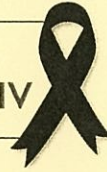




LOS ANGELES COUNTY
COMMISSION ON HIV



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

COMMISSION ON HIV MEETING

**Thursday, June 13, 2019
9:00 AM – 1:10 PM**

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

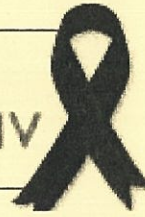


Join the movement in ending the HIV/AIDS epidemic in Los Angeles County, once and for all.

Visit www.LACounty.HIV



LOS ANGELES COUNTY COMMISSION ON HIV



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

VISION

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

MISSION

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

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



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

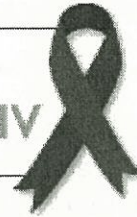
Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19)**

1. APPROVAL OF THE AGENDA:

- A. Agenda (**MOTION #1**)
- B. Membership Roster
- C. Committee Assignments
- D. Commission Member Conflict of Interest
- E. June - September 2019 Commission Meeting Calendar
- F. Geographic Maps



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

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

Thursday, June 13, 2019 | 9:00 AM – 12:45 PM

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

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

AGENDA POSTED: June 7, 2019

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

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

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Dina Jauregui al (213) 738-2816 (teléfono), o por correo electrónico á djauregui@lachiv.org, por lo menos 72 horas antes de la junta.

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

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

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

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

Call to Order and Roll Call

9:00 A.M. – 9:02 A.M.

I. ADMINISTRATIVE MATTERS

- | | | | |
|----|-----------------------------|------------------|-----------------------|
| 1. | Approval of Agenda | MOTION #1 | 9:02 A.M. – 9:04 A.M. |
| 2. | Approval of Meeting Minutes | MOTION #2 | 9:04 A.M. – 9:06 A.M. |

II. REPORTS

- | | | | |
|----|---|--|-----------------------|
| 3. | Executive Director/Staff Report
A. Welcome and Introductions | | 9:06 A.M. – 9:10 A.M. |
| 4. | Co-Chair Report
A. Meeting Management Reminders
B. Recognition of National Native American HIV/AIDS Awareness Day | | 9:10 A.M. – 9:15 A.M. |
| 5. | Housing Opportunities for People Living with AIDS (HOPWA) Report | | 9:15 A.M. – 9:20 A.M. |
| 6. | Ryan White Program Parts C, D and F Report | | 9:20 A.M. – 9:25 A.M. |

III. DISCUSSION

- | | | | |
|----|--|--|-------------------------|
| 7. | National Natives+Indigenous People HIV/AIDS Awareness Panel | | 9:25 A.M. – 10:30 A.M. |
| 8. | <u>IV. ANNOUNCEMENTS</u>
Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. | | 10:30 A.M. – 10:35 P.M. |

V. BREAK

10:35 A.M. – 10:45 A.M.

VI. REPORTS

- | | | | |
|-----|---|--|-------------------------|
| 9. | California Office of AIDS (OA) Report | | 10:45 A.M. – 10:55 A.M. |
| 10. | LA County Department of Public Health Report
A. Division of HIV/STD Programs (DHSP) Report | | 10:55 A.M. – 11:15 A.M. |

VI. REPORTS (cont'd)

- 11.** Standing Committee Reports 11:15 A.M. – 12:15 P.M.
- A. Public Policy Committee
- (1) County, State and Federal Legislation & Policy
- (a) Legislative Docket **MOTION #3**
- (b) Housing Policy
- (c) STD Federal Action Plan
- (d) Governor's Initiative to Reduce Drug Pricing
- (e) Ending the Epidemic: A Plan for America
- (2) County, State and Federal Budget
- B. Planning, Priorities & Allocations (PP&A) Committee
- (1) Planning Strategies
- C. Operations Committee
- (1) Membership Management
- (a) 2019 Membership Drive
- (2) Training
- (a) 2019 COH Member Orientation | October 10, 2019
- D. Standards and Best Practices (SBP) Committee
- (1) HIV Continuum of Care Framework Review
- (2) Universal Standards of Care Review
- (3) Quality Improvement Program
- 12.** Caucus, Task Force and Work Group, and Cities/SPAs Reports 12:15 P.M. – 12:30 P.M.
- A. Assessment of the Administrative Mechanism (AAM) Work Group
- B. Aging Task Force
- C. Black African American Community (BAAC) Task Force
- D. Consumer Caucus
- E. HIV Service Awards Work Group
- F. Women's Caucus
- G. Transgender Caucus

VII. MISCELLANEOUS

- 13.** Public Comment 12:30 P.M. – 12:35 P.M.
- Opportunity for members of the public to address the Commission
On items of interest that are within the jurisdiction of the Commission.
- 14.** Commission New Business Items 12:35 P.M. – 12:40 P.M.
- Opportunity for Commission members to recommend new business
items for the full body or a committee level discussion on non-agendized
Matters not posted on the agenda, to be discussed and (if requested)
placed on the agenda for action at a future meeting, or matters requiring
immediate action because of an emergency situation, or where the need

to take action arose subsequent to the posting of the agenda.

VII. MISCELLANEOUS (cont'd)

15. Announcements 12:40 P.M. – 12:45 P.M.
Opportunity for members of the public to announce community events, workshops, trainings, and other related activities.
16. Adjournment and Roll Call 12:45 P.M.
Adjournment for the meeting of June 13, 2019.

PROPOSED MOTION(s)/ACTION(s):

PROCEDURAL MOTIONS

MOTION #1:	Approve the Agenda order, as presented or revised.
MOTION #2:	Approve the Minutes, as presented or revised.
MOTION #3:	Approve the Legislative Docket, as presented or revised.

COMMISSION ON HIV MEMBERS:

Al Ballesteros, MBA, Co-Chair	Grissel Granados, MSW, Co-Chair	Susan Alvarado, MPH	Miguel Alvarez (Alternate**)
Traci Bivens-Davis	Jason Brown	Alasdair Burton (Alternate**)	Joseph Cadden, MD
Danielle Campbell, MPH	Raquel Cataldo	Pamela Coffey	Michele Daniels
Erika Davies	Susan Forrest (Alternate*)	Aaron Fox, MPM	Jerry D. Gates, PhD
Joseph Green	Thomas Green (Alternate**)	Terry Goddard II, MA	Felipe Gonzalez
Bridget Gordon	Karl Halfman, MA	Diamante Johnson	William King, MD, JD, AAHIVS
Lee Kochems, MA	Bradley Land	David P. Lee, MPH, LCSW	Eric Paul Leue
Abad Lopez	Eduardo Martinez (Alternate**)	Miguel Martinez, MSW, MPH	Anthony Mills, MD
Carlos Moreno	Derek Murray	Katja Nelson, MPP	Jazielle Newsome (LoA)
Frankie Darling-Palacios (LoA)	Raphael Peña	Mario Pérez, MPH	Juan Preciado
Joshua Ray	Ricky Rosales	Nestor Rogel (Alternate*)	LaShonda Spencer, MD
Martin Sattah, MD	Craig Scott (Alternate**)	Kevin Stalter	Yolanda Sumpter
Maribel Ulloa	Justin Valero	Kayla Walker-Heltzel (Alternate**)	Greg Wilson
Russell Ybarra			
MEMBERS:	46		
QUORUM:	24		

LEGEND:

LoA=

Leave of Absence; not counted towards quorum

Alternate*=

Occupies Alternate seat adjacent a vacancy; counted toward quorum

Alternate**=

Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member



LOS ANGELES COUNTY
COMMISSION ON HIV



2019 MEMBERSHIP SLATE | UPDATED 6/11/19

APPROVED BY COH ON 7/12/18

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			<i>Vacant</i>		July 1, 2017	June 30, 2019	
2	City of Pasadena representative	1	SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2020	
3	City of Long Beach representative	1	PP&A	Susan Alvarado	City of Long Beach Department of Health and Human Services	July 1, 2017	June 30, 2019	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2020	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2017	June 30, 2019	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2020	
7	Part B representative	1	PP&A	Karl Halfman	California Department of Public Health	July 1, 2018	June 30, 2020	
8	Part C representative	1	EXC PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2018	June 30, 2020	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2017	June 30, 2019	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2020	
11	Provider representative #1	1	EXC SBP	Joseph Cadden, MD	Rand Schrader Clinic (SPA1), LA County Department of Health Services	July 1, 2017	June 30, 2019	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2020	
13	Provider representative #3	1	EXC PP&A	Miguel Martinez, MSW, MPH	Children's Hospital Los Angeles	July 1, 2017	June 30, 2019	
14	Provider representative #4	1	PP&A	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2020	
15	Provider representative #5	1	PP	Terry Goddard, MA	Alliance for Housing and Healing	July 1, 2017	June 30, 2019	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2018	June 30, 2020	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2017	June 30, 2019	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Schrader Clinic (SPA1), LA County Department of Health Services	July 1, 2018	June 30, 2020	
19	Unaffiliated consumer, SPA 1	1	EXC OPS	Michele Daniels	Unaffiliated Consumer	July 1, 2017	June 30, 2019	Craig Scott (OPS/EXEC/PP)
20	Unaffiliated consumer, SPA 2	1	PP&A	Abad Lopez	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
21	Unaffiliated consumer, SPA 3	1	EXC PP&A	Jason Brown	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
23	Unaffiliated consumer, SPA 5	1	PP&A	Yolanda Sumpter	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
24	Unaffiliated consumer, SPA 6	1	PP	Pamela Coffey	Unaffiliated Consumer	July 1, 2018	June 30, 2020	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7	1	PP&A	Raphael Pena	Unaffiliated Consumer	July 1, 2017	June 30, 2019	Thomas Green (PP&A/SBP)
26	Unaffiliated consumer, SPA 8			<i>Vacant</i>		July 1, 2018	June 30, 2020	Susan Forrest (PP&A/OPS)
27	Unaffiliated consumer, Supervisorial District 1	1	OPS	Carlos Moreno	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
28	Unaffiliated consumer, Supervisorial District 2			<i>Vacant</i>		July 1, 2018	June 30, 2020	Nestor Rogel (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	Unaffiliated Consumer	July 1, 2017	June 30, 2019	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			<i>Vacant</i>		July 1, 2018	June 30, 2020	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	Unaffiliated Consumer	July 1, 2017	June 30, 2019	Kayla Walker-Heltzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1	1	PP&A	Russell Ybarra	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
33	Unaffiliated consumer, at-large #2	1	OPS	Joseph Green	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
35	Unaffiliated consumer, at-large #4	1	EXC OPS	Bridget Gordon	Unaffiliated Consumer	July 1, 2017	June 30, 2019	
36	Representative, Board Office 1	1	EXC	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2020	
37	Representative, Board Office 2	1	EXC OPS	Traci Bivens-Davis	Community Clinic Association of LA County	July 1, 2017	June 30, 2019	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2020	
39	Representative, Board Office 4	1	SBP	Justin Valero	California State University, San Bernardino	July 1, 2017	June 30, 2019	
40	Representative, Board Office 5	1	SBP	Bradley Land	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2017	June 30, 2019	
42	Behavioral/social scientist	1	PP	Lee Kochems	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
43	Local health/hospital planning agency representative			<i>Vacant</i>		July 1, 2017	June 30, 2019	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2020	
45	HIV stakeholder representative #2	1	EXC OPS	Greg Wilson	In the Meantime Men's Group	July 1, 2017	June 30, 2019	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2018	June 30, 2020	
47	HIV stakeholder representative #4	1	PP	Eric Paul Leue	Free Speech Coalition	July 1, 2017	June 30, 2019	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2018	June 30, 2020	
49	HIV stakeholder representative #6			<i>Vacant</i>		July 1, 2017	June 30, 2019	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2018	June 30, 2020	
51	HIV stakeholder representative #8	1	SBP	Jazielle Newsome	Unaffiliated Consumer	July 1, 2018	June 30, 2020	Miguel Alvarez (SBP/OPS)
TOTAL:		45						

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



LOS ANGELES COUNTY COMMISSION ON HIV



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COMMITTEE ASSIGNMENTS

(Updated: June 11, 2019)

Subject to Change

Committee Member Name/ Alternate	Member Category	Affiliation
<i>* = Primary Committee Assignment</i>	<i>** = Secondary Committee Assignment</i>	
EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the month		Regular meeting time: 1:00pm–3:00pm
Number of Voting Members: 14	Number of Quorum: 8	
Grissel Granados, MSW	Co-Chair, Comm./Exec.*	Commissioner
Al Ballesteros, MBA	Co-Chair, Comm./Exec.*	Commissioner
Traci Bivens-Davis	Co-Chair, Operations	Commissioner
Jason Brown	Co-Chair, PP&A	Commissioner
Joseph Cadden, MD	Co-Chair, SBP	Commissioner
Michele Daniels (Craig Scott, Alternate)	At-Large Member*	Commissioner
Aaron Fox, MPM	Co-Chair, Public Policy	Commissioner
Bridget Gordon	At-Large Member*	Commissioner
Miguel Martinez	Co-Chair, PP&A	Commissioner
Katja Nelson	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Juan Preciado	Co-Chair, Operations	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Greg Wilson	At-Large Member*	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday 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
Juan Preciado	Committee Co-Chair*	Commissioner
Miguel Alvarez	**	Alternate
Danielle Campbell, MPH	*	Commissioner
Michele Daniels (Craig Scott, Alternate)	*	Commissioner
Susan Forrest	**	Alternate
Bridget Gordon	*	Commissioner
Joseph Green	*	Commissioner
Kayla Walker-Heltzel	**	Alternate
Carlos Moreno	*	Commissioner
Greg Wilson	*	Commissioner

