LOS ANGELES COUNTY COMMISSION ON HIV
3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
http://hiv.lacounty.gov

COMMISSION ON HIV MEETING

Thursday, May 11, 2017
9:00 AM – 1:25 PM

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

Los Angeles County Commission on HIV

VISION

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

MISSION

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

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

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GUIDELINES FOR CONDUCT

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

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

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

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

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

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

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2. APPROVAL OF AGENDA:

A Agenda
B Membership Roster
C Committee Assignments
D Commission Member Conflict of Interest
E Geographic Maps
F May - August 2017 Meeting Calendar

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Los Angeles County Commission on HIV (COH) [REVISED] MEETING AGENDA

Thursday, May 11, 2017
9:00am – 1:25pm
St. Anne's Conference Center
Foundation Conference Room
155 North Occidental Boulevard, Los Angeles, CA 90026

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

All Commission meetings will begin at their appointed times.
Participants should make every effort to be prompt and ready.

All agenda items are subject to action. Public comment will be invited for each item.

All "action" (non-procedural) motions are included on the consent calendar and are approved when the consent calendar is approved.
A motion can be "pulled" from the consent calendar if there are objections to it, or if it is to be presented or discussed later in the meeting.

Members/Visitors: Remember that the agenda order (and the scheduled times for items) can be changed or significantly delayed during and at a meeting.	**Motions**, public comment periods, dates/times/venues of future activities.	**Who** addresses the issue, reports on it, and/or who follows-up after that.	**Agenda Times** are best estimates, but are subject to change at any time.
AGENDA ORDER/AGENDA ITEMS	**MOTIONS/ACTIONS**	**PARTY(IES) RESPONSIBLE**	**SCHEDULED TIMES**
1. Call to Order		**B Land/R Rosales** Co-Chairs	9:00 am — 9:03 am
A Roll Call			
2. Approval of Agenda	**MOTION #1**	**Commision**	9:03am — 9:05 am
3. Approval of Meeting Minutes	**MOTION #2**	**Commission**	9:05 am — 9:07 am
4. Consent Calendar	**MOTION #3**	**Commission**	9:07am — 9:09 am

AGENDA ORDER/AGENDA ITEMS	MOTIONS/ACTIONS, DATES and LOGISTICS	PARTY(IES) RESPONSIBLE	SCHEDULED TIMES
5. Executive Director's Report		**C Barrit, MPIA,** Executive Director	9:09am — 9:15am
6. Co-Chairs Report		**B Land/R Rosales,** Co-Chairs	9:15am — 9:30am
A Commissioner Welcome & Service Recognition **B** Meeting Management **C** 2017 Membership Cohort/Drive			
7. Colloquia Series:	**Understanding and Addressing the Needs of Older Adults Living with HIV**		9:30am — 10:45am
8. County's Health Department Integration Advisory Board (IAB) Report Report		**COH IAB Representatives**	10:45am — 10:50am
9. Housing Opportunities for People Living Wlith HIV/AIDS (HOPWA) Report		**R Ronquillo** Housing + Community Investment Dept City of Los Angeles	10:50am — 10:55am
10. Department of Public Health, Immunization Program Report		**F Pratt, MD, MPHTM, FACEP** Medical Director, Immunization Program Dept of Public Health	10:55am — 11:00am
11. Break			11:00am — 11:15am
12. California Office of AIDS (OA) Report		**State Office of AIDS**	11:15am — 11:30am
A OA Work/Information		**M Arnold, MS-HAS,** Chief, Care Branch, OA	
13. Standing Committee Reports			11:30am — 12:30pm
A Planning, Priorities & Allocations (PP&A) Committee (1) Comprehensive HIV Plan (CHP) (a) CHP Review and Updates (b) Goals and Objectives Workgroup (2) Ryan White Program (RWP) Year 26 Closing Expenditures (3) RWP Year 28 Priority- and –Allocation Setting Process and Framework	**MOTION #4**	**A Ballesteros, MBA/J Brown,** Co-Chairs	
B Standards and Best Practices (SBP) Committee (1) Prevention Standards and Best Practices (2) Housing Service Standards		**J Cadden, MD/G Granados, MSW,** Co-Chairs	
C Operations Committee (1) Policies and Procedures (2) Membership Management (a) 2017 Membership Cohort/Drive (3) Training/Orientation		**T Bivens-Davis/K Stalter,** Co-Chairs	

AGENDA ORDER/AGENDA ITEMS	MOTIONS/ACTIONS, DATES and LOGISTICS	PARTY(IES) RESPONSIBLE	SCHEDULED TIMES
14. Standing Committee Reports (cont'd)			11:30am — 12:30pm
D Public Policy Committee (1) County Legislative/Policy Issues (a) 2017 COH Policy Priorities (b) 2017 COH Legislative Docket (2) State Legislative/Policy Issues (a) 2017-18 Governor's State Budget (i) California HIV Alliance Budget Proposals (3) Federal Legislative/Policy Issues (a) Healthcare Landscape	**MOTION #5**	**A Fox, MPM/W Watts, Esq.,** Co-Chairs	
15. Caucus,Task Force and Work Group Reports		**Caucus, Task Force and Work Group** Co-Chairs	12:30pm — 12:35pm
16. City/Health District Reports		**City/Health District Representatives**	12:35pm — 12:55pm
A. City of Los Angeles		**R Rosales,** AIDS Coordinator, City of LA	
17. SPA/District Reports		**SPA/District Representatives**	12:55pm — 12:58pm
18. AIDS Education/Training Centers (AETCs)		**J Gates, PhD,** AETC	12:58pm — 1:00pm
19. Public Comment (*Non-Agendized or Follow-Up*)		**Public**	1:00pm — 1:10pm
20. Commission Comment (*Non-Agendized or Follow-Up*)		**Commission Members/Staff**	1:10pm — 1:20pm
21. Announcements		**Commission/Public**	1:20pm — 1:25pm
22. Adjournment			1:25pm

PROPOSED MOTION(S)/ACTION(S)

PROCEDURAL MOTION(S):

MOTION # 1:	**Adjust, as necessary, and approve the Agenda Order.**
MOTION # 2:	**Approve minutes from the Commission on HIV meetings, as presented or revised.**
MOTION # 3:	**Approve the Consent Calendar.**

CONSENT CALENDAR:

MOTION #4:	**Approve the Ryan White Program Year 28 Priority- and Allocation-Setting Process and Framework, as presented.**
MOTION #5:	**Approve the 2017 COH Legislative Docket, as presented.**

COMMISSION ON HIV MEMBERS

Bradley Land, *Co-Chair*	**Ricky Rosales**, *Co-Chair*	**Majel Arnold, MA-HSA**	**Traci Bivens-Davis**
Al Ballesteros, MBA	**Jason Brown**	**Joseph Cadden, MD**	**Danielle Campbell, MPH**
Raquel Cataldo	**Deborah Owens Collins**, PA, MSPAS, AAHIVS	**Michele Daniels**	**Kevin Donnelly**
Matthew Emons, MD	**Michelle Enfield**	**Aaron Fox, MPP**	**Jerry D. Gates, PhD**
Joseph Green	**Terry Goddard, MA**	**Bridget Gordon**	**Grissel Granados, MSW**
Lee Kochems, MA *Eduardo Martinez (Alternate)*	**Abad Lopez**	**Eric Paul Leue**	**Miguel Martinez, MSW, MPH**
Anthony Mills, MD	**José Munoz**	**Derek Murray**	**John Palomo**
Raphael Péna	**Mario Peréz, MPH**	**Juan Preciado**	**Thomas Puckett, Jr.**
Ace Robinson, MPH	**Maria Roman**	**Rebecca Ronquillo**	**Sabel Samone-Loreca**
Martin Sattah, MD	**Terry Smith, MPA**	**LaShonda Spencer, MD**	**Kevin Stalter**
Yolanda Sumpter	**Susan Forrest (Alternate)**	**Will Watts, Esq**	**Terrell Winder**
Octavio Vallejo, MD, MPH			

MEMBERS: 45
QUORUM: 23

for 51 Seats

LEGEND:: **Commissioner/** *Alternate*

All agenda items are subject to action ▣ Public comment will be invited for each item

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. Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge upon request. To arrange for these services, or for additional information about this committee, please contact Dina Jauregui at (213) 738-2816 or djauregui@lachiv.org.

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Dina Jauregui al (213) 738-2816 (teléfono), o por fax al (213) 637-4748, por lo menos cinco días antes de la junta.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER

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

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

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

COMMISSON ON HIV MEMBERSHIP ROSTER

Updated 05-2-2017

MEMBERSHIP SEAT #	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignement	COMMISSIONER	AFFILIATION *(if any)*	TERM BEGINS	TERM ENDS	Alternates Seated	Pending Appointment (Alternates)	ALTERNATE
1)	Medi-Cal representative			***Vacant***		July 1, 2015	June 30, 2017			
2)	City of Pasadena representative	1	OPS	John Palomo	Pasadena Public Health, City of Pasadena	July 1, 2016	June 30, 2018			
3)	City of Long Beach representative	1	PP&A	Deborah Owens Collins, PA, MSPAS, AAHIVS	Dept. of Health and Human Services, City of Long Beach	July 1, 2015	June 30, 2017			
4)	City of Los Angeles representative	1	EXC	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2016	June 30, 2018			
5)	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2015	June 30, 2017			
6)	Director, DHSP	1	PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2016	June 30, 2018			
7)	Part B representative	1	PP&A	Majel Arnold,MHA	CA Office of AIDS	July 1, 2016	June 30, 2018			
8)	Part C representative	1	PP	Aaron Fox, MPM	Los Angeles Gay and Lesbian Center (LAGLC)	July 1, 2016	June 30, 2018			
9)	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2015	June 30, 2017			
10)	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2016	June 30, 2018			
11)	Provider representative #1	1	SBP	Joe Cadden, MD	Rand Shrader Clinic (SPA1), LA County Department of Health Services	July 1, 2015	June 30, 2017			
12)	Provider representative #2	1	PP	Maria Roman	APAIT Health Center	July 1, 2016	June 30, 2018			
13)	Provider representative #3	1	PP&A	Miguel Martinez, MSW, MPH	Children's Hospital Los Angeles	July 1, 2015	June 30, 2017			
14)	Provider representative #4	1	EXC|OPS	Raquel Cataldo	Tarzana Treatment Center	July 1, 2016	June 30, 2018			
15)	Provider representative #5	1	PP	Terry Goddard, MA	Alliance for Housing and Healing	July 1, 2015	June 30, 2017			
16)	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2016	June 30, 2018			
17)	Provider representative #7	1	SBP	Terry Smith, MPA	AIDS Project Los Angeles (APLA), Health and Wellness	July 1, 2015	June 30, 2017			
18)	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic (SPA1), LA County Department of Health Services	July 1, 2016	June 30, 2018			
19)	Unaffiliated consumer, SPA 1	1	PP&A	Michele Daniels	*unaffiliated consumer*	July 1, 2015	June 30, 2017			
20)	Unaffiliated consumer, SPA 2	1	PPA	Abad Lopez	*unaffiliated consumer*	July 1, 2016	June 30, 2018			
21)	Unaffiliated consumer, SPA 3	1	PPA	Jason Brown	*unaffiliated consumer*	July 1, 2015	June 30, 2017			
22)	Unaffiliated consumer, SPA 4			***Vacant***	*unaffiliated consumer*	July 1, 2016	June 30, 2018	1		Susan Forrest
23)	Unaffiliated consumer, SPA 5	1	PPA	Yolanda Sumpter	*unaffiliated consumer*	July 1, 2015	June 30, 2017			
24)	Unaffiliated consumer, SPA 6	1	SBP	Octavio Vallejo	*unaffiliated consumer*	July 1, 2016	June 30, 2018			
25)	Unaffiliated consumer, SPA 7	1	PPA	Raphael Péna	*unaffiliated consumer*	July 1, 2015	June 30, 2017			
26)	Unaffiliated consumer, SPA 8	1	PP	Lee Kochems, MA	*unaffiliated consumer*	July 1, 2016	June 30, 2018	1		Eduardo Martinez
27)	Unaffiliated consumer, Supervisorial District 1	1	PP	Jose Muñoz	*unaffiliated consumer*	July 1, 2015	June 30, 2017			
28)	Unaffiliated consumer, Supervisorial District 2			***Vacant***	*unaffiliated consumer*	July 1, 2016	June 30, 2018			
29)	Unaffiliated consumer, Supervisorial District 3			***Vacant***		July 1, 2015	June 30, 2017			
30)	Unaffiliated consumer, Supervisorial District 4	1	EXC|OPS	Kevin Donnelly	*unaffiliated consumer*	July 1, 2016	June 30, 2018			
31)	Unaffiliated consumer, Supervisorial District 5	1	SBP	Thomas Puckett, Jr.	*unaffiliated consumer*	July 1, 2015	June 30, 2017			
32)	Unaffiliated consumer, at-large #1			***Vacant***		July 1, 2016	June 30, 2018			
33)	Unaffiliated consumer, at-large #2	1	EXC|OPS	Joe Green	*unaffiliated consumer*	July 1, 2015	June 30, 2017			
34)	Unaffiliated consumer, at-large #3	1	OPS	Kevin Stalter	The Brotherhood IMPACT Fund	July 1, 2016	June 30, 2018			
35)	Unaffiliated consumer, at-large #4	1	OPS	Bridget Gordon	*unaffiliated consumer*	July 1, 2015	June 30, 2017			
36)	Representative, Board Office 1	1	PPA	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2016	June 30, 2018			
37)	Representative, Board Office 2	1	PP	Will Watts, Esq.	Public Counsel	July 1, 2015	June 30, 2017			
38)	Representative, Board Office 3			***Vacant***		July 1, 2016	June 30, 2018			
39)	Representative, Board Office 4	1	SBP	Ace Robinson, MPH	Long Beach C.A.R.E Program	July 1, 2015	June 30, 2017			
40)	Representative, Board Office 5	1	EXC	Brad Land	*unaffiliated consumer*	July 1, 2016	June 30, 2018			
41)	Representative, HOPWA	1	PP	Rebecca Ronquillo	City of Los Angeles, HOPWA	July 1, 2015	June 30, 2017			
42)	Behavioral/social scientist	1	OPS	Terrell Winder	REACH LA	July 1, 2016	June 30, 2018			
43)	Local health/hospital planning agency representative	1	SBP	Matthew Emons, MD, MBA	LA Care	July 1, 2015	June 30, 2017			
44)	HIV stakeholder representative #1	1	SBP	Grissell Granados, MSW	Children's Hospital Los Angeles	July 1, 2016	June 30, 2018			
45)	HIV stakeholder representative #2			***Vacant***		July 1, 2015	June 30, 2017			
46)	HIV stakeholder representative #3	1	PPC	Juan Preciado	Northeast Valley Health Corporation	July 1, 2016	June 30, 2018			
47)	HIV stakeholder representative #4	1	PP	Eric Paul Leue	Free Speech Coaltion	July 1, 2015	June 30, 2017			
48)	HIV stakeholder representative #5	1	OPS	Danielle Campbell	UCLA/MLKCH	July 1, 2016	June 30, 2018			
49)	HIV stakeholder representative #6	1	OPS	Traci Bivens-Davis	N/A	July 1, 2015	June 30, 2017			
50)	HIV stakeholder representative #7	1	OPS	Sabel Samone-Loreca	*unaffiliated consumer*	July 1, 2016	June 30, 2018			
51)	HIV stakeholder representative #8	1	PPA	Michelle Enfield	AIDS Project Los Angeles (APLA), Health and Wellness	July 1, 2015	June 30, 2017			
	TOTAL	44	0	44				2	0	

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

LOS ANGELES COUNTY COMMISSION ON HIV

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COMMITTEE ASSIGNMENTS
(Updated 05-10-17)

Committee Member Name/ Alternate	Member Category	Affiliation	Notes
* = *Primary Committee Assignment*	** = *Secondary Committee Assignment*		

EXECUTIVE COMMITTEE

Regular meeting day: Fourth Monday of the month ***Regular meeting time***: 1:00pm–3:00pm

Number of Voting Members: 14 ***Number of Quorum***: 8

Bradley Land	**Co-Chair, Comm./Exec.***	Commissioner
Ricky Rosales	**Co-Chair, Comm./Exec.***	Commissioner
Traci Bivens-Davis	Co-Chair, Operations	Commissioner
Kevin Stalter	Co-Chair, Operations	Commissioner
Al Ballesteros, MBA	Co-Chair, PP&A	Commissioner
Jason Brown	Co-Chair, PP&A	Commissioner
Aaron Fox, MPM	Co-Chair, Public Policy	Commissioner
Will Watts, Esq.	Co-Chair, Public Policy	Commissioner
Joseph Cadden, MD	Co-Chair, SBP	Commissioner
Grissel Granados, MSW	Co-Chair, SBP	Commissioner
Raquel Cataldo	At-Large Member*	Commissioner
Kevin Donnelly	At-Large Member*	Commissioner
Joseph Green	At-Large Member*	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner

OPERATIONS COMMITTEE

Regular meeting day: Fourth Monday of the month ***Regular meeting time***: 10:00am-12:00pm

Number of Voting Members: 11 ***Number of Quorum***: 6

Traci Bivens-Davis	**Committee Co-Chair***	Commissioner
Kevin Stalter	**Committee Co-Chair***	Commissioner
Danielle Campbell, MPH	*	Commissioner
Raquel Cataldo	*	Commissioner
Michele Daniels	*	Commissioner
Kevin Donnelly	*	Commisisoner
Bridget Gordon	*	Commissioner
Joseph Green	*	Commissioner
Sabel Samone-Loreca	*	Commissioner
John Palomo	*	Commissioner
Juan Preciado	*	Commissioner

Committee Member Name	Member Category	Affiliation	Notes
* = *Primary Committee Assignment*	** = *Secondary Committee Assignment*		

PLANNING, PRIORITIES and ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3rd Tuesday of the month	***Regular meeting time***:	1:00pm-4:00pm
Number of Voting Members: **12**	***Number of Quorum***: **7**	
Al Ballesteros, MBA	**Committee Co-Chair***	Commissioner
Jason Brown	**Committee Co-Chair***	Commissioner
Majel Arnold, MHA	*	Commisioner
Abad Lopez	*	Commissioner
Miguel Martinez, MPH, MSW	*	Commissioner
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Debi Collins Owens, MPA, MSPAS, AAHIVS	*	Commissioner
Raphael Péna	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Yolanda Sumpter	*	Commissioner
TBD	DHSP staff	DHSP Staff

PUBLIC POLICY COMMITTEE		
Regular meeting day: 1st Monday of the month	***Regular meeting time***:	1:00 pm-3:00pm
Number of Voting Members: **11**	***Number of Quorum***: **6**	
Aaron Fox, MPM	**Committee Co-Chair***	Commissioner
Will Watts, Esq.	**Committee Co-Chair***	Commissioner
Jerry Gates, PhD	*	Commissioner
Terry Goddard, MA	*	Commissioner
Lee Kochems, MA	*	Commissioner
Eric Paul Leue	*	Commissioner
José Munoz	*	Commissioner
Maria Roman	*	Commissioner
Rebecca Ronquillo	*	Commissioner
Martin Sattah, MD	*	Commissioner
Kyle Baker	DHSP staff	DHSP representative

Committee Member Name	Member Category	Affiliation	Notes
* = *Primary Committee Assignment*	** = *Secondary Committee Assignment*		

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1st Thursday of the month	***Regular meeting time***:	10:00am-12:00pm
Number of Voting Members: **8**	***Number of Quorum***: **5**	
Grissel Granados, MSW	**Committee Co-Chair***	Commissioner
Joseph Cadden, MD	**Committee Co-Chair***	Commissioner
Matthew Emons, MD, MPH	*	Commissioner
Angelica Palmeros, MSW	*	Committee member
Thomas Puckett, Jr.	*	Commissioner
Terry Smith, MPA	*	Commissioner
Octavio Vallejo, MD, MPH	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP representative
Ace Robinson, MPH	*	Commissioner

CONSUMER CAUCUS		
Regular meeting day: Following Comm. mtg.	***Regular meeting time***:	1:30pm–3:00pm
Open Membership		
Kevin Donnelly	**Co-Chair**	Commissioner
Joseph Green	**Co-Chair**	Commissioner
Sabel Samone-Loreca	**Co-Chair**	Commissioner
Al Ballesteros, MBA	Member	Commissioner
Jason Brown	Member	Commissioner
Michele Daniels	Member	Commissioner
Grissel Granados, MSW	Member	Commissioner
Bridget Gordon	Member	Commissioner
Lee Kochems, MA	Member	Commissioner
Brad Land	Member	Commissioner
Abad Lopez	Member	Commissioner
Eduardo Martinez	Member	Alternate
Anthony Mills, MD	Member	Commissioner
José Munoz	Member	Commissioner
Raphael Péna	Member	Commissioner
Thomas Puckett	Member	Commissioner

Committee Member Name	Member Category	Affiliation	Notes
* = *Primary Committee Assignment*	** = *Secondary Committee Assignment*		

CONSUMER CAUCUS (CONT'D)		
Maria Roman	Member	Commissioner
Terry Smith, MPA	Member	Commissioner
Kevin Stalter	Member	Commissioner
Yolanda Sumpter	Member	Commissioner
Octavio Vallejo, MD, MPH	Member	Commissioner

