LOS ANGELES COUNTY
COMMISSION ON HIV

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WOMEN'S CAUCUS
Virtual Meeting
Monday, August 30, 2021
2:00PM-4:00PM (PST)

***Meeting Agenda + Packet will be available on our website at: http://hiv.lacounty.gov/Meetings**

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Access Code: 145 297 3396

PUBLIC COMMENTS

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

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COMMISSION ON HIV

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WOMEN'S CAUCUS

Virtual Meeting Agenda

Monday, August 30, 2021 @ 2:00PM – 4:00PM

To Join by Computer on Day/Time of Meeting:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=mf01084bf618803d14bbc994c7b69f66d
Password: WOMEN
To Join by phone: +1-213-306-3065 Access code: 145 297 3396

1. Welcome + Introductions + Check-In 2:00PM – 2:05PM
2. Executive Director/Staff Report 2:05PM – 2:15PM
   - Commission Updates
3. Co-Chair Report 2:15PM – 2:30PM
   - Co-Chair Open Nominations
   - 2021 Work Plan + Caucus Activities | REVIEW
4. PRESENTATION: 2:30PM – 3:00PM
   - The Impact of COVID on Women Living with HIV No Longer Invisible Research Study | Los Angeles Family AIDS Network (LAFAN)
5. DISCUSSION:
   - Women of Color and Prevention Data & Planning | FOLLOW UP 3:00PM – 3:55PM
   - AB 453: Sexual battery: nonconsensual condom removal
   - 7.19.21 Special Virtual Lunch & Learn Presentation | DEBRIEF
6. Meeting Recap + Agenda 3:55PM – 3:53PM
7. Public Comments + Announcements 3:53PM – 4:00PM
8. Adjournment 4:00PM

POSITIVE WOMEN'S NETWORK USA
pwn-usa.org

Unpacking the Process:

How to Engage in Federal Administrative Advocacy

The executive branch of the federal government can often be a confusing space for both new and experienced advocates. Both the ways to participate in the regulatory process and the agencies making decisions about the lives of people living with HIV are complicated, making the process hard to navigate.

This fact sheet will provide a primer on what the executive branch and administrative agencies do, what the main agencies and policies affecting the lives of people living with HIV are, and what steps advocates can take to influence executive agency decision making.

Background: The Executive Branch

What does it do?

The executive branch "executes" the laws: putting what Congress passes into action. This includes enforcement.

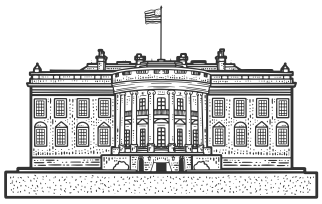
Who's in charge?

The President is the head of the executive branch and the Vice President (VP) is second in command.

Below the President and VP are the Cabinet officials who serve as advisors to the president and the heads of the 15 main executive (or administrative) agencies. The executive branch is made up of various departments, independent agencies, boards, commissions and committees.

A few administrative agencies that affect HIV policy are the Department of Health and Human Services which is in charge of the Centers for Disease Prevention and Control and the Health and Human Services Administration, which manages the Ryan White HIV/AIDS Program.

President of the U.S.



Vice President of the U.S.

Cabinet (advisors to the President; heads of executive agencies)

Secretary of Agriculture	**Secretary of Commerce**
Secretary of Defense	**Secretary of Education**
Secretary of Energy	**Secretary of Health & Human Services**
Secretary of Homeland Security	**Secretary of Housing & Urban Development**
Secretary of the Interior	**Secretary of Labor**
Secretary of State	**Secretary of Transportation**
Secretary of the Treasury	**Secretary of Veterans Affairs**

Attorney General

How do agencies make policies?

Rules

Rules are generally applicable, meaning they apply to everyone, and have a future effect.

They are designed to implement or interpret law or policy.

Orders

Orders are final dispositions in any matter other than rule-making and usually affect individual rights or the rights of very small groups.

They are created by a process called adjudication.

Guidance

Also called "interpretive rules," these are intended to help the public understand how a rule applies to them.

They may explain how an agency interprets a rule or a law, how a rule may apply in a given instance, and what a person or organization must do to comply.

Guidance cannot set new legal standards or impose new requirements.

