source: ADAP Enrollment System

RACIAL EQUITY

➤ Strategy 4: Community Engagement



The California Planning Group (CPG) and OA will be hosting the Spring In-Person CPG Meeting from June 10 – 12 at the Holiday Inn Sacramento Downtown-Arena (300 J Street, Sacramento, CA 95814). Except for June 10, each meeting day will be open to the public. On June 10, we will host a CPG Leadership Academy, which focuses on skills and capacity building for our current CPG members only. A public comment period will be held on June 11 and 12.

The meeting’s theme is *Innovation Through Integration: Synergizing Health for HIV, STI, and HCV Challenges*. It will be focused on addressing the syndemics of HIV, STI and HCV and will include presentations related to all three topics. It will also spotlight OA’s Clinical Quality Management Program as well as the new HIV Care Connect (HCC) Data System.

CPG and OA welcomes the participation and input of the public. We highly encourage you to join us at the spring meeting and learn about

how we can bring our communities together to continue to forge new pathways in addressing the syndemics!

For [more information about CPG](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx), please visit our website at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx.

➤ Strategy 5: Racial and Social Justice Training

The Local Capacity Building and Program Development Unit has developed a new, fillable form to be used for all capacity building assistance (CBA) requests. The CDC offers free CBA through training, technical assistance, and other resources to reduce HIV infection and improve health outcomes for people with HIV in the United States. Its CBA Provider Network provides CBA on a vast variety of HIV preventions related topics, including enhancing cultural competency for a successful HIV program, cultural responsiveness and humility for people who inject drugs (PWID), diversity, equity, and inclusion, motivational interviewing, planning a condom distribution program, and so much more!

Women in the Central Valley HIV Prevention and Care Webinar Series:

In March 2024, the CPG Women’s Committee

partnered with Denver Prevention Training Center and Pacific AIDS Education & Training Center on a 3-part webinar series focused on improving HIV prevention and care among women in the Central Valley. In the first webinar, we learned about the socio-environmental factors, healthcare landscape, HIV epidemiologic factors, and lived experiences that impact viral suppression among women in the Central Valley. In the second webinar, we learned about PrEP & PEP as a key prevention strategy for women and heard professional and lived experiences about HIV prevention and sexual health. In the third webinar, we learned about creating responsive and compassionate HIV care systems for women in the Central Valley. To watch the recording of each session, please register for the webinars. The link to watch the recording will be sent automatically upon registration.

See the links below for registration and more information:

- [*The Impact of HIV in California's Central Valley: The Data and the Experiences of Women*](#)
- [*HIV Prevention and Sexual Health for Women in California's Central Valley*](#)
- [*Creating Responsive and Compassionate HIV Care Systems for Women in California's Central Valley*](#)

MENTAL HEALTH & SUBSTANCE USE

➤ Strategy 3: Build Harm Reduction Infrastructure

UPDATE: California Overdose Prevention and Harm Reduction Initiative

The 2023 Budget Act included \$61million over four years to support staff and costs related

to overdose prevention and response, drug treatment provisions and navigation through grants to harm reduction services providers. The California Overdose Prevention and Harm Reduction Initiative (COPHRI) is part of a massive state effort to address the opioid overdose crisis and will fund frontline staff at up to 72 SSPs through June 2027.

The Center at Sierra Health is the fiscal agent for this grantmaking process and executed the contracts to award COPHRI funds to previously supported SSPs last month. In April, The Center released the RFA to authorized SSPs not previously funded to apply for COPHRI awards and applications are currently under review. A third wave of funding will be made available to emerging SSPs in 2025.

To [get more information about the next round of funding](#), you can e-mail harmreduction@sierrahealth.org.

To [learn more about SSPs in California](#), please visit our webpage at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_needle_exchange_syringe.aspx.

For [questions regarding The OA Voice](#), please send an e-mail to angelique.skinner@cdph.ca.gov.



Ending the HIV Epidemic Initiative Updates

Commission on HIV

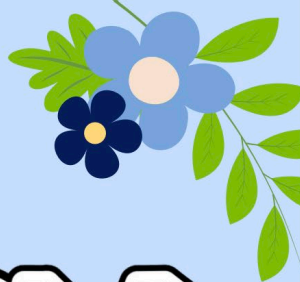
June 13, 2024

Julie Tolentino, MPH

EHE Senior Program Manager

Division of HIV and STD Programs





DoxyPEP LA



**TAKING DOXYPEP
AFTER CONDOMLESS
SEX CAN HELP PREVENT
CHLAMYDIA,
GONORRHEA, AND
SYPHILIS**

**LEARN MORE
IN THIS
DOXYPEP
PROVIDER KIT**

DoxyPEP LA

Patient Resources:

- DoxyPEP and HIV PrEP Card (English/Spanish)
- DoxyPEP Palm Card (English/Spanish)
- DoxyPEP Informational Handout (English/Spanish)
- HIV/STI Prevention Options Chart (English/Spanish)

Provider Resources:

- Dear Colleague Letter
- DoxyPEP Detailing Aid
- DoxyPEP Provider FAQ
- DoxyPEP NEJM Paper
- Taking a Sexual Health History Card
- PrEP Triage Protocol Card
- PEP Triage Protocol Card
- MpoX Provider FAQ
- Syphilis Staging Algorithm
- Syphilis Testing Algorithm
- Self-Collected Rectal Swab Collection Handout
- LAC STI Screening Recommendations
- CA STI Treatment Recommendations
- DoxyPEP Posters (English/Spanish)