WOMEN'S CAUCUS		
3rd Wednesday of the month	Regular meeting time:	10:00am-12:00pm
Open Membership		
Bridget Gordon	**Co-Chair**	Commissioner
Yolanda Salinas	**Co-Chair**	Commissioner

YOUTH CAUCUS		
Regular meeting time: On haitus until further notice		
Open Membership		
Grissel Granados, MSW	**Chair**	Commissioner
Edd Cockrell	Member	Commissioner
Dahlia Ferlito	Member	Community
Eric Paul Leue	Member	Commissioner

TRANSGENDER TASK FORCE		
3rd Monday of the month	Regular meeting time:	10am-12:00pm
Open Membership		
Destin Cortez	**Co-Chair**	Community Member
Maria Roman	**Co-Chair**	Commissioner
Michelle Enfield	Member	Commissioner
Susan Forrest	Member	Commissioner
Jaden Fields	Member	Community
Kimberly Kisler, PhD	Member	Community
Sabel Samone-Loreca	Member	Commissioner

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COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ARNOLD	Majel	California State Office of AIDS	No Ryan White or prevention contracts
BROWN	Jason	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AL	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
BIVENS-DAVIS	Traci	No Affiliation	No Ryan White or prevention contracts
CADDEN	Joseph	Rand Schrader Health & Research Center	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination
			Mental Health, Psychiatry

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	TBD
CATALDO	Raquel	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Case Management, Home-Based
			Case Management, Transitional - Jails
			Medical Transportation
			Mental Health, Psychotherapy
			Oral Health
			Substance Abuse, Residential
			Substance Abuse, Transitional
			Substance Abuse, Detox
			Biomedical Prevention
			Medical Nutrition Therapy
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
EMONS	Matthew	LA CARE	No Ryan White or prevention contracts
ENFIELD	Michelle	APLA Health & Wellness	Benefits Specialty
			Case Management, Non-Medical (LCM)
			Case Management, Home-Based
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Mental Health, Psychotherapy
			Nutrition Support
			Oral Health
			Biomedical Prevention
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FORREST	Susan	Behavioral Health Services, Inc.	Substance Abuse, Residential Substance Abuse, Detox
FOX	Aaron	Los Angeles Gay & Lesbian Center	Ambulatory Outpatient Medical (AOM)
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry
			Mental Health, Psychotherapy
			Non-Occupational HIV PEP
			Biomedical Prevention
			STD Screening and Treatment
GATES	Jerry	Keck School of Medicine of USC	No Ryan White or prevention contracts
GODDARD II	Terry	Alliance for Housing and Healing	Residential Care Facilities for the Chronically Ill (RCFCI)
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			Case Management, Transitional - Youth
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Biomedical Prevention
			Mental Health, Psychotherapy
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
LAND	Bradley	Unaffiliated consumer	No Ryan White or prevention contracts
LEUE PAUL	Eric	Free Speech Coalition	No Ryan White or prevention contracts
LOPEZ	Abad	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			MH, Psychiatry
			MH, Psychotherapy
			Medical Specialty
			Oral Health
			HIV Counseling and Testing (HCT)
			STD Screening and Treatment
MARTINEZ	Miguel	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			Case Management, Transitional - Youth
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Biomedical Prevention
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical Prevention
			Medical Care Coordination (MCC)
MUNOZ	Jose	Unaffiliated consumer	No Ryan White or prevention contracts
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
OWENS COLLINS	Deborah	Long Beach Department of Health & Human Services	Benefits Specialty
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
PALOMO	John	City of Pasadena	HIV Counseling and Testing (HCT)
PENA	Raphael	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Mental Health, Psychotherapy
			Benefits Specialty
			Mental Health, Psychiatry
			Oral Health
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
PUCKETT, JR.	Thomas	Unaffiliated Consumer	No Ryan White or prevention contracts
ROBINSON	Ace	Long Beach C.A.R.E Program	Ambulatory Outpatient Medical (AOM)
			Medical Case Management (MCC)
			Additional Contracts TBD
ROMAN	Maria	APAIT Health Center	Case Management, Non-Medical (LCM) Language Services Mental Health, Psychotherapy Health Education/Risk Reduction (HERR) HIV Counseling and Testing (HCT)
RONQUILLO	Rebecca	City of Los Angeles, HOPWA	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SÃMONÉ-LORECA	Sabél	Unaffiliated consumer	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Dept of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SMITH	Terry	APLA Health & Wellness	Benefits Specialty
			Case Management, Non-Medical (LCM)
			Case Management, Home-Based
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Mental Health, Psychotherapy
			Nutrition Support
			Oral Health
			Biomedical Prevention
			Medical Care Coordination (MCC)
SPENCER	LaShonda	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
STALTER	Kevin	The Brotherhood IMPACT Fund	No Ryan White or prevention contracts
SUMPTER	Yolanda	Unaffiliated consumer	No Ryan White or prevention contracts
VALLEJO	Octavio	No affiliations	No Ryan White or prevention contracts
WATTS	Will	Public Counsel	Legal Services
WINDER	Terrell	REACH LA	Health Education/Risk Reduction (HERR) HIV Counseling and Testing

HIV Calendar

May 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30 Week 18	**1** 1:00 PM - 3:00 PM Public Policy Committee	**2** 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 4:00 PM Comprehensive HIV Plan Task Force/Goals and Objectives Workgroup	**3** 9:30 AM - 11:30 AM BOS Agenda Review	**4** 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	**5**	**6**
7 Week 19	**8**	**9** 9:30 AM - 1:00 PM Board of Supervisors (BOS)	**10** 9:30 AM - 11:30 AM BOS Agenda Review	**11** 9:00 AM - 1:00 PM Commission Meeting	**12**	**13**
14 Week 20	**15** 10:00 AM - 12:00 PM Transgender Caucus	**16** 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 4:00 PM Planning, Priorities & Allocations (PP&A)	**17** 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Women's Caucus	**18** HIV Vaccine Awareness Day	**19** Hepatitis Testing Day National Asian and Pacific Islander HIV/AIDS Awareness Day 10:00 AM - 11:30 AM Community Review of HIV Prevention Service Standards in Los Angeles County 12:00 PM - 1:30 PM Community Review of HIV Prevention Service Standards in Los Angeles County	**20**
21 Week 21	**22** 10:00 AM - 11:00 AM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	**23** 9:30 AM - 1:00 PM Board of Supervisors (BOS)	**24** 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce	**25**	**26**	**27**
28 Week 22	**29**	**30** 9:30 AM - 1:00 PM Board of Supervisors (BOS)	**31** 9:30 AM - 11:30 AM BOS Agenda Review	1 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	2	3

HIV Calendar

June 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28 Week 22	29	30 9:30 AM - 1:00 PM Board of Supervisors (BOS)	31 9:30 AM - 11:30 AM BOS Agenda Review	1 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	2	3
4 Week 23	5 HIV Long-Term Survivors' Day 1:00 PM - 3:00 PM Public Policy Committee	6 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 4:00 PM Comprehensive HIV Plan Task Force/Goals and Objectives Workgroup	7 9:30 AM - 11:30 AM BOS Agenda Review	8 9:00 AM - 1:00 PM Commission Meeting	9	10
11 Week 24	12	13 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Training for Commissioners: Running and Facilitating Meetings	14 9:30 AM - 11:30 AM BOS Agenda Review	15 1:00 PM - 3:00 PM Training for Commissioners: Effective Communication and Active Listening	16	17
18 Week 25	19 10:00 AM - 12:00 PM Transgender Caucus	20 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 4:00 PM Planning, Priorities & Allocations (PP&A)	21 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Women's Caucus	22	23	24
25 Week 26	26 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	27 National HIV Testing Day 9:30 AM - 1:00 PM Board of Supervisors (BOS)	28 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce	29	30	1

HIV Calendar

July 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25 Week 26	26 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	27 National HIV Testing Day 9:30 AM - 1:00 PM Board of Supervisors (BOS)	28 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce	29	30	1
2 Week 27	3 1:00 PM - 3:00 PM Public Policy Committee	4 9:30 AM - 1:00 PM Board of Supervisors (BOS)	5 9:30 AM - 11:30 AM BOS Agenda Review 1:00 PM - 4:00 PM Comprehensive HIV Plan Task Force/Goals and Objectives Workgroup	6 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	7	8
9 Week 28	10	11 9:30 AM - 1:00 PM Board of Supervisors (BOS)	12 9:30 AM - 11:30 AM BOS Agenda Review	13 9:00 AM - 1:00 PM Commission Meeting	14	15
16 Week 29	17 10:00 AM - 12:00 PM Transgender Caucus	18 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 4:00 PM Planning, Priorities & Allocations (PP&A)	19 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Women's Caucus	20 1:00 PM - 3:00 PM Training for Commissioners: Data and Epidemiology Overview	21	22
23 Week 30	24 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	25 9:30 AM - 1:00 PM Board of Supervisors (BOS)	26 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce	27	28	29
30 Week 31	31	1 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 4:00 PM Comprehensive HIV Plan Task Force/Goals and Objectives Workgroup	2 9:30 AM - 11:30 AM BOS Agenda Review	3 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	4	5

HIV Calendar

August 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30 Week 31	31	**1** 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 4:00 PM Comprehensive HIV Plan Task Force/Goals and Objectives Workgroup	**2** 9:30 AM - 11:30 AM BOS Agenda Review	**3** 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	**4**	**5**
6 Week 32	**7** 1:00 PM - 3:00 PM Public Policy Committee	**8** 9:30 AM - 1:00 PM Board of Supervisors (BOS)	**9** 9:30 AM - 11:30 AM BOS Agenda Review	**10** 9:00 AM - 1:00 PM Commission Meeting	**11**	**12**
13 Week 33	**14**	**15** 9:30 AM - 1:00 PM Board of Supervisors (BOS)	**16** 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Women's Caucus	**17**	**18**	**19**
20 Week 34	**21** 10:00 AM - 12:00 PM Transgender Caucus	**22** 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Training for Commissioners; Planning Council Refresher	**23** 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce	**24**	**25**	**26**
27 Week 35	**28** 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	**29** 9:30 AM - 1:00 PM Board of Supervisors (BOS)	**30** 9:30 AM - 11:30 AM BOS Agenda Review	**31**	1	2

LOS ANGELES COUNTY COMMISSION ON HIV
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http://hiv.lacounty.gov

5. EXECUTIVE DIRECTOR'S REPORT

LOS ANGELES COUNTY COMMISSION ON HIV

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www.hivcommission-la.info

March 30, 2016

County Board of Supervisors
Honorable Hilda Solis, Chair, First District
Honorable Mark Ridley-Thomas, Second District
Honorable Sheila Kuehl, Third District
Honorable Don Knabe, Fourth District
Honorable Michael D. Antonovich, Fifth District

Kenneth Hahn Hall of Administration
500 West Temple Street, #493
Los Angeles, CA 90012

Re: Concurrence with the Los Angeles County HOPWA Advisory Committee (LACHAC) Comments on the Draft Recommended Strategies to Combat Homelessness

Dear Supervisors:

The Los Angeles County Commission on HIV (COH) supports the recommendations submitted by the Los Angeles County HOPWA Advisory Committee (LACHAC) on Los Angeles County's *Draft Recommended Strategies to Combat Homelessness*. We are concerned that the strategies do not prioritize people living with HIV/AIDS (PLWHA) into housing, which is an integral part of reducing the transmission of HIV in Los Angeles County and moving towards an AIDS-free generation. Below, we provide a summary of homelessness and HIV/AIDS in Los Angeles County, comments on the importance of prioritizing PLWHA into housing, and a recommendation for how to achieve this goal.

Demographics

As of 2014 there were an estimated 58,000 persons living with HIV/AIDS in Los Angeles County, representing 41% of all HIV/AIDS cases in California, and of those 58,000 people, 10,629 (18.1%) are undiagnosed. In addition, 75% of PLWHA live below 300% of the Federal Poverty Line (FPL), and homeless individuals account for 10.8% (4,960) of the diagnosed cases of HIV/AIDS in LA County.[1] These numbers are exacerbated by the structural challenges to accessing housing and supportive services and the high cost of living in LA County.

[1] County of Los Angeles Division of HIV and STD Programs. Ryan White Part A Fiscal *Year 2014 Application.* Grant No. H89HA00016.

Housing and the HIV Care Continuum

The United States Department of Housing and Urban Development (HUD) has documented the link between housing instability and both delayed HIV diagnosis and increased risk of acquiring and transmitting HIV infection. In addition, homelessness and unstable housing are strongly associated with inadequate access to healthcare and poor health outcomes. ***It is important to note that as an infectious disease without a cure, HIV/AIDS continues to be a critical public health issue, and there is a disproportionate risk of transmission and lack of healthcare among the homeless and unstably housed.***

For PLWHA and those at a high-risk of contracting HIV, stable housing is the most effective health intervention, ***over time having a bigger impact on preventing transmission and retaining PLWHA in medical care than demographics, health status, insurance coverage, mental illness and substance abuse, or other supportive services.***[2] Retention in and continuity of medical care leads to reduced viral load (the amount of virus in the blood), which means that PLWHA are less likely to transmit HIV, and the overall County expenditures on healthcare decrease. Stable housing is also linked to more frequent HIV testing and fewer transmissions, and this three-pronged benefit of housing PLWHA will help bring LA County one step closer to realizing an AIDS-free generation.

Recommendation

Based on this evidence, it is paramount that the County includes in its recommendations a strategy to prioritize PLWHA into housing. Both the County and City of Los Angeles primarily prioritize homeless individuals into housing through the Vulnerability Index – Service Prioritization and Decision Assistance Tool (VI-SPDAT)[3], which uses a scoring system to assess the "chronicity and medical vulnerability of homeless individuals".[4] To date, HIV/AIDS is weighted extremely low because the serious public health aspect of HIV/AIDS as a transmittable and incurable disease has not been factored into the scoring system. Thus, current methodology for prioritizing housing exacerbates the vulnerability of homeless and unstably housed individuals living with HIV/AIDS who do not qualify as "chronically" homeless. This, along with the U.S. Department of Housing and Urban Development's new definition of chronic homelessness, will leave many homeless persons with HIV/AIDS on the street and unhoused.

However, there is a clear and simple opportunity for the County to prioritize PLWHA into housing while continuing to house the chronically homeless. LACHAC recommends that LA County include HIV/AIDS as an automatic high acuity designation for the Coordinated Entry System (CES) prioritization for housing in Los Angeles County. The reduction in transmissions of HIV and lower healthcare costs to the County that would result are important benefits for the community.

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[2] HUD Office of Community Planning and Development. *HIV Care Continuum: The Connection Between Housing And Improved Outcomes Along The HIV Care Continuum.* November 2014, https://www.hudexchange.info/resources/documents/The-Connection-Between-Housing-and-Improved-Outcomes-Along-the-HIV-Care-Continuum.pdf

[3] OrgCode Consulting, Inc. *About the VI-SPDAT.* January 2016. http://www.orgcode.com/product/vi-spdat/

[4] Ibid

The Los Angeles Commission on HIV sincerely appreciates the opportunity to provide comments on Los Angeles County's *Draft Recommended Strategies to Combat Homelessness*. If you have any questions, please do not hesitate to contact the COH office at 213-639-6714. Thank you.

Sincerely,

Cheryl Barrit, Executive Director, Los Angeles County Commission on HIV

Brad Land, Co-Chair, Los Angeles County Commission on HIV

Ricky Rosales, Co-Chair, Los Angeles County Commission on HIV

LOS ANGELES COUNTY COMMISSION ON HIV

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www.hivcommission-la.info

May 1, 2017

Phil Ansell
Director
Los Angeles County Office of Homeless Initiative
Kenneth Hahn Hall of Administration
500 W. Temple Street, Room 493
Los Angeles, CA 90012

Dear Mr. Ansell:

Thank you for leading an inclusive community-driven planning process aimed at identifying the most strategic and effective path for ending homelessness in Los Angeles County. Our County is faced with an unprecedented opportunity to foster and sustain regional partnerships to develop and implement a comprehensive homeless prevention plan for families and individuals.

In March 2016, the Los Angeles County Commission on HIV wrote a letter to the Board of Supervisors highlighting the role that safe and affordable housing plays in saving the lives of people living with and at risk for HIV/AIDS. A copy of that letter is attached. We are writing to reaffirm our voices and commitment to ensuring that the needs of people living with and at risk for HIV/AIDS are integrated on the Homeless Initiative Plan and its implementation.

The National HIV/AIDS Strategy 2020 recognizes the provision of safe, affordable, and permanent supportive housing as a structural approach to reducing the risk of HIV transmission at community and societal levels. Los Angeles County, with the Homeless Initiative, is now poised to lead the Nation in developing a model for unfettered access to comprehensive medical and social services for people living with and at risk for HIV/AIDS. Thank you for your continued leadership.

Sincerely,

Cheryl Barrit, Executive Director

Brad Land, Co-Chair

Ricky Rosales, Co-Chair,

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6. CO-CHAIRS' REPORT

C. 2017 Membership Cohort/Drive

Los Angeles County Commission on HIV

Join the Los Angeles County Commission on HIV and help plan for the effective delivery of services for impacted populations. Be a part of the legacy to end HIV/AIDS in Los Angeles County.

To apply, complete a Membership Application Form online (http://hiv.lacounty.gov/About-Us).

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

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Treat HIV

Beat HIV

Planning for Healthier Communities

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7. COLLOQUIA SERIES

Understanding and Addressing the Needs of Older Adults Living with HIV

HIV Research & Community Colloquia Series 2017

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

Understanding and Addressing the Needs of Older Adults Living With HIV

Stephen Karpiak, PhD, AIDS Community Research Initiative of America (ACRIA)
Jeff Bailey, MPH, APLA Health
Keshav Tyagi, MPH, APLA Health
Matt Mutchler, PhD, APLA Health and CSDH

Thursday, May 11, 2017
9:30am to 10:45am*

St. Anne's Maternity Home
155 N. Occidental Blvd
Los Angeles, CA 90026

In Los Angeles County, almost half of all people living with HIV are over the age of 50. This community has many unique medical and psychosocial care needs that often are not adequately met and fulfilled through the current portfolio of services. ACRIA of New York will present research data from "Research on Older Adults with HIV" (ROAH), a national study examining clinical data and needs of aging PLWH. APLA Health will present preliminary findings from "The Healthy Living Project," (HLP), a community needs assessment formally qualifying the service gaps and needs of aging PLWH in Los Angeles. Recommendations on how to address this unique population will also be presented.

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

LOS ANGELES COUNTY COMMISSION ON HIV

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

ACRIA

Stephen E. Karpiak Ph.D. is the Senior Director for Research at ***ACRIA*** (AIDS Community Research Initiative of America) in New York City, and on faculty at ***New York University*** School of Nursing. He was on faculty for 25-years at ***Columbia U Medical School*** where he conducted NIH and NSF funded research on the immunology of epilepsy, and, the use of lipids to reduce CNS injury after stroke. After retiring from Columbia, he founded a HIV Wellness Center and was the Executive Director for an agency that provided congregate housing for the homeless with HIV/AIDS in Phoenix. He returned to NYC to be the Executive Director of Pride Senior Network which did research and advocacy for lgbt seniors. In 2002 he joined ACRIA where he supervised clinical trials and in 2006 he launched Research on Older Adults with HIV (**ROAH**) which received a special award by the US Surgeon General. A decade later ROAH 2.0 is now launched at multiple USA and global sites. He is a member of HIV-AGE which informs clinicians about care options for older adults with HIV in collaboration with the ***American Academy of HIV Medicine*** and the ***American Geriatrics Society.*** He is a member of the ***Albert Einstein College of Medicine, Rockefeller University and Hunter Center for AIDS Research***, and a member of the **UN Committee on Aging**. He has published over 160 peer reviewed articles and has given hundreds of invited lectures nationally and internationally.

APLA Health

Jeff Bailey is the Director of HIV Access and Community-Based Services at **APLA Health**, in Los Angeles, CA. He received his MPH in Community Health Education from **California State University, Northridge**, and a Bachelors degree in history from **UCLA**. He also has a degree in physical education and a secondary teaching credential in social sciences. At APLA Health, he oversees the coordination of APLA Health's Client Services division, Capacity Building and Assistance and Community-Based Research. Mr. Bailey presenting is the principal investigator on a demonstration projection examining the linkage to care strategies targeting Latino MSM of Mexican origin. Bailey additionally has developed and evaluated a variety of evidence-based HIV health education and risk reduction services focused on men who have sex with men, transgender women, and people living with HIV, as well as tobacco control and substance use prevention programs Mr. Bailey can be reached via electronic mail at jbailey@apla.org or by phone at 213-201-1483 or fax at 213.201.1595. His primary mailing address is: APLA Health, The David Geffen Center, 611 S. Kingsley Drive, Los Angeles, CA 90005.

Keshav Tyagi is a Study Coordinator for "The Healthy Living Project" at **APLA Health**, in Los Angeles, California. He earned his MPH in Health Education and Promotion from the **Keck School of Medicine of the University of Southern California**. His primary research interests focus on HIV/AIDS, aging, STI prevention, substance abuse, technology as a means for health education and promotion, community health and advocacy, LGBTQ health and public health science. He has previously worked on research exploring text messaging support as a means of facilitating sexual health and substance abuse risk reduction in methamphetamine-using MSM, as well as the utility of an interactive educational and culturally tailored video game intervention to teach safe sexual practices to young MSM. Mr. Tyagi can be reached at via electronic mail at ktyagi@apla.org, or by phone at 213.201.1540. His primary mailing address is: APLA Health, The David Geffen Center, 611 S. Kingsley Drive, Los Angeles, CA 90005.