Committee Assignment List

Updated: June 7, 2019

Page 2 of 5

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

PLANNING, PRIORITIES and ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the month		Regular meeting time: 1:00-4:00 PM
Number of Voting Members: 17		Number of Quorum: 9
Jason Brown	Committee Co-Chair*	Commissioner
Miguel Martinez, MPH, MSW	Committee Co-Chair*	Commissioner
Susan Alvarado	*	Commissioner
Raquel Cataldo	*	Commissioner
Susan Forrest	*	Alternate
Karl Halfman	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Abad Lopez	*	Commissioner
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Diamante Johnson (Kayla Walker-Heltzel, Alternate)	*	Commissioner
Frankie Darling Palacios	*	Commissioner
Raphael Pena (Thomas Green, Alternate)	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Yolanda Sumpter	*	Commissioner
Maribel Ulloa	*	Commissioner
Russell Ybarra	*	Commissioner
TBD	DHSP staff	DHSP Staff

Committee Assignment List

Updated: June 7, 2019

Page 3 of 5

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

PUBLIC POLICY COMMITTEE		
Regular meeting day:	1st Monday of the month	Regular meeting time: 1:00 pm-3:00pm
Number of Voting Members: 13		Number of Quorum: 7
Aaron Fox, MPM	Committee Co-Chair*	Commissioner
Katja Nelson	Committee Co-Chair*	Commissioner
Pamela Coffey	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Lee Kochems, MA	*	Commissioner
Eduardo Martinez	**	Alternate
Terry Goddard, MA	*	Commissioner
Eric Paul Leue	*	Commissioner
Nestor Rogel	*	Alternate
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Craig Scott	**	Alternate
Alasdair Burton	*	Alternate
Kyle Baker	DHSP staff	DHSP representative

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day:	1 st Tuesday of the month	Regular meeting time: 10:00am-12:00pm
Number of Voting Members: 11		Number of Quorum: 6
Joseph Cadden, MD	Committee Co-Chair*	Commissioner
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	*	Commissioner
Thomas Green	**	Alternate
Felipe Gonzalez	*	Commissioner
Bradley Land	*	Commissioner
David Lee, MPH, LCSW	*	Commissioner
Katja Nelson	**	Commissioner
Jazielle Newsome (Miguel Alvarez, Alternate)	*	Commissioner
Joshua Ray (Eduardo Martinez, Alternate)	*	Commissioner
Justin Valero	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP representative

Committee Assignment List

Updated: June 7, 2019

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

CONSUMER CAUCUS		
Regular meeting day:	Following Comm. mtg.	Regular meeting time: 1:00pm–3:00pm
<i>*Open membership to consumers of HIV prevention and care services*</i>		
Russell Ybarra	Co-Chair	Commissioner
Jorge Orellana-Merida (Geo)	Co-Chair	Commissioner
Al Ballesteros, MBA	Member	Commissioner
Jason Brown	Member	Commissioner
Alasdair Burton	Member	Alternate
Michele Daniels	Member	Commissioner
Grissel Granados, MSW	Member	Commissioner
Joseph Green	Member	Commissioner
Bridget Gordon	Member	Commissioner
Diamante Johnson	Member	Commissioner
Lee Kochems, MA	Member	Commissioner
Brad Land	Member	Commissioner
Abad Lopez	Member	Commissioner
Eduardo Martinez	Member	Alternate
Anthony Mills, MD	Member	Commissioner
Carlos Moreno	Member	Commissioner
Raphael Pena	Member	Commissioner
Jazelle Newsome	Member	Commissioner
Kevin Stalter	Member	Commissioner
Yolanda Sumpter	Member	Commissioner

AGING TASK FORCE (ATF)		
Regular meeting day:	4 TH Thursday of the month	Regular meeting time: 10:00am-12:00pm
Al Ballesteros, MBA	Member	Commissioner
Jason Brown	Member	Commissioner
Alasdair Burton	Member	Commissioner
Bradley Land	Member	Commissioner
Mark McGrath	Member	Community
Craig Pulsipher, MPP, MSW	Member	Community

Committee Assignment List

Undated: June 7, 2019

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

BLACK AFRICAN AMERICAN COMMUNITY TASK FORCE

Regular meeting time: TBD; Contact COH Office

Traci Bivens-Davis	Member	Commissioner
Danielle Campbell, MPH	Member	Commissioner
Bridget Gordon	Member	Commissioner
Greg Wilson	Member	Commissioner
LaShonda Spencer, MD	Member	Commissioner
Yolanda Sumpter	Member	Commissioner
Jeffrey King	Member	Community

TRANSGENDER TASK FORCE

Meeting Day and Membership TBD

WOMEN'S CAUCUS

Regular meeting day: 3 rd Wednesday of the month	Regular meeting time: 10:00am-12:00pm	
Danielle Campbell	Member	Commissioner
Bridget Gordon	Member	Commissioner
Grissel Granados, MSW	Member	Commissioner
Natalie Sanchez	Member	Community
LaShonda Spencer, MD	Member	Commissioner



LOS ANGELES COUNTY
COMMISSION ON HIV



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
ALVARADO	SUSAN	Long Beach Dept. of Health and Human Services	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			HIV Biomedical Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
BROWN	Jason	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
BIVENS-DAVIS	Traci	Community Clinic Association of LA County	Biomedical Prevention
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CADDEN	Joseph	USC Keck Medical Center	No Ryan White or prevention contracts
CAMPBELL	Danielle	UCLA/MLKCH	HIV/AIDS Oral Health Care (Dental) Services
			HIV/AIDS Medical Care Coordination Services
			HIV/AIDS Ambulatory Outpatient Medical Services
			HIV/AIDS Medical Care Coordination Services
			nPEP Services

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			Mental Health, Psychotherapy
			Non-Occupational HIV PEP
			Biomedical Prevention
			STD Screening and Treatment
GATES	Jerry	AETC (Part F)	No Ryan White or prevention contracts
GODDARD II	Terry	Alliance for Housing and Healing	Housing Services
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or prevention contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			Case Management, Transitional - Youth
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Biomedical Prevention
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	No Affiliation	No Ryan White or prevention contracts
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health-Office of Aids	No Ryan White or prevention contracts
JOHNSON	Diamante	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LAND	Bradley	Unaffiliated consumer	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	HIV/AIDS Benefits Specialty Services
			HIV Counseling, Testing, and Referral Prevention Services
LEUE PAUL	Eric	Free Speech Coalition	No Ryan White or prevention contracts
LOPEZ	Abad	Unaffiliated consumer	No Ryan White or prevention contracts
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)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			STD Screening and Treatment
MARTINEZ	Miguel	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			Case Management, Transitional - Youth
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Biomedical Prevention
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical Prevention
			Medical Care Coordination (MCC)
MORENO	Carlos	Unaffiliated consumer	No Ryan White or prevention contracts
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NELSON	Katja	APLA Health & Wellness	Benefits Specialty
			Case Management, Non-Medical (LCM)
			Case Management, Home-Based
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Mental Health, Psychotherapy
			Nutrition Support
			Oral Health
			Biomedical Prevention
			Medical Care Coordination (MCC)
NEWSOME	Jazielle	Illumination Foundation	No Ryan White or prevention contracts
PEÑA	Raphael	Unaffiliated consumer	No Ryan White or prevention contracts
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)
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HCT Mobile Testing
			HIV Biomedical Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ROGEL	Nestor	Alta Med	Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Promoting Healthcare Engagement Among Vulnerable Populations
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry
SCOTT	Craig	Unaffiliated consumer	No Ryan White or prevention contracts
SPENCER	LaShonda	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
SUMPTER	Yolanda	Unaffiliated consumer	No Ryan White or prevention contracts
ULLOA	Maribel	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts
WALKER	Kayla	No Affiliation	No Ryan White or prevention contracts
WILSON	Gregory	In the Meantime Men's Group, Inc.	HIV/AIDS Health Education/Risk Reduction Prevention Services
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

HIV Calendar

June 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	27 HOLIDAY Memorial Day - COH Of	28 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Black African American Task Force	29 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Comprehensive HIV Plan - Goals at	30	31	1
2	3 1:00 PM - 3:00 PM Public Policy Committee	4 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	5 9:30 AM - 11:30 AM BOS Agenda Review	6	7	8
9	10	11 9:30 AM - 11:30 AM New Member Welcome Overview 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM New Member Welcome Overview	12 9:30 AM - 11:30 AM BOS Agenda Review	13 9:00 AM - 1:00 PM Commission Meeting 1:00 PM - 3:00 PM Consumer Caucus Meeting	14	15
16	17 12:00 AM - 12:00 PM Transgender Caucus	18 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PI	19 9:30 AM - 11:30 AM BOS Agenda Review Women's Caucus	20	21	22
23	24	25 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Aging Task Force Meeting 1:00 PM - 3:00 PM New Member Welcome Overview	26 9:30 AM - 11:30 AM BOS Agenda Review	27 12:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	28	29
30	3 1:00 PM - 3:00 PM Public Policy Committee	4 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	5 9:30 AM - 11:30 AM BOS Agenda Review	6 HOLIDAY Independence Day - CC	7	8

HIV Calendar

July 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	1 1:00 PM - 3:00 PM Public Policy Committee	2 9:00 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	3 9:30 AM - 11:30 AM BOS Agenda Review	4 HOLIDAY Independence Day - CC	5	6
7	8	9 9:00 AM - 1:00 PM Board of Supervisors (BOS)	10 9:30 AM - 11:30 AM BOS Agenda Review	11 9:30 AM - 1:00 PM Commission Meeting 1:00 PM - 3:00 PM Consumer Caucus Meeting	12	13
14	15 1:00 PM - 12:00 PM Transgender Caucus	16 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM [CANCELLED] Planning, Priorities & Allocations (PIA)	17 9:30 AM - 11:30 AM BOS Agenda Review	18	19	20
21	22	23 10:00 AM - 4:00 PM Planning, Priorities & Allocations (PIA) 9:30 AM - 1:00 PM Board of Supervisors (BOS)	24 9:30 AM - 11:30 AM BOS Agenda Review	25 9:30 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	26	27
28	29	30 9:00 AM - 1:00 PM Board of Supervisors (BOS)	31 9:30 AM - 11:30 AM BOS Agenda Review	1	2	3

HIV Calendar

August 2019

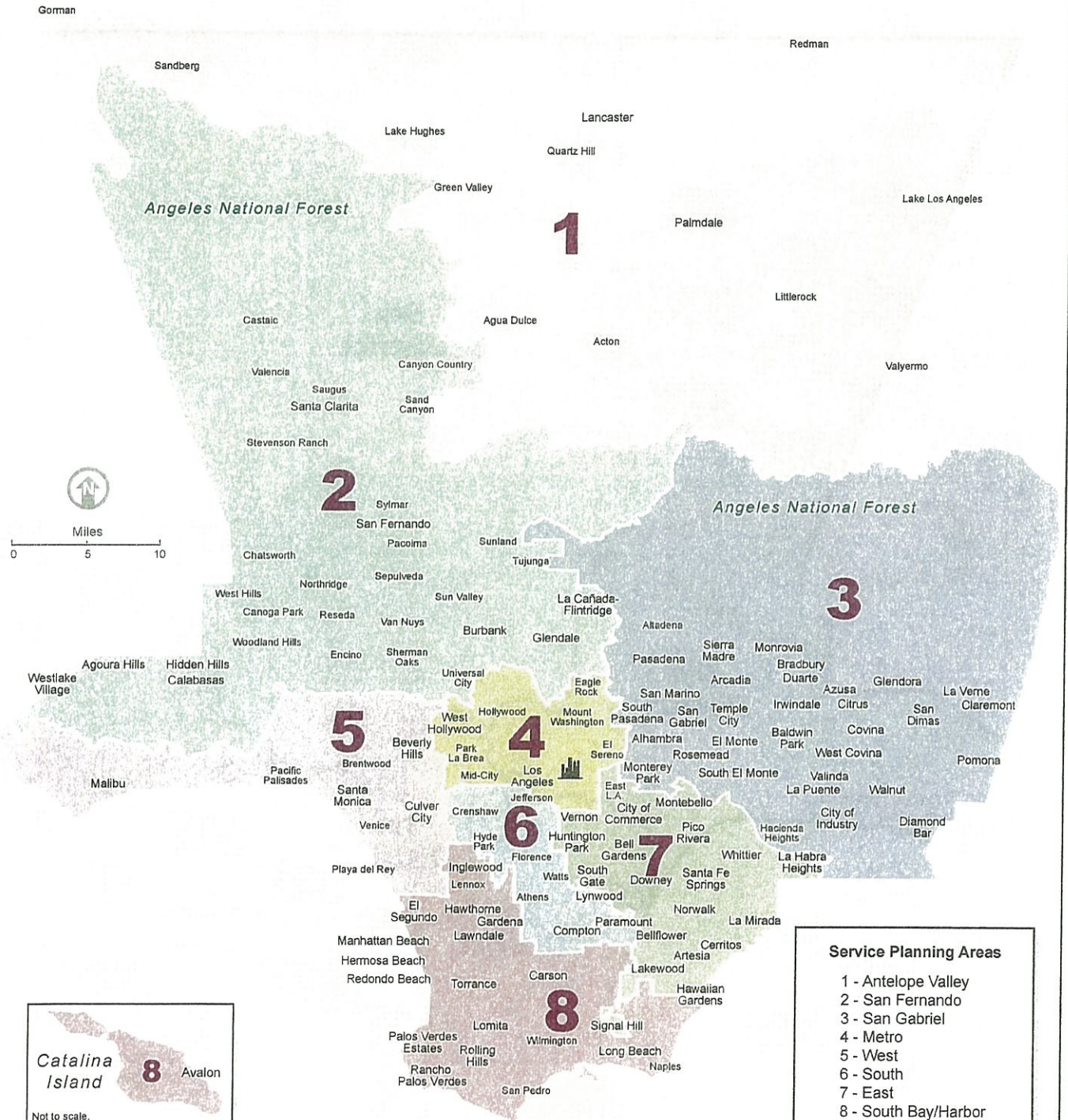
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	29	30 9:30 AM - 1:00 PM Board of Supervisors (BOS)	31 9:30 AM - 11:30 AM BOS Agenda Review	1	2	3
4	5 10:00 PM - 3:00 PM Public Policy Committee	6 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	7 9:30 AM - 11:30 AM BOS Agenda Review	8 9:00 AM - 1:00 PM Commission Meeting 1:00 PM - 3:00 PM Consumer Caucus Meeting	9	10
11	12	13 9:30 AM - 1:00 PM Board of Supervisors (BOS)	14 9:30 AM - 11:30 AM BOS Agenda Review	15	16	17
18	19	20 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PI)	21 9:30 AM - 11:30 AM BOS Agenda Review	22 11:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	23	24
25	26	27 9:30 AM - 1:00 PM Board of Supervisors (BOS)	28 9:30 AM - 11:30 AM BOS Agenda Review	29	30	31