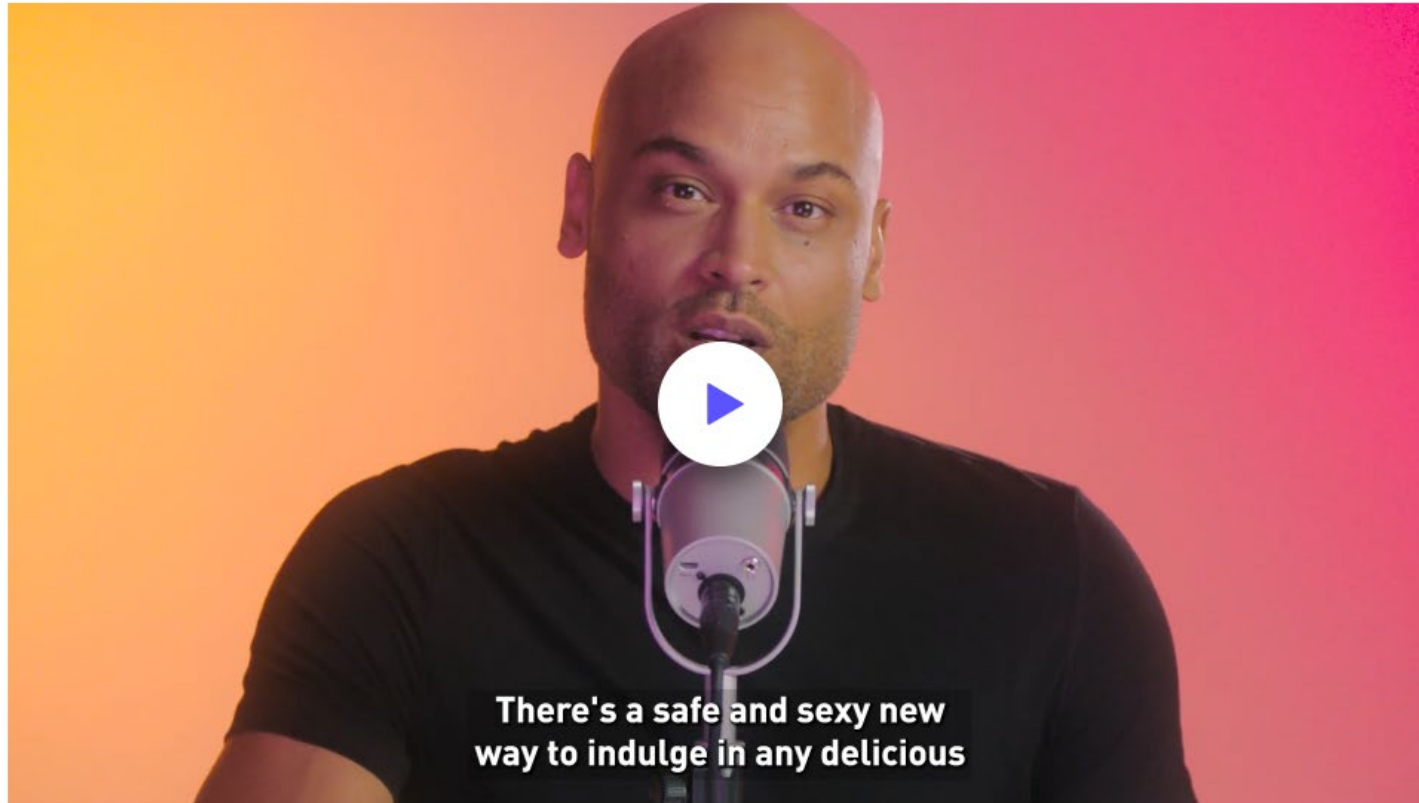
HIV and STI Prevention Options

Intervention	What is it?	Image	Type	Prevents	Who does this work for?*	How does it work?	How do I use it?	Where can I get it?	Note
HIV PrEP (Pre-Exposure Prophylaxis)	Truvada (Emtricitabine/tenofovir disoproxil fumarate) OR Descovy (Emtricitabine/tenofovir alafenamide)** OR Apretude (Cabotegravir)***		Oral (pill) Oral (pill) Long-Acting Injectable	HIV	Anyone who is HIV-, sexually active, and/or uses injection drugs, and wants protection against contracting HIV.	Helps slow down or stop the HIV virus from replicating, and therefore, infecting the body.	Daily pill On-demand "211" pill (Truvada only) Injection	GetPrEP LA.com, DPH Sexual Health Clinics, or your provider	Recommended HIV/STI screening every 3-4 months.
HIV PEP (Post-Exposure Prophylaxis)	Truvada & Isentress (Emtricitabine/tenofovir disoproxil fumarate & raltegravir) OR Truvada & Tivicay (Emtricitabine/tenofovir disoproxil fumarate & dolutegravir)		Oral (pill)	HIV	Anyone who is HIV- and has had a recent possible exposure to HIV (within 72 hours).	Helps slow down or stop the HIV virus from replicating, and therefore, infecting the body.	28 days of antiretroviral HIV drug therapy.	GetPrEP LA.com, DPH Sexual Health Clinics, or your provider	You must start PEP within 72 hours of exposure. The sooner you begin treatment, the more effective it will be. You will need follow up HIV testing at 6 and 12 weeks.
DoxyPEP (Post-Exposure Prophylaxis)	Doxycycline		Oral (pill)	Chlamydia, gonorrhea, and/or syphilis	Recommend to men who have sex with men and transgender women. Shared decision making with cisgender women and transgender men.	Helps prevent the STI from spreading to your system and causing illness.	Two 100mg pills taken no later than 72 hours after exposure.	GetPrEP LA.com, DPH Sexual Health Clinics, or your provider	You must start DoxyPEP within 72 hours of exposure. The sooner you take it, the better, ideally within 24 hours.
Barriers / Condoms	Latex Polyurethane		External condom Internal Condom**** Dental Dam****	HIV Chlamydia, gonorrhea, and/or syphilis	Anyone wanting to prevent HIV or STIs.	Creates a nearly non-permeable barrier where most viruses and bacteria can't penetrate.	Can be used for penetrative anal or vaginal sex, as well as oral sex.	Free condoms: DPH Sexual Health Clinics, HIV testing sites, or LACondom.com (agencies only) Can be purchased at pharmacies and supermarkets	Can be used in combination with other HIV and STI prevention options. Do not use expired barriers/condoms
Lubricants	Water-based Silicone-based		Water Silicone	Helps reduce friction / irritation, which can facilitate HIV/STI infection.	Anyone wanting to prevent HIV or STIs.	Helps prevent friction while having intercourse.	Either with or without condoms, for penetrative anal or vaginal sex.	Available at pharmacies and supermarkets for purchase	Can be used in combination with other HIV and STI prevention options. Oil-based lubricant can damage latex barriers. Do not use expired lubricants.

