LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
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CHANGE OF VENUE

COMMISSION ON HIV
Meeting

Thursday, June 8, 2023
9:00am-1:00pm (PST)

St. Anne's Conference & Events Center
155 N. Occidental Blvd., LA 90026

Complementary Valet Parking Available: Please indicate to the valet you are attending the Commission meeting

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

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

Members of the Public May Join in Person or Virtually.
For Members of the Public Who Wish to Join Virtually, Register Here:
https://lacountyboardofsupervisors.webex.com/weblink/register/r54ed7200ec02f7c26cfb36eca8bcda5a
To Join by Telephone: 1-213-306-3065
Password: COMMISSION Access Code: 2595 527 6482

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

LIKE WHAT WE DO?

Apply to become a Commission Member at:
https://www.surveymonkey.com/r/2023CommissiononHIVMemberApplication
For application assistance call (213) 738-2816 or email hivcomm@lachiv.org

LOS ANGELES COUNTY COMMISSION ON HIV

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

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

Thursday, June 8, 2023 | 9:00 AM – 1:00 PM

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

Complimentary On-Site Valet Parking Available:
Please indicate to the Valet you are attending the Commission on HIV meeting

Notice of Teleconferencing Sites:
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1616 Capitol Ave, Suite 74-61, Sacramento, CA 95814

MEMBERS OF THE PUBLIC: TO JOIN VIRTUALLY, REGISTER HERE:
https://lacountyboardofsupervisors.webex.com/weblink/register/r54ed7200ec02f7c26cfb36eca8bcda5a
To Join by Telephone: 1-213-306-3065 Password: COMMISSION Access Code: 2595 527 6482

AGENDA POSTED: June 2, 2023

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may attend the virtual or in-person meeting, email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.

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

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

1. ADMINISTRATIVE MATTERS

A.	Call to Order & Meeting Guidelines/Reminders		9:00 AM – 9:05 AM
B.	County Land Acknowledgment		9:05 AM – 9:07 AM
C.	Introductions, Roll Call, & Conflict of Interest Statements		9:07 AM – 9:10 AM
D.	Assembly Bill 2449 Attendance Notification for "Emergency Circumstances"	**MOTION #1**	9:10 AM – 9:13 AM
E.	Approval of Agenda	**MOTION #2**	9:13 AM – 9:15 AM
F.	Approval of Meeting Minutes	**MOTION #3**	9:15 AM – 9:17 AM
G.	Consent Calendar	**MOTION #4**	9:17 AM – 9:20 AM

2. REPORTS - I

A. Executive Director/Staff Report — 9:20 AM – 9:25 AM

(1) County/Commission Operations | UPDATES

B. Co-Chairs' Report — 9:30 AM – 9:45 AM

(1) Acknowledgement of National HIV Awareness Days for June 2023

a. 6/5 HIV Long-Term Survivors Awareness Day #HLTSAD

b. 6/8 Caribbean American HIV/AIDS Awareness Day #CAHAAD

c. 6/27 National HIV Testing Day #HIVTestingDay

(2) May 11, 2023 COH Meeting | FOLLOW-UP & FEEDBACK

a. Revisit COH Agendas Re: Public Comments & Commissioner Comments

(3) Conferences, Meetings & Trainings | OPEN FEEDBACK (Opportunity for members to share **Commission-related** information from events attended)

(4) Member Vacancies & Recruitment

C. California Office of AIDS (OA) Report (Part B Representative) — 9:45 AM – 9:55 AM

(1) OAVoice Newsletter Highlights

(2) California Planning Group (CPG) Report/Updates

D. LA County Department of Public Health Report (Part A Representative) — 9:55 AM – 10:55 AM

(1) Division of HIV/STD Programs (DHSP) Updates

a. Programmatic and Fiscal Updates

- Part III Unmet Needs Presentation: In Care, Virally Suppressed

b. Mpox Briefing Update

E. Housing Opportunities for People Living with AIDS (HOPWA) Report — 10:55 AM – 11:10 AM

F. Ryan White Program Parts C, D, and F Report — 11:10 AM – 11:15 AM

G. Cities, Health Districts, Service Planning Area (SPA) Reports — 11:15 AM – 11:20 AM

BREAK — 11:20 AM – 11:30 AM

LOS ANGELES COUNTY COMMISSION ON HIV

3. REPORTS - II 11:30 AM – 12:30 PM

A. Operations Committee

(1) Membership Management

a. New Member Applications

- Lilieth Connolly (Seat #32) **MOTION #5**
- Shonté Daniels (Seat #33) **MOTION #6**
- Déchelle Richardson (Seat #27) **MOTION #7**
- Byron Patél (Seat #15) **MOTION #8**
- Juan Solis (Seat #30) **MOTION #9**

b. Parity, Inclusivity & Reflectiveness (PIR) | UPDATES

c. 2023 Renewal Membership Drive | REMINDER: RENEWAL APPLICATIONS DUE JUNE 10, 2023

(2) Policies & Procedures

a. Proposed Code of Conduct **MOTION #10**

(3) Assessment of the Administrative Mechanism (AAM)

a. Program Year (PY) 31 Assessment of Administrative Mechanism (AAM) Final Report **MOTION #11**

(4) 2023 Training Series

(5) Recruitment, Outreach & Engagement

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

(1) Fiscal Year (FY) 2023 Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI) Recommended Revised Allocations from DHSP **MOTION #12**

C. Standards and Best Practices (SBP) Committee

(1) Universal Service Standards and Patient Bill of Rights Review | Public Comment Feedback

(2) Nutrition Support Services Standard Review

(3) Medical Care Coordination (MCC) Service Overview

D. Public Policy Committee (PPC)

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

a. 2023-2024 Legislative Docket (Federal Bills) **MOTION #13**

b. 2023-2024 Policy Priorities **MOTION #14**

c. County Coordinated STD Response

d. Act Now Against Meth (ANAM) | UPDATES

E. Caucus, Task Force and Work Group Report 12:30 PM – 12:45 PM

(1) Aging Caucus | June 13, 2023 @ 1-3PM **Virtual*

(2) Black/African American Caucus | June 15, 2023 @ 4-5PM **Virtual*

(3) Consumer Caucus | June 8, 2023 @ 2-4PM **Hybrid: Virtual & In-Person @ St. Anne's*

(4) Transgender Caucus | June 27, 2023 @ 10AM-11:30AM **Virtual*

(5) Women's Caucus | July 17, 2023 @ 2-4PM **Virtual*

(6) Vision & Mission Statement Review Workgroup | TBD **Virtual*

(7) Prevention Planning Workgroup | July 26, 2023 @ 4-5:30PM **Virtual*

(8) Bylaws Review Taskforce (BRT)| TBD **Virtual*

LOS ANGELES COUNTY
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5. MISCELLANEOUS

A. Public Comment 12:45 PM – 12:50 PM

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

B. Commission New Business Items 12:50 PM – 12:55 PM

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

C. Announcements 12:55 PM – 1:00 PM

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

D. Adjournment and Roll Call 1:00 PM

Adjournment in the memory of former Commissioner Thomas Green for the meeting of June 8, 2023.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve Remote Attendance by Member(s) Pursuant to Assembly Bill 2449 Attendance Notification for "Emergency Circumstances", as presented.
MOTION #2	Approve meeting agenda, as presented or revised.
MOTION #3	Approve meeting minutes, as presented or revised.
MOTION #4	Approve Consent Calendar, as presented or revised.
MOTION #12	Approve Fiscal Year (FY) 2023 Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI) proposed revised allocations, as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.

LOS ANGELES COUNTY
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CONSENT CALENDAR	
MOTION #5	Approve new membership application for Lilieth Connolly (Seat #32), as presented or revised, and forward to the Board of Supervisors for appointment.
MOTION #6	Approve new membership application for Shonté Daniels (Seat #33), as presented or revised, and forward to the Board of Supervisors for appointment.
MOTION #7	Approve new membership application for Déchelle Richardson (Alternate - Seat #27), as presented or revised, and forward to the Board of Supervisors for appointment.
MOTION #8	Approve new membership application for Byron Patél (Seat #15), as presented or revised, and forward to the Board of Supervisors for appointment.
MOTION #9	Approve new membership application for Juan Solis (Alternate - Seat #30), as presented or revised, and forward to the Board of Supervisors for appointment.
MOTION #10	Approve proposed updates to the Code of Conduct, as presented or revised.
MOTION #11	Approve adoption of PY 31 AAM Final Report, as presented or revised.
MOTION #13	Approve the 2023-2024 Legislative Docket—Federal Bills – as presented or revised.
MOTION #14	Approve the 2023-2024 Policy Priorities as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION ON HIV MEMBERS			
Luckie Fuller, Co-Chair	*Bridget Gordon, Co-Chair*	Miguel Alvarez	Everardo Alvizo, LCSW
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton	Danielle Campbell, MPH
Mikhaela Cielo, MD	Mary Cummings	Erika Davies	Pearl Doan
Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS	Arlene Frames	Joseph Green
Felipe Gonzalez	Karl Halfman, MA	William King, MD, JD, AAHIVS	Lee Kochems, MA
Jose Magaña	Leon Maultsby, MHA	Anthony Mills, MD	Andre Moléttе
Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Jesus “Chuy” Orozco
Mario J. Pérez, MPH	Mallery Robinson (*Alternate)	Reverend Redeem Robinson	Ricky Rosales
Harold Glenn San Agustin, MD	Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter
Justin Valero, MPA	Jonathan Weedman		
MEMBERS:	**38**		
QUORUM:	**20**		

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

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HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

VISION

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

MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County. The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).

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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 misogyny, 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; 3/3/22)**

County of Los Angeles
Land Acknowledgment
(Adopted December 1, 2022)

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants -- past, present, and emerging -- as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands.

We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order) the: Fernandeño Tataviam Band of Mission Indians, Gabrielino Tongva Indians of California Tribal Council, Gabrieleno/Tongva San Gabriel Band of Mission Indians, Gabrieleño Band of Mission Indians - Kizh Nation, Board of Supervisors Statement Of Proceedings November 1, 2022 San Manuel Band of Mission Indians, San Fernando Band of Mission Indians.

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

LOS ANGELES COUNTY
COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV

2023 MEMBERSHIP ROSTER| UPDATED 5.12.23

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2021	June 30, 2023	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative	1	EXC|OPS	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2021	June 30, 2023	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2021	June 30, 2023	
6	Director, DHSP	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	PP	Leon Maultsby	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2021	June 30, 2023	
10	Part F representative			***Vacant***		July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Jose Magana	The Wall Las Memorias	July 1, 2021	June 30, 2023	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2021	June 30, 2023	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5			***Vacant***		July 1, 2021	June 30, 2023	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller	APLA	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			***Vacant***		July 1, 2021	June 30, 2023	
20	Unaffiliated consumer, SPA 2			***Vacant***		July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	EXC|OPS |PP&A	Joseph Green	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
22	Unaffiliated consumer, SPA 4			***Vacant***		July 1, 2022	June 30, 2024	
23	Unaffiliated consumer, SPA 5	1	EXC|SBP	Kevin Stalter	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			***Vacant***		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	EXC|PP&A	Kevin Donnelly	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			***Vacant***		July 1, 2021	June 30, 2023	
28	Unaffiliated consumer, Supervisorial District 2	1	EXC	Bridget Gordon	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Arlene Frames	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
30	Unaffiliated consumer, Supervisorial District 4			***Vacant***		July 1, 2022	June 30, 2024	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
32	Unaffiliated consumer, at-large #1			***Vacant***		July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2			***Vacant***		July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3			***Vacant***		July 1, 2022	June 30, 2024	
35	Unaffiliated consumer, at-large #4			***Vacant***		July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	EXC|PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC|OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2021	June 30, 2023	
38	Representative, Board Office 3	1	EXC|PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC|OPS	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2021	June 30, 2023	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	PP	Pearl Doan	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP&A	Redeem Robinson	No affiliation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2021	June 30, 2023	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC|OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
	TOTAL:	37						

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

LOA: Leave of Absence

Overall total: 38

LOS ANGELES COUNTY
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ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: May 12, 2023
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4th Thursday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 14 | Number of Quorum= 8		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Bridget Gordon	**Co-Chair, Comm./Exec.***	**Commissioner**
Alexander Fuller	**Co-Chair, Comm./Exec.***	**Commissioner**
Miguel Alvarez	At-Large	Commissioner
Everardo Alvizo, LCSW	Co-Chair, Operations	Commissioner
Al Ballesteros	Co-Chair, PP&A	Commissioner
Danielle Campbell, MPH	At-Large	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Joe Green	At-Large	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero, MA	Co-Chair, Operations	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4th Thursday of the Month Regular meeting time: 10:00 AM-12:00 PM Number of Voting Members= 7 | Number of Quorum= 4		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Everardo Alvizo	**Committee Co-Chair***	**Commissioner**
Justin Valero	**Committee Co-Chair***	**Commissioner**
Miguel Alvarez	*	Commissioner
Jayda Arrington	*	Commissioner
Danielle Campbell	*	Commissioner
Joseph Green	*	Commissioner
Jose Magaña	*	Alternate

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 1 4| Number of Quorum= 8		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Donnelly	**Committee Co-Chair***	Commissioner
Al Ballesteros	**Committee Co-Chair***	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus "Chuy" Orozco	*	Commissioner
Redeem Robinson	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Jonathan Weedman	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 10 | Number of Quorum= 6		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Lee Kochems, MA	**Committee Co-Chair***	Commissioner
Katja Nelson, MPP	**Committee Co-Chair***	Commissioner
Alasdair Burton	*	Commissioner
Mary Cummings	*	Commissioner
Pearl Doan	*	Commissioner
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Leon Maultsby	*	Commissioner
Paul Nash	*	Commissioner
Ricky Rosales	*	Commissioner

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

Regular meeting day: 1st Tuesday of the Month
Regular meeting time: 10:00AM-12:00 PM
Number of Voting Members = 11 | Number of Quorum = 6

COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	**Committee Co-Chair***	**Commissioner**
Erika Davies	**Committee Co-Chair***	**Commissioner**
Danielle Campbell	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Arlene Frames	*	Commissioner
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Martin Sattah, MD	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS

Regular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting
Co-Chairs: Alasdair Burton & Damone Thomas
Open membership to consumers of HIV prevention and care services

AGING CAUCUS

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

TRANSGENDER CAUCUS

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

WOMEN'S CAUCUS

Regular meeting day/time: Virtual - 3rd Monday of Each Quarter @ 2-4:00pm
The Women's Caucus Reserves The Option of Meeting In-Person Annually
Next Meeting Scheduled For April 17th, 2023
Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo
Open membership

PREVENTION PLANNING WORKGROUP

Regular meeting day/time: 4th Wednesday of Each Month @ 5:30pm-7:00pm
Chair: Miguel Martinez, Dr. William King & Greg Wilson
Open membership

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/12/23

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
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ALVIZO	**Everardo**	Long Beach Health & Human Services	Benefits Specialty
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	**Jayda**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	**Danielle**	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	**Pearl**	No Affiliation	No Ryan White or prevention contracts
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	**LUCKIE**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	**Jose**	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	**Leon**	Charles R. Drew University	HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	**Anthony**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLLETTE	**Andre**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	**Jesus ("Chuy")**	HOPWA-City of Los Angeles	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
ROBINSON	**Mallery**	We Can Stop STDs LA (No Affiliation)	No Ryan White or prevention contracts
ROBINSON	**Redeem**	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
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	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks

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

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

510 S. Vermont Avenue, 14th Floor, Los Angeles CA 90020 • TEL (213) 738-2816
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. Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission's website and may be corrected up to one year after approval. Meeting recordings are available upon request.

COMMISSION ON HIV (COH) MAY 11, 2023 MEETING MINUTES

St. Anne's Conference & Events Center
155 N. Occidental Blvd., LA 90026

TELECONFERENCE SITES:

California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 75-61, Sacramento, CA 95814

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

COMMISSION MEMBERS P=Present | VP=Virtually Present | A=Unexcused Absence | EA=Excused Absence									
Miguel Alvarez	P	Everardo Alvizo, MSW	P	Jayda Arrington	VP *nonAB2449	Al Ballesteros, MBA	P	Alasdair Burton (*Alt*)	P
Danielle Campbell, MPH	VP *AB2449	Mikhaela Cielo, MD	P	Mary Cummings	P	Erika Davies	P	Pearl Doan	EA
Kevin Donnelly	P	Felipe Findley, PA-C, MPAS, AAHIVS	EA	Arlene Frames	P	Luckie Fuller	P	Bridget Gordon	P
Joseph Green	P	Felipe Gonzalez	P	Karl Halfman, MA	P	William King, MD, JD, AAHIVS	P	Lee Kochems, MA	P
Jose Magaña *(Alt)*	EA	Eduardo Martinez *(Alt)*	A	Leon Maultsby, MHA	P	Anthony Mills, MD	P	Andre Molette	A
Derek Murray	P	Paul Nash, CPsychol, AFBPsS, FHEA	EA	Katja Nelson, MPP	EA	Jesus "Chuy" Orozco	VP *nonAB2449	Mario J. Pérez, MPH	P
Mallery Robinson *(Alt)*	EA	Reverend Redeem Robinson	P	Ricky Rosales	EA	Harold Glenn San Agustin, MD	P	Martin Sattah, MD	P
LaShonda Spencer, MD	P	Kevin Stalter	P	Justin Valero	P *AB2449	Jonathan Weedman	EA		
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Jose Rangel-Garibay, MPH; and Sonja Wright, BA, MSOM, LAc, Dipl. OM, PES									
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF									
Wendy Garland									

I. ADMINISTRATIVE MATTERS

A. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Luckie Alexander, Commission on HIV (COH) Co-Chair, called the meeting to order at 9:15 AM and went over meeting guidelines and reminders; see meeting packet.

B. COUNTY LAND ACKNOWLEDGEMENT

B. Gordon provided a County Land Acknowledgement to recognize the land originally and still inhabited and cared for by the Tongva, Tataviam, Kizh, and Chumas Peoples; see meeting packet for full statement.

C. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST STATEMENTS

James Stewart, Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, A. Burton, M. Cielo, M. Cummings, E. Davies, K. Donnelly, A. Frames, J. Green, F. Gonzalez, W. King, L. Maultsby, D. Murray, M. Perez, R. Robinson, H. San Augustin, M. Sattah, L. Spencer, K. Stalter, J. Valero, L. Fuller, B. Gordon, L. Kochems

D. ASSEMBLY BILL 2449 ATTENDANCE NOTIFICATION FOR "EMERGENCY CIRCUMSTANCES"

MOTION #1: Approve Remote Attendance by Member(s) Pursuant to Assembly Bill 2449 Attendance Notification for "Emergency Circumstances", as presented. ***No commissioners invoked remote attendance for "emergency circumstances" under AB 2449; no vote held.***

E. APPROVAL OF AGENDA

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

F. APPROVAL OF MEETING MINUTES

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

G. CONSENT CALENDAR

MOTION #4: Approve Consent Calendar, as presented or revised. ***✓Passed by Consensus***
Before voting, K. Stalter asked if the legislative docket contained any controversial items. L. Kochems noted there were no controversial items and all items passed unanimously.

1. <u>REPORTS – 1</u>

A. EXECUTIVE DIRECTOR/STAFF REPORT

Cheryl Barrit, Executive Director, COH, provided the following County/COH operational updates:

(1) County/Commission Operations | UPDATES

a. Conflict of Interest Form

C. Barrit thanked Commissioners for completing the Member Ryan White Program (RWP) Conflict of Interest Forms and reminded Commissioners who had not yet completed the form to do so. COH staff e-mailed the form to all commissioners on March 23, 2023. Hard copies of the form were available at the meeting.

(2) Dear Colleague Letter Re: Joint HIV Outbreak & Housing Response Efforts

C. Barrit highlighted the Health Resources and Services Administration (HRSA) Dear Colleague Letter Re: Joint HIV Outbreak & Housing Response Efforts focusing on housing as an intervention to support viral suppression. See meeting packet for details.

(3) Dear Colleague Letter Re: Disproportionate Impact STIs, Incl Mpox, Have on People with HIV

C. Barrit highlighted the most recent HRSA Dear Colleague Letter Re: Disproportionate Impact STIs, Incl Mpox, Have on People with HIV noting the continued efforts on Mpox vaccination, particularly ahead of pride month. See meeting packet for details.

(4) RWP Part C, Bureau of Primary Health Care (BPHC) Ending the HIV Epidemic Primary Care HIV Prevention Award Recipients

C. Barrit shared a document outlining RWP Part C, Bureau of Primary Health Care (BPHC) Ending the HIV Epidemic Primary Care HIV Prevention Award Recipients to help with info sharing and systems-wide collaboration efforts for prevention and care. See meeting packet for details.

(5) Equity Lens for Decision-Making Tool

C. Barrit also shared the Equity Lens for Decision-Making Tool as a resource for ensuring Commission and Committee decisions align with the Commissions equity paradigm for decision making. See meeting packet for details.

B. CO-CHAIRS' REPORT

B. Gordon, Commission on HIV (COH) Co-Chair, began the cochair report by recognizing and thanking Commissioners for their involvement with the COH.

(1) Acknowledgement of National HIV Awareness Days for May 2023

a. 5/18 HIV Vaccine Awareness Day #HVAD

B. Gordon provided an acknowledgement of National HIV Awareness Day; see meeting packet for details on progress toward an HIV Vaccine.

b. 5/19 National Asian & Pacific Islander HIV/AIDs Awareness Day #API

B. Gordon provided an acknowledgement of National Asian & Pacific Islander HIV/AIDs Awareness Day; see meeting packet for details.

(2) May-July 2023 Commission Meeting Schedule

B. Gordon provided a brief overview of upcoming COH meeting topics for the months of May through July; see meeting packet for details. K. Stalter asked if Native American populations monitor their own data/statistics on HIV and how the COH can reach out to these populations to get them involved with the COH. M. Perez confirmed that tribal nations do maintain their own surveillance.

(3) April 13, 2023 COH Meeting | FOLLOW-UP & FEEDBACK

a. Address HIV in the Native American communities

B. Gordon reminded Commissioners data regarding HIV in Native American communities was requested; presentation is slated for the July Commission meeting

(4) Conferences, Meetings & Trainings | OPEN FEEDBACK (Opportunity for members to share Commission-related information from events attended)

- K. Donnelly stated that he attended one day of the California Planning Group (CPG) meeting where there was an updated presentation on the street medicine program where they announced additional funding to support the program.
- A. Burton shared that he attended an Ending the HIV Epidemics (EHE) Steering Committee meeting where he was introduced to more committee members and included updates on EHE initiatives. He reported that DHSP provided information on data on people diagnosed with HIV, by age groups and health districts. He encouraged Commissioners to use him as a liaison between the EHE Steering Committee and the Commission and to send questions and ideas for collaboration to him.
- M. Perez offered clarification on the data presentation cited by A. Burton. There are currently 53,388 persons living with diagnosed HIV based on surveillance data. DHSP routinely matches surveillance data set with laboratory surveillance systems

and against other data systems to confirm if persons diagnosed at some point with HIV in LAC are in fact connected to the system. This is a routine exercise conducted by HIV surveillance programs across the country. DHSP typically looks at if a person has touched the system in the last 5 and 10 years. DHSP has found that several individuals have not accessed healthcare in the last 10 years (no evidence of accessing care) and there is a different percentage for people who have not touched the healthcare system in the last 5 years. New York City has completed this process and, as a result, adjusted the denominator of persons living with HIV in their jurisdiction. This has important implications for data estimates for viral suppression rates, for example. DHSP is working very closely with Dr. Ekow Sey, DHSP Chief of Surveillance, to review and analyze data. After presentation is made with the DHSP management team, DHSP will develop recommendations for changes; updates will be provided to the Commission.

- Metrics around retention in care needs to be updated as well to be more line in treatment visit patterns for routine care for PLWH.
- In response to A. Ballesteros' question regarding implications of possible changes in data denominators on HIV testing, M. Perez noted that if LAC continues to see increases in viral suppression due to treatment as prevention, we should see a decline in new infections (currently at about 1,400). However, it is unclear if these are new or old diagnoses. It is harder and harder to diagnose PLWH through existing system because more and more individuals are new diagnoses. We to do so much testing to find new positives. COVID impacted testing volume but creeping back up. A. Ballesteros noted the importance of increasing resources to scale up testing in LAC to diagnose individuals who are still unfound.
- People under 30 continue to be impacted by HIV. LAC has approximately 20 new diagnoses a week; increasing new diagnoses is good because LAC has 5,000 undiagnosed individuals who need to be identified and linked to care.
- Mandatory testing at emergency departments and federally qualified health centers would help with increasing testing and linkage to care.
- B. Gordon shared that she recently attended a mental health summit where much of the discussion was focused on stigma, the epidemics of loneliness and suicide (particularly in youth) that often are seen in the HIV positive population.

(5) Member Vacancies & Recruitment

L. Fuller reported that the Operations Committee is working hard to filling the 10 vacant unaffiliated consumer seats. Criteria for unaffiliated consumers includes the following: 1) be a person living with HIV; 2) a Ryan White Program client; and 3) not employed by an agency receiving funding for Ryan White Program Part A. He shared that there are up to 7 new potential members that they will be presenting in the May 25th Operations and

Executive Committee meetings. He reminded Commissioners to continue to promote vacancies through their networks and social media platforms.

C. CALIFORNIA OFFICE OF AIDS (OA) REPORT (PART B REPRESENTATIVE)

(1) OA Voice Newsletter Highlights

K. Halfman reported that the California Prevention Training Center (CAPTC) in collaboration with CDPH, OA and the Sexually Transmitted Diseases Control Branch (STDCB) will be hosting a three-day virtual disease intervention specialist summit in June. He also noted that CDPH is reinitiating the integration of the OA and STDCB into a single division and will share updates as they arise. He shared that the CPG held their first in-person meeting since COVID-19 earlier this month in Long Beach and discussed strategic planning around providing stigma free services. See OA Voice newsletter in the packet for more details. J. Green asked about the potential impacts on HIV with the influx of immigrants at the border. K. Halfman was not aware of any plans but would follow up with C. Barrit with any information.

(2) California Planning Group (CPG): COH Representation MOTION #5

L. Fuller presented the motion for approving the extension of Danielle Campbell, MPH's term as the COH representative on the CPG through 2025 noting that her term ends on May 31, 2023. Alternatively, the COH can appoint another member to serve as the CPG representative on behalf of the COH, as presented or revised. K. Stalter self-nominated to serve as COH representative, noting that a consumer voice in the group may be helpful. K. Stalter was elected to serve as the new COH representative for the CPG beginning June 1, 2023.(Votes for D.Campbell: E. Alvizo, W.King, L. Spencer; Votes for K. Stalter: M. Alvarez, A. Ballesteros, A. Burton, M. Cielo, M. Cummings; E. Davies; K. Donnelly, A. Frames, J. Green, F. Gonzalez, L. Kochems, A. Mills, D. Murray, R. Robinson; K. Stalter, J. Valero; Abstentions: K. Halfman, L. Maultsby, M. Perez, L. Fuller)

D. LA COUNTY DEPARTMENT OF PUBLIC HEALTH REPORT (PART A REPRESENTATIVE)

(1) Division of HIV/STD Programs (DHSP) Updates

M. Perez reported that the Federal COVID Emergency declaration ends on May 11 but has been extended for another 6 months in California.

a. Programmatic and Fiscal Updates

- **Part II Unmet Needs Presentation: Out of Care**

  Wendy Garland, DHSP staff, provided an unmet need presentation focusing on people living with diagnosed HIV who are out of care; see meeting packet for presentation slides. The presentation was followed by a robust question and answer session. Questions and feedback from the group included the following:

- J. Arrington noted unmet needs continue to persist within the County.
- K. Donnelly asked if the presentation included 1 year of the pandemic and what the category "no risk identified" meant. Wendy Garland confirmed the data did include one year of pandemic data from 2020 and provided examples of "no risk identified" meant such as a person not providing information regarding risk or a provider not asking.
- K. Donnelly also asked if people living with HIV who are aged 55 and older in Los Angeles County (LAC) who do not receive Ryan White Program (RWP) services represent the largest unmet need. W. Garland noted those age 55 and older represented the largest proportion of unmet need by age but the unmet need was lower when compared to how much of the population this age group comprised.
- D. Murray stated disappointment in lack of data around unmet and people experiencing homelessness and how data around this population is lacking and needed to allocate appropriate resources to address it. He asked if most people in the Linkage and Re-engagement Program (LRP) are unhoused. W. Garland explained the methodology to calculate unmet need was developed by HRSA and housing status was not included but noted DHSP can look at ways to incorporate information on people experiencing homelessness in the future. She did not have a specific number of individuals who were experiencing homelessness who are part of the LRP but noted there were several reasons why an individual may be out of care including experiencing homelessness.
- K. Halfman asked if there was a way to determine how many people in LAC who are not current receiving RWP services are eligible for RWP services. W. Garland noted there is not enough data to determine who would be eligible.
- L. Fuller asked if there was a specific reason why the transgender persons category was not delineated between transgender men and transgender women. W. Garland noted part of the reason not to delineate was due to the way HRSA structured the unmet needs methodology as well as low numbers for some categories making the data unstable.
- Lilieth Connelly, a member of the public, asked if unused RWP funds for specific services are reallocated to other services/resources. M. Perez noted unused funds do get reallocated to ensure fill gaps and ensure the full RWP award amount is utilized.

- Dr. King asked how the RWP model can be utilized/replicated in non-RWP community clinics. He further inquired about opportunities to work with non-Ryan White clinics for referrals and cross-collaborations. W. Garland noted case management is a strong strategy that can be used.
- D. Murray noted that the city of West Hollywood has used mobile medical services for testing, treatment and as an initial pathway into care with much success, retention, and PrEP services. He added a major challenge has been for other providers to work collaboratively. He added that LAHSA partners should be involved more in efforts as many are not aware of RWP services that are available.
- K. Stalter noted that the use of telehealth is another strategy to help eliminate barriers to care. He asked if it was possible for local providers to establish MOUs with private providers and other non-RWP providers for case management services. This allows medical professionals to focus on care while still linking individuals to other needed services.
- A. Burton requested transgender person data be delineated between transgender men and transgender women. W. Garland stated numbers less than 5 cannot be delineated due to confidentiality issues which is often the case.
- F. Gonzalez noted the data is helpful in identifying and understanding existing unmet needs, but specific work needs to be done to address these unmet needs.
- J. Green asked where consumer input was given on recommended strategies. W. Garland noted the strategies presented are not exhaustive and were suggestions to help focus discussions. He recommended including peer support services to aid with retention.
- Dr. King noted telehealth is a great option but fears it may no longer be a feasible option with the end of the COVID-19 emergency declaration. M. Perez reminded Commissioners that the declaration has been extended another 6 months in California but that this issue may arise after the declaration is over.
- Luis Ramos, a member of the public, noted clients may engage in care when offered incentives and that this incentive model can be used for engagement and retention. He asked how the data can be used to identify clients who are out of care. W. Garland noted existing Data to Care Programs help identify clients who are out of care and begin the

reengagement process. She noted this is challenging in Los Angeles County due to the massive size.

- **HIV Surveillance Update & Data Challenges for Native American Communities (July presentation)**
  Updated presented during COH May -July calendar review; see section 2.B.2.

b. Mpox Briefing Update

M. Perez noted that there were no new reported cases since he provided a report at the Executive Committee meeting on April 27th and reported several new cases are being reported in Chicago that DHSP is closely monitoring. He noted that DPH has issued a release for high-risk populations to get vaccinated with both doses of the Jynneos ahead of PRIDE season. In addition, CDPH issued a notice to providers on Doxy-PEP to help protect against syphilis, chlamydia and gonorrhea and is preparing to provide training and technical assistance to providers. M. Perez also noted that DHSP is closely monitoring the Governor's May revised state budget for 2023-2024.

E. HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH AIDS (HOPWA) REPORT –

C. Orozco reported HOPWA will be increasing next year's master lease program by 10%. HUD is currently working to establish a program to increase rent subsidies for mixed families that have varying residency status. Request for Proposals for several programs including regional offices, scattered site master lease and others will be released in July with some minor changes. New reporting forms for providers are also being implemented along with to increase reporting timeliness and accuracy. HOPWA will be increasing funds for permanent supportive housing units to $5 million next year- up from $3 million this year – to allow individuals with vouchers find units.

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

Part C: L. Maultsby honored the work Dr. Wilbert Jordan in the HIV community in Los Angeles; see meeting packet for details. He thanked those who attended his memorial service last month.

Part D: C. Barrit reported that the Los Angeles HIV Women's Task Force will be hosting a Women's Wellness Summit on Wednesday, May 17th from 8:00AM-3:00PM at the California Endowment. She noted flyers were available at the meeting for a new PrEP/PEP linkage and navigation program at LA-USC.