HIV Calendar

September 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 2:00 PM - 3:00 PM Public Policy Committee	3 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	4 9:30 AM - 11:30 AM BOS Agenda Review	5	6	7
8	9	10 9:30 AM - 1:00 PM Board of Supervisors (BOS)	11 9:30 AM - 11:30 AM BOS Agenda Review	12 9:30 AM - 1:00 PM Commission Meeting 1:00 PM - 3:00 PM Consumer Caucus Meeting	13	14
15	16	17 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PI)	18 9:30 AM - 11:30 AM BOS Agenda Review	19	20	21
22	23	24 9:30 AM - 1:00 PM Board of Supervisors (BOS)	25 9:30 AM - 11:30 AM BOS Agenda Review	26 9:30 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	27	28
29	30	1 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	2 9:30 AM - 11:30 AM BOS Agenda Review	3	4	5

Los Angeles County Service Planning Areas



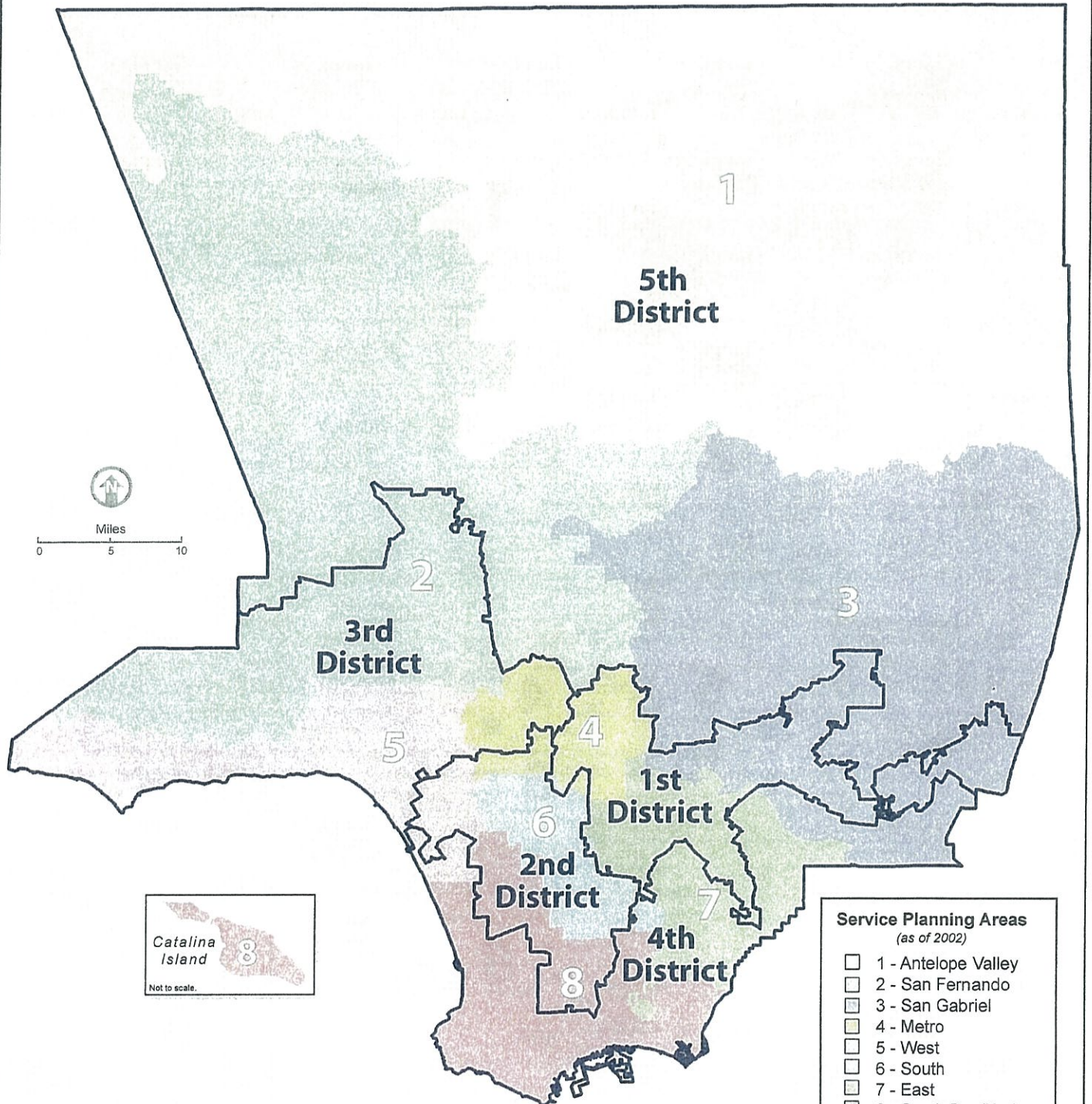
Note: City names are shown in BLACK.
Communities are shown in GRAY.



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

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

Los Angeles County Service Planning Areas by Supervisorial District



2. APPROVAL OF THE MEETING MINUTES:

- A. April 11, 2019 and May 9, 2019 COH Meeting Minutes
(MOTION #2)

6. RYAN WHITE PROGRAM PARTS C, D AND F REPORT



LOS ANGELES COUNTY
COMMISSION ON HIV



Ryan White HIV/AIDS Program Parts

The Ryan White HIV/AIDS Program is divided into five Parts, following from the authorizing legislation. Note that all Parts utilize the same service categories.

- **PART A** provides grant funding for medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are population centers that are the most severely affected by the HIV/AIDS epidemic.
- **PART B** provides grant funding to states and territories to improve the quality, availability, and organization of HIV health care and support services. Grant recipients include all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the 5 U.S. Pacific Territories. In addition, Part B also includes grants for the AIDS Drug Assistance Program (ADAP).
- **PART C** provides grant funding to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. Part C also funds planning grants, which help organizations more effectively deliver HIV care and services.
- **PART D** provides grant funding to support family-centered, comprehensive care to women, infants, children, and youth living with HIV.
- **PART F** provides grant funding that supports several research, technical assistance, and access-to-care programs. These programs include:
 - **The Special Projects of National Significance Program**, supporting the demonstration and evaluation of innovative models of care delivery for hard-to-reach populations;
 - **The AIDS Education and Training Centers Program**, supporting the education and training of health care providers treating people living with HIV through a network of eight regional centers and three national centers;
 - **The Dental Programs**, providing additional funding for oral health care for people with HIV through the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program; and
 - **The Minority AIDS Initiative**, providing funding to evaluate and address the impact of HIV/AIDS on disproportionately affected minority populations.

**7. NATIONAL NATIVES+INDIGENOUS PEOPLE HIV/AIDS
AWARENESS PANEL**

**NATIONAL NATIVES+INDIGENOUS PEOPLE HIV/AIDS AWARENESS
PANEL PARTICIPANT BIOS**

Moderator:

Mark Parra (Diné)/Health Program Analyst, LA County Department of Mental Health has twenty-five years of experience in the field of mental and physical health, during which he has developed, implemented, and monitored HIV prevention and treatment services; created and facilitated skills development modules focusing on diversity/cultural competence; served as American Indian Representative to the Los Angeles County Commission on HIV/AIDS; and, co-founded the All Nations Narcotics Anonymous twelve-step recovery meeting at United American Indian Involvement.

Panelists:

Dr. Gabriel S. Estrada (Caxcan Nahua, Raramuri, Chiricahua Apache, and Chicana/o descendant) specializes in Indigenous, Queer and Media Studies in Religion. He holds a PhD in Comparative Cultural and Literary Studies from the University of Arizona, Tucson. He joined the CSULB faculty in 2005. A Steering Committee member in the Indigenous Religious Traditions Group of American Academy of Religion, Dr. Estrada has published "Navajo Sci-Fi Film: Matriarchal Visual Sovereignty in Nanobah Becker's *The 6th World*" in *Journal of the American Academy of Religion*, "Cloud Atlas' Queer Tiki Kitsch: Polynesia, Settler Colonialism, and Sci-Fi Film" in *Journal of Religion and Film*, and is currently working on a book manuscript *Queer Indigenous Film*. As a queer HIV+ scholar/activist and a Caxcan Nahua, Raramuri, Chiricahua Apache, and Chicana/o descendent, Dr. Estrada chairs the CSULB Committee on LGBTQ Campus climate and is a co-founder of the City of Angeles Two-Spirit Society (CATSS).

Leland Morrill (Navajo, Diné/Santo Domingo Pueblo, Kewa) is a community activist for LGBT issues, marriage equality, HIV healthcare, GLAAD/HRC, citizenship issues through NALEO Education Fund, the Indian Child Welfare Act (ICWA) and a host of other social advocacy efforts within the Native community. As a Navajo foster/adoptee through the 60's Scoop, he speaks extensively on ICWA, Foster and Adoptee issues regarding Native Americans throughout the United States and has written multiple narratives, books (*Two Worlds: Lost Children of the Indian Adoption Projects*, *Called Home*, and *Stolen Generations*) and news articles on Native adoptions. In 2013, Mr. Morrill was a part of the Amicus brief for the Baby Veronica case, on behalf pre-ICWA Indian adoptees "Brief amici curiae of Adult Pre-ICWA Indian Adoptees."

Resources in Los Angeles County for Native and Indigenous Communities

California is home to more people of Native heritage than any other state in the United States. There are currently 109 federally recognized Indian tribes in California and 78 entities petitioning for recognition. The City of Los Angeles holds the second largest percentage of Native Americans in the United States, totaling around 54,236 people. Los Angeles County, home to more Native Americans/ Alaska Natives than any other county in the United States, totals around 140,764 people.

Los Angeles County is home to three Native American Indian tribes that predate the establishment of California Missions: the Ventureño, Gabrieleño, and Fernandeno. While these tribes are not currently recognized by the federal government, they are recognized by the State of California, and have maintained their tribal sovereignty, protected their cultural resources, and continue to resist assimilation.

Source: Los Angeles City/County Native American Indian Commission <http://www.lanaic.org>

- Los Angeles City/County Native American Indian Commission <http://www.lanaic.org>
- United American Indian Involvement, Inc. <http://uain.org/>
- Pukuu, Cultural Community Services <https://www.pukuu.org/>
- Red Circle Project <http://redcircleproject.org/>
- Tribal Court Clearinghouse <http://www.tribal-institute.org/lists/california.htm>
- Empowering Pacific Islander Communities <https://www.empoweredpi.org/>
- The Hawai'i's Daughters Guild hawaiidaughtersguild.webs.com
- National Pacific Islander Educator Network (NPIEN) npin.com
- Mapping Indigenous LA <https://mila.ss.ucla.edu/recommended-ai-and-indigenous-material/>
- Indian Health Service (HIS) <https://www.ihs.gov/>
- American Indian Changing Spirits americanindianchangingspirits.org
- LA County Department of Mental Health -- American Indian Counseling Center (AICC), 17707 S. Studebaker Rd. Cerritos, CA 90703 (562) 402-0677

HIV and American Indians and Alaska Natives

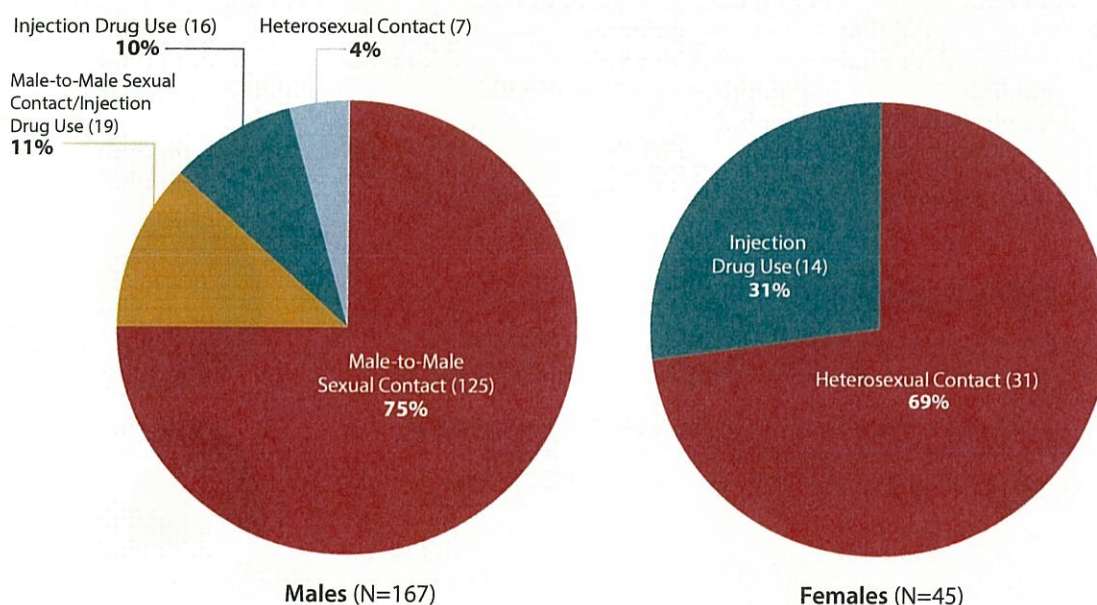
OF THE 38,739 NEW HIV DIAGNOSES IN THE US AND DEPENDENT AREAS* IN 2017:

**167 WERE
AMERICAN INDIAN/
ALASKA NATIVE
(AI/AN) MEN**

**45 WERE AI/AN
WOMEN**

**NEARLY 9 IN 10 AI/AN MEN WHO
RECEIVED AN HIV DIAGNOSIS WERE
GAY OR BISEXUAL MEN†**

New HIV Diagnoses Among American Indians/Alaska Natives in the US and Dependent Areas by Transmission Category and Sex, 2017




HIV Diagnoses From 2010 to 2016:‡

AI/AN overall: **increased 46%**

AI/AN gay and bisexual men:†
increased 81%

* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.
† Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors).
‡ In 50 states and District of Columbia.

