



COMMISSION ON HIV Virtual Meeting

Thursday, June 11, 2020

9:00AM-12:00PM (PST)

Meeting Packet will be available on our website at:

<http://hiv.lacounty.gov/Meetings>

JOIN VIA WEBEX ON YOUR COMPUTER*:

<https://tinyurl.com/ycozpxyg>

Password: HIVCOMM

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

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll

Access code: 145 575 0102

PUBLIC COMMENTS

For those who wish to provide **live public comment**, you must register and join WebEx through your computer or smartphone. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to hivcomm@lachiv.org. Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

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

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LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

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

Thursday, June 11, 2020 | 9:00 AM – 12:00 PM

To Join Meeting Via Computer, click here*:

<https://tinyurl.com/ycozpxyg> Password: HIVCOMM

**For Members of the Public Only*

To Join Meeting Via Phone, please call:

1-415-655-0001 Access code: 145 575 0102

AGENDA POSTED: June 5, 2020

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

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission office at hivcomm@lachiv.org or leave a voicemail at 213.738.2816.

Los servicios de interpretación para personas con problemas de audición y los servicios de traducción para otros idiomas además del inglés están disponibles sin cargo con al menos 72 horas de anticipación antes de la fecha de la reunión. Para coordinar estos servicios, comuníquese con la oficina de la Comisión en hivcomm@lachiv.org o deje un mensaje de voz al 213.738.2816.

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

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission’s standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs’ discretion, during the course of the meeting. If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

Call to Order and Roll Call 9:00 A.M. – 9:03 A.M.

I. ADMINISTRATIVE MATTERS

- 1. Approval of Agenda **MOTION #1** 9:03 A.M. – 9:05 A.M.
- 2. Approval of Meeting Minutes **MOTION #2** 9:05 A.M. – 9:07 A.M.

3. **II. WELCOME, INTRODUCTIONS AND VIRTUAL MEETING GUIDELINES** 9:07 A.M. – 9:15 A.M.

4. **III. DISCUSSION: RACIAL INEQUITIES, COVID-19 AND HIV: WHERE DO WE GO FROM HERE?** 9:15 A.M. – 10:15 A.M.

- A. Guided Discussion | Diane Burbie, The ASPIRE Group, Inc., Facilitator
 - (i) Opportunity to hold a safe and courageous space for community members to share concerns, successes, challenges and lessons learned; brainstorm ideas; and strategize ways to rebuild our HIV movement in the face of racial inequities and COVID-19.
- B. Statement of Solidarity and Moment of Silence | Danielle Campbell, MPH and Greg Wilson, Co-Chairs, Black African American Community (BAAC) Task Force

5. **IV. REPORTS:** 10:15 A.M. – 10:25 A.M.

- A. Executive Director/Staff Report
 - (i) COH Operational Updates
- B. Co-Chair Report 10:25 A.M. – 10:35 A.M.
 - (i) Meeting Management Reminders
 - (ii) Recognizing Past Work and Moving Forward
- C. LA County Department of Public Health Report 10:15 A.M. – 10:30 A.M.
 - (i) COVID-19 Update
 - (ii) Division of HIV/STD Programs (DHSP) Updates
- D. California Office of AIDS (OA) Report 10:30 A.M. – 10:40 A.M.
 - (i) California HIV Planning Group Update

IV. REPORTS (contined):

- | | | |
|-----|---|-------------------------|
| 6. | Ending the HIV Epidemic (EtHE) Updates + Activities
<i>Opportunity for community partners to provide brief updates on EtHE-related activities and discuss topics for community feedback.</i> | 10:40 A.M. – 11:00 A.M. |
| | A. Prevention through Active Community Engagement (PACE),
Commander Michelle Sandoval-Rosario, DrPH, MPH, PACE Regional Director – Region 9 | |
| | B. UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS), Uyen Kao, MPH | |
| 7. | Housing Opportunities for People Living with AIDS (HOPWA) Report | 11:00 A.M – 11:05 A.M. |
| 8. | Ryan White Program Parts C, D and F Report | 11:05 A.M – 11:10 A.M. |
| 9. | Cities, Health Districts, Service Provider Area (SPA) Reports | 11:10 A.M. – 11:15 A.M. |
| 10. | Standing Committee Reports | 11:15 A.M. – 11:35 A.M. |
| | A. Standards and Best Practices (SBP) Committee | |
| | (i) Emergency Financial Assistance Standard of Care MOTION #3 | |
| | B. Public Policy Committee | |
| | (i) County, State and Federal Legislation & Policy | |
| | a. 2020 Draft Policy Priorities MOTION #4 | |
| | b. 2020 Legislative Docket MOTION #5 | |
| | c. Presidential Advisory Council on HIV/AIDS (PACHA) Meeting Follow Up | |
| | (ii) County, State and Federal Budget | |
| | a. Governor May Revise | |
| | b. Coronavirus Aid, Relief, and Economic Security (CARES) Act Updates | |
| | (iii) Housing and Homelessness | |
| | a. Measure H Update | |
| | C. Operations Committee | |
| | (i) Membership Management Updates | |
| | (ii) Community Engagement + Outreach | |
| | D. Planning, Priorities and Allocations (PP&A) Committee | |
| | (i) Division of HIV/STD Programs (DHSP) Fiscal Reports Program Year 29 Update | |
| | (ii) Program Directives for Maximizing Ryan White Part A and MAI Funds for Program Years 30-32 Update | |
| 11. | Caucus, Task Force and Work Group Reports | 11:35 A.M. – 11:45 A.M. |
| | A. Aging Task Force | |
| | B. Black African American Community (BAAC) Task Force | |
| | C. Consumer Caucus | |
| | D. Women’s Caucus | |
| | E. Transgender Caucus | |

VIII. MISCELLANEOUS

- 12. 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 live public comment, you must register and join WebEx through your computer or smartphone. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to hivcomm@lachiv.org.

11:45 A.M. – 11:50 P.M.
- 13. 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 situation, or where the need to take action arose subsequent to the posting of the agenda..

11:50 P.M. – 11:55 P.M.
- 14. 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.

11:55 P.M. – 12:00 P.M.
- 15. Adjournment and Roll Call

Adjournment for the meeting of June 11, 2020 in Memory of George Floyd, all Black/African Americans lost to police brutality and racial injustices, Larry Kraemer, and all those lost to the COVID-19 pandemic and HIV/AIDS.

12:00 P.M.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1:	Approve the Agenda order, as presented or revised.
MOTION #2:	Approve the Minutes, as presented or revised.
MOTION #3:	Approve the Emergency Financial Assistance Standard of Care, as presented or revised.
MOTION #4:	Approve the 2020 Priorities Policy, as presented or revised.
MOTION #5:	Approve 2020 Legislative Docket, as presented or revised.

COMMISSION ON HIV MEMBERS:			
Al Ballesteros, MBA, Co-Chair	Bridget Gordon, Co-Chair	Traci Bivens-Davis, MA	Danielle Campbell, MPH
Raquel Cataldo	Pamela Coffey (Alasdair Burton, Alternate**)	Michele Daniels	Erika Davies
Susan Forrest (Alternate*)	Jerry D. Gates, PhD	Felipe Gonzalez	Aaron Fox, MPM
Grissel Granados, MSW	Karl Halfman, MA	Diamante Johnson (LoA) (Kayla Walker-Heltzel, Alternate**)	Joseph Green
William King, MD, JD, AAHIVS	Lee Kochems, MA	David P. Lee, MPH, LCSW	Abad Lopez
Anthony Mills, MD	Carlos Moreno	Derek Murray	Katja Nelson, MPP
Miguel Alvarez (Alternate*)	Frankie Darling-Palacios	Raphael Peña (Thomas Green, Alternate**)	Mario Pérez, MPH
Juan Preciado	Joshua Ray (Eduardo Martinez, Alternate**)	Ricky Rosales	Nestor Rogel (Alternate*)
Harold San Agustin, MD	Martin Sattah, MD	Tony Spears (Alternate*)	LaShonda Spencer, MD
Kevin Stalter	Maribel Ulloa	Justin Valero	Amiya Wilson
Greg Wilson			
MEMBERS:	42		
QUORUM:	21		

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



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748

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

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES

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

Draft

TELECONFERENCE SITE:

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

February 13, 2020

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT (cont.)	COMMISSION MEMBERS ABSENT	DPH/DHSP STAFF
Al Ballesteros, MBA, <i>Co-Chair</i>	Derek Murray	Susan Alvarado, MPH	Janay Brandon, MPH
Bridget Gordon, <i>Co-Chair</i>	Katja Nelson, MPP	Jason Brown (LoA)	Wendy Garland, MPH
Miguel Alvarez (Alt.)	Raphael Peña/Thomas Green	Pamela Coffey (LoA, F. to Burton)	Jeffrey Gunzenhauser, MD, MPH
Traci Bivens-Davis	Mario Pérez, MPH	Michele Daniels/Craig Scott, MA	Marquista Henderson, MPH, CHES
Alasdair Burton (Alt. to Coffey)	Juan Preciado	Frankie Darling-Palacios	Renata Kascak
Danielle Campbell, MPH	Nestor Rogel (Alt.)	Erika Davies	Pamela Ogata, MPH
Raquel Cataldo	Ricky Rosales	Susan Forrest (LoA, Alt.)	Ekow Kwa Sey, PhD, MPH
Jerry D. Gates, PhD	Kevin Stalter	Aaron Fox, MPM (LoA)	
Felipe Gonzalez	Maribel Ulloa	Diamante Johnson (LoA)/ Kayla Walker-Heltzel, MPH	COMMISSION STAFF/CONSULTANTS
Grissel Granados, MSW	Justin Valero, MA		
Joseph Green	Greg Wilson	David P. Lee, MPH, LCSW	Cheryl Barrit, MPIA
Karl Halfman, MS (by phone)		Abad Lopez	Carolyn Echols-Watson, MPA
William King, MD, JD, AAHIVS		Joshua Ray, RN (LoA, F. to Martinez)	Dawn McClendon
Lee Kochems, MA		Martin Sattah, MD	Jane Nachazel
Eduardo Martinez (Alt. to Ray)		LaShonda Spencer, MD	James Stewart
Anthony Mills, MD		Amiya Wilson (LoA)	Julie Tolentino, MPH
Carlos Moreno			Sonja Wright, MS, Lac
PUBLIC			
Stacy Alford	Darrin Alkea	Leonardo Almanza	Belinda Ankrál
Luis Argueta	Alyssa Baldino	Aaron Barbe	Latisha Barbera
Martin Becerra	Angelica Borgess	Chris Bronson	Derrick Butler, MD, MPH

Commission on HIV Meeting Minutes

February 13, 2020

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PUBLIC (cont.)			
Ashley Cameron	Steven Campi	Ward Carpenter, MD	Alice Castellanes
Alejandro Chavez	Edd Cockrell	Alfonzo Con	Amy Croft
Virginia Cubrein	Condessa Curley, MD, MPH, MBA	Ronnie Daney	Jeremy Dau
Carlos Delia-Zepeda	Aeleienne Diagu	Kevin Donnelly	William Draden
Michael Dube	Dahlia Ferlito	Lawrence Fernandez	Andrew Flores
Emily Franklin	Alyssa Gallo	Robert Gamboa	Kyle Gardo
Parvul Garnaas	Gerald Gatz	Adrian Gonzalez	Rachel Green
Tanya Gucati	Juaquin Gutierrez	Steven Guy	Richard Hamilton
Nina Haraeoa	Becky Hardin	Christian Hosoda	Katerina Jahlia
Damilola Jolayemi	J. Jones	Shellye Jones, MSW, LCSW	Uyen Kao, MPH
Chris Lo	Darrian Martin	Miguel Martinez, MPH, MSW	Merl McCrats
Jason McCulles	Charles McWells	Gerardo Mendez	Michael Murrley
Chris Newport	Adenike Omomukyo	Charlie Parker	Jeff Praid
Craig Pulsipher, MPP, MSW	Raul Quintero	Luis Ramos	Tom Raonti
Rochelle Rawls, PA	Lucy Renell	T.J. Rivetti	Jeffrey Rodriguez
Sandra Rogers	Martha Ron	Terra Russell-Slavin	Samuel Samalin, AA-C
Anil Samm	Glenn San Agustin, MD	Natalie Sanchez, MPH	Michelle Sandoval-Rosario
Ricky Santos	Saron Selassie	Angele Sellers	Arnoldo Serano
Toni Shaw	Carla Slater	Kai Smith	Louis Smith, III
Michael Smith	Terry Smith, MPA	Tony Spears	Martha Tadesse, RN
Javon TaeWilson	Alexandria Trubatisky	Brigitte Tweddell	Panos Vageras
Lizette Villanueva	Michael Villegas	Patel Aadau Watson	

CALL TO ORDER AND ROLL CALL: Bridget Gordon, Co-Chair, opened the meeting at 9:05 am.

Roll Call (Present): Alvarez, Bivens-Davis, Burton, Campbell, Cataldo, Gates, Gonzalez, Granados, Green (Joseph), Halfman, King, Kochems, Martinez, Mills, Moreno, Murray, Nelson, Peña/Green (Thomas), Pérez, Preciado, Rogel, Rosales, Stalter, Ulloa, Wilson (Greg), Ballesteros, Gordon.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA:

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

2. APPROVAL OF MEETING MINUTES:

MOTION #2: Approve the 12/12/2019 Commission on HIV Meeting Minutes, as presented (*Passed by Consensus*).

II. REPORTS

3. EXECUTIVE DIRECTOR/STAFF REPORT:

Cheryl Barrit, Executive Director, announced that child care services will be made available to those in need attending selected Commission meetings moving forward. Notice of child care services will be made to the public in advance of selected meetings. Ms. Barrit requested that members and the public alike help share this information through their networks and community advisory boards.

- ➡ Ms. Barrit to ensure notice of child care services be made public, i.e. via agenda, social media accounts, for selected Commission meetings.

Commission on HIV Meeting Minutes

February 13, 2020

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A. Welcome and Introductions:

- Ms. Barrit acknowledged and thanked Commission staff for coordinating today's discussions/presentations commemorating National Black/African American HIV/AIDS Awareness Day (NBAAHAD). Ms. Barrit also acknowledged Commander Michelle Sandoval-Rosario, DrPh, MPH, CDR, United States Public Health Services, Prevention through Active Engagement (PACE), Regional Director who is in attendance and will share program details, focusing on communities of color, in commemoration of NBAAHAD.

B. 2019 Commission Annual Report:

- Ms. Barrit noted that the final version of the Commission's 2019 Annual Report is in the meeting packet for feedback; barring no changes, final version will be submitted to the Board of Supervisors.

4. CO-CHAIR REPORT:

A. Meeting Management Reminders:

- All Ballesteros reminded all to adhere to the Code of Conduct in the packet and minimize use of, or explain, acronyms.
- The Parliamentarian tracks speaking time. Public comment is limited to one two-minute period per person for non-agendized topics and one per agenda item. It is doubled for those using an interpreter. Forms are at the sign-in table.
- Commission discussion is limited to three minutes per agenda item per Commissioner. Members may speak a second time after all have had the opportunity to speak once. A third round requires a two-thirds vote to suspend the rules.

B. Recognition of National Black HIV/AIDS Awareness Day (NBHAAD):

- Bridget Gordon thanked the Black/African American Community (BAAC) Task Force members for coordinating the NBHAAD panel discussion and emphasized that this is an opportune time to promote HIV education, testing, community involvement and treatment to achieve optimal health and wellbeing in Black communities.

C. Executive At-Large Seat Open Nominations and Elections:

- James Stewart, Parliamentarian, conducted the Executive At Large member elections for three open member seats. Traci Bivens-Davis was nominated and accepted.

MOTION #3: Elect Traci Bivens-Davis Executive Committee At-Large Member, as voted (*Passed by Consensus*).

D. Office of AIDS, California Planning Group (CPG) Open Nominations and Elections:

- Mr. Stewart conducted the Office of AIDS, CPG member elections. Nestor Rogel, Katja Nelson, and Danielle Campbell were nominated. Nominees provided a brief presentation on their respective background and experience for consideration.

MOTION #4: Elect Office of AIDS, California Planning Group (CPG) Member, as voted (*Election Round 1: 9 Campbell; 8 Nelson; 7 Rogel; 3 Abstentions*).

MOTION 4A: Elect Danielle Campbell, MPH Office of AIDS, California Planning Group (CPG) Member, as voted (*Election Final Round: 14 Campbell; 9 Nelson; 4 Abstentions*).

E. Los Angeles County (LAC) STD Testing and Action Plan Update:

- Ms. Barrit acknowledged community concerns surrounding recent developments regarding STD testing and treatment services and announced that the Executive Committee is currently coordinating a meeting with Dr. Barbara Ferrer, Director of the Department of Public Health, to address those concerns. Additionally, Ms. Barrit noted that the Public Policy Committee will follow up on the BOS motion passed in November 2018 to scale up STD testing and treatment centers in Los Angeles County.
 - Public and Commission comments were made expressing concerns regarding the County's Department of Public Health's actions concerning STD testing and treatment.

5. ENDING THE HIV EPIDEMIC (EtHE) UPDATES AND ACTIVITIES:

- Commander Sandoval-Rosario provided a brief introduction on the Prevention through Community Engagement (PACE) program highlighting its mission to be community focused and gain understanding surrounding the issues that underrepresented communities who are impacted by HIV are experiencing. She acknowledged that federal, state and local partners need to do something different and innovative in an effort to EtHE in highly impacted communities. She further indicated that the PACE program represents the Assistant Secretary for Health who is leading the ending the HIV epidemic initiative from the federal side along with the CDC, NIH, SAMSA and HRSA; with the VA recently joining efforts. Commander Sandoval-Rosario offered her and Jose Ortiz' support and resources to assist community partners in its EtHE efforts.

6. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORT:

- Maribel Ulloa, HOPWA representative, reported that HOPWA intends to release a Request for Proposals (RFP) toward the end of summer. She also noted that HOPWA is in the process of conducting focus groups; one of which will be held during the Consumer Caucus meeting immediately following the Commission meeting. Ms. Ulloa encouraged consumers in attendance to participate as HOPWA is looking for feedback from the community to help inform the program design for the 2020 RFP competition.

7. RYAN WHITE PROGRAM (RWP) PARTS C, D, AND F REPORTS:

- RWP Part F Report. In reference to the AETC component of Part F, Dr. William King reported that under USC's direction, his medical practice participates in the HIV fellowship program which currently has six participants and three recruits. He also reported that his practice conducts a clinical training program where seven USC residents rotate as fellows, exposing them to the field of HIV. He indicated that although most of the participants are not interested in HIV, the program provides education on PrEP and on occasion, participants have shifted their focus as a result to pursue a medical career in HIV.

8. CITIES, HEALTH DISTRICTS, SERVICE PLANNING AREA (SPA) REPORTS:

- Ricky Rosales, City of Los Angeles AIDS Coordinator, reported that the City is going through its first budget hearing for the 2021 budget year and as of today, there have been no items presented to him for consideration. He further reported that his office is working with Venice Family Clinic in coordinating installation of permanent syringe collection boxes on the Venice boardwalk.

III. ANNOUNCEMENTS

9. OPPORTUNITY TO ANNOUNCE COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES:

- None reported.

IV. DISCUSSION

10. NATIONAL BLACK HIV/AIDS AWARENESS DAY (NBHAAD) PANEL DISCUSSION:

- The BAAC Task Force Co-Chairs, Danielle Campbell, MPH and Greg Wilson facilitated the NBHAAD panel discussion. The panel comprised of African American medical professionals, namely Drs. Condessa Curley, Derrick Butler, William King and Ms. Rochelle Rawls, to address the barriers and social determinants that disproportionately impact Black and African Americans in Los Angeles County and identify tools, interventions, and solutions to help end the HIV epidemic in those same communities. Please refer to NBHAAD Panel Discussion Summary.

V. BREAK

VI. REPORTS

11. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

- Karl Halfman, Chief, HIV Care Branch reported that Dr. Marissa Ramos was permanently appointed as Chief, Office of AIDS and referred attendees to the updated Department of Health and Human Services (DHHS) treatment guidelines in the newsletter.
- Sandra Robinson, Chief, ADAP Branch, Office of AIDS, directed attendees to OA's newly developed HIV PrEP infographic located in the February 2020 OAVoice newsletter. Ms. Robinson noted that the infographic contains a brief summary on the difference between daily PrEP and PrEP 2-1-1, along with an illustration of PrEP protocols and important caveats. Additionally, Ms. Robinson provided updates on the PrEP App Program which is operated out of the ADAP program; detailed information can be found in the referenced issue of the OAVoice newsletter.
- Ms. Robinson responded to inquiries regarding engaging hard to reach and underrepresented yet highly impacted populations for enrollment into the PrEP App Program; coordination with federal partners on the Ready, Set, PrEP Program; and status of the ADAP formulary review panel and process.
- Commander Sandoval-Rosario responded to the inquiry on federal efforts regarding the Ready, Set PrEP Program, specifically that the program was rolled out from DHHS on December 3, 2019 and it is primarily a supplemental program to assist with costs in accessing PrEP. Commander Sandoval reminded attendees that any provider can sign up an individual for the program.

- ➡ In response to a request to break out client data by demographics regarding the PrEP application program, Ms. Robinson indicated she will confer with her data team and will report back to the Commission.

A. California HIV Planning Group (CPG) Update:

- The next CPG meeting will be March 16-18, 2020 in Davis, California; more information will be provided in next month's OAVoice newsletter.

12. LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH (DPH) REPORT:

A. Division of HIV and STD Programs (DHSP) Report:

- Mario J. Pérez, Director, deferred to Craig Pulsipher from APLA to provide an update on the state's efforts in ending the epidemic. Mr. Pulsipher announced that a new state coalition was formed called, "Ending the Epidemics," focusing on increasing pressure on state partners to address HIV, STDs and Hepatitis C. He indicated that although there is a lot of work to do, much progress has been made at the state level to increase investments and strategic in these three areas.
- Mr. Pérez reported on the EtHE regional meeting sponsored by CHIPTS and indicated that he is working closely with CHIPTS to sort through and apply feedback and recommendations from the event.
- Mr. Pérez reported that there were no updates on the federal awards and that an announcement should be made very soon on the awards to jurisdictions most impacted by HIV. He expressed that once the awards are released, it will be important that those resources are distributed as quickly as possible yet be mindful of capacity at the community-based level.
- Mr. Pérez announced a teaser campaign promoting "U=U [Undetectable=Untransmittable]" to ensure that more communities are aware of and educated about U=U. He indicated that DHSP, in partnership with community stakeholders, was able to leverage resources from CDC which expired December 31, 2019.
- Mr. Pérez reported on a new Quality Improvement (QI) learning collaborative for Medical Care Coordination (MCC) teams throughout the County and announced that the first meeting will be in March. He indicated that the objective is to ramp up capacity of MCC teams to address a number of issues that continue to persist in the HIV community.
- Regarding PrEP, Mr. Pérez reported that DHSP continues to receive support from GetPrEPLA and is leaning on PleasePrePMe.org for additional support. He referred attendees to the PleasePrePMe.org website which assists individuals in navigating PrEP information and access to include a well-received "chat" function.
- Mr. Pérez also announced that a dozen or more federally qualified health centers (FQHC) in the County are preparing to become PrEP partners receiving funding directly from HRSA's Bureau of Primary Health Care to provide more access points for individuals seeking PrEP services in a more discrete and confidential manner (versus going to a known HIV service organization).
- Mr. Pérez further announced that DHSP will be releasing a more user-friendly HIV case report form; a HIV case report form is required when anyone is diagnosed with HIV. Additionally, in March 2020, DHSP expects to release the 2019 HIV Surveillance Report which captures all new diagnosis data through 2018. Also, updated data for 2019 will be provided on its HIV Care Continuum. Although the format is slightly different, Mr. Perez expressed confidence that its utility will be much higher.
- Lastly, Mr. Pérez reported that the BOS approved a recommendation to move forward with 25 new contracts in services categories supported by the Commission. Additionally, transitional case management for incarcerated individuals, medical outpatient, nutrition support, benefit specialty and transportation service contracts will be renewed; taxi company contracts were approved for a few additional months.

(1) Medical Monitoring Program (MMP) Update/Overview:

- Dr. Kwa Ekow Sey presented updates to the Medical Monitoring Project (MMP) relating to data collected from 2015 to 2017. *MMP is a local and national supplemental surveillance system which monitors the demographic and behavioral characteristics, health status, supportive service needs, use of health care prevention services, etc., among adults who are diagnosed with HIV. Please refer to Dr. Sey's PowerPoint presentation for more information.

13. STANDING COMMITTEE REPORTS:

A. Operations Committee:

- Newly elected Co Chairs, Juan Preciado and Joseph Green acknowledged Traci Bivens-Davis for her leadership and commitment to the Operations Committee as the outgoing Co-Chair.

(1) Policies and Procedures:

(a) Pol/Pro #08.3302: Intra-Commission Grievance and Sanctions Procedures:

MOTION #5: Approve Policy/Procedure # 08.3302: Intra-Commission Grievance and Sanctions Procedures, as presented (*Passed by Consensus*).

(2) Membership Management:

- Applicants provided a brief introduction of their background, experience and interest in serving on the Commission.

(a) Harold Glenn San Augustin, MD:

MOTION #6: Approve Member Application for Harold Glen San Agustin, MD for the Provider Representative #3 seat, as presented, and forward to the Board of Supervisors for appointment (*Passed by Consensus*).

(b) Tony Spears:

MOTION #7: Approve Member Application for Tony Spears for an Alternate seat, as presented, and forward to the Board of Supervisors for appointment (*Passed by Consensus*).

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

- Mr. Ballesteros reported that the Committee will meet on February 18, 2020 to focus on program years 30-32 and the planning directives to DHSP. All Commission members are encouraged to attend.

C. Standards and Best Practices (SBP) Committee:

(1) Standards of Care (SOC) Review and Update:

- Ms. Barrit reported on behalf of the SBP Co Chairs that the Committee continues to work on updating the Psychosocial service standards. DHSP has been instrumental in helping inform that discussion by providing historical information and feedback.
- Additionally, the Committee will forward to the Executive Committee for approval, the proposed Emergency Financial Assistance service standard. Upon approval, the Committee will announce a 15-day public comment period at March's Commission meeting.