Part F: Sandra Cuevas reported that the AIDS Education and Training Center (AETC) will be hosting the annual Coping with Hope event on Friday, May 26th at the California

Endowment. The AETC will also be hosting a 2-day cultural humility and social determinants of health training on June 5th and 6th at the California Endowment as well as hosting a statewide webinar on HIV, Substance Use and Aging on June 7th from 1:00-3:00pm.

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

City of Long Beach: E. Alvizo reported the City of Long Beach (CLB) currently has an open call for individuals to join the HIV/STI Strategies Taskforce until the end of May. The CLB will be working with a consultant to review current HIV strategies. Interested individuals can contact E. Alvizo for mor details. A PRIDE event called Long Beach Proud will be held on May 19th and 20th and will feature Mpox vaccinations and HIV/STI testing.

City of Los Angeles: *There was no report.*

2. REPORTS – II

A. OPERATIONS COMMITTEE

E. Alvizo provided the report. The Operations Committee last met on April 27th.

(1) Membership Management

a. New Member Applications

The Committee reviewed and discussed 8 new membership applications and decided 5 applications will move forward and be placed on May's Operations agenda, 2 will be invited back for further discussion and 1 will not move forward. Two of the applicants meet the criteria for UC, the remaining applicants fall under providers or HIV stakeholder seats. There are 6 additional applications pending interviews.

b. 2023 Renewal Membership Drive

Staff member S. Wright has emailed Commissioners whose seats are set to expire in June. The renewal applications and Statement of Qualifications (SOQ) are due by June 10th. Please follow the instructions in the email and reach out to Sonja for any questions or concerns.

c. Seat Vacate | Eduardo Martinez, Alternate MOTION #6

Approve recommendation to vacate Eduardo Martinez, Alternate, as presented or revised, and forward to Board of Supervisors (BOS) for approval. ***✓Passed by Consensus via Consent Calendar***

(2) Policies & Procedures

Staff member, J. Rangel-Garibay, presented the proposed updates to the Code of Conduct. After review and discussion, the Committee decided to impose a 30-day public comment period and discuss the document after the 30-day timeframe. The document has been agendized for May's Operations Committee meeting.

(3) Assessment of the Administrative Mechanism (AAM) | UPDATES

The final AAM has been agendized in May for adoption. Operations extends an invitation to all those interested to review the documents and attend the May meeting to weigh in on the discussion/adoption.

(4) 2023 Training Series

E. Alvizo reminded commissioners that all members are required to attend the live training sessions or view the recordings on the COH website; see meeting packet for more details.

(5) Recruitment, Outreach & Engagement

The Committee continues to identify opportunities and support members to participate in outreach, recruitment, and engagement activities to promote the COH and its work. In addition, the Committee continues discussing opportunities for ways to increase recruitment for Unaffiliated Consumer seats and the vacant incarcerated seat and welcomes suggestions from all commission members and the community.

B. PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE

- K. Donnelly provided the report. The PP&A Committee last met on April 18th and had a deep dive in the Unmet Needs Report that was presented by Wendy Garland during the April COH meeting. Much of the conversation was centered on the lack of data around unhoused individuals and individuals at risk of becoming unhoused.
- The Committee asked Commission staff to request a formal report on HIV and the unhoused from LAHSA.
- Chuy Orozco provided a HOPWA update to the PP&A Committee. He noted HOPWA will be undergoing a handful of structural changes to help streamline efforts around the Mayor of LA's the homelessness "state of emergency" to help.

(1) Status Neutral Training & Technical Assistance Planning

There was a brief discussion on status neutral that included a push to connect with other County Commissions and departments and programs to create synergy around developing specific, shared priorities to bring forward to the Board of Supervisors. The Prevention Planning Workgroup is currently strategizing on recommendations for the

PP&A Committee on status neutral that will be presented at a future PP&A Committee meeting.

(2) Stakeholder Townhall Meeting Planning

Commission staff provided a brief overview of a proposed timeline for community engagement/feedback activities. Engagement with Community Advisory Boards (CABs) that do not engage in the RWP and Federally Qualified Health Centers (FQHCs) HIV prevention funding for the first time were recommended. It was noted that the next funding cycle will begin in 2025 and not 2024 as previously thought. The community engagement timeline will be adjusted to the new timeline.

C. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

(1) Universal Service Standards and Patient Bill of Rights Review

K. Stalter reported that the Universal Service Standards and the Patient Bill of Rights are currently out for a 30-day public comment.

(2) Medical Care Coordination (MCC) Review

The Committee heard a presentation from three MCC contracted agencies on a MCC Workforce survey conducted in January 2022 that will help inform the MCC standards update and review process. The presenters were encouraged to continue to be involved in the MCC review process and were invited to apply to the COH.

(3) Nutrition Support Services Standard Review

The Committee continued their work on the Nutrition Support Service Standards Review and made a few edits and recommendations. The Committee will continue the review at their next meeting on Tuesday, June 6th from 10AM-12PM.

D. PUBLIC POLICY COMMITTEE (PPC)

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

a. 2023-2024 Legislative Docket (State Bills) | MOTION #7

L. Kochems reported that the PPC last met on May 1st and dedicated the majority of their meeting to reviewing the 2023-2024 Legislative Docket. The PPC completed their positions on all Federal bills and will forward this second half of the docket to the Executive Committee for approval. At their next meeting, the Committee will finalize their stances on all Federal bills included in the docket. ***✓Passed by Consensus via Consent Calendar***

b. 2023-2024 Policy Priorities

The Committee passed a motion to approve the 2023 Policy Priorities document and will elevate the document to the Executive Committee.

c. County Coordinated STD Response

The Committee discussed developing a strategy for holding meetings with the Supervisorial District Health Deputies to share key messaging and asks from the Committee/Commission related to funding to address the County's STD crisis. The group also discussed having Commissioners provide public comment or submit comments in advance at the upcoming County budget hearings, Board, and health deputies' meetings.

d. Act Now Against Meth Platform Update

The Wall Las Memorias hosted an event titled "UNIDOS [united] for Healthy Communities: A Conversation About the Drug Crisis" on Thursday April 20th at the Bell Community Center. The event consisted of a presentation from the County Substance Abuse and Prevention Control program, community panel discussion, and a Narcan/naloxone training provide by Commissioner Jose Magana.

E. CAUCUS, TASK FORCE AND WORK GROUP REPORT

(1) Aging Caucus | June 13, 2023 @ 1-3PM **Virtual meeting*

K. Donnelly reported that the Aging Caucus did not meet in May and will met again on Jun 13th where the group will be planning and educational event to commemorate National Aging and HIV Awareness Day in September. The Caucus also thanks DHSP and Being Alive for launching the Peer Buddy Program for PLWHA over 50+. Providing social support is one of the key recommendations of the Aging Caucus. Anyone interested in having or being a buddy can contact Ross @ rmeredith@beingalivela.org.

(2) Black/African American Caucus | May 18, 2023 @4-5 PM **Virtual meeting*

D. Campbell provided the report. The Caucus met on 4/20 and held a moment of silence for Dr. Wilbert C. Jordan; a tribute followed, allowing members to share their experiences, memories and give homage. Julie Tolentino (DHSP) provided a brief update on the status of the organizational capacity needs assessment for Black-led and servicing organizations and reported that the contract with Equity & Impact Solutions is in its final stages of completion and expects implementation of the needs assessment to begin sometime next month. The Caucus will be hosting a booth at the 2023 Taste of Soul on October 21; details forthcoming. The Caucus also began discussions to organize community listening sessions to address stigma and other HIV-related barriers disproportionately affect the health and well-being of Black communities.

(3) Consumer Caucus | May 11, 2023 @ 2-4PM **Hybrid meeting (in-person & virtual) @ St. Anne's*

A. Burton reported that the Consumer Caucus last met on April 13th and debriefed on the March COH meeting. Chuy Orozco provided HOPWA updates on its various programs and will provide the next quarterly update in July. Dr. Andrea Kim from the LAC Department of Public Health also provided a special mpox update presentation.

(4) Transgender Caucus | May 23, 2023 @ 10AM-12PM **Virtual meeting*

J. Rangel-Garibay reported that the Transgender Caucus last met on April 25th and featured a presentation on an Overview of the COH and the role of the Transgender Caucus to identify strategies for directing the work of the Caucus in alignment with the charge of the COH. The Caucus also heard from Camila Camaleón, a community member who shared her expertise and experience in leading health advocacy efforts benefiting the Transgender community.

(5) Women's Caucus | July 17, 2023 @ 2-4PM **Virtual meeting*

C. Barrit reported the caucus began planning for a two-part Virtual Lunch and Learn series to address Loss, Grief & Healing which will take place in June 2023; details forthcoming. The next Caucus meeting will be held on Monday, July 17 @ 2-4PM and will focus reviewing the Caucus' 2019 recommendations to directives and program enhancements.

(6) Vision & Mission Statement Review Workgroup | **Virtual; TBD*

K. Donnelly provided the report. The workgroup met on March 15 and drafted proposed updates to the Vision & Mission Statement which were presented to the Executive Committee, and subsequently to the Commission membership via a 30-day member comment period, ending April 27th.

The workgroup is currently reviewing the feedback received and will discuss at the May 25th Executive Committee.

(7) Prevention Planning Workgroup | May 24, 2023 @ 4-5:30PM **Virtual meeting*

Dr. King reported that the PPW last met on March 22nd and continued their discussion on status neutral planning recommendations to the PP&A committee and identified potential speakers to provide recommended capacity building trainings identified in the Knowledge, Attitudes, and Beliefs (KAB) survey results.

(8) Bylaws Review Taskforce | TBD **Virtual meeting*

E. Alvizo reported that the taskforce met virtually on Monday, April 10 @ 10AM. Everardo Alvizo and Alasdair Burton were selected as co-chairs by consensus. It was

decided that BRTF meetings will be open to the public for transparency, but decision making will be limited to Commissioners only. Staff is currently working with the BRTF co-chairs to determine availability for next meeting date.

3. MISCELLANEOUS

A. PUBLIC COMMENT: Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically here, or by emailing hivcomm@lachiv.org.

- *K. Donnelly recalled a conversation with a young person who had seroconverted that reflect some people's lack of concern toward HIV. He noted more education needs to be done.*
- *D. Murray offered a suggestion to the Bylaws Review Taskforce to consider having two public comment periods – one at the beginning and one at the end – to allow the public more opportunities to provide feedback.*

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

J. Green requested monthly/bimonthly reporting on EHE efforts noting Consumers need to remain informed.

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

- *M. Alvarez announced that the Los Angeles County Fair will be hosting a Pride event on Saturday, May 13th in Pomona.*
- *Lilieth Connelly noted some unaffiliated consumers face barriers to attending COH meetings and would like to discuss options to help overcome these barriers so they can remain actively engaged and involved in COH efforts.*
- *Alejandra Aguilar announced the East Los Angeles Women's Center will be starting their first seeking safety group to learn coping skills and improve self-care and wellbeing. A reunion of the former Los Angeles County Latino Caucus on HIV will be held on May 22nd at 5pm at the Connie Norman Transgender Empowerment Center.*

D. ADJOURNMENT AND ROLL CALL: Adjournment for the meeting of April 13, 2023
The meeting was adjourned by L. Fuller at 12:45 PM. J. Stewart conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, A. Burton, D. Campbell, K. Donnelly, F. Gonzalez, K. Halfman, L. Kochems, M. Perez, C. Orozco, L. Fuller, and B. Gordon

MOTION AND VOTING SUMMARY		
MOTION 1: Approve remote attendance by Member(s) Pursuant to Assembly Bill 2449 Attendance Notification for "Emergency Circumstances", as presented.	No vote held.	**NO VOTE HELD**
MOTION 2: Approve meeting agenda, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION 3: Approve meeting minutes, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION 4: Approve Consent Calendar, as presented or revised	Passed by Consensus	**MOTION PASSED**
MOTION 5: Approve the extension of Danielle Campbell, MPH's term as the COH representative on the CPG through 2025. Alternatively, appoint another member to serve as the CPG representative on behalf of the COH, as presented or revised.	(Votes for D.Campbell: E. Alvizo, W.King, L. Spencer; Votes for K. Stalter: M. Alvarez, A. Ballesteros, A. Burton, M. Cielo, M. Cummings; E. Davies; K. Donnelly, A. Frames, J. Green, F. Gonzalez, L. Kochems, A. Mills, D. Murray, R. Robinson; K. Stalter, J. Valero; Abstentions: K. Halfman, L. Maultsby, M. Perez, L. Fuller)	**MOTION PASSED**
MOTION 6: Approve recommendation to vacate Eduardo Martinez, Alternate, as presented or revised, and forward to Board of Supervisors (BOS) for approval.	Passed by Consent Calendar	**MOTION PASSED**
MOTION 7: Approve 2023-2024 Legislative Docket (State Bills), as presented or revised.	Passed by Consent Calendar	**MOTION PASSED**

HARVARD T.H. CHAN
SCHOOL OF PUBLIC HEALTH
Office of Diversity and Inclusion

Equity Lens for Decision Making

Below are the current equity lens questions for use in planning, decision-making and implementation for policies, practices, and programs. These are a guide only, and there may be other factors to consider. The Lens is an ever-evolving tool for decision making, that changes as our constructs and understandings change.

SECTION 1: Basic Racial Equity Lens

1. What is the policy, program or decision under review?
2. What racial, cultural and/or ethnic group(s) experience disparities related to this policy, program or decision? Are they at the table? (If not, why?)
3. How might the policy, program or decision affect the group(s)? How might it be perceived by the group(s)?
4. Does the policy, program or decision improve, worsen, or make no change to existing disparities? Please elaborate. Does it result in systemic change that addresses institutional racism?
5. Does the policy, program, or decision produce any intentional benefits or unintended consequences for the affected group(s)?
6. Based on the above responses, what are the possible revisions to the policy, program, or decision under review?
7. What next step is recommended and how will it be advanced?

Adapted from: Portland State University Equity Lens Assessment Tool

SECTION 2: Multi-Dimension Equity Lens

(Broad inclusion of multiple as well as intersecting historically marginalized groups and underserved populations) These questions provide more global considerations and speak to macro issues such as policy as well as individual project, program or micro issue decision making, action and implementation.

People

- How have we adequately ensured that our operational processes are inclusive and that elements of the process have not created barriers to meaningful participation?
- Which stakeholder groups would we like to have included but were unable to facilitate?
- Who is affected—positively, negatively, or not at all—by this decision, process, and actions? List positives and negatives.
- What are the specific ways this decision, process, or action, etc. is expected to reduce disparities and advance social justice?
- How have you intentionally involved stakeholders who are also members of the communities affected by the strategic investment or resource allocation? How do you validate your assessment?

Place

- On the basis of Harvard Chan School of Public Health's social, physical and cultural location, how does this process compensate for access limitations of various stakeholder groups?
- How have we modified our process to support access by marginalized community stakeholders?

Process

- How are our processes supporting the empowerment of communities historically most affected by inequities?
- How are processes ensuring that participants' emotional and physical safety needs are addressed?
- How are processes supporting participants' need to be productive and feel valued?
- How are our processes building ongoing community capacity for involvement with Harvard Chan School of Public Health by those communities historically most affected by inequities?
- How are we using this opportunity to contribute to the leadership development of those from marginalized communities?
- What types of biases have influenced the work of your group and how have these been identified and addressed?
- What improvements to team processes can you support for naming and identifying unaddressed bias?
- What have we learned about effective practices that we can recommend being continued by other offices and departments?
- What are the barriers to more equitable outcomes? (e.g. mandated, political, financial, programmatic, or managerial)

CDC DHP and HRSA HAB, HIV Integrated Prevention and Care Plan, CY2022-2026
Summary Statement

CENTERS FOR DISEASE CONTROL AND PREVENTION

Health Resources & Services Administration

SECTION I: Integrated Plan Submission and Review Summary	
Jurisdiction	**Los Angeles County Department of Public Health**
Submission Type	☐ Integrated state/city prevention and care plan ☐ Integrated state-only prevention and care plan ☒ Integrated city-only prevention and care plan ☐ Other:_____
RWHAP Part A Jurisdictions (EMA/TGA) or MSAs included in the plan	**Los Angeles EMA**
Did the jurisdiction use portions of other plans to satisfy requirements (e.g., EHE plan)?	☒ Yes ☐ No or Not Applicable **Name of Plan(s) Used:** EHE Plan **If available, URL to other Plan(s):** https://www.lacounty.hiv/wp-content/uploads/2021/04/EHE-Plan-Final-2021.pdf
Executive Summary Included	☒ Yes ☐ No
CDC and HRSA Reviewer's Name(s)	
CDC Reviewer's Name:	Kevin Ramos
CDC Reviewer's Name:	Benjamin T. Laffoon
HRSA Reviewer's Name:	Babak Yaghmaei
HRSA Reviewer's Name:	Tonia Schaffer

SECTION II: Community Engagement and Planning Process	
Please select all planning bodies that participated in developing the Integrated Plan.	☒ Integrated HIV Prevention and Care Planning Body ☒ RWHAP Part A Planning Council/Planning Body ☐ RWHAP Part B Advisory Group ☐ HIV Prevention Group (HPG) ☒ EHE Planning Body

	☐ Other, please specify:
1. Jurisdiction Planning Process: Describe how your jurisdiction approached the planning process. Include in your description the steps used in the planning process, the groups involved in implementing the needs assessment and/or developing planning goals, and how the jurisdiction incorporated data sources in the process. Describe how planning included representation from the priority populations. This may include sections from other plans, such as the EHE plan. Please be sure to address the items below in your description.	**CDC-HRSA Response** Yes
a. **Entities Involved in Process:** List and describe the types of entities involved in the planning process. Be sure to include CDC and HRSA-funded programs, new stakeholders (e.g., new partner organizations, people with HIV), as well as other entities, such as HOPWA-funded housing service providers or the state Medicaid agency that met as part of the process. See *Appendix 3* for a list of required and suggested stakeholders.	**CDC-HRSA Response** Yes
b. **Role of RWHAP Part A Planning Council/Planning Body (not required for state-only plans):** Describe the role of the RWHAP Part A Planning Council(s)/Planning Body(s) in developing the Integrated Plan.	**CDC-HRSA Response** Yes
1. **Role of Planning Bodies and Other Entities:** Describe the role of the CDC Prevention Program and RWHAP Part B planning bodies, HIV prevention and care integrated planning body, and any other community members or entities who contributed to developing the Integrated Plan. If the state/territory or jurisdiction has separate prevention and care planning bodies, describe how these planning bodies collaborated to develop the Integrated Plan. Describe how the jurisdiction collaborated with EHE planning bodies. Provide documentation of the type of engagement that occurred. EHE planning may be submitted as long as it includes updates that describe ongoing activities.	**CDC-HRSA Response** Yes

2. **Collaboration with RWHAP Parts:** Describe how the jurisdiction incorporated RWHAP Parts A-D providers and Part F recipients across the jurisdiction into the planning process. In the case of a RWHAP Part A or Part B only plan, indicate how the planning body incorporated or aligned with other Integrated Plans in the jurisdiction to avoid duplication and gaps in the service delivery system.	**CDC-HRSA Response** Yes
3. **Engagement of People with HIV:** Describe how the jurisdiction engaged people with HIV in all stages of the process, including needs assessment, priority setting, and development of goals/objectives. Describe how people with HIV will be included in the implementation, monitoring, evaluation, and improvement process of the Integrated Plan.	**CDC-HRSA Response** Yes
4. **Priorities:** List key priorities that arose out of the planning and community engagement process.	**CDC-HRSA Response** Yes
5. **Updated to Other Strategic Plans Used To Meet Requirements (Only for those jurisdictions that used sections of other plans):** If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe the following: 1. How the jurisdiction uses annual needs assessment data to adjust priorities. 2. How the jurisdiction incorporates the ongoing feedback of people with HIV and stakeholders. 3. Any changes to the plan because of updated assessments and community input. Any changes made to the planning process because of evaluating the planning process.	**CDC-HRSA Response** Yes

General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing):

- The Los Angeles Department of Public Health submitted a detailed Integrated HIV Prevention and Care Plan that meets the Integrated Plan Guidance submission requirements for the jurisdictional planning process. The Ending the HIV Epidemic in the U.S. (EHE) Plan was used to inform the Integrated HIV Prevention and Care Plan for setting goals and objectives. It was a collaborative effort between the HIV Planning Council, the Los Angeles County Division of HIV and STD Programs (LAC DHSP), as well as community stakeholders, including people with HIV. The jurisdiction provided a detailed list of community entities involved in the planning process. Additionally, the jurisdiction collaborates with Ryan White HIV/AIDS Program (RWHAP) planning bodies, specifically the RWHAP Part A Planning Council, where the Los Angeles Commission on HIV/AIDS serves as a member. It is important to note that RWHAP Part B, Part C, Part D, and Part F were also engaged in the planning process. As a result, of these collaborative efforts, the jurisdiction successfully identified, using current surveillance data and ongoing feedback from

stakeholders, 10 key priorities further addressed and discussed in the Integrated HIV Prevention and Care Plan.

SECTION III: Contributing Data Sets and Assessments	
1. **Data Sharing and Use:** Provide an overview of data available to the jurisdiction and how data were used to support planning. Identify with whom the jurisdiction has data-sharing agreements and for what purpose.	**CDC-HRSA Response** Partial
2. **Epidemiologic Snapshot:** Provide a snapshot summary of the most current epidemiologic profile for the jurisdiction that uses the most current available data (trends for the most recent five years). The snapshot should highlight key descriptors of people diagnosed with HIV and at risk for exposure to HIV in the jurisdiction using both narrative and graphic depictions. Provide specifics related to the number of individuals with HIV who do not know their HIV status, as well as the demographic, geographic, socioeconomic, behavioral, and clinical characteristics of persons with newly diagnosed HIV, all people with diagnosed HIV, and persons at risk for exposure to HIV. This snapshot should also describe any HIV clusters identified and outline key characteristics of clusters and cases linked to these clusters. Priority populations for prevention and care should be highlighted and aligned with those of the HIV National Strategic Plan. Be sure to use the HIV care continuum in your graphic depiction, showing the impact of HIV in the jurisdiction.	**CDC-HRSA Response** Yes
3. **HIV Prevention, Care, and Treatment Resource Inventory:** Create an HIV Prevention, Care, and Treatment Resource Inventory. The Inventory may include a table and/or narrative but must address **all** of the following information in order to be responsive: • Organizations and agencies providing HIV care and prevention services in the jurisdiction. • HRSA (must include all RWHAP parts) and CDC funding sources. • Leveraged public and private funding sources, such as those through HRSA's Community Health Center Program, HUD's HOPWA Program, Indian Health Service (IHS) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration programs, and foundation funding. • Describe the jurisdiction's strategy for coordinating the provision of substance use prevention and treatment services (including programs that provide these services) with HIV prevention and care services.	**CDC-HRSA Response** Yes

• Services and activities provided by these organizations in the jurisdiction and, if applicable, which priority population the agency serves. • Describe how services will maximize the quality of health and support services available to people at risk for or with HIV.	
a. Strengths and Gaps: Please describe strengths and gaps in the HIV prevention, care, and treatment inventory for the jurisdictions. This analysis should include areas where the jurisdiction may need to build capacity for service delivery based on health equity, geographic disparities, occurrences of HIV clusters or outbreaks, underuse of new HIV prevention tools, such as injectable antiretrovirals, and other environmental impacts.	**CDC-HRSA Response** Yes
b. Approaches and Partnerships: Please describe the approaches the jurisdiction used to complete the HIV prevention, care, and treatment inventory. Be sure to include partners, especially new partners, used to assess service capacity in the area.	**CDC-HRSA Response** Yes

4. **Needs Assessment** Identify and describe all needs assessment activities or other activities/data/information used to inform goals and objectives in this submission. Include a summary of needs assessment data, including: 1. Services people need to access HIV testing, as well as the following status-neutral services needed after testing: a. Services people at risk for HIV need to stay HIV negative (e.g., PrEP, Syringe Services Programs) – Needs b. Services people need to rapidly link to HIV medical care and treatment after receiving an HIV positive diagnosis - Needs 2. Services that people with HIV need to stay in HIV care and treatment and achieve viral suppression –Needs 3. Barriers to accessing existing HIV testing, including state laws and regulations, HIV prevention services, and HIV care and treatment services – Accessibility	**CDC-HRSA Response** Yes
a. Priorities: List the key priorities arising from the needs assessment process.	**CDC-HRSA Response** Yes
b. Actions Taken: List any key activities undertaken by the jurisdiction to address needs and barriers identified during the needs assessment process.	**CDC-HRSA Response** Yes
c. Approach Please describe the approach the jurisdiction used to complete the needs assessment. Be sure to include how the jurisdiction incorporated people with HIV in the process and how the jurisdiction included entities listed in *Appendix 3.*	**CDC-HRSA Response** Yes

General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing):

- The jurisdiction met the submission requirements for Section II: Contributing Data Sets and Assessments. The jurisdiction uses multiple data sources to monitor HIV/STD epidemics, as well as track service utilization. The jurisdiction provided an epidemiological snapshot, highlighting the impact that HIV is having on the 26 health districts, especially those in the Service Planning Areas (SPAs) that have the highest rates of HIV.
- The jurisdiction submitted a detailed resources inventory list and funding amounts of each entity; however, the list, per the jurisdiction, is incomplete, as it did not include the funding amounts from private donors.
- The jurisdiction met the requirements for the Needs Assessment section of the Integrated HIV Prevention and Care Plan. The jurisdiction discussed their use of multiple assessment activities

and methods to assess people with HIV and people affected by HIV in Los Angeles County. The jurisdiction also used numerous secondary data sources and reports to complete the Statewide Coordinated Statement of Need (SCSN). A detailed list of all sources and reports are denoted in the plan.

- HRSA: Data sharing is partially met. The submission includes lots of data sets but does not include language on how the jurisdiction will share the data.

SECTION IV: Situational Analysis	
1. Situational Analysis: Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, provide a short overview of strengths, challenges, and identified needs with respect to HIV prevention and care. Include any analysis of structural and systemic issues affecting populations disproportionately affected by HIV and resulting in health disparities. The content of the analysis should lay the groundwork for proposed strategies submitted in the Integrated Plan's goals and objective sections. The situational analysis should include an analysis in each of the following areas: a. Diagnose all people with HIV as early as possible. b. Treat people with HIV rapidly and effectively to reach sustained viral suppression. c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs). d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. *Please note jurisdictions may submit other plans to satisfy this requirement if applicable to the entire HIV prevention and care service system across the jurisdiction.*	**CDC-HRSA Response** Yes
a. **Priority Populations:** Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of priority populations for the jurisdiction.	**CDC-HRSA Response** Yes
General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing): • The jurisdiction met the submission requirements for the Situational Analysis section of the Integrated HIV Prevention and Care Plan. Specifically, the Situational Analysis highlights the disparities experienced by the seven identified key priority populations. These disparities are driven by structural and systemic issues, including housing status, poverty, recent incarceration, and comorbid conditions, i.e., substance use and mental health disorders.	

SECTION V: 2022-2026 Goals and Objectives	
Did the plan list and describe goals and objectives for how the jurisdiction will diagnose, treat, prevent, and respond to HIV? Be sure the goals address any barriers or needs identified during the planning process. There should be at least three goals and objectives for each of these four areas. See Appendix 2 for the suggested format for Goals and Objectives.	
Diagnose	**CDC-HRSA Response** Yes
Treat	**CDC-HRSA Response** Yes
Prevent	**CDC-HRSA Response** Yes
Respond	**CDC-HRSA Response** Yes
a. Updates to Other Strategic Plans Used to Meet Requirements (applicable only if the recipient used other plans to satisfy this requirement): If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe any changes made because of the analysis of data.	**CDC-HRSA Response** Yes
General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing): • The jurisdiction met the submission requirements for the Goals and Objectives section (Section IV) of the Integrated HIV Prevention and Care Plan. As previously discussed, the Ending the HIV Epidemic in the U.S. Plan was used to inform the goals and objectives of the Integrated HIV Prevention and Care Plan. The plan includes specific, measurable, achievable, realistic, time-bound (SMART) goals and objectives that are aligned with the four pillars: Diagnose, Treat, Prevent, and Respond. Further, the jurisdiction also included key foundational and cross-pillar elements, which support each pillar's strategies and activities.	

SECTION VI: 2022-2026 Integrated Planning Implementation, Monitoring, and Jurisdictional Follow Up	
1. 2022-2026 Integrated Planning Implementation Approach: Describe the infrastructure, procedures, systems, or tools that will support the five key phases of integrated planning to ensure goals and objectives are met.	**CDC-HRSA Response** Yes

a. **Implementation** Describe the process for coordinating partners, including new partners, people with HIV, people at high risk for exposure to HIV, and providers and administrators from different funding streams, to meet the jurisdiction's Integrated Plan goals and objectives. Include information about how the plan will influence the way the jurisdiction leverages and coordinates funding streams, including but not limited to HAB and CDC funding.	**CDC-HRSA Response** Yes
b. Monitoring Describe the process for monitoring progress on the Integrated Plan goals and objectives. This should include information about how the jurisdiction will coordinate different stakeholders and different funding streams to implement plan goals. If multiple plans exist in the state (e.g., city-only Integrated Plans, state-only Integrated Plans), include information about how the jurisdiction will collaborate and coordinate monitoring of the different plans within the state to avoid duplication of effort and potential gaps in service provision. Be sure to include details such as specific coordination activities and timelines for coordination. *<u>Note</u>: Recipients will be asked to provide updates to both CDC and HRSA as part of routine monitoring of all awards.*	**CDC-HRSA Response** Yes
c. Evaluation: Describe the performance measures and methodology the jurisdiction will use to evaluate progress on goals and objectives. Include information about how often the jurisdiction conducts an analysis of the performance measures and presents data to the planning group/s.	**CDC-HRSA Response** Yes
d. Improvement: Describe how the jurisdiction will continue to use data and community input to make revisions and improvements to the plan. Be sure to include how often the jurisdiction will make revisions and how those decisions will be made.	**CDC-HRSA Response** Yes
e. Reporting and Dissemination: Describe the process for informing stakeholders, including people with HIV, about progress on implementation, monitoring, evaluation, and improvements made to the plan.	**CDC-HRSA Response** Yes

2. Updates to Other Strategic Plans Used to Meet Requirements (applicable only if the recipient used other plans to satisfy this requirement): If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe the following: 1. Steps the jurisdiction has already taken to implement, monitor, evaluate, improve, and report/disseminate plan activities. 2. Achievements and challenges in implementing the plan. Include how the jurisdiction plans to resolve challenges and replicate successes. 3. Revisions are made based on work completed.	**CDC-HRSA Response** Yes
General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing): • The jurisdiction met the submission requirements for Section VI: 2022-2026 Integrated Planning Implementation, Monitoring, and Jurisdictional Follow-Up. The Integrated HIV Prevention and Care Plan includes an implementation plan that also includes performance measures, responsible parties, and timelines related to each activity. The Commission on HIV, in collaboration with the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), is responsible for monitoring progress toward meeting plan goals and objectives, which were discussed in detail.	

SECTION VII: Letters of Concurrence	
1. CDC Prevention Program Planning Body Chair(s) or Representative(s) 2. Community Co-Chair	**CDC-HRSA Response** Concurrence
3. RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s)	**CDC-HRSA Response** Concurrence
4. RWHAP Part B Planning Body Chair or Representative	**CDC-HRSA Response** Concurrence
5. Integrated Planning Body	**CDC-HRSA Response** Concurrence
6. EHE Planning Body	**CDC-HRSA Response** N/A
General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing): • The jurisdiction met the submission requirements for Section VII: Letters of Concurrence. A letter of concurrence from the Los Angeles Commission on HIV, including Ryan White HIV/AIDS Program Part A, is addressed to the Director of the Division of HIV and STD Programs and has been signed by the County Commission on HIV (COH) co-chairs.	

Integrated Plan Submission Review Summary

I. Highlights and Observations of Plan:

- Overall, the jurisdiction submitted an Integrated HIV Prevention and Care Plan that met all Integrated Plan Guidance submission requirements. As previously stated, the jurisdiction used the EHE Plan as the foundation for development and implementation. The jurisdiction engaged a wide breadth of internal and external partners, as well as diverse community stakeholders, especially people with HIV. Also, the jurisdiction used current epidemiological data from a variety of data resources. As a result, the jurisdiction identified six priority populations, as well as three priority jurisdictions (Hollywood, Wilshire, and Long Beach) that have the highest rates of HIV.

II. Plan Strengths:

- The Integrated HIV Prevention and Care Plan met all the Integrated Plan Guidance submission requirements.
- The Integrated HIV Prevention and Care Plan utilized current epidemiological data, which was abstracted from a variety of data resources listed in the plan.
- The status-neutral approach to HIV care and prevention is embraced by the jurisdiction. It was identified as one of the key priority areas of focus that arose out of the community engagement process.
- The Goals and Objectives (Section V) was comprehensive, with clearly laid out objectives and strategies to ensure that implementation has a positive impact on the communities. Additional goals were listed beyond the necessary requirements.

III. Programmatic/Legislative Compliance Issues:

None noted.

Action Items to Resolve Programmatic/Legislative Compliance Issues:

None noted.