Around 1.1 million people have HIV in the US.[‡] People with HIV need to know their HIV status so they can take medicine to treat HIV. Taking HIV medicine as prescribed can make the level of virus in their body very low (called viral suppression) or even undetectable.

 A person with HIV who gets and stays virally suppressed or undetectable can stay healthy and has effectively no risk of transmitting HIV to HIV-negative partners through sex.





What places some AI/AN at higher risk?

- Having another STD increases the risk of getting HIV. AI/AN have the second highest rates of chlamydia and gonorrhea among all racial/ethnic groups.
- An estimated 82% of AI/AN with HIV in 2016 had received a diagnosis. It is important for everyone to know their HIV status. People who do not know they have HIV cannot get the treatment they need and may pass the infection to others without knowing it.
- AI/AN gay and bisexual men may face culturally based stigma and confidentiality concerns that could limit opportunities for education and HIV testing, especially among those who live in rural communities or on reservations.
- It can be difficult to create prevention programs because there are over 560 federally recognized AI/AN tribes, whose members speak over 170 languages.
- Poverty, including limited access to high-quality housing, increases the risk for HIV and affects the health of people who have HIV.
- Alcohol and substance misuse can impair judgment and lead to behaviors that increase the risk of HIV. AI/AN tend to use alcohol and drugs at a younger age, more often, and in higher amounts, compared with other races/ethnicities.

How is CDC making a difference?

- Collecting and analyzing data and monitoring HIV trends among AI/AN.
- Conducting prevention research and providing guidance to those working in HIV prevention.
- Supporting health departments and community organizations by funding HIV prevention work for AI/AN and providing technical assistance.
- Promoting testing, prevention, and treatment through campaigns like *Act Against AIDS*.

Reduce Your Risk

-  Not having sex
-  Using condoms
-  Not sharing syringes
-  Taking medicine to prevent or treat HIV



HIV IS A VIRUS THAT ATTACKS THE BODY'S IMMUNE SYSTEM.

It is usually spread by anal or vaginal sex or sharing syringes with a person who has HIV. The only way to know you have HIV is to be tested. Everyone aged 13-64 should be tested at least once, and people at high risk should be tested at least once a year. Ask your doctor, or visit gettested.cdc.gov to find a testing site. Without treatment, HIV can make a person very sick or may even cause death. If you have HIV, start treatment as soon as possible to stay healthy and help protect your partners.

AT THE END OF 2016,
AN ESTIMATED

3,600

AI/AN
HAD HIV.[‡]

4 in 5

KNOW THEY HAD THE VIRUS.[‡]

FOR EVERY 100 AI/AN WITH HIV IN 2015:[‡]



received
some
HIV care



were
retained
in care



were virally
suppressed

For More Information

Call 1-800-CDC-INFO (232-4636)
Visit www.cdc.gov/hiv



HIV in Indian Country



The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. The **IHS National HIV/AIDS Program** coordinates and promotes HIV/AIDS prevention and treatment activities specific to Indians as part of a comprehensive public health approach. The goals of the HIV/AIDS Program are to prevent further spread of HIV and improve health outcomes for those already living with HIV and AIDS.

From 2012-2016
HIV screening
increased by
63%
for AI/AN
ages 13-64

Ending the HIV Epidemic: A Plan for America focuses on three major areas of action, one being increasing investments in geographic hotspots. Many of the counties and states identified in the plan are in

locations with federal, tribal and urban health sites. American Indians and Alaska Natives are ranked fourth in the nation for the estimated rate of new HIV diagnoses when compared with all other races and ethnicities.

The president's **fiscal year 2020 budget proposal** includes **\$25 million** in new investments to establish the Eliminating Hepatitis C and HIV/AIDS in Indian Country Initiative. This will expand partnerships between IHS and Native communities to end the HIV epidemic in Indian Country.

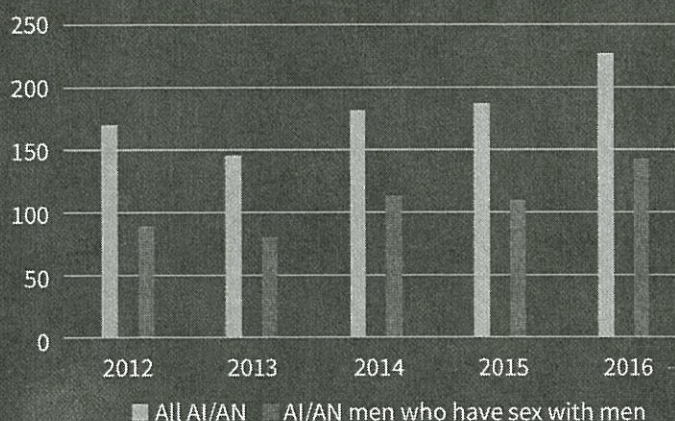
Pre-Exposure Prophylaxis, also known as PrEP, is a once-per-day pill that has been shown to reduce the risk of HIV infection through sex by as much as 97%.

Since August 2018, PrEP has been available in the same manner as all other medications accessible at IHS.



PrEP is a prevention method in which **people who do not have HIV** infection take a pill daily to reduce their risk of being infected.

American Indian and Alaska Native Diagnoses of HIV infection



- From 2012-2016 there has been a 34% increase in HIV diagnoses among American Indian and Alaska Native.
- From 2012-2016 there has been a 58% increase in HIV diagnoses among American Indian and Alaska Native gay and bisexual men.

The **HIV clinic at Phoenix Indian Medical Center** is the largest in all of IHS, with over 300 patients. American Indian and Alaska Native people who are living with HIV in Arizona have the highest viral suppression rates of all racial groups in the state

Table 34. Human immunodeficiency virus (HIV) diagnoses, by year of diagnosis and selected characteristics: United States, 2011–2016

Excel version (with more data years and standard errors when available): <https://www.cdc.gov/nchs/hus/contents2017.htm#034>.

[Data are based on reporting by 50 states and the District of Columbia]

Sex, age at diagnosis, Hispanic origin and race, and region of residence	Year of diagnosis ¹					
	2011	2012	2013	2014	2015 ²	2016 ²
Number of HIV diagnoses ³						
All persons ⁴	41,984	41,168	39,652	40,276	39,876	39,782
Male, 13 years and over	32,964	32,671	31,772	32,476	32,306	32,131
Female, 13 years and over	8,822	8,257	7,694	7,620	7,435	7,529
Age at diagnosis						
Under 13 years	198	240	186	180	135	122
13–14 years	42	47	41	35	26	23
15–19 years	1,999	1,882	1,692	1,731	1,721	1,652
20–24 years	7,072	7,141	7,058	7,349	7,228	6,776
25–29 years	6,364	6,469	6,661	7,188	7,600	7,964
30–34 years	5,251	5,468	5,214	5,460	5,461	5,701
35–39 years	4,463	4,158	3,985	4,266	4,253	4,242
40–44 years	4,791	4,449	3,945	3,789	3,416	3,334
45–49 years	4,573	4,302	3,934	3,627	3,319	3,156
50–54 years	3,350	3,199	2,982	2,907	2,987	2,959
55–59 years	1,990	1,928	2,022	1,938	1,886	1,923
60–64 years	1,068	1,059	1,074	975	997	1,089
65 years and over	823	826	858	831	847	841
Hispanic origin and race ⁵						
Not Hispanic or Latino:						
White	11,146	11,039	10,636	10,618	10,465	10,345
Black or African American	18,992	18,258	17,470	17,530	17,432	17,528
American Indian or Alaska Native	143	176	154	187	197	243
Asian	744	784	810	938	947	977
Native Hawaiian or Other Pacific Islander	55	54	49	44	80	48
Multiple race	1,612	1,566	1,436	1,249	1,060	875
Hispanic or Latino ⁶	9,292	9,291	9,097	9,710	9,695	9,766
Region of residence						
Northeast	7,755	7,551	7,013	6,994	6,502	6,309
Midwest	5,391	5,484	5,327	5,106	5,224	5,068
South	21,291	20,493	20,020	20,345	20,442	20,588
West	7,547	7,640	7,292	7,831	7,708	7,817
Number of HIV diagnoses per 100,000 resident population ³						
All persons	13.5	13.1	12.5	12.6	12.4	12.3
Male, 13 years and over	26.1	25.6	24.7	25.0	24.7	24.3
Female, 13 years and over	6.7	6.2	5.7	5.6	5.4	5.4
Age at diagnosis						
Under 13 years	0.4	0.5	0.4	0.3	0.3	0.2
13–14 years	0.5	0.6	0.5	0.4	0.3	0.3
15–19 years	9.2	8.8	8.0	8.2	8.2	7.8
20–24 years	31.9	31.6	30.9	32.1	31.9	30.3
25–29 years	29.9	30.2	30.9	32.7	33.9	34.8
30–34 years	25.6	26.1	24.5	25.4	25.3	26.2
35–39 years	22.8	21.3	20.3	21.5	20.9	20.4

Table 34. Human immunodeficiency virus (HIV) diagnoses, by year of diagnosis and selected characteristics: United States, 2011–2016

Excel version (with more data years and standard errors when available): <https://www.cdc.gov/nchs/hus/contents2017.htm#034>.

[Data are based on reporting by 50 states and the District of Columbia]

Sex, age at diagnosis, Hispanic origin and race, and region of residence	Year of diagnosis ¹					
	2011	2012	2013	2014	2015 ²	2016 ²
Age at diagnosis—Con.	Number of HIV diagnoses per 100,000 resident population ³					
40–44 years	22.8	21.1	18.9	18.4	16.9	16.9
45–49 years	20.6	19.8	18.5	17.4	16.0	15.1
50–54 years	14.8	14.2	13.2	12.9	13.4	13.5
55–59 years	9.8	9.3	9.5	9.0	8.7	8.7
60–64 years	6.0	5.9	5.9	5.3	5.2	5.6
65 years and over	2.0	1.9	1.9	1.8	1.8	1.7
Hispanic origin and race ⁵						
Not Hispanic or Latino:						
White	5.6	5.6	5.4	5.4	5.3	5.2
Black or African American	49.5	47.1	44.6	44.4	43.7	43.6
American Indian or Alaska Native	6.2	7.6	6.6	8.0	8.3	10.2
Asian	4.9	5.0	5.0	5.6	5.5	5.5
Native Hawaiian or Other Pacific Islander	10.8	10.4	9.2	8.1	14.4	8.5
Multiple race	27.7	26.1	23.2	19.6	16.1	12.9
Hispanic or Latino ⁶	17.9	17.5	16.8	17.6	17.2	17.0
Region of residence ⁷						
Northeast	13.9	13.5	12.5	12.5	11.6	11.2
Midwest	8.0	8.1	7.9	7.5	7.7	7.5
South	18.3	17.5	16.9	17.0	16.9	16.8
West	10.4	10.4	9.8	10.4	10.2	10.2

¹Based on diagnoses during 2011–2016 that were reported to the Centers for Disease Control and Prevention (CDC) through June 30, 2017. Includes persons with a diagnosis of HIV infection regardless of the stage of disease (stage 0, 1, 2, 3 [AIDS], or unknown). In 2014, the criteria used to define HIV diagnoses changed. Cases diagnosed before 2014 were classified according to the 2008 HIV case definition. Starting with 2014 data, cases were classified according to the new definition. Because of the change in case definition, HIV diagnoses prior to 2014 are not strictly comparable with HIV diagnoses for 2014. The vertical line in the table represents the discontinuity in the HIV diagnosis trend. See Appendix II, Human immunodeficiency virus (HIV) disease and Acquired immunodeficiency syndrome (AIDS) for discussion of HIV diagnoses reporting definitions and other issues affecting interpretation of trends.

²Data for 2016 are preliminary; CDC cautions against using the 2016 data in this report for assessments of trends.

³Numbers and rates are point estimates that result from statistical adjustments for missing risk factor information. See Appendix I, National HIV Surveillance System.

⁴Includes unknown sex not shown separately.

⁵Hispanic origin and race categories are mutually exclusive.

⁶Persons of Hispanic origin may be of any race. See Appendix II, Hispanic origin.

⁷Data are based on residence at the time of diagnosis of HIV infection.

NOTES: Data shown are for the 50 states and the District of Columbia, and include newly diagnosed and reported cases. This table does not present HIV incidence or prevalence data. Rates were calculated using vintage 2016 resident population estimates from the U.S. Census Bureau. Variations in trends among subpopulations may be due to differences in testing behaviors, targeted HIV testing initiatives, or the numbers of new HIV infections in some subpopulations. Caution should be used when interpreting data on diagnoses of HIV infection. HIV surveillance reports may not be representative of all persons with HIV for several reasons: not all infected persons have been tested and diagnosed; results of anonymous tests are not reported to the name-based HIV registries of state and local health departments; testing patterns are influenced by the extent to which testing is routinely offered to specific groups; and surveillance and reporting practices among jurisdictions differ. The data presented here are estimates of the minimum number of persons for whom HIV infection has been diagnosed and reported to the surveillance system. Data have been revised and differ from previous editions of *Health, United States*.