Dr. Matt G. Mutchler is a Professor of Sociology and **Director of the Urban Community Research Center at California State University, Dominguez Hills**. He acts as the Principal Investigator (PI) for "The Health Living Project". He earned a Ph.D. in Sociology at the **University of California, Santa Barbara.** His primary research interests include community studies, field methods, sexualities, gender, AIDS/health, social psychology, social movements, and gay and lesbian studies. Dr. Mutchler has over 25 years of research experience investigating the social and cultural contexts of HIV prevention and treatment issues. Mutchler has published 34 peer-reviewed scholarly articles focused at the intersections of his intellectual and applied social service projects. Dr. Mutchler has also conducted and published several community based focus group studies. Dr. Mutchler is currently the PI or Co-PI on several studies including projects that examine sexual health communication between young gay men and their best friends and evaluating treatment education and adherence among Blacks living with HIV/AIDS. He collaborates on research projects focused on sexual health promotion and young gay men, HIV treatment and services, HIV/AIDS health policy, and psychosocial issues among people living with and affected by HIV/AIDS. Dr. Matt G. Mutchler can be reached via electronic mail at mmutchler@csudh.edu or by phone at 310.243.3274 or fax at 310.243.3294. His primary mailing address is: California State University-Dominguez Hills, Sociology Department, 1000 East Victoria Street, Carson, CA 90747.

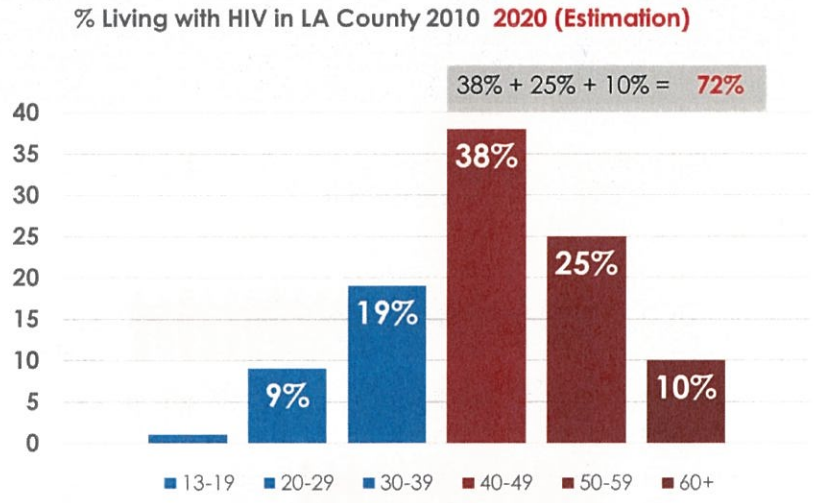
Are Older Adults with HIV Aging Differently?

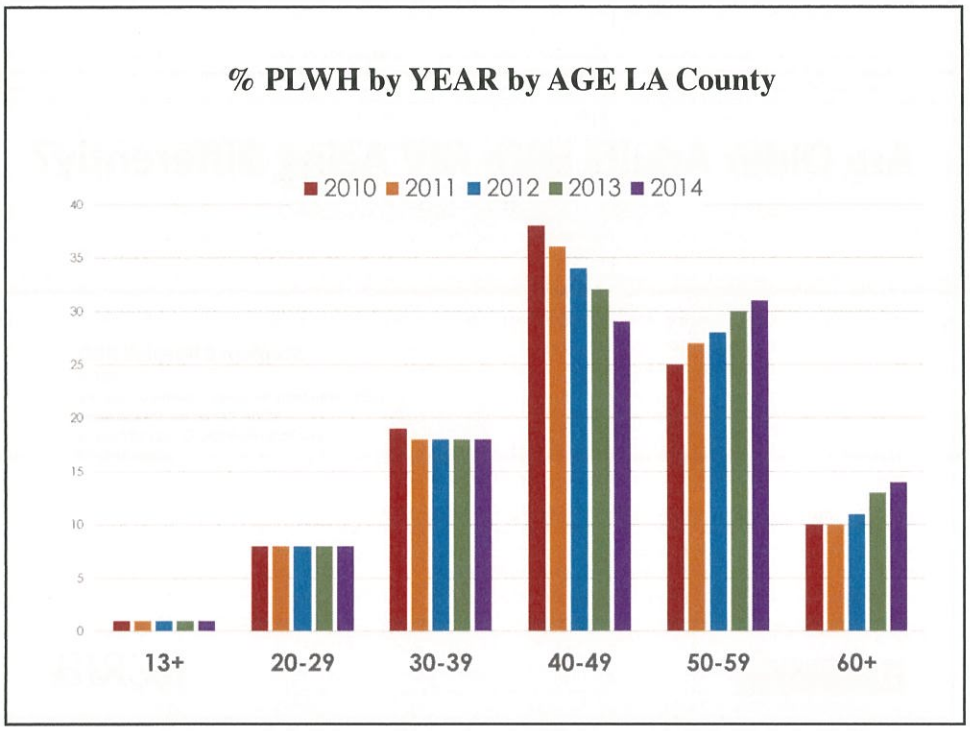
Multimorbidity Management

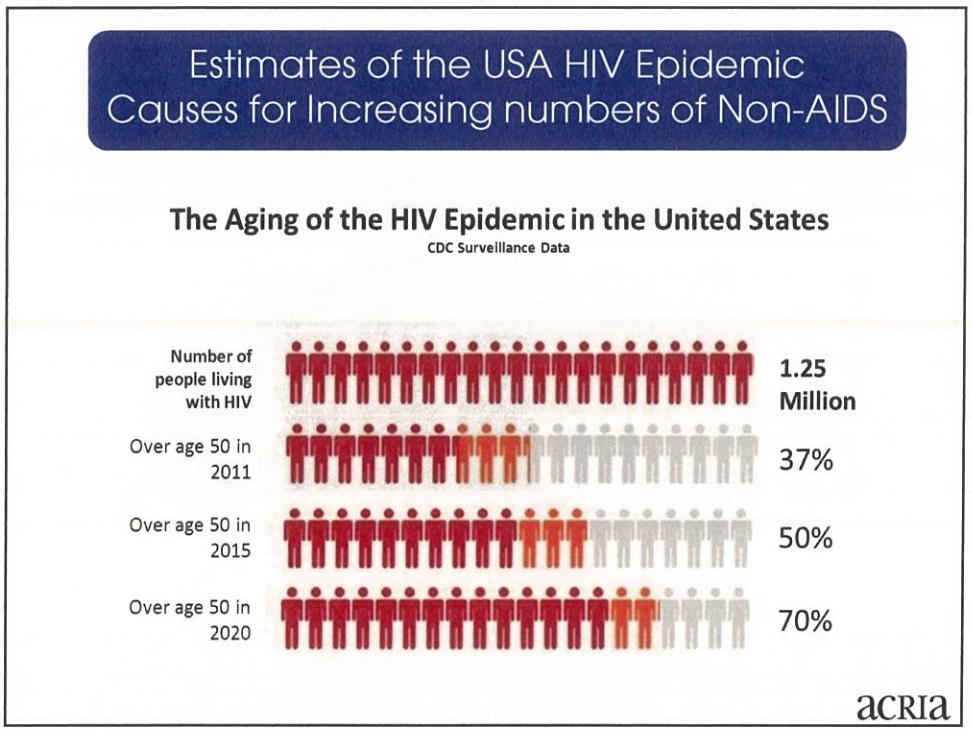
Stephen E Karpiak PhD
ACRIA
AIDS Community Research Initiative of America
ACRIA Center on HIV and Aging
New York University College of Nursing
New York, NY

NEW YORK UNIVERSITY

acria




% PLWH by YEAR by AGE LA County
2010 2011 2012 2013 2014
40
35
30
25
20
15
10
5
0
13+
20-29
30-39
40-49
50-59
60+


Estimates of the USA HIV Epidemic
Causes for Increasing numbers of Non-AIDS
The Aging of the HIV Epidemic in the United States
CDC Surveillance Data
Number of people living with HIV
1.25 Million
Over age 50 in 2011
37%
Over age 50 in 2015
50%
Over age 50 in 2020
70%
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Today HIV Treating Providers Are Spending More Time Managing Non-AIDS Diseases

↓

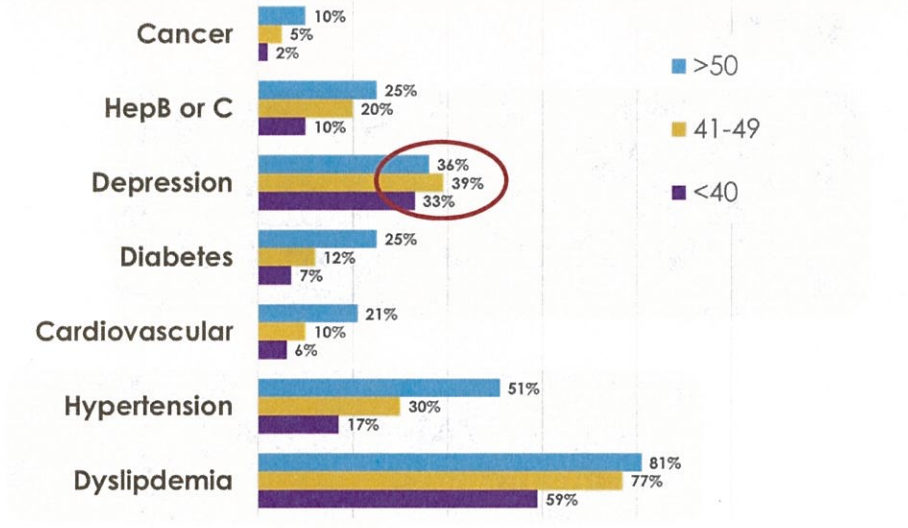
Multimorbidity is 2 or more chronic illnesses

↓

Multimorbidity is
THE RULE AND NOT THE EXCEPTION for the older adult living with HIV

acria

Demographic and Clinical Characteristics of the 3,810 Patients at Baseline, Stratified by Age, the HIV Outpatient Study, 2006–2010



Holtzman et al. (2013) Polypharmacy and Risk of Antiretroviral Drug Interactions Among the Aging HIV-Infected Population J Gen Intern Med 28(10):1302–10

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THE COMPLICATION OF SUCCESS

Many Age-Associated Diseases are More Common in Treated HIV Patients than in Age-Matched Uninfected Persons

- Cardiovascular disease
- Cancers
- Bone Fractures; Osteopenia
- Liver Failure
- Kidney Failure
- Frailty
- Cognitive Dysfunction
- Hearing Loss & Macular Degeneration

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WHY?

From initial HIV infection there is a cascade of inflammation that occurs

It is not stopped but only blunted by HIV treatment

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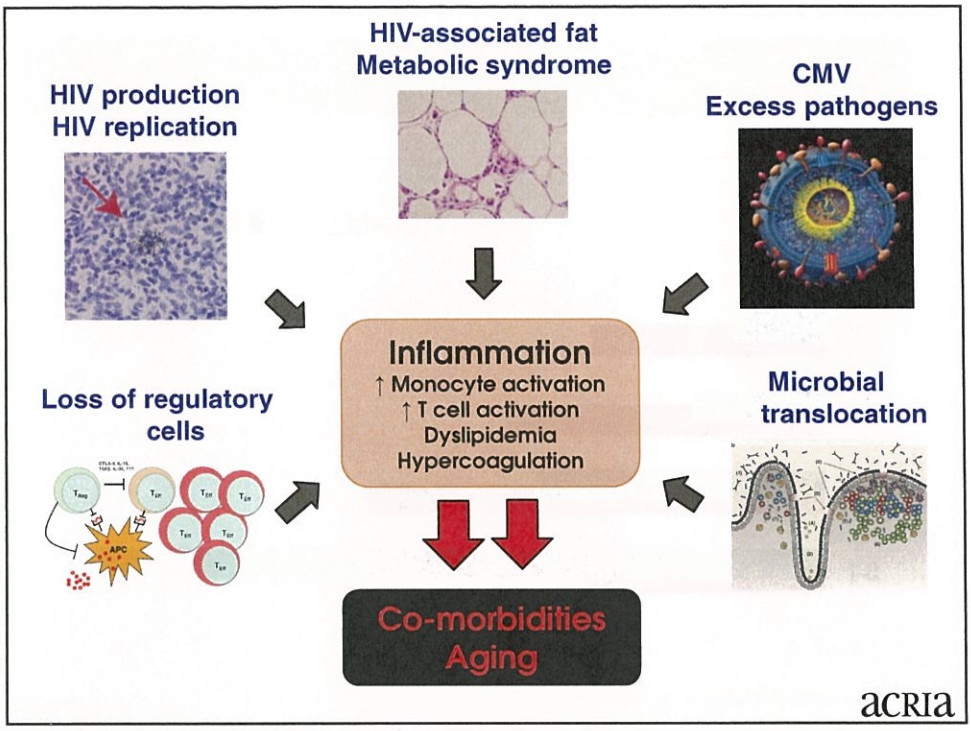

Inflammation predicts disease risk in those on ART and in the general population

- Mortality (Kuller, PLoS Med. 2008, Sandler JID 2011, Tien JAIDS 2011)
- Cardiovascular Disease (Baker, CROI 2013)
- Lymphoma (Breen, Cancer Epi Bio Prev. 2010)
- Venous Thromboembolism (Musselwhite, AIDS. 2011)
- Type II Diabetes (Brown, Diabetes Care. 2010)
- Cognitive Dysfunction (Burdo AIDS 2012)
- Frailty (Erlandson, JID 2013)

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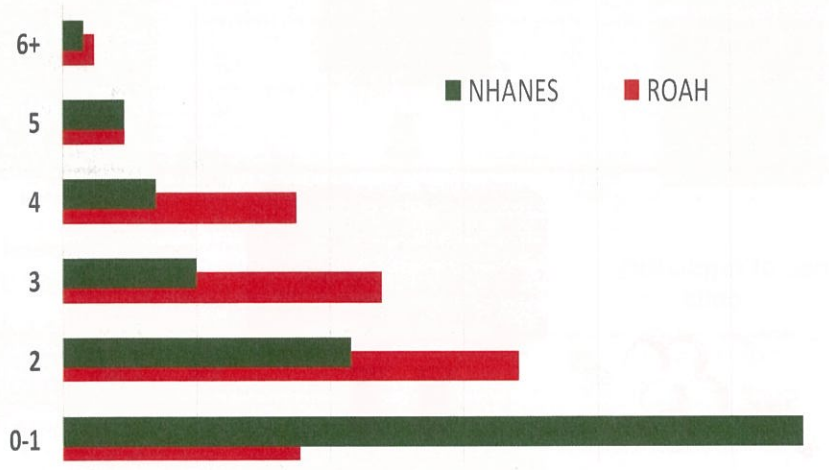
% Number of Comorbid Illnesses 0-6+ for Each Person: ROAH HIV + vs USA (NHANES) Age 50+ (2006)



Submitted ACRIA 2016 Ambroziak, A…Karpiak, S.E.

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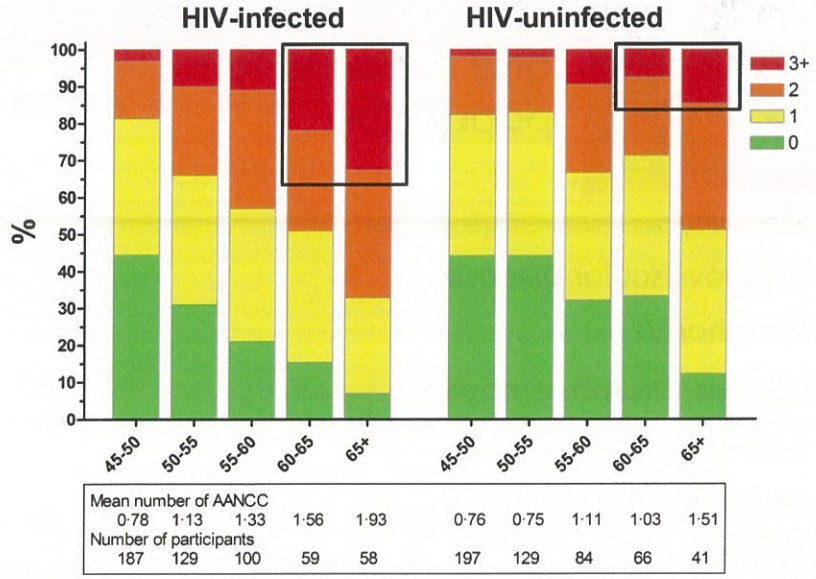
More multimorbidity at higher age in HIV



Schouten J et al. Clin Infect Dis. 2014 (in press)

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Are Older Adults with HIV Aging Differently?

Are they experiencing accelerated aging?

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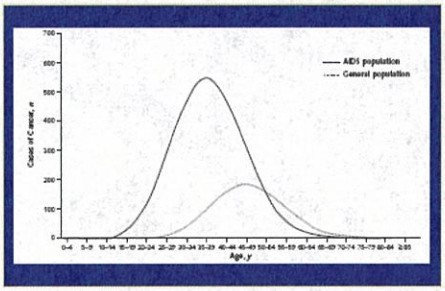
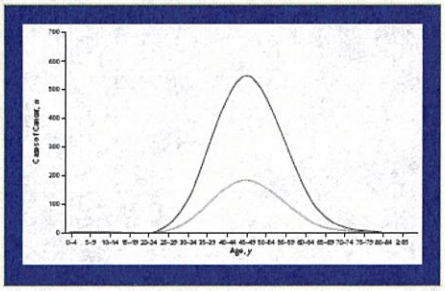
Are these age-related chronic conditions just Accentuated or/and/not Accelerated?





Accelerated risk Condition occurs more often and at younger age among those with HIV than among HIV-uninfected comparators

Accentuated risk Condition occurs at the same age but more often in those with HIV than among HIV-uninfected comparators

Shiels MS. Age at Cancer Diagnosis among persons with AIDS in the US. Ann Intern Med 2010

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Non-HIV RISK Factors that Characterize HIV Older Adults

All Can contribute to Multimorbidity

- Smoking (50-65 %)
- History of Substance Use
- Poor Diet/Food Scarcity
- No Exercise
- 1/3 Co-infected with HepC
- Minimal Alcohol Use is Detrimental
- Stress from Chronic Depression
- Low Socio Economic Status/Resource
- Stigma Induced Social Isolation
- Not working
- Long Term Opioid Use

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Patient Factors

Non-Modifiable

- Age
- Sex
- Genes

Modifiable

- Weight
- Smoking
- Alcohol
- Illicit Drugs
- Exercise
- Diet
- Adherence to ART

ROAH: Co-occurrence of Substance Use and Behavioral Health Issues

Recovery Status	%
Ever enrolled in 12-step	62
Currently in recovery	54
No substance use in past 3 months	48
In recovery for more than 1 year	44

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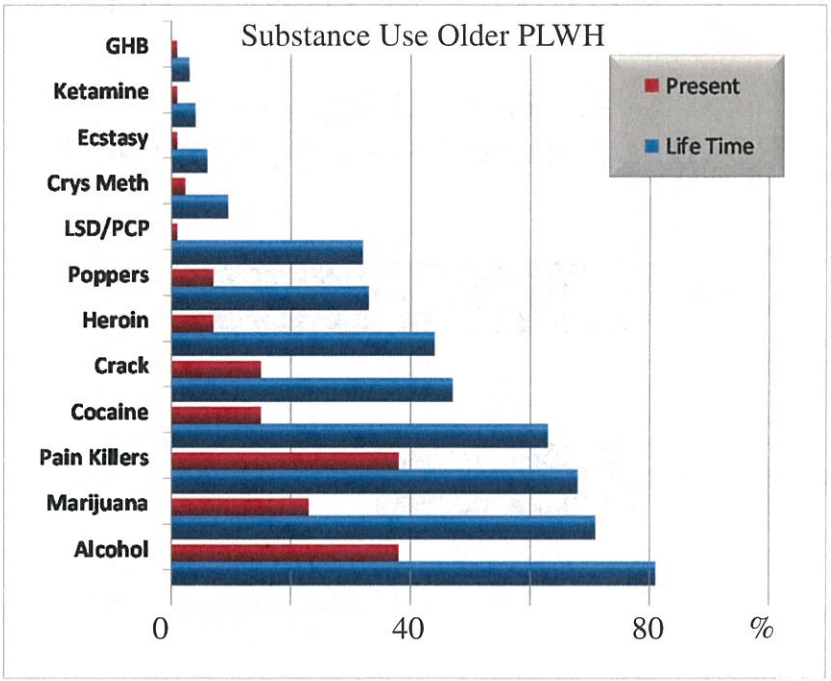

ROAH data – Karpiak et al. 2007

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Depression in ROAH vs. Other Older Adults

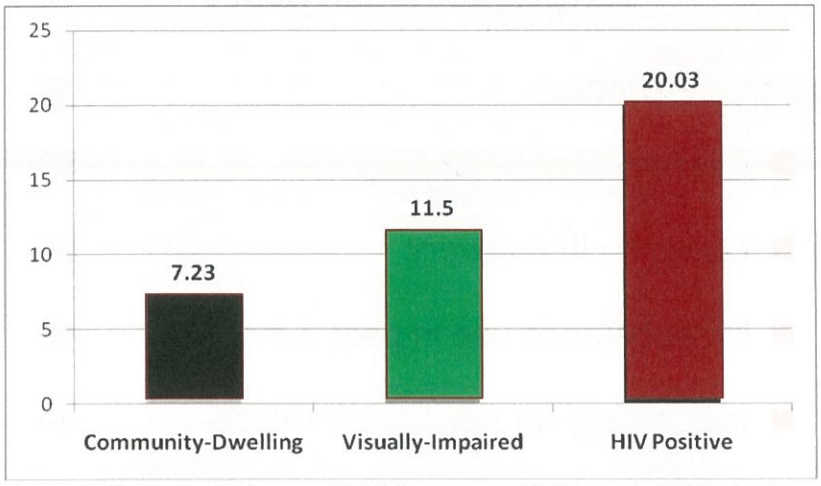
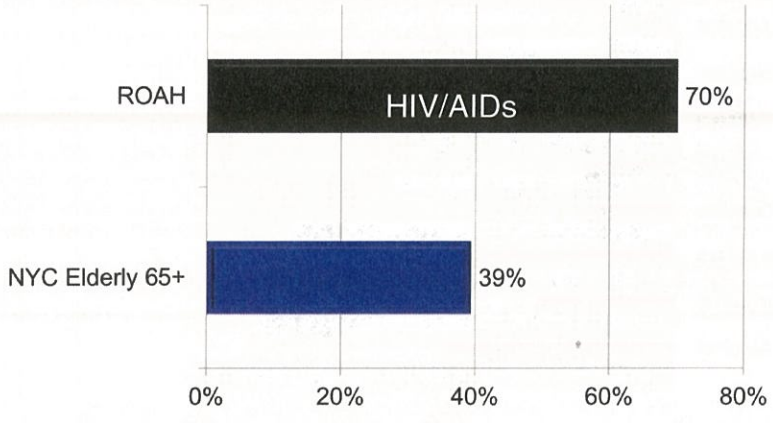


Figure 2 Comparison of Average CES-D Scores among Middle-age and Older Adults who are Community-dwelling, Visually-Impaired, or Living with HIV in ROAH. Data on Community-dwelling adults and visually impaired adults were obtained from Gump et al. (2005) and Horowitz et al. (2006), respectively.