IV. Recommendations for Plan Improvement:

- Improve how data sharing occurs within the entities involved. The submission includes data systems, along with data presentation, but it is unclear "how" data was shared and what agreements are in place.
- Additional information is needed as to how the community is being engaged and playing a key role within the components of the Integrated HIV Prevention and Care

Plan. Submission indicates that the community members will be engaged but does not go further to define how this engagement will occur in the long term.

V. Capacity Building/Technical Assistance Suggestions:

None noted.

VI. Items for Future Monitoring Discussions:

Discuss plan components and/or activities in the monthly call.

Dear Ryan White HIV/AIDS Program and Centers for Disease Control and Prevention Colleagues:

The Centers for Disease Control and Prevention (CDC), Division of HIV Prevention (DHP) and the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) thank you for submitting your jurisdiction's Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) covering calendar years 2022 – 2026 (referred to as the Integrated Plan). HIV planning bodies should use the Integrated Plan as a *living document* and as a roadmap to guide HIV prevention and care planning throughout the year. As a living document, jurisdictions are encouraged to make annual Integrated Plan updates using data and engaging community to reflect local needs and changes in the health care delivery system.

CDC and HRSA conducted a joint review of the jurisdictions' Integrated Plans, resulting in joint summary statements. The summary statement included with this letter will serve as CDC and HRSA's official feedback to jurisdictions regarding their Integrated Plan. Grant recipients are not expected to submit revisions of the Integrated Plan; however, in some cases CDC and HRSA may ask recipients to develop action plans to address programmatic or legislative compliance issues. Additionally, through regular monitoring and reporting mechanisms, HRSA and CDC will request updates on progress made in implementing the Integrated Plan.

In addition to the summary statements, CDC and HRSA will: (1) Coordinate a call between CDC and HRSA project officers and recipient representatives from HIV prevention and care to provide a high-level overview of the joint feedback; and 2) Continue discussions with the recipients during routine conference calls (i.e., incorporated into individual monthly monitoring calls) as an ongoing component of monitoring the Integrated Plan and integrated planning activities within the jurisdictions.

CDC DHP project officers will continue to work with the jurisdictions' prevention and epidemiology staff on using the epidemiologic profiles and identifying HIV workforce capacity needs to inform the Integrated Plan activities.

Additionally, as Integrated Plans are implemented and progress toward goals is monitored, technical assistance (TA) opportunities are available to jurisdictions and their planning bodies. Recipients should contact their CDC or HRSA project officer for specific details on how to access the available TA opportunities.

Integrated planning, including community involvement, is imperative for effective local and state decision making. It helps to ensure that systems of HIV prevention and care are responsive to the needs of people in need of HIV prevention services and people with HIV.

We look forward to continuing to work with all of our partners and stakeholders involved in HIV prevention and care to end the HIV epidemic.

Sincerely,

/Laura W. Cheever/
Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration

/Robyn Neblett Fanfair/
CAPT Robyn Neblett Fanfair, MD, MPH
Acting Director, Division of HIV Prevention National Center for HIV, Viral Hepatitis,STD, and TB Prevention
Centers for Disease Control and Prevention

Join Our Private Moderated Group

HIV LONG-TERM SURVIVORS LEAGUE

a safe space to connect

https://www.facebook.com/groups/HLTSurvivorsLeague

LETSKICKASS

HIV Long-Term Survivors

Explain AIDS Survivor Syndrome

A SHORT VIDEO FILMED AT THE NATIONAL AIDS MEMORIAL GROVE

Let's Kick ASS

AIDS SURVIVOR SYNDROME

Empowering HIV Long-Term Survivors to Thrive Since 2013

To learn more visit https://LetsKickASS.hiv
Produced by AIDS Story Project

HIV Long-Term Survivors Awareness Day (HLTSAD) is June 5, 2023.

HLTSAD is not a one-day event. We are carrying our campaign throughout the year into 2024. We are using Pride as an opportunity to raise awareness that leads to action.

“The Centers for Disease Control and Prevention estimate that 50% of people with HIV are older than 50 years and account for 70% of total deaths among people with HIV,”

—*The Lancet HIV* in a series on Ageing with HIV on February 24, 2022

We don’t have the time to wait for the government to do the right thing.

They must understand this is urgent.

The selection of June 5 for this annual observance coincides with the anniversary of the first official reporting of what became known as the AIDS epidemic on June 5, 1981. When the CDC (Centers for Disease Control and Prevention) first reported on five cases of a mysterious disease affecting young gay men. June 5, 1981 is considered the start of the AIDS pandemic.

Today, HIV Long-Term Survivors (HLTS) represent a diverse group of people diagnosed with HIV before the advent of Highly Active Antiretroviral Therapy or HAART in 1996. We make up about 25% of all people living with HIV and AIDS. 1.2 million people are living with HIV in the U.S. That makes about 300,000 long-term survivors, defined as individuals who acquired HIV before 1996 and the introduction of HAART.

Often overlooked, HLTS includes people born with HIV or who acquired the virus as babies and are now in their 30s and 40s. HLTS are also those living with HIV and AIDS for over 25 years.

We are developing a social media campaign and tangible calls to action to improve the quality of our lives.

It's up to us to set *our* action plan addressing the present-day and future needs, issues, and challenges facing people living longest with HIV/AIDS.

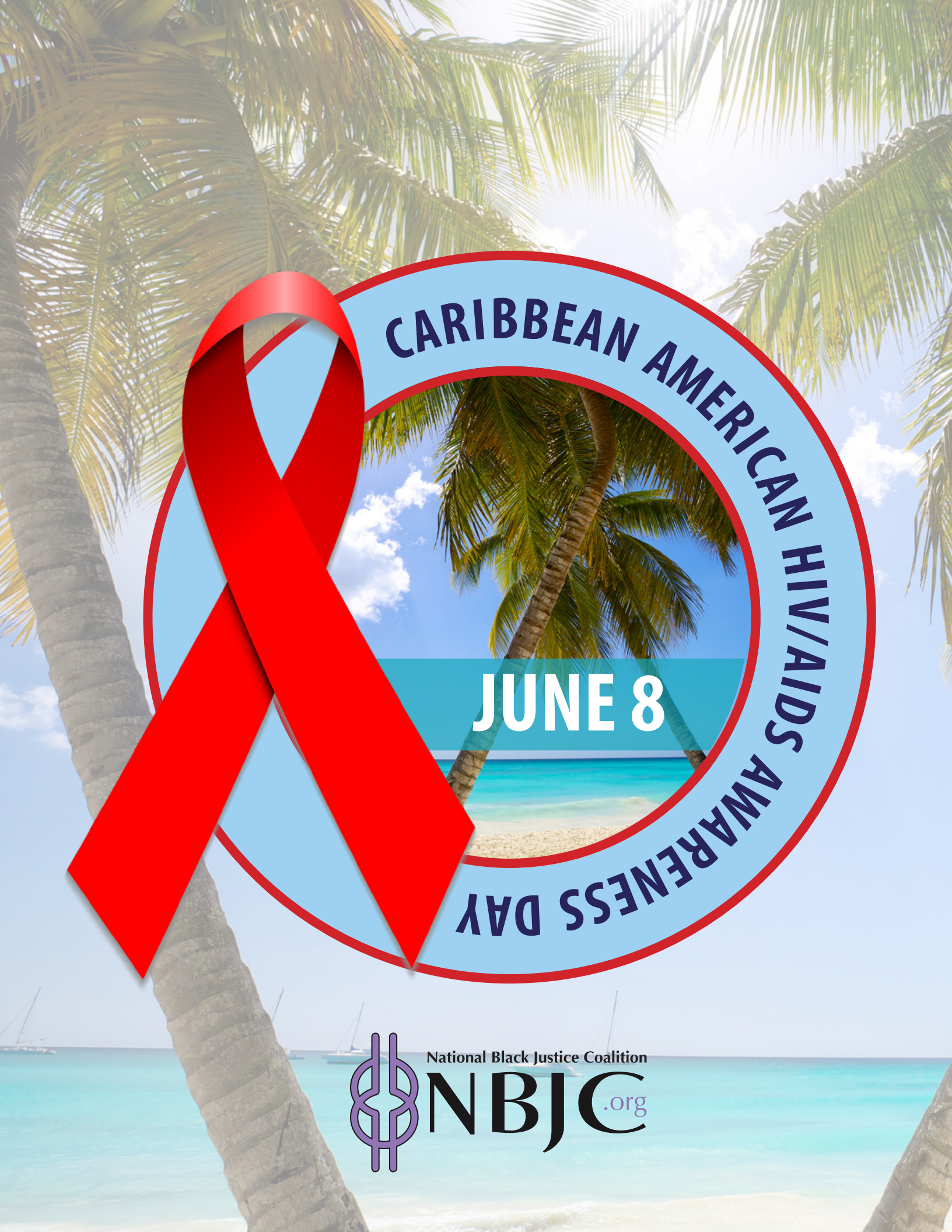
HLTSAD is not a time to look back at our traumatic pasts. (That's for World AIDS Day.) Our goal over the coming months is for YOU to set our agenda and priorities for moving forward and take action to make changes.

People living with HIV/AIDS deserve to age with dignity.

Some Priorities

- Make the quality of life for HIV long-term survivors and older adults aging with HIV and AIDS a true priority
- Demand universal treatment access to help end the HIV epidemic, which is the message of the #JourneyTo400K campaign from the team that created Undetectable Equals Untransmittable (#UequalsU)
- Prioritize culturally aware mental health care
- Overcome the challenges of poverty and economic insecurity
- Fight discrimination and invisibility against older adults with HIV and AIDS. It is called “ageism.” We will not condone it.

Watch a short video...


CARIBBEAN AMERICAN HIV/AIDS AWARENESS DAY
JUNE 8
National Black Justice Coalition
NBJC.org

June 8th is Caribbean-American HIV/AIDS Awareness Day (CAHAAD). CAHAAD is an opportunity to increase conversations about and action around HIV/AIDS, including advocacy, testing, treatment, and care for Caribbean people impacted by HIV/AIDS.

WHAT WE KNOW:

The HIV/AIDS epidemic hit the Caribbean in the late 70s. By 2001, the Caribbean had become the second-most affected region globally, with higher HIV rates than any region outside of sub-Saharan Africa.[1] An estimated 420,000 people – more than two percent of the adult population – were living with HIV, according to a UNAIDS/WHO report.[2]

In 2020, an estimated 330,000 people in the Caribbean were living with HIV[3]. In the same year, there were 13,000 new infections in the Caribbean, and 6,000 people died from AIDS-related illnesses in the region. There has been moderate progress made in both prevention and treatment in the Caribbean.[4]

1. HIV infections have gone down in the Caribbean by 28% since 2010.[5]
2. The HIV infection rate in the Dominican Republic declined by 73%, and 50% in Haiti.[6]
3. The percentage of people in the Caribbean with suppressed viral loads is well below the global average.[7]
4. There has been moderate progress made in both the prevention and treatment of HIV, however, in 2009, AIDS was the leading cause of death among people between the ages of 24 and 44 in the Caribbean.[8]
5. 270,000 or 82% of people in the Caribbean who are living with HIV know their status, 220,000 people are on antiretroviral therapy (ART) , and 190,000 living with HIV have suppressed viral loads.[9]

These statistics represent diverse communities of African descendants, siblings, parents, and loved ones whose lives can be enhanced if each of us does the work required to disrupt stigma and increase HIV/ AIDS advocacy, prevention, treatment, and support. There are unique things about the diversity of experiences within and across the Caribbean that must be considered when having important conversations and engaging in this work.

We hope that you will find this resource helpful in facilitating conversations, producing events, and moving in ways that ensure the negative impact of HIV/AIDS is reduced in the Caribbean and Caribbean American communities. Doing this work together is how we all get free!

In Love and Continued Struggle,

David J. Johns
Executive Director, The National Black Justice Coalition

1 https://www.avert.org/professionals/hiv-around-world/latin-america/overview
2 http://data.unaids.org/publications/irc-pub06/epiupdate01_en.pdf
3 https://aidsinfo.unaids.org/
4 https://www.avert.org/professionals/hiv-around-world/latin-america/overview
5 https://aidsinfo.unaids.org/
6 https://www.hiv.gov/blog/caribbean-american-hivaids-awareness-day-hiv-in-the-caribbean-region
7 https://www.avert.org/professionals/hiv-around-world/latin-america/overview
8 https://pdf.usaid.gov/pdf_docs/pdacu642.pdf
9 https://aidsinfo.unaids.org/

CALL TO ACTION!

KNOW YOUR STATUS.

- Don't wait until you are about to get intimate to start talking about HIV. To end the HIV epidemic, you must know your status. Get tested for HIV, STIs, and hepatitis every three to six months. Ensure your partners know their status and get tested regularly, too.
- Find a free testing site near you using the testing locator at www.nbjc.org. Use the HIV prevention services locator to find a free testing site and other HIV support programs. Order a free at-home HIV testing kit with TakeMeHome.

CONNECT TO CARE.

- If you're HIV-negative, ensure you're engaging in practices to minimize risk.
- If you're HIV positive, start HIV treatment, continue treatment and regular appointments with your doctors, and keep the virus under control. Learn more HERE.

STIGMA KILLS.

- A combination of fear of contamination, homophobia, religious beliefs, and ignorance creates a unique combination of factors that influence HIV stigma for Caribbean people.
- Many people remain ignorant and fearful of HIV/AIDS, and myths about HIV and how its transmitted persist throughout the Caribbean. For example, in Jamaica, 71% of people said they would not buy vegetables from a vendor living with HIV, as did 58% of people in Haiti and 49% of people in the Dominican Republic.
- A predominant view is HIV is a punishment for immoral behavior and people avoid getting tested for disclosing their status for fear of losing family, friends, jobs, and housing.
- Several Caribbean countries are working to disrupt stigma by making condoms and other forms of prevention more accessible and treating related factors that may contribute to testing positive for HIV/AIDS. These efforts can be accelerated by each of us doing our part to disrupt stigma by using facts and asset-based language.

DISRUPT STIGMA.

- Avoid stigmatizing language or otherwise prevent conversation about HIV/AIDS and sexual health and wellness. You can do this in at least two powerful ways:
- Raise awareness: write an OpEd, blog post, or article to promote conversations about and action around HIV/AIDS awareness, advocacy, prevention, and treatment in your communities. You could also record a video or post for Instagram, Facebook, Twitter, TikTok, or any of the platforms used by your networks.
- Go Live. Share videos and images of you and those you love talking about, and take steps to encourage positive, asset-based conversations about HIV/AIDS in Black communities. Broadcast live from your CAHAAD awareness day event.
- Tag and share your article/video with @NBJContheMove so we can help amplify your message.

CALL TO ACTION!

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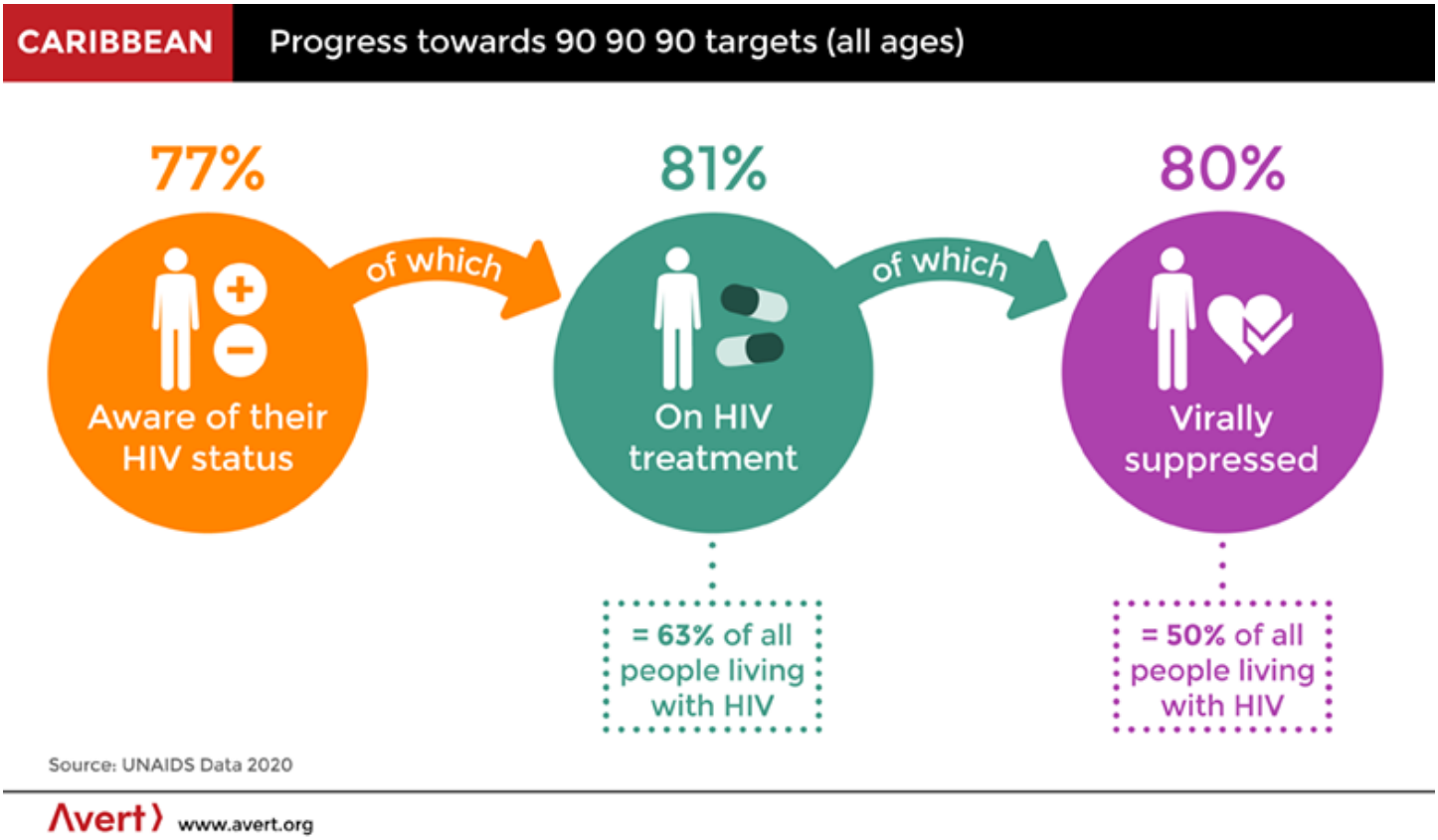
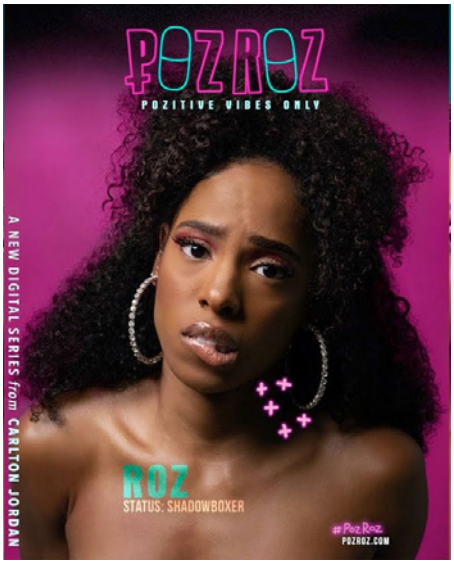
TALK ABOUT IT.

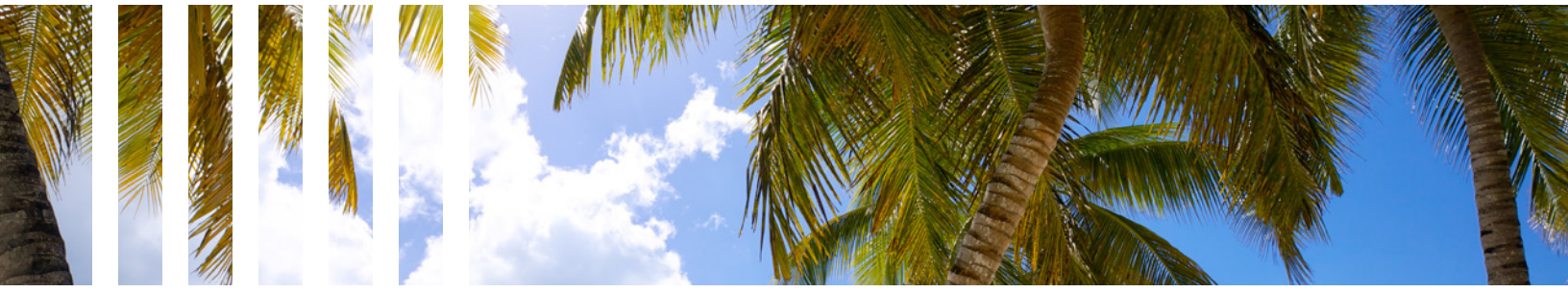
- Create space to have important conversations. Schedule time to talk or initiate conversation in a setting where you are comfortable.
- Consider regular check-ins or 'talkaversaries'. The key to a healthy relationship is open dialogue. Finding the right time to bring these things up can be challenging. If you agree to schedule them in advance, no one has to wonder about the timing of the conversation.
- Use the NBJC Words Matter HIV toolkit to facilitate stigma-free, fact-based conversation, engage in activities to reduce stigma, and encourage loved ones to stay healthy by taking medicine if they live with HIV or are on PrEP.





RESOURCES!

1. Host a screening and discussion of the digital dark comedy series **POZ ROZ**, which explores the life of 20-something Rozzlyn "Roz" Mayweather after a positive HIV diagnosis rocks her already shaky world. Watch the 9 episode series for free on YouTube, and discuss what you learned and how it made you feel.
2. Host a screening and discussion of **90-Days The Film**. 90 Days explores a beautiful couple's relationship and their life-altering decision after 90 days of dating. The themes presented in the film, life, love, and the power of compassion, are universal and sure to spark discussion. It also shares essential information about HIV in an accessible and hopeful way. Watch the film and then have a conversation about the themes reflected in the movie and the feelings that emerged while watching.
3. Join events and support the work of Carribean LGBTQ+/SGL organizations such as **Sexuality, Health, and Empowerment (S.H.E)** and the **Caribbean Equality Project's Sexual Health** and Wellness program.



TAKE ADVANTAGE OF MEDICAL & SCIENTIFIC ADVANCEMENTS, AS APPROPRIATE.

Medications such as pre-exposure prophylaxis (or PrEP) and post-exposure prophylaxis (or PEP) exist to reduce the risk of becoming HIV positive.

PrEP

Pre-exposure prophylaxis (PrEP) is a daily pill taken to lower the chances of getting infected. When taken as prescribed, PrEP is highly effective in preventing HIV. Truvada as PrEP is approved for use by adolescents, women, and other people who have receptive vaginal sex. Learn more **HERE.**

Apretude

Apretude is the first injectable PrEP treatment recently approved by the FDA. The drug is approved for HIV-negative adults and adolescents weighing at least 77 pounds. Unlike the PrEP pill, which is taken daily, Apretude is delivered through two initial injections one month apart and then every two months. Learn more **HERE**.

PEP

Post-exposure prophylaxis (PEP) is a medicine taken to prevent HIV after a possible exposure. PEP should be used only in emergencies and must be started within 72 hours after recent potential exposure to HIV. Learn more **HERE**.

To obtain PrEP or PEP, contact your healthcare provider, an emergency room, or visit your local or state Health Department. If eligible, the Gilead Advancing Access® co-pay coupon card may help you save on your co-pays for PrEP and PEP. Learn more **HERE**.

DIGITAL RESOURCES (WE ENCOURAGE SHARING)

Make sure to use the following hashtags when sharing your information about HIV prevention

#CAHAAD #StopHIVTogether #PACT4HIV

1. Condoms, masks, and the tale of two viruses — COVID and HIV/AIDS — harming the Black community
2. Smarter in Seconds: HIV & AIDS by Blair Imani
3. National Black HIV/AIDS Awareness Day is an opportunity for all Black people to get free
4. National Black Justice Coalition Partners with Twitter for World AIDS Day
5. The National Black Justice Coalition Endorses House Resolution Commemorating 40th Anniversary of HIV/AIDS Epidemic - NBJC

Whatever you do in recognition of Caribbean-American HIV/AIDS Awareness Day, do something to reduce stigma, facilitate testing, or otherwise ensure we address the impact that HIV/AIDS continues to have in Black communities throughout the Caribbean. We hope that this toolkit serves as a source of both inspiration and support. Thank you in advance for all that you will do.

National Black Justice Coalition
NBJC.org

GILEAD

CDC
Centers for Disease Control and Prevention

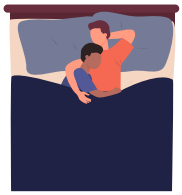
October 2022

HIV TESTING 101

Many HIV tests are quick, FREE, and painless. You can also use an HIV self-test to learn your HIV status at home or in a private location.

SHOULD I GET TESTED FOR HIV?

- **Everyone aged 13 to 64** should get tested for HIV at least once.
- You should get tested at least once a year if:
  - You're **a man who has had sex with another man.**
  - You've had sex with **someone who has HIV.**
  - You've had **more than one partner** since your last HIV test.
  - You've **shared needles**, syringes, or other equipment to inject drugs.



  - You've **exchanged sex** for drugs for money.
  - You have **another sexually transmitted disease**, hepatitis, or tuberculosis.
  - You've had sex with anyone who has done anything listed above or with someone whose **sexual history you don't know.**
- Sexually active **gay and bisexual men** may benefit from testing every 3 to 6 months.
- If you're **pregnant or planning to get pregnant**, get tested as early as possible to protect yourself and your baby.

WHERE CAN I GET TESTED?

Ask your health care provider or find a testing site near you by

- visiting **gettested.cdc.gov**, or
- calling **1-800-CDC-INFO (232-4636).**

Many testing locations are **FREE and confidential.** You can also buy an HIV self-test at a pharmacy or online. Most HIV tests are covered by health insurance.

WHAT IF MY TEST RESULT IS NEGATIVE?

- You probably don't have HIV, but the accuracy of your result **depends on the *window period*.** This is the time between HIV exposure and when a test can detect HIV in your body.
- To stay negative, take actions to prevent HIV. Visit **www.cdc.gov/hiv/basics/prevention.html** to learn more.

WHAT IF MY TEST RESULT IS POSITIVE?

- You may need a **follow-up test** to confirm the result. If you're diagnosed with HIV, **start treatment right away.**
- HIV treatment can make the viral load so low that a test can't detect it (*undetectable viral load*). Having an undetectable viral load is the best way to stay healthy, and means you will not transmit HIV to your sex partner. Learn more at **www.cdc.gov/hiv/basics/livingwithhiv.**

Scan to learn more!

For more information, please visit **www.cdc.gov/hiv.**

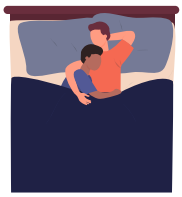
Octubre de 2022

INFORMACIÓN BÁSICA SOBRE LAS PRUEBAS DEL VIH

Ahora muchas de las pruebas del VIH son rápidas, GRATUITAS y no duelen. También puede hacerse la prueba del VIH usted mismo para conocer su estado de VIH en su hogar o en un lugar privado.

¿DEBO HACERME LA PRUEBA DEL VIH?

- **Todas las personas de 13 a 64 años** de edad se deberían hacer la prueba del VIH al menos una vez.
- **Usted se la debería hacer al menos** una vez al año si:
  - Es **hombre y ha tenido relaciones sexuales con otro hombre.**
  - Ha tenido relaciones sexuales con **una pareja que tiene el VIH.**
  - Ha tenido **más de una pareja** desde que se hizo la última prueba del VIH.
  - Ha **compartido agujas,** jeringas u otros implementos para la inyeccion de drogas con otra persona.



  - Ha **intercambiado relaciones sexuales** por drogas o dinero.
  - Tiene **otra enfermedad de transmisión sexual,** hepatitis o tuberculosis.
  - Ha tenido relaciones sexuales con alguien que ha hecho alguna de las cosas mencionadas mas arriba o cuyos **antecedentes sexuales no conoce.**
- Para **los hombres gais y bisexuales** sexualmente activos podría ser beneficioso hacerse la prueba cada 3 a 6 meses.
- Si está **embarazada o planea quedar embarazada,** hágase la prueba lo más pronto posible para proteger al bebé.

¿DONDE PUEDO HACERME LA PRUEBA?

Pídale a su proveedor de atención médica que le haga la prueba del VIH o busque un sitio de pruebas cercano. Para ello:

- visite **gettested.cdc.gov/es**, o
- llame al **1-800-CDC-INFO (232-4636).**

Las pruebas son **GRATIS y confidenciales** en muchos sitios de pruebas. También se puede hacer la prueba usted mismo con un kit que se compra en la farmacia o en línea. El seguro médico cubre la mayoría de las pruebas del VIH.

¿QUÉ SIGNIFICA SI EL RESULTADO DE MI PRUEBA ES NEGATIVO?

- Significa que usted problemente no tenga el VIH. Sin embargo, la precisión del resultado depende ***del periodo de ventana,*** que es el tiempo entre la exposición al VIH y cuando una prueba puede detectar el VIH en su cuerpo.
- Para seguir siendo VIH negativo, tome medidas para prevenir infectarse. Visite **www.cdc.gov/hiv/spanish/basics/prevention.html** para obtener más información.

¿QUÉ SUCEDE SI EL RESULTADO DE MI PRUEBA ES POSITIVO?

- Es posible que le hagan **una prueba de seguimiento** para confirmar el resultado. Si recibe diagnóstico de infección por el VIH, **comience el tratamiento de inmediato.**
- El tratamiento del VIH puede hacer que la carga viral sea tan baja que una prueba no pueda detectarla (carga viral indetecable). Tener una carga viral indetectable es la mejor manera de mantenerse saludable y significa que no transmitirá el VIH a su pareja sexual. Obtenga más información en **www.cdc.gov/hiv/spanish/basics/livingwithhiv/index.html**.

¡Escanea para obtener más información!

Para obtener más información, visite la página **www.cdc.gov/hiv/spanish**.

Identifying People Living with Diagnosed HIV in Medical Care but Who Are Not Virally Suppressed: Results from Health Resources and Services Administration-HIV/AIDS Bureau's Updated Approach

Wendy Garland, MPH
Chief Epidemiologist
Program Monitoring & Evaluation
Division of HIV and STD Programs

Los Angeles County Commission on HIV
June 8, 2023

Presentation Overview

- Follow up to presentation at annual meeting on updated approach to estimate unmet need

- One of three presentations to discuss estimates
  - Late diagnoses (April 2023)
  - Unmet need for medical care, or not in care (May 2023)
  - **In care but not virally suppressed (June 2023)**

- Define unmet need measures and populations, present results and discuss how to use in our work

What is Unmet Need?

- Defined by HRSA HIV/AIDS Bureau as:

  " the need for HIV-related health services by individuals with HIV who are aware of their status, but are not receiving regular primary [HIV] health care."
- Estimated Unmet Need has been a reporting requirement for RWHAP recipients since 2005
- Data and methods to estimate unmet need have evolved with improvements in HIV care and data quality
- New and expanded methodology released 2021 and implemented in 2022

1."HRSA/HAB Definitions Relate to Needs Assessment," prepared for the Division of Service Systems, HIV/AIDS Bureau by Mosaica: The Center for Nonprofit Development and Pluralism, June 10, 2002.