D. Public Policy Committee:

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

- Katja Nelson, Committee Co-Chair, reported that the Committee reviewed the County's policy and Commission's role in advocacy efforts at the County, State and Federal level.
- Ms. Nelson announced that Governor Newsome launched two new task forces – a behavioral health task force that will focus on mental health and substance use disorders and a Healthy California for All stakeholder advisory committee which will focus on the feasibility of a single-payer system. Additionally, it was reported that Governor Newsome also issued an executive order calling for the creation of a Master Plan for Aging to be developed by October 1, 2020; a new equity work group has been established to assist in this effort. Ms. Nelson solicited recommendations from the community and encouraged them to submit comments via its website portal at www.chhs.ca.gov.
- Ms. Nelson further announced that an Ending the Epidemic townhall will be held in San Luis Obispo on February 19, 2020.
- Lastly, the Public Charge will go into effect on February 24, 2020. There are many resources and guidance being disseminated, however, if community members are in need of resources, to please contact Ms. Nelson.
- Ms. Nelson reported that the President's budget was released on February 10, 2020 and briefly noted a 10% cut to the DHHS, 9% cut to CDC and a \$760 million allocation to DHHS for Year 2 of the EtHE.

(a) 2020 Draft Policy Priorities Update:

- Ms. Nelson reported the Committee is working towards finalizing its 2020 Policy Priorities and ensuring it is aligned with EtHE efforts. The final version should be available at the next meeting for approval.

(b) Legislative Docket Update:

- Ms. Nelson indicated that the Committee continues to update its legislative docket; February 21, 2020 is the deadline for bills to be introduced so more information will be provided at the March meeting.

(c) STD Resolution Follow-up:

- Ms. Nelson reported that the Committee continues to track the Department of Public Health's response to the STD epidemic to ensure that the tenants of the motion are followed. The Committee is also drafting a follow-up letter to reiterate the importance of a sustained and strong STD response. The letter will be submitted to the Executive Committee for feedback, and then elevated to the full Commission for approval

14. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS:

A. Aging Task Force:

- None provided.

B. Black/African American Community (BAAC) Task Force:

- Greg Wilson, Task Force Co-Chair, announced newly elected Co-Chair, Danielle Campbell. He shared the Task Force continues to engage in discussions in strategizing ways to promote its recommendations to address the disproportionate impact HIV and STDS have on the Black/African American community. Mr. Wilson announced that the next meeting will be February 24, 2020, 1-3pm at the Commission office.

C. Consumer Caucus:

- Felipe Gonzalez, Consumer Caucus Co-Chair, invited consumers in attendance to the meeting immediately following the Commission meeting; lunch will be provided. He also introduced the newly elected Co-Chairs, Carlos Moreno and Abad Lopez and shared that Ms. Ulloa from HOPWA will be conducting a focus group and that the Caucus will also develop its 2020 planning priorities and activities.

D. Women's Caucus:

- Ms. Barrit announced that the next Caucus meeting is scheduled for February 19, 2020 at 9:30am and that the Caucus will be planning for a National Women + Girls HIV/AIDS Awareness Day (NWGHAAD) presentation at the March meeting.

E. Transgender Caucus:

- Ms. Barrit announced that the next Caucus meeting is scheduled for March 16, 2020 at 10:00am.

VII. MISCELLANEOUS

15. PUBLIC COMMENT: OPORTUNITY TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:

- Ed Cockrell expressed concerns regarding youth representation on the Commission and a lack of a Youth-focused task force, and offered his support and assistance to develop youth-centered activities.

16. COMMISSION NEW BUSINESS ITEMS: OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR FULL BODY OR COMMITTEE DISCUSSION ON FUTURE AGENDAS, OR MATTERS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR WHERE NEED TO TAKE ACTION AROSE SUBSEQUENT TO POSTING THE AGENDA:

- None reported.

17. OPPORTUNITY TO ANNOUNCE COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES:

- Lisette Villanueva from East Los Angeles Women's Center announced its third annual Health and Resource Fair in collaboration with Supervisor Hilda Solis; flyers available.
- Shelley Jones announced a Black love workshop support group for Black women on February 18, 2020 at APLA. On March 9, 2020, an Understanding Immigration Symposium will be held at Miller Memorial Hospital in Long Beach from 6-7:30pm; English and Spanish language available. Lastly, UCLA LA FAN will be hosting a NWGHAAD event on March 10, 2020 and an Ending the Epidemics for women event will be held in Los Angeles on March 13, 2020; more information forthcoming.

18. ADJOURNMENT AND ROLL CALL: The meeting adjourned at 1:43 pm in memory of Jerome Coleman who overcame many struggles throughout his life to find housing and sobriety at the end.

Roll Call (Present): Alvarez, Bivens-Davis, Burton, Cataldo, Gates, Gonzalez, Granados, Green (Joseph), Halfman, Kochems, Martinez, Moreno, Nelson, Peña/Green (Thomas), Pérez, Preciado, Rogel, Rosales, Ulloa, Valero, Wilson (Greg), Ballesteros, Gordon.



LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

TO END HIV, WE MUST END RACISM

On the behalf of the Los Angeles County Commission on HIV, the Black/African American Community (BAAC) Task Force recognizes that these are extremely difficult, disturbing and painful times for us and our communities. We remain steadfast in solidarity with our Black/African American communities and vehemently condemn the pervasive, systemic racism that continues to plague our communities. “Without reckoning with our history of racial injustice and violence we will continue to be haunted by its ugly and painful legacy.” (Equal Justice Initiative [EJI].)

Racism IS a public health emergency and impacts us all. Racism impacts access to and the quality of health care and it dictates when, how and by whom health care is given or withheld. Medical mistrust by our Black/African American communities and implicit biases of the health care system are rooted in historical, institutional and socialized racism. It is without question we cannot end the HIV epidemic without dismantling these systems that continue to perpetuate the injustices that result in disproportionately poorer outcomes in our Black/African American communities. Our HIV community must remain diligent and committed to actively engaging in policy and action that promote health equity, eliminate barriers and address social determinants of health such as: implicit bias; access to care; education; social stigma, i.e. homophobia, transphobia and misogyny; housing; mental health; substance abuse; and income/wealth gaps.

As HIV advocates, we cannot sit idly by and allow these inequities to continue. We must act now by centering ALL of our work and conversations around the intersection of racism and the unequal burden of HIV on our Black/African American communities. The Commission is committed to taking action.

We stand in memoriam of Breonna Taylor, George Floyd, Tony Mc Dade, Ahmaud Arbery, and all those who have lost their lives to senseless acts of violence, police brutality and HIV/AIDS. We stand with you, we hurt with you, and we will take action to address these inequities and heal with you.

In Solidarity,

Los Angeles County Commission on HIV
Black/African American Community (BAAC) Task Force

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.

This newsletter is organized to align the updates with Strategies from the ***Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*** (Integrated Plan). The [Integrated Plan](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) is available on the Office of AIDS' (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf.

In This Issue:

- Strategy A • Strategy J • Strategy O
- Strategy F • Strategy K

Staff Highlight:

OA is pleased to congratulate Executive Assistant, **Karen Doran** on her retirement. With nearly 35 years of State service, we were fortunate that the last dozen years were with us. Karen wrote a heartfelt message she'd like to share:

Dear OA Team,

As time is drawing near, I want to let everyone know that my last day will be June 30th. As I venture on to a new chapter in my life--retirement, I want to let everyone know how much I will miss you and what a great pleasure it has been to know and work with many of you. Due to the "Shelter in Place," it's unfortunate that I will not have the experience of seeing you in the workplace before returning to the office. I will cherish the memories that I had working with you all throughout the years.

I am proud to have had the opportunity to have worked for the State of California for almost 35 years (short of 1 month and a half) and was fortunate to work in several interesting state offices: 16 years at Sonoma Developmental Center, Department of Developmental Services, 6 years at Office of Statewide Health Planning and Development (OSPHD), and 12 years at OA.

It has been a pleasure and an eventful experience to have worked in the capacity as the



Executive Assistant for three chiefs through my tenure at OA. I must say that Marisa has made the most positive changes to the office, and I am most grateful to have had the opportunity to work for her. I wish to convey many thanks to Marisa and the Division team for being so proactive and successful in the work you do for the State and OA. Also, I couldn't have done my work effectively without the support from the Administrative Support staff as you are always there when I needed you. I greatly appreciate the management and program staff and the great work that you all do for your programs in fulfilling the mission of the OA in "Ending the HIV Epidemic." Once again, I will miss you all dearly with too many names to mention. I am proud to say that I had the opportunity to have worked with you in support of the Office of AIDS.

"The people who are crazy enough to think they can change the world are the ones who do."

- Steve Jobs

As I look forward to working on my unfinished projects such as working on my cars, spending time with my grandchildren, my dogs, joining the gym, traveling, and living the life of leisure, I will continue to cherish the memories of knowing and working with all of you.