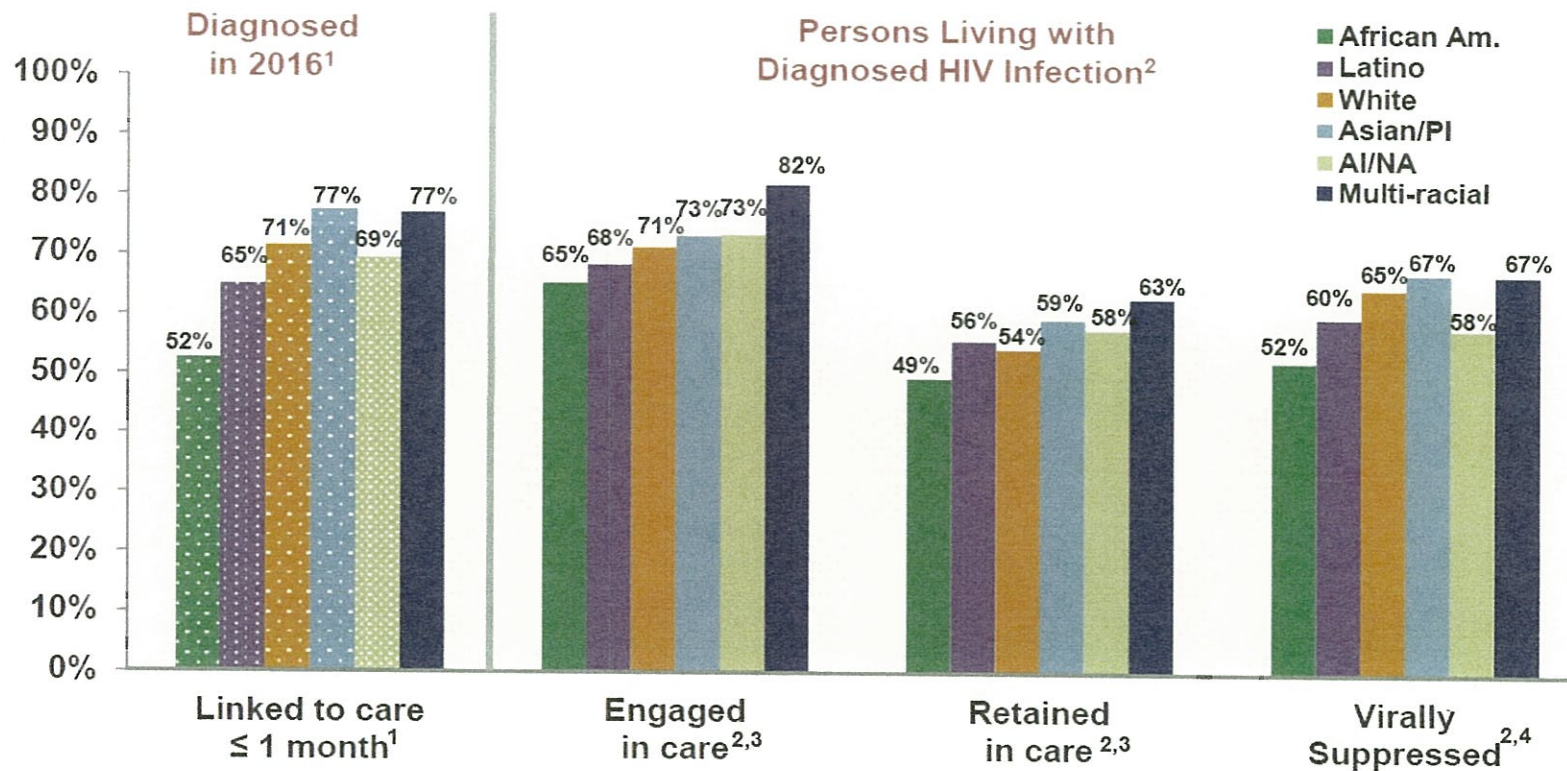
SOURCE: CDC. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Division of HIV/AIDS Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2016. HIV Surveillance Report, vol 28. 2017. Available from <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf>. See Appendix I, National HIV Surveillance System.

Table 2a. Persons living with diagnosed HIV infection, by year and selected demographic characteristics, 2012–2016 — California

Characteristic		2012			2013			2014			2015			2016		
		N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
Age at year end (years)	0 to 11	150	0.1%	2.5	151	0.1%	2.5	146	0.1%	2.4	132	0.1%	2.2	116	0.1%	1.9
	12 to 14	80	0.1%	5.2	73	0.1%	4.7	72	0.1%	4.7	68	0.1%	4.5	81	0.1%	5.3
	15 to 17	164	0.1%	10.3	146	0.1%	9.2	132	0.1%	8.5	124	0.1%	8.0	108	0.1%	7.0
	18 to 19	313	0.3%	24.7	284	0.2%	22.6	249	0.2%	19.7	258	0.2%	20.4	245	0.2%	19.6
	20 to 24	2,991	2.5%	105.7	2,971	2.4%	102.6	3,028	2.4%	102.3	3,045	2.4%	101.6	3,013	2.3%	99.3
	25 to 29	6,738	5.6%	253.0	6,905	5.6%	265.0	7,212	5.7%	282.2	7,355	5.7%	291.8	7,650	5.8%	302.4
	30 to 34	9,302	7.7%	345.7	9,492	7.7%	346.3	9,744	7.7%	350.8	9,967	7.7%	360.4	10,312	7.8%	377.5
	35 to 39	10,953	9.0%	435.6	10,921	8.8%	433.2	11,094	8.8%	436.6	11,350	8.8%	440.0	11,848	8.9%	450.6
	40 to 44	16,952	14.0%	639.2	15,822	12.8%	598.9	14,692	11.7%	561.8	13,571	10.5%	528.3	12,968	9.8%	512.5
	45 to 49	23,003	19.0%	877.8	22,183	17.9%	855.1	20,847	16.5%	805.7	19,939	15.5%	764.1	19,142	14.5%	726.2
	50 to 54	21,268	17.5%	810.6	22,492	18.1%	852.1	23,344	18.5%	879.0	23,838	18.5%	902.5	23,737	17.9%	910.3
	55 to 59	14,371	11.8%	609.5	15,509	12.5%	642.5	16,488	13.1%	670.2	17,764	13.8%	708.7	19,214	14.5%	757.3
	60 to 64	8,426	6.9%	427.3	9,313	7.5%	461.4	10,199	8.1%	490.3	11,122	8.6%	518.0	12,277	9.3%	554.9
	65 to 74	5,697	4.7%	222.4	6,609	5.3%	243.5	7,520	6.0%	262.5	8,678	6.7%	287.6	9,857	7.4%	312.4
	≥ 75	978	0.8%	47.4	1,131	0.9%	53.7	1,328	1.1%	61.4	1,572	1.2%	70.4	1,837	1.4%	79.7
Race/ethnicity	Hispanic/Latino	40,169	33.1%	276.0	41,637	33.6%	281.8	43,286	34.3%	288.4	44,843	34.8%	294.7	46,746	35.3%	303.3
	American Indian/Alaska Native	385	0.3%	233.6	384	0.3%	232.6	381	0.3%	230.3	383	0.3%	231.4	405	0.3%	244.5
	Asian	4,076	3.4%	82.6	4,333	3.5%	86.9	4,643	3.7%	92.0	4,905	3.8%	96.4	5,211	3.9%	101.7
	Black/African American	21,462	17.7%	971.7	21,895	17.7%	986.2	22,196	17.6%	993.8	22,542	17.5%	1,003.1	23,124	17.5%	1,022.9
	Native Hawaiian/Other Pacific Islander	244	0.2%	184.2	251	0.2%	189.7	254	0.2%	192.0	263	0.2%	199.4	272	0.2%	206.9
	White	51,918	42.8%	344.5	52,299	42.2%	346.8	52,079	41.3%	344.6	52,548	40.8%	347.3	53,310	40.3%	351.9
	Multiple races	3,127	2.6%	319.2	3,198	2.6%	316.1	3,251	2.6%	310.9	3,294	2.6%	305.2	3,332	2.5%	299.6
	Unknown race	5	0.0%	-	5	0.0%	-	5	0.0%	-	5	0.0%	-	5	0.0%	-
Gender	Male	105,550	87.0%	558.0	107,854	87.0%	565.2	109,628	86.9%	568.8	112,021	87.0%	576.4	115,193	87.0%	588.2
	Female	14,313	11.8%	74.8	14,580	11.8%	75.6	14,876	11.8%	76.4	15,126	11.7%	77.1	15,528	11.7%	78.5
	Transgender: Male-to-Female	1,480	1.2%	-	1,525	1.2%	-	1,546	1.2%	-	1,589	1.2%	-	1,632	1.2%	-
	Transgender: Female-to-Male	38	0.03%	-	38	0.03%	-	40	0.0%	-	43	0.0%	-	48	0.0%	-
	Alternative Gender Identity	5	0.00%	-	5	0.00%	-	5	0.0%	-	4	0.0%	-	4	0.0%	-
Total		121,386		319.1	124,002		323.1	126,095		325.5	128,783		329.7	132,405		336.4

Note: Rates are per 100,000 population. Dash (—) indicates rates not calculated due to unknown population denominators. Until 2003, Asian/Native Hawaiian/Pacific Islander was classified as a single category; therefore persons with race/ethnicity data only available prior to 2003 are classified as Asian because they cannot be disaggregated.

Figure 14. HIV Care Continuum by Race/Ethnicity, Los Angeles County, 2016



¹ Denominator includes persons who were diagnosed with HIV in 2016; numerator includes persons reported with HIV in 2016 with ≥1 CD4/VL/Genotype test reported within 1 month of HIV diagnosis; 2016 data are provisional due to reporting delay.

² Denominator includes persons diagnosed through 2015 and living in LAC as of 12/31/2016 based on most recent residence.

³ Engaged in care: ≥1 CD4/VL/Geno test in 2016; retained in care: ≥2 CD4/VL/Geno tests at least 3 months apart in 2016.

⁴ Viral suppression is defined as VL < 200 copies/ml.

9. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

A. June 2019 Report/Newsletter

10. LA COUNTY DEARTMENT OF PUBLIC HEALTH REPORT:

- A. Division of HIV/STD Programs (DHSP) Report
 - (1) Medical Monitoring Program (MMP)

11. STANDING COMMITTEE REPORTS (cont'd):

A. Public Policy (PPC) Committee

- (1) County, State and Federal Legislation & Policy
 - (a) Legislative Docket **MOTION #3**
 - (c) STD Federal Action Plan