Proportion Living Alone: ROAH vs. Community-Dwelling NYC Elderly



[1] Brennan, M., Karpiak, S. E., Shippy, R. A., & Cantor, M. H. (2009). *Older adults with HIV: An in-depth examination of an emerging population.* New York: Nova Science Publishers.

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Need for Multimorbidity Management

This multimorbidity contributes to overlapping injury to multiple organ systems

(Justice 2010; Deeks & Phillips 2009).

- The result is the transformation of HIV infection into a complex chronic disease associated with multi-morbidity requiring the attention and expertise of multiple health care domains and their providers (Sevick et al. 2007).

Geriatric Care Principles

- Patient-Centered Care
- Social Supports
- Patient Involvement in Care Decisions
- Polypharmacy
- Integrated Care

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Polypharmacy Issues

During five-year period, % of patients prescribed at least one ARV/non-ARV combination that was contraindicated or had moderate or high evidence of interaction (N=1,534)

Holtzman et al. (2013) Polypharmacy and Risk of Antiretroviral Drug Interactions Among the Aging HIV-Infected Population J Gen Intern Med 28(10):1302–10

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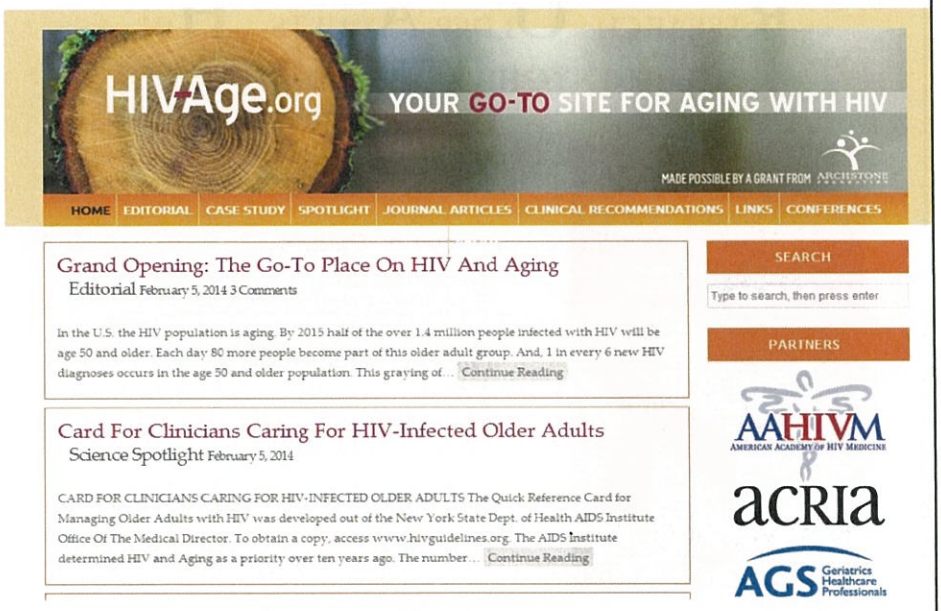
www.HIV-AGE.org



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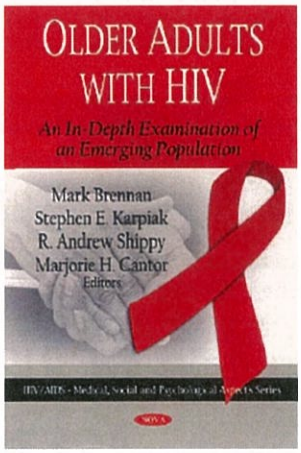
First Guide for Older Adults With HIV

Go to www.ACRIA.org or www.HIV-AGE.org acria

Research on Older Adults with HIV

N=1000 NYC HIV+ Older Adults



- Demographics
- Sexual Behavior
- Social Networks
- Psychological Well-Being
- Distress – Depression
- HIV Status/Health
- Religiousness & Spirituality
- Loneliness Among Older Adults
- HIV Stigma and Disclosure

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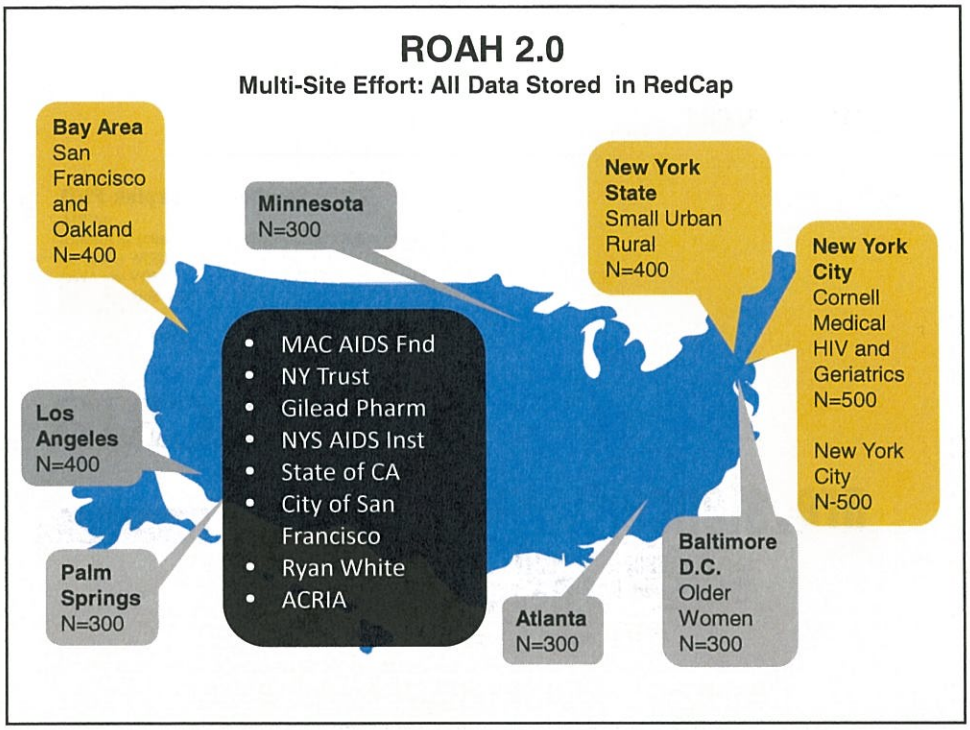
ROAH 2.0: Focus Groups (N=105)

New York City, San Francisco, Oakland and....

- Spanish Speaking Only
- Women (NYC & Oakland)
- Long Term Survivors
- Heterosexual Men & Women
- Transgender
- Gay Identified

RAC

ROAH SURVEY N=2500



Slide 21

Conclusions

- With the aging HIV population, multi-morbidity is increasingly common
- Multi-morbidity will have profound effects on lifespan and health-span in older HIV-infected persons
- Interventions and infrastructure will be needed to prevent and treat multi-morbid conditions and their consequences.

Thank you…..

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AIDS Community Research Initiative of America
ACRIA Center on
HIV and Aging
New York University
New York, NY
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acria

NEW YORK UNIVERSITY

HIV and Aging In Los Angeles – The Healthy Living Project

Jeff Bailey, APLA Health
Dr. Matt G. Mutchler, APLA Health & CSUDH
Keshav Tyagi, APLA Health

Outline

- HIV and Aging Statistics
- The *Healthy Living Project*
- Results (Complete and Preliminary)
- Challenges and Rewards
- Recommendations

APLA Health

HIV and Aging – Los Angeles (end of 2016)

- Of the estimated 58,000 PLWHA in Los Angeles County
  - 45% are ages 50 and over (~24,000 PLWHA)
  - This number will increase by 30% by 2025 based on current statistics

Priority Populations	Number out of older PLWHA (%)
Gay and Bisexual Men (MSM)	17934 (~75%)
Cisgender Women	2670 (~11%)
Transgender Women	207 (<1%)*
Hispanic/Latino (all-inclusive)	8223 (~34%)
Heterosexual Men	3169 (13%)

**this figure includes only documented cases, and may not encompass the total and complete number of older transgender female PLWHA*

APLA Health

APLA's Response – The Healthy Living Project

- Funded by Gilead Sciences Inc.
- Collaborators – California State University, Dominguez Hills & the AIDS Coordinator's Office of the City of LA
- Project Aims
  - To learn about where and what type of services older adults living with HIV receive in LAC and how to disseminate program information to them.
  - Understand barriers and challenges older adults living with HIV/AIDS experience in LAC;
  - Understand experiences with HIV care and support services and identifying service gaps for this population in LAC;
  - Explore possible program activities/strategies that older adults living with HIV perceive will assist them with managing the psychosocial and physical complexities of aging with HIV.

APLA Health

The Healthy Living Project: Activities

- Focus Group Discussions
  - 3 focus groups for 5 priority populations (MSM, transgender women, cisgender women, heterosexual men and monolingual Spanish speakers)
    - 15 groups from October 2016-June 2017
  - Eligibility
    - At least 50 years or older
    - Living with HIV
    - Residing in Los Angeles County
    - A member of one of the 5 priority populations
- All participants received a $50 gift card remuneration

APLA Health

Current Project Status

- MSM – groups and analysis complete
- Cisgender women – groups and analysis complete
- Heterosexual men – groups complete, results being analyzed
- Transgender women – open for recruitment
- Monolingual Spanish-speakers – open for recruitment

APLA Health

Results - MSM

- Overall, MSM participants grateful to have survived the AIDS crisis and still be alive
  - Primarily concerned with affordable housing, finances, and being alone as they get older

"If I accept that I'm getting older then it's the older gay dilemma which is you don't have a house or kids who will march to your rescue so I'm more comfortable being like a kid rather than acting like an adult because I don't want to think about the larger gay aging issue because it's kind of a dead end."

APLA Health

Results - MSM

- What they want – advocacy and assistance for affordable housing and financial counseling services

"I think part of the issue here is that we lost a generation. So we don't have anybody to model from as to what it's like to be older and gay. And we're now sort of the generation that has to create our own…to create our lives at this point and decide what we want to do in our formative years…there's no manual, no book. We haven't gone down this road before and we don't have anybody really to talk to about it."

"I think housing is a huge issue if you want it affordable. It's not available on the income that we're on. Anything that is realistic has a 3-10 year wait. How many places have service for seniors, let alone seniors with HIV and AIDS? It doesn't exist as far as I know…"

APLA Health

Results – Cisgender Women

- Cisgender female participants reported that after many years of caring for families and putting their health second, they are now looking to prioritize themselves and their lives as they get older
  - Nonetheless participants expressed gratitude for any and all assistance they were given, and for their lives in the present

"But my independence, I am just getting into what it is that I am going to do with myself, because I am like this lady here, I have been a caregiver for over 30 years, taking care of Hospice patients and seniors and all this kind of stuff you know and I don't want it to be that, oh now it is my turn somebody come take care of me."

APLA Health

Results – Cisgender Women

- What they want – more services targeting women with HIV, transportation assistance, child care, and social support groups for HIV+ women.

"And transportation, ever since I have been around and living with this transportation has always been an issue. That is why a lot of females don't go to the doctors, transportation is not provided."

"I hope we have more groups, so we can get it out to the community and older women, especially older women. We need more groups like this to let women know they are not alone."

APLA Health

Preliminary Results – Heterosexual Men

- Heterosexual male participants reported that they found a sense of pride in maintaining their health, and that exercise and pursuing health related knowledge gave them purpose and kept them busy.
  - Struggles with substance abuse were discussed more heavily among this group, and a lot of their approach to life revolved around maintaining their sobriety and keeping themselves occupied and away from negative stimuli.

"Also, that's why I like to come to places like this because first thing I do I go see what the reading material is what they got. Like here, they talk [about] all the latest medications…what it does, give you the breakdown on all of it and it gives you helpful information that you normally wouldn't get nowhere else…Seeing what they talk about or what the subject—I didn't know that [before]. Let me check and see, you know, my case manager about providing it—if they do this here."

APLA Health

Preliminary Results – Heterosexual Men

- What they want – care specifically on chronic diseases other than just HIV, and support groups where HIV+ heterosexual men with depression can speak candidly and openly about their struggles

"Maybe too, a lot of people with HIV have depression problems and I think like you have a group that maybe has that problem, with depression and you hear something from him, something from him, it might click, you know. Maybe, well, maybe one might be feeling like this, you know?"

If you don't tell the doctor you are having this problem, he will never know…they should be helping you with this instead of sending you all over. They didn't tell me that with this disease, I would have all these problems growing older…so yeah screening would be helpful."

APLA Health

Preliminary Results – Transgender Women

- Overall, transgender women participants reported high levels of trauma and severe experiences of stigma with regards to the combination of their gender identity and HIVstatus
  - The participants did not feel represented or accepted in LGBT circles or HIV service organizations, aging did not appear to be a concern because they were dealing with many other challenges.

" "In the downtown area or slum-ish areas of Hollywood or something like that, is very much, there's not unity with the gay society, transgender society, HIV society, stuff like that. There's no unity…I think that it's very ugly 'cause I feel like everybody, this and that, under that rainbow should be able to unite because society is against us. So why are you, you know?"

APLA Health

Preliminary Results – Transgender Women

- What they want – educational programs for the community to reduce discrimination, job opportunities for transgender women, housing in areas where they don't feel unsafe, and more transgender employees in service organizations

"I want a job, I want to be around—I want to help other transgenders. I want to do good things. I'm just tired of being in my…car, I'm tired of not being able to work with transgenders, I'm tired of places like this not having job openings for us out here…It just irks the hell out of me."

APLA Health

HLP Challenges and Rewards

- Challenges
  - Recruiting transgender women and heterosexual men specifically over 50 and living with HIV
  - Ensuring a geographically representative sample
  - Loss to follow up
- Rewards
  - Gratitude for providing a safe space for this community to come together and support one another
  - Appreciation for having such a project that emphasizes their needs as aging PLWHA
  - Gaining an understanding of the diversity of aging PLWHA in LAC

APLA Health

Recommendations to the COH and DHSP

- Medical and social service providers should be trained to understand HIV and aging simultaneously, and how they interact with one another
- Understanding of aging services in LAC
- Future programs should be
  - Include older PLWH in the planning of programs
  - Geographically accessible
  - Inclusive programs
  - Targeted for those between ages 50-65
  - Economically considerate
  - Collaborative between organizations and clients

APLA Health

QUESTIONS?

APLA Health


APLA
Health

LOS ANGELES COUNTY COMMISSION ON HIV
3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
http://hiv.lacounty.gov

12. CALIFORNIA OFFICE OF AIDS (OA) REPORT

A. OA Work/Information

California Department of Public Health, Office of AIDS
Monthly Report
May 2017

Office of AIDS Division/Cross Branch Issues

- On Thursday, May 11, 2017, Governor Edmund G. Grown Jr. will release his revised 2017-18 state budget proposal. The California Department of Public Health (CDPH), Office of AIDS (OA) will provide a summary of the OA specific items on its website at www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx, as soon as possible after the budget proposal is released.

- In April 2017, CDPH launched a new website layout and look. The changes are designed to maximize user friendliness, enhance search capability, and to ensure compliance with the Americans with Disabilities Act. The new website is accessible at www.cdph.ca.gov/ and CDPH's old website is still accessible at https://archive.cdph.ca.gov/Pages/DEFAULT.aspx. Documents will be migrated to the new website over time, and most OA forms and documents will not be migrated from the old to the new website until sometime after the launch of the new site. In the meantime, OA forms and documents can be accessed on the archived OA site at https://archive.cdph.ca.gov/programs/aids/Pages/Default.aspx.

Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention and Care Plan (Plan)

- During this first quarter of the Plan's implementation, OA has identified which branch will take the lead for each strategy and activity. An approach to measure progress toward reaching each objective has been developed and baseline data are being assembled. A template for annual reporting to stakeholders is also being developed. Questions or comments about the Plan activities may be directed to the Integrated Plan Implementation Specialist, Kevin Sitter at kevin.sitter@cdph.ca.gov.

Ryan White (RW) Part B: AIDS Drug Assistance Program (ADAP)

Staffing Update

- Anissa Hussman started on May 1st as the new manager of the ADAP Call Center Data Processing and Eligibility Section. Anissa has over 20 years of management experience, including prior experience managing call centers and data processing centers.

ADAP Enrollment Site Payment Allocation

- As part of ADAP's enrollment site contracts with CDPH, sites were to be paid based on the number of ADAP services performed. Due to issues with the A.J. Boggs enrollment site portal, ADAP has not been able to obtain the appropriate report needed to determine payment. The interim solution for this fiscal year is for ADAP to pay sites according to A.J. Boggs' data pulled in January 2017 displaying total ADAP caseload at each site.

- Starting April 20th, CDPH mailed a letter to each site outlining their allocated payment amount. The allocations are also posted on the ADAP webpage of the archived OA site at https://archive.cdph.ca.gov/programs/aids/Documents/FINAL%20-%20Site%20Allocations%204-19-17.pdf.

Eligibility Data Transfers

- Effective April 20th, the transfer of client eligibility data from the ADAP Enrollment System to ADAP's Pharmacy Benefits Manager (Magellan) occurs every 15 minutes between the hours of 8 a.m. and 6 p.m. Pacific Standard Time, Monday through Friday. If an enrollment worker submits an ADAP application via the ADAP Enrollment System anytime between 8 a.m. and 6 p.m. Monday through Friday, the client will have access to their ADAP formulary prescriptions at the pharmacy in 15 minutes.

Magellan Client ID Cards

- Starting on May 5, Magellan began mailing new client ID cards to all ADAP clients. The cards include the ADAP Call Center phone number instead of the A.J. Boggs Customer Service phone number (which is currently being forwarded to the ADAP Call Center phone number). Magellan will mail the cards in weekly batches, by client last name. The anticipated project completion date is July 20th.

ADAP Enrollment System

- The ADAP Enrollment System was initially developed with the minimum functionality needed to ensure clients had ongoing access to medications and health insurance. OA is continuing to ensure that the ADAP Enrollment System can meet the full range of needs. Current efforts are aimed at ensuring that the ADAP Enrollment System can support efficient and timely collection and management of client eligibility, medication assistance, and insurance coverage information. Ultimately, ADAP also needs a system that can support ongoing monitoring, evaluation, and improvement of its programs.

- The ADAP Enrollment System is being developed in stages, with releases of features and improvements every four weeks to support eligibility management, system navigation, data exchange, reporting, quality assurance, and data security. ADAP coordinates each release with training and outreach to ensure enrollment workers and other users are aware of changes and can correctly use any new features.

RW Part B: HIV Care Program (HCP)

- All Fiscal Year 2016/17 HCP and Minority AIDS Initiative (MAI) invoices and/or supplemental invoices for the billing period of April 1, 2016, through March 31, 2017, must be submitted to OA by Monday, May 15, 2017.

- The Ryan White Part B HCP and MAI Year-End Report is due to Care Operations Advisors by May 31, 2017. The reporting period is from April 1, 2016, to March 31, 2017.

- The HIV Care Branch is pleased to announce that Jessica Heskin was promoted to Chief, Care Housing Unit and Denise Absher has joined the Care Housing Unit as the newest housing specialist. They will provide oversight and support to the Housing Opportunities for Persons With AIDS (HOPWA) Program, the HCP Housing Plus Project, and other housing services.