*Wishing you all the best!
Stay well and safe!*

*Your friend and colleague,
Karen Doran*



General Office Updates:

COVID-19:

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

HIV/STD/HCV Integration Update:

As the lead state department in the COVID-19 response, the CDPH has re-directed hundreds

of staff to this effort. Because of this, there is a temporary pause on the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention until the Department gets back to normal. We have made tremendous progress in the past few months, establishing numerous action teams to define a future integrated organization. We do not want to lose this momentum, and we will not. We have the commitment of our contractor, who greatly understands the Department's predicament, to continue right where we are pausing, as soon as the COVID-19 related workload on our staff lets up.

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

PrEP Assistance Program (PrEP-AP):

As of April 27, 2020, there are 207 PrEP-AP enrollment sites covering 157 clinics that currently make up the PrEP-AP Provider network. A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

Data on active PrEP-AP clients can be found in the tables below.

Strategy F: Improve Overall Quality of HIV-Related Care

The HIV Care Program (HCP), Clinical Quality Management (CQM) program released the [CQM Plan 2020-2023](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CQM_Plan20-23_ADA.pdf). It is now available at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CQM_Plan20-23_ADA.pdf. The CQM program coordinates activities aimed at improving care, health outcomes, and satisfaction for Californians served the Ryan White HIV/AIDS Program Part B grant. The CQM Plan is a living document that describes all aspects of the CQM program including goals, infrastructure, performance

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	148	4%	---	---	---	---	150	4%	298	8%
25 - 34	1,071	28%	3	0%	1	0%	836	22%	1,911	50%
35 - 44	612	16%	---	---	3	0%	352	9%	966	25%
45 - 64	280	7%	---	---	24	1%	234	6%	538	14%
65+	6	0%	---	---	111	3%	14	0%	131	3%
TOTAL	2,117	55%	3	0%	139	4%	1,586	41%	3,844	100%

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

Current Age	Latinx		White		Black or African American		Asian		American Indian or Alaskan Native		Native Hawaiian/ Pacific Islander		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	119	3%	86	2%	29	1%	39	1%	---	---	2	0%	9	0%	14	0%	298	8%
25 - 34	848	22%	596	16%	145	4%	205	5%	---	---	6	0%	38	1%	73	2%	1,911	50%
35 - 44	458	12%	320	8%	68	2%	71	2%	3	0%	3	0%	9	0%	34	1%	966	25%
45 - 64	220	6%	230	6%	36	1%	39	1%	2	0%	1	0%	2	0%	8	0%	538	14%
65+	11	0%	110	3%	4	0%	4	0%	1	0%	---	---	1	0%	---	---	131	3%
TOTAL	1,656	43%	1,342	35%	282	7%	358	9%	6	0%	12	0%	59	2%	129	3%	3,844	100%

Both 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: 05/31/2020 at 11:14:45 PM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

measures, quality improvement activities and evaluation of the CQM program. In addition, the CQM Plan outlines the CQM program requirements HCP subrecipients must adhere to.

If you have [questions regarding the CQM program](#), including requirements outlined in the CQM Plan, please email RW.PartBCQM@cdph.ca.gov.

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

ADAP's Insurance Assistance Programs:

As of May 27, 2020, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

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

On May 11, 2020, CDPH authorized Yuba Sutter Harm Reduction & Community Outreach. Approval times and locations:

- Harmony Health: Tuesday and Thursday from 5:00 PM - 7:00 PM at 1908 North Beale Road, Marysville, CA 95901;
- Yuba County Mobile Location: The area bound by the Yuba river, F Street and

Second Street, extending as far west as Second Street is paved. Monday from 9:00 AM -11:00 AM; and

- Sutter County Mobile Location: The area bound by 9800 block of Second Street and the area where Second Street and Levee Road merge, extending as far west as the Feather River edge. Monday from 11:30 AM - 3:00 PM.

On May 14, 2020, CDPH authorized Stockton Harm Reduction Program Mobile services are approved on Saturdays from 9:00 AM to 12:00 PM every other week. The area of operation will be in the south area of Stockton bounded to the north by Highway 4, to the west by Highway 5, to the south by Charter Way, and to the east by South Wilson Way.

Article of interest: [The Impact of COVID-19 on Syringe Services Programs in the United States](https://link.springer.com/article/10.1007/s10461-020-02886-2) (https://link.springer.com/article/10.1007/s10461-020-02886-2).

Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living With HIV in California

California's Ryan White HIV/AIDS Program (RWHAP) recipients received [\\$8.8 million in Coronavirus Aid, Relief, and Economic Security](#)

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from April
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	684	-1.29%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,123	+2.76%
Medicare Part D Premium Payment (MDPP) Program	1,940	+1.04%
Total	8,747	+2.05%

[\(CARES\) Act Supplemental Funding](https://hab.hrsa.gov/coronavirus/cares-FY2020-awards) (<https://hab.hrsa.gov/coronavirus/cares-FY2020-awards>). For Part B, the award was \$1.5 million. To ensure the equitable distribution of these limited funds throughout California, OA only allocated these funds to those HIV Care Program (HCP) subrecipients who are not also RWHAP Part A recipients. Funding amounts were allocated based on a two-factor formula: people living with HIV and percent of population under 500% of the federal poverty level. Awards under \$2,200 were not made; these funds were distributed among the remaining 26 subrecipients. Funded services include emergency financial assistance, food bank/home-delivered meals, medical

transportation, outpatient/ambulatory health services, and mental health services.

OAs Housing Opportunities for Persons with AIDS (HOPWA) Program received \$578,909 in CARES Act Supplemental Funding. OA funded 17 of 20 HOPWA subrecipients to provide short-term rent, mortgage, and utility (STRMU) assistance and hotel/motel stays for clients (or their family members) impacted by COVID-19.

For [questions regarding this issue of *The OA Voice*](#), please send an email to angelique.skinner@cdph.ca.gov.



LOS ANGELES COUNTY
COMMISSION ON HIV



EMERGENCY FINANCIAL ASSISTANCE STANDARDS OF CARE

MOTION #3 | FOR COH APPROVAL ON 6/11/20
APPROVED BY SBP ON 6/2/20



EMERGENCY FINANCIAL ASSISTANCE STANDARDS OF CARE

INTRODUCTION

Standards of Care for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers and provide guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies should offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Emergency Financial Assistance Standards of Care to ensure people living with HIV (PLWH) can apply for **short-term or one-time** financial assistance to assist with emergency expenses. The development of the Standards includes guidance from service providers, consumers, the Los Angeles County Department of Public Health - Division of HIV and STD Programs (DHSP), as well as members of the Los Angeles County Commission on HIV, Standards & Best Practices (SBP) Committee.

All contractors must meet the Universal Standards of Care in addition to the following Emergency Financial Assistance Standards of Care.¹

EMERGENCY FINANCIAL ASSISTANCE OVERVIEW

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a Ryan White Part A client with an urgent need for essential items or services due to hardship. The purpose of emergency financial assistance is to ensure clients can pay for critical services that play a role on whether a client is able to stay engaged in medical care and/or adhere to treatment. EFA is a needs-based assistance program, not a government entitlement, subject to the availability of funding. Emergency financial assistance must occur as a direct payment to an agency (i.e. organization, landlord, vendor) or through a voucher program. Direct cash payments to clients are not permitted.

Emergency financial assistance should only be provided for an urgent or emergency need for essential items or services necessary to improve health outcomes. Agencies are responsible for referring clients to the appropriate Ryan White service category related to the need for continuous provision of services and non-emergency situations.

An emergency is defined as:

- Unexpected event that hinders ability to meet housing, utility, food, medication need; and/or
- Unexpected loss of income; and/or
- Experiencing a crisis situation that hinders ability to meet housing, utility, food, or medication need
- Public health emergencies, such as the COVID-19 pandemic, that severely disrupt national systems of care, employment, and safety net. Contracted agencies must follow DHSP and HRSA guidelines on special use of EFA in times of public health emergencies.

¹ Universal Standards of Care can be accessed at <http://hiv.lacounty.gov/Standard-Of-Care>

Based on capacity and contract guidance from DHSP, an agency may provide emergency financial assistance if the client presents with an emergency need that cannot first be met through the appropriate Ryan White Service Category.

Table 1. Categories for Determining Emergency Needs and Ryan White Services

Emergency Need	Ryan White Service Category
Short term rental assistance	Housing Services
Move-in assistance	
Essential utility assistance	
Emergency food assistance	Nutrition Services
Transportation	Transportation
Medication assistance to avoid lapses in medication	Ambulatory Outpatient Medical

KEY COMPONENTS

Emergency Financial Assistance (EFA) services provide people living with HIV with limited one-time or short-term financial assistance due to hardship. Agencies will establish program services based on agency capacity and Division of HIV & STD Programs contract requirements. EFA is decided on a case-by-case basis by a case manager or social worker and is subject to the availability of funding. Financial assistance is never paid directly to clients, but issued via checks or vouchers to specific vendors or agencies.

Agencies and staff will make every effort to reduce the amount of documentation necessary, while staying within funding and contract requirements, for a client in need of emergency financial assistance. A signed affidavit declaring homelessness should be kept on file for clients without an address.