Evolving Definition of Unmet Need

2005

- Focus on people aware of their HIV/AIDS diagnosis but not in regular HIV medical care
- People living with diagnosed HIV and AIDS with no evidence of care (at least one **viral load [VL]** or **CD4 test** or **ART prescription**) in past 12 months

2017

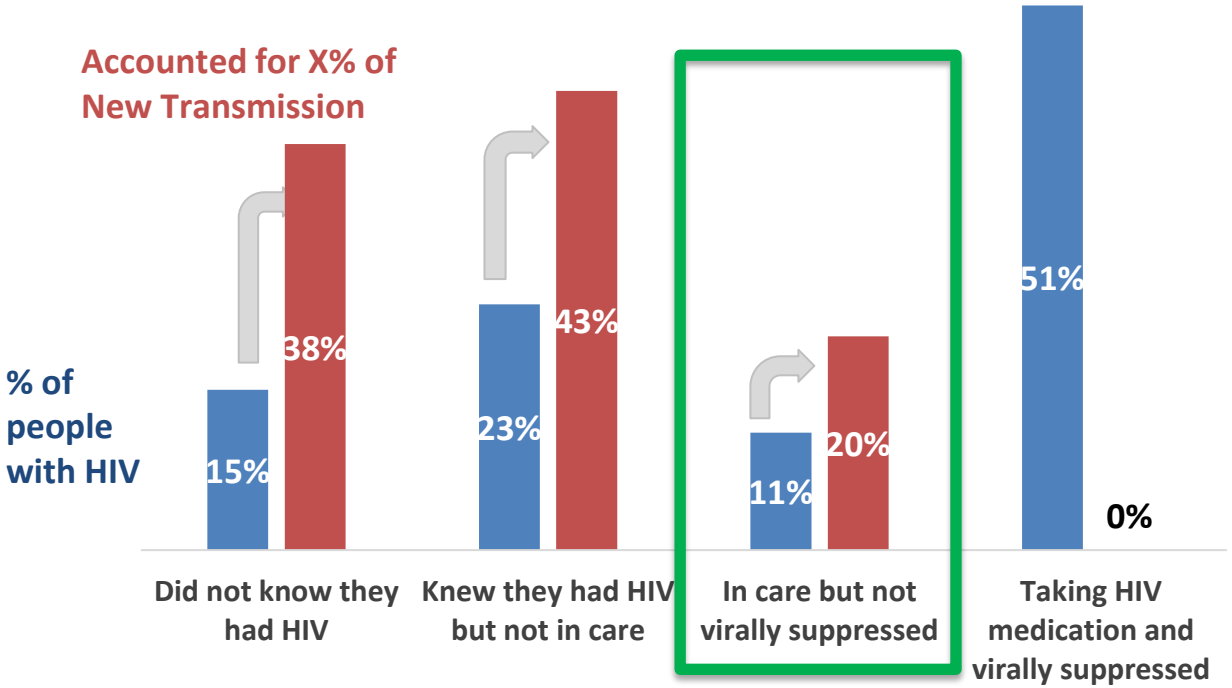
- Unmet need definition updated to align with HIV Care Continuum definitions
- People living with diagnosed HIV and AIDS with no evidence of care (2 or more **medical visits** or **VL** or **CD4 tests** at least 90 days apart) in past 12 months

2021

- Revised and expanded unmet need definitions and added RWP population
- People living with **diagnosed HIV** with no evidence of care (at least one **VL or CD4 test**) in the past 12 months
- Adds two new indicators:
  - Persons diagnosed with HIV in the past 12 months with **LATE DIAGNOSIS (Stage 3 [AIDS]** diagnosis or an **AIDS-defining condition** ≤ 3 month after HIV diagnosis**)**
  - Persons living with diagnosed HIV **IN MEDICAL CARE** (at least one VL or CD4 test) who were **NOT VIRALLY SUPPRESSED** in the past 12 months

Unmet need estimates attempt to measure the gaps between the HIV care continuum

- To reduce HIV transmission

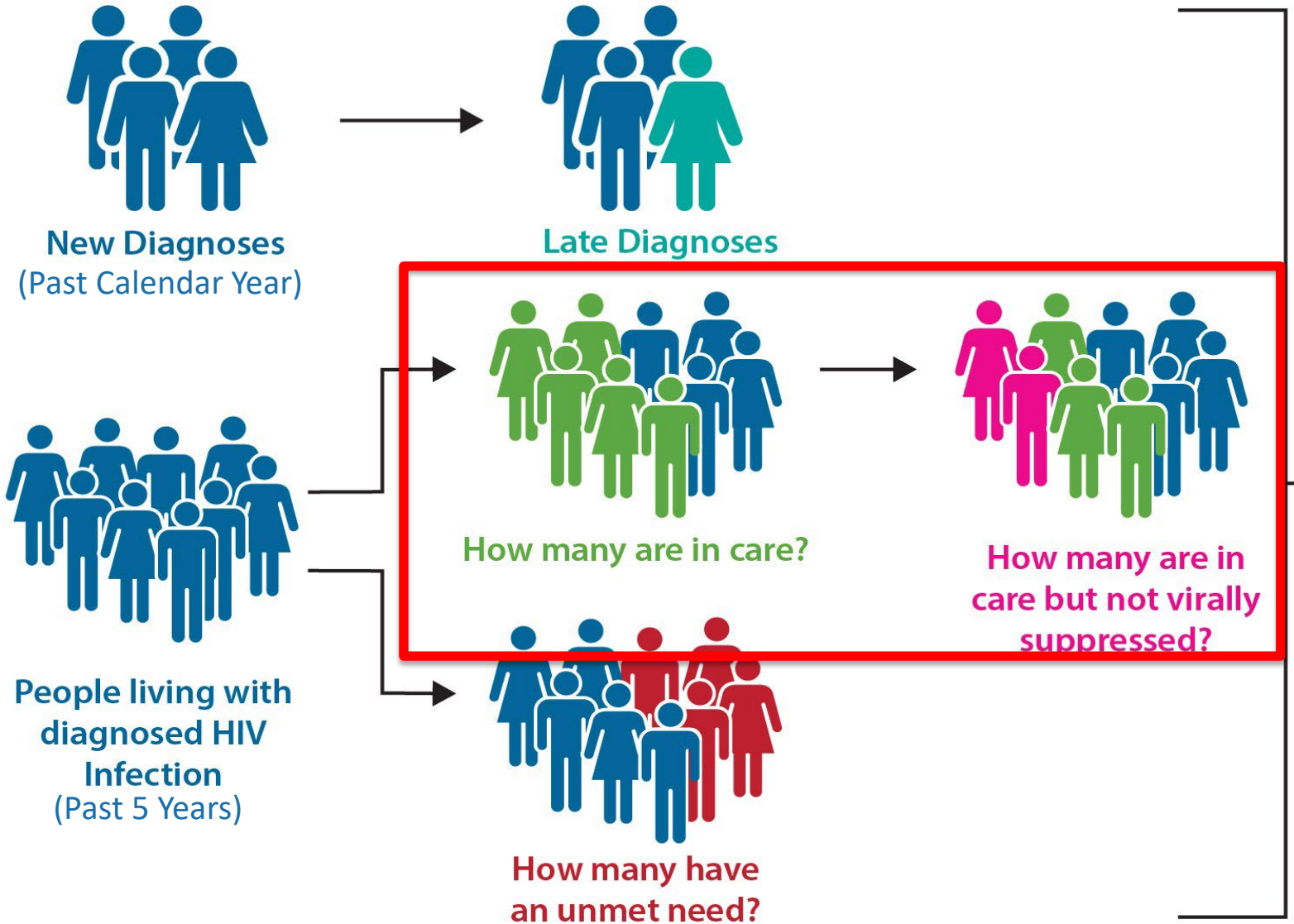


HIV Transmissions in the United States, 2016[1]

- To improve health outcomes among PLWDH
  - Start ART early in infection
  - Reduce HIV comorbidities, coinfections and complications
  - Slow disease progression
  - Extend life expectancy
  - Reduce HIV-related mortality

1. Li Z, Purcell DW, Sansom SL, Hayes D, Hall HI. *Vital Signs:* HIV Transmission Along the Continuum of Care — United States, 2016. MMWR Morb Mortal Wkly Rep 2019;68:267–272. DOI: http://dx.doi.org/10.15585/mmwr.mm6811e1 .
2. National HIV/AIDS Strategy for the United States (2022-2025). https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf

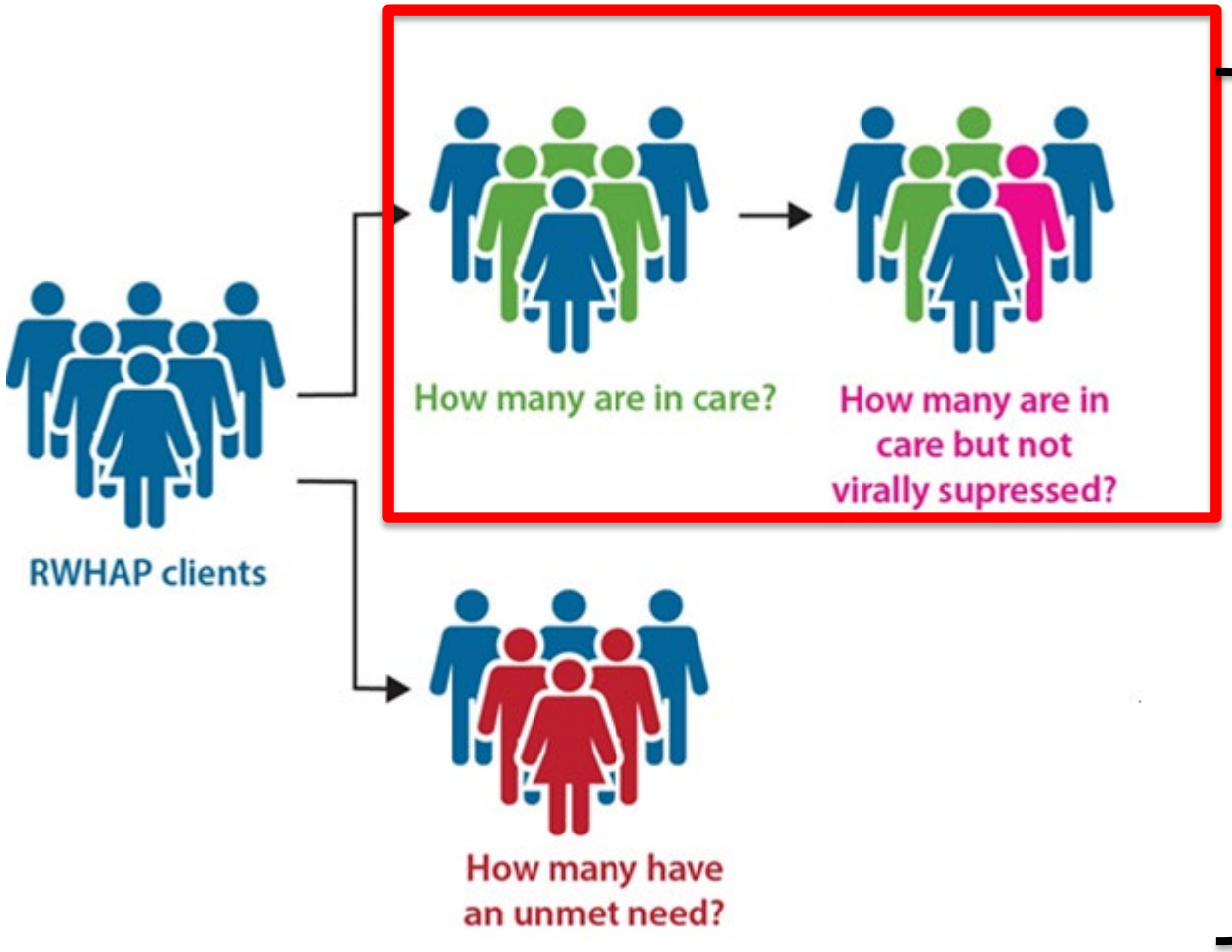
LAC Populations for Estimates of Unmet Need



What do the data look like for three priority populations (chosen by jurisdiction)?

1. Hollywood-Wilshire HD
2. Central HD
3. Long Beach HD

RWP Populations for Estimates of Unmet Need



1. Hollywood-Wilshire HD
2. Central HD
3. Long Beach HD

What do the data look like for three priority populations (chosen by jurisdiction)?

Approaches to Identify Disparities and Gaps - Examples

Across Group Comparison*

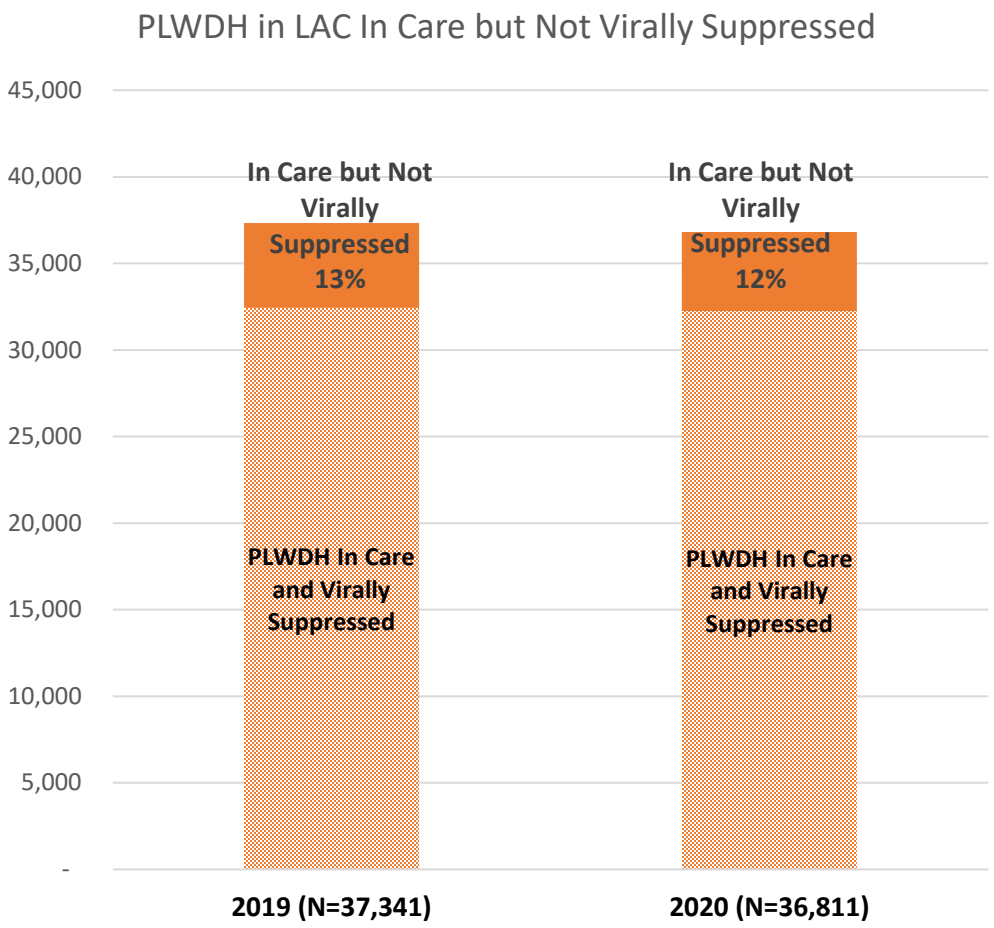
- Helpful for describing a population
  - Latino males made up 24% of LAC residents in 2020
- Identify disparities across populations
  - Latino males made up 53% of LAC residents newly diagnosed HIV in 2020
  - Proportional difference between residents who were Latino males (24%) compared to new diagnoses who were Latino males (53%)

Within Group Comparisons*

- Helpful to understand how specific groups are impacted compared to each other
  - Linkage to care among 170 newly diagnosed Hollywood-Wilshire HD residents (85%) compared to 126 newly diagnosed among Central HD residents (67%) compared to 92 newly diagnosed among Long Beach HD residents (80%)

*Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf.

Considerations when thinking about this data



- These data represent the characteristics of:
  - LAC residents living with confirmed HIV diagnoses in 2020 reported to DHSP
  - RWP clients who accessed services in 2020
- These data do not reflect
  - Why PLWDH may or may not access HIV care services
- Unmet need is estimated using HIV surveillance and program data – both may be incomplete due to reporting delay. For example, changes in unmet need from 2019 to 2020 may be due to
  - Decreased laboratory access or availability due to COVID-19
  - Fewer people seeking care services

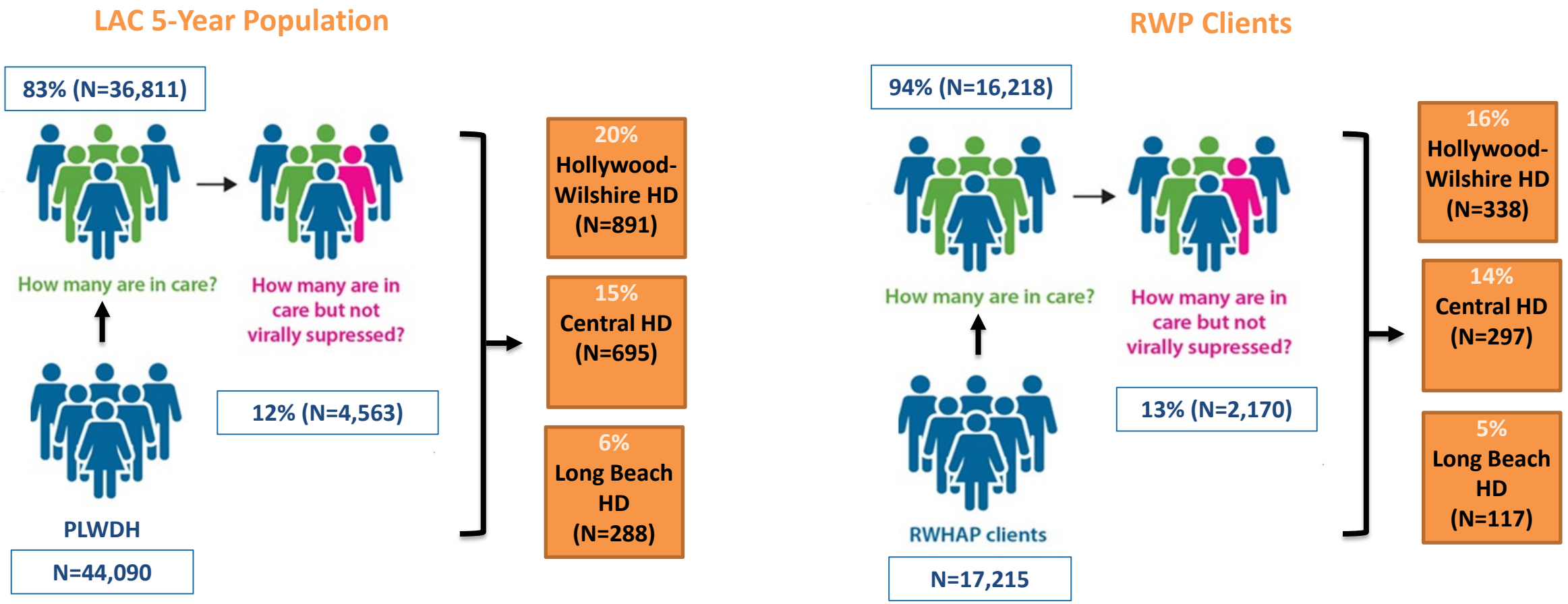
Unmet Need Estimates: In Care but Not Virally Suppressed among PLWDH and RWP Clients in LAC, 2020

Context for Unmet Need for Adherence Support

- EHE Goal: Increase percentage of PLWDH with viral suppression to 95% by 2025
  - 61% among all PLWDH in LAC regardless of care status[1]
  - 92% among PLWDH **in care** in LAC[1]
- Among a representative sample of PLWDH in LAC, 79% were prescribed ART[1]
  - Of those on ART, 46% reported missing at least one dose in the past 30 days
  - The main reason for missed ART doses was forgetting to take their medicine
- Limitations to ART prescription and adherence data
  - Only reported for a limited number of RWP services

1.Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf.

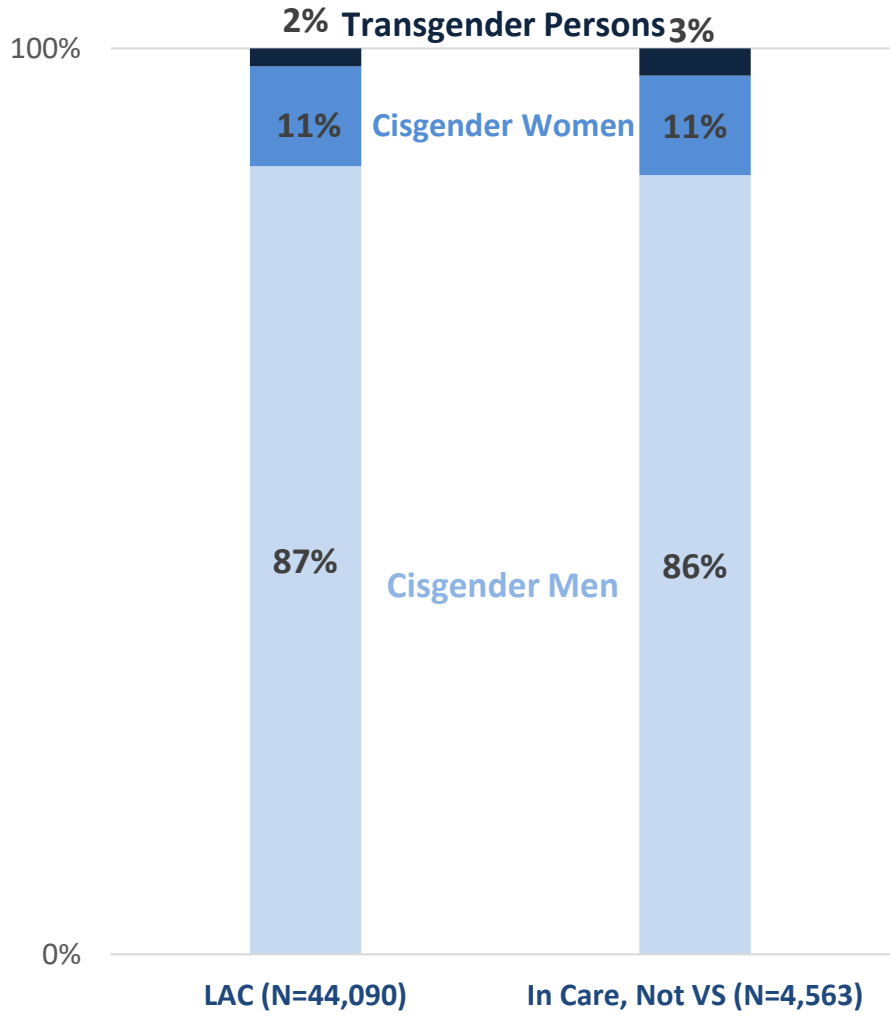
Unmet ART Adherence Need among LAC PLWDH and RWP Clients, 2020



- Unmet need for ART adherence support was comparable between LAC and RWP
- In LAC and in the RWP, unmet adherence need was highest among residents of Hollywood-Wilshire health district

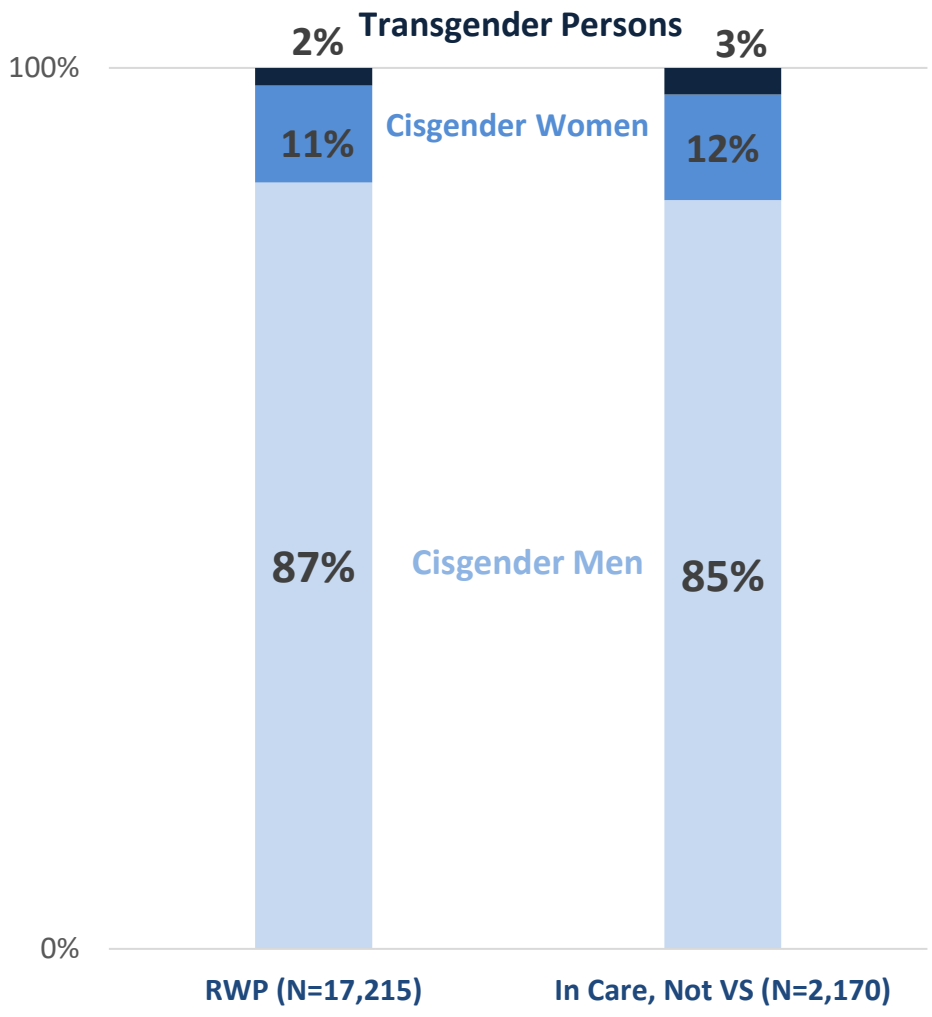
Unmet Need for ART Adherence Support by Gender Identity, 2020

LAC PLWDH



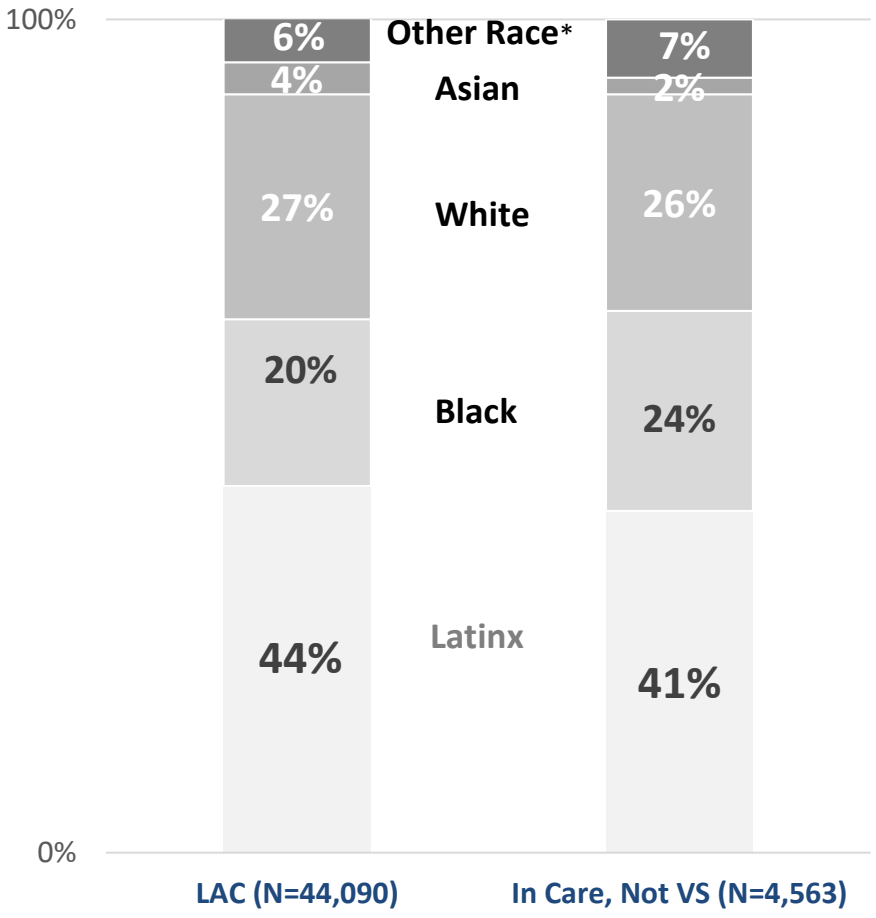
- The largest percent of PLWDH and RWP clients were cisgender men
- Cisgender men represented the majority of individuals in care without VS

RWP CLIENTS



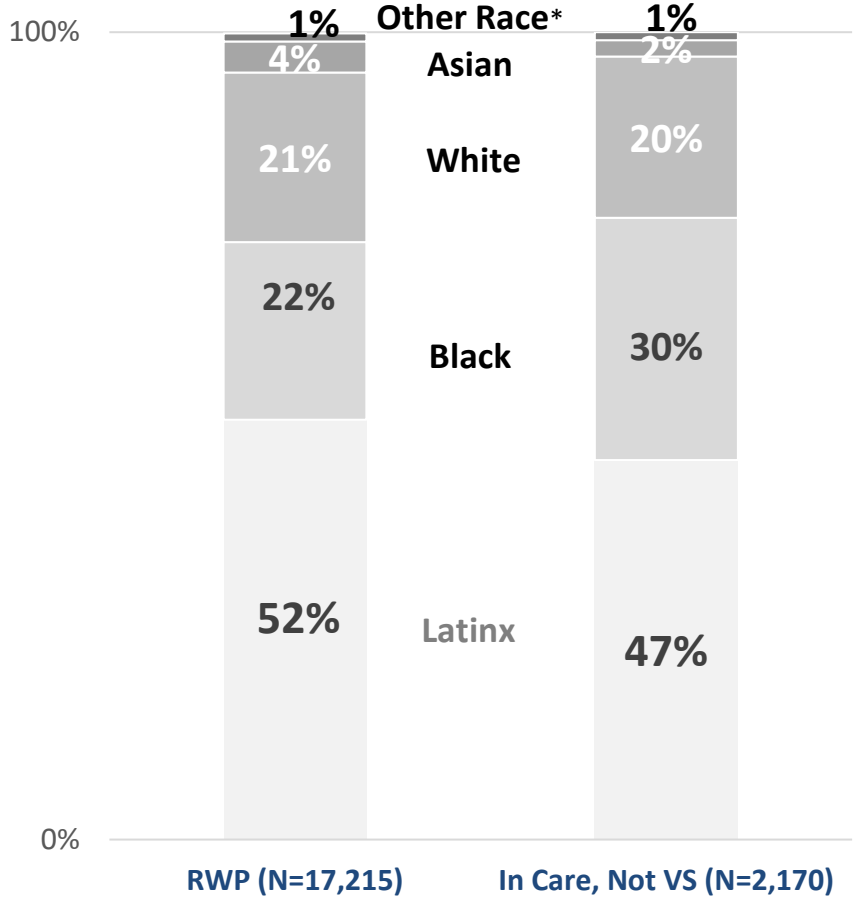
Unmet Need for ART Adherence Support by Racial/Ethnic Group, 2020

LAC PLWDH



- A higher percent of RWP clients were Latinx vs. LAC
- Fewer RWP clients were of other racial/ethnic groups compared to LAC
- Unmet need for adherence support was disproportionately higher among LAC and RWP clients who were Black race/ethnicity compared to their population size

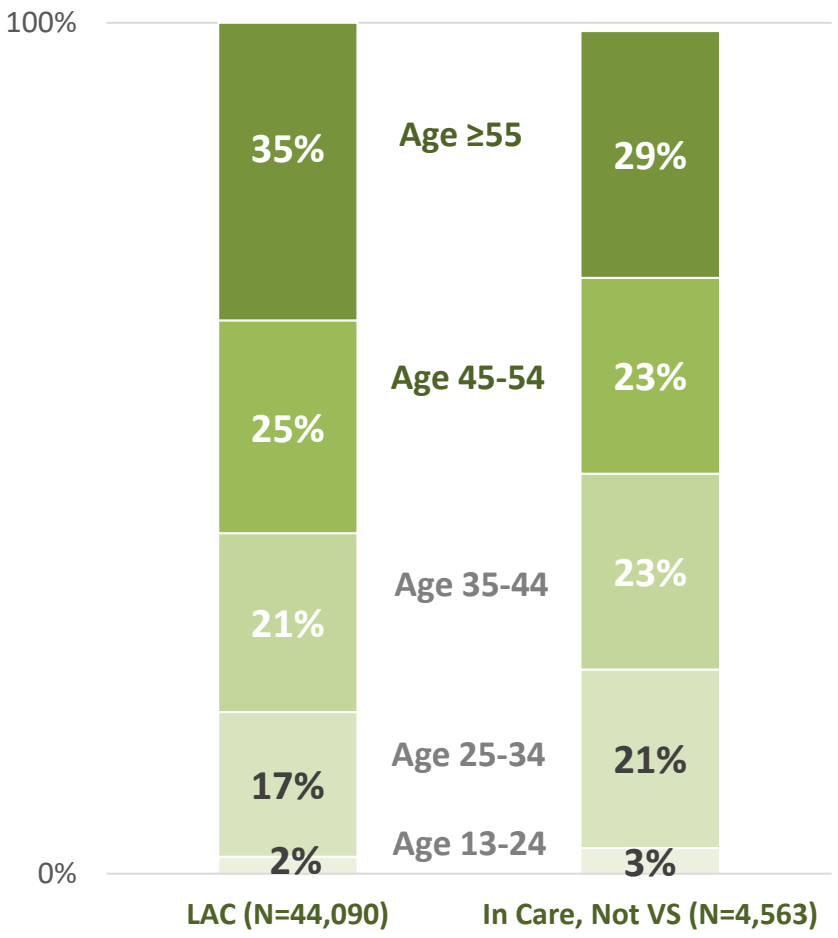
RWP CLIENTS



*Persons of other racial/ethnic groups include: Multiple race, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander, race/ethnicity not reported.