RW Part B: Clinical Quality Management Program

- OA's Clinical Quality Management (CQM) committee continues to meet on a monthly basis to ensure that the State continues to have a CQM program that matches the scope of RW Part B funding and services.

- The CQM staff has been participating in the National Quality Center's end+ disparities Learning Exchange. By using tools from this 9-month national initiative, the CQM committee has prioritized viral load suppression in youth (ages 13-24) as the initial focus for statewide RW Part B quality improvement interventions. To prepare, HCP contractors have been asked to quality check their ARIES data for this population.

- OA's CQM program in conjunction with the University of California, San Francisco is implementing a pilot project to increase extragenital gonorrhea/chlamydia screening in two RW Part B clinical settings (Ampla Health and Orange County Health Care Agency) to improve STD screening for men who have sex with men who are living with HIV.
    - On Tuesday, May 16, 2017, 11:00 am to noon, OA in collaboration with California Prevention Training Center, will host a webinar titled

Improving STD Screening in HIV Care, by Dr. Julie Stoltey. This webinar is open to all healthcare professionals providing HIV prevention and care services. Additional information is available in the two attachments (*Improving STD Screening in HIV Care Webinar Flier* and *Instructions for Participating*).

AIDS Medi-Cal Waiver Program (MCWP)

MCWP staff are conducting onsite Program Compliance Reviews and follow up technical assistance to Waiver Agencies. Twelve Waiver Agencies are scheduled for a Program Compliance Review and/or follow up technical assistance in 2017. Project Directors will be contacted a month prior to their site visit with further instructions.

HIV Prevention

The California Syringe Exchange Supply Clearinghouse will expand availability of naloxone, the lifesaving overdose-reversal medication. Syringe Exchange Programs (SEPs) with established naloxone distribution programs and that are operated by non-profit organizations will be able to participate immediately. SEPs that want to establish naloxone distribution programs or that are not operated by 501(c)(3) organizations will be provided with capacity-building and technical assistance in the second phase of the project. This initiative aligns with California's comprehensive strategy for addressing the opioid epidemic, which includes naloxone distribution as one of its five main priorities.

Surveillance, Research, and Evaluation

Deanna Sykes, PhD, recently joined the OA HIV Surveillance Section as the Section Chief. Deanna most recently served as the interim Surveillance Chief as OA worked to fill the position, and she has a long history and a breadth of knowledge about HIV and the work of OA. With her history in prevention research, Deanna will be an excellent resource as OA seeks to increase collaboration and coordination between prevention and surveillance and move forward with implementing data to care.

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

Improving STD Screening in HIV Care Webinar

In collaboration with the CA Department of Public Health, Office of AIDS Care Branch

Tuesday, May 16, 2017
11:00 am-12:00 pm (PST)

Effective sexual history taking and the importance of screening patients for STDs

with Julie Stoltey, MD, MPH

To join the webinar use this URL:

http://bit.ly/OA-STI

Please log in 15 minutes prior to the start to check your system and assure your ability to attend.

Dr. Julie Stoltey will discuss current best practices in enhancing STD screening in HIV care settings and cover the following learning objectives:

- Review epidemiologic trends in STDs among men who have sex with men
- Identify methods/best practices for routinely conducting a sexual history
- Discuss the importance of screening for rectal and pharyngeal STDs

Questions?

Greg Mehlhaff
greg.mehlhaff@ucsf.edu
(510) 625-6017 or 625-6000 for assistance.

New! Free! Online! STD Clinical Consult Network stdccn.org

Greetings!

Thank you for registering for CAPTC and the Office of AIDS webinar:

Improving STD Screening in HIV Care
Tuesday May 16, 2017
11:00am to 12:00pm PST
with Julie Stoltey, MD, MPH

BEFORE THE WEBINAR: TEST YOUR CONNECTION!
http://admin.adobeconnect.com/common/help/en/support/meeting_test.htm
You may need the latest version of Adobe Flash Player and/or the Adobe Connect Add-In.

DAY-OF THE WEBINAR: LISTEN & LEARN!
Enter the Webinar with this link: http://bit.ly/OA-STI
Select **Enter as a Guest** and type your name - do not enter with a login and password.

We ask that you choose to have Audio come from your computer with speakers or head phones. When you enter choose the option **"Listen Only"**. Please check your audio ***10 minutes before the webinar by following these steps:***

1. Click on **Meeting** on the top left of the screen
2. From the drop down menu that appears, click on **Audio Setup Wizard**
3. Follow the prompts to test your audio

If you are unable to listen through your computer you can use the options provided to dial in or have the webinar system call you by entering your telephone number. Please keep your phone on mute to avoid interference with the webinar audio.

Looking forward to your participation in this webinar!

Many thanks,
Greg Mehlhaff, Deputy Director
California Prevention Training Center
Greg Mehlhaff@ucsf.edu | www.californiaptc.com
510-625-6000 to ask for assistance.

ADAP Update For Stakeholders

May 4, 2017, NOTICE #27

CONTACT INFORMATION

ADAP Call Center

Open 8 a.m. to 5 p.m. Monday through Friday

Toll Free Phone:
(844) 421-7050

Fax:
(844) 421-8008

Mailing Address:
CDPH
P.O. Box 997426
Mail Stop 7704
Sacramento, CA 95899

Magellan Call Center

Open 24 hours a day, 7 days a week

Phone:
(800) 424-5906

The California Department of Public Health (CDPH) is committed to providing excellent customer service to its ADAP clients. Thank you for all of your hard work ensuring clients receive their life-saving medication.

Self-Verification Forms (SVFs) and Annual Re-Enrollment Postcards

We have informed enrollment workers that self-verification forms (SVFs) for clients due for recertification in May will be mailed starting May 8. The mailing of the annual re-enrollment postcards for clients due for re-enrollment in May will begin after the mailings of SVFs is complete. Enrollment workers were reminded that clients who are due for a recertification or re-enrollment in May have already had their eligibility extended to their next re-enrollment or recertification date (whichever comes first). No client's eligibility should expire before June 30, 2017. Enrollment workers were provided copies of the SVF, cover letter, and postcard.

Magellan ID Cards

We have informed enrollment workers that starting on May 5, Magellan will begin mailing new ID cards to all ADAP clients. The updated cards include the ADAP Call Center phone number. We provided enrollment workers with a copy of a sample letter and ID card.

ADAP Enrollment System Onboarding

We have reminded enrollment workers that unless there are extenuating circumstances, all ADAP enrollment workers must complete required trainings, receive usernames and passwords, and log on to the ADAP Enrollment System by May 5. Enrollment workers were asked to contact their ADAP Advisors if they are unable to fulfill this requirement. As of May 2, 55 percent of ADAP enrollment workers have completed all onboarding requirements and logged on to the ADAP Enrollment System.

For More Information

Thank you for your partnership and commitment to the health and safety of Californians living with HIV. With your assistance, we strive to ensure all eligible ADAP clients get the life-saving medication they need. We welcome and value your feedback. Please contact me with any suggestions, questions, or concerns.

Karen E. Mark, MD, PhD
Chief, Office of AIDS
Karen.Mark@cdph.ca.gov

LOS ANGELES COUNTY COMMISSION ON HIV
3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
http://hiv.lacounty.gov

13. STANDING COMMITTEE REPORTS:

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

(2) Ryan White Program (RWP) Year 26 Closing Expenditures

(3) RWP Year 28 Priority- and-Allocation Setting Process and Framework

B. Standards and Best Practices (SBP) Committee

(1) Prevention Standards and Best Practices

C. Operations Committee

(3) Training/Orientation

D. Public Policy Committee

(1) County Legislative/Policy Issues
- (a) 2017 COH Policy Priorities
- (b) 2017 COH Legislative Docket

(2) State Legislative/Policy Issues
- (a) 2017-18 Governor's State Budget
  - (i) California HIV Alliance Budget Proposals

RYAN WHITE PART A SUMMARY

DRAFT

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

SUMMARY REPORT

RYAN WHITE PART A, PART B AND MAI YEAR 26 EXPENDITURES BY SERVICE CATEGORIES

GRANT YEAR 26 RYAN WHITE PART A FUNDING EXPENDITURES AS OF FEBRUARY 28, 2017

1	2	3	4	5	6	7
PRIORITY RANKING	SERVICE CATEGORY	FY 16 APPROVED PERCENTAGES	TOTAL ALLOCATIONS BASED ON REVISED PERCENTAGES PARTS A	PART A TOTAL YTD EXPENDITURES	PART A FULL YEAR ESTIMATE	VARIANCE TOTAL ALLOCATIONS VS. FULL YR. ESTIMATES (Columns 4 vs. 6)
1	OUTPATIENT/AMBULATORY MEDICAL CARE	30.0%	$ 10,242,328	**8,364,785**	**8,978,814**	$ 1,263,514
6	CASE MANAGEMENT SERVICES (Non Medical) - Benefits Specialty	3.6%	1,229,079	**1,393,295**	**1,393,295**	(164,216)
2	ORAL HEALTH CARE	2.3%	785,245	**5,344,581**	**6,095,105**	(5,309,860)
5	MENTAL HEALTH SERVICES - Psychiatry	1.3%	443,834	**428,152**	**436,366**	7,468
5	MENTAL HEALTH SERVICES - Psychotherapy	4.7%	1,604,631	**1,572,823**	**1,595,074**	9,557
4	MEDICAL CASE MANAGEMENT SERVICES - Medical Care Coordination	30.0%	10,242,328	**8,136,386**	**8,467,666**	1,774,662
6	CASE MANAGEMENT SERVICES (Non Medical) Linkage Case Management	2.0%	682,822	**644,094**	**657,224**	25,598
7	OUTREACH SERVICES	0.0%	-	0	0	-
10	SUBSTANCE ABUSE TREATMENT SERVICES - RESIDENTIAL	6.0%	2,048,466	**2,615,871**	**2,615,871**	(567,405)
9	HOUSING SERVICES (RCFCI, TRCF) (a)	13.5%	4,609,047	**1,365,439**	**1,365,439**	3,243,608
17	MEDICAL TRANSPORTATION SERVICES	2.1%	716,963	**315,818**	**726,299**	(9,336)
12	FOOD BANK/HOME DELIVERED MEALS - Nutrition Support	2.9%	990,092	**1,124,796**	**1,128,302**	(138,210)
6	CASE MANAGEMENT SERVICES (Non Medical) Transitional Case Management	0.0%	-	0	0	-
15	HOME AND COMMUNITY BASED HEALTH SERVICES	0.0%	-	**500,794**	**500,794**	(500,794)
21	REFERRAL FOR HEALTH CARE / SUPPORT SERVICES	0.9%	307,270	**0**	**0**	307,270
18	MEDICAL NUTRITION THERAPY (SPA 1 only)	0.1%	34,141	**19,384**	**20,172**	13,969
19	LEGAL SERVICES	0.6%	204,847	**160,671**	**160,671**	44,176
11	LINGUISTICS SERVICES	0.0%	-	0	0	-
	SUB-TOTAL DIRECT SERVICES	100.0%	34,141,092	**31,986,889**	**34,141,092**	(0)
	QUALITY MANAGEMENT (3% of Part A award)		1,177,279	747,344	1,177,279	-
	ADMINISTRATION (Includes COH Budget) (10% of Part A award)		3,924,264	3,188,190	3,924,264	-
	GRAND TOTAL	100.0%	**$ 39,242,635**	**$ 35,922,423**	**$ 39,242,635**	**$ (0)**

Year 26 Grant funding for Part A is $39,242,635 $ 39,242,635

$ -

Notes: (a) Allocation amounts for this service category is also funded with Year 2016 Part B funding.

Column 3 - Year 26 Allocation % (These percentages represents the current COH approved percentages for Ryan White Year 26 allocations).

Column 4 - Total Allocations: The Ryan White Part A Year 26 award is $39,242,635

Column 5 - The Total Year To Date (YTD) Part A Expenditures represents actual reimbursements/payments made to subcontracted agencies/vendors as of the date identified on this report.

Column 6 - Total Full Year estimate represents projected costs through the end of the grant funding term.

Column 7 - Represents the variances between the allocation amounts for each service category (Column 4) and the full year projection for each service category (Column 6).

Ryan White Part B Summary

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

SUMMARY REPORT

RYAN WHITE PART A, PART B AND MAI YEAR 26 EXPENDITURES BY SERVICE CATEGORIES

GRANT YEAR 26 RYAN WHITE PART B FUNDING EXPENDITURES AS OF MARCH 31, 2017

1	2	3	4	5	6	7
PRIORITY RANKING	SERVICE CATEGORY	FY 26 APPROVED PERCENTAGES	TOTAL ALLOCATIONS BASED ON REVISED PERCENTAGES PART B	PART B TOTAL YTD EXPENDITURES	PART B FULL YEAR ESTIMATE	VARIANCE TOTAL ALLOCATIONS VS. FULL YR. ESTIMATES (Columns 4 vs. 6)
1	OUTPATIENT/AMBULATORY MEDICAL CARE	30.0%				$ -
6	CASE MANAGEMENT SERVICES (Non Medical) - Benefits Specialty	3.6%				-
2	ORAL HEALTH CARE	2.3%				-
5	MENTAL HEALTH SERVICES - Psychiatry	1.3%				-
5	MENTAL HEALTH SERVICES - Psychotherapy	4.7%				-
4	MEDICAL CASE MANAGEMENT SERVICES - Medical Care Coordination	30.0%				-
6	CASE MANAGEMENT SERVICES (Non Medical) Linkage Case Management	2.0%				-
7	OUTREACH SERVICES	0.0%				-
10	SUBSTANCE ABUSE TREATMENT SERVICES - RESIDENTIAL	6.0%				-
9	HOUSING SERVICES (RCFCI, TRCF) (a)	13.5%	2,430,000	**2,313,045**	**2,430,000**	-
17	MEDICAL TRANSPORTATION SERVICES	2.1%				-
12	FOOD BANK/HOME DELIVERED MEALS - Nutrition Support	2.9%				-
6	CASE MANAGEMENT SERVICES (Non Medical) Transitional Case Management	0.0%				-
15	HOME AND COMMUNITY BASED HEALTH SERVICES	0.0%				-
21	REFERRAL FOR HEALTH CARE / SUPPORT SERVICES	0.9%				-
18	MEDICAL NUTRITION THERAPY (SPA 1 only)	0.1%				-
19	LEGAL SERVICES	0.6%				-
11	LINGUISTICS SERVICES	0.0%				-
	SUB-TOTAL DIRECT SERVICES	100.0%	$ 2,430,000	**$ 2,313,045**	**$ 2,430,000**	-
	QUALITY MANAGEMENT		0	0	0	-
	ADMINISTRATION (10% of Part B award)		270,000	270,000	270,000	-
	GRAND TOTAL	100.0%	**$ 2,700,000**	**$ 2,583,045**	**$ 2,700,000**	**$ -**

Year 26 revised State allocation for Part B is $2,700,000. $ 2,700,000

$ -

Notes:

Columns 3 - Year 26 Allocation % (These percentages represents the current COH approved percentages for Ryan White Program Year 26 allocations).

Column 4 - Total Allocations: The Ryan White Part B Year 26 award is $2,700,000.

Column 5 - The Total Year To Date (YTD) Part B Expenditures represents actual reimbursements/payments made to subcontracted agencies/vendors as of the date identified on this report.

Column 6 - Total Full Year estimate represents projected costs through the end of the grant funding term.

Column 7 - Represents the variances between the allocation amounts for each service category (Column 4) and the full year projection for each service category (Column 6).

RYAN WHITE MAI SUMMARY

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

SUMMARY REPORT

RYAN WHITE PART A, PART B AND MAI YEAR 26 EXPENDITURES BY SERVICE CATEGORIES

GRANT YEAR 26 RYAN WHITE MAI FUNDING EXPENDITURES AS OF FEBRUARY 28, 2017

1	2	3	4	5	6	7
PRIORITY RANKING	SERVICE CATEGORY	FISCALYEAR 16 MAI ALLOC. %	TOTAL ALLOCATION MAI FISCAL YEAR 16	MAI FISCAL YEAR 16 TOTAL YTD EXPENDITURES	MAI FISCAL YEAR 16 FULL YEAR ESTIMATE	VARIANCE TOTAL ALLOCATIONS VS. FULL YR. ESTIMATES (Columns 4 vs. 6
1	OUTPATIENT/AMBULATORY MEDICAL CARE		$ -	$ -		$
6	CASE MANAGEMENT SERVICES (Non Medical) - Benefits Specialty	-	-			0
2	ORAL HEALTH CARE	-				0
5	MENTAL HEALTH SERVICES - Psychiatry					0
5	MENTAL HEALTH SERVICES - Psychotherapy					0
4	MEDICAL CASE MANAGEMENT SERVICES - Medical Care Coordination	-				0
6	CASE MANAGEMENT SERVICES (Non Medical) Linkage Case Management					0
7	OUTREACH SERVICES	10.5%	601,003	**690,724**	**1,348,627**	(747,624)
10	SUBSTANCE ABUSE TREATMENT SERVICES - RESIDENTIAL					0
9	HOUSING SERVICES (RCFCI, TRCF) (a)	63.3%	3,623,191	**2,072,035**	**2,078,343**	1,544,848
17	MEDICAL TRANSPORTATION SERVICES					0
12	FOOD BANK/HOME DELIVERED MEALS - Nutrition Support					0
6	CASE MANAGEMENT SERVICES (Non Medical) Transitional Case Management	21.1%	1,207,730	**615,138**	**620,299**	587,431
15	HOME AND COMMUNITY BASED HEALTH SERVICES					0
21	REFERRAL FOR HEALTH CARE / SUPPORT SERVICES					0
18	MEDICAL NUTRITION THERAPY (SPA 1 only)					0
19	LEGAL SERVICES					0
11	LINGUISTIC SERVICES	5.1%	291,916	**223,694**	**223,694**	6[illegible]2
	SUB-TOTAL DIRECT SERVICES	100.0%	5,723,840	**3,601,591**	4,270,963	1,452,[illegible]7
	ADMINISTRATION (10% of MAI Year 16 award)		635,982	134,983	635,982	0
	GRAND TOTAL	100.0%	**$ 6,359,822**	**$ 3,736,574**	**$ 4,906,945**	**$ 1,452,877**

The total MAI funding for Year 26 includes $3,371,793 for Year 26 and $2,988,029 in rolled over Year 25 underspending.

$	6,359,822
$	1,452,877

Notes: (a) Allocation amounts for this service category are also funded with Year 2016 Part A and Part B funding.

Column 3 - Year 26 Allocation % approved by the COH.

Column 4 - Total grant allocations for the Ryan White Year 26 MAI award is $3,371,793 plus $2,988,029 in Ryan White Year 25 roll over funding ($3,371,793 + $2,988,029 = $6,359,822).

Column 5 - The Total Year To Date (YTD) Expenditures represents actual reimbursements/payments made to subcontracted agencies/vendors as of the date identified on this report.

Column 6 - Total Full Year estimate represents projected costs through the end of the grant funding term.

Column 7 - Represents the variances between the allocation amounts for each service category (Column 4) and the full year projection for each service category (Column 6).

SUMMARY - ALL FUNDING SOURCES

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

SUMMARY REPORT

RYAN WHITE PART A, PART B AND MAI YEAR 26 EXPENDITURES BY SERVICE CATEGORIES

GRANT YEAR 26 RYAN WHITE AND OTHER FISCAL YEAR 16/17 FUNDING EXPENDITURES

2	3	4	5 (*)	6 (*)	7 (*)	8	9	10
SERVICE CATEGORY	FY 26 REVISED PARTS A&B PERCENTAGES	TOTAL ALLOC. PARTS A, B and MAI (Column 5 pgs. 1, 2, & Column 4, page 3)	OTHER CONTRACTED FUNDING NCC FY 2016/17	OTHER CONTRACTED FUNDING STATE FY 2016/17	OTHER CONTRACTED FUNDING CDC 2016	TOTAL OTHER FUNDING (Cols 5 thru 7)	TOTAL ALL FUNDING COMMITTED (Columns 4 + 8)	VARIANCE TOTAL ALLOC. (Col 4) VS. TOTAL ALL FNDG/COMMIT (Col 9) (Columns 4 vs. 9)
OUTPATIENT/ AMBULATORY MEDICAL CARE	30.0%	$ 10,242,328	$ 400,000	$ 80,000		$ 480,000	$ 10,722,328	$ (480,000)
CASE MANAGEMENT SERVICES (Non Medical) - Benefits Specialty	3.6%	1,229,079				0	1,229,079	0
ORAL HEALTH CARE	2.3%	785,245				0	785,245	0
MENTAL HEALTH SERVICES, PSYCHIATRY	1.3%	443,834				0	443,834	0
MENTAL HEALTH SERVICES, PSYCHOTHERAPY	4.7%	1,604,631				0	1,604,631	0
MEDICAL CASE MGMT SVCS - MEDICAL CARE COORDINAT	30.0%	10,242,328	83,000			83,000	10,325,328	(83,000)
CASE MANAGEMENT SERVICES - LINKAGE CASE MANAGE	2.0%	682,822		-		0	682,822	0
OUTREACH SERVICES	0.0%	601,003				0	601,003	0
SUBSTANCE ABUSE TREATMENT SERVICES - RESIDENTIAI	6.0%	2,048,466		0		0	2,048,466	0
HOUSING SERVICES	13.5%	10,662,238				0	10,662,238	0
MEDICAL TRANSPORTATION SERVICES	2.1%	716,963				0	716,963	0
FOODBANK HOME DELIVERED MEALS - NUTRITION SUPPC	2.9%	990,092				0	990,092	0
CASE MANAGEMENT (NON MEDICAL) TRANSITIONAL CAS	0.0%	1,207,730				0	1,207,730	0
HOME AND COMMUNITY BASED HEALTH SERVICES	0.0%	-	1,320,000			1,320,000	1,320,000	(1,320,000)
REFERRAL FOR HEALTH CARE / SUPPORT SERVICES	0.9%	307,270				0	307,270	0
MEDICAL NUTRITION THERAPY	0.1%	34,141				0	34,141	0
LEGAL SERVICES	0.6%	204,847				0	204,847	0
LINGUISTICS SERVICES	0.0%	291,916				0	291,916	0
SUB-TOTAL DIRECT SERVICES	100.0%	$ 42,294,932	$ 1,803,000	$ 80,000	$ -	$ 1,883,000	$ 44,177,932	$ (1,883,000)
QUALITY MANAGEMENT		1,177,279	0	0	0	0	1,177,279	0
ADMINISTRATIVE SERVICES		4,830,246	4,500,000	0	52,000	4,552,000	9,382,246	(4,552,000)
GRAND TOTAL	**100.0%**	**$ 48,302,457**	**$ 6,303,000**	**$ 80,000**	**$ 52,000**	**$ 6,435,000**	**$ 54,737,457**	**$ (6,435,000)**

Note: Cols 5 & 6 - The Ambulatory Outpatient Medical allocation for subcontracted agency's in Column 5 represents the enhanced AOM rates for some providers for meeting program objectives, Column 6 represents an estimate of DHSP's administrative costs for ADAP coordination.