EFA services are capped annually per client at \$5,000 per 12-month period. With consultation with the SBP Committee, DHSP may increase the \$5,000 annual cap for cost of living adjustments.

ELIGIBILITY CRITERIA

Agencies coordinating EFA will follow eligibility requirements for potential clients based on DHSP guidance and the type of financial assistance the client is seeking. Clients may enter EFA services through self-referral or referral by a case management or another provider. Each client requesting EFA will be subject to eligibility determination that confirms the need for services. Programs coordinating EFA are responsible to determine such eligibility. Eligibility documentation should be appropriate to the requested financial assistance and completed annually, at minimum, or for every instance a client seeks emergency financial assistance.

Eligibility criteria includes:

- Los Angeles County resident
- Verification of HIV positive status
- Current proof of income

- Emergency Financial Assistance (EFA) application based on the type of assistance the client is requesting

In addition to the general Ryan White eligibility criteria, priority should be given to individuals who present an emergency need with the appropriate documentation that qualifies as an emergency, subject to payor of last resort requirements.

REFERRALS

All service providers must work in partnership with the client, their internal care coordination team and external providers, both Ryan White funded and non-Ryan White funded sites, to ensure appropriate and timely service referrals are made according to client’s needs.

In addition, agencies and staff are responsible for linking clients to care if they are not in care as well as addressing the conditions that led to the emergency need to ensure accessing EFA is a one-time need or rare occurrence. For clients accessing EFA services, staff is responsible for referring clients to a program with a case manager or Medical Care Coordination provider if they are not linked already. For more information, see *Universal Standards, Section 6: Referrals and Case Closure*.

Table 1. Emergency Financial Assistance Standards of Care

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Staff Requirement and Qualifications	Agencies will hire staff with experience in case management in an area of social services or experience working with people living with HIV. Bachelor’s degree in a related field preferred.	Staff resumes on file
	Staff are required to seek other sources of financial assistance, discounts, and/or subsidies for clients requesting EFA services to demonstrate Ryan White funding is the payor of last resort. (See Appendix A for a list of additional non-Ryan White resources).	Lists of other financial sources, discounts, and/or subsidies for which the staff applied for the client on file. See <i>Appendix A</i> as a reference starting point.
	Staff are required to connect clients to or provide referrals for: <ul style="list-style-type: none"> • A Case manager for a needed service or for Medical Care Coordination • Wraparound services to empower clients and prevent future use of Emergency Financial Assistance services • Opportunities for trainings such as job or workforce trainings 	Lists of referrals the staff provided to the client. Name of case manager(s) client connects with in client file.

<p>Eligibility</p>	<p>Agency will determine client eligibility for EFA at minimum annually, or for every instance a client requests EFA. Eligible uses may include:</p> <ul style="list-style-type: none"> • Short term housing rental assistance • Essential utility assistance • Emergency food assistance • Transportation • Medication assistance to avoid lapses in medication <p>*Continuous provision of service or non-emergency needs should fall under the appropriate Ryan White service category and not under EFA.</p>	<p>Documentation of emergency need and eligible use in client file.</p> <p>Documentation of Ryan White eligibility requirements in client file. See <i>Universal Standards (Section 5.2, page 10)</i>.</p>
<p>Housing Assistance</p>	<p>Eligible clients must provide evidence they are a named tenant under a valid lease or legal resident of the premises.</p> <p>If rental assistance is needed beyond an emergency, please refer to our <i>Housing Standards, Temporary Housing Services - Income Based Rental Subsidies (page 15)</i>.²</p>	<p>Documentation in client file that demonstrates emergency need and type of assistance received.</p> <p>Application for Housing Assistance includes:</p> <ul style="list-style-type: none"> • Notice from landlord stating past due rent or, in the case of new tenancy, amount of rent and security deposit being charged
<p>Utility Assistance</p>	<p>Eligible clients must provide evidence they have an account in their name with the utility company or proof of responsibility to make utility payments.</p> <p>Limited to past due bills for gas, electric, or water service.</p> <p>Staff is responsible for checking client eligibility for SoCal Edison assistance program</p>	<p>Documentation in client file that demonstrates emergency need and type of assistance received.</p> <p>Application for Utility Assistance includes:</p> <ul style="list-style-type: none"> • Copy of the most recent bill in client name or a signed affidavit with the name of the individual that is responsible for paying the bill. • Copy of the lease that matches the address from the bill • Proof of inability to pay
<p>Food Assistance</p>	<p>Limited to gift card distribution to eligible clients by medical case managers or social</p>	<p>Documentation in client file that demonstrates emergency need and type of assistance received.</p>

² Housing Standards, Temporary Housing Services can be accessed at <http://hiv.lacounty.gov/Standard-Of-Care>

	<p>workers at their discretion and based on need.</p> <p>Staff is responsible for referring clients to a food pantry and/or CalFresh.</p>	
<p>Transportation Assistance</p>	<p>Eligible clients must provide evidence they are in need of transportation to/from appointments related to core medical and support services.</p> <p>See <i>Transportation Services Standards of Care</i>.³</p>	<p>Documentation in client file that demonstrates emergency need and type of assistance received.</p>
<p>Medication Assistance</p>	<p>Eligible clients must provide evidence they are need of medication assistance to avoid a lapse in medication.</p>	<p>Documentation in client file that demonstrates emergency need and type of assistance received.</p>

³ Transportation Standards of Care can be accessed at <http://hiv.lacounty.gov/Standard-Of-Care>

APPENDIX A

EMERGENCY ASSISTANCE RESOURCES

The list below is intended to provide agency staff with starting point of additional resources to assist clients with emergency needs. Please note it is not a comprehensive list of available resources in Los Angeles County and staff are encouraged to seek other resources for client care.

211 Los Angeles

<https://www.211la.org/>

Phone: Dial 2-1-1

Los Angeles Housing + Community Investment Department, City of Los Angeles (HCIDLA) Housing Opportunities for Persons with HIV/AIDS (HOPWA)

<https://hcidla.lacity.org/people-with-aids>

Comprehensive Housing Information & Referrals for People Living with HIV/AIDS (CHIRP LA)

<http://www.chirpla.org/>

Los Angeles Housing Services Authority

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

Department of Public Social Services, Los Angeles County

<http://dpss.lacounty.gov/wps/portal/dpss/main/programs-and-services/homeless-services/>

CalWorks - Monthly financial assistance for low-income families who have children under 18 years old

<https://yourbenefits.laclrs.org>

Los Angeles Regional Food Bank – Free and low-cost food

www.lafoodbank.org/get-help/pantrylocator

Project Angel Food

<https://www.angelfood.org/>

Los Angeles Department of Water and Power (LADWP) – Low Income Discount Program or Lifeline Discount Program for Utility Bill Assistance

Phone: (213) 481-5411

Low-Income Home Energy Assistance Program (HEAP) – Utility Bill Assistance

<http://www.csd.ca.gov/Services/FindServicesinYourArea.aspx>

Phone: (866) 675-6623

Women, Infants, and Children (WIC)

<https://www.phfewic.org/>

Veterans of Foreign Wars – Unmet Needs Program

<https://www.vfw.org/assistance/financial-grants>

City of West Hollywood HIV/AIDS Resources

<https://www.weho.org/services/social-services/hiv-aids-resources>

The People's Guide to Welfare, Health & Services

<https://www.hungeractionla.org/peoplesguide>

For Executive Committee Review
Approved by Public Policy Committee - 3/2/2020



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

2020 POLICY PRIORITIES

The Public Policy Committee recommends the following policy priorities (in no particular order) for the Commission on HIV to focus on in 2020:

1. Preserve access to and continuity of care for people living with HIV/AIDS (PLWHA) and communities at highest risk for the acquisition and transmission of HIV disease.
 - Preserve or increase federal funding for Medicaid, Medicare, and for HIV/AIDS programs.
 - Preserve or increase health insurance coverage for individuals with pre-existing conditions.
2. Protect and expand service access and availability for syndemic HIV, STD, and viral hepatitis in California's annual budgeting process and ensure the impact of services and allocation of resources are distributed in accordance to the HIV burden within Los Angeles County.
3. Preserve or increase the Ryan White Program at current or increased funding levels and, where appropriate and strategically viable, support stronger compatibility and greater effectiveness between the RWP, Medicaid, Medicare, and other health systems.
4. Advance and enhance routine HIV testing, expanded linkage to care, and other improvements to the local, state, and national HIV service delivery systems that optimize health outcomes in the HIV Continuum and advance HIV services in LA County consistent with efforts to end the HIV epidemic.
5. Support policies that use data, without risking personal privacy and health, to improve health outcomes and eliminate health disparities among PLWHA and communities highly impacted by HIV/STDs.
6. Enhance accountability for deliverables from a heightened and coordinated federal, state, and local response, particularly in the context of local planning and responsiveness to end the HIV epidemic.
7. Support proposals and increased funding for the provision of and access to: prevention, care and treatment services, bio-medical interventions (such as PrEP and PEP) for people at risk for acquiring HIV and people living with HIV/AIDS, and comprehensive HIV/STD counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
8. Support proposals that seek to advance health equity, reduce HIV-related stigma, and address social determinants of health such as poverty, education, violence, substance use, food insecurity, and transportation in order to improve health outcomes for PLWHA and special populations at highest risk for contracting HIV.
9. Preserve or improve systems, strategies and proposals that seek to expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of contracting HIV/AIDS.