LOS ANGELES COUNTY
COMMISSION ON HIV



2019-2020 Legislative Docket

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

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
*AB 4 (Arambula) See SB 29	Medi-Cal: eligibility	This bill would additionally extend eligibility for full-scope Medi-Cal benefits to individuals of all ages, if otherwise eligible for those benefits, but for their immigration status. The bill would delete provisions delaying eligibility and enrollment until the director makes the determination described above. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB4	Support County position: Watch	05/29/19 In Senate. Read first time.
*AB 36 (Bloom)	Residential tenancies: rent control	This bill would modify the provisions of the Costa-Hawkins Rental Housing Act and allow local governments to apply rent stabilization measures to specified housing units. This bill would authorize an owner of residential real property to establish the initial and all subsequent rental rates for a dwelling or unit that has been issued its first certificate of occupancy within 20 years of the date upon which the owner seeks to establish the initial or subsequent rental rate, or for a dwelling or unit that is alienable separate from the title to any other dwelling unit or is a subdivided interest in a subdivision and the owner is a natural person who owns 10 or fewer residential units within the same jurisdiction as the dwelling or unit for which the owner seeks to establish the initial or subsequent rental rate, subject to certain exceptions. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB36	Support County position: Support	04/25/19 Assembly - Rules
AB 174 (Wood)	Health care coverage: financial assistance	This bill would require the board to administer enhanced premium assistance to individuals with household incomes below 400% of the federal poverty level, reduce premiums to zero for individuals with household incomes at or below 138% of the federal poverty level, reduce premiums for individuals with household incomes at or between 401% and 800% of the federal poverty level and who are ineligible for federal advanced premium tax credits so their premiums do not exceed a specified percentage of their household incomes, and administer specified additional cost-sharing financial assistance for individuals with household incomes below 400% of the federal poverty level and who are eligible for premium tax credits. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB174	Support	05/24/19 In Senate. Read first time.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
*AB 302 (Berman)	Parking: homeless students	This bill would require a community college campus that has parking facilities on campus to grant overnight access to those facilities facilities, on or before July 1, 2020, to any homeless student who is enrolled in coursework, has paid any enrollment fees, fees that have not been waived, and is in good standing with the community college, and for the purpose of sleeping in the student's vehicle overnight. The bill would require the governing board of the community college district to determine a plan of action to implement this requirement. requirement, as specified. By imposing additional duties on community college districts, this bill would impose a state-mandated local program. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB302	Support County position: Support	05/24/19 In Senate. Read first time.
*AB 307 (Reyes)	Homeless youth: grant program	This bill would require the council to develop and administer a grant program to support young people experiencing homelessness and prevent and end homelessness. It is the intent of the Legislature to prevent do both of the following: (a) Prevent or reduce the incidence of substance use disorders among homeless youth by providing services in the most efficient and effective way, including housing, if appropriate, and to reduce the exposure to trauma as a result of homelessness that has been shown to be a precursor to substance use disorders. (b) Address the needs of lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth, who account for up to 40 percent of the homeless youth population nationwide and experience substance abuse risk factors, including homelessness and family rejection, more than than their non-LGBTQ peers. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB307	Support County position: Support	05/24/19 In Senate. Read first time.
AB 318 (Chu)	Medi-Cal materials: readability	This bill would require the department and managed care plans, commencing January 1, 2020, to require field testing of all translated materials released by the department or the managed care plans, respectively, to Medi-Cal beneficiaries, except as specified. The bill would define "field testing" as a review of translations for accuracy, cultural appropriateness, and readability. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB318	Support	05/24/19 In Senate. Read first time.
AB 362 (Eggman)	Controlled substances: overdose prevention program	This bill would, until January 1, 2026, authorize the City and County of San Francisco to approve entities to operate overdose prevention programs that satisfy specified requirements, including, among other things, the provision of a hygienic space supervised by healthcare health care professionals, as defined, where adults who use drugs can consume preobtained drugs, use sterile consumption supplies, and access to referrals to substance use disorder treatment. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB362	Support	05/24/19 In Senate. Read first time.
*AB 414 (Bonta) See SB 175	Healthcare coverage: minimum essential coverage	This bill would require a California resident to ensure that the resident and the resident's dependents are covered under minimum essential coverage for each month beginning after 2019. The bill would impose a penalty for the failure to maintain minimum essential coverage (i.e. individual mandate). https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB414	Support County position: Watch	05/30/19 In Senate. Read first time.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 493 (Gloria)	Teachers: in-service training: lesbian, gay, bisexual, transgender, queer, and questioning pupil resources	This bill commencing with the 2021-22 school year, would require each school operated by a school district or county office of education and each charter school to annually provide in-service training to teachers of pupils in grades 7 to 12, inclusive, and to all other certificated employees at that school, on schoolsite and community resources for the support of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) pupils as well as strategies to increase support for LGBTQ pupils and thereby improve overall school climate, as specified. By imposing additional duties on public schools and local educational agencies, the bill would impose a state-mandated local program. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB493	Support	05/29/19 In Senate. Read first time.
AB 526 (Petrie Norris)	Medi-Cal: California Special Supplemental Nutrition Program for Women, Infants, and Children	This bill would delete existing provisions relating to the automated enrollment gateway system and would instead require the State Department of Health Care Services, in collaboration with the same designated entities, to design and implement policies and procedures for an automated enrollment gateway pathway, operational no later than May 1, 2020, designating the WIC Program and its local WIC agencies as Express Lane agencies and using WIC eligibility determinations to meet Medi-Cal eligibility requirements. The bill would require the pathway to perform specified functions to streamline Medi-Cal enrollment and maximize health care coverage. The bill would require that benefits for applicants enrolling in the Medi-Cal program using the pathway be provided immediately through accelerated enrollment for children and presumptive eligibility for pregnant women. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB526	Support	05/24/19 In Senate. Read first time.
AB 537 (Wood)	Medi-Cal managed care: quality improvement and value-based financial incentive program	This bill would require, commencing January 1, 2022, a Medi-Cal managed care plan to meet a minimum performance level (MPL) that improves the quality of health care and reduces health disparities for enrollees, as specified. The bill would require the department to establish both a quality assessment and performance improvement program and a value-based financial incentive program to ensure that a Med-Cal managed care plan achieves an MPL. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB537	Support	05/16/19 In committee: Held under submission.
*AB 650 (Low)	Violent death: data	This bill would require the Attorney General to direct local law enforcement agencies to report quarterly, by January 1, 2021, to the Department of Justice data, on the sexual orientation and gender identity of a victim of a violent death. The bill would require the Attorney General to convene, by July 1, 2020, a stakeholder workgroup, including staff who administer the CEVDRS, local law enforcement agencies, and advocates for members of the lesbian, gay, bisexual, transgender, and queer community, to develop specified standards, such as data reporting requirements and forms, and would authorize the Department of Justice to use established policies and practices on reports on hate crimes. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB650	Support County position: Watch	05/16/19 In committee: Held under submission.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 683 (Carrillo)	Medi-Cal: eligibility	This bill would require the department to disregard specified assets and resources, such as motor vehicles and life insurance policies, in determining the Medi-Cal eligibility for an applicant or beneficiary whose eligibility is not determined using MAGI, subject to federal approval and federal financial participation. The bill would prohibit the department from using an asset and resource test to make a Medi-Cal eligibility determination for an applicant or beneficiary who is enrolled in the Medicare Shared Savings Program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB683	Support	05/16/19 In committee: Hearing postponed by committee.
AB 711 (Chiu)	Pupil records: name and gender changes	This bill would require a school district to update a former pupil's records if the school district receives government-issued documentation, as described, demonstrating that the former pupil's legal name or gender has been changed. The bill would require the school district to reissue specified documents conferred upon, or issued to, the former pupil with the former pupil's updated legal name or gender, if requested by the former pupil. By imposing a new duty on a school district, the bill would create a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB711	Support	05/29/19 Referred to Committee on Education
AB 715 (Wood)	Medi-Cal: program for aged and disabled persons	Existing law requires an individual under these provisions to satisfy certain financial eligibility requirements, including, among other things, that the individual's countable income does not exceed an income standard equal to 100% of the applicable federal poverty level, plus an income disregard of \$230 for an individual, or \$310 in the case of a couple, except that the income standard determined shall not be less than the SSI/SSP payment level for a disabled individual or couple, as applicable. This bill would instead require, upon receipt of federal approval, all countable income over 100% of the federal poverty level, up to 138% of the federal poverty level, to be disregarded, after taking all other disregards, deductions, and exclusions into account for those persons eligible under the program for aged and disabled persons. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB715	Support	05/30/19 In Senate. Read first time.
AB 731 (Kalra)	Health care coverage: rate review	Existing law requires a health care service plan or health insurer offering a contract or policy in the individual or small group market to file specified information, including total earned premiums and total incurred claims for each contract or policy form, with the appropriate department at least 120 days before implementing a rate change. This bill would expand those requirements to apply to large group health care service plan contracts and health insurance policies. The bill would require a plan or insurer to disclose with a rate filing specified information by geographic region, including annual medical trend factor assumptions by aggregate benefit category and the top 25 procedures in each benefit category. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB731	Support	05/24/19 In Senate. Read first time.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
*AB 816 (Quirk-Silva)	California Flexible Housing Subsidy Pool Program	This bill would establish the California Flexible Housing Subsidy Pool to fund grants, for a city, county, city and county, or continuum of care, for eligible activities including, among other things for rental assistance, operating subsidies in affordable or supportive housing units, and specified outreach services. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB816	Support County position: Support	05/16/19 In committee: Held under submission
AB 824 (Wood)	Business: preserving access to affordable drugs	This bill would provide that an agreement resolving or settling, on a final or interim basis, a patent infringement claim, in connection with the sale of a pharmaceutical product, is to be presumed to have anticompetitive effects if a non-reference drug filer receives anything of value from another company asserting patent infringement and if the non-reference drug filer agrees to limit or forego research, development, manufacturing, marketing, or sales of the non-reference drug filer's product for any period of time, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB824 <i>Note: "Pay for Delay" bill</i>	Support	05/24/19 In Senate. Read first time.
AB 890 (Wood)	Nurse practitioners: scope of practice: unsupervised practice	This bill would establish the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs, which would consist of 9 members. The bill would authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body recognized by the board who practices in certain settings or organizations to perform specified functions without supervision by a physician and surgeon, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB890	Support	05/16/19 In committee: Hearing postponed by committee.
AB 929 (Luz Rivas)	California Health Benefit Exchange: data collection	This bill would require the board, if it requires or has previously required a qualified health plan to report on cost reduction efforts, quality improvements, or disparity reductions, to make public plan-specific data on cost reduction efforts, quality improvements, and disparity reductions. The bill would require the board to post that data to the internet website of the Exchange no less than annually. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB929	Support	05/16/19 Referred to Committee on Health
AB 993 (Nazarian)	Health care coverage: HIV specialists	This bill would require a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2019, to permit an HIV specialist, as defined, to be an eligible primary care provider, as defined, if the provider requests primary care provider status and meets the plan's or the health insurer's eligibility criteria for all specialists seeking primary care provider status. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB993 <i>Note: AB 1534 two years ago</i>	Watch COH Position two years ago: Oppose (changed from Watch)	05/16/19 Referred to Committee on Health

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 1063 (Petrie Noris)	Healthcare coverage: waivers	<p>This bill would require the American Health Benefit Exchange to obtain statutory authority before seeking a state innovation waiver from the United States Department of Health and Human Services. The bill would also make related findings and declarations.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1063</p> <p><i>Note: SB 1108 last year, re-worked for this year.</i></p>	Support	05/08/19 Referred to Committee on Health
AB 1246 (Limon)	Healthcare coverage: basic health care services	<p>This bill would require large group health insurance policies, except certain specialized health insurance policies, issued, amended, or renewed on or after January 1, 2020, to include coverage for medically necessary basic health care services and, to the extent the policy covers prescription drugs, coverage for medically necessary prescription drugs.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1246</p>	Support	05/30/19 In Senate. Read first time.
AB 1309 (Bauer- Kahan)	Health care coverage: enrollment periods	<p>This bill would additionally require a health care service plan and a health insurer, for policy years beginning on or after January 1, 2020, to provide a special enrollment period to allow individuals to enroll in individual health benefit plans through the Exchange from December 16 of the preceding calendar year, to January 31 of the benefit year, inclusive. The bill would also require, with respect to individual health benefit plans offered outside of the Exchange, that the annual open enrollment period for policy years beginning on or after January 1, 2020, extend from October 15 of the preceding calendar year, to January 31 of the benefit year, inclusive.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1309</p>	Support	05/29/19 In Senate. Read first time.
AB 1611 (Chiu)	Emergency hospital services: costs	<p>This bill would require a health care service plan contract or insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee or insured receives covered services from a noncontracting hospital, the enrollee or insured is prohibited from paying more than the same cost sharing that the enrollee or insured would pay for the same covered services received from a contracting hospital.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1611</p>	Support	05/30/19 In Senate. Read first time.
AB 1683 (Arambula)	Sexually transmitted diseases: prevention and control	<p>Existing law requires the State Department of Public Health to develop and participate in a program for the prevention and control of venereal disease. Existing law authorizes the department to establish, maintain, and subsidize clinics, dispensaries, and prophylactic stations for the diagnosis, treatment, and prevention of venereal disease. The bill would delete this authority and, instead, would authorize the department to provide medical, advisory, financial, or other assistance to organizations. The bill would require the department, to the extent funds are appropriated by the Legislature, to allocate grants to local health jurisdictions for sexually transmitted disease outreach, screening, and other core services.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1683</p>	Watch	02/25/19 Read first time

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
*AB 1702 (Rivas)	Homeless Coordinating and Financing Council	This bill would require the agency to provide 6 additional full-time staff positions for the State's Homeless Coordinating and Financing Council to promote and improve service integration of the State's homelessness resources, benefits, and services. The bill would require the council to report to the Legislature recommendations for statutory changes to streamline the delivery of services and effectiveness of homelessness programs in the state, by January 1, 2021. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1702	Support County position: Support	05/24/19 In Senate. Read first time.
*SB 29 (Durazo) See AB 4	Medi-Cal: eligibility	This bill would extend eligibility for full-scope Medi-Cal benefits to individuals of all ages who are otherwise eligible for those benefits but for their immigration status. The bill would also delete provisions delaying implementation until the director makes the determination described above. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB29	Support County position: Watch	05/29/19 In Assembly. Read first time. Held at Desk.
SB 65 (Pan) See AB 174	Health care coverage: financial assistance	This bill would require the Exchange, notwithstanding the provision establishing the California Health Trust Fund and only to the extent that the Legislature appropriates funding for these purposes, to administer financial assistance to help low-income and middle-income Californians access affordable healthcare coverage by requiring the Exchange to implement specified maximum premium contributions and to reduce copays and deductibles for individuals who meet specified income requirements. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB65	Support	05/28/19 In Assembly. Read first time. Held at Desk.
SB 132 (Wiener)	Corrections	This bill would require the Department of Corrections and Rehabilitation to, during initial intake and classification, ask each individual entering into the custody of the department to specify the individual's gender identity, sex assigned at birth, preferred first name, gender pronoun, honorific, and preferred gender identity of any officer who may conduct a lawful body search of the individual. The bill would require the department to issue identification with a gender marker consistent with the gender identity the individual most recently specified, and would prohibit disciplining a person for refusing to answer or not disclosing in response to these questions. The bill would require the department to only conduct a search of that person by an officer of the gender identity of the person's preference. The bill would additionally require housing the person in a correctional facility designated for men or women consistent with the incarcerated individual's gender identity, except as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB132	Support	06/03/19 Referred to Committee on Public Safety