HIV and the Executive Branch

White House Domestic Policy Council

Office of National AIDS Policy (ONAP)

This office has provided overall guidance and coordination of the domestic HIV response. ONAP is situated on the White House Domestic Policy Council, which advises the President on all domestic policy matters. ONAP became defunct under the Trump administration, but was reestablished by the Biden administration in 2021. Harold Phillips currently serves as director of ONAP.

Executive agencies that create or influence policies that affect people living with HIV

Department of Health & Human Services

Social Security Administration

Department of Housing and Urban Development

Department of Justice

Department of Agriculture

Advisory bodies

The Presidential Advisory Council on HIV/AIDS (PACHA) and the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC) are both governed by a charter.

The charter mandates everything about the advisory body, from who is included on the body (like if people living with HIV must be included) to how many times it meets per year.

PACHA is rechartered by each new presidential administration. At the time of publication of this fact sheet, President Biden has not yet rechartered PACHA.

Presidential Advisory Council on HIV/AIDS (PACHA)

Advises HHS on programs, policies, and research on the treatment, prevention, and cure of HIV, including comment and advice on the EHE and HNSP programs.

- The current PACHA charter specifies a maximum of 25 members who serve for 4-year terms and meet 3 times per fiscal year. There is no requirement that any of these members be people living with HIV.
- For example, following its last meeting in March 2021, PACHA recommended that HHS eliminate administrative barriers to eligibility and recertification process for services that could be creating and perpetuating systemic racism and to examine additional incentives to encourage states that have not expanded Medicaid to do so, among other things.

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC)

Advises HHS, the CDC, and HRSA on objectives, strategies, policies, and priorities for HIV, viral hepatitis, and STD prevention and treatment efforts.

- Comprised of 18 members, at least 4 of which must be people living with HIV, and meets about 2 times per year. As it is currently chartered, members can serve for up to 4 years and can serve for an additional 180 days until their successor takes office. Their terms overlap with one another, so not all members terms will expire at one time.
- For example, CHAC will write letters to the heads of HHS, the CDC, and HRSA, like one it wrote to the Secretary of HHS in June 2020 asking HHS to prioritize young people in the Ending the Epidemic Plan and activities that are known to be linked to prevention of HIV in young people.

Government-wide HIV policies

Ending the HIV Epidemic (EHE): A Plan for America

An operational plan developed by U.S. Department of Health and Human Services (HHS) agencies which aims to end the HIV epidemic by 2030.

It focuses on prevention, diagnosis, treatment, and outbreak response.

Opportunities to influence the implementation of EHE exist at the state & local level, when budgets are being developed, and at PACHA and CHAC meetings.

HIV National Strategic Plan (HNSP)

A road map for ending the HIV epidemic in the United States by 2030.

The current iteration covers 2021-2025.

Opportunities to influence the HNSP implementation exist when budgets are being developed, and at PACHA and CHAC meetings.

Executive agencies, cont.

Department of Health & Human Services

The Office of Assistant Secretary for Health (OASH)

Manages HHS's response to HIV

Minority HIV/AIDS Fund

Funds different programs and activities designed to improve prevention, care, and treatment for racial and ethnic minorities.

Centers for Disease Control and Prevention (CDC)

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

Department of HIV/AIDS Prevention (DHAP)

Focuses on prevention through public health surveillance, scientific research, prevention public education campaigns, programs to prevent and control HIV/AIDS and promoting school-based health and disease prevention among youth.

Office of Infectious Disease and HIV/AIDS Policy (OIDP)

Formerly known as the HIV/AIDS and Infectious Disease Policy (OHAIDP) before it was combined with the National Vaccine Program Office in April 2019.

- Leads EHE project coordination and management;
- Monitors EHE progress;
- Delivers information through hiv.gov.

Office of AIDS Research (OAR)

Coordinates HIV/AIDS research across National Institutes of Health (NIH), which provides the largest public investment in HIV/AIDS research globally.

Health Resources and Services Administration (HRSA)

Health Center Program

- Grant program in which grants are given to health centers which deliver primary health services to low-income and underserved communities
- Health centers often test for and treat HIV and increase access to PrEP and PEP

HIV/AIDS Bureau (HAB)

AIDS Drug Assistance Programs (ADAP)

- Funds are managed by states and territories, but the programs are intended to provide certain approved medications to low-income people living with HIV who have limited or no health coverage from private insurance, Medicaid, or Medicare.
- Funds may also be used to purchase health insurance for clients and for services that enhance access to, adherence to, and monitoring of drug treatments.