(*) Columns 5, 6 and 7 reflects the estimated contract expenditure amounts and can be adjusted for contract increases, reductions or contract terminations.

Note: column 10 Variance of Total Allocation Part A, Part B and MAI Year 26 vs. Total All Contracts/Commitments - if the variance amount is a negative number, this means that the contracts/commitments exceeds the Part A, Part B or MAI Year 26 available funding. Expenditures that exceeds grant funding will be offset with Net County Cost, State or CDC funding.

LOS ANGELES COUNTY
COMMISSION ON HIV

Priority- and Allocation-Setting

FY 2018-2019
Framework and Process

Al Ballesteros, MBA/Jason Brown, *Co-Chairs*
Planning, Priorities and Allocations (PP&A) Committee

April 18, 2017

FY 2018-19 P-and-A FRAMEWORK and PROCESS

APRIL

CREATE PROCESS FRAMEWORK

- Comprehensive priority- and allocation- setting
- Integrates prevention and care funding and allocations
- Follows planning expected by a continuum that spans all HIV services
  - Use the Comprehensive HIV Continuum as a planning tool
- Consideration of the impact of current political landscape on HIV/STI prevention, care, and access to care

FY 2018-19 P-and-A FRAMEWORK and PROCESS

MAY

REVIEW PARADIGMS

- Compassion: response to suffering of others that motivates a desire to help
- Equity: allocating levels of investments and commitment that meaningfully address the needs of populations disproportionately impacted by HIV/STIs and social determinants of health

FY 2018-19 P-and-A FRAMEWORK and PROCESS

MAY

REVIEW OPERATING VALUES

- Efficiency: accomplishing the desired operational outcomes with the least use of resources
- Quality: the highest level of competence in the decision-making process
- Advocacy: addressing the asymmetrical power relationships of stakeholders in the process
- Representation: ensuring that all relevant stake-holders/constituencies are adequately represented in the decision-making process

FY 2018-19 P-and-A FRAMEWORK and PROCESS

JUNE

COMPARE LOCAL OUTCOMES to OTHER ENTITY DASHBOARDS

- National HIV/AIDS Strategy goals
- National/local treatment cascades
- Comprehensive HIV Plan goals

This information and data will form the basis of the annual combined Commission/DHSP report to the Board of Supervisors on progress towards ending the epidemic in LA County.

Note: OI indicates *opportunity for improvement* or data not currently available.

FY 2018-19 P-and-A FRAMEWORK and PROCESS

JUNE

LOCAL EPIDEMIOLOGICAL PROFILE

- Use the Comprehensive HIV Plan (CHP), epidemiology updates, and other relevant materials
- Enables public and planning stake-holders to comprehend the size and scope of the epidemics, and changes in its spread and impact

FY 2018-19 P-and-A FRAMEWORK and PROCESS

JUNE

ASSESS LOCAL DISEASE BURDEN CHANGE

- Review local treatment cascades
- Review aggregate effectiveness/ quality data
- Learn lesson from geo-spatial analysis of syndemic infection/disease cluster

Note: OI indicates *opportunity for improvement* or data not currently available.

FY 2018-19 P-and-A FRAMEWORK and PROCESS

JUNE

SERVICE UTILIZATION REPORT (or similar data source)

- Were services maxed out or over-funded?
- How often did patients/clients access services?
- Request for proposals being issued and how they will impact service categories in PY 27.

Note: Used in preparation for the HRSA application.

FY 2018-19 P-and-A FRAMEWORK and PROCESS

JUNE

CONSUMER NEEDS ASSESSMENT

- Utilization of 2016 LACHNA (LAC HIV Needs Assessment)
  - Scientifically valid data collection of consumer needs
- CHP Target Population Listening session information

Note: OI indicates *opportunity for improvement* or data not currently available.

FY 2018-19 P-and-A FRAMEWORK and PROCESS

JUNE

CONSUMER NEEDS ASSESSMENT

- HRSA definition of consumer – Individuals "receiving HIV-related services" from Ryan White Part A providers and include PLWHA receiving services themselves and the parents and care givers of minor children who are receiving such services.

FY 2018-19 P-and-A FRAMEWORK and PROCESS

JULY

RANK SERVICE (CATEGORY)

- Prioritization: ranking categories based on consumer need (ONLY!)
- It's what is needed from most to least in comparison to other services
- Funding availability is not a consideration; some less needed services are funded well

Note: The ranking of categories are dependent upon the receipt of the Utilization report.

FY 2018-19 P-and-A FRAMEWORK and PROCESS

JULY

Review

- Minority AIDS Initiative (MAI) – Executive Director
  - Overview of initiative plan
    - Purpose
    - Goals
    - HRSA HAB Expectations/Requirements
    - Planning Council Responsibilities

FY 2018-19 P-and-A FRAMEWORK and PROCESS

JULY

PRESENTATION

- MAI – Division of HIV and STD Programs (DHSP)
  - Ryan White Part A and MAI Program Year (PY) 26 Expenditures
  - PY 27 Part A, MAI and Part B Projected Expenditures
  - Funded RFP's that impact PY 28
  - Expanded Service Categories that will increase expenditures.
  - Total Budget Amounts for Part A, B and MAI
  - Net County Cost (NCC) used to support Care

FY 2018-19 P-and-A FRAMEWORK and PROCESS

JULY

DETERMINE PRELIMINARY ALLOCATION STRATEGIES

- Determine allocations
- Monitor financial expenditures
- Allocation plans needed for RW and HRSA applications
- Preliminary plans—may extend current year strategies
- In all likelihood, the strategies will be revised as P-and-A concludes

FY 2018-19 P-and-A FRAMEWORK and PROCESS

JULY

SET RESOURCE ALLOCATIONS WITH FUNDING FROM

- RW Part A
- RW Part B from State OA
- Minority AIDS Initiative (MAI)
- Plan and Strategies
- CHP Resource Inventory Report
- Alignment with HOPWA
- Recommendations for use of NCC

FY 2018-19 P-and-A FRAMEWORK and PROCESS

JULY

DEFINE TARGETED ALLOCATIONS

- Funding amounts/%s to be allocated based on additional factors:
  - Vulnerable populations
  - Disparities/co-morbidities
  - Patient characteristics *(e.g. ethnicity)*
  - Interventions/effectiveness
  - Geography/housing

FY 2018-19 P-and-A FRAMEWORK and PROCESS
ONGOING

REVIEW FINANCIAL INFORMATION

- Financial expenditure data
- Develop resource inventory
  - CHP Resource Inventory Report
- Identify alternate sources of funding
- Consider the context of healthcare landscape and funding

FY 2018-19 P-and-A FRAMEWORK and PROCESS
ONGOING

GAPS and BARRIERS ANALYSIS

- Where does service availability not meet expectations/need?
- Where are key gaps negatively impacting effectiveness?
- What are key disparities/barriers that must be addressed?

FY 2018-19 P-and-A FRAMEWORK and PROCESS

ONGOING

SERVICE and SYSTEM CAPACITY ASSESSMENT

- Review migration/enrollment patterns

FY 2018-19 P-and-A FRAMEWORK and PROCESS

JANUARY 2018/Ongoing

CONTINGENCY FUNDING SCENARIOS

- Plans to modify allocations if funding awards vary greatly from projections.
- Should be done in advance, not when the award is received because the decision-making becomes too emotional and personal.

FY 2018-19 P-and-A FRAMEWORK and PROCESS

FEBRUARY 2018

P-and-A DIRECTIVES to ADMINISTRATIVE PARTNERS

- Additional specific objectives that require specified work activities
- Expectations, recommendations, guidance
- Goes to DHSP, Commission, other stakeholders

FY 2018-19 P-and-A FRAMEWORK and PROCESS

FEBRUARY 2018

PROCESS EVALUATION

- Did we accomplish everything we intended to?
- Were all steps necessary and useful?
- Was the process an effective one?
- What do we need to change?
- What steps do we need to enhance?

FY 2018-19 P-and-A FRAMEWORK and PROCESS
FEBRUARY 2018

Prevention-Focused Planning

- CDC prevention funding
- CHP Resource Inventory Report
- Recommendations for use of NCC

FY 2018-19 P-and-A FRAMEWORK and PROCESS

The Los Angeles County Commission on HIV invites you to a Community Review of its HIV Prevention Service Standards for Los Angeles County

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What is a HIV Prevention Service Standard?

Service standards outline the elements and expectations a service provider follows when delivering a HIV prevention service.

Why is it needed?

Service standards establish the minimal level of service that a provider may offer within the County of Los Angeles to prevent the transmission of HIV.

Two Community Review sessions will be held:

May 19, 2017
Commission on HIV
3530 Wilshire Blvd., 7th Floor, CR A&B
Los Angeles, CA 90012
10:00am – 11:30am | 12:00pm – 1:30pm
(BREAKFAST PROVIDED) (LUNCH PROVIDED)

seating is limited so please RSVP your participation by May 17, 2017 for only **one session**

For more information or to RSVP, please contact Doris Reed at dreed@lachiv.org

Los Angeles County Commission on HIV (COH)
2017 Training Schedule for Commissioners (Revised 3/1/17)

PLEASE NOTE DATE CHANGES IN RED. THANK YOU.

WORKSHOP LOCATION AND TIME: All workshops will be held at the COH office, located at 3530 Wilshire Blvd., Suite 1140, Los Angeles, CA 90010 FROM 1 PM TO 3 PM. Please RSVP to confirm your attendance to JJones@lachiv.org.

Data and Epidemiology Overview: January 19 & July 20

Effective Communication and Active Listening: January 31 & ~~May 18~~ June 15

Running and Facilitating Meetings: ~~March 14~~ April 5 & June 13

Planning Council Refresher: February 14 & August 22

HIV & STD 101: Online and Ongoing
http://www.cdc.gov/cdctv/diseaseandconditions/hiv/hiv-aids-101.html

Health Insurance Portability and Accountability Act of 1996: Online and Ongoing
https://www.youtube.com/watch?v=mEu6NGPA0Cg

These trainings are **highly recommended.** The Ryan White HIV/AIDS Program Part A Manual stipulates the provision of a thorough orientation to new and returning planning council members and ongoing formal training to attain skills necessary to perform their duties.

LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
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The Public Policy (PP) 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 PP Committee activities.

2017 POLICY PRIORITIES

(Adopted 4-27-17)

POLICY PRIORITIES

The Public Policy Committee recommends the following policy priorities for the Commission on HIV to focus on in 2017 (*in no particular order*):

- Preserve access to and continuity of care for PLWHA and communities at highest risk for the acquisition and transmission of HIV disease.
    - Preserve federal funding for Medicaid, Medicare, and for HIV/AIDS programs
    - Preserve health insurance coverage for individuals with pre-existing conditions, including HIV

- Protect HIV service access and availability in California's annual budgeting process.

- Maintain and preserve the Ryan White Program (RWP) 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.

- 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 the National HIV AIDS Strategy goals.

- 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/STIs

- Enhance Federal accountability for deliverables from a heightened and coordinated federal response, particularly in the context of local planning and responsiveness to the NHAS.

- Support proposals and increased funding for the provision of: prevention, care and treatment services; and bio-medical interventions (such as PreP and PEP) for people at risk for acquiring HIV and people living with HIV/AIDS; and comprehensive HIV/STI counseling, testing, education, outreach, research and social marketing programs.

- Support proposals that seek to reduce stigma and address social determinants of health such as homelessness, violence, poverty, and lack of education, in order to improve health outcomes for people living with HIV/AIDS and special populations at highest risk for contracting HIV.

- Support proposals that eliminate discrimination against or the criminalization of people living with, or at risk of, HIV/AIDS.

- Support proposals that reduce the cost of HIV/AIDS and STI drugs.

- Support proposals that expand the inclusion of HIV biomedical interventions in basic health benefits packages.

- Preserve full funding and accessibility to the AIDS Drug Assistance Program (ADAP).

Los Angeles County Commission on HIV
2017-2018 Legislative Docket

(Updated 5/1/2017)

Draft

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/ AMENDMENTS | OPPOSE w/ AMENDMENTS | NO POSITION

BILL	TITLE	DESCRIPTION	POSITION	STATUS	COMMENTS
STATE ASSEMBLY & SENATE BILLS					
AB 9 (Garcia)	Sales and Uses Taxes; Feminine Hygiene Products	Would exempt the sale, use, storage, and other consumption, of tampons, sanitary napkins, menstrual sponges, and menstrual cups, from State sales and use taxes; would take effect January 1, 2018.	**SUPPORT**	**ASM REVENUE & TAXATION**	
AB 39 (Bocanegra)	Hate Crimes Registry	This bill would declare the intent of the Legislature to enact legislation to establish a "Hate Crime Registry" for purposes of creating a repository of information on hate crimes committed in California.	**OPPOSE w/ AMENDMENT**	**ASM APPROPRIATIONS**	A repository of data is a good starting point but not clear as to what happens to data once collected. What "summary" will be reported to law enforcement? Can a person potentially be "outed" if suspected, although not proven to have committed a crime? **Supportive of intent. Further f/u requested.*
AB 74 (Chiu et al)	Housing Grant Funds	This bill would require the Department of Housing and Community Development (HCD) to establish the Housing for a Healthy California Program on or before April 1, 2019, to award grants to eligible grant applicants based on specified guidelines, including that the applicant identify a source of funding; agree to contribute funding for interim and long-term rental assistance; agree to collect and report data; and use the funds for long-term rental assistance and interim housing. The bill would apply to homeless Medi-Cal beneficiaries eligible for Supplemental Security Income and who are likely to improve their health with supportive services; would require HCD to analyze and report program data to specified legislative committees; would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget Bill.	**SUPPORT**	**ASM APPROPRIATIONS**	

BILL	TITLE	DESCRIPTION	POSITION	STATUS	COMMENTS
STATE ASSEMBLY & SENATE BILLS					
AB 182 (Waldren et al)	Heroin and Opioid Abuse	This bill would require the State Department of Health Care Services (DHCS) to implement a comprehensive and, the "Heroin and Opioid Public Education (HOPE) Initiative," a multicultural public awareness education and awareness campaign on the effects and warning signs of heroin and opioid medication abuse. The bill would require DHCS to conduct a survey of households and one focus group, each annually, to gauge the initiative's effectiveness, the results of which would be reported to the Governor and Legislature.	**SUPPORT w/ AMENDMENTS**	**ASM APPROPRIATIONS**	Amend to include harm reduction language and potentially include a broad list drugs, specifically meth; relates to those living with and at risk for HIV/AIDS. Also, states should not be in business of stigmatizing and condemning drug use; references to such should be stricken. **Friendly amendments confirmed to be made to stigma language. Further f/u requested re: broader list of drugs.*
AB 186 (Eggman et al)	Controlled Substance: safer drug consumption program	Until January 1, 2022, this bill would authorize specified counties or cities within those counties to authorize the operation of supervised injection services programs for adults that satisfies specified requirements, including, among other things, a space supervised by healthcare professionals or other trained staff where people who use drugs can consume preobtained drugs, sterile consumption supplies, and access to referrals to addiction treatment. The bill would require any entity operating a program under its provisions to provide an annual report to the city, county, or city and county, as specified. The bill would exempt a person from existing criminal sanctions while he or she is using or operating a supervised injection services program for adults authorized by a city, county, or city and county.	**SUPPORT**	**ASSEMBLY**	Upon recommendation to BOS, emphasis this bill as priority for Commission.
AB 210 (Santiago)	Housing Services; Multidisciplinary Personnel Team	This bill would authorize counties to also establish a homeless adult, child, and family multidisciplinary personnel team with the goal of expediting linkage of homeless individuals to housing and supportive services and to ensure continuity of care to allow service providers to share confidential information; would authorize the homeless adult, child, and family multidisciplinary personnel team, to designate qualified persons to be a member of the team and bound each member to the same privacy and confidentiality obligations. The bill would also require confidential records to be managed under maximum protection of privacy.	**SUPPORT w/ AMENDMENT**	**ASM PRIVACY AND CONSUMER PROTECTION**	BOS supports bill. Amend to strike out language limiting legal representation to just criminal matters; language should reflect broad representation in all legal matters. Public Counsel recommended same amendments.
AB 265 (Wood/Chiu)	Prescription Drug Discounts	This bill would prohibit a prescription drug manufacturer, operating in California, from offering discounts or other cost savings on any prescription drug if a lower cost (brand name or non-brand name), therapeutically equivalent, as designated United States Food and Drug Administration, as the manufacturer's product.	**OPPOSE w/ AMENDMENTS**	**ASM APPROPRIATIONS**	Amend to carve-out language for STIs, specifically HEP. **Further f/u requested.*

BILL	TITLE	DESCRIPTION	POSITION	STATUS	COMMENTS
STATE ASSEMBLY & SENATE BILLS					
AB 291 (Chiu et al)	Housing; Immigration; Extortion	Would stiffen existing laws imposing penalties, up to and including disbarment, of any member of the State Bar for threatening to disclose the suspected immigration status of a party to a civil or administrative action, because said party has exercised a right related to his or her employment. The bill would also prohibit a lessor from using, or threatening to use, the immigration status against a tenant or someone associated with that tenant, for any reason related to the property at hand; would prohibit a lessor from disclosing immigration status, to immigration or law enforcement authorities unless directed or requested by federal authorities. The bill would also declare the immigration or citizenship status of any person as irrelevant to any issue of liability or remedy pertaining to tenant rights unless two exceptions apply.	**SUPPORT**	**ASSEMBLY PRIVACY & CONSUMER PROTECTION**	
AB 677 (Chiu)	LGBT Disparities Reduction Act	Would take existing reporting requirements identified in the LGBT Disparities Reduction Act, which requires specific State departments who collect voluntary data as to the demographic ancestry and ethnic origin, gender identity, and sexual orientation of Californians, and extend those requirements to additional State agencies and require them to comply as early as possible, but no later than July 1, 2019.	**SUPPORT**	**ASSEMBLY APROPRIATIONS**	
AB 800 (Chiu)	Hate Crimes Hotline	This bill would require the State Attorney General to establish a toll-free public hotline telephone number for the reporting of hate crimes, and for the dissemination of information about the characteristics of hate crimes, protected classes, civil remedies, and reporting options; would require the Attorney General to post, maintain, and publicize a reporting form for hate crimes and hate incidents online.	**SUPPORT**	**ASSEMBLY APPROPRIATIONS**	
AB 888 (Low)	Cal Grants: Private Postsecondary Educational Institutions	Would require, beginning in 2018, every private postsecondary educational institution that receives Cal Grant funding to annually report to the Legislature its student disciplinary actions, including, but not limited to, its rate of expulsion, for the previous academic year in connection with whether the disciplined students were Cal Grant recipients, and whether the disciplinary action was taken in connection with students who fit one or more of a list of specified categories; would specify that each report shall not include personally identifiable information about the disciplined students.	**SUPPORT**	**ASSEMBLY HIGHER EDUCATION**	Provides transparency and a reporting mechanism to prevent students being expelled from private/religious post-secondary institutions receiving Title IX funds, on the basis of their sexual orientation or gender identity
AB 1161 (Ting)	Hate Crimes	This bill would require any hate crime policy adopted or revised by a State or local law enforcement agency to include, among other things, the model policy framework developed by the Commission on Peace Officer Standards and Training (POST) and information regarding bias motivation; would require any state or local law enforcement agency that adopts or revises a hate crime policy to consult specified groups.	**SUPPORT**	**ASSEMBLY APPROPRIATIONS**	