10. Preserve or improve systems, strategies, and proposals that seek to prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
11. Support proposals that seek to create and expand medical and supportive services for PLWHA ages 50 and over.
12. Support proposals that eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS.
13. Support proposals that expand access and reduce barriers and cost of HIV/AIDS, STD, and viral hepatitis prevention and treatment medication.
14. Preserve full funding and accessibility to the AIDS Drug Assistance Program (ADAP), Pre-Exposure Prophylaxis Assistance Program (PrEP-AP), Office of AIDS Health Insurance Premium Payment (OA-HIPP) Assistance, Employer Based Health Insurance Premium Payment (EB-HIPP), and Medigap.
15. Support proposals and policies that prioritize mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
16. Support proposals and policies, especially in the event of Ryan White Reauthorization, that advocate for and encourage the empowerment and engagement of consumer PLWHA and those at risk for contracting HIV on all levels of policy creation, legislation, regulation, and service provision related to HIV prevention and treatment and care with the goal of ending all HIV transmissions and curing all PLWHA.

The Public Policy Committee acts in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article VI, Section 2, no Ryan White resources are used to support Public Policy Committee activities.



MOTION #5 – FOR COH APPROVAL 6/11/20

2020-2021 Legislative Docket

Committee Approved 06/01/2020

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH | County bills noted w/asterisk

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 362 (Eggman)	Controlled substances: overdose prevention program	This bill would, until January 1, 2026, authorize the City and County of San Francisco to approve entities to operate overdose prevention programs for persons 18 years of age or older that satisfy specified requirements. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB362	Support	06/19/19 In Committee: Set, First hearing. Hearing canceled at request of author.
AB 683 (Carrillo)	Medi-Cal: eligibility	This bill would update the assets limits for programs serving seniors to \$10,000 for an individual and an additional \$5,000 for each additional household member, with annual indexing; expand and simplify the list of items to be excluded from the assets test for those Medi-Cal programs still subject to the assets test; and eliminate the assets test entirely for the Medicare Savings Programs, programs where Medi-Cal pays for an individual's Medicare premiums and co-payments. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB683	Support 2019 Docket: Support	1/30/20 In Senate. Read first time. To Committee on Rules for assignment.
AB 732 (Bonta)	County jails: prisons: incarcerated pregnant persons	This bill would improve the quality of reproductive health care for pregnant people in county jails and state prisons: require an incarcerated person in a county jail or the state prison who is identified as possibly pregnant or capable of becoming pregnant to be offered a pregnancy test upon intake or request, and in the case of a county jail, within 72 hours of arrival at the jail, require an incarcerated person who is confirmed to be pregnant to be scheduled for pregnancy examination with a physician, nurse practitioner, certified nurse midwife, or physician assistant within 7 days, require incarcerated pregnant persons to be scheduled for prenatal care visits, provided specified prenatal services and a referral to a social worker, given access to community-based programs serving pregnant, birthing, or lactating inmates, have a support person present during childbirth, and more. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB732 <i>Committee questions:</i> (Received email response from bill sponsor ACLU on 4/3/20) - <i>Can community-based organizations appeal if they are denied access to support a client or potential client?</i> Grievances may be filed, grievance process depends on whether the grievance is considered a healthcare grievance or non-health related grievance.	Support	1/28/20 In Senate. Read first time. To Committee on Rules for assignment.

Committee Approved 06/01/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 890 (Wood)	Nurse practitioners: scope of practice: practice without standardized procedures	Existing law authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform in collaboration with a physician and surgeon. A violation of the act is a misdemeanor. This bill, until January 1, 2026, would establish the Advanced Practice Registered Nursing Board which would consist of 9 members. The bill would require the board to define minimum standards for a nurse practitioner to transition to practice without the routine presence of a physician and surgeon. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB890	Support 2019 Docket: Support	1/28/20 In Senate. Read first time. To Committee on Rules for assignment.
AB 1965 (Aguiar-Curry)	Family Planning, Access, Care, and Treatment (Family PACT) Program	Existing law establishes the Family PACT Program under Medi-Cal, under which comprehensive clinical family planning services are provided to a person who is eligible and has a family income at or below 200% of the federal poverty level. Existing law provides that comprehensive clinical family planning services under the program includes preconception counseling, maternal and fetal health counseling, and general reproductive health care, among other things. This bill would expand comprehensive clinical family planning services under the program to include the human papillomavirus (HPV) vaccine for persons of reproductive age. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1965	Support	3/17/20 In committee: Set, first hearing. Hearing canceled at the request of author.
AB 2007 (Salas)	Medi-Cal: federally qualified health center: rural health clinic: telehealth	FQHC and RHC services are reimbursed to providers on a per-visit basis, and a "visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including dental providers. The bill would clarify, for purposes of an FQHC or RHC visit, that face-to-face contact between a health care provider and a patient is not required for an FQHC or RHC to bill for telehealth. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2007	Support	3/17/20 In committee: Hearing postponed by committee.
AB 2077 (Ting)	Hypodermic needles and syringes	Existing law, until January 1, 2021 authorizes a physician or pharmacist to, without a prescription or permit, to furnish hypodermic needles and syringes for human use to a person 18 years of age or older, and authorizes a person 18 years of age or older to, without a prescription or license, obtain hypodermic needles and syringes solely for personal use from a physician or pharmacist, as a public health measure, as specified. This bill would extend this authority until January 1, 2026 and would make other conforming changes. http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2077	Support	05/20/20 Com. on Appropriations read bill second time and amended

Committee Approved 06/01/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<p align="center">AB 2204 (Arambula)</p>	<p align="center">Health care coverage: sexually transmitted diseases</p>	<p>This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for sexually transmitted disease testing, treatment, and referral at a contracting or noncontracting health facility at the same cost-sharing rate an enrollee or insured would pay for the same services received from a contracting health facility. The bill would require a plan or insurer to reimburse a noncontracting health facility providing sexually transmitted disease testing, treatment, and referral at the same rate at which it reimburses a contracting health facility for those covered services.</p> <p>http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2204</p> <p><i>Committee questions:</i></p> <ul style="list-style-type: none"> - <i>What is the billing process? How will organizations and clinics bill insurance?</i> 	<p align="center">Watch</p> <p>*Need more info</p>	<p align="center">3/02/20 Re-referred to Committee on Health.</p>
<p align="center">AB 2218 (Santiago)</p>	<p align="center">Transgender Wellness and Equity Fund</p>	<p>This bill would establish the Transgender Wellness and Equity Fund, for grants to transgender-led (Trans-led) organizations and hospitals, health care clinics, and other medical providers that provide gender-conforming health care services and have an established partnership with a Trans-led organization, to create, or fund existing, programs focused on coordinating trans-inclusive health care, as defined for people that identify as transgender, gender nonconforming, or intersex. The bill would appropriate \$15,000,000 from the General Fund to the Transgender Wellness and Equity Fund.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2218</p>	<p align="center">Support</p>	<p align="center">5/18/20 Com on Health passed bill and referred to Comm. on Appropriations</p>
<p align="center">AB 2258 (Reyes)</p>	<p align="center">Doula care: Medi-Cal pilot program</p>	<p>A new bill targeting the maternal mortality crisis seeks to address pregnancy care inequities by requiring Medi-Cal to cover doulas. This bill would require the department to establish, commencing July 1, 2021, a full-spectrum doula care pilot program to operate for 3 years for pregnant and postpartum Medi-Cal beneficiaries residing in 14 counties that experience the highest burden of birth disparities in the state, and would provide that any Medi-Cal beneficiary who is pregnant is entitled to doula care.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2258</p>	<p align="center">Support</p>	<p align="center">2/20/20 Referred to Com on Health.</p>
<p align="center">AB 2275 (Nazarian)</p>	<p align="center">State armories: homeless shelters: security</p>	<p>This bill would require, prior to shelter services commencing, that the county or city notify local law enforcement officers and request that officers make periodic visits to the armory on each night of operation.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2275</p> <p>Note: The County is in support of this bill.</p>	<p align="center">Support</p>	<p align="center">Hearing set for 5/12/20 Com. On Local Government</p>