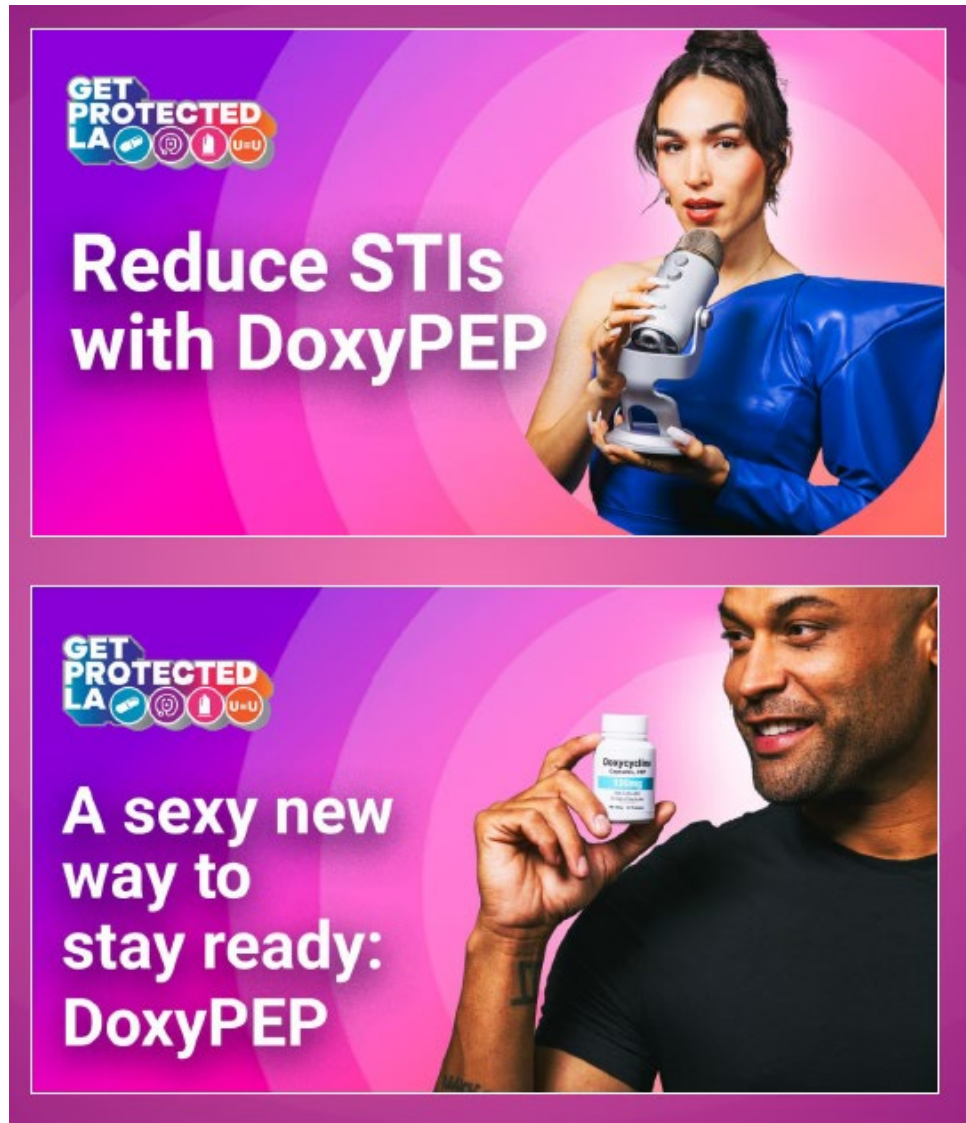
* Available to all 12+ years old (California Minor Consent Law).
 ** Efficacy for HIV protection for receptive vaginal sex has not been sufficiently studied.
 *** Long-acting injectable is administered by a health care provider once every two months.
 **** Used for receptive anal or vaginal sex. Previously known as the female condom or FC2.
 ***** Dental Dams are square pieces of latex and are designed to be used for oral sex to create a barrier between a mouth and a vulva or anus.
 To find a DPH Sexual Health Clinic, visit <http://publichealth.lacounty.gov/che/sexualhealthclinics/>