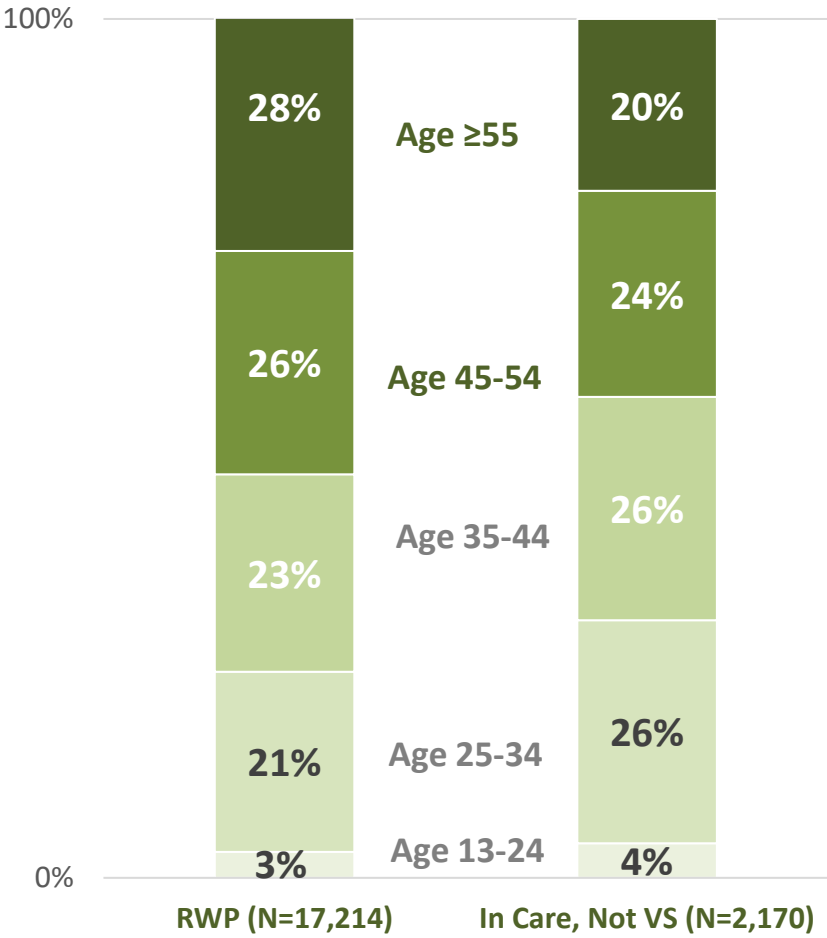
Unmet Need for ART Adherence Support by Age Group, 2020

LAC PLWDH



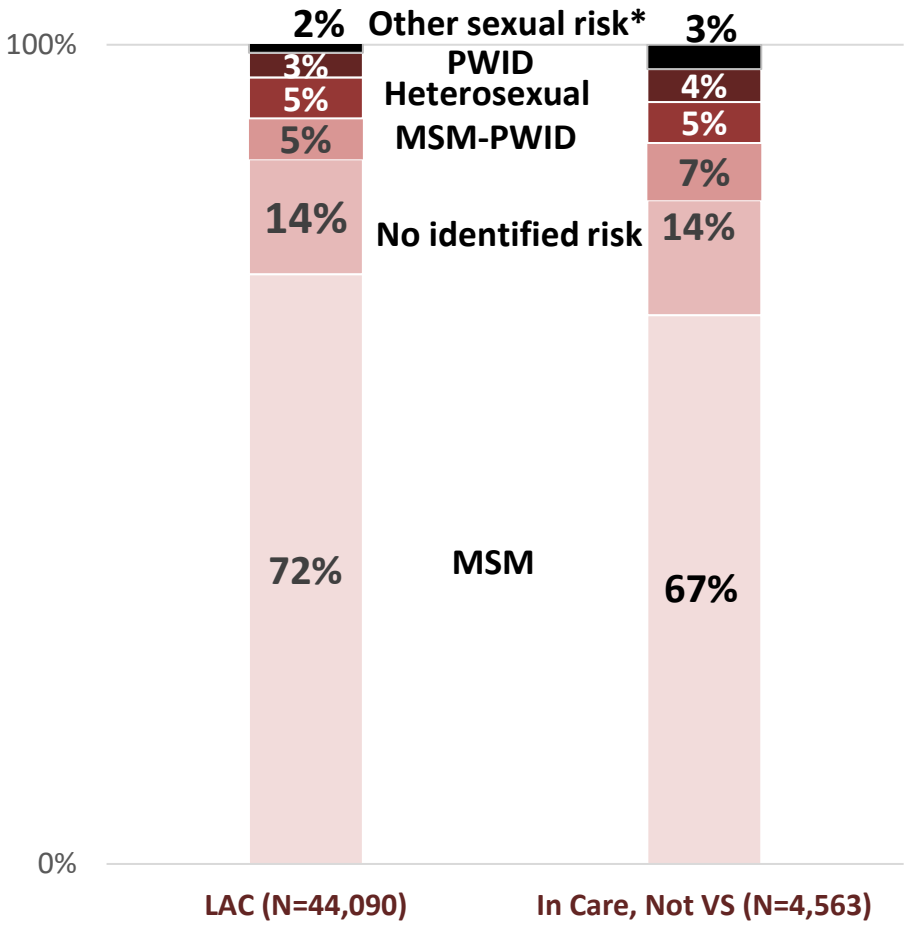
- The majority LAC PLWDH and RWP clients were ≥ age 45
- Among LAC PLWDH, 52% of LAC PLWDH ≥ age 45 had unmet adherence need compared to 44% of RWP clients
- While 40% of PLWDH in LAC were <age 45 they represented 49% of those with unmet adherence need
- Similarly, clients <age 45 represented 47% of RWP clients but 56% of unmet need

RWP CLIENTS



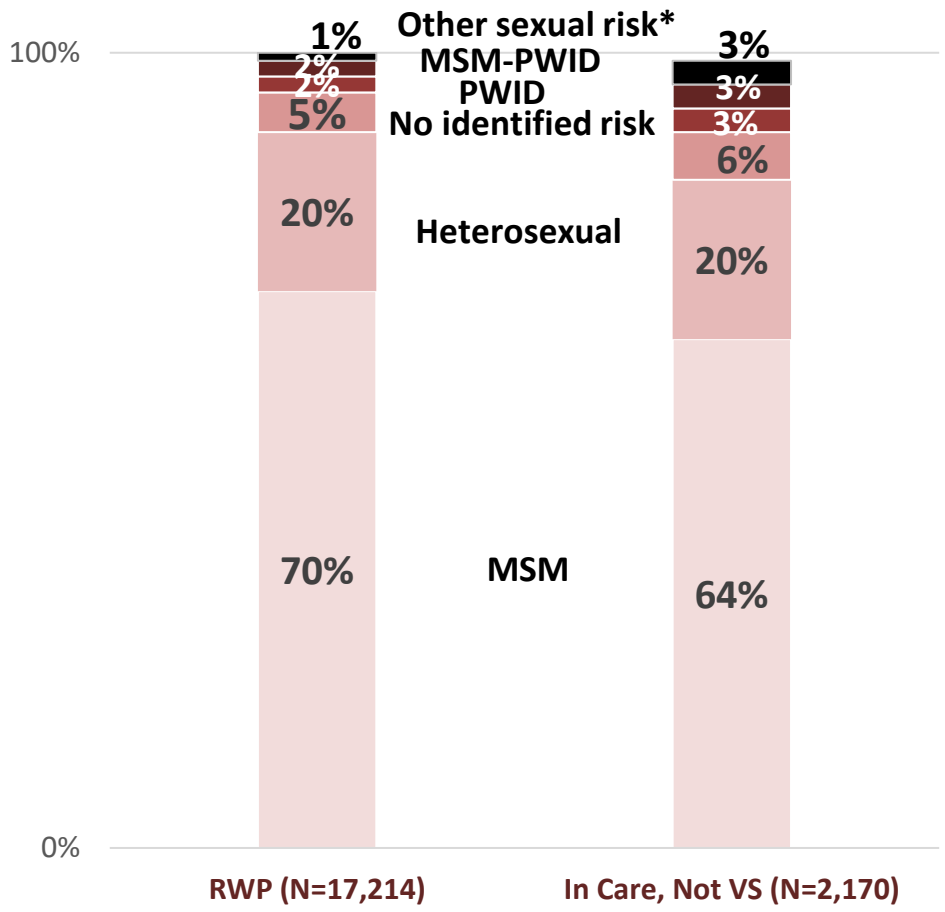
Unmet Need for ART Adherence Support by Risk Category, 2020

LAC PLWDH



- The majority of LAC PLWDH and RWP clients were MSM
- Relative to population size, MSM represented a lower percent of LAC PLWDH and RWP clients with unmet adherence need

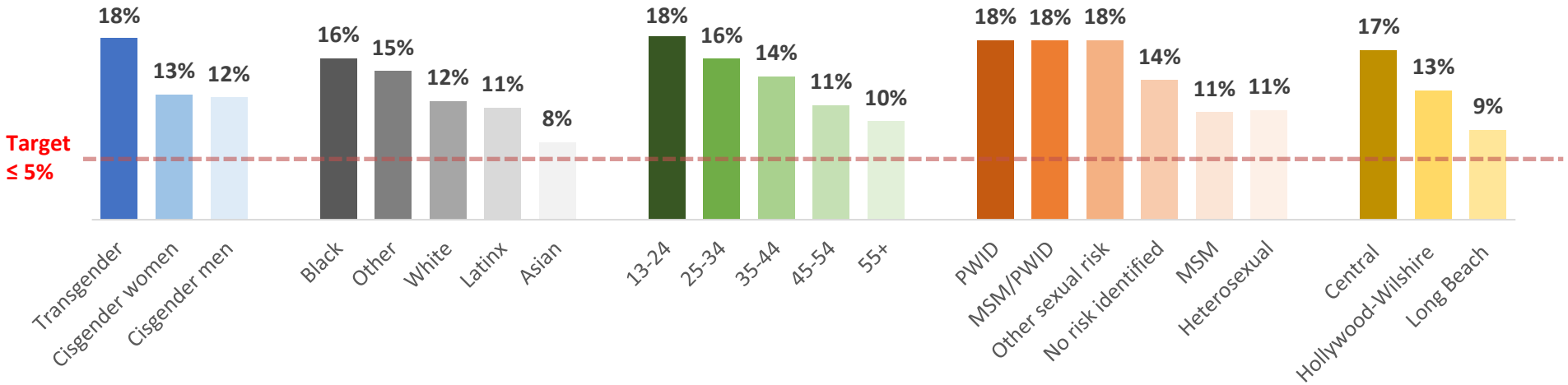
RWP CLIENTS

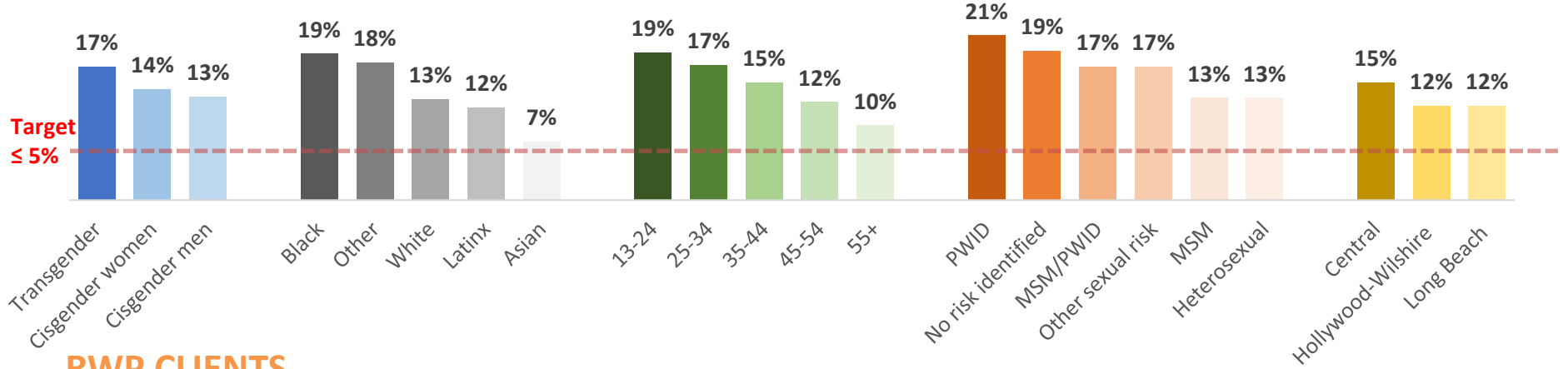


Definitions: MSM: Men who have sex with men; PWID: People who inject drugs

*Other sexual risk include: sexual contact among transgender individuals, sexual contact and PWID among trans individuals.

LAC PLWDH





RWP CLIENTS

Unmet need for adherence support within groups was similar for LAC and RWP

Neither population met the EHE goal of ≤5% unsuppressed viral load

Trans persons, those of Black or other racial/ethnic groups, younger persons, PWID and those residing in Central HD had the highest levels of unmet adherence need

Los Angeles County PLWDH Population-Level Unmet Need Estimates within Categories of Age, Gender, Race/Ethnicity, Transmission/Risk Categories and Health District, 2020.

Key Takeaways

Population-level (LAC)

Largest burden of unmet adherence need (in care, not VS)	• Cisgender men • Latinx PLWDH • ≥ age 55 • MSM • Hollywood-Wilshire HD
Unequal % of PLWDH vs unmet adherence need	• Black PLWDH • < age 45 • Central HD
Highest % of unmet adherence need within population	• Transgender persons • Black PLWDH • Age 13-24 • PWID • Central HD

Program-level (RWP)

Largest burden of unmet adherence need (in care, not VS)	• Cisgender men • Latinx clients • Aged 25-44 • MSM • Hollywood-Wilshire HD
Unequal % of RWP clients vs unmet adherence need	• Black clients • Under 45 years of age • Central HD
Highest % of unmet adherence need within population	• Transgender clients • Black clients • Aged 13-24 • PWID • Central HD

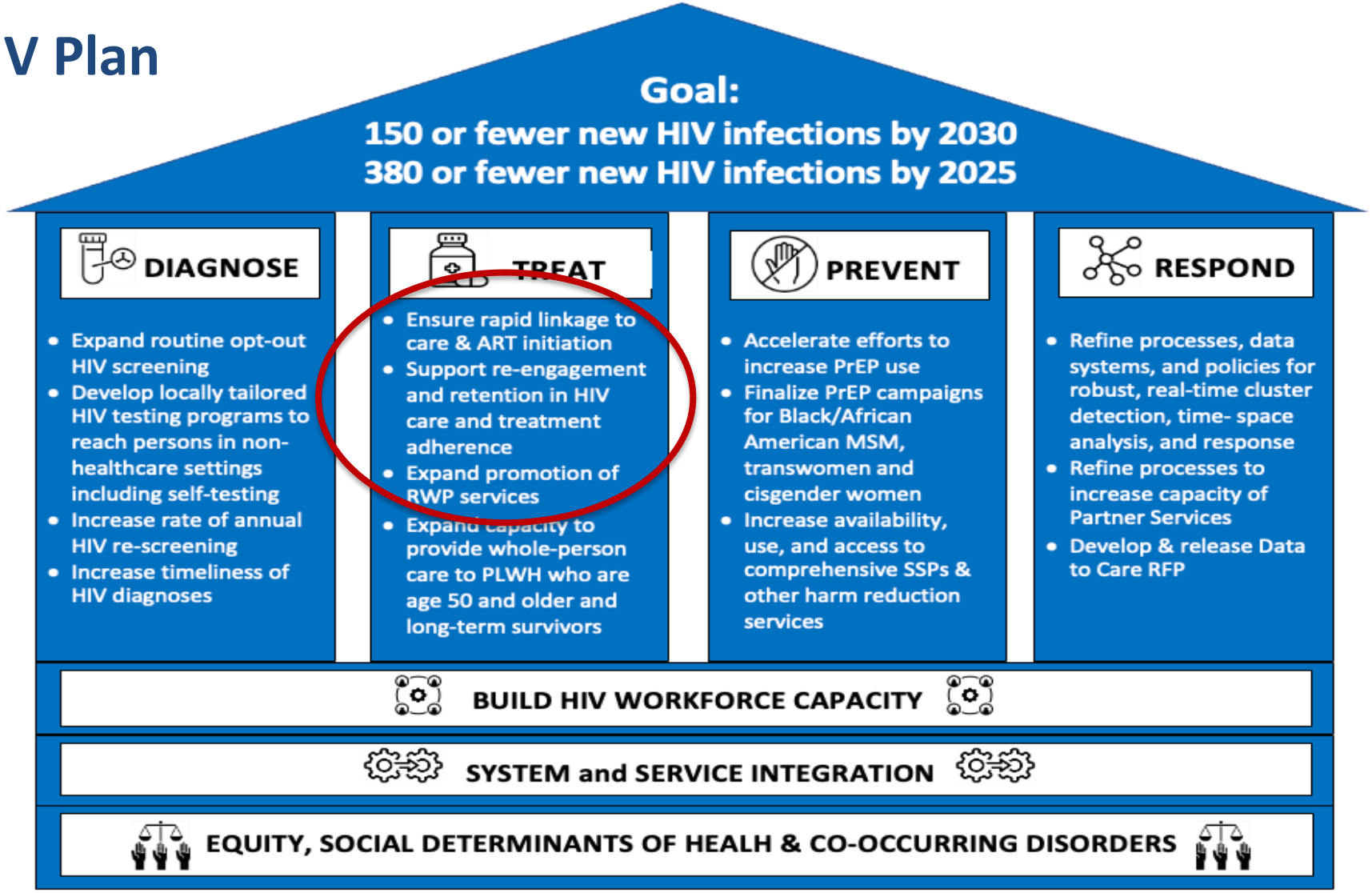
Questions

Discussion – using estimates of unmet need for ART adherence support for planning

LAC Comprehensive HIV Plan Snapshot

Priority Populations

- Latinx MSM
- Black MSM
- Transgender persons
- Cisgender women of color
- PWID
- Persons < age of 30
- PLWH ≥age 50



Los Angeles County Commission on HIV and the Los Angeles County Department of Public Health Division of HIV and STD Programs. Los Angeles County Comprehensive HIV Plan (2022- 2026), December 2022: 1-136.

What are strategies to improve ART adherence?

- Identify and address barriers to ART adherence at the patient-level[1]
  - Behavioral health – stigma, mental health issues (depression, anxiety), substance use
  - Client-centered supportive services (housing, poverty, benefits, transportation)
  - Adherence tools – pill boxes, apps, reminders
  - Incentives or directly administered therapy
- Provider-level
  - EMR reminders to clients for medications and refills; flag patients with unsuppressed VL for follow-up
  - Medication side effects
- Health-department-level -Directly administered therapy?
- Novel approaches – incentives, long-acting injectable ART
- Focus on those populations that account for a large proportion of PLWDH with unsuppressed viral load in LAC
  - Black sub-populations, women and transgender persons, persons aged 30-49, PWID and those residing in the Central HD

1.Thompson, et al. https://www.acpjournals.org/doi/full/10.7326/0003-4819-156-11-201206050-00419
2.Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf.

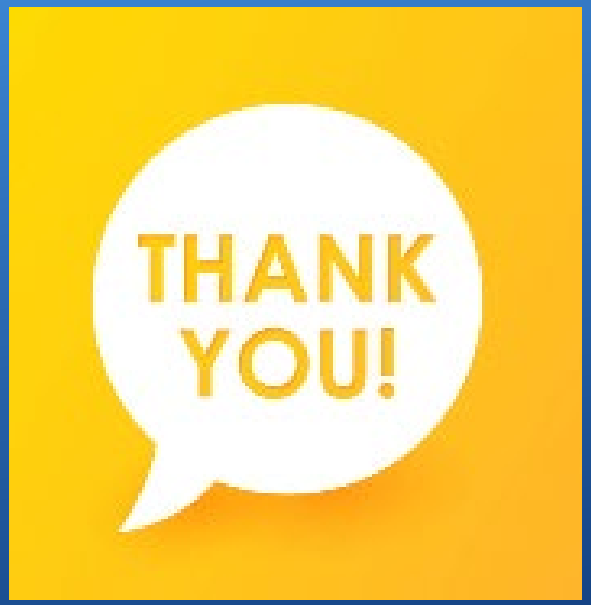
How can our services improve viral suppression and reduce unmet need?

- Expanding access to RWP wraparound services
- Facilitate ART access and adherence
  - Rapid ART and same-day appointments
  - Peer-support?
  - Update Medical Care Coordination adherence intervention
  - Provider detailing?
  - U=U social marketing?
- Expand access for HIV medications
  - Uninterrupted coverage
  - Mobile or street-based clinics that dispense ART
  - Pharmacy collaboration
- Linguistically and culturally appropriate services

Next Steps for Unmet Need Estimates

- Further analyses are needed to
  - Identify predictors of unmet need among LAC residents
  - Include housing status

- Summary report completed mid-2023



Special thanks to the following people without whom this presentation would not be possible:

Sona Oksuzyan, PhD

Janet Cuanas, MPP

Virginia Hu, MPH

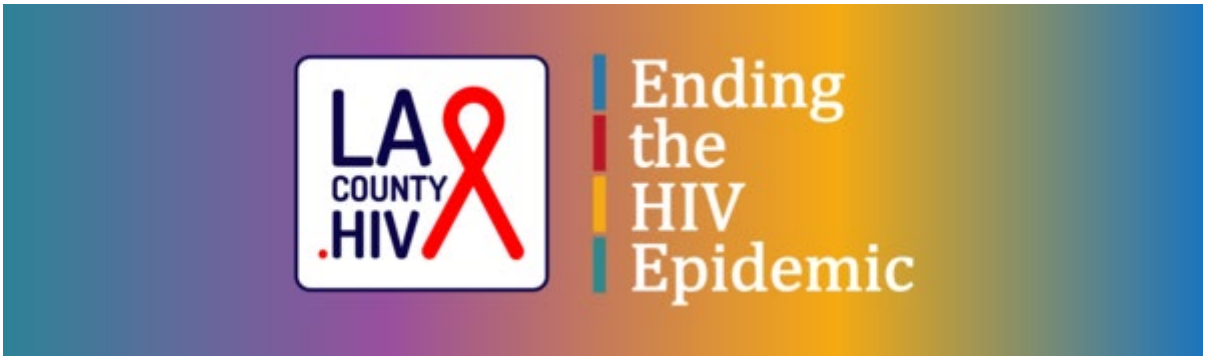
Michael Green, PhD, MHSA

References and Resources

- Webinar video and slides: Enhanced Unmet Need Estimates and Analyses: Using Data for Local Planning https://targethiv.org/library/enhanced-unmet-need-estimates-and-analyses-using-data-local-planning

- Webinar video and slides: https://targethiv.org/library/updated-framework-estimating-unmet-need-hiv-primary-medical-care

- Methodology for Estimating Unmet Need: Instruction Manual https://targethiv.org/library/methodology-estimating-unmet-need-instruction-manual



Quarterly Newsletter
Sent on behalf of the Division of HIV and STD Programs (DHSP)

May 2023

MPOX VACCINE ALERT

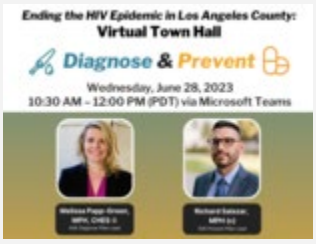
To reduce the risk of contracting or transmitting Mpox at upcoming festivals and Pride events, the Los Angeles County Department of Public Health (Public Health) strongly recommends that people at higher risk for Mpox get **fully vaccinated with 2 doses of the Mpox vaccine** for maximum protection against severe illness.

While there have been only 3 confirmed new Mpox cases reported since March 1 in Los Angeles County, the recently reported cluster of at least 14 Mpox cases in the Chicago area highlights the high potential for Mpox resurgence locally.

Mpox vaccines are free and available to anyone who requests it, regardless of their insurance or immigration status, and without having to disclose information on personal risk. To find a vaccination site, visit Myturn.ca.gov.

For general Mpox information, including vaccines, testing, and treatment, call the Public Health Call Center at 833-540-0473 seven days a week from 8:00 AM to 8:30 PM or visit www.ph.lacounty.gov/mpox. To view the May 2023 News Release on Mpox, click here.

EHE HIGHLIGHTS

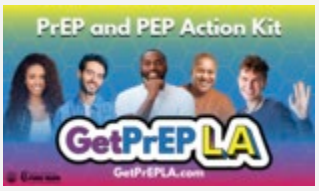


EHE in LA County Virtual Town Hall: Diagnose & Prevent
Wednesday, June 28, 2023, from 10:30 AM to 12:00 PM (PST)

Register **here** to participate via Microsoft Teams.
Click **here** to view the flyer.
**Submit a question via the registration link to be entered into the raffle. The winner must be present at the virtual town hall to claim the prize.*

***NEW!* Buddy Program for people living with HIV** launched by Being Alive that addresses the needs of persons living with HIV, including assisting newly diagnosed persons and persons aging with HIV.

If you are interested in HAVING or BEING a buddy, please contact Ross Meredith at rmeredith@beingalivela.org. For more info, see the flyer.



***NEW!* PrEP and PEP Provider Visitation Program Launched with Action Kit.** The revamped action kit is available as part of the new PrEP Provider Visitation/Public Health Detailing Campaign that will educate over 1,000 primary care and women's health providers in LA County on best practices in prescribing PrEP. To view the PrEP and PEP Action Kit, click here.

EHE UPDATES

EHE is Hiring! Are you interested in joining the EHE team to address health inequities and serve communities most affected by HIV? If so, consider applying to the open positions below.
Health Education Specialist
Social Worker Specialist

The **Diagnose Pillar** continues to **expand HIV testing** in non-healthcare settings by distributing self-test kits. To date, LA County residents have ordered over 4,300 free HIV self-test kits online through a partnership with TakeMeHome.org, while DHSP has provided over 19,000 kits to organizations to distribute to community members through their agency or at community events. DHSP is also providing rapid HIV tests to the Department of Health Services street medicine teams who are providing care for people experiencing homelessness and the Department of Mental Health clinics to implement routine testing. If you are interested in promoting TakeMeHome or receiving HIV self-test kits, contact Melissa Papp-Green at mpapp-green@ph.lacounty.gov.

The **Treatment Pillar** continues to **increase access to services that improve the lives of people with HIV (PWH) and increase rates of viral suppression**. DHSP provided funding to 8 agencies across LA County to implement evidence-based interventions focused on trauma-informed approaches to improve the mental health and well-being of EHE priority populations. Look out for upcoming funding opportunities under the Treat Pillar, including Spanish Language Mental Health services for PWH. For more information contact Michael Haymer at mhaymer@ph.lacounty.gov.

The **Prevent Pillar** continues to **expand PrEP and PEP access.** Los Angeles County Department of Public Health Sexual Health Clinics now offer ongoing PrEP care via TelePrEP, regardless of insurance status. If you are interested in learning more about PrEP or receiving technical assistance for your clinic, contact Richard Salazar at rsalazar@ph.lacounty.gov.

The **Respond Pillar** continues to **engage the community in HIV cluster detection and response discussions**. DHSP partnered with the California Department of Public Health to develop a Statewide Cluster Detection and Response Community Advisory Board (CDR CAB). The CDR CAB's role is to inform culturally responsive best practices and strategies related to CDR implementation. Since its launch in January 2023, two meetings have been held that include the ten CAB members and representatives from Surveillance teams across California. For more information contact Brian Valencia at bvalencia@ph.lacounty.gov.

DHSP ACTION KITS

***NEW!* Perinatal HIV Action Kit** offers healthcare providers resources for diagnosing HIV during pregnancy or pregnancy for someone with HIV. This kit was created in response to the 4 perinatal cases in 2020 and aims to ensure a warm hand-off to a perinatal HIV specialty provider site. To view the online action kit, click here.

Syphilis in Women Action Toolkit includes resources for both healthcare providers and patients. The toolkit focuses on syphilis and congenital syphilis prevention practices, including taking a sexual history, screening women of reproductive age and pregnant women, and ensuring proper treatment by accurately staging syphilis. To view the online toolkit, click here.

U=U Action Kit includes resources for both healthcare providers and patients. The kit is structured around core HIV prevention practices, including knowing the science behind viral suppression and decreasing stigma through language. To view the online action kit, click here.

UPCOMING EVENTS & RESOURCES

Webinar: HIV and Incarceration, June 20, 2023

The EHE Regional Collaborative, led by the Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) at UCLA, is hosting *Session 25: HIV and Incarceration* on Tuesday, June 20, 2023, from 10:00 AM to 11:30 AM to share information about the intersection of HIV and incarceration in California and approaches to addressing HIV in carceral settings. To register, click here.

California Consortium ETE Syndemic Symposium: June 22, 2023

The California Department of Public Health (CDPH) is hosting a symposium on June 22, 2023, at 9:00 AM, to support the 8 federally funded California-based counties that are participating in the Ending the Epidemics in America (ETE) Initiative: Alameda, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, and Los Angeles. The symposium offers opportunities to share best practices and surveillance updates. To register, click here.

Webinar Recording: Integrating Services to Address the Syndemics of HIV, STIs, Substance Use Disorder, and Viral Hepatitis

HIV, STIs, viral hepatitis, and substance use disorder are increasingly recognized as a syndemic. In this webinar learn the importance of EHE jurisdictions integrating services using a syndemic approach. To watch the webinar recording, click here.

HIV Provider Training to Address Medical Mistrust (Paid Research Opportunity)

Researchers are conducting a pilot test of a provider training on the impact of intersectional stigma and how to respond to patient medical mistrust. If you are an HIV care provider (e.g., physician, nurse practitioner, physician assistant) who works with Black and Latinx HIV care consumers or patients, you are invited to participate in the study. For more information, click here.

New Resources to Support Immunization for People with HIV

The California Department of Public Health, Immunization Branch has a new webpage that lists immunization resources for those providing healthcare to people with HIV. The webpage offers guidance, job aids, and patient education materials, including an updated Vaccine Recommendations Chart and a checklist of recommended vaccines that can be displayed or distributed to patients. To access these resources, click here.

AWARENESS DATES

June 5: Anniversary of June 5, 1981 MMWR and HIV Long-term Survivors Awareness Day
June 8: Caribbean American HIV/AIDS Awareness Day
June 27: National HIV Testing Day

USEFUL LINKS

GetProtectedLA: The official sexual health resource hub for HIV and STD prevention, testing, care, services, and information in LAC.

LA Condom: Sign up as a partner to distribute free condoms.

Take-Me-Home: Order free HIV self-test kits.

I Know: Order free Chlamydia and Gonorrhea self-test kits for persons with vaginas.

Emergency Financial Assistance (EFA) is available for people living with HIV. Eligible clients may receive up to $5,000 every 12 months in emergency financial assistance via payments to vendors or landlords on behalf of the client. Please see flyers (English and Spanish) for more information including contact information for assistance with the application process.

RecoverLA is a mobile-friendly guide that is intended to help LA County residents to find information about substance use disorders, available treatment options, and overdose prevention methods.

Substance Abuse Service Helpline (844-804-7500) is managed by the LA County Department of Public Health, Substance Abuse Prevention and Control to assist LA County residents in getting connected to substance use treatment services 24-hours per day and 7 days per week.

LA County Engagement and Overdose Prevention (EOP) Hubs are syringe service providers who provide harm reduction services, peer-led education, and peer-led support services. Harm reduction services include conducting syringe exchanges, providing safer use supplies including safer smoking equipment, distributing naloxone overdose reversal kits, and connecting participants to other important services and programs.

Misinformation Alerts: Know more about what misinformation is being shared on various topics.

For more information, visit our EHE website: www.LACounty.HIV
For questions or to edit subscription status, email EHEInitiative@ph.lacounty.gov

County of Los Angeles Public Health

LA County HIV | Ending the HIV Epidemic

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COMMISSION ON HIV

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HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov ORG • *VIRTUAL WEBEX MEETING*

Lilieth Connolly

Application on file at Commission office

Interview panel: Justin Valero and Joe Green

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Shonte Daniels

Application on file at Commission office

Interview panel: Everardo Alvizo, Kevin Donnelly, and Jayda Arrington

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Dechelle Richardson

Application on file at Commission office

Interview panel: Everardo Alvizo and Kevin Donnelly

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Byron Patel

Application on file at Commission office

Interview panel: Everardo Alvizo, Jose Magana, and Justin Valero

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COMMISSION ON HIV

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HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov ORG • *VIRTUAL WEBEX MEETING*

Juan Solis

Application on file at Commission office

Interview panel: Everardo Alvizo, Joe Green, and Justin Valero

Planning Council/Planning Body Reflectiveness (Updated 5.18.23)

(Use HIV/AIDS Prevalence data as reported FY 2020 Application)

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	10	26.32%	4	50.00%
Black, not Hispanic	10,155	20.00%	11	28.94%	3	37.50%
Hispanic	22,766	44.84%	12	31.58%	1	12.50%
Asian/Pacific Islander	1,886	3.71%	5	13.16%	0	0.00%
American Indian/Alaska Native	300	0.59%	0	0.00%	0	0.00%
Multi-Race	1,705	3.36%	0	0.00%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	38	100%	8	100%
Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	26	68.42%	5	62.50%
Female	5,631	11.09%	10	26.32%	3	37.50%
Transgender	854	1.68%	2	5.26%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	38	100%	8	100%
Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
13-19 years	122	0.24%	0	0.00%	0	0.00%
20-29 years	4,415	8.69%	1	2.63%	0	0.00%
30-39 years	9,943	19.58%	11	28.95%	0	0.00%
40-49 years	11,723	23.09%	10	26.32%	1	12.50%
50-59 years	15,601	30.72%	9	23.68%	4	50.00%
60+ years	8,973	17.67%	7	18.42%	3	37.50%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	38	100%	8	14.29%

Percentages may not equal 100% due to rounding.
(Includes alternates)

Non-Aligned Consumers = 21% of total PC/PB

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MOTION 10
FOR COH APPROVAL
6/8/23

(PROPOSED) CODE OF CONDUCT

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23

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

All participants and stakeholders should adhere to the following:

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

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal."