Ryan White HIV/AIDS Program

- A funded initiative to provide healthcare, treatment, and related services to people living with HIV. Focuses on linking people living with HIV who are either newly diagnosed or are not in care, to the HIV care, treatment, and support services by granting funds to states, cities, counties, and local community-based organizations.
- Jurisdictional planning councils are supposed to be comprised of at least 33% people living with HIV and decide how to allocate these resources at the local level.

Executive agencies, cont.

Department of Health & Human Services, cont.

Centers for Medicare and Medicaid Services (CMS)

Medicaid

Single largest source of health care for U.S. people living with HIV; represents 30% of all federal spending on HIV care.

It is the second largest source of public financing for HIV care in the U.S.

Medicare

Federal health insurance program for people age 65 and older and younger adults with permanent disabilities.

About ¼ of people living with HIV get their healthcare through Medicare.

The primary pathway to get onto Medicare is through Social Security Disability Insurance (SSDI).

Administration for Children and Families (ACF)

Temporary Assistance for Needy Families (TANF)

Time-limited program that assists families with children when the parents or other guardians cannot provide for the family's basic needs.

Department of Housing and Urban Development

Housing Opportunities for Persons with AIDS (HOPWA)

Grants to local communities, states, and nonprofit organizations for projects that provide housing for low-income persons living with HIV/AIDS and their families.

Social Security Administration

Supplemental Security Income (SSI)

Financial support for people with disabilities and low income and resources.

Social Security Disability Insurance (SSDI)

Provides benefits for people with disabilities, including HIV.

Department of Agriculture

Supplemental Nutrition Assistance Program (SNAP)

Federal program helping low- and no-income people, those receiving public benefits, the elderly or disabled, or unhoused people purchase food.

Department of Justice

Conducts new investigations of HIV/AIDS discrimination under the Barrier-Free Health Care Initiative, the Fair Housing Act, and the Americans with Disabilities Act.

Released the Best Practices Guide to Reform HIV-Specific Criminal Laws to Align with Scientifically Supported Factors in 2014.

How Do You Make Changes in Administrative Policies?

Join and/or attend the meeting of state or local working groups (Ryan White, Ending the Epidemic, ADAPs).

Join an advisory body, attend the meetings, and submit comments.

Join Positive Women's Network - USA or another network of people living with HIV.

Disrupt by contacting the media, rallies, direct actions, and demonstrations. You can be creative with how you disrupt the process and different actions are better suited for different issues.

Submit public comments on rules and regulations.

How to find policies and other agency actions

- Rules and Regulations: FederalRegister.gov OR Regulations.gov
- Calendar of planned and ongoing rulemaking: RegInfo.gov

How to Write an Effective Comment

1. Read the Rule or at least the summary.
2. Outline the questions being asked from the agency and other areas where comment will be useful.
3. Give yourself time to write, and to review.
4. Submit comment online by the deadline.

TIPS:

- Share personal stories and/or stories of how the proposed rule will impact you and/or your community.
- Can address all of the proposed rule or only a part.
- Can be as simple as a sentence or as many pages and points as you want to make.
- Constructive comments hold more weight.
- If you have particular expertise because of your work or life experience, make sure to put that up front.
- Support your comment with facts and data if you have it; you may be considered an expert, and your opinion matters.
- If you can think of an alternative to the rule, include it!
- **Form letters:** Many organizations create form letters - if you don't personalize them up front or add your opinion, it is not taken as seriously.

Want to learn more? Or ready to get started?

Go to pwn-usa.org/advocacy-guide

Claim Your Seat at the Table: A How-To Guide to Advocacy for People Living with HIV has tons of multimedia resources for advocates, from the newest to the most seasoned, to give you the knowledge, skills, tools and templates, and pro tips you need to make a difference for people living with HIV and our communities.