DoxyPEP Action Kit available online:
<https://tinyurl.com/DoxyPEPActionKit>

GetProtectedLA.com
<https://getprotectedla.com/doxy-pep>



<https://app.frame.io/presentations/543a7a73-8a24-4e93-b371-f21087c66a77>



GET PROTECTED LA

Reduce STIs with DoxyPEP

GET PROTECTED LA

A sexy new way to stay ready: DoxyPEP

New PrEP Campaigns

PrEP

ENJOY YOUR F **ING LIFE**

ACCESS PREP GETPREPLA.COM

PrEP

ENJOY YOUR F **ING LIFE**

ACCESS PREP GETPREPLA.COM

PrEP

ENJOY YOUR F **ING LIFE**

ACCESS PREP GETPREPLA.COM

PrEP
PROTECTION AND VITALITY
ACCESS PREP GETPREPLA.COM

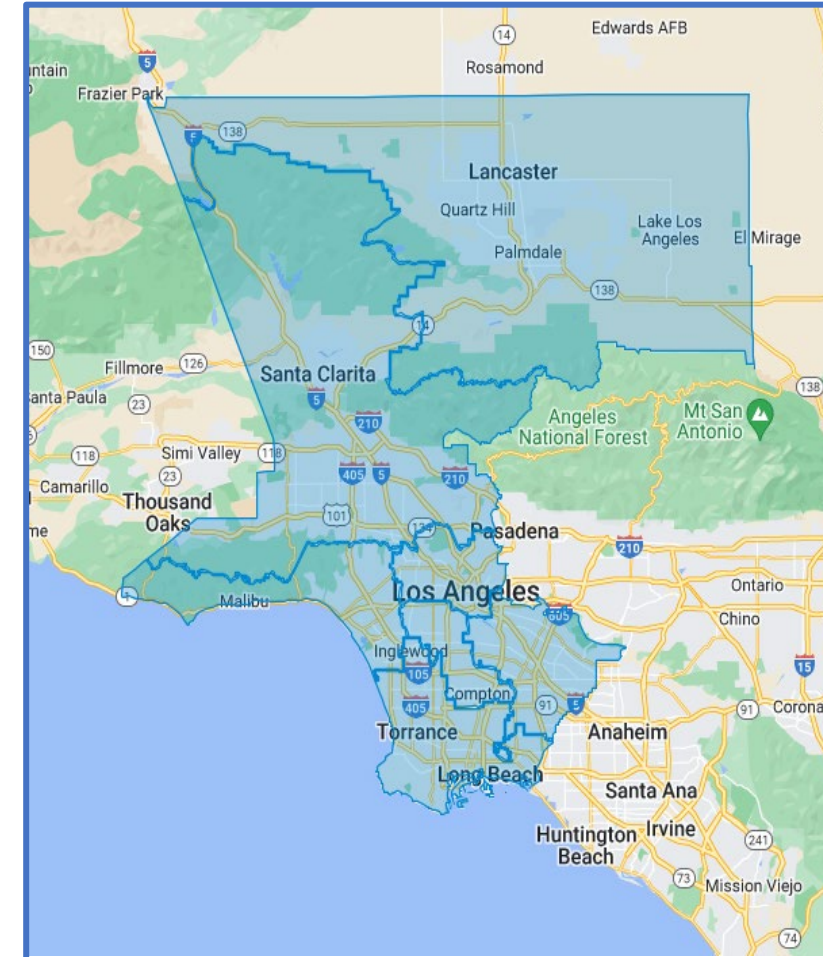
PrEP
MAGNIFICENT + THRIVING
ACCESS PREP GETPREPLA.COM

PrEP
PROTECTION AND VITALITY
ACCESS PREP GETPREPLA.COM

PrEP
BOLD. CONFIDENT. EMPOWERED.
ACCESS PREP GETPREPLA.COM

Goal: To improve individual-level health outcomes and well-being of PEHWH and prevent transmission of HIV through street medicine services.

Agency	SPAs Served	# of Teams	Key Partners
Healthcare in Action	2, 4, 5, 8	6	People's Concern, St. Joseph's, USC
Wellness Equity Alliance	6, 7	2	HOPICS, MLK, USC Street Medicine
St. John's Community Health	4, 6	1	Drop in Center (Avalon)
JWCH	4	3	Skid Row serving agencies
Kedren	1	1	MLK
Northeast Valley Health Corp	2	3	LA Family Housing, Hope of the Mission