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)**

Assessment of Administrative Mechanism (AAM) Ryan White Program Year 31 (March 1, 2020-February 28, 2021) – Summary of Key Themes and Recommendations

April 27, 2023

LOS ANGELES COUNTY
COMMISSION ON HIV

Background

- The federal Health Resources and Services Administration (HRSA) requires all Part A planning councils (the Commission on HIV is Los Angeles County's Ryan White Part A planning council) to conduct "Assessments of the Administrative Mechanism" (AAM).
- The AAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County.

Background

- Led by the Operations Committee
- AAMs typically cover contracted agencies only.
- However, the Commission also uses the AAM cycles to assess the Commissioners' understanding of the priority setting and resource allocation process.
- The contract period covered by this AAM summary is the Ryan White Program Year 31 (March 1, 2020-February 28, 2021).

Assessment Methodology

- Covers 2 areas: 1) an assessment of the Commissioners' understanding of the priority setting and resource allocation process and 2) feedback from contracted agencies on the efficiency of Los Angeles County's administrative mechanisms (such as contracts, procurement, solicitations) to rapidly disburse funds to support HIV services in the community.
- Anonymous questionnaire via SurveyMonkey to elicit responses from Commissioners and contracted agencies.
- The Operations Committee of the Commission led the AAM and utilized the same questionnaire used for the previous AAMs as they have been tested and used in previous studies.

Assessment Methodology

Online Survey of Commissioners:

- Open from April 4 to May 2022.
- At that time, there were 35 members (1 was on a leave of absence) and 8 alternates (1 was on a leave of absence) for a total of 41 possible respondents.
- 19 responses (46%).

Online Survey Contracted Providers:

- All 43 County-contracted HIV prevention and care providers were invited to participate in the AAM survey between August 18-September 15, 2022.
- 11 agencies completed the survey.
- One response per agency.

Limitations

- Low response rate may be due to multiple local, statewide, and national surveys in circulation in 2022, including those related to the development of the Comprehensive HIV Plan.
- Lag time between the program year cycle focus of the survey and the time of when the survey was released—this may have impacted memory recall of events and data presentations delivered to the Commission.
- Cannot make broad interpretations with the results of the AAM but rather, use the information as a record of perceptions and responses from those individuals and agencies who completed the survey.

Key Observations: Commissioners

- There appears to be recognition and recall of programmatic, fiscal, surveillance, service utilization and care continuum data provided to the Commission and its committees during PY 31.
- More data on the intersection of HIV with morbidities such as mental, substance use, seniors and social conditions such as stigma and discrimination.
- More data sharing from the independent health jurisdictions (Long Beach and Pasadena) was also noted by a respondent.
- More robust, direct, and highly visible participation and engagement of consumers in the Commission's priority setting, resource allocation process and decision-making.

Key Observations: Commissioners

- 18 of the 19 respondents strongly agreed/agreed that they were “adequately notified of PSRA meetings and activities during the PY 31 planning cycle.

- In terms of structure and process, 15 respondents indicated that they strongly agreed/agreed that the Commission is effective as a planning body; while 3 responded neither agreed or disagreed and 1 disagreed.

Key Recommendations: Commissioners

- More structured collaboration process for the Operations Committee and Consumer Caucus to develop customized a training/coaching plan for consumers on how decisions are made on the Commission and make data presentations more accessible to consumers.

- Continue efforts around ongoing education and training on COH structure, role and processes.

Key Recommendations: Commissioners

- Periodic assessment/review of its structure, processes (such as service standards development, allocations/reallocations, and service category prioritization) and define desired outcomes and examples of what an “effective planning body” constitutes.

- Collaborate with the Consumer Caucus to identify strategies aimed at increasing ongoing participation of consumers in PP&A discussions, especially among consumers who identify as people of color, elderly, long-term survivors, Native Americans, and other communities disproportionately affected by HIV.

- Continue implementing recommendations from the Health HIV Planning Council effectiveness assessment to improve processes and community engagement.

Key Themes: Contracted Providers

Sufficient to Very Good Guidance on Invoicing, Budget Development and Budget Modifications

- Comments ranged from “sufficient” to “very good” and “clear guidance.”
- Respondents appreciated the accessibility and assistance from program and fiscal managers for questions and technical assistance.

Key Themes: Contracted Providers

Mixed Reactions around Communication of Expectations Prior to Site Visits and Program Monitoring

- While some of the responses noted that program managers conveyed expectations clearly prior to site visits, there were also comments that alluded to the need for clearer communication of expectations for program monitoring prior to the site visit and better explanation for changes in expectations from year to year.

- Some participants commented that frequent changes in program managers “create a disconnect on how a program operates.”

Key Themes: Contracted Providers

Contractors Receive Regular Feedback on Performance and Technical Assistance (TA) on Barriers and Challenges

- DHSP regularly provides feedback on contractor performance and the feedback is helpful in improving program policies, procedures, and assisting the agencies meet their contractual goals.

- Some participants noted that the TA provided by DHSP has been helpful; an example was cited where an agency was able to interact with other providers to identify solutions to challenges and barriers.

- A few participants indicated that they have not received TA or feedback on challenges they have reported in progress reports at the time when the survey was conducted.

Key Themes: Contracted Providers

Inconsistency with the Level of TA and Support Provided by Assigned Program Manager and Fiscal Representative

- While many respondents described receiving helpful TA from their program/fiscal managers, some described inconsistencies with regard to guidance and communication. Some agencies with multiple service contracts are assigned different program managers.

Key Themes: Contracted Providers

Experience with the County's Request for Proposals (RFP) Process

- Several participants noted that their contracts have been in place for several years
- RFP instructions appear to be clear
- However, directions regarding auditing could be more uninformed across service categories and how service target goals are calculated for contracts could be better explained to agencies.

Key Themes: Contracted Providers

The County's Process for Awarding Contracts for Services is Fair

- Overall, the participants noted that the County's process of awarding contracts is fair and transparent.

Agencies Have Established Internal Practices to Ensure that Ryan White Program (RWP) Funds are Spent Efficiently

- Contracted agencies have developed organizational and administrative practices to ensure that RWP funds are utilized efficiently.
- Practices include internal audits and compliance tools, continuous quality improvement efforts, regular supervision meetings, and targeting the right client populations.

Key Themes: Contracted Providers

Payments within 30 Days Have Improved

- Respondents noted that DHSP issues payments in general, within 30 days, following the submission of complete and accurate invoices

- Payment turnaround time has improved.

Key Themes: Contracted Providers

- The general comments collected from this AAM reflect the recurring themes from previous AAMs, such as consistency of information received from DHSP, setting clear expectations for audits/site visits; and lengthy RFP process.

- It is important to note that the lengthy RFP process cited by some survey participants is a County-wide issue.

- The BOS)has charged the Quality and Productivity Commission, in consultation with the Small Business Commission, and Citizen's Economy and Efficiency Commission, to seek innovative ways to streamline the County's contracting process, assist businesses, and identify potential cost savings to County operations.

Suggestions for Improvement: Contracted Providers

- Continue to improve payment turnaround cycles within 30 days.
- Expedite or shorten the length of time it takes to execute a contract or approve a budget modification.
- Ensure uniformity in the information communicated by program and fiscal managers to contracted agencies.
- Ensure timeliness and consistency of technical assistance provided to agencies regarding programmatic and fiscal challenges and questions.

Thank you.

3/13/2023

Assessment of the Administrative Mechanism (AAM)

Ryan White Program Year 31
(March1, 2020-February 28, 2021

Final Draft

LOS ANGELES COUNTY
COMMISSION ON HIV

Assessment of the Administrative Mechanism
Ryan White Program Year 31
(March 1, 2020-February 28, 2021)

Table of Contents

I. Introduction and Purpose of Report

As a Ryan White Part A planning council, the Los Angeles County Commission on HIV ("the Commission") is required by Health Resources and Services Administration (HRSA) to conduct a regular "Assessment of the Administrative Mechanism" (AAM). The AAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Operations Committee of the Commission led the development, implementation, and analysis of the AAM for Ryan White Program Year 31. The purpose of this report is to present the findings of this assessment. Outlined in the sections below is the assessment methodology, and findings.

II. Assessment Methodology

The AAM covers 2 areas: 1) an assessment of the Commissioners' understanding of the priority setting and resource allocation process and 2) harnessing feedback from contracted agencies on the efficiency of Los Angeles County's administrative mechanisms (such as contracts, procurement, solicitations) to rapidly disburse funds to support HIV services in the community. The Operations Committee used an anonymous questionnaire via SurveyMonkey to elicit responses from Commissioners and contracted agencies. The Operations Committee of the Commission led the AAM and utilized the same questionnaire used for the previous AAMs as they have been tested and used in previous studies.

Online Survey of Commissioners:

Commissioners were invited to respond to the survey between April 4 to May 2022. At that time, there were 35 members (1 was on a leave of absence) and 8 alternates (1 was on a leave of absence) for a total of 41 possible respondents. Several follow-up emails were sent to ensure a high response rate. Nineteen responses were recorded at close of survey, generating a response rate of 46%.

Online Survey Contracted Providers:

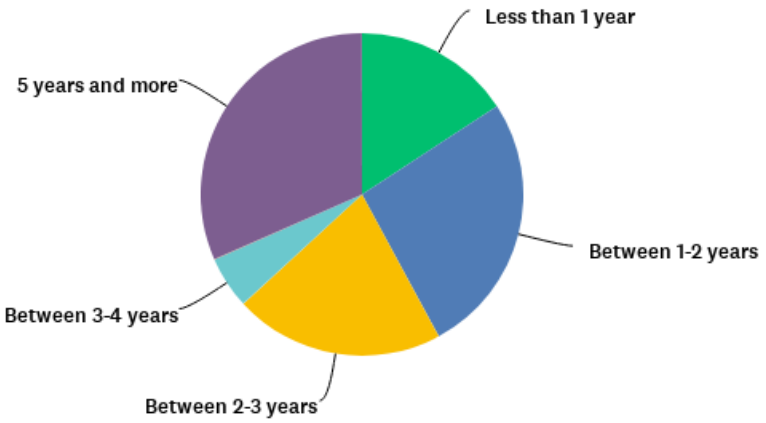
All 43 County-contracted HIV prevention and care providers were invited to participate in the AAM survey between August 18-September 15, 2022. 11 agencies completed the survey. Agencies were asked to provide one response per agency.

Limitations: The Operations Committee discussed and acknowledged the possibility of a low response rate for the Commissioner and provider surveys due to multiple local, statewide, and national surveys in circulation in 2022, including those related to the development of the federally required Integrated Plan. Another limitation of this AAM is the lag time between the program year cycle focus of the survey and the time of when the survey was released—this may have impacted memory recall of events and data presentations delivered to the Commission. Readers should not make broad interpretations with the results of the AAM but rather, use the information as a record of perceptions and responses from those individuals and agencies who completed the survey.

III. Assessment Responses

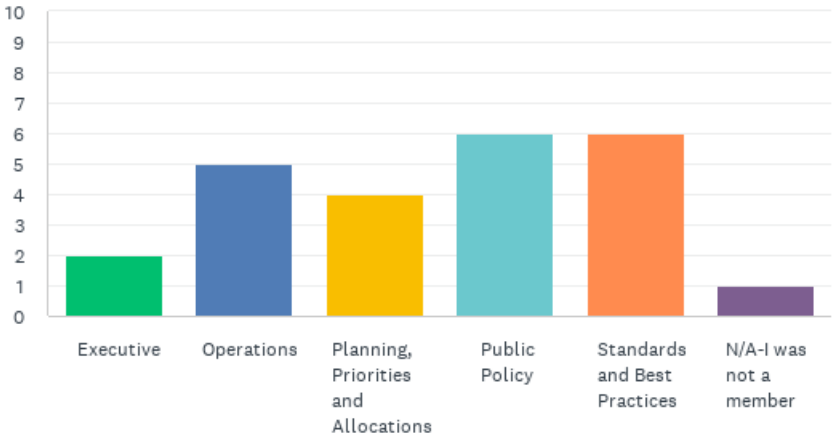
A. Survey of Los Angeles County Commission on HIV Commissioners[1]

Q1. For how long have you served as a Commissioner and/or Alternate on the Los Angeles County Commission on HIV?



Of the 19 individuals who responded to the survey, 3 indicated they have been a member of the Commission for less than a year; 5 between 1 to 2 years; 4 between 2 to 3 years; 1 between 3 to 4 years; and 6 for 5 years or more.

Q2. During the Ryan White Program Year 31 (March 1, 2020-February 28, 2021) priority setting and resource allocations process, which committee(s) were you a member of?

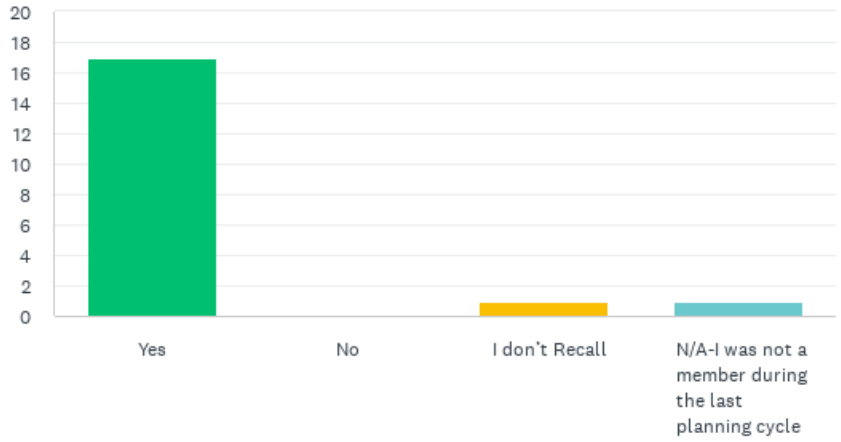


During the PY 31 priority setting and resource allocation (PSRA) process, 2 individuals indicated that they

[1] N=19

were assigned to the Executive Committee; 5 were members of Operations; 4 were members of the Planning, Priorities and Allocations; 6 were assigned to Public Policy; 6 were assigned to Standards and Best Practices; and 1 noted that they did not have a committee assignment at the time of the survey - this individual may have just been recently onboarded to the Commission and was awaiting confirmation of their committee assignment at the time that the survey was conducted.

Q3. During the Ryan White Program Year 31 (March 1, 2020-February 28, 2021) priority setting and resource allocations cycle, did the Commission on HIV review/study an appropriate amount and type of data on an ongoing basis to determine community needs?

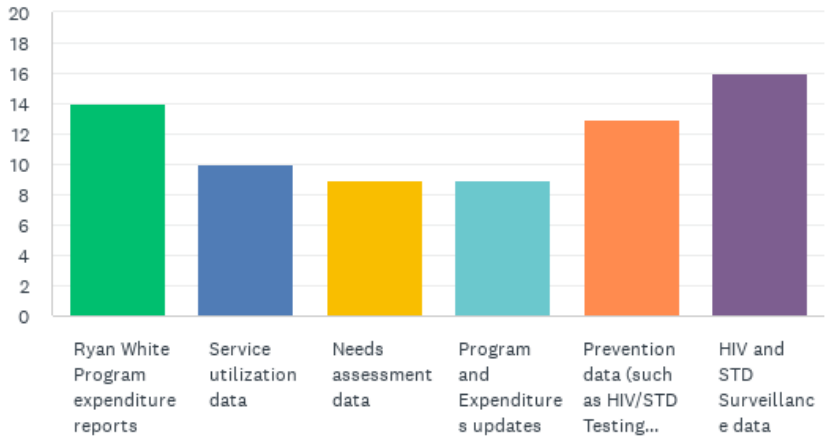


During the PY 31 PSRA planning cycle, 17 individuals who responded to the survey agreed that the Commission reviewed an appropriate amount and type of data on an ongoing basis to determine community needs; 1 indicated "I do not recall", and 1 responded that they were not a part of the planning cycle.

<u>Comments:</u>

- I think a greater amount of data/service resource and funding direct from the independent CA Health Jurisdictions in LA County.

Q4. During the Ryan White Program Year 31 (March 1, 2020-February 28, 2021) priority setting and resource allocations cycle, do you recall any of the following DHSP reports being provided as a part of the priority setting and resource allocations process?

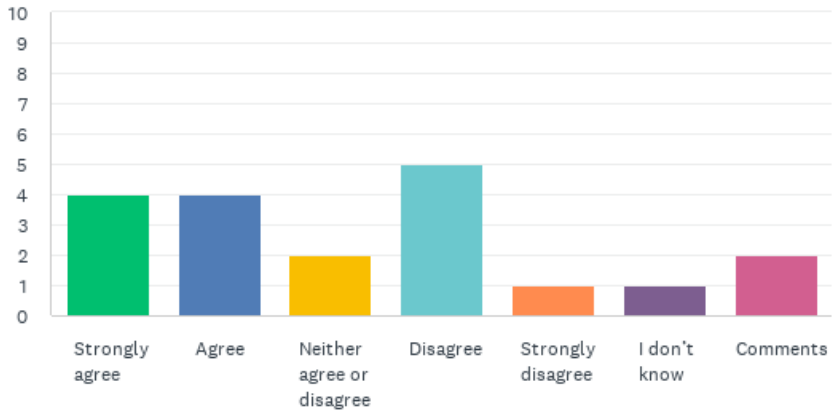


The data types most remembered by survey participants in ranked order were 1) HIV and STD surveillance (84.21%); 2) Ryan White Program expenditures report (73.68%); 3) prevention data (68.42%); 4) service utilization (52.63%); 5) needs assessment and program/expenditures updates (both at 47.37%). Prevention data included HIV/STD testing services; National HIV Behavioral Surveillance; LAC Apps-based survey; contracted biomedical services; contracted HIV education and risk reduction services; contracted vulnerable populations services).

Comments:

- Not sure on the one item. It may well have been done, I just don't remember.
- We could use more INTERSECTIONAL data on HIV HOUSING, HIV mental health, HIV SUBSTANCE USE INCLUDING HARM REDUCTION, especially related to methanol hatsmine (sp) use, AND a significant update on LGBTQI stigma/discrimination, and data that better shows the increasing needs of Seniors infected with HIV.
- I don't remember the specific reports. We were still receiving LACHAS reports and gearing up for the EHE. I don't remember a lack of data.
- Seen reports but not sure on time frame; also not sure how No 1 and 4 differ.

Q5. Please indicate the degree to which you agree with the following statement: There is adequate consumer participation and input in the planning, priority setting, and resource allocations process.

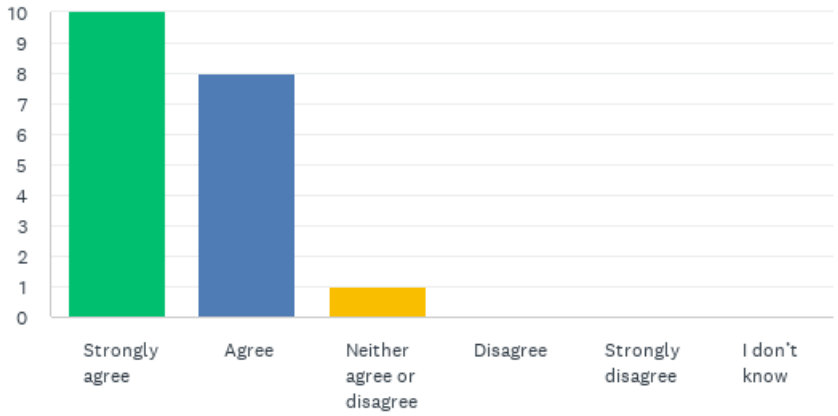


Regarding adequate consumer participation in the PSRA and planning process, 4 individuals "strongly agreed"; 4 "agreed"; 3 "neither agreed or disagreed"; 5 "disagreed"; 1 "strongly disagreed"; 1 replied "I don't know"; and 2 provided comments (listed below).

<u>Comments:</u>

- "Adequate" however is insufficient, and consumers need much more support to participate especially elderly and long-term survivors, and people of color – especially Native American Representatives
- Agree, but we could do more with consumer involvement.

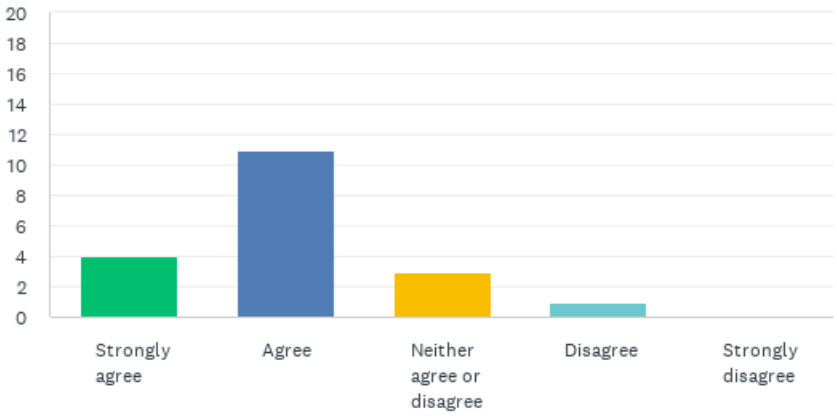
Q6. Please indicate the degree to which you agree with the following statement: During the last planning cycle, I was adequately notified of planning, priority setting, and resource allocations activities and meetings.



When asked to rate their agreement/disagreement with the statement, "during the last planning cycle, I was adequately notified of planning, PSRSA activities and meetings", 10 individuals "strongly agreed"; 8 "agreed"; and 1 neither agreed or disagreed."

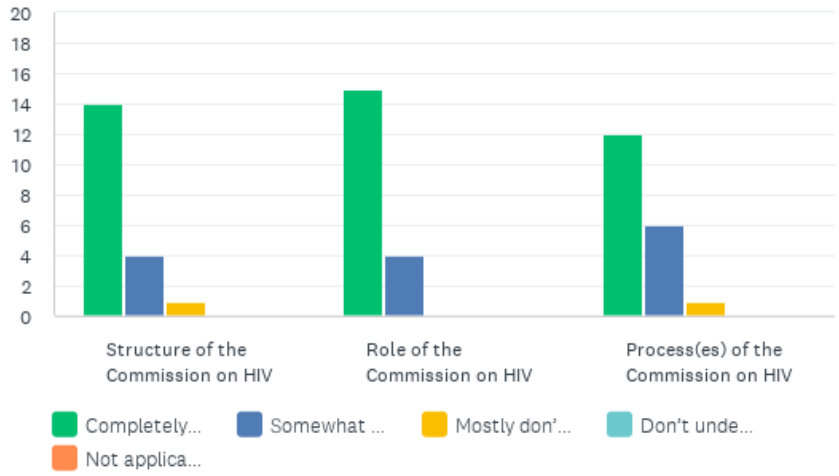
Comments: none

Q7. Please indicate the degree to which you agree with the following statement: In terms of structure and process, the Commission on HIV is effective as a planning body.



When asked to rate their agreement/disagreement with the statement, “in terms of structure and process, the Commission on HIV is effective as a planning body”, 4 individuals “strongly agreed”; 11 “agreed”; 3 “neither agreed or disagreed”; and 1 “disagreed”.

Q8. Please indicate the degree to which you understand the following:



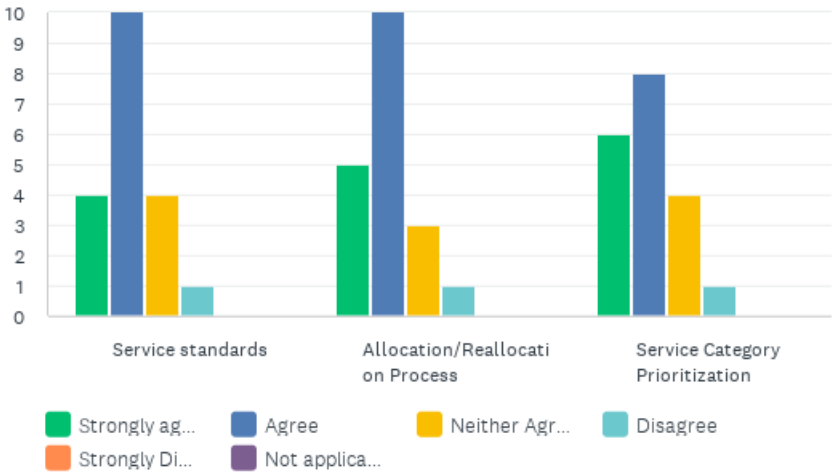
Regarding the Commissioners understanding of the structure, role and processes of the Commission, survey participants responded in the following manner:

- Structure of the Commission – 14 answered "completely understand"; 4 "somewhat understand"; and 1 "mostly don't understand"
- Role of the Commission – 15 answered completely understand" and 4 "somewhat understand";
- Process(es) of the Commission – 12 answered completely understand"; 6 "somewhat understand"; 1 "mostly don't understand"

Comments:

- We participate in creating plans. We don't lack for plans. Success in the metrics we use is incremental. We can't keep doing the same things and expect different results.
- The COH has done an excellent job helping me learn and understand my role as a commissioner.

Q9. Please indicate the degree to which you agree with the following statement: The Commission on HIV has prepared me to make decisions related to:



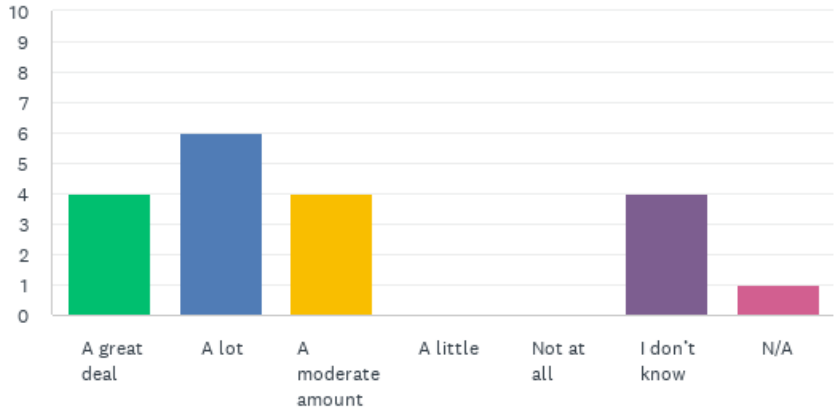
When asked to rate the degree to which the Commission has prepared members to make decisions related to service standards, PSRA and service category prioritization, survey participants responded in the following manner:

- Service standards – 4 "strongly agreed"; 10 "agreed"; 4 "neither agreed nor disagreed"; and 1 "disagreed"
- PSRA process – 5 "strongly agreed"; 10 "agreed"; 3 neither agreed nor disagreed"; and 1 "disagreed"
- Service category prioritization – 6 "strongly agreed"; 8 "agreed"; 4 neither agreed nor disagreed"; and 1 "disagreed"

Comments:

- As part of the Commission, I believe there is always room for improvement and increased knowledge.
- We have the knowledge and experience around the table. We need more direct consumer feedback and involvement.

Q10. Please indicate the degree to which you believe the priorities and allocations established by the Commission on HIV in Ryan White Program Year 31 (March 1, 2020-February 28, 2021) were followed by DHSP.



When queried to rate the degree to which the priorities and allocations established by the Commission for the Ryan White PY 31 were followed by the DHSP (the grantee), 4 responded "a great deal"; 6 " a lot"; 4 "a moderate amount; 4 "I don't know"; and 1 "N/A".

Comments: none

Observations and Recommendations

While this study has limitations such as low response rate and the likelihood of poor memory recall due to the lag in time frame from date of the priority setting meetings and the date of the study, the responses from the Commissioners offer insights on opportunities for improvement , training and learning. Key observations and recommendations are listed below:

Key Observations:

- There appears to be recognition and recall of the range of programmatic, fiscal, surveillance, service utilization and care continuum data provided to the Commission and its committees during PY 31. A participant noted that they would like to see more data on the intersection of HIV with morbidities such as mental, substance use, seniors and social conditions such as stigma and discrimination. More data sharing from the independent health jurisdictions (Long Beach and Pasadena) was also noted by a respondent.

- There is a need for a more robust, direct, and highly visible participation and engagement of consumers in the Commission's priority setting, resource allocation process and decision-making.

- Eighteen of the 19 respondents strongly agreed/agreed that they were "adequately notified of PSRA meetings and activities during the PY 31 planning cycle. The response may be due to the Commission's open meetings which allows for broad community participation. In addition, data presentations are disseminated in advance to the PP&A Committee and materials are posted on

the Commission's website.

- In terms of structure and process, 15 respondents indicated that they strongly agreed/agreed that the Commission is effective as a planning body; while 3 responded neither agreed or disagreed and 1 disagreed. The continues cycle of planning may also be factor in the desire to execute different approaches to community planning.

Key Recommendations:

- Facilitate a more structured collaboration process for the Operations Committee and Consumer Caucus to develop customized a training and coaching plan for consumers on how decisions are made on the Commission and make data presentations more accessible to consumers.

- In order to better prepare Commissioners with planning and decision making, the Commission should continue efforts around ongoing education and training on COH structure, role and processes. In addition, the Commission should consider periodic assessment/review of its structure, processes (such as service standards development, allocations/reallocations, and service category prioritization) and define desired outcomes and examples of what an "effective planning body" constitutes.

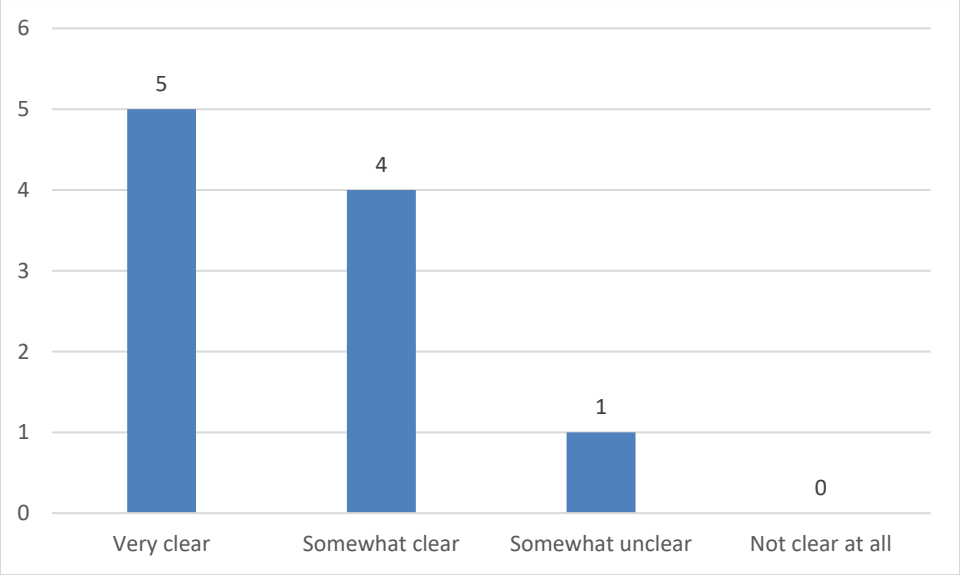
- Collaborate with the Consumer Caucus to identify strategies aimed at increasing ongoing participation of consumers in PP&A discussions, especially among consumers who identify as people of color, elderly, long-term survivors, Native Americans, and other communities disproportionately affected by HIV.

B. Assessment with Contracted Providers Responses[2]

Q1. Please describe the level of guidance you get from DHSP with respect to invoicing, budget development and budget modifications.

1. The process involves a lot of back and forth and detail that is unusual, and the spreadsheets are cumbersome.
2. Ongoing oversight on all dimensions. Usually high level of guidance provided, medium level during the COVID Era.
3. We receive sufficient guidance regarding invoicing, budget development and budget modification.
4. We've received very good, clear guidance from DHSP on budget development and modifications. They are highly responsive regarding invoicing, so there has been some lack clarify around invoicing for PFP portion of contract.
5. Our DHSP Program Managers and Finance Managers have always been accessible and more than willing to assist our program when needed.
6. Our DHSP team is most prompt and helpful when needed.
7. My project officer has been very helpful with all bud mods and invoicing
8. DHSP program managers are always available to assist and provide guidance.
9. DHSP gives adequate guidance in this area when needed.
10. Minimal
11. Guidance is generally provided when something needs to be revised. Over the years the budget process has become more tedious compared with funds that come directly from a federal source (HRSA, CDC, SAMSHA).