LOS ANGELES COUNTY COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV 2021
WOMEN'S CAUCUS WORKPLAN

(Updates in Red Italics)

Caucus Name: Women's Caucus	**Co-Chairs: Shary Alonzo & Dr. LaShonda Spencer**
Caucus Adoption Date: 1.26.21	**Revision(s) Date: 8.30.21**

Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.
Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan and Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Child Care Services Standards of Care	Ensure the service meets the needs of parents; follow up on how to include non-licensed childcare providers.	Ongoing	*Standards of Care approved July 8th and forwarded to DHSP for implementation.* Identify strategies in supporting non-licensed childcare providers.
2	Take Me Home (TMH) HIV Tests	Ensure service is inclusive of women, to include how and to whom TMH is marketed.	Ongoing	Ongoing monitoring of program. *DHSP reported @ June COH meeting, over 4000 kits have been distributed and efforts are underway to ensure women are reflected in the marketing and that kits are made available to women.*
3	Emergency Financial Assistance (EFA) Service	Ensure unfettered access to EFA by those who need it most.	Ongoing	Ongoing monitoring of service to ensure effective roll out, ability to access, and the number of individuals who have submitted applications vs accepted. *DHSP continues to provide ongoing updates on the progress of the EFA. Per DHSP @ August COH meeting, over $600k has been distributed in EFA funding, serving over 272 people living with HIV. Additional funding will need to be allocated and will need to develop a stronger link for those who are at risk with those who become housing insecure.*

LOS ANGELES COUNTY COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV 2021
WOMEN'S CAUCUS WORKPLAN

(Updates in Red Italics)

4	Plan topical discussions via Virtual Lunch & Learns, special Caucus meetings and in collaboration with other working groups. Topics to include: • ~~Advocacy 101 (March)~~ • U=U + STDs + Reproductive Justice (April) • ~~Coping w/ Stress + Social Support (May~~ • Trauma + IPV **previously addressed via 11/10/21 VLL* • ~~Women + Aging~~ • Women Giving Birth to Babies w/ & w/out HIV • Demo/Geo Epi Data	Follow up to 2020 VLL series in addressing barriers and social determinants of health of women living with and impacted by HIV through community engagement activities.	2021	*Advocacy 101: March 15* *Coping w/ Stress: May 26* *Women & Aging: July 19* *Women of Color & Prevention Planning & Data w/ the Prevention Planning Workgroup: August 23*
5	Address technical challenges among consumers especially monolingual Spanish speakers	Identify solutions to mitigate challenges in accessing virtual meetings.		Suggestions expressed include eliminate registration, research potential translation feature on WebEx, develop a "cheat sheet" or tutorial. *No registration and virtual simultaneous translation feature now available.*
6	Coordinate w/ D2 to partner on policy priorities involving women living with HIV.	Partners with D2 on matters involving women living with HIV.		Meeting scheduled w/ D2 and COH Co-Chairs and D2 COH rep; staff will provide updates. *COH leadership & COH D2 representative met w/ D2 on June 16 & August 18.*

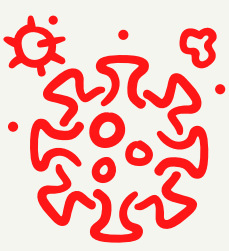
LOS ANGELES FAMILY AIDS NETWORK

The Impact of COVID on Women Living with HIV

No Longer Invisible Research Study

Fear of COVID

"Yeah. They're afraid that they're going to get COVID or had COVID or whatever. So the fear of COVID brought them back in with the thought that maybe I should get back on meds or start taking meds or taking care of myself before I get COVID. So that was a good thing." - Provider



Healthcare Changes

"I think we have more phone visits, which I think can be a positive and a negative depending on who you talk to...they didn't want to hear me over the phone. They wanted me to look at them and reassure them that they didn't have COVID." - Provider

"If I go to the doctor in person, well, there I can tell them where it hurts, where it doesn't hurt, but by phone, well, you really can't." - Client

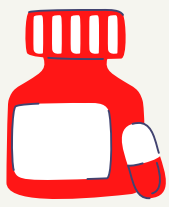
"Going to the doctor was my way out of all the stressors." -Client

"Well, before it (medical visit) was every month, but now with COVID, it has been delayed a lot. It had been six months since I had not been seen, or seven months." - Client

Challenges related to COVID

"And I think the more you hear about COVID and you hear about people with preexisting conditions, a person who's HIV positive may look at themselves as, well, okay, I have a preexisting condition. And so it's isolated them from interacting at all in some cases." - Client

"I called my gynecologist and she wasn't seeing anybody because of COVID. I had to finally break down and go to the urgent care...the doctor called me on the phone to ask me if I had a cough or sneeze... I'm like, "No, I'm not even in here because of coughing and sneezing. I need to see a gynecologist,... And long story short, the medication that she gave me didn't work... And finally, my gynecologist did call me and she let me know that she probably wouldn't be able to see me until November because she's so backed up. But I was able to explain to her what was going on and she sent me the cream that I need." - Client



COVID Intensified...