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
SB 145 (Wiener)	Sex offenders: registration	<p>Existing law, the Sex Offender Registration Act, amended by Proposition 35, requires a person convicted of one of certain crimes, as specified, to register with law enforcement as a sex offender while residing in California or while attending school or working in California, as specified. A willful failure to register is a misdemeanor or felony, depending on the underlying offense. This bill would authorize a person convicted of certain offenses involving minors to seek discretionary relief from the duty to register if the person is not more than 10 years older than the minor and if that offense is the only one requiring the person to register.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB145</p> <p><i>Note: Per Equality CA, addresses discriminatory practice of treating LGBTQ young people differently than non-LGBTQ peers when engaging in voluntary sexual activity.</i></p>	Support	05/28/19 In Assembly. Read first time. Held at Desk.
SB 159 (Wiener)	HIV: pre-exposure and post-exposure prophylaxis	<p>Existing law generally supports HIV/AIDS prevention and the awareness of HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medication.</p> <p>This bill would state the intent of the Legislature to enact legislation to reduce barriers to HIV biomedical prevention by removing insurance preauthorization requirements and authorizing pharmacists to furnish pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) without a prescription in an effort to lower the rates of HIV transmission.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB159</p>	Support	06/03/19 Referred to Committees on Business and Professions & Health
*SB 175 (Pan) See AB 414	Healthcare coverage: minimum essential coverage	<p>Patient Protection and Affordable Care Act (PPACA) requires individuals, and any dependents of the individual, to maintain minimum essential coverage, as defined, and, if an individual fails to maintain minimum essential coverage, PPACA imposes on the individual taxpayer a penalty. This provision is referred to as the individual mandate.</p> <p>This bill would require a California resident to ensure that the resident, and any dependent of the resident, is covered under minimum essential coverage for each month beginning after 2019. The bill would impose a penalty for the failure to maintain minimum essential coverage.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB175</p>	Support County position: Watch	05/29/19 Ordered to inactive file on request of Senator Pan.
SB 233 (Wiener)	Immunity from arrest	<p>Existing law specifies a procedure by which condoms may be introduced as evidence in a prosecution for various crimes, including soliciting or engaging in lewd or dissolute conduct in a public place, soliciting or engaging in acts of prostitution, loitering in or about a toilet open to the public for the purpose of engaging in or soliciting a lewd, lascivious, or unlawful act, or loitering in a public place with the intent to commit prostitution. This bill, instead, would prohibit the possession of a condom as evidence with the intent to commit prostitution, or for maintaining a public nuisance.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB233</p>	Support	05/16/19 Referred to Committee on Public Safety

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
SB 260 (Hurtado)	Automatic health care coverage enrollment	This bill would require the California Health Benefit Exchange, beginning no later than July 1, 2020, to enroll an individual in the lowest cost silver plan or another plan, as specified, upon receiving the individual's electronic account from a county, or upon receiving information from the State Department of Health Care Services regarding an individual terminated from department-administered health coverage. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB260	Support	05/30/19 Referred to Committee on Health
SB 329 (Mitchell)	Discrimination: housing: source of income	Existing law prohibits housing discrimination, including discrimination through public or private land use practices, decisions, or authorizations, based on specified personal characteristics, including source of income. Existing law defines the term "source of income" to mean lawful, verifiable income paid directly to a tenant or paid to a representative of a tenant. This bill would instead define the term for purposes of those provisions, to mean verifiable income paid directly to a tenant, or paid to a housing owner or landlord on behalf of a tenant, including federal, state, or local public assistance and housing subsidies, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB329	Support	05/24/19 In Assembly. Read first time. Held at Desk.
SB 343 (Pan)	Healthcare data disclosure	This bill would eliminate alternative reporting requirements for a plan or insurer that exclusively contracts with no more than 2 medical groups or a health facility that receives a preponderance of its revenue from associated comprehensive group practice prepayment health care service plans and would instead require those entities to report information consistent with any other health care service plan, health insurer, or health facility, as appropriate. The bill would also eliminate the authorization for hospitals to report specified financial and utilization data to Office of Statewide Health Planning and Development (OSHDP), and file cost data reports with OSHDP, on a group basis. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB343	Watch	05/24/19 Referred to Committee on Health
SB 464 (Mitchell)	California Dignity in Pregnancy and Childbirth Act	This bill would make legislative findings relating to implicit bias and racial disparities in maternal mortality rates. The bill would require a hospital that provides perinatal care, and an alternative birth center or a primary clinic that provides services as an alternative birth center, to implement an implicit bias program for all health care providers involved in perinatal care of patients within those facilities. The bill would require the health care provider to complete initial basic training through the program and a refresher course every 2 years thereafter, or on a more frequent basis if deemed necessary by the facility. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB464	Support	05/22/19 In Assembly. Read first time. Held at Desk.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
*SB 568 (Portantino)	Postsecondary education: student housing: College-Focused Rapid Rehousing Program	This bill would establish the College-Focused Rapid Rehousing Program, which would provide housing options for homeless students and would provide services to support homeless students in transitioning to stable housing and remaining enrolled in college, contingent upon the enactment of an appropriation of state funds for this purpose, to be implemented by the public segments of higher education if they choose to participate in the program. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB568	Support County position: Support	05/24/19 In Assembly. Read first time. Held at Desk.
SB 673 (Morrell)	Comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education	This bill reverses the CA Healthy Youth Act's opt-out process by requiring, for a pupil in a grade lower than grade 7, an active parental ("opt-in") with a signature for sexual health education and HIV prevention education. The act requires each school district to notify parents and guardians about its plan to provide sexual health education and HIV prevention instruction for the upcoming school year and to inform them, among other things, that written and audiovisual educational materials used in this instruction are available for inspection. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB673	Oppose	04/22/19 April 24 set for second hearing canceled at the request of author.
SB 689 (Moorlach)	Needle and syringe exchange programs	Existing law authorizes the State Department of Public Health to authorize certain entities to apply to the department to provide hypodermic needle and syringe exchange services in any location where infections are spread through the sharing of used hypodermic needles and syringes, and requires a period of public comment at least 45 days before approval of the application. This bill would instead allow the department to authorize an entity pursuant to these provisions only if the city, county, or city and county in which the entity will be operating has adopted an ordinance or resolution approving that authorization or reauthorization. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB689	Oppose	04/22/19 From committee with author's amendments. Read second time and amended. Re-referred to Committee on Health
SB 741 (Galgiani)	Change of gender	Existing law authorizes a person to file a petition with the superior court in any county seeking a judgment recognizing the change of gender to female, male, or nonbinary. The judgment is required to include an order that a new birth certificate be prepared for the person reflecting the change of gender and any change of name that was ordered in specified jurisdictions. This bill would authorize a person, as part of a proceeding on a petition for a judgment recognizing the change of gender, to also seek an order to revise a marriage certificate of the petitioner or a birth certificate of the petitioner's child to reflect the petitioner's change of gender. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB741	Support	05/21/19 In Assembly. Read first time. Held at Desk.
HR 3222 (Harris)	Do No Harm Act	This bill makes the Religious Freedom Restoration Act of 1993 (RFRA) inapplicable to certain federal laws (or implementations of laws) in order to protect civil rights and prevent meaningful harm to third parties (e.g. employment discrimination, denial of services to LGBTQ individuals) https://www.congress.gov/bills/115th-congress/house-bill/3222	Support	08/03/2017 House - Referred to the Subcommittee on the Constitution and Civil Justice

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
*S 1106 (Harris)	Rent Relief Act of 2019	This bill would create a new, refundable tax credit for taxable years beginning after December 31, 2018, for individuals who pay more than 30 percent of income towards rent (including utilities). The bill would also allow the credit to be accessed every month, if the family or individual elects to do so. https://www.congress.gov/bill/116th-congress/senate-bill/1106/text	Support County position: Support	04/10/2019 Read twice and referred to the Committee on Finance.
S 1653 (Booker)	Real Education for Healthy Youth Act (REHYA)	This bill supports the health and well-being of young people by providing the comprehensive education they need to make informed, responsible, and healthy decisions, including the promotion of lifelong sexual health and healthy relationships. https://www.congress.gov/bill/115th-congress/senate-bill/1653/text	Support	07/27/2017 Senate - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Additional Bills from May Public Policy Meeting (added after Executive Committee approval)

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 53 (Jones-Sawyer)	Rental housing unlawful housing practices: applications: criminal records	This bill would make it an unlawful housing practice for the owner of a rental housing accommodation to inquire about, or require an applicant for a rental housing accommodation to disclose, a criminal record during the initial application assessment phase, as defined, unless otherwise required by state or federal law. The bill would permit an owner of a rental housing accommodation, after the successful completion of the initial application assessment phase, to request a criminal background check of the applicant and consider an applicant's criminal record in deciding whether to rent or lease to the applicant. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB53 <i>Note: What does this mean for sex offenders? How does this affect individuals that move to California from out of state?</i>	Support with more info	Assembly - Housing and Community Development
*AB 1481 (Grayson)	Tenancy termination: just cause	This bill would, with certain exceptions, prohibits a landlord of residential property from terminating the lease without just cause, as defined, stated in the written notice to terminate. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1481	Support County position: Watch	5/20/19 Read third time and amended. Ordered to third reading.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 1483 (Grayson)	Housing data: collection and reporting	<p>This bill would authorize the department to require a planning agency to include in that annual report specified additional information that this bill would require, as described below. The bill would require the department, if requested, to provide technical assistance in providing this additional information to the local public entity that is required to include this additional information in the annual report. The bill would also authorize the department to assess the accuracy of the information submitted as part of the annual report and, if it determines that any report submitted to it by a planning agency contains inaccurate information, require that the planning agency correct that inaccuracy.</p> <p>https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1483</p> <p><i>Note: Creates housing production database</i></p>	Support	5/24/19 In Senate. Read first time. To Committee on RLS for assignment.
AB 1486 (Ting)	Surplus land	<p>The bill would, with regard to disposing of surplus land for the purpose of developing low- and moderate-income housing, only require the local agency disposing of the surplus land to send a specified notice of availability if the land is located in an urbanized area.</p> <p>https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1486</p>	Support	5/20/19 Read second time. Ordered to third reading.
ACA 1 (Aguiar-Curry)	Local government financing: affordable housing and public infrastructure: voter approval	<p>This measure would create an additional exception to the 1% limit that would authorize a city, county, or city and county city and county, or special district to levy an ad valorem tax to service bonded indebtedness incurred to fund the construction, reconstruction, rehabilitation, or replacement of public infrastructure or infrastructure, affordable housing, or permanent supportive housing, or the acquisition or lease of real property for those purposes, if the proposition proposing that tax is approved by 55% of the voters. Ballot measure that will allow bonds for housing and infrastructure to pass with a 55% majority.</p> <p>https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201920200ACA1</p>	Support	05/20/19 Read second time. Ordered to third reading.
SCA 1 (Allen and Wiener)	Public housing projects	<p>The California Constitution prohibits the development, construction, or acquisition of a low-rent housing project in any manner by any state public body until a majority of the qualified electors of the city, town, or county in which the development, construction, or acquisition of the low-rent housing project is proposed approve the project by voting in favor at an election, as specified. This measure would repeal these provisions.</p> <p>http://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SCA1</p>	Support	5/18/19 Set for hearing June 4.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
HR 1384 (Jayapal)	Medicare for All Act of 2019	<p>This bill establishes a national health insurance program that is administered by the Department of Health and Human Services (HHS). Among other requirements, the program must (1) cover all U.S. residents; (2) provide for automatic enrollment of individuals upon birth or residency in the United States; and (3) cover items and services that are medically necessary or appropriate to maintain health or to diagnose, treat, or rehabilitate a health condition, including hospital services, prescription drugs, mental health and substance abuse treatment, dental and vision services, and long-term care. The bill prohibits cost-sharing (e.g., deductibles, coinsurance, and copayments) and other charges for covered services. Additionally, private health insurers and employers may only offer coverage that is supplemental to, and not duplicative of, benefits provided under the program. Health insurance exchanges and specified federal health programs terminate upon program implementation. However, the program does not affect coverage provided through the Department of Veterans Affairs or the Indian Health Service.</p> <p>https://www.congress.gov/bill/116th-congress/house-bill/1384</p>	Support	03/13/2019 Sponsor introductory remarks on measure



LOS ANGELES COUNTY COMMISSION ON HIV



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Sexually Transmitted Diseases (STD) Federal Action Plan Request for Information (RFI)

June 2, 2019

STDPlan@hhs.gov

U.S. Department of Health and Human Services
330 C Street SW, Room L001, Washington DC 20024

On behalf of the Los Angeles County Commission on HIV, the Ryan White Care Act, legislatively mandated local planning council for the Los Angeles County Eligible Metropolitan area, we submit the following comments pertaining to the STD Federal Action Plan Request for Information.

In the past several years in Los Angeles County, in California, and across the nation, STDs have increased at alarming rates. From 2011 to 2015, gonorrhea rates in LA County increased 74%, syphilis increased 96%, congenital syphilis increased 35%, and chlamydia rates increased 13%¹. In addition, there were over 85,500 STD cases reported in LA County in 2016, including approximately 59,000 cases of chlamydia, 22,300 cases of gonorrhea, over 4,000 cases of early syphilis, and 37 cases of congenital syphilis.² Although STD cases are completely preventable and treatable, rates continue to increase despite efforts to address the growing public health crisis. If left untreated, there are serious health implications including transmission to sexual partners, increased risk of transmitting or contracting the human immunodeficiency virus (HIV), adverse neurological effects, pelvic inflammatory disease, and adverse birth outcomes.

1. How should the federal government address the rising rates of STDs?

To effectively address the rising rates of STDs, the federal government must protect and enhance the Affordable Care Act and Medicaid expansion to provide access to low income populations who need STD testing and treatment. In addition, the federal government should carve out long-term sustained funding for STD prevention and treatment to stem the tide of the epidemic.

Despite the growing STD epidemic, funding for STD prevention, programming, and treatment at the federal level has steadily decreased with a reduction of \$21 million from 2003 to 2016. These reductions, when adjusted for inflation, have reduced the purchasing power of the

¹ 2015 Annual HIV/STD Surveillance Report (2018). Division of HIV & STD Programs, Los Angeles County Department of Public Health.

² 2016 STD Surveillance Report. California Department of Public Health (2017).

domestic STD control portfolio by 40%. The estimated cost to provide services to high burden areas and create a more robust response to the STD epidemic would require a significant increase in staff and resources to begin to make a demonstrable impact in the transmission, diagnoses, and treatment of those contracting or affected by STDs.

In order to create the Healthy People's vision of a healthiest generation and beyond, we recommend that access to comprehensive healthcare be guaranteed for all communities across the country so that families and individuals may have unfettered access to optimal care at every stage of their lives.