Committee Approved 06/01/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2329 (Chiu)	Homelessness: statewide needs and gaps analysis	<p>This bill, upon appropriation by the Legislature, would require the council to conduct, or contract with an entity to conduct, a statewide needs and gaps analysis, to among other things, identify state programs that provide housing or services to persons experiencing homelessness and create a financial model that will assess certain investment needs for the purpose of moving persons experiencing homelessness into permanent housing. The bill would authorize local governments to collaborate with the coordinating council.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2329</p>	Support	Hearing set for 05/20/20 Com. on Housing & Community Development
AB 2389 (Garcia)	Adult performers: employment rights	<p>This bill would, on and after July 1, 2022, require adult entertainers and performers to complete a specified biennial training program regarding employee safety and working rights for adult entertainer workers to work in an adult entertainment video. The bill would, by January 1, 2022, require the Department of Industrial Relations to create the training program and to convene an advisory group, composed of specified representatives of the adult performance industry, to provide recommendations for the creation and dissemination of the training.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2389</p>	Watch	3/02/20 Re-referred to Com. on Labor & Employment
AB 2405 (Burke)	Housing: children and families	<p>This bill would declare that it is the policy of the state that every child and family has the right to safe, decent, and affordable housing, and would require the policy to consider homelessness prevention, emergency accommodations, and permanent housing.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2405</p> <p>Committee questions: (Call w/Burke's office on 3/12)</p> <ul style="list-style-type: none"> - How does the bill define family? Not defined at this time, anticipate it will broaden - Does the bill include youth experiencing homelessness? Not at this time, anticipate it will broaden. Already received requites to expand beyond children & families. - How is this plan different from existing plans? Could potentially be the same plan as long as the plan is measurable/includes metrics. 	Watch/Support	05/20/20 Com. on Housing & Community Development Re-referred to Committee on Appropriations
SB 132 (Wiener)	(Corrections) The Transgender Respect, Agency, and Dignity Act	<p>This bill was introduced last year, and was made a 2-year bill, which means that it was paused last legislative year and is scheduled to resume this year. This bill will allow all transgender people to be housed in accordance with their gender identity or with their own perception of health and safety.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB132</p>	Support 2019 Docket: Support	9/12/19 Ordered to inactive file on request of Assembly Member Calderon.
SB 175 (Pan)	Health care coverage	<p>This bill would ban health insurers from imposing annual or lifetime limits on coverage and indefinitely extend the requirement for insurers to cover preventive care without patient cost-sharing.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB175</p> <p>Similar to SB 406 which repeals and adds to 1367.002 of the Health and Safety Code</p>	Support 2019 Docket: Support, County position: Watch	1/27/20 In Assembly. Read first time. Held at Desk.


Committee Approved 06/01/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 406 (Pan)	Health care coverage	<p>This bill would ban health insurers from imposing annual or lifetime limits on coverage and indefinitely extend the requirement for insurers to cover preventive care without patient cost-sharing.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB406</p> <p>Similar to SB 175 which repeals and adds to 1367.001 of the Health and Safety Code</p>	Support	<p>1/27/20 In Assembly. Read first time. Held at Desk.</p>
SB 854 (Beall/ Wiener)	Health care coverage: Substance use disorders	<p>This bill will prohibit insurers from requiring authorization before coverage for FDA-approved prescriptions, like Medication Assisted Treatment (MAT). It will also place FDA-approved medications for treatment of substance use disorders on the lowest cost-sharing tier.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB854</p>	Support	<p>04/24/20 From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.</p>
SB 859 (Wiener)	Master Plan for HIV, HCV, and STDs	<p>This bill would require the Secretary of California Health and Human Services and the Chief of the Office of Aids to develop and implement a master plan on HIV, HCV, and STDs, for the purpose of improving the health of people living with, and vulnerable to, those conditions, reducing new transmissions, and ending these epidemics. The bill would require the secretary and chief to create a Master Plan on HIV, HCV, and STDs Stakeholder Advisory Committee and work with that advisory committee and relevant state agencies to identify recommended programs, policies, strategies, and funding necessary to implement the master plan.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB859</p>	Support	<p>03/17/20 March 25 hearing postponed by committee.</p>
SB 885 (Pan)	Sexually transmitted diseases	<p>This bill would specify that family planning services for which a Medi-Cal managed care plan may not restrict a beneficiary's choice of a qualified provider for STD testing and treatment. The bill would authorize an office visit to a Family PACT provider or Medi-Cal provider for specified STD-related services for uninsured, income-eligible patients, or patients with health care coverage who have confidentiality concerns, who are not at risk for experiencing or causing an unintended pregnancy, and who are not in need of contraceptive services, to be reimbursed at the same rate as comprehensive clinical family planning services.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB885</p>	Support	<p>03/18/20 March 23 hearing postponed by committee.</p>
SB 888 (Wiener)	Substance use disorder services: contingency management services	<p>This bill would, to the extent funds are made available in the annual Budget Act, expand substance use disorder services to include contingency management services, a preventative measure to ensure continuity of access to Medi-Cal healthcare services for beneficiaries and payments to providers in the event of a disruption. The bill would require the department to issue guidance and training to providers on their use of contingency management services for Medi-Cal beneficiaries who access substance use disorder services under any Medi-Cal delivery system, including the Drug Medi-Cal Treatment Program and the Drug Medi-Cal organized delivery system.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB888</p>	Support	<p>03/11/20 Re-referred to Com. on Health.</p>

Committee Approved 06/01/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 932 (Wiener)	The Equal Insurance HIV Act.	<p>This bill would require any electronic communicable disease reporting tool used by the State Department of Public Health and each local health officer to include the capacity to collect and report data relating to the sexual orientation and gender identity of individuals who are diagnosed with coronavirus disease 2019 (COVID-19). The bill would also require a health care provider that knows of, or is in attendance on, a case or a suspected case of COVID-19 to report to the local health officer for the jurisdiction in which the patient resides, the patient's sexual orientation and gender identity, if known. By imposing new duties on local health officers, this bill would impose a state-mandated local program.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB961</p> <p>Previously HIV Counselor training bill. Language amended 5/5/2020 to current bill. Committee supported previous bill.</p>	Support	Hearing set for 6/20/20 Com. on Appropriations
SB 961 (Gonzalez)	Underwriting of AIDS risks	<p>The Equal Insurance HIV Act will stop insurance companies from rejecting Californians from life and disability income insurance coverage based solely on their HIV status.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB961</p>	Support	Hearing set for 5/14/20 Com on Insurance.
SB 1255	Committee on Insurance	<p>This bill, on and after January 1, 2023, would prohibit an insurer from declining an application or enrollment request for coverage under a policy or certificate for life insurance or disability income insurance based solely on the results of a positive HIV test, regardless of when or at whose direction the test was performed. However, the bill would not prevent or restrict an insurer from refusing to insure an applicant that is HIV positive, limiting the amount, extent, or kind of coverage for an applicant that is HIV positive, or charging a different rate to an applicant that is HIV positive, if the refusal, limitation, or charge is based on sound actuarial principals and actual or reasonably anticipated experience.</p> <p>Note: This bill is related to SB 961</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB1255</p>	Watch	06/01/20 Hearing was rescheduled due to Capital Closure
FEDERAL				
H.R. 266 (McCollum /Betty)	Paycheck Protection Program and Health Care Enhancement Act	<p>This is the fourth legislative measure Congress has enacted in response to the Coronavirus pandemic. It provides additional funding for hospitals and COVID-19 testing, as well as additional funding to replenish Small Business Administration (SBA) programs.</p> <p>https://www.congress.gov/bill/116th-congress/house-bill/266?</p> <p> 4-30-20 WASHINGTON D.C. I</p>	Support	4/24/20 signed into law

Committee Approved 06/01/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R. 748 (Courtney/ Joe)	Coronavirus Aid Relief and Economic Security (CARES) Act	<p>The third measure enacted to address the impacts of the Coronavirus pandemic on state and local governments, health care workers, law enforcement and first responders, small businesses and individual Americans.</p> <p>https://www.congress.gov/bill/116th-congress/house-bill/748?q</p>  <p>4-7-20 Washington, D.C. Update - The Pa</p>	Support	3/27/20 signed into law
H.R. 5806 (Lewis)	HIV Epidemic Loan-Repayment Program (HELP) Act of 2020	<p>The HIV Epidemic Loan-Repayment Program (HELP) Act responds to the increasing shortage of qualified healthcare professionals needed to provide care for people living with HIV by creating a new loan repayment program to help replenish the field of professionals. H.R. 5806 authorizes up to \$250,000 over five years in loan repayment to physicians, nurse practitioners, physician assistants, and dentists, who provide HIV treatment in health professional shortage areas or at Ryan White funded clinical sites.</p> <p>https://www.congress.gov/bill/116th-congress/house-bill/5806?s=1&r=15</p>	Support	02/07/20 Referred to the House Committee on Energy and Commerce.
H.R. 6074 (Lowey/ Nita)	Coronavirus Preparedness & Response Supplemental Appropriations Act of 2020	<p>This bill provides \$8.3 billion in emergency funding for federal agencies to respond to the coronavirus outbreak.</p> <p>https://www.congress.gov/bill/116th-congress/house-bill/6074</p>	Support	03/06/20 signed into law