"I think the **isolation** is really making people—is really having clients **anxiety** and overload.

"The same thing with **housing**; housing's always been an issue and now, because of COVID it's just made it so much more worse." - Provider

"**Mental health** has always been an issue for women of color, always, but because of COVID it's made it bigger." - Provider

Client Participant Demographics, N=15

Average Annual Income : $13,000

74%	13%	13%
<100% FPL	101-138% FPL	139-250% FPL

This research was supported in part by
UCLA Center for HIV Identification, Prevention, and Treatment Services

lafamilyaidsnetwork

Learn more at www.lafan.org

lafan1

LOS ANGELES FAMILY AIDS NETWORK

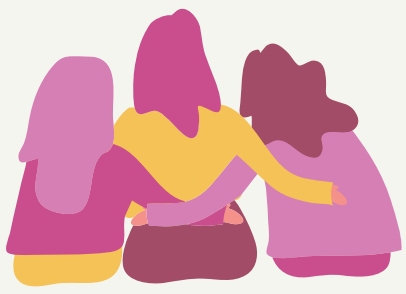
No Longer Invisible Research Study

Women-specific services have disappeared but women living with HIV have not

"There were all sorts of resources that just aren't there anymore and you really feel alone without that."
- Client

> ...it's like a lot of women are having babies...—it's a continuation. It's like we need more services. We need to continue the services. Don't cut us off."
>
> -Client

Psychosocial services, childcare, and family services support retention in care



"I remember when I first got diagnosed, it was a whole bunch of support groups and now, you can count them on your hand."
- Client

> It was for the whole family because I went to a support group and while I was getting my support group the children were also meeting and talking with other children who were going through some of the things that they were going through, and so they didn't feel alone.
>
> -Client

"I'm a mother. I focus on my kids, not myself....they used to have childcare, and it's really a need..." - Client

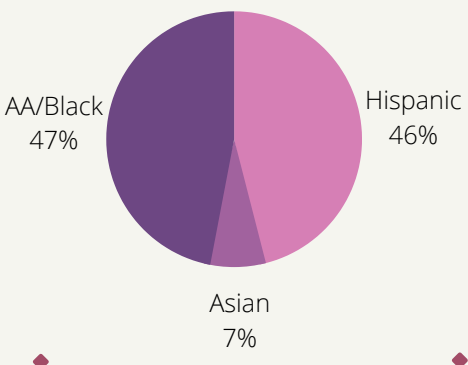
Client Participant Demographics, N=15

Age

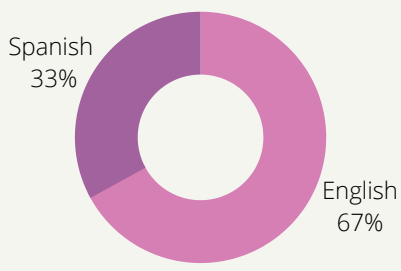
32-77 years old

Average age: 56

Race



Language Interviewed

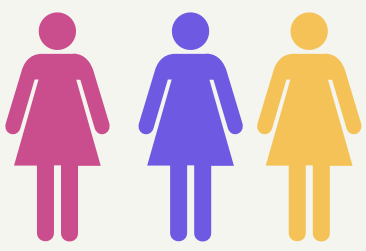


Average years living with HIV/AIDS: 23

100% are mothers

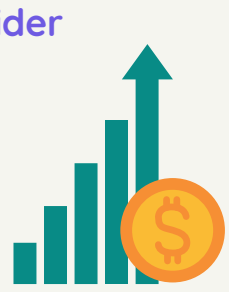
Average number of children per household: 3

A call for the return of women-specific HIV services



"I think the HIV world in L.A. County really got away from how psychosocial services brought people together and how psychosocial services really played a role in keeping clients in care." - Provider

"But there's still a lot of support that needs to be addressed or that we need to work on for women when they become newly diagnosed." -Client



For more information, visit www.lafan.org

This research was supported in part by UCLA Center for HIV Identification, Prevention, and Treatment Services

WOMEN LIVING WITH HIV/AIDS NEED PSYCHOSOCIAL SERVICES

No Longer Invisible Research Study

"That's what psychosocial services did. It did not focus on just one particular thing. It recognizes and it assesses the person as a whole."
-Client