2. What strategies can be implemented by federal agencies to improve the efficiency, effectiveness, coordination, accountability, and impact of our national response to the increasing rates of STDs for all priority populations?

The STD Federal Action Plan must be driven by the communities most affected by the disease. We recommend that a national advisory board composed of people of color, representatives of the LGBTQ communities, community health centers, and public health experts be convened to lead the development, implementation, monitoring and oversight of the plan. The national advisory board must be empowered to make meaningful and bold decisions to reduce the STD burden across the country.

In addition, we recommend that U.S. DHHS agencies, such as the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Health Resources Services Administration, develop and implement coordinated grant funding mechanisms for State and local health departments and community-based organizations to support local coalitions of STD epidemic responders. Furthermore, the federal government should fund enhanced surveillance systems and data sharing capacities at the local, state, and federal levels to understand the epidemiology of the STD epidemic.

3. What are the barriers to people getting the quality STD health services they deserve? What strategies can be implemented by federal agencies to overcome these barriers?

The social, economic, and behavioral factors that affect the spread of STDs which has been identified by the Health People initiative also resonate in Los Angeles County:

Racial and ethnic disparities. Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites. Race and ethnicity in the United States are correlated with other determinants of health status, such as poverty, limited access to health care, fewer attempts to get medical treatment, and living in communities with high rates of STDs.

Poverty and marginalization. STDs disproportionately affect disadvantaged people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.

Access to health care. Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.

Substance abuse. Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.

Sexuality and secrecy. Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.

Sexual networks. Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a lower-risk network.

To help reduce these barriers, it is necessary for the federal government to fund coordinated local STD prevention and treatment efforts with the public health and health care delivery systems to leverage the principles of the Accountable Health Communities Model. In addition, we recommend that the federal government support and fund state and local health departments in providing expedited partner therapy for the treatment of STDs. Local public health systems are unfunded, thereby affecting their capacity to perform enhanced data collection on demographic and behavioral variables which are essential to understanding the epidemiology of STDs and to guiding prevention efforts.

4. How can federal agencies influence, design and implement STD-related policies, services and programs in innovative and culturally-responsive ways for priority populations?

A major concern in Los Angeles County and nationally is the disproportionate impact of STDs on the following vulnerable populations: men who have sex with men (MSM), women of color, transgender individuals, and youth. For example, in the men who have sex with men and women population who are not living with HIV, cases of early syphilis increased 31% from 2014 to 2015. For those who were living with HIV, the cases increased 29% over the same time period.¹ For African-American women, the rate of contracting syphilis is 6 times higher than White women and 3 times higher than Latina women. Lastly, the Centers for Disease Control and Prevention (CDC) states that young people aged 15-24 years account for half of all new STDs.³

To ensure that programs are designed with these priority communities in mind, the national advisory board recommended under #2, should also be replicated at the local and state levels

³ STDs in Adolescents and Young Adults. October 2016. Center for Disease Control and Prevention.

as a core component of the STD Federal Action Plan. These local advisory boards should receive funding for community planning, public health leadership development, and capacity training to sustain local responses to the STD epidemic.

In addition, we recommend a large scale, federally funded provider training program on how to deliver culturally competent STD prevention and treatment services across the country. These trainings must be grounded in the understanding that there is no singular approach to meet the needs of our diverse communities. STD programs must take into consideration the intersectional nature of individual and community identities.

5. How can the federal government help to reduce STD-associated stigma and discrimination?

The high rates of STDs among the aforementioned populations is attributed to disparities within the social determinants of health, stigma, provider practices, and community knowledge and awareness regarding sexual health. To help reduce STD-associated stigma and discrimination, we recommend the following:

Support state and local school districts in implementing comprehensive sexual health education so that conversations and awareness of sexual health are normalized and young people receive the accurate information regarding their health and well-being. In addition, school-based clinics should get additional funding for sexual health education, STD testing and treatment for students and their families.

Support state and local efforts to create inclusive communities that embrace the rights of communities of color, women, and the LGBTQ communities. For instance, the federal government should partner with the Robert Wood Johnson Foundation's national effort to close the health inequities gap through a racial justice lens.

Our nation must dedicate resources for increased STD surveillance, disease investigation and intervention, screening, diagnosis, and treatment services, prevention, and evaluation to respond to the urgency of the crisis. Thank you for the opportunity to provide comments and we look forward to supporting this much needed national response to the STD epidemic.

Sincerely,



Alvaro Ballesteros,
Commission Co-Chair



Grissel Granados,
Commission Co-Chair



Cheryl Barrit
Executive Director

11. STANDING COMMITTEE REPORTS (cont'd):

C. Operations Committee

(2) Training

- (a) 2019 COH Member Orientation | October 10, 2019**



LOS ANGELES COUNTY

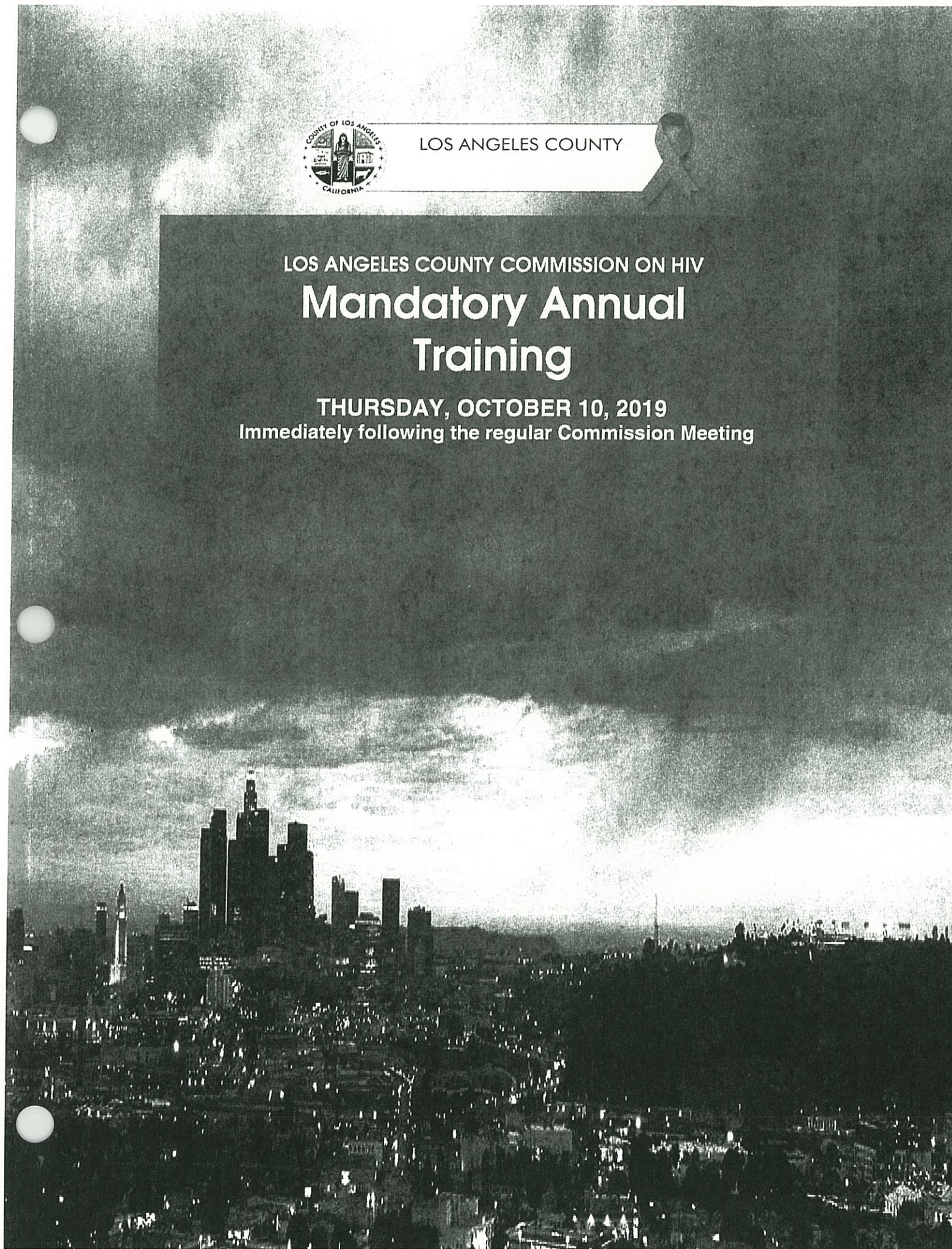


LOS ANGELES COUNTY COMMISSION ON HIV

Mandatory Annual Training

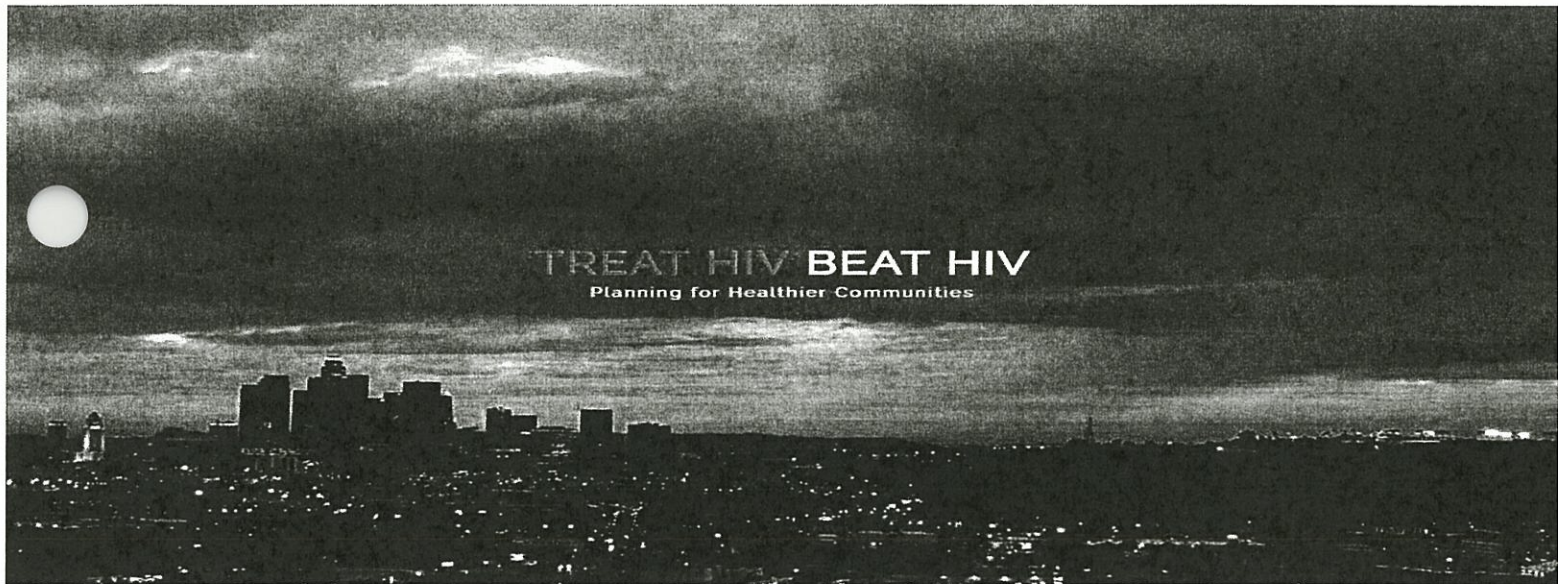
THURSDAY, OCTOBER 10, 2019

Immediately following the regular Commission Meeting



12. CAUCUS, TASK FORCE AND WORK GROUP REPORTS

E. HIV Service Awards Work Group



2019 LOS ANGELES COMMISSION ON HIV (COH) COMMUNITY SERVICE AWARDS WORKGROUP NEEDS YOU!

The COH will be hosting its first Community Service Awards at its Annual Meeting in November 2019 to acknowledge community stakeholders who demonstrate exemplary service and meaningful contributions to the lives of those living with or at risk of HIV/AIDS and who further the goals of the Los Angeles County HIV/AIDS Strategy (LACHAS).

The COH Community Service Awards Workgroup is recruiting COH members to participate on the Awards Selection Committee who will volunteer their time to review nominations and recommend award recipients to the COH Executive Committee for presentation at the November Annual Meeting.

AWARDS SELECTION COMMITTEE:

The Committee will be comprised of seven (7) members to include: (1) DHSP Representative, (1) COH Staff, (1) COH Institutional Seat Rep, (1) COH Unaffiliated Consumer Rep, (1) COH Stakeholder Rep, (1) COH Provider Rep, and (1) Community Stakeholder Rep from a Public Health-related Organization.

CRITERIA:

To be considered, you must be an active COH member representing an institutional, unaffiliated consumer, stakeholder or provider seat, be in good standing (i.e. in compliance with the COH Attendance Policy), **and** be willing and available to:

1. Participate in meetings, both in-person and conference calls
2. Demonstrate fairness and integrity during the selection process
3. Respond timely to all correspondence from the COH or Awards Selection Committee
4. Review and submit final award nominee selections by stated deadline, and
5. Voluntarily recuse oneself in the event of a conflict of interest

If you are interested and meet the criteria described above, please submit your interest via email, to include a brief paragraph of why you would like to be considered, to Dawn Mc Clendon at dmcclendon@lachiv.org **no later than Monday, June 24, 2019**. *Late submissions will not be considered.*



LOS ANGELES COUNTY
COMMISSION ON HIV



The LA County Commission on HIV is pleased to announce HIV Connect, an online tool for community members and providers looking for resources on HIV and STD testing, prevention and care, service locations, and housing throughout LA County.



HIV CONNECT
CONNECTING COMMUNITIES TO RESOURCES

Know HIV. Know Your Resources.
Visit hivconnect.org