BILL	TITLE	DESCRIPTION	POSITION	STATUS	COMMENTS
STATE ASSEMBLY & SENATE BILLS					
AB 1534 (Nazarian)	Healthcare Coverage; HIV Specialists; Primary Care Physicians	The bill would require a health care service plan contract or health insurance policy to include an HIV specialist, as defined, as an eligible primary care provider; would require access to HIV specialists to be subject to the regulations, standards, and reporting requirements as mandated by the Department of Managed Health Care and the Insurance Commissioner.	**WATCH**	**ASSEMBLY APPROPRIATIONS**	Need more info; clarification on who is considered a HIV specialist. * *Further f/u and analysis review requested.*
SB 17 (Hernandez/Chiu)	Health care: prescription drug costs	This bill would require health care service plans or health insurers that file the above-described rate information to report to DMHC or DOI, on a date no later than the reporting of the rate information, specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispensed as provided. DMHC and DOI would be required to compile the reported information into a report for the public and legislators that demonstrates the overall impact of drug costs on health care premiums and publish the reports on their Internet Web sites by January 1 of each year. The bill would require a manufacturer of a prescription drug that is purchased or reimbursed by specified purchasers, including state agencies, health care service plans, health insurers, and pharmacy benefit managers, to notify the purchaser if the wholesale acquisition cost of a prescription drug exceeds a specified threshold. The bill would require the manufacturer to notify the Office of Statewide Health Planning and Development (OSHPD) of specified information relating to that increase in wholesale acquisition cost at the time that the increase takes effect. The bill would require the manufacturer to notify OSHPD of specified information relating to the wholesale acquisition cost of a new prescription drug if the cost exceeds a specified threshold. The bill would require OSHPD to enforce these provisions and would subject a manufacturer to liability for a civil penalty if the information described above is not reported. The bill would authorize OSHPD to adopt regulations or issue guidance for the implementation of these provisions.	**SUPPORT**	**SENATE APPROPRIATIONS**	

BILL	TITLE	DESCRIPTION	POSITION	STATUS	COMMENTS
STATE ASSEMBLY & SENATE BILLS					
SB 31 (Lara et al)	California Religious Freedom Act: state agencies: disclosure of religious affiliation information	This bill would prohibit a state or local agency or a public employee acting under color of law from providing or disclosing to the federal government personal information regarding a person's religious beliefs, practices, or affiliation, as specified, when the information is sought for compiling a database of individuals based on religious belief, practice, or affiliation, national origin, or ethnicity for law enforcement or immigration purposes. The bill would also prohibit a state agency from using agency resources to assist with any government program compiling such a database, or from making state databases available in connection with an investigation or enforcement under such a program. The bill would prohibit state and local law enforcement agencies and their employees from collecting personal information on the religious beliefs, practices, or affiliation of any individual, except as part of a targeted investigation, as provided, or where necessary to provide religious accommodations. The bill would also prohibit law enforcement agencies from using agency or department moneys, facilities, property, equipment, or personnel to investigate, enforce, or assist in the investigation or enforcement of any criminal, civil, or administrative violation, or warrant for a violation, of any requirement that individuals register with the federal government or any federal agency based on religion, national origin, or ethnicity. The bill would also terminate, to the extent of any conflict, any existing agreements that make any agency or department information or database available in conflict with these provisions. This bill would declare that it is to take effect immediately as an urgency statute.	**SUPPORT**	**ASSEMBLY**	
SB 54 (De Leon)	Law enforcement: sharing data	This bill would, among other things, things and subject to exceptions, prohibit state and local law enforcement agencies, including school police and security departments, from using resources to investigate, interrogate, detain, detect, or arrest persons for immigration enforcement purposes, as specified	**WATCH**	**ASSEMBLY**	**Further research and f/u requested.*
SB 179 (De Leon et al)	Gender Recognition Act of 2017	This bill would authorize a person (including minors) to amend their birth certificate, driver's license, gender change court order, and/or other state issued forms of identification, to read female, male, or non-binary; would require driver's license applicants to choose a gender category of female, male, or non-binary as part of the applicant's description.	**SUPPORT**	**SENATE APPROPRIATIONS**	

BILL	TITLE	DESCRIPTION	POSITION	STATUS	COMMENTS
STATE ASSEMBLY & SENATE BILLS					
SB 219 (Wiener et al)	Seniors Long Term Care Bill of Rights	Would prohibit, except as specified, long-term care facilities from basing treatment and/or care on an individual's actual or perceived sexual orientation, gender identity, gender expression, or HIV status. Would also prohibit, among other things, a facility from refusing to communicate with an individual per their preferred name/pronoun, denying that individual admission, transferring or refusing to transfer a resident within a facility or to another facility, or discharging a resident from based on the same factors; would impose a state-mandated local program.	**SUPPORT**	**SENATE JUDICIARY**	
SB 239 (Wiener et al)	Modernizing Discriminatory HIV Criminalization Laws	Would reduce conviction of intentional transmission of an infectious or communicable disease, including HIV, from a felony to a misdemeanor charge; would also apply to third party defendants as well; would mandate the identities of the parties involved be concealed, vacate/dismiss any conviction, charge, and/or related arrest, and mandate any legal records of such a legal event be destroyed by June 30, 2018; would authorize persons convicted of such an offense to petition for a recall or dismissal of their sentence before the trial court that entered the judgment and require courts to then vacate these convictions and grant credit for time already served for any remaining counts; would repeal provisions of existing law requiring persons convicted of prostitution for the first time to complete education on the acquisition of AIDS and to submit to testing for AID; would also repeal provisions requires such a defendant, as a condition of either probation or participating in a drug diversion program, to participate in an AIDS education program.	**SUPPORT**	**SENATE APPROPRIATIONS**	Disclosure: APLA co-authored bill and is supported by a host of local stakeholders, i.e. LGBT, Free Speech Coalition, etc.
SB 310 (Atkins)	Name and Gender Change: State Prisons and County Jails	Would remove limitations on a petition for a change of name filed by a person incarcerated in a State prison; would instead establish the right of an inmate in a State or County facility to petition the court for a change of name or gender; would require the facility to address an individual, who has legally obtained a name change, by their new name and to list the prior name only as an alias; would create a state-mandated local program.	**SUPPORT**	**SENATE APPROPRIATIONS**	

BILL	TITLE	DESCRIPTION	POSITION	STATUS	COMMENTS
STATE ASSEMBLY & SENATE BILLS					
SB 562 (Lara et al)	Single-Payer Health Insurance Program	This bill would enact the Healthy California Act and create a comprehensive universal single-payer health care program, Healthy California; would provide that the program cover, among other things, the Children's Health Insurance Program (CHIP), Medi-Cal, ancillary care and social services for persons with developmental disabilities, Knox-Keene, and Medicare; would create the Healthy California Trust Fund in the State Treasury, as a continuously appropriated fund, consisting of any federal and state moneys received; would create a nine member Healthy California governing board and establish a public advisory committee to advise the board on policy matters; would prohibit health insurers from offering benefits or coverage offered under the program, except as provided; would authorize providers to collectively negotiate rates of payment for services, prescription and nonprescription drugs, and payment methodologies using a third-party representative, as provided.	**SUPPORT**	**SENATE HEALTH**	
SB 695 (Lara/Mitchell)	Sex Offender Registration	Would establish 3 tiers of the State's sex offender registration based on specified criteria, for periods of at least 10 years, at least 20 years, and life, respectively, as specified; would establish specified procedures for removal the sex offender registry for a first or second tier offender who completes their mandated minimum registration period; would require the offender to file a petition at the expiration of his or her minimum registration period; would authorize a hearing on the petition if the petitioner has not fulfilled the requirement of successful tier completion; would also establish eligibility criteria for a tier three offender to petition the court for placement in tier two, under specified conditions.	**SUPPORT**	**SENATE PUBLIC SAFETY**	

CALIFORNIA HIV ALLIANCE

FY 2017-18 Budget Proposals

California has made significant progress toward reducing the spread of HIV. The state's annual number of new diagnoses is down over six percent between 2010 and 2014 (5,367 cases to 5,002). In Los Angeles and San Francisco, the decrease is even more dramatic: Los Angeles County reports a 16 percent decrease between 2010 and 2013 (to 1,820 new infections) and last year San Francisco reported 250 new infections, a decrease of 90 percent of what the city reported in the 1990s. HIV infection rates remain stubbornly high among some populations, however, most notably transgender individuals and gay and bisexual men, in particular young African-American and Latino gay and bisexual men.

We now have highly effective prevention and treatment options that allow us to envision ending the HIV epidemic. However, doing so requires that individuals living with and at risk for HIV have affordable, reliable access to health care. The Affordable Care Act (ACA) provides thousands of people living with HIV and those at risk with comprehensive health coverage. President Trump and members of Congress are currently taking steps to repeal the ACA, which would have a detrimental impact on California's efforts to reduce the spread of HIV. The California HIV Alliance urges the state to make every possible effort to maintain critical funding for Medi-Cal and other programs that provide access to affordable, quality health coverage for people living with and at risk for HIV.

In addition, the HIV Alliance requests that the state make modest but strategic investments in programs that will ensure access to care for people living with HIV, address the needs of the aging population living with HIV, and increase the number of people who know their HIV status. The HIV Alliance also requests that the state modify trailer bill language approved last year to make pre-exposure prophylaxis (PrEP) more affordable for uninsured individuals at risk for HIV. Specifically, we urge the Legislature to consider the following:

- $4 million Federal and Rebate Fund – Restore stability in the AIDS Drug Assistance Program (ADAP) and Office of AIDS Health Insurance Premium Payment Program (OA-HIPP);
- $4 million State General Fund – Increase provider reimbursement rates in the AIDS Waiver Program to be on par with rates for similar home- and community-based services waiver programs;
- $12.5 million State General Fund – Support HIV and hepatitis C virus testing and linkage to care services in drug treatment programs and other programs that serve people who use drugs;
- Modify PrEP Assistance Program trailer bill language to ensure access to financial assistance for both insured and uninsured individuals.

$4 million Federal and Rebate Fund – Restore stability in the ADAP and OA-HIPP programs

The AIDS Drug Assistance Program (ADAP) and Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) are key affordability and coverage programs that help low income people living with HIV to purchase, retain, and use comprehensive health insurance coverage to access care and treatment. ADAP also allows those who are unable to obtain health insurance to access lifesaving medications free of charge. In order for these programs to effectively serve people living with HIV, they depend on a knowledgeable and adequate enrollment worker network as well as effective state oversight and management.

The state transferred administration of these programs to three new contractors last July, but communication between the groups has been poor and there have been numerous technical glitches. As a result, the ADAP website has been down for over two months, clients have experienced delays accessing medication, some insurance policies have been cancelled, and it has been difficult for clients to receive reimbursement for medical expenses. The transition has resulted in dramatically increased and complex workloads for many

enrollment workers across the state. Additionally, the State Office of AIDS has indicated that they intend to utilize the ADAP enrollment worker network to enroll clients in the state's new PrEP Assistance Program. This will require a significant investment in the ADAP enrollment worker network to meet the anticipated demand for the program.

The state currently provides $4 million to support local ADAP enrollment services. These funds are allocated directly to ADAP enrollment sites based on ADAP's medication and insurance assistance enrollment numbers at each site. However, given the increased workload of ADAP enrollment workers due to the transition and PrEP Assistance Program, additional investment is needed to restore stability within the ADAP and OA-HIPP programs. This additional $4 million is a necessary step to ensure adequate capacity in the field. In addition, the current funding allocation model should be reviewed and adjusted to ensure that enrollment entities are sufficiently compensated for the clients they enroll.

$4 million State General Fund – Increase provider reimbursement rates in the AIDS Waiver Program to be on par with rates for similar home and community-based services waiver programs

The AIDS Waiver Program is a home and community-based services waiver program for eligible Medi-Cal recipients that provides comprehensive case management and in-home services to people living with HIV and AIDS as an alternative to more expensive skilled nursing facility care or hospitalization. The AIDS Waiver Program has been shown to significantly reduce costly inpatient days and emergency room visits. A 2016 study of the AIDS Waiver Program population at APLA Health demonstrated a decrease in acute and skilled nursing facility inpatient days of 79 and 85 percent respectively, during the year after enrollment compared with the year prior to enrollment. A 2016 study of AIDS Waiver Program clients at Sierra Foothill AIDS Foundation showed that emergency room visits decreased by an average of 65 percent during the year after enrollment compared with the year prior to enrollment. A 2016 study of AIDS Waiver Program clients at AltaMed Health Services demonstrated a decrease in inpatient days of 83 percent during the year after enrollment compared with the year prior to enrollment

Provider reimbursement rates in the AIDS Waiver Program have failed to keep pace with rates in comparable home and community-based services waiver programs. According to a 2014 analysis by the state Office of AIDS and DHCS, rates in the AIDS Waiver Program are between 10 and 58 percent lower than other home and community-based services waiver program rates for the exact same services. Most of these rates were last increased 16 years ago in 2001. This disparity in rates is discriminatory and threatens the legal rights of Medi-Cal recipients living with HIV and AIDS.

Under the current rate structure, it is impossible for AIDS Waiver Program agencies to maintain the program with the required level of staffing and not lose money on every patient admitted. Agencies try to make ends meet through charitable donations, but the losses often aren't sustainable and force agencies to either reduce services or withdraw from the program entirely. This has limited access to AIDS Waiver Program services for some of the most fragile people living with HIV and AIDS in California, many of which have comorbidities such as mental illness, heart disease, diabetes, and other chronic conditions. In 2008, the program had 41 contracted agencies providing services to 2,319 clients. In 2015, the AIDS Waiver Program had only 26 contracted agencies providing services to 1,393 clients.

Provider reimbursement rates in the AIDS Waiver Program must be increased as soon as possible to prevent the loss of additional capacity and to stabilize service delivery to people living with HIV and AIDS, one of California's most vulnerable populations. Failure to bring rates up to par could force additional agencies to close and leave beneficiaries no choice but costly institutional care. The administration has provided a preliminary cost estimate of $4 million General Fund, and an equal investment of federal matching funds, to achieve parity with other home and community- based services waiver programs.

$12.5 million State General Fund – Support HIV and hepatitis C virus testing and linkage to care services in drug treatment programs and other programs that serve people who use drugs

Robust HIV and hepatitis C virus (HCV) testing and linkage to care programs are critical to ensure that people know their status and, if infected, are linked to appropriate medical care and treatment. Both the HIV and HCV epidemics are driven, in part, by substance use and there is an urgent need to ensure people who use drugs and those engaged in drug treatment programs have access to HIV and HCV testing and linkage to care services.

For many years, the state of California was required by federal law to utilize 5% of its Substance Abuse & Mental Health Service Administration (SAMHSA) Substance Abuse Prevention & Treatment (SAPT) block grant (approximately $12.5 million) for HIV "early intervention services" in drug treatment programs. The SAMHSA SAPT block grant HIV early intervention services set-aside (a.k.a., HIV Set-Aside) requirement is in place for HIV-designated states, which are states whose rate of AIDS is 10 or more per 100,000 individuals.

In 2015, California's AIDS cases fell below the threshold of 10 per 100,000 individuals, thus the state is no longer an HIV-designated state. In FY 2016-17, the state was prohibited from utilizing SAMHSA SAPT block grant funds for HIV Set-Aside services. Ironically, one of the reasons that California has had success preventing AIDS diagnosis, and therefore falling below the threshold, is because of funding such as the HIV Set-Aside that supported comprehensive testing services and contributed to diagnosing HIV cases earlier in the course of disease. Earlier detection of HIV allows for prompt linkage to care and treatment and prevents the progression of HIV to AIDS.

HIV Set-Aside services in California included HIV education, HIV testing, linkage to care, and related infectious disease education and testing (e.g., for a number of years programs utilized funds to provide both HIV and HCV testing). To provide the smallest counties with sufficient funding to operate a viable program, each participating county received a minimum allocation of $7,500 in HIV funds. All counties in the state received HIV Set-Aside funds, except for six that declined the funds (Alpine, Calaveras, Colusa, Mariposa, Sierra, and Trinity).

The absence of the HIV Set-Aside funds has meant a loss of support for several important HIV and HCV programs and a deficit of thousands of HIV and HCV tests every year for individuals at high risk for these viruses, particularly individuals who inject drugs. In San Diego County, for example, one agency receiving HIV Set-Aside funds conducted 4,000 HIV tests and 2,000 HCV tests per year in drug treatment programs. They are no longer able to offer this service due to the loss of the HIV Set-Aside. In some counties, like Monterey County, the HIV Set-Aside was the only resource available for HIV and HCV testing in community settings and the testing program that was serving individuals in drug treatment programs no longer exists.

CALIFORNIA HIV ALLIANCE

FY 2017-18 Budget Proposals

We urge the state to backfill the loss of the HIV Set-Aside with state general fund in order to ensure that individuals at high risk for HIV and HCV who are engaged in drug treatment programs and other programs that serve people who use drugs (e.g., syringe exchange programs) receive appropriate HIV and HCV testing and, if positive, are linked to care to both improve their health and prevent transmission of these chronic infectious diseases to others.

California provided HIV Set-Aside funds based on a funding methodology that only considered HIV epidemiology and did not consider HCV case reports or any other proxy measures of HIV and HCV risk such as drug treatment program utilization, cases of sexually transmitted diseases, or drug arrests. We request that the state consider a more robust methodology that considers HIV and HCV case reports and other proxy data to allocate funding to priority counties. We also request that rather than having these funds managed by DHCS, through the Division of Alcohol & Drug Programs, these funds be managed by CDPH, through the Center for Infectious Diseases, to ensure funds are coordinated with other resources for HIV and HCV prevention, testing, and linkage to care around the state.

Modify PrEP Assistance Program trailer bill language to ensure access to financial assistance for both insured and uninsured individuals

Pre-exposure prophylaxis (PrEP) is an HIV prevention strategy in which HIV-negative individuals take a daily medication to reduce their risk of becoming infected with HIV. PrEP is a key component of the National HIV/AIDS Strategy and California's Laying a Foundation for Getting to Zero Integrated Plan. The CDC recently estimated that reaching national targets for HIV testing and treatment and scaling up use of PrEP could reduce new HIV infections in the US by as much as 70% by 2020.

Cost is a major barrier to PrEP use. Truvada, the medication currently approved for use as PrEP, is roughly $1,500 for a 30-day supply. Individuals using PrEP are also required to see a doctor on a regular basis for routine HIV testing and lab work. Long-term success of PrEP will require that individuals have access to these services at low or no cost. PrEP is covered by Medi-Cal, Medicare, and most major health insurance plans in California. And Gilead Sciences, the manufacturer of Truvada, has patient assistance programs which provide free drug to uninsured individuals with annual incomes below 500 percent of the Federal Poverty Level and up to $3,600 per year for individuals with insurance. However, these programs do not cover costs associated with doctors' visits, HIV testing, and labs. These expenses can render PrEP cost prohibitive, particularly for uninsured and underinsured individuals.

In the 2016 Budget Act, ADAP received statutory and budgetary authority to cover PrEP medications on the ADAP formulary and related medical co-pays, co-insurance, and deductibles incurred by insured individuals with annual incomes below 500 percent of the Federal Poverty Level. However, uninsured individuals are currently prohibited from enrolling in the program because of an interpretation in the language of the statute. We propose modifying California's PrEP Assistance Program trailer bill language to ensure access to financial assistance for both insured and uninsured individuals.

CALIFORNIA HIV ALLIANCE

FY 2017-18 Budget Proposals

The California HIV Alliance requests that the state make modest but strategic investments in programs that will ensure access to care for people living with HIV, address the needs of the aging population living with HIV, and increase the number of people who know their HIV status. The HIV Alliance also requests that the state modify trailer bill language approved last year to make pre-exposure prophylaxis (PrEP) more affordable for uninsured individuals at risk for HIV. Specifically, we urge the Legislature to consider the following:

$4 million Federal and Rebate Fund – Restore stability in the ADAP and OA-HIPP programs

- ADAP and OA-HIPP are key affordability and coverage programs that help low income people living with HIV access lifesaving medications and purchase comprehensive health coverage.
- The state currently provides $4 million federal and rebate fund to support local ADAP enrollment services. These funds are allocated directly to ADAP enrollment sites based on enrollment numbers.
- The state transferred administration of these programs to three new contractors last July, but problems resulting from the transition have significantly increased the burden on an already strained enrollment worker system. ADAP enrollment workers are also expected to enroll clients in a new PrEP Assistance Program later this year.
- Given the increased workload of ADAP enrollment workers due to the transition and PrEP Assistance Program, an additional $4 million federal and rebate fund is needed to support local ADAP enrollment services.

$4 million General Fund – Increase provider reimbursement rates in the AIDS Waiver Program

- The AIDS Waiver Program provides comprehensive case management and in-home services to eligible Medi-Cal recipients living with HIV/AIDS as an alternative to nursing facility care or hospitalization.
- According to a 2014 analysis by DHCS, reimbursement rates in the AIDS Waiver Program are between 10 and 58 percent lower than other home and community-based services waiver program rates for the exact same services.
- Under the current rate structure, it is impossible for AIDS Waiver Program agencies to maintain the program with the required level of staffing and not lose money on every patient admitted.
- Provider reimbursement rates in the AIDS Waiver Program must be increased to prevent the loss of additional capacity and to stabilize services for people living with HIV/AIDS. Based on DHCS data, $4 million general fund would bring these rates up to par with comparable home and community-based services waiver programs.