****SPA areas serviced by Street Medicine Agencies in blue**

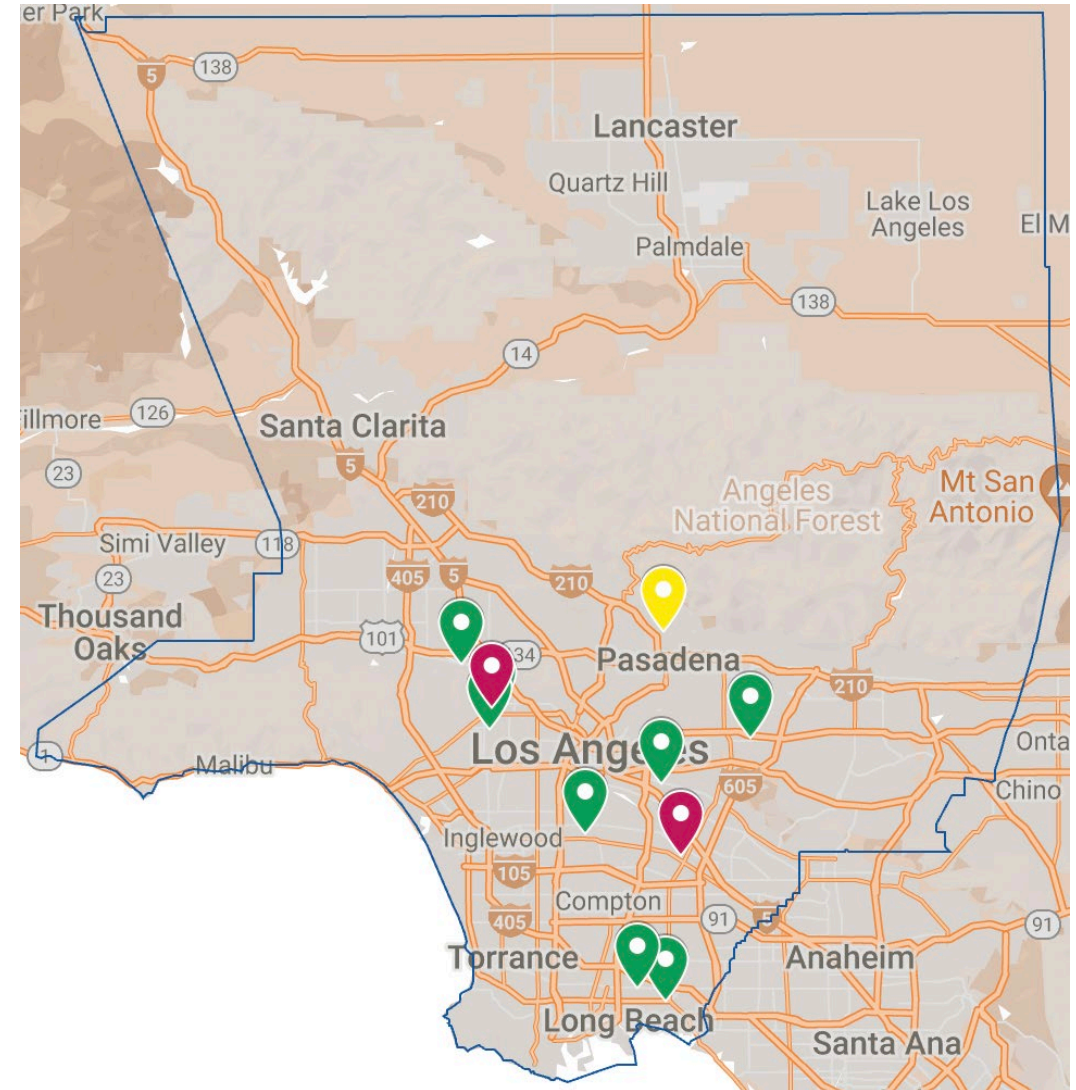
Goal: Increase PrEP/PEP uptake through pharmacies as part of SB 159 implementation.

PrEP/PEP Starts

1. Men's Health Care Foundation
2. Price Care Pharmacy

Comprehensive PrEP Navigation

1. AHF Pharmacy
2. AltaMed Pharmacy
3. Aviva Pharmacy
4. Eddie's Pharmacy
5. Eddie's Pharmacy
6. Florence Pharmacy



- PrEP/PEP Starts
- Comprehensive PrEP Navigation
- Will open in year 2 (Comprehensive PrEP Navigation)



Goal: Increase capacity of HIV care providers to review data and provide intensive case management among people with HIV who are:

- (1) out of HIV care,
- (2) at risk of falling out of care, or
- (3) new referrals to care.



Grantees:

- APLA Health and Wellness
- JWCH Institute
- Men's Health Foundation



Required Program Staff:

1. Program Manager
2. Clinical Supervisor
3. Data Analyst
4. Two Clinic Embedded HIV Engagement Specialists (CEHES)

Goal: Distribute HIV self-test kits in areas or networks of HIV transmission

- Incentivize distribution of test kits
- Incentivize reporting self-test kit result



5 ambassadors



26 test kits distributed to Ambassadors



14 test kits distributed to Contacts



10 test results reported



0 first-time testers
2 positive test results

EHE Innovation Award Programs



#	Agency	Program
1	APLA Health	Workshops for MSM 50+ years of age with HIV focused on self-managing overall health.
2	Bartz-Altadonna Community Health Center	24-hour anonymous hotline (1-844-4 END STD) to connect to an HIV/Infectious Disease doctor to answer HIV/STD related questions.
3	Community Health Project LA	Train transgender community members to become peer health navigators for sexual health services, harm reduction, and resources.
4	Cal State University Long Beach	Art workshops creating LGBTQ+ influenced art pieces with a sexual health and PrEP education component.
5	LA Family Housing	Substance Use Counselors provide HIV services: testing, education and harm reduction services to clients.
6	LA LGBT Center	Intimate partner violence trainings for HIV providers.
7	REACH LA	Build leadership skills of Ball House leaders to support access to health-related resources for the Ball House community.
8	The Wall Las Memorias	Community mobilization for Black and Latinx MSM and transgender persons focusing on stigma reduction activities.
9	TransLatin@ Coalition	EHE Ambassador training for Transgender, Gender-nonconforming, and Intersex (TGI) community members to educate TGI individuals to access HIV care.
10	UCLA	Syphilis/HIV Simulation Modeling to develop recommendations to share with DHSP and community-based organizations providing syphilis and HIV-related services.

#	Organization	Program
1	The Banjee Ball Foundation	Educational Workshops + Ball: Harm reduction, recovery, and conflict resolution workshops, culminating in a Ballroom performance.
2	Charles Drew University	PrEP Educator Program: Peer/student PrEP Educator program.
3	Cal State University Long Beach	PrEP Intervention Peer-led intervention to increase engagement in PrEP care continuum.
4	Decrim Sex Work CA	Storytelling Film Project: Address HIV stigma by capturing experiences of sex workers, particularly elders, affected by HIV.
5	Kavich Reynolds	Podcast: Confessions Docuseries podcast where each episode focuses on the journey of ciswomen with HIV.
6	Kavich Reynolds	Health Education/Entertainment Film: Second episode of Chasing focused on relapse and relapse prevention.
7	Men's Health Foundation	Community-Centered HIV Prevention Events: Latinx Health & PrEP Conference, Juneteenth Kiki Ball for the House and Ball Community, and Long Beach Pride.