SUPPORT SERVICES

"...not only social skills but maybe work skills, something that will help you in life." - Client
"Making sure that not only was your medical taken care of but that you had the **tools and resources** to make sure that your economics were taken care of, your housing, your daily life was managed and you had the tools to manage it." - Client

CHILDCARE

"I couldn't go to the doctor this morning, because I **didn't have daycare**. So I told her she had to schedule it when I can bring my daughter, and she's eight, so I don't even know how that's going to work. I told her I would call her back to **reschedule**." - Client
"I do strongly believe that, that a lot of the clinics are not family-friendly. So it is a **challenge with childcare**. It's a challenge." - Provider

PEER-TO-PEER PROGRAMMING

"You know, when you wanted to get out the house and go and talk about your problems when you couldn't talk about your problems to your family or your friends, you know, you could go talk to these women because they was, like, **part of your HIV family.** " - Client
"And I think a huge part of women not feeling that it's accessible is that there's nothing for me there because there's **no one that looks like me** there." - Provider

SUPPORT GROUPS

"We should always have women groups because that makes a big change too. **Women need women** to hear how to fight and get over and get through this HIV." - Client
"But when we go to our support group... we really get the **love and support** that we need."- Client

RESPITE CARE

"Respite is... where they'll watch your child at home while you go to the grocery store, have like **personal time**, a few hours. That's not available anymore... if it was available before, then, yeah, I mean it's not available right now." - Client

MENTAL HEALTH

"So I get overwhelmed. Sometimes that is too much and I just say close the door and not do anything."- Client

FAMILY CENTERED PROGRAMMING

"It was for the **whole family** because I went to a support group and while I was getting my support group the children were also meeting and talking with other children who were going through some of the things that they were going through, and so they didn't feel alone." -Client

WOMEN-CENTERED CARE

"Environments in which **women** have to access care may not be conducive to an environment to bring children into." - Provider

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LOS ANGELES FAMILY AIDS NETWORK

Visit us at lafan.org

AMENDED IN SENATE MAY 28, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL No. 453

Introduced by Assembly Member Cristina Garcia
(Coauthor: Assembly Member Blanca Rubio)

February 8, 2021

An act to amend Section 1708.5 of the Civil Code, relating to civil law.

LEGISLATIVE COUNSEL'S DIGEST

AB 453, as amended, Cristina Garcia. Sexual battery: nonconsensual condom removal.

Existing law provides that a person commits a sexual battery who, among other things, acts with the intent to cause a harmful or offensive contact, as defined, with an intimate part, as defined, of another that directly or indirectly results in a sexually offensive contact with that person. The law makes a person who commits a sexual battery pursuant to those provisions liable for damages and equitable relief.

This bill would additionally provide that a person commits a sexual battery who causes contact between a ~~penis,~~ *sexual organ,* from which a condom has been removed, and the intimate part of another who did not verbally consent to the condom being removed. *The bill would also specify that a person commits a sexual battery who causes contact between an intimate part of the person and a sexual organ of another from which the person removed a condom without verbal consent.*

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 1708.5 of the Civil Code is amended to read:

1708.5. (a) A person commits a sexual battery who does any of the following:

(1) Acts with the intent to cause a harmful or offensive contact with an intimate part of another, and a sexually offensive contact with that person directly or indirectly results.

(2) Acts with the intent to cause a harmful or offensive contact with another by use of the person's intimate part, and a sexually offensive contact with that person directly or indirectly results.

(3) Acts to cause an imminent apprehension of the conduct described in paragraph (1) or (2), and a sexually offensive contact with that person directly or indirectly results.

(4) Causes contact between a ~~penis,~~ *sexual organ,* from which a condom has been removed, and the intimate part of another who did not verbally consent to the condom being removed.

(5) Causes contact between an intimate part of the person and a sexual organ of another from which the person removed a condom without verbal consent.

(b) A person who commits a sexual battery upon another is liable to that person for damages, including, but not limited to, general damages, special damages, and punitive damages.

(c) The court in an action pursuant to this section may award equitable relief, including, but not limited to, an injunction, costs, and any other relief the court deems proper.

(d) For the purposes of this section:

(1) "Intimate part" means the sexual organ, anus, groin, or buttocks of any person, or the breast of a female.

(2) "Offensive contact" means contact that offends a reasonable sense of personal dignity.

(e) The rights and remedies provided in this section are in addition to any other rights and remedies provided by law.

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