Q2. With respect to the process of program monitoring, how clear are you on the expectations prior to the site visit and monitoring?



Comments:

1. No information regarding audit has been provided yet.
2. Usually preparation materials are sent in advance.
3. There could have been clearer outlining of expectations prior to the site visit. Additionally, the site visit did not occur until the beginning of year 3, which was problematic.
4. Program managers convey expectations clearly prior to monitoring.
5. It seems that things are always changing. One year you get a great audit score and the next its terrible.
6. Seems like each year the expectations change. Moreover, not clear why a program that is in compliance needs to be reviewed every year. Moreover, there is a constant change in Program Managers. This creates a disconnect with understanding how a program operates. Program Managers need to go out into the field and witness programs in action.

Q3. Does DHSP regularly provide feedback on your performance? If so, is the feedback helpful? What is helpful about the feedback?

1. Feedback is always helpful. The more specific it is, the better.
2. Yes, DHSP provides feedback on performance that is helpful.
3. There is not regular feedback on the performance.
4. Our DHSP Managers regularly provide feedback on our performance. The feedback has always been helpful to improve our program policies and procedures.
5. We get regular communication from our program monitor. Updates and questions from finance are asked as needed.
6. Yes. The quarterly report is very helpful
7. Yes, DHSP provides helpful feedback to improve in areas of less strength. Also, if there is any programmatic issue, the feedback allows us to get back on track to achieve contractual goals.
8. DHSP provides feedback and about performance, goals etc.
9. No, and I think it would be nice to have a working relationship with all the program managers.
10. Feedback is generally provided in written form following a program review or if a grievance was submitted to DHSP.

Q4. Do you get feedback or technical assistance from DHSP on barriers and challenges reported on progress reports? If so, is that feedback or TA helpful? Please elaborate.

1. Yes, DHSP has been providing feedback and assisting us when we have questions. In particular, DHSP invited us to an MCC meeting where most providers were present so we could discuss our services and the referral process.
2. Needs to be on an ongoing basis. During the COVID period staff were redeployed to address the COVID Pandemic.
3. I don't recall a specific incident. However, I do believe they have been supportive regarding barriers and challenges.
4. No feedback is given on any challenges or anything specific that's reported in the monthly reports.

5. Feedback from our monthly progress reports is usually discussed during our annual program reviews. DHSP Program Managers often give examples of what other community facility programs with similar barriers and challenges are experiencing and how they are improving.
6. Our program monitor is most supportive and helpful.
7. None
8. Yes, we get feedback. DHSP always offers TA when needed, especially after a programmatic review, to address any issues identified.
9. Yes, TA is provided when requested. It has proven to be helpful taking a deeper dive into the contract expectations and clarify areas where we may have questions.
10. no- no feedback or suggestions.
11. Despite repeated requests for TA, no. One particular program continues to be challenged with reporting on one of the domains, and although we have requested TA, there has been no follow up.

Q5. With respect to the development of your DHSP contract, how would you describe the level of technical assistance and support provided by your assigned program manager and fiscal representative? (Please reference which RFP or service category you are referring to).

1. As it pertains to the fiscal portion, the process involves a lot of back and forth and detail that is unusual, and the spreadsheets are cumbersome. In addition, we had a lot of back and forth with the prior program manager. The service category is HIV Legal Services.
2. Education and Prevention-High TCM-Medium
3. Both assigned program manager and fiscal representative have been helpful. RCFCI service category.
4. N/A Were not involved in the development of the contract
5. XXXX* currently has three DHSP contracts: Medical Care Coordination Services, Ambulatory Outpatient Medical Services and Transportation Services. The transportation services contract is fairly new and was implemented during the pandemic. Unfortunately, we experienced a lack of guidance and/or communication with DHSP when trying to set up individual contracts with Metro. At the time, we didn't know who our assigned Transportation Program Manager was and could not get any response from calls and emails. We later found out that several managers had been temporarily reassigned to work on COVID-19 projects and/or were working from home. We currently have an amazing, supportive Transportation Program Manager!
6. We have an HE/RR contract and have had that contract for many years. The level of technical assistance is beneficial when needed - especially around audits.
7. I appreciate the offer of TA
8. At the beginning of 2022, we submitted our proposal for the HIV Biomedical PrEP Prevention RFP. During the application process, DHSP provided TA through webinars, provided an email address to submit any questions related to the RFP, and then posted the answers. Those tools allowed us to have a better understanding of submitting our proposal.
9. Technical assistance has been provided surrounding Benefits Specialty Services and has been helpful for frontline staff in delivering services, as well as managing the contract.
10. XXXX*- non existent but ok during audit XXXX*- minimal PH003772- great XXXX*- current is great, past was non existent XXX*- great

11. Most contracts have been in place for a number of years. Program Managers adhere to a strict definition of the contract language, but no very little how a program actually operates.

    **XXXX = used to replace contract numbers to maintain anonymity.*

Q6. Do the RFPs provide clear instructions, directions, and/or guidance? If yes, how so? If no, in what ways are they unclear? What was your role in developing the application in response to the RFP? Please elaborate.

1. We did not reply to an RFP. We were asked to assume the delegation of duties from a current contract.
2. Multiple year funding, directions have been similar over the years. Was the lead on the application, and worked with staff on all stages of the submissions.
3. I do not recall. I was part of an in-house team that responded to the last RFP.
4. Did not develop the application. Were not employed with the organization at that time.
5. To my knowledge, the RFP instructions, directions and/or guidance seem to be clear. As the Program Manager, my role includes reporting, client numbers, etc.
6. N/A We have maintained the HE/RR contract for many years.
7. The administrative guidance and task are extremely cumbersome and take way too much time from our time
8. The RFP provided clear instructions regarding the staff required to implement and roll out the program and priority populations. However, it did not explain how the goals would be calculated. It was the program manager who explained that goals are calculated based on the assigned FTEs.
9. Yes, RFPs provide clear instructions. I have provided support in developing RFP application responses.
10. The RFPs are clear. The auditing is not consistent especially in BSS and MH. I was the main contact for the response.
11. As noted above, many contracts have been in place for many years. In my capacity at our organization, I wrote most of the applications. I have found the RFP's to be generally very clear.

Q7. Do you feel the county's process of awarding contracts for services is fair? Please explain.

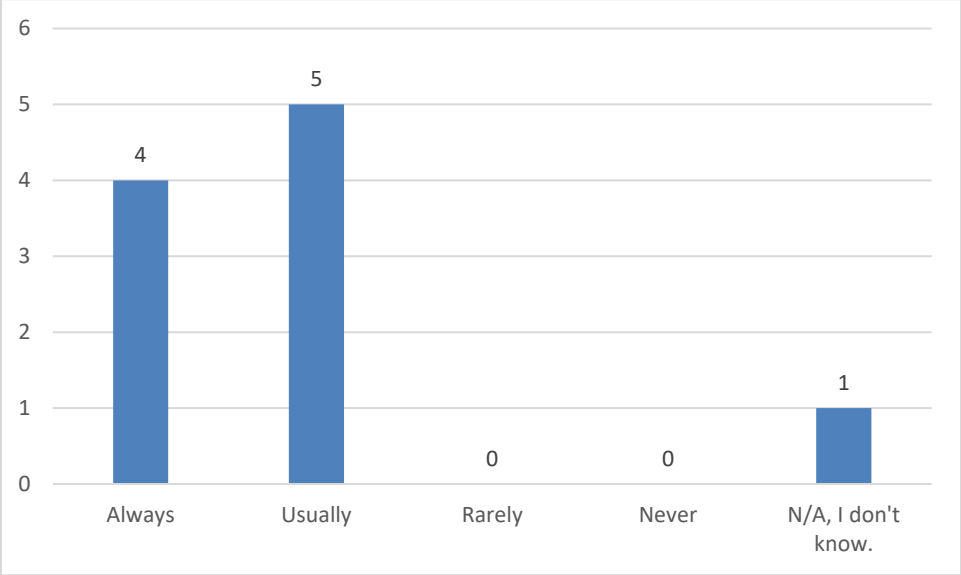
1. Yes. It is transparent and provides due consideration of experience with the clients and area of service.
2. Yes. I believe there is an outside, independent County review panel.
3. Yes. In my experience for RCFCI services the RFP appeared fair.
4. Don't have sufficient information to answer this question.
5. I feel the process is fair. Contracts and funding are usually awarded to those areas and SPAs that need it.
6. Understanding what difficulty it must be to streamline processes and use pre-authorized agencies, it seems fair.
7. Yes. DHSP, in this last cycle has been fair.
8. I understand there is a review committee that evaluates each proposal. However, I am unaware

of how the review panel is chosen and how someone becomes part of it. I consider it should be more transparent to ensure there are no biases.
9. Yes, to my knowledge our agency has experienced fairness in awarding of contracts.
10. Yes
11. Yes; however, there continues to be some agencies funded that have a history of under-performing.

Q8. What are the most effective practices implemented by your agency to ensure that Ryan White program funds are spent efficiently? Please elaborate.

1. The team is established and is ready to receive referrals on trains, partners and the community.
2. Regular supervision meetings. Our award amount has remained basically the same for the past 14 years without a cost of living increase.
3. Ensuring that we have a full house and are able to bill for all available beds.
4. Internal controls on grant money spent provide a framework to ensure efficient use of program funds. These include internal approval processes, monthly financial reporting and accounts payable controls.
5. In-house audits.
6. The HE/RR contract is very specific. The guidelines are clear and reporting for both programming and financials are direct and easy to complete.
7. Targeting the right populations
8. Our agency has compliance tools that are reviewed quarterly to ensure all practices are followed, and funds are spent according to the contractual guidelines. Additionally, we submit our invoices and request feedback from the program manager or fiscal representative. If a discrepancy is identified, our accounting and program administrator correct the issue.
9. Continuous Quality Improvement efforts, through program monitoring, communication with DHSP, agency administration, management (finance, director etc) and frontline staff.
10. We have a dedicated fiscal manager. Programmatically we conduct internal audits.
11. Having finance and program administration staff who understand the contract, allowed expenses, and who work as a team to monitor expenses and respond in a timely manner with submitting budget mods.

Q9. DHSP issues payments within 30 days following submission of complete, accurate invoices, and submitted in a timely manner as stipulated by the DHSP contract.



Comments:

1. Payments are generally received in 45-60 days.
2. Much better than in the past.
3. However, it takes forever to receive an executed contract; often well-beyond the 90-days an agency is expected to "float" a program.

Q10. Are there other comments or feedback you would like to share about the County's procurement, contracting, and invoicing process? Please provide specific examples and suggestions for improvement.

1. No/None
2. Honor the agencies' individual Negotiated Indirect Cost Agreements (NICRAs). A 10% ceiling is too low.
3. N/A
4. I know that sometimes the payment takes longer than 30 days, regardless of submitting the invoice on time.
5. DHSP staff often inform an agency that they have 24-48 hours to respond to a request; however, it often takes DHSP many months to execute a contract or approve a budget modification. There have been occasions when a budget mod was approved after a contract ended. Agencies should be allowed to submit a final budget mod, with parameters, upon submission of a final invoice. DHSP staff need to go out into the field and gain an understanding of the programs they monitor. Most program staff at funded agencies returned to the office in 2021, yet DHSP staff continued to work at home. The optics of this was/is not great. This further demonstrates the disconnect with what happens in the field.

C. Key Themes

Sufficient to Very Good Guidance on Invoicing, Budget Development and Budget Modifications

With regard to the level of guidance received from DHSP around invoicing, budget development and budget modifications, comments ranged from "sufficient" to "very good" and "clear guidance." Some respondents also appreciated the accessibility and assistance from program and fiscal managers for questions and technical assistance.

Mixed Reactions around Communication of Expectations Prior to Site Visits and Program Monitoring

While some of the responses noted that program managers conveyed expectations clearly prior to site visits, there were also comments that alluded to the need for clearer communication of expectations for program monitoring prior to the site visit and better explanation for changes in expectations from year to year. Some participants commented that frequent changes in program managers "create a disconnect on how a program operates."

Contractors Receive Regular Feedback on Performance and Technical Assistance (TA) on Barriers and Challenges

In general, the majority of the comments, appear to show that DHSP regularly provides feedback on contractor performance and that the feedback is helpful in improving program policies, procedures, and assisting the agencies meet their contractual goals.

Some participants noted that the TA provided by DHSP has been helpful; an example was cited where an agency was able to interact with other providers to identify solutions to challenges and barriers.

A few participants indicated that they have not received TA or feedback on challenges they have reported in progress reports at the time when the survey was conducted.

Inconsistency with the Level of TA and Support Provided by Assigned Program Manager and Fiscal Representative

While many respondents described receiving helpful TA from their program/fiscal managers, some described inconsistencies with regard to guidance and communication. Some agencies with multiple service contracts are assigned different program managers.

Experience with the County's Request for Proposals (RFP) Process

Several participants noted that their contracts have been in place for several years and remarked that the County's RFP instructions appear to be clear, however, directions regarding auditing could be more uninformed across service categories and how service target goals are calculated for contracts could be better explained to agencies.

The County's Process for Awarding Contracts for Services is Fair

Overall, the participants noted that the County's process of awarding contracts is fair and transparent.

Agencies Have Established Internal Practices to Ensure that Ryan White Program (RWP) Funds are Spent Efficiently

Based on comments provided under question #8, it appears that contracted agencies have developed organizational and administrative practices to ensure that RWP funds are utilized efficiently. These practices include internal audits and compliance tools, continuous quality improvement efforts, regular supervision meetings, and targeting the right client populations.

Payments within 30 Days Have Improved

Respondents noted that DHSP issues payments in general, within 30 days, following the submission of complete and accurate invoices; one comment indicated that the payment turnaround time has improved.

Suggestions for Improvement

The survey participants offered the following suggestions for improving the County's procurement, contracting and invoicing process:

- Continue to improve payment turnaround cycles within 30 days.
- Expedite or shorten the length of time it takes to execute a contract or approve a budget modification.
- Ensure uniformity in the information communicated by program and fiscal managers to contracted agencies.
- Ensure timeliness and consistency of technical assistance provided to agencies regarding programmatic and fiscal challenges and questions.

The general comments collected from this AAM reflect the recurring themes from previous AAMs, such as consistency of information received from DHSP, setting clear expectations for audits/site visits; and lengthy RFP process. It is important to note that the lengthy RFP process cited by some survey participants is a County-wide issue. The Los Angeles County Board of Supervisors (BOS) has charged the Quality and Productivity Commission, in consultation with the Small Business Commission, and Citizen's Economy and Efficiency Commission, to seek innovative ways to streamline the County's contracting process, assist businesses, and identify potential cost savings to County operations. As a short-term response, the County's *Doing Business* site was revamped to make it more community friendly and the County hosts quarterly technical assistance events for the public and vendors.

In addition, DHSP has an ongoing collaboration with the Commission on HIV's Black Caucus to address and strengthen the organizational capacity of Black-led and Black-serving agencies so that

they can be better prepared to successfully compete for and maintain HIV prevention and care contracts with DHSP. DHSP has also established a partnership with a third-party administrator, Heluna Health, to issue HIV prevention RFPs. This administrative process may offer additional opportunities to expedite Ryan White CARE RFPs and contracts. Despite the bureaucratic challenges associated with a large municipal government the size of Los Angeles County, DHSP continues to improve various administrative mechanisms to ensure that life-saving services reach people living with HIV in a timely and efficient manner.

[2] n=11 providers

LOS ANGELES COUNTY COMMISSION ON HIV (COH)
ASSESSMENT OF THE ADMINISTRATIVE MECHANISM (AAM)
RYAN WHITE PROGRAM YEARS 24, 25, 26
(FY 2014, 2015 and 2016)

RECOMMENDATIONS MATRIX-DISCUSSION WORKSHEET FOR OPERATIONS COMMITTEE (UPDATED 3.19.19); UPDATES IN RED IN 3RD COLUMN.

In general terms, the AAM shows that the overall administrative mechanism that supports the system of Ryan White Care Act-funded service delivery in Los Angeles County is healthy and works well. A number of recommendations were offered by representatives of each level comprising the administrative mechanism as to possible improvements to the system, but the overarching assessment is that a mature and competent system has been developed. While the overall assessment included recommendations for improvement, the following positive attributes were noted: 1) the Commission on HIV (which is the Ryan White Planning Council) has highly committed staff that provide excellent support to its members, and their deliberations are thoughtful and result in allocations of resources that are responsive to community needs; 2) the administrative entity (DHSP) also is given high marks for competence, dedication and responsiveness to Commission allocations and directives; 3) the provider community has long experience in delivering quality and comprehensive services.

#	Recommendation	Priority Level: High, Medium, Low	Target Deadline/Notes/Comments
Focus Area 1: Commission on HIV Perspectives			
1	Survey of the entire membership. In addition to the Key Informant Interviews (of those most involved in service procurement processes) it is recommended that there be a survey tool to assess the perceptions of efficiency that are held by the entire body.	**High Main deliverable for 2019.**	• COMPLETED. PART OF 2020 AND 2021 AAM. • Combine with item #2. • Expand survey to all Commissioners is not hard, reflects interest in views, and can inform training, e.g., one question was, "Do you recall getting trained on the planning and priority-setting process?" (Operations Committee Meeting 10/25/18 minutes). • 2/21/1 - Start review of questionnaire and solicit DHSP feedback. • 3/29/19 - Finalize updated questionnaire. Review list of survey participants.

			April-May 2019 - Release survey via SurveyMonkey to all COH members, DPH/DHSP staff and providers.
2	Future AAM processes should include tools to elicit perceptions of other components of the "administrative mechanism" as to the efficiency of the COH. While it is helpful to compile the collective perception of some of the most involved members of the COH regarding the body's efficiency, it would be a more robust assessment to include the perceptions of other partners in the administrative mechanism, such as DPH/DHSP staff and Providers.	**Medium Main deliverable for 2019.**	• REVISIT • Combine with item #1. • Pertains to additional broadening of perspectives." (Operations Committee Meeting 10/25/18 minutes). • Main deliverable for 2019. • 2/21/1 - Start review of questionnaire and solicit DHSP feedback. • 3/29/19 - Finalize updated questionnaire. • April-May 2019 - Release survey via SurveyMonkey to all COH members, DPH/DHSP staff and providers. • Questions could help with an evaluation of the COH (AAM Workgroup Meeting 3/7/19).
Focus Area 2: Key Division of HIV and STD Programs (DHSP) and Department of Public Health (DPH) Stakeholder Perspectives			
3	The next assessment of the administrative mechanism (or some other interim administrative review) should include an assessment of the HR and Finance systems of the County and how they are impacting the ability of DHSP and DPH to efficiently employ appropriate processes to support HIV service delivery.	**Medium 2021**	• REVISIT • Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. • May be focus of next AAM. Possible Health Agency changes may impact. (Operations Committee Meeting 10/25/18 minutes). • Assessment of the DPH HR and Finance systems could be the focus of the AAM slated for 2021/2022 (AAM Workgroup Meeting 3/7/19).
4	Encourage the Executive Office or DPH to explore the impact of the consolidation of Contracts and Grants at the DPH level, as compared to the previous placement of Contracts and Grants within DHSP.	**Low**	• REVISIT • Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. • Tied to ongoing organizational changes within DPH and process oriented. (Operations Committee Meeting 10/25/18 minutes).
5	Encourage the relevant components of the County to explore compensation for reviewers as many other governmental levels offer. A companion suggestion was made to assemble	**Low**	• REVISIT • Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and

	a “pool” of qualified reviewers (as HRSA does), and this suggestion should be revisited.		administrative efficiency. • Impact low now. Few new Requests For Proposals (RFPs) due to expansion of services for existing RFPs. (Operations Committee Meeting 10/25/18 minutes).
6	The DPH/DHSP should collaborate with ISD or undertake its own well-promoted community education sessions to educate providers who are not current county contractors about the steps, requirements and competencies necessary to do business with the County so as to potentially become HIV service delivery providers. Special outreach should be made to providers with competency in minority communities and in the HIV “hot spots” identified in the county’s HIV epidemiology reports.	**High 2020**	• REVISIT • Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. DHSP is the appropriate lead. • Supports adding providers with special focus on those serving minority communities and HIV "hot spots." (Operations Committee Meeting 10/25/18 minutes). • DHSP is approaching the solicitations process in a different way to get more providers to apply for RFPs. They are looking at a broader distribution of RFP notices and will start a series of trainings in April 2019 for agencies on how to better respond to RFPs. The trainings will replace bidder’s conferences (AAM Workgroup Meeting 3/7/19).
7	Given the reported variability among individual fiscal and programmatic monitors, DHSP should be encouraged to improve the quantity and frequency of its internal training of its contract monitoring staffs. While most staff members received high marks for their competency, there was sufficient commentary about variability among staff in their interaction with providers to warrant a review by DHSP senior staff.	**High 2020**	• REVISIT • conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. DHSP is the appropriate lead. • Training for DHSP contract monitoring staff on consistent communication and collaboration with providers. (Operations Committee Meeting 10/25/18 minutes). • DHSP is currently looking into doing internal training for DPH Contracts and Grants unit staff to ensure uniformity of messages and information given to contractors. DHSP staff have regular communications and training to ensure uniformity of information given to agencies. Dr. Green’s unit is in the process of revising monthly reporting tools for each service category to get more accurate and specific information from providers. Dr.

			Green will lead the training for DHSP program monitors on how to use the updated monthly reporting tool and how to give better and consistent guidance and information to contractors (AAM Workgroup Meeting 3/7/19).
Focus Area 3: Contracted Agency Perspectives			
8	There is clearly a great deal of variability among providers in terms of their own internal processes that ensure efficient delivery of funded services. A recommendation for COH to consider would be to participate with DHSP to convene a "best practice roundtable where more experienced provider agencies could share information on their systems and processes with less experienced providers. Various incentives could be explored such as compensation for staff time, or prizes for "best new practice," or other incentives that might be funded by COH or private funders.	**Medium 2021**	• REVISIT • Use frontline feedback, but focus on provider executives to effect change. (Operations Committee Meeting 10/25/18 minutes). • Frame the best practices roundtable in a way that is not looking at the procurement process. Traci Bivens-Davis suggested approaching the best practices roundtable by looking at impacts on clients (AAM Workgroup Meeting 3/7/19).
9	It was suggested that there could be improvements to provider efficiency if the current mandated data system were improved or another system implemented. If sufficient IT expertise were available or could be secured, a review of the collective data management system used by DHSP would be useful. Particular dimensions of the functionality of such a system that should be explored would be its use to avoid multiple eligibility processes across providers, and its ability to generate data so that monitoring of contract performance by providers could be partially automated and thereby both agency and DHSP staff would need less time on site.	**High 2020**	• REVISIT • Related to CaseWatch. DHSP is the appropriate lead. • Focus on feasible improvements, e.g., renewing previous ability of providers to access CaseWatch to identify a client's prior provider to minimize paperwork burden on client and ensure coordination (not duplication) of care. (Operations Committee Meeting 10/25/18 minutes). • DHSP is looking at a possible replacement to Casewatch for care related services and a system called IRIS for prevention services. In the past, a provider could see if a patient has been seen in another agency. That feature has been made active again. One issue is that most providers do not go into Casewatch before seeing the patient to check if they are already in the Ryan White care system. Providers are not accessing Casewatch in real time while with the client. DHSP is continuing to look into an eligibility card for clients (AAM Workgroup Meeting 3/7/19).

General Recommendations			
10	It is recommended that a task force be convened (by the Executive Office or whatever level deemed appropriate) to do a comprehensive review of all the steps involved in procuring HIV related services. Given that it is reported by multiple sources that the overall timeline from identifying a need to getting reimbursable services on the street is around 24 months, and that timeline has not changed for over a decade, it is clear that this complicated and sometimes redundant system could be "tested" for efficiencies.	**High 2019 Policy and County-wide issue**	• REVISIT • Related to 2019 Co-Chairs' Priorities to work with the BOS to address the County's long contracting process and cycle. • Discuss with DHSP to develop a time study of procurement steps to test for efficiencies. (Operations Committee Meeting 10/25/18 minutes). • Since the contracting and procurement process is a countywide issue that requires a policy change from the Board of Supervisors, she asked if there are other advocacy work that the Commission should consider. Dr. Green noted he is exploring some possible options within DPH. He recommending working with health deputies first and Commissioners should focus on how the delays in contracting are impacting clients. Explore a fast track process for grant funded programs. Consider giving examples of how the delays in the contracting process impact access to services and clients. DHSP could help provide examples (AAM Workgroup Meeting 3/7/19).
11	It was noted by various informants that ISD (the Internal Services Department) is exploring its procurement processes and looking for improved efficiencies. It was also reported that the Interim Health Officer at DPH has noted that the department is moving on a fiscal and administrative function reorganization that could have an impact on HIV related service contracting. It appears timely to intensively study the procurement process for RWCA funded services as a part of the preparation for this reorganization.	**High 2021**	• REVISIT • Assess, watch, track, and monitor possible impact of single budget code consolidation for DPH • Include in scope of next AAM • Dr. Green noted that there has not been a consolidation of budget functions at DPH so far. Cheryl Barrit recommended that the Operations Committee track the issue for any potential impact on service delivery (AAM Workgroup Meeting 3/7/19).
Procedural Recommendations Regarding Future AAMs			
12	A procedural recommendation (that had been made in previous AAMs) reemerged in the process of conducting the current AAM. There seems to be no readily available database or information on the specific dates of each of the steps in the	**Low 2021**	• REVISIT • Discuss with DHSP to develop a time study of contracting steps with a provider to inform future AAMs.

	contracting process for each provider. It is recommended that the COH encourage the DHSP to track this information and to make it available for assessments in the future. This is one of HRSA's recommended practices, and it would augment future AAMs.		
13	Another procedural component that is very useful to quantitative analysis (and has been done in prior AAMs) is to conduct a survey of providers regarding their assessment of the efficiency of the overall administrative mechanism and in particular the procurement and fiscal/program monitoring procedures. COH should include a survey of all providers as component in the design of future AAM exercises. Incentives could be used to ensure high response rates, and the representativeness of the body of respondents could be analyzed as part of the process, and adjusted if needed.	**Low 2021**	• COMPLETED. ALL CONTRACTED PROVIDERS WERE INVITED TO PARTICIPATE IN THE PY 31 AAM. • Expand survey to all providers to better supplement key informant interviews.

LOS ANGELES COUNTY
COMMISSION ON HIV

2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our website for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

Topic	Date
General Orientation and Commission on HIV Overview *	March 29 3:00 - 4:30 PM
Priority Setting and Resource Allocation Process & Service Standards Development *	April 12 3:00 - 4:30 PM
Tips for Making Effective Written and Oral Public Comments	May 24 3:00 - 4:00 PM
Ryan White Care Act Legislative Overview Membership Structure and Responsibilities *	July 19 3:00 - 4:30 PM
Public Health 101	August 16 3:00 - 4:30 PM
Sexual Health and Wellness	September 20 3:00 - 5:00 PM
Health Literacy and Self-Advocacy	October 18 3:00 - 4:30 PM
Policy Priorities and Legislative Docket Development Process *	November 15 3:00 - 4:30 PM
Co-Chair Roles and Responsibilities	December 6 4:00 - 5:00 PM

Mandatory core trainings for all commissioners.

COUNTY OF LOS ANGELES
Public Health

BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

MEGAN McCLAIRE, M.S.P.H.
Chief Deputy Director

RITA SINGHAL, M.D., M.P.H.
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May 17, 2023

TO: Planning, Priorities and Allocation Committee

FROM: Michael Green, Ph.D., MHSA
Chief of Planning, Development and Research

SUBJECT: RYAN WHITE HIV/AIDS PROGRAM PART A and MAI FISCAL YEAR 2023 RECOMMENDED ALLOCATIONS

The Los Angeles County Department of Public Health (DPH), Division of HIV and STD Programs (DHSP) has drafted fiscal year (FY) 2023 recommended allocations for Ryan White HIV/AIDS Program Part A and MAI for your review and approval. Every year, DHSP and the Commission must submit an allocation table and letter from the Commission to HRSA that reflects any changes from what was submitted with the application. The FY 2023 recommended allocation table references the FY 2023 allocations that were agreed upon by the Commission in 2022, prior to the HRSA Part A non-competitive continuation application submission, as well as the recommended FY 2023 allocations based on programmatic changes discussed since the application submission. Some contextual factors include:

1. In FY 2023 Early Intervention Services (EIS) is recommended to support the Linkage and Re-engagement Program (LRP) and a new partnership with DPH Clinic Services. The partnership with DPH Clinic Services will support HIV testing in DPH clinics for clients receiving STD services to identify positive cases and make recommendations for PrEP for high-risk individuals.
2. In FY 2023 an allocation for Emergency Financial Assistance (EFA) has been recommended. This program was previously supported in FY 2021 using HRSA EHE and moved to Part A in FY 2022. Support for this program under Part A will allow more eligible LAC RWHAP clients to receive financial assistance.
3. Projected FY 2022 Part A expenditures show that expenditures for contracted services in Outpatient Ambulatory Medical Services and Mental Health Services were much lower than the approved FY 2022 allocations. Including EIS and EFA will offset that underspending and assist DHSP in maximizing the FY 2023 Part A award.

Because we recommend including EIS and EFA, the allocation percentages were revised for the remaining service categories under HRSA Part A.

DHSP is requesting your approval on the FY 2023 Recommended Allocation Table. If you have any questions or need additional information, please contact me at mgreen@ph.lacounty.gov or Victor Scott at vscott@ph.lacounty.gov. Thank you.

Los Angeles County Department of Public Health Division of HIV and STD Programs Proposed Revisions to FY 2023 (PY 33) Allocations

DRAFT

	Part A Award	MAI Award	Part A/MAI Totals
Total Award	**$ 42,984,882**	**$ 3,675,690**	**$ 46,660,572**
Admin Ceiling	$ 4,298,488	$ 367,569	**$ 4,666,057**
CQM	$ 859,698	$ -	**$ 859,698**
Direct Services	$ 37,826,696	$ 3,308,121	**$ 41,134,817**

		Allocations Approved by the Commission on HIV		Allocations Proposed by the Division of HIV and STD Programs						
	Service Category	**FY 2023 Approved Part A Allocations (approved 1/13/22)**	**FY 2023 Approved MAI Allocations (approved 1/13/22)**	**FY 2023 Part A Recommendation**	**RecommendedFY 2023 Part A %**	**FY 2023 MAI Recommendation**	**Recom-mended FY 2023 MAI %**	**Total FY 2023 Part A/MAI Recommended $**	**Recom-mended Total FY 2023 Part A/MAI %**	Notes
SERVICES (71.1%)	Outpatient/Ambulatory Medical Services	25.51%	0.00%	$ 7,033,345	18.59%	$ -	0.00%	**$ 7,033,345**	**17.10%**	Reduction in Part A allocation to account for addition of EIS, EFA and Outreach allocations and estimated YR 33 AOM expenditures.
	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	AIDS Pharmaceutical Assistance (local)	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Oral Health	17.60%	0.00%	$ 6,658,822	17.60%	$ -	0.00%	**$ 6,658,822**	**16.19%**	No change.
	Early Intervention Services	0.00%	0.00%	$ 3,160,651	8.36%	$ -	0.00%	**$ 3,160,651**	**7.68%**	Allocation includes Linkage and Reengagement Program and new DPH Clinic Health Services program. Funding will help support a status-neutral approach using Part A funds.
	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Home Health Care	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.

CORE	Home and Community Based Health Services	6.78%	0.00%	$ 2,565,974	6.78%	$ -	0.00%	**$ 2,565,974**	**6.24%**	No change.
	Hospice Services	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Mental Health Services	4.07%	0.00%	$ 1,290,874	3.41%	$ -	0.00%	**$ 1,290,874**	**3.14%**	Reduction in Part A allocation due to estimated YR 33 expenditures. Spanish Mental Health Telehealth and other mental health assesments will be supported using EHE funds.
	Medical Nutritional Therapy	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Medical Case Management (MCC)	28.88%	0.00%	$ 9,162,605	24.22%	$ -	0.00%	**$ 9,162,605**	**22.27%**	Reduction in Part A allocation by to account addition of EIS, Out reach and EFA allocations and estimated YR 33 MCC expenditures.
	Substance Abuse Services Outpatient	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
ES (28.9%)	Case Management (Non-Medical) Benefits Specialty	2.44%	0.00%	$ 923,917	2.44%	$ -	0.00%	**$ 923,917**	**2.25%**	No change.
	Case Management (Non-Medical) TCM - Jails	0.00%	12.61%	$ -	0.00%	$ 417,154	12.61%	**$ 417,154**	**1.01%**	No change.
	Child Care Services	0.95%	0.00%	$ 360,299	0.95%	$ -	0.00%	**$ 360,299**	**0.88%**	No change.
	Emergency Financial Assistance	0.00%	0.00%	$ 1,569,808	4.15%	$ -	0.00%	**$ 1,569,808**	**3.82%**	EFA allocation added. EFA was previously funded under HRSA EHE but now funded with Part A to ensure RWHAP target populations are reached with the program.
	Food Bank/Home-delivered Meals	8.95%	0.00%	$ 3,386,813	8.95%	$ -	0.00%	**$ 3,386,813**	**8.23%**	No change.
	Health Education/Risk Reduction	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Housing Services RCFCI	0.58%	0.00%	$ 220,719	0.58%	$ -	0.00%	**$ 220,719**	**0.54%**	No change.
	Housing Services TRCF	0.38%	0.00%	$ 145,065	0.38%	$ -	0.00%	**$ 145,065**	**0.35%**	No change.