#	Organization	Program
8	REACH LA	Leadership Development & Kiki Balls: Training, Professional Development Workshops, and Two Kiki Mini Balls.
9	REACH LA	Mental Health in Ball community: Address mental health needs in the House/Ball community.
10	The Wall Las Memorias Project	HIV Prevention Services: Implement 340B Program & Telehealth PrEP, enhance existing HIV testing, counseling & referral program, and PrEP expansion.
11	Turning Point Alcohol & Drug Edu.	Community Mobilizing & Education: Engage 200 youth and adults returning from incarceration on HIV.
12	LA Family Housing	Housing & Supportive Services: Empower people experiencing homelessness to know their status and improve staff training on harm reduction.
13	Mercy Health	Community Outreach & Education: Provide health education on HIV transmission and STDs, and community resources.
14	CORE Response	Community Empowerment & Outreach: PrEP education and provide naloxone and fentanyl test strips, stigma reduction, and U=U projects.
15	Venice Family Clinic	Incentivized Integrated Testing: People who use substances and experiencing homelessness.

EHE Diagnose Pillar Strategies

HIV Self-Testing

- Over 28,000 tests distributed via:
 - 1) Take Me Home
 - 2) Community Partners (30)
 - 3) DHSP Contracted Partners (29)

HIV Testing in Non-Traditional Settings

- 6 Syringe Service Programs (Engagement and Overdose Prevention Hubs)
- 2 Street Medicine Programs
- Mobile Vaccine Clinics

Routine Testing in Healthcare Settings

- 47 Department of Mental Health (DMH) clinics
- DHSP discussing partnering with hospitals for routine Emergency Department testing



**Free HIV
Self-Test Kits**



Ending the HIV Epidemic

Sign up for the EHE Newsletter
Email EHEInitiative@ph.lacounty.gov

EHE website
www.LACounty.HIV

Overview of the DHSP HIV Linkage & Re-engagement Program (LRP)

Maggie Esquivel, Chief, Direct Community Services
Megan Foley, LRP Program Supervisor

June 13, 2024
Los Angeles County Commission on HIV



Presentation Content

- Program Description, Development, and Target Populations
- Program Staffing
- Program Changes, Interventions Examples and Tools
- Impact of LRP on Systems and Services
- Summary Data
- Case Scenarios

Linkage and Re-engagement Program (LRP) Description

- LRP is based at DHSP within Direct Community Services
- LRP is a referral-based service and data to care program that focuses on persons who have diagnosed HIV and are not in care (NiC).

Primary Goal (2016):

LRP's overarching goal is to improve the health outcomes of HIV-positive clients by linking and re-engaging them into HIV medical care with the ultimate goal of viral suppression.

Program Enhancement (2020):

LRP prioritizes pregnant/postpartum clients to reduce the risk of perinatal transmission by ensuring a safe delivery.

Program Development

- DHSP piloted demonstration projects to evaluate strategies for identifying and linking NiC persons to medical care (2011-2016)
- LRP launched in March 2016, based on outcomes of previous projects, and integrated tailored program parameters (both evidence-based interventions and innovative strategies)

Target Populations for LRP Services and Client Criteria

- LRP prioritizes persons who are highly impacted and may have multiple and complex needs, including persons not touching systems of care, and often having significant life challenges
- Criteria: Persons who have diagnosed HIV and reside in LAC
 - 2016: Any person who has been out of care for > 12 months
 - 2020: Any person who is currently pregnant or recently delivered a baby and needs additional support

LRP Team

- Staffing model currently includes:
 - 2 clinical social workers to address immediate mental health needs and ongoing support throughout the intervention
 - 5 experienced health navigators
- DHSP-based physicians provide oversight and consultation to LRP team
- LRP team collaborates closely with the DHSP Perinatal Surveillance Coordinator

LRP Program Changes

- During the COVID-19 pandemic, most LRP staff were reassigned to the County's COVID response.
- In 2020, the County reported 4 perinatal HIV cases. LRP shifted limited staff resources and re-calibrated interventions to locate persons who were pregnant or potentially pregnant and focus on the following:
 - Ensure linkage to HIV medical care;
 - Promote access to prenatal services;
 - Facilitate receipt of other essential services such as housing, SUD treatment, harm reduction services, MH services, food, etc.

LRP Program Changes

- Intervention changes
 - Established partnerships and alert practices with specialty hospitals for HIV and prenatal care
 - Developed a Perinatal HIV Provider Tool kit to build capacity among health care providers
 - Extended the timeframe of the intervention to support clients for the duration of their pregnancy and through the postpartum period
 - Increased the use of incentives and provided new parent resources
 - Established temporary housing options
 - Initiated a rideshare program
 - Supported clients to connect with providers via telemedicine visits
 - Facilitate weekly case conferences within DHSP and with external partners, as needed

LRP Intervention Examples and Tools

- Ensure access to and use of locator databases and people finding platforms, including:
 - HIV Surveillance system
 - LexisNexis
 - STD CaseWatch
 - HMIS Clarity
 - ORCHID
- Conduct extensive searches in the field to locate clients
- Conduct one-on-one home visits and assessments (or at alternate locations preferred by clients)
- Provide transportation via staff vehicle or Rideshare