$12.5 million General Fund – Support HIV and hepatitis C virus testing and linkage to care services

- For many years, California was required by federal law to use 5 percent of its SAMHSA Substance Abuse Prevention & Treatment (SAPT) block grant (approximately $12.5 million) for HIV early intervention services in drug treatment programs including HIV and hepatitis C virus testing and linkage to care (a.k.a., HIV Set-Aside).
- In FY 2016-17, California was prohibited from using SAMHSA SAPT block grant funds for HIV Set-Aside services because the state's AIDS cases fell below the threshold of 10 per 100,000 individuals. The absence of the HIV Set-Aside funds has meant a loss of support for several important HIV and hepatitis C programs and a deficit of thousands of HIV and hepatitis C virus tests every year.
- We urge the state to backfill the loss of the HIV Set-Aside with $12.5 million general fund in order to ensure that individuals at high risk for HIV and hepatitis C who are engaged in drug treatment programs receive appropriate HIV and hepatitis C virus testing and linkage to care services.

Modify PrEP Assistance Program trailer bill language to ensure access to financial assistance for both insured and uninsured individuals

- PrEP is a key component of California's Laying a Foundation for Getting to Zero Integrated Plan, but cost can be a major barrier to PrEP use for uninsured and underinsured individuals.
- In the 2016 Budget Act, ADAP received authority to cover PrEP medications and related medical copays, coinsurance, and deductibles for insured individuals with annual incomes below 500 percent FPL.
- Uninsured individuals are currently prohibited from enrolling in the state's PrEP Assistance Program because of an interpretation in the language of the statute. Trailer bill language must be modified to ensure access to financial assistance for both insured and uninsured individuals.

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15. Caucus, Task Force and Work Group

A. Housing Task Force

(1) Talking Points

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Commission on HIV Housing Talking Points

(Prepared 4/26/17)

HIV in Los Angeles County[i]

- Over the past 30+ years, the HIV epidemic has changed from an acute, life-threatening disease, to a manageable chronic condition.

- Antiretroviral therapy (ART) is effective in reducing an HIV+ person's viral load to undetectable and thereby diminishes the risk for transmitting HIV dramatically.

- Since the beginning of the epidemic, Los Angeles County continues to have the second largest number of persons living with HIV (PLWH), including AIDS, in the U.S. At the end of 2014, it was estimated that there were approximately 58,503 PLWH in the county.

- Communities of color in Los Angeles County, especially Latinos, Blacks/African Americans, and American Indians/Alaska Natives continue to be severely and/or disproportionately impacted by HIV.

- Men who have sex with men (MSM), especially young MSM 18-29 years old is the largest population of PLWH who are newly diagnosed.

- Los Angeles County's total population of PLWH are aging and are experiencing other co-morbid health conditions associated with aging such as heart disease, diabetes, and high blood pressure.

- Stigma and fear of discrimination continue to impact this population, impeding access to necessary life-saving services and treatments.

- 44,359 homeless individuals in Los Angeles County, according to LAHSA; 25,686 in the City of Los Angeles.

- 75% of PLWH live below 300% FPL (eligible for HOPWA/Section 8)

- As of 2014, homeless individuals account for approximately 10.8% of diagnosed HIV cases in Los Angeles County.

HOPWA Modernization

- A new law, *The Housing Opportunity through Modernization Act (H.R. 3700)*, was signed into law July 29, 2016.

- The vast majority (90%) of HOPWA funds go toward formula grants to Metropolitan Statistical Areas and States. The prior formula gave funding to each jurisdiction based on **cumulative AIDS cases** and did not account for how many people with HIV/AIDS currently live in the jurisdiction. The law provides that HOPWA modernization, based on "living with HIV" data, will be effective for the 2017 allocation year.

- Jurisdictions will not gain more than 5% or lose more than 10% than their prior year funding during the 5-year phase in.

- The law provides that HOPWA modernization will begin in Fiscal Year 2017 and will be phased in over 5 years to avoid highly volatile shifts in either direction for any one jurisdiction.

Economic Benefits of Affordable Housing

- According to the National Association of Home Builders (source: "The Economic Impact of Home Building in a Typical Local Area: Income, Jobs and Taxes Generated. April 2015"), the impact of building 100 rental apartments in a typical local area, for one year is:
    - $11.7 million in local income
    - $2.2 million in taxes and other revenue for local governments, and
    - 161 local jobs

  The above are local impacts, representing income and jobs for residents of a typical metropolitan area or nonmetropolitan county, and revenue for all jurisdictions within the local area. There are also one-year impacts the include both direct and indirect effect from the construction activity itself as well as the impact of local residents who earn money from construction activity that spend part of the earned income within the local economy.

  Note: Nonprofit developments are exempt from paying property tax.

- The recurring/induced effects of building the 100 multifamily units include:
    - $2.6 million in local income
    - 503,000 in local taxes and other revenue for local governments, an
    - 44 local jobs

The above are ongoing, annual impacts that result from the multifamily units become occupied, and the occupants paying taxes and otherwise participating in the local economy on an ongoing basis.

- In a review of the literature completed by the Center for Housing Policy ("The Role of Affordable Housing in Creating Jobs and Stimulating Local Economic Development. January 2011."), it was found that, much like market-rate housing, the development of affordable housing creates jobs, both during construction and through new consumer spending after homes have been occupied.

- Government dollars spent in the construction of affordable, multifamily units generates direct and induced expenditures beyond the initial dollar investment.

- Cities benefit financially from the development or substantial rehabilitation of affordable housing. Sources include: sales taxes on building materials, corporate taxes on builders' profits, income taxes on construction workers, and fees for zoning, inspections, etc.

- Localities stand to gain from affordable housing development if the creation of these units leads to appreciating values for surrounding homes, creating a more robust tax base.

- Affordable housing programs can often bring housing costs below market rates, which can in turn increase the money available for purchasing goods and services in the local economy.

- Housing that is affordable to the local workforce will be more successful at retaining and attracting qualified labor and leveraging federal and private dollars.

- Today's affordable housing is built to high quality design and construction standards. Attractive homes contribute to community stability and create positive effects on the surround property values.

- Typically, people who qualify for an affordable home represent the professions that support local economies, including but not limited to: office clerks, retail salesforce, customer service representatives, nurses and medical technicians.

- By improving the health of people with HIV, housing assistance dramatically reduces the use of expensive emergency and in-patient services, generating "savings" in public health care spending that offset the cost of the housing – in once case reducing annual taxpayer costs by $7,000 per person housed.

- In addition, each new HIV infection prevented through more stable housing saves $400,000 in lifetime medical costs and countless life years – making housing a cost-effective HIV health care intervention.

Social Determinants of Health and Public Health

- Unstable housing can lead to: delayed HIV diagnosis, increased risk of acquiring and transmitting HIV infection, delayed entry into care, lack of regular visits for HIV primary care, delayed use of ARVs, and lesser likelihood of viral suppression.

- The United States Department of Housing and Urban Development (HUD) has documented the link between housing instability and both delayed HIV diagnosis and increased risk of acquiring and transmitting HIV infection. In addition, homelessness and unstable housing are strongly associated with inadequate access to healthcare and poor health outcomes. ***It is important to note that as an infectious disease without a cure, HIV/AIDS continues to be a critical public health issue, and there is a disproportionate risk of transmission and lack of healthcare among the homeless and unstably housed.***

- For PLWHA and those at a high-risk of contracting HIV, stable housing is the most effective health intervention, ***over time having a bigger impact on preventing transmission and retaining PLWHA in medical care than demographics, health status, insurance coverage, mental illness and substance abuse, or other supportive services.*** Retention in and continuity of medical care leads to reduced viral load (the amount of virus in the blood), which means that PLWHA are less likely to transmit HIV, and the overall County expenditures on healthcare decrease. Stable housing is also linked to more frequent HIV testing and fewer transmissions, and this three-pronged benefit of housing PLWHA will help bring LA County one step closer to realizing an AIDS-free generation.

How does housing instability affect the HIV Care Continuum?

1. *HIV Testing and Diagnosis*: Timely HIV testing is the first critical step in effective HIV care and prevention. Evidence shows that housing instability is linked to delayed HIV diagnosis and to increased risks of acquiring and transmitting HIV infection.

2. *Linkage to Care*: Every person diagnosed with HIV infection should be connected quickly (with a visit within 3 months of diagnosis) to an HIV healthcare provider who can offer

treatment and counseling to promote health and reduce the risk of ongoing HIV transmission. For PLWH, homelessness and unstable housing are conditions strongly associated with inadequate HIV health care, including failure to connect with a primary care provider.

3. *Retention in Care*: Without a cure for HIV infection, treatment is a lifelong process and regular HIV medical care is essential to sustain health. Housing status is among the strongest predictors of maintaining continuous HIV primary care, receiving care that meets clinical practice standards and returning to HIV care after dropout. PLWH experiencing homelessness and housing instability are significantly more likely than those with stable housing to experience discontinuous HIV care by dropping in and out of care and/or changing medical providers often.

4. *Antiretroviral Therapy*: The Department of Health and Human Services (HHS) guidelines now recommend offering ARV treatment to all adolescents and adults diagnosed with HIV. Multiple studies have found lack of stable housing to be one of the most significant factors limiting the use of ARVs, regardless of insurance, payer status, or other health services considerations.

5. *Achieving and Maintaining Viral Suppression*: Viral suppression optimizes the health of PLWH and dramatically reduces their risk of transmitting the virus to others. Supportive housing programs improve rates of viral suppression and other health outcomes for PLWH despite complex social and behavioral health needs.

Policy Efforts and Recommendations

The Commission on HIV supports policy recommendations included in the California HIV/AIDS Policy Research Center white paper entitled "The Affordable Housing Crisis: Impact on People Living with HIV in California".

- Continued advocacy with City Councilmembers, Board of Supervisors, and Health Deputies.

- Increase Community Advocacy (ii) - Getting HIV "on the radar" at County, City, and community-based housing meetings.

- Increase communication, collaboration and system standardization between the state, local health jurisdictions, housing authorities, nonprofit organizations and other community partners. (ii)

- Advocating prioritizing PLWH into housing in planning documents.

- Advocating for safe, affordable housing for all PLWH
  - Support for legislation aimed at increasing the affordable housing supply. (ii)
  - Making housing assistance a top priority for HIV treatment and prevention.
  - Monitor housing status as an indicator of health outcomes for PLWH and people at risk for HIV.

- Update the Coordinated Entry System (CES) reducing documentation restrictions and increase flexibility within the chromatically homeless definition for PLWHIV.(ii)

- Leveraging Other Programs by training housing authorities and non-profit organization to develop an HIV acuity system to determine whether a client can more quickly obtain housing or supportive services based on eligibility.(ii)

- Targeted Research on best practices for increasing landlord participation and review administrative aspect of housing services to identify best practices for streamlining services, collaboration and standardization. (ii)

- LACHAC Recommendation:
  - Consider HIV a "public health" issue re: housing prioritization
  - Change VI-SPDAT (**VI-SPDAT (Vulnerability Index – Service Prioritization and Decision Assistance Tool**) a tool that measures chronicity and medical vulnerability of homelessness, so that scoring system gives HIV/AIDS automatic high acuity.

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[i] Source: Los Angeles County Comprehensive HIV Plan
ii Summarized California HIV/AIDS Policy Research Center white paper recommendations

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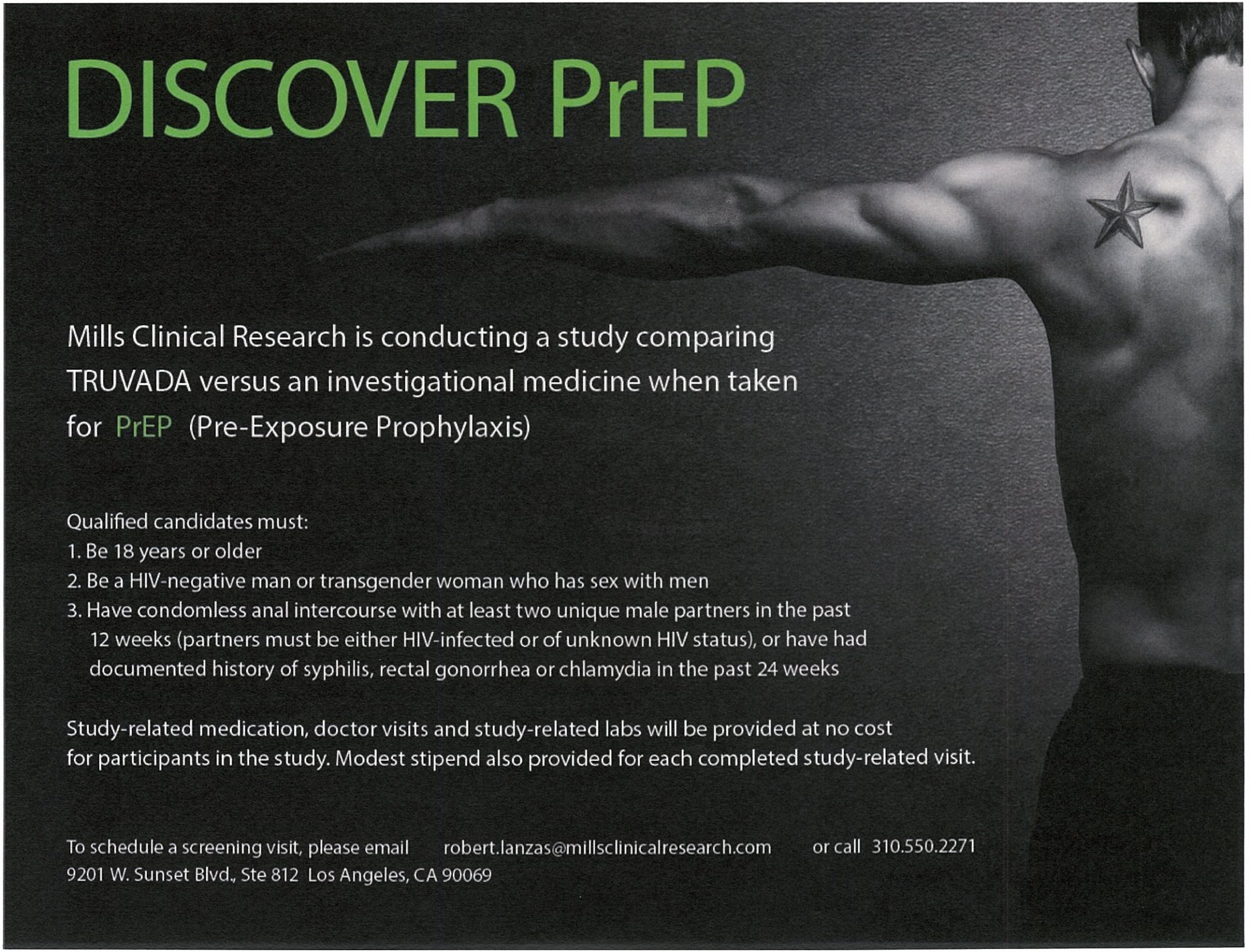
21. ANNOUCEMENTS


DISCOVER PrEP
Mills Clinical Research is conducting a study comparing
TRUVADA versus an investigational medicine when taken
for PrEP (Pre-Exposure Prophylaxis)
Qualified candidates must:
1. Be 18 years or older
2. Be a HIV-negative man or transgender woman who has sex with men
3. Have condomless anal intercourse with at least two unique male partners in the past 12 weeks (partners must be either HIV-infected or of unknown HIV status), or have had documented history of syphilis, rectal gonorrhea or chlamydia in the past 24 weeks
Study-related medication, doctor visits and study-related labs will be provided at no cost for participants in the study. Modest stipend also provided for each completed study-related visit.
To schedule a screening visit, please email robert.lanzas@millsclinicalresearch.com or call 310.550.2271
9201 W. Sunset Blvd., Ste 812 Los Angeles, CA 90069

¡DESCUBRE PrEP!

Mills Clinical Research está conduciendo un estudio que compara Truvada versus una medicina en prueba cuando lo toma para PrEP (Profilaxis Pre-exposición)

Los candidatos calificados deben:

1. Tener 18 años o más.
2. Ser un hombre VIH negativo o mujer transgénero que tiene sexo con hombres
3. Ha tenido sexo anal sin condón con por lo menos dos compañeros diferentes del sexo masculino en las últimas 12 semanas (los compañeros deben ser VIH positivos o no saber si son VIH positivos), o han tenido sífilis, gonorrea rectal o clamidia en las últimas 24 semanas y tienen prueba de ello.

La medicación relacionada con el estudio, las visitas al doctor y las pruebas de laboratorio relacionados con el estudio se proporcionarán gratis a participantes en el estudio. Se dará una modesta remuneración también por cada visita completada relacionada con el estudio.

Para hacer una cita, por favor póngase en contacto con **robert.lanzas@millsclinicalresearch.com**
o llame a **310.550.2271** | 9201 W. Sunset Blvd., Ste 812 Los Angeles, CA 90069

JOB OPPORTUNITY AT

Coalition of Mental Health Professionals, Inc.

9219 S. Broadway Ave.,
Los Angeles, CA 90003
(323) 777-3120

HIV • AIDS

Immediate Opening for: HIV/AIDS Educator + Outreach worker Part Time

Salary: Based on Skills & Experience

Duties and Responsibilities:

1. Able to address barriers to prevention, care & treatment of HIV/AIDS

2- Trainer to implement & maintain CMHP's HIV stigma reduction program

3- Know and understand the people, community and agencies of South Los Angeles

4- Able to relate to African American and Hispanic women ages 19-30 who are at risk for contracting HIV/AIDS

5- Interested in becoming advocates and community leaders to end the stigma of HIV/AIDS that is plaguing our community

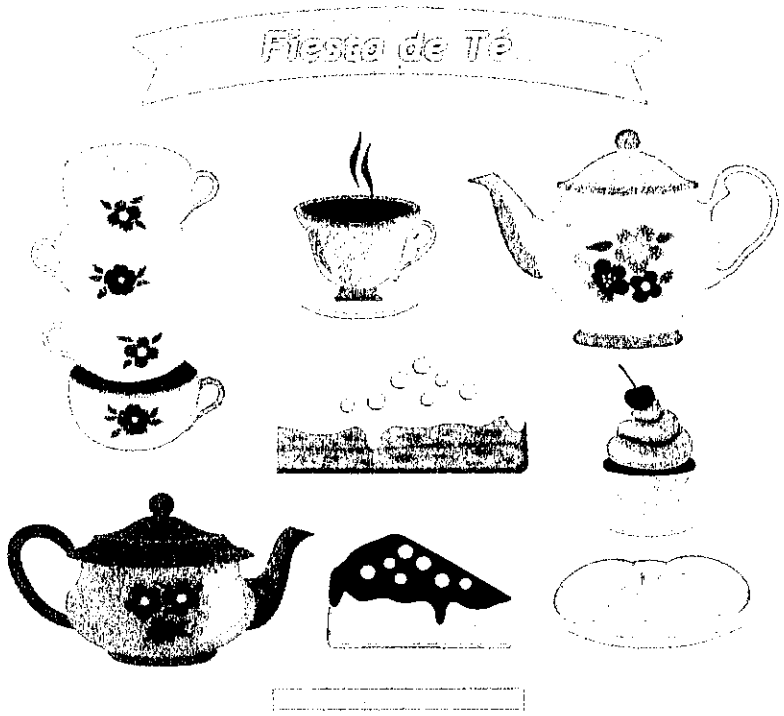
TO APPLY FOR THIS POSITION

PLEASE SEND RESUME TO:

sandilane4@aol.com or josellr@att.net

East Los Angeles WOMEN'S CENTER

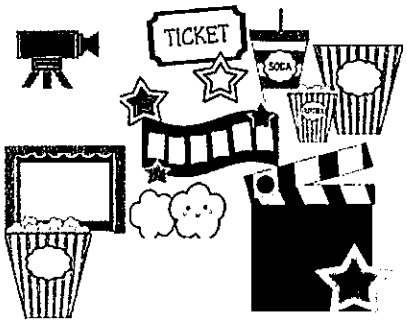
MUJERES DE ESPERANZA
EVENTO SOCIAL



¡Te invitamos!

- **A pasar un rato divertido en grupo**
- **Celebraremos el día de las Madres**
- **Veremos una pelicula divertida**

Lunes, Mayo 15, 2017
3:00pm - 5:00pm
1431 S. Atlantic Blvd.
Los Angeles, CA 90022



Exclusivo para mujeres VIH positivas
Para reservar tu espacio o si tienes alguna pregunta llamanos:
Alejandra Aguilar Avelino 323.526.5819 ext.116 | alejandra@elawc.org

The University of California, Irvine School of Medicine
Division of Infectious Diseases in collaboration with
The Pacific AIDS Education and Training Center present:

PACIFIC AIDS EDUCATION & TRAINING CENTER

HIV/AIDS on the Front Line

WEDNESDAY, May 3

Art Illustrator Sally Tjostelson * tjostelson@gmail.com * SallysArtwork.com

UC Irvine main campus
A311 Student Center
Irvine, CA 92697-2050

Goal

The goal of this program is to provide health care providers with the knowledge and skills necessary to provide outstanding HIV care.

Target Audience

MDs, RNs, ID Specialists, PAs, NPs, Psychiatrists, MFTs, LCSWs, Pharmacists, Substance Abuse Professionals, Case Managers, Pediatric ID Specialists and the General Public.

Objectives

Upon completion of the conference, the participants should be able to:

- Describe the importance of HIV testing and linking positives to HIV specialists
- Identify methods useful in preventing transmission of HIV
- List the current guidelines for the use of antiretroviral