Los Angeles County Department of Public Health Division of HIV and STD Programs Proposed Revisions to FY 2023 (PY 33) Allocations

SUPPORT SERVIC	Housing Services /Rental Subsidies with CM	0.00%	87.39%	$ -	0.00%	$ 2,890,967	87.39%	**$ 2,890,967**	**7.03%**	Permanent Supportive Housing/Rental Subsidies costs beyond allocation to be supported using MAI carryover or other funding sources.
	Legal Services	1.00%	0.00%	$ 379,213	1.00%	$ -	0.00%	**$ 379,213**	**0.92%**	No change.
	Linguistic Services	0.65%	0.00%	$ 246,819	0.65%	$ -	0.00%	**$ 246,819**	**0.60%**	No change.
	Medical Transportation	2.17%	0.00%	$ 721,771	1.91%	$ -	0.00%	**$ 721,771**	**1.75%**	Part A allocation reduced due to estimated YR 33 expenditures
	Outreach Services	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Psychosocial Support Services	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	New Buddy Program is supported using EHE funds.
	Referral	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Rehabilitation	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Respite Care	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Substance Abuse Residential	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Treatment Adherence Counseling	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Overall Total			**$ 37,826,696**		**$ 3,308,121**		**$ 41,134,817**		
	Admin			**$ 4,298,488**		**$ 367,569**		**$ 4,666,057**		
	CQM			**$ 859,698**		**$ -**		**$ 859,698**		
				$ 42,984,882		**$ 3,675,690**		**$ 46,660,572**		

LOS ANGELES COUNTY COMMISSION ON HIV

2023-2024 Legislative Docket | Approval Date: Approved by PPC on 4/5/23 and 5/1/23.

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

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
ACA 5 (Low)	Marriage Equality	ACA= Assembly Constitutional Amendment This measure would express the intent of the Legislature to amend the Constitution of the State relating to marriage equality. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5	Support	15-FEB-23 May be heard in committee March 17.
ACA 8 (Wilson)	Slavery	This measure would instead prohibit slavery in any form, including forced labor compelled by the use or threat of physical or legal coercion. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA8 *Follow-up questions regarding the phrasing of the ACA: The ACA removed "Involuntary servitude is prohibited except to punish a crime" from phrasing and added "Slavery in any form."*	Support with follow-up questions	25-APR-23 Be adopted and re-refer to Com. on APPR.
AB 4 (Arambula)	Covered California: Expansion	This bill required Covered California to apply for a federal waiver to allow Covered California to offer coverage under a qualified health plan (QHP) for an individual who, due to their immigration status, is not currently eligible. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4 *Follow-up questions regarding the phrasing of the AB: Starting January 2024, undocumented Californians 26-49 years of age will be eligible for full scope Medi-Cal coverage; however, undocumented Californians who earn too much money to qualify for Medi-Cal are excluded form being able to purchase coverage through Covered California since the federal Affordable Care Act (ACA) did not extend eligibility to undocumented individuals. The Centers for Medicare and Medicaid Services (CMS) would need to approve a 1332 waiver which would allow Covered California to offer coverage to undocumented immigrants.*	Support with follow-up questions	*26-APR-23* *In committee: Set, first hearing. Referred to suspense file.*

DRAFT

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 5 (Zbur)	The Safe and Supportive Schools Program	This bill requires the California Department of Education (CDE), by July 1, 2025, to finalize the development of an online training delivery platform and online training curriculum CDS had already started developing to support lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) cultural competency training for teachers and other certificated employees. The bill specifies CDE may use funding it received as part of the Budget Act of 2021 to fulfill these requirements. The bill also requires local education agencies (LEAs) to provide and require a LGBTQ+ cultural competency training for certificated staff. This bill requires, commencing with the 2025-26 school year, and continuing through the 2029-30 school year, a local education agency to provide and require at least one hour of training annually to all teachers and other certificated employees serving pupils in grades seven to 12. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB5&search_keywords=transgender	Support	18-APR-23 Re-referred to Com. on ED.
AB 223 (Ward)	Change of gender and sex identifier	This bill enhances protections for minors seeking changes of name or gender by making the proceedings presumptively confidential. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB223&search_keywords=transgender	Support	*03-MAY-23* *Referred to Com. on JUD.*
AB 254 (Bauer-Kahan)	Confidentiality of Medical Information Act: reproductive or sexual health application information	This bill would revise the Confidentiality of Medical Information (CMIA) to include reproductive or sexual health application information into the definition of medical information. Defines reproductive or sexual health application information to mean information about a consumer's reproductive health, menstrual cycle, fertility, pregnancy, miscarriage, pregnancy termination, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital services, including, but not limited to, information from which one can infer someone's pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identify. Defines reproductive or sexual health digital health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumers. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB254&search_keywords=sexual+health	Support	*11-MAY-23* *Read second time. Ordered to third reading.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 352 (Bauer-Kahan)	Health Information	This bill limits the sharing of information related to sensitive services in electronic health records without specific authorization from the patient. This bill also requires a specified stakeholder advisory group to include providers of sensitive services and to identify policies and procedures to prevent electronic health information related to sensitive services form automatically being shared with individuals and entities in another state. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB352&search_keywords=sexual+health *Follow-up questions regarding phrasing of AB: "Sensitive services" means all health care services related to mental or behavioral health, sexual and reproductive health, substance use disorder, gender affirming care, and intimate partner violence.*	Support with follow-up questions	*10-MAY-23* *In Committee (APPR): Set, first hearing. Referred to suspense file.*
AB 367 (Maienschein)	Controlled Substances: Enhancements	This bill, until January 1, 2029, applies the "great bodily injury" enhancement to any person who sells, furnishes, administers, or gives away fentanyl or an analog of fentanyl when the person to whom the fentanyl was sold, furnished, administered, or given suffers a significant or substantial physical injury from using the substance. https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB367 *"Watch" position selected due to follow-up questions regarding the AB: The bill applies a 3-year sentence enhancement. Provides that the enhancement does not apply to juvenile offenders.*	Watch	*27-MAR-23* *In committee: Set, final hearing. Failed passaged. Reconsideration granted.*
AB 470 (Valencia)	Continuing medical education: physicians and surgeons	This bill updates continuing medical education (CME) standards to further promote cultural and linguistic competency and enhance the quality of physician-patient communication. Requires the updated standards for cultural and linguistic competency priorities languages in proportion to primary languages spoken by at least 10% of the state population, meet the needs of California's changing demographics, and address language disparities as they emerge. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470	Support	*10-MAY-23* *In Senate: Referred to Com. on B., P. & E. D.*
AB 598 (Wicks)	Sexual health education and human immunodeficiency virus (HIV) prevention education: school climate and safety: California Health Kids Survey	This bill would revise the information included in this instruction related to local resources and abortion, as specified, and would require that pupils received a physical or digital resource detailing local resources upon completion of the applicable instruction. This bill would require the State Department of Education to ensure the California Health Kids Survey includes questions about sexual and reproductive care as a core survey module for pupils in grades 7,9 and 11. The bill would require each school district serving pupils in any grades 5,7,9 or 11 to administer the California Health Kids Survey to pupils in the applicable grades, as provided. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB598&search_keywords=HIV	Support	*03-MAY-23* *In committee (APPR.): Set, first hearing. Referred to suspense file.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 719 (Boerner Horvath)	Medi-Cal benefits	This bill requires the Department of Health Care Services (DHCS) to require Medi-Cal managed care plans to contract with public transit operators for the purpose of establishing reimbursement rates for nonmedical medical transportation (NMT) and nonemergency medical transportation trips (NEMT) provided by a public transit operator. The bill further requires rates reimbursed by the managed care plan to the public transit operator to be based on fee-for-service (FFS) Medi-Cal rates for NMT and NEMT services. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB719&search_keywords=HIV	Support	*03-MAY-23* *In committee (APPR): Set, first hearing. Referred to suspense file.*
AB 760 (Wilson)	California State University and University of California: records: affirmed name and gender identification	This bill would require California State University (CSU) and requests the Regents of the University of California (UC), to implement a process by which students, staff, and faculty can declare an affirmed name, gender, or both name and gender identification to be used in records where legal names are not required by law. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB760&search_keywords=gender *Support with Amendments: Require the bill to apply to the UC system as well. Because of the constitutional autonomy of the UC system, the Donahue Higher Education Act, which governs postsecondary education in the State of California, does not apply to the UC system. As a result, a bill must request the UC Regents to make education code provisions applicable to the UC system.*	Support with Amendments	*17-MAY-23* *In Senate: Referred to Coms. On ED. And JUD.*
AB 793 (Bonta)	Privacy: reverse demands	The bill bans reverse-location searches, which allow law enforcement agencies to obtain cell phone data about unspecified individuals near a certain location, and reverse-keyword searches, which allow law enforcement agencies to obtain data about unspecified individuals who used certain search terms on an internet website. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793	Support with Amendments	*10-MAY-23* *In committee (APPR): Set, first hearing. Referred to suspense file.*
AB 920 (Bryan)	Discrimination: housing status	This bill would also prohibit discrimination based upon housing status, as defined. “Housing status” refers to the status of experiencing homelessness, as defined in paragraph (2) of subdivision (a) of Section 50675.15 of the Health and Safety Code. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB920	Support	26-APR-23 In committee: Set, first hearing. Referred to suspense file.
AB 957 (Wilson)	Family law: gender identity	This bill would require the court to strongly consider that affirming the minor’s identity is in the best interest of the child if a nonconsenting parent objects to a name change to conform to the minor’s gender identity. This bill would require a court, when determining the best interests of a child, to also consider a parent’s affirmation of the childe’s gender identity. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957	Support	*05-MAY-23* *In Senate. Referred to Com. on JUD*.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1022 (Mathis)	Medi-Cal: Program of All-Inclusive Care for the Elderly	This bill, among other things relating to the Program of All-Inclusive Care for the Elderly (PACE) would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization's authority to use video telehealth to conduct all assessments, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1022&search_keywords=HIV	Support	02-MAR-23 Referred to Com. on HEALTH.
AB 1078 (Jackson)	Instructional materials: removing instructional materials and curriculum: diversity	This bill makes changes to the requirements on local school governing boards related to adopting instructional materials for use in schools. The bill also requires California Department of Education (CDE) to issue guidance related to how to help school districts, county offices of education, charter schools, and school personnel manage conversations about race and gender, and how to review instructional materials to ensure they represent diverse perspectives and are culturally relevant. Specifically, this bill revises the list of culturally and racially diverse groups a school governing board must include when adopting instructional materials to include materials that accurately portray the contributions of people of all gender expressions, rather than only men and women; the role and contributions of Latino Americans, rather than only Mexican Americans; the roles of LGBTQ+ Americans, rather than only lesbian, gay, bisexual, and transgender Americans; and other ethnic, cultural, religious, and socioeconomic status groups, rather than only ethnic and cultural groups https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1078&search_keywords=transgender	Support	*17-MAY-23* *In committee (APPR): Set, first hearing. Referred to suspense file.*
AB 1163 (Luz Rivas)	State forms: gender identity	This bill requires, by January 1, 2025, nine specified state agencies to revise their public use forms that collect demographic data be inclusive of individuals who identify as transgender, gender non-conforming, or intersex. Each agency must also collect data pertaining to the specific needs of the transgender, gender nonconforming, and intersex community. Specifically, this bill impacts the following state agencies: (1) Business, Consumer Services, and Housing Agency (BCSH), (2) Department of Aging (CDA), (3) California Health and Human Services Agency (HHS), (4) State Department of Health Care Services (DHCS), (5) Labor and Workforce Development Agency, (6) Department of Housing and Community Development (HCD), (7) State Department of Social Services (DSS), (8) Civil Rights Department, and (9) California Commission on Disability Access. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1163&search_keywords=transgender	Support	*10-MAY-23* *In committee (APPR): Set, first hearing. Referred to suspense file.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1314 (Essayli and Gallagher)	*Gender identity: parental notification*	This bill would, notwithstanding the consent provisions described above, provide that a parent or guardian has the right to be notified in writing within 3 days from the date any teacher, counselor, or employee of the school becomes aware that a pupil is identifying at school as a gender that does not align with the child's sex on their birth certificate, other official records, or sex assigned at birth, using sex-segregated school programs and activities, including athletic teams and competitions, or using facilities that do not align with the child's sex on their birth certificate, other official records, or sex assigned at birth. The bill would state legislative intent related to these provisions. By imposing additional duties on public school officials, the bill would impose a state-mandated local program. *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1314*	Oppose	13-MAR-23 Referred to Com. on ED. (Education)
AB 1431 (Zbur)	Housing: the California Housing Security Act	This bill would, upon appropriation of the Legislature, establish the California Housing Security Program to provide a housing subsidy to eligible persons, as specified, to reduce housing insecurity and help Californians meet their basic housing needs. To create the program, the bill would require the Department of Housing and Community Development to establish a 2-year pilot program in up to 4 counties, as specified. The bill would require the department to issue guidelines to establish the program that include, among other things, the amount of the subsidy that shall be the amount necessary to cover the portion of a person's rent to prevent homelessness but shall not exceed $2,000 per month. Under the bill, the subsidy would not be considered income for purposes of determining eligibility or benefits for any other public assistance program, nor would participation in other benefits exclude a person from eligibility for the subsidy. Under the bill, an undocumented person, as specified, who otherwise qualifies for the subsidy would be eligible for the subsidy. The bill would require the department to submit a report on the program to the Legislature, as described. "Adult with a disability" means an individual or head of household who is 18 years of age or older and is experiencing a condition that limits a major life activity, including, but not limited to, one of the following: (5) A chronic illness, including, but not limited to, HIV. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1431&search_keywords=HIV	Support	*26-APR-23* *In Committee: Set, first hearing. Hearing canceled at the request of author.*
AB 1432 (Carrillo)	Health insurance: policy	This bill subjects an out-of-state group health plan contract, policy, or certificate of group health insurance that is marketed, issued, or delivered to a California resident to specified provisions of the Health and Safety Code and Insurance Code requiring coverage of abortion, abortion-related services, and gender-affirming care, regardless of the origin of the contract, subscriber, or master group policyholder. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1432	Support	*11-MAY-23* *Read second time. Ordered to third reading.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1549 (Wendy Carrillo)	Medi-Cal: federally qualified health centers and rural health clinics	This bill revises the prospective payment system (PPS) per-visit rate calculation to account for staffing and care delivery models for Medi-Cal services provided by Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) (collectively, health centers). This bill also revises the definition of change in scope of service to include visit duration, intensity, and amount of activities provided, among other provisions. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1549&search_keywords=HIV	Support	*17-MAY-23* *In Committee: Set, first hearing. Referred to suspense file.*
AB 1645 (Zbur)	Health care coverage: cost sharing	This bill prohibits a health plan contract or health insurance policy from requiring cost sharing for office visits of specified preventive care services and screenings and for items or services that are integral to the provision of those preventive care services. This bill also prohibits a health plan contract or insurance policy from requiring cost sharing, utilization review, or other specified limits on a recommended sexually transmitted infection (STI) screening, and from imposing a cost-sharing requirement for any items and services integral to an STI screening. The bill requires a health plan or insurer to directly reimburse specified nonparticipating providers or facilities of STI screening a specified amount for the screening tests and related items and services and prohibits the nonparticipating provider from billing or collecting a cost-sharing amount for an STI screening from an enrollee or insured. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1645&search_keywords=sexual+health	Support	*17-MAY-23* *In committee: Set, first hearing. Referred to suspense file.*
SB 36 (Skinner)	Out-of-state criminal charges: prosecution related to abortion, contraception, reproductive care, and gender-affirming care	This bill would prohibit the issuance of warrants for persons who have violated the laws of another state relating to abortion, contraception, reproductive care, and gender-affirming care, that are legally protected in California. The bill would also prohibit apprehending, detaining, or arresting a bail fugitive based on such offenses, and impose criminal and civil liability for doing so. In addition, the bill would restrict the sharing of information by law enforcement related to such protected activity and provide that convictions in other states would not result in ineligibility for state benefits. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB36&search_keywords=gender	Support	*12-MAY-23* *Set for hearing May 18.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 37 (Caballero)	Older Adults and Adults with Disabilities Housing Stability Act	This bill would, upon appropriation of funding by the Legislature, require the Department of Housing and Community Development (HCD) to develop and administer the Older Adults and Adults with Disabilities Housing Stability (OAADHS) Program to award competitive grants to eligible entities. Grant funds would provide housing subsidies to older adults and adults with disabilities whose households are experiencing homelessness or at risk of homelessness, as specified. a) "Adult with a disability" means an individual or head of household who is 18 years of age or older and is experiencing a condition that limits a major life activity, including, but not limited to, the following: a. A "physical disability," as defined in subdivision (m) of Section 12926 of the Government Code. b. A "mental disability," as defined in subdivision (j) of Section 12926 of the Government Code, except it shall also include a substance use condition. c. A "medical condition," as defined in subdivision (i) of Section 12926 of the Government Code. d. A "developmental disability," as defined in subdivision (a) of Section 4512 of the Welfare and Institutions Code. e. A chronic illness, including, but not limited to, HIV. f. A traumatic brain injury. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB37&search_keywords=HIV	Support	*12-MAY-23* *Set for hearing May 18.*
SB 339 (Wiener)	HIV preexposure prophylaxis	This bill requires health plans and insurers to cover HIV preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing. Permits a pharmacist to furnish up to a 90-day course of PrEP, or beyond 90-days if specified conditions are met. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB339&search_keywords=HIV	Support	*12-MAY-23* *Set for hearing May 18.*
SB 372 (Menjivar)	Department of Consumer Affairs: licensee and registrant records: name and gender changes	This bill requires a board within the Department of Consumer Affairs (DCA) to update licensee or registrant records with that individual's updated legal name or gender upon receiving government-issued documentation, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB372&search_keywords=gender	Support	*12-MAY-23* *Set for hearing May 18.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 427 (Portantino)	Health care coverage: antiretroviral drugs, devices, and products	This bill would prohibit health plans and insurers from requiring step therapy or prior authorization, as specified, or imposing any cost-sharing or utilization review requirements, for antiretroviral drugs, devices, or products that are either approved by the federal Food and Drug Administration (FDA) or recommended by the Centers for Disease Control and Prevention (CDC) for the prevention of AIDS/HIV, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB427&search_keywords=HIV	Watch	*12-MAY-23* *Set for hearing May 18.*
SB 524 (Caballero)	Pharmacists: testing and treatment	This bill authorizes a pharmacist to furnish medications to treat various diseases and conditions based on the results of a federal Food and Drug Administration (FDA) test the pharmacist ordered, performed, or reported and adds these additional pharmacy services to the Medi-Cal schedule of benefits, as specified https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB524&search_keywords=HIV	Support	*16-MAY-23* *Set for hearing May 18.*
SB 525 (Durazo)	Minimum wage: health care workers	This bill would enact a $25 minimum wage for health care workers, as specified. Increases to this minimum wage would be indexed annually to the change in the Consumer Price Index https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB525&search_keywords=%22health+care%22 Support with amendments:	Support with Amendments	*12-MAY-23* *Set for hearing May 18.*
SB 541 (Menjivar)	Sexual Health: contraceptives: Immunization	This bill requires schools, on or before the start of the 2024-25 school year, to make internal and external condoms available for free to all students in grades 9 through 12. This bill also requires the existing Family Planning Access Care Treatment (PACT) program to provide coverage for immunization against human papilloma virus (HPV) to persons 18 years of age or younger. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB541&search_keywords=HIV	Support	*12-MAY-23* *Set for hearing May 18.*

FEDERAL BILLS				
BILL	**TITLE**	**DESCRIPTION / COMMENTS**	**RECOMMENDED POSITION**	**STATUS**
H.R. 62 (Jackson Lee)	SHIELD Act	SHIELD = Safeguarding Healthcare Industry Employees from Litigation and Distress This bill established a framework to limit interference with persons seeking to provide or access reproductive health services at the state level. The bill reduces the allocation of funds under certain law enforcement grant programs for a state that has in effect a law authorizing state or local officers or employees to interfere with persons seeking to provide or access reproductive health services. The bill authorizes civil remedies for a violation, including damages and injunctive relief. Additionally, it authorizes criminal penalties for a violation involving the use of deadly or dangerous weapon or the infliction of bodily injury. https://www.congress.gov/bill/118th-congress/house-bill/62/actions?s=8&r=5&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D	SUPPORT	09-Jan-23 Introduced in House. Referred to the Committee on Energy Commerce, and in addition to the Committee on the Judiciary.
H.R. 73 (Biggs)	No Pro-Abortion Task Force Act	This bill prohibits federal funding of the Reproductive Healthcare Access Task Force. The Department of Health and Human Services launched the task force on January 21, 2022, to identify and coordinate departmental activities related to accessing sexual and reproductive health care. https://www.congress.gov/bill/118th-congress/house-bill/73?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=7	OPPOSE	09-JAN-23 Introduced in House. Referred to Committee on Energy and Commerce.
H. Res. 185 (Hayes)	Declaring racism a public health crisis	Resolved, That the House of Representatives— (1) supports the resolutions drafted, introduced, and adopted by cities and localities across the Nation declaring racism a public health crisis; (2) declares racism a public health crisis in the United States; (3) commits to— (A) establishing a nationwide strategy to address health disparities and inequity across all sectors in the United States; (B) dismantling systemic practices and policies that perpetuate racism in the United States; (C) advancing reforms to address years of neglectful and apathetic policies that have led to poor health outcomes for communities of color in the United States; and (D) promoting efforts to address the social determinants of health—especially for Black, Latino, and Native-American people, and other people of color in the United States; and (4) charges the Nation with moving forward with urgency to ensure that the United States stands firmly in honoring its moral purpose of advancing the self-evident	SUPPORT	28-FEB-23 Introduced in House. Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary.

		truths that all people are created equal, that they are endowed with certain unalienable rights, and that among these are life, liberty, and the pursuit of happiness. https://www.congress.gov/bill/118th-congress/house-resolution/185/text?s=1&r=15&q=%7B%22search%22%3A%5B%22%5C%22HIV%5C%22%22%5D%7D		
H.R. 407 (Clyde)	Protect the UNBORN Act	UNOBORN: Undo the Negligent Biden Orders Right Now This bill prohibits federal implementation of and funding for specified executive orders that address access to reproductive care services, including services related to pregnancy or the termination of a pregnancy. https://www.congress.gov/bill/118th-congress/house-bill/407?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=6	OPPOSE	27-JAN-23 Introduced in House. Referred to the Subcommittee on Health.
H.R. 445 (Williams)	HHS Reproductive and Sexual health Ombuds Act of 2023	This bill creates a position within the Department of Health and Human Services to support access to reproductive and sexual health services (including services relating to pregnancy and the termination of a pregnancy) that are evidence-based and medically accurate. Functions of the position include (1) educating the public about medication abortions and other sexual and reproductive health services, (2) collecting and analyzing data about consumer access to and health insurance coverage for those services, and (3) coordinating with the Federal Trade Commission on issues related to consumer protection and data privacy for those services. https://www.congress.gov/bill/118th-congress/house-bill/445?q=%7B%22search%22%3A%22%5C%22sexual+health%5C%22%22%7D	SUPPORT	27-JAN-23 Introduced in House. Referred to the Subcommittee on Health.
H.R. 459 (Eshoo)/ S. 323 (Hirono)	SAFER health Act of 2023	SAFER: Secure Access For Essential Reproductive Health This bill would ensure the privacy of pregnancy termination or loss under the HIPAA privacy regulations and the HITECH Act. https://www.congress.gov/bill/118th-congress/house-bill/459/text?s=8&r=8&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D https://www.congress.gov/bill/118th-congress/senate-bill/323/text?s=8&r=9&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D	SUPPORT	09-FEB-23 Introduced in Senate. Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
H.R. 517 (Mace)	Standing with Moms Act	This bill requires the Department of Health and Human Services (HHS) to disseminate information about pregnancy-related resources. Specifically, HHS must maintain a public website (life.gov) that lists such resources that are available through federal, state, and local governments and private entities.	OPPOSE	25-JAN-23 Introduced in House. Referred to the House Committee on

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
		The bill excludes form life.gov, the portal and the hotline resources provided by entities (1) perform, induce, refer for, or counsel in favor of abortions; or (2) financially support such entities. The bill also requires HHS to report on traffic to life.gov and the portal, gaps in services available to pregnant and postpartum individuals, and related matters. https://www.congress.gov/bill/118th-congress/house-bill/517?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=19		Energy and Commerce.
H.R. 561 (Lee)	EACH Act of 2023	This bill requires federal health care programs to provide coverage for abortion services and requires federal facilities to provide access to those services. The bill also permits qualified health plans to use funds attributable to premium tax credits and reduced cost sharing assistance to pay for abortion services. https://www.congress.gov/bill/118th-congress/house-bill/561?q=%7B%22search%22%3A%5B%22%5C%22transgender%5C%22%22%5D%7D&s=8&r=8	SUPPORT	21-FEB-23 Introduced in House. Referred to the Subcommittee on Indian and Insular Affairs
H.R. 1224 (Trahan)	INFO for Reproductive Care ACT OF 2023	*INFO= Informing New Factors and Options* This bill requires the Department of Health and Human Services to carry out a campaign to educate health care professionals (and health care professions students) about assisting patients to navigate legal issues related to abortions and other reproductive health care services. https://www.congress.gov/bill/118th-congress/house-bill/1224?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=4	SUPPORT	27-FEB-23 Introduced in House. Referred to the House Committee on Energy and Commerce.
S. 701 (Baldwin)	Women's Health Protection Act of 2023	To protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services. https://www.congress.gov/bill/118th-congress/senate-bill/701/text?s=8&r=14&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D	SUPPORT	08-MAR-23 Introduced in Senate. Placed on Senate Legislative Calendar under General Orders.

* The bill was not approved by the Commission on HIV
** Commission on HIV recommended bill for the Legislative docket

Footnotes:
(1) Bills introduced in the first year of the regular session that do not become carry-over bills shall be returned to the Chief Clerk of the Assembly or the Secretary of the Senate.

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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PUBLIC POLICY COMMITTEE (PPC)[1]
2023-2024 POLICY PRIORITIES

HIV has been raging in communities across the world for almost 40 years and with advancements in biomedical interventions, research and vaccines, the time for the HIV cure is now. With a renewed sense of optimism and urgency, the PPC remains steadfast in its commitment to universal health care, eradication of racism in all forms, and unfettered access to trauma informed care and supportive services, including comprehensive harm reduction services, to ensure that all people living with HIV and communities most impacted by HIV and STDs, live full, productive lives.

The COVID-19 global pandemic has demonstrated that with political will, funding, and most important of all, urgency, rapid and safe vaccine development is possible. Nevertheless, like the HIV epidemic, (globally, nationally, and locally), it is our most marginalized communities, including youth, who are disproportionately impacted with higher rates of disease and death. In addition, the COVID-19 global pandemic is severely impacting the delivery of HIV prevention and care services. The PPC is compelled to encourage and support innovative efforts to reduce bureaucracy, increase funding, enhance HIV prevention, and care service. This effort is to address the negative impacts of COVID-19 and restore pre-COVID service levels, preferably exceeding the quantity and quality of HIV and prevention services.

The PPC recommends the Commission on HIV endorse the prioritization of the following issues. PPC will identify support legislation, local policies, procedures, and regulations that address Commission priorities in calendar years 2022 and 2023. (Issues are in no order.)

Systemic and Structural Racism

a. Establish health equity through the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; as well as criminalization.
b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in the Black/African American community. To include the identification of and rooting out of systemic and systematic racism as it affects Black/African American communities.

Racist Criminalization and Mass Incarceration[2]

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

[2] Black/African Americans, while making up only 8% of the LA County population, represent over 30% of the jail population. In the Los Angeles County Alternatives to Incarceration Report, "Los Angeles County operates the largest jail system in the United States, which imprisons more people than any other nation on Earth." As documented in the Los Angeles County HIV/AIDS Strategy for 2020 and Beyond; "Incarceration destabilizes communities, disrupts family relationships, and magnifies the accumulation of health and social disadvantage for

a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).
b. Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration. [3]

Housing[4]

a. Focus b, c, and d below especially in service to LGBTQIA+ populations
b. Improve systems, strategies and proposals that expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS
c. Improve systems, strategies, and proposals that prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
d. Promote Family housing and emergency financial assistance as a strategy to maintain housing.

Mental Health

a. Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
b. By increasing services for those with underlying mental health issues, there will be less reliance on incarceration. Los Angeles County Jail has also become the largest mental health institution in the country.
c. Support the building of community-based mental health services.
d. Support the placement in mental health facilities of the estimated 4,000+ individuals currently incarcerated and in need of mental health services and support closing of Men's Central Jail. (See footnote 3)

Sexual Health

a. Increase access to prevention, care and treatment and bio-medical intervention (such as PrEP and PEP) services. Promote the distribution of services to people at risk for acquiring HIV and people living with HIV/AIDS.
b. Increase comprehensive HIV/STD counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.

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already marginalized populations. Incarceration is associated with harmful effects on viral suppression, lower CD4/T-cell counts, and accelerated disease progression."

[3] Developing a plan for closing men's central jail as Los Angeles county reduces its reliance on incarceration (item #3 July 7, 2020, board meeting)

[4] Homelessness is a risk factor for HIV transmission and acquisition. LGBTQIA+ experience a number of factors which increased the risk of being unhoused, from family discrimination at home to discrimination in employment. Such discrimination contributes to higher rates of poverty; undermines their ability to thrive; and increases the risk of arrest and incarceration.

c. Maximize HIV prevention to reduce and eliminate syphilis and gonorrhea cases; especially among young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color.
d. Advance and enhance routine HIV testing and expanded linkage to care.
e. Maintain and expand funding for access and availability of HIV, STD, and viral hepatitis services.
f. Promote women centered prevention services including domestic violence and family planning services for women living with and at high-risk of acquiring HIV/AIDS.
g. Preserve full funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Abuse

a. Advocate for substance abuse services to PLWHA.
b. Advocate for services and programs associated with methamphetamine use and HIV transmission.
c. Expand alternatives to incarceration/diversion programs to provide a "care first" strategy and move those who need services away from incarceration to substance abuse programs.
d. Expand harm reduction services (including and not limited to syringe exchange, safe administration sites, over-dose prevention strategies) across all of Los Angeles County (LAC).
e. Support trauma informed services for substance users.

Consumers

a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWH/A) and those at risk of acquiring HIV. Focusing on young MSM (YMSM), African American MSM, Latino MSM, transgender persons (especially of color), women of color, and the aging.

Aging

a. Create and expand medical and supportive services for PLWHA ages fifty 50 and over.

Women

a. Create and expand medical and supportive services for women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare, and substance abuse.
b. Advocate for women's bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning.

Transgender

a. Create and expand medical and supportive services for transgender PLWHA.
b. Promote and maintain funding for the Transgender Wellness Fund created by the passage of AB2218.

General Health Care

a. Provide access to and continuity of care for PLWHA focusing on communities at highest risk for the acquisition and transmission of HIV disease.
b. Fund and expand eligibility for Medicaid, Medicare, and HIV/AIDS programs and health insurance coverage for individuals with pre-existing conditions.
c. Increase and enhance compatibility and effectiveness between RWP, Medicaid, Medicare, and other health systems. This includes restructuring funding criteria to **not** disincentives contractors from referring clients to other contractors.
d. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
e. Preserve full funding and accessibility to the AIDS Drug Assistance Program (ADAP), Office of AIDS Health Insurance Premium Payment (OA-HIPP) Assistance, Employer Based Health Insurance Premium Payment (EB-HIPP), and Medigap.
f. Provide trauma informed care and harm reduction strategies in all HIV Disease health care settings

Service Delivery

a. Enhance the accountability of healthcare service deliverables. This would include a coordinated effort between federal, state, and local governments.
b. Incorporate COVID strategies to reduce administrative barriers, increase access to health services and encourage the development of an HIV vaccine mirroring the COVID 19 vaccine process.

Data

a. Use data, without risking personal privacy and health, with the intention of improving health outcomes and eliminating health disparities among PLWHA.
b. Promote distribution of resources in accordance with the HIV burden within Los Angeles County.