LRP Intervention Examples and Tools

- Accompany clients to clinic visits
- Assist with insurance and benefits screening
- Assist with filling prescriptions and medication delivery
- Monitor clients until they reach undetectable status
- Ensure linkage to other services as needed (eg: mental health, housing, SUD treatment, long term case management, MAMA's program, etc.)
- Complement and coordinate with existing services across County programs and community-based programs, including through clinics, MCC teams, and HIV linkage to care programs

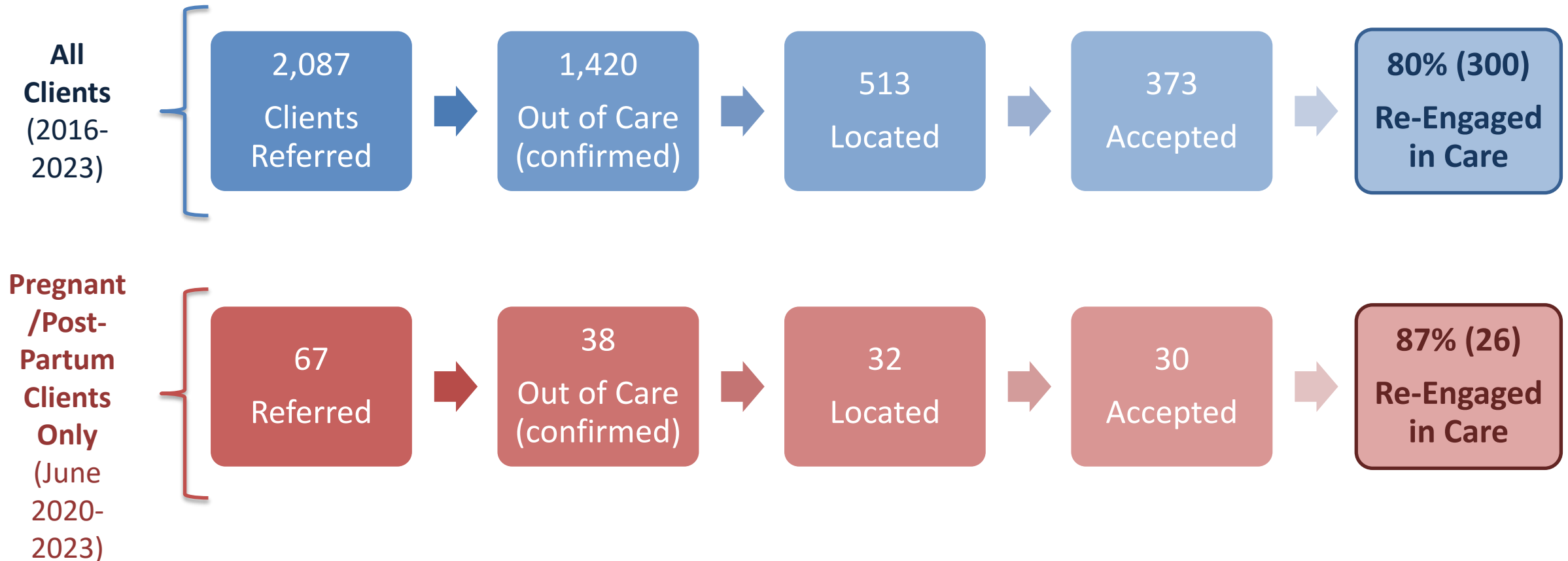
LRP's Impact on Systems and Services

- Timely communication and notification between DHSP and community partners (HIV clinics, hospitals, delivery sites, labs) to leverage client engagement
- Streamlined clinic appointments for LRP clients
 - Reduced, eliminated barriers to entering care
 - Improved processing of insurance verification
- Use of surveillance information to monitor viral load among all reported pregnant clients
- Increase HIV/Syphilis screening among hospitals of pregnant clients and knowledge of treatment protocols for patient and baby
- Improve HIV Cluster Detection and Response follow-up for LRP clients
- Coordination across DCS units to address cases of co-infection with syphilis to reduce congenital syphilis diagnosis

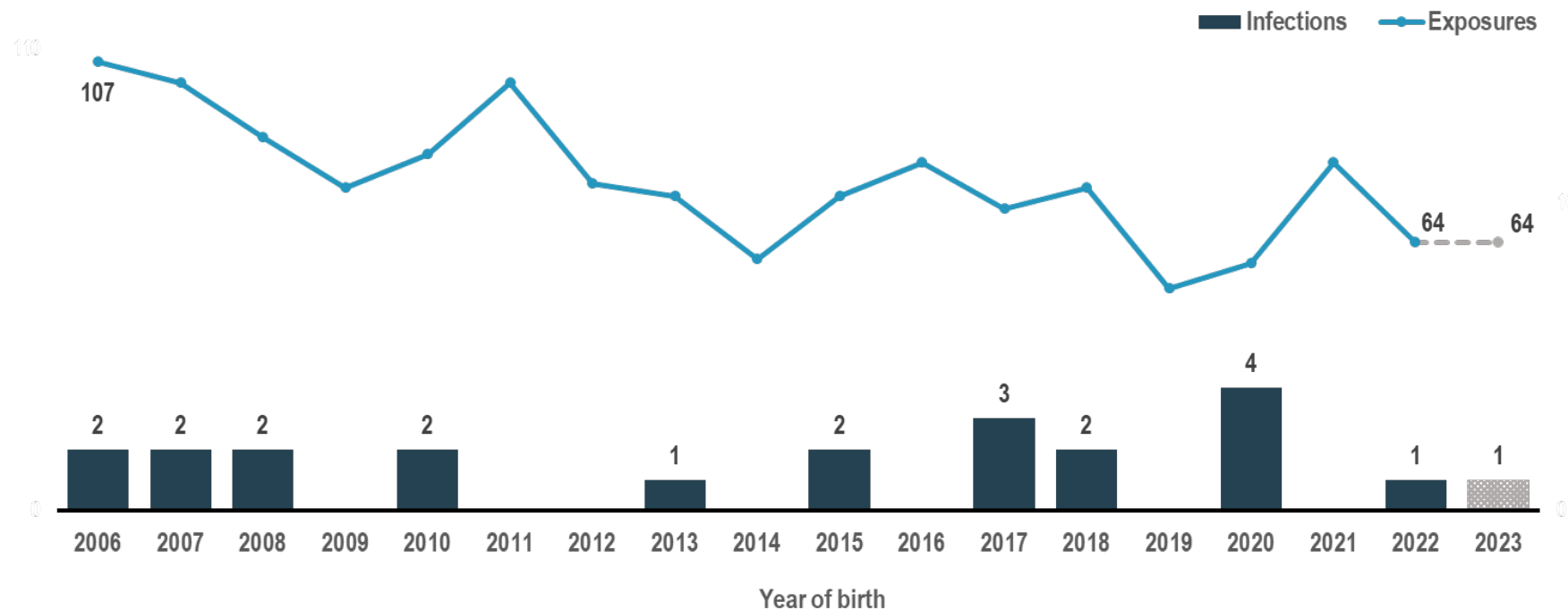
Summary Data



Overview of LRP Processes and Outcomes by Population of Focus



The infants born to pregnant LRP clients had improved outcomes and reduced HIV transmission.



1.1 Due to reporting delay, 2021 and 2022 HIV data are provisional as indicated by the patterned bar and dashed line.

2.2 The number of infants with perinatally acquired HIV includes perinatal transmissions among babies born and/or diagnosed in LAC for a given birth year. The number of infants with perinatal HIV exposure was derived from 7 pediatric HIV-specialty sites which serve over 90% of the HIV-exposed children and infected children seeking HIV evaluation and care in Los Angeles County as well as a birth registry match provided by the California Department of Public Health. This is an underestimate of the total number of infants with perinatal HIV exposure in the County since HIV exposure reporting is not mandated.

LRP Case Scenarios



Linkage and Re-engagement Program Case Scenario

Client A – 2022

Week 1: Local hospital notified DHSP Surveillance of 32 y/o AA pregnant client (33 weeks), previous positive dx, frequent trips to the ER, not in PNC. Assisted client with housing, support from DPSS for motel vouchers.

Week 2: Client initially declined linkage to perinatal HIV specialty center. Client was accompanied to her appointment at a local hospital. Client met with an ID and OB provider and was informed that she needed to transfer care to a perinatal specialty site. Client scheduled for intake at a substance use treatment facility but is not ready to attend. LRP continued to provide client with housing assistance and after extensive paperwork at a local homeless services agency, client was accepted at a shelter.

Week 3: Client attended initial HIV OB appt at a perinatal specialty site, was provided transportation and accompanied by LRP SWs. Client sent to OB Triage due to elevated BP after attending antepartum testing. Client attended rescheduled intake at substance use treatment facility but did not feel it was a good fit.

Week 4: Client had C/S at LA General and baby boy was delivered; PCR test was negative, DCFS involved; newborn is placed in foster care.

❖ *LRP has continued to provide support; client delivered a second baby on 12/31/23 and has retained custody of her child. Client remains in care at MCA.*

Linkage and Re-engagement Program Case Scenario

Client B – 2023

Month 1: A 30 y/o AA pregnant client (20 weeks) was referred by DHSP Partner Services (HIV/SY coinfection), previous positive. Client was unhoused, staying in a friend's car and couch surfing, when possible. Client initially refused LRP assistance. MCA staff helped to motivate the client into accepting services. Client completes her syphilis treatment.

Month 2: After weeks of contact attempts via multiple advocates and in-person attempts at MCA, client engages but expresses that her primary concern is family housing (her 3 oldest kids are with her sister and the youngest is in foster care). Client also reported that the father of her baby recently died of a fentanyl OD, citing a lack of support. CSW secured a bed for the client at the Vagabond Inn while continuing to coordinate and advocate for client's housing.

Month 3: Client completes medical appt and receives meds but is focused with DCFS court hearing regarding custody of youngest child. Client reports she does not want her unborn baby to be taken by DCFS and is thinking about going to out of state.

Linkage and Re-engagement Program Case Scenario

Client B Cont'd – 2023

Month 4: DCFS gives custody of youngest child to client's sister. Client is feeling defeated and states: "I'm giving up, I'm not going to any of my appts anymore, I don't care anymore, my babies should be with me. I don't believe if I go to a shelter that DCFS will allow the baby to stay with me. I'm thinking about going to Las Vegas to have this baby." CSW continues to motivate and links client to Koreatown DMH Clinic. LRP, MCA, and lawyer's office work concurrently to help with housing. Client unable to make both housing intake and medical appts.

Month 5: Client begins attending appts again and moves into her mother's home. Healthy baby boy is born, PCR is negative. Client given LRP newborn care package (stroller + infant car seat, baby clothes, formula, diapers, wipes, etc.). Client retains custody of newborn.

❖ *LRP has continued to provide support; client remains at her mother's home and CSW is supporting client to find the right type of family house. Client remains in care at MCA.*

LRP Contact

For questions and coordination of referrals, please contact:

Megan Foley - LCSW, Program Supervisor
(213) 351-8539, mfoley@ph.lacounty.gov

Thank you!





We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





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Línea de Atención al Cliente**

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

En el sitio web:
[http://publichealth.lacounty.gov/
dhsp/QuestionServices.htm](http://publichealth.lacounty.gov/dhsp/QuestionServices.htm)

