



LOS ANGELES COUNTY
COMMISSION ON HIV



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

**PUBLIC POLICY COMMITTEE
MEETING MINUTES**

June 4, 2018



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.

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Terry Goddard, MA, <i>Co-Chair</i>	Aaron Fox, MPM, <i>Co-Chair</i>	Curley Bonds, MD	Cheryl Barrit, MPIA
Kyle Baker	Eric Paul Leue	Bridget Gordon	Carolyn Echols-Watson, MPA
Jerry D. Gates, PhD	Andrew Lopez (<i>Alt.</i>)	Kellen Russoniello, JD, MPH	Jane Nachazel
Lee Kochems, MA	Eduardo Martinez (<i>Alt.</i>)	Peter Soto	Doris Reed
Katja Nelson	Greg Wilson		Julie Tolentino, MPH
Ricky Rosales			Sonja Wright, MS, Lac
Martin Sattah, MD		DHSP STAFF	
		None	

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Public Policy Committee Agenda, 6/4/2018
- 2) **Minutes:** Public Policy Committee Meeting Minutes, 5/7/2018
- 3) **List:** Los Angeles County HIV/AIDS Strategy Policy Recommendations, 6/4/2018
- 4) **Table:** 2018 Greater Los Angeles Homeless Count - Data Summary, Los Angeles County, 2018
- 5) **Table:** Los Angeles County Commission on HIV, 2018-2019 Legislative Docket, Revised 5/31/2018
- 6) **Bill:** Assembly Bill 1971: Mental health services: involuntary detention: gravely disabled, 4/10/2018
- 7) **Update:** Washington, DC Update, 5/25/2018

CALL TO ORDER: Mr. Goddard called the meeting to order at 1:08 pm.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA:

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

2. APPROVAL OF MEETING MINUTES:

MOTION #2: Approve the 5/7/2018 Public Policy Committee Meeting Minutes, as presented (*Passed by Consensus*).

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:** There were no comments.

III. COMMITTEE COMMENT

4. **NON-AGENDIZED OR FOLLOW-UP:** There were no comments.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT:**

a. **Los Angeles County HIV/AIDS Strategy (LACHAS) Policy Recommendations:**

- Ms. Barrit noted the Commission is articulated as the lead in community dialogue, engagement, LACHAS promotion, and increased understanding of the Health District. There are also policy recommendations to support those efforts.
- The list in the packet reflects recommendations to date. She suggested considering a Public Policy Committee External Policy Work Group to address strategy, e.g., to prioritize recommendations and identify who is missing at the table.
- Mr. Baker said it was recently noted that, while some LACHAS items are specifically labeled policy recommendations, others are woven throughout LACHAS. DHSP was considering pulling together a small group to identify all the policy recommendations, but deferred to the natural and more transparent fit provided by the Public Policy Committee.
- He reminded all that LACHAS is designed to be a living document so other recommendations may rise to the surface.
- ➡ Initiate LACHAS Policy Work Group with: Ms. Nelson, Mr. Goddard, Dr. Sattah, Mr. Baker, Maria Orozco, Ms. Granados, Mr. Rosales, Terry Smith, MPA. Staff will schedule the first meeting and add a Work Group Report to the Agenda.

6. **CO-CHAIR REPORT:**

- Mr. Goddard noted discussion at the last meeting regarding the Department of Housing and Urban Development (HUD) raising rent and imposing work requirements for people on Section 8. The US House of Representatives is now proposing a 10% increase to HUD's budget so it appears those policies will not be an issue at the present time.
- Regarding Ryan White Program (RWP) funding, Mr. Baker reported the Funding Opportunity Announcement (FOA) for the annual application was received the prior week - the earliest it has been received. That would suggest no funding issues.
- He added Phil Curtis, APLA Health, had noted opportunities for public comment on RWP issues. Ms. Barrit noted periodically federal agencies release opportunities for members of the public to comment on administrative changes. These are Health Resources and Services Administration (HRSA) administrative requirement public comment opportunities.
- One of the two HIV/AIDS Branch (HAB) items pertains to outcomes reporting for grantees like DHSP and their contractors. The other pertains to the requirement for 6-month recertification which has been identified as a major barrier to care. Los Angeles County (LAC) can, at the least, submit examples of the barrier. LAC can also engage the California Office of AIDS (OA) since LAC delayed OA's implementation of HRSA's requirement as long as possible due to the issues.
- The body reviewed the Homeless Count data. Ms. Nelson reported she was at the PATH release. Presenters indicated numbers have decreased overall by about 2,000 people, but first time homeless people have increased by 16%. Mr. Goddard was interested to know about the impact of homelessness on infection rates. Ms. Nelson noted HIV/AIDS prevalence in those over 18 is just 2% and estimates swing widely, e.g., last year reflected an increase of 60% while this year indicates a decrease of 36%. She did not know whether a self-report card like that used last year was used this year.
- ➡ Staff will schedule a Commission presentation on the Homeless Count from the Los Angeles Homeless Services Authority.

V. DISCUSSION ITEMS

7. **AB 1971 PRESENTATION:**

- Mr. Goddard introduced the presentation on the bill which expands the definition of "gravely disabled" to mean an inability to provide for his or her basic personal needs for food, clothing, shelter, or medical treatment if the lack of, or failure to receive, that treatment may result in substantial physical harm or death for purposes of involuntary holds and detentions. Original language addresses "failure to receive medical treatment resulting in a deteriorating physical condition or death."
- Mr. Russoniello is with the American Civil Liberties Union (ACLU) based in Orange County. He works statewide, especially on matters pertaining to the intersection of criminal justice and mental health.

- The ACLU is part of a coalition of civil rights and mental health advocacy organizations that oppose the bill. Supporters of the bill feel current legislation is interpreted differently statewide and this bill will clarify the statewide definition. The ACLU and others in opposition, however, believe the bill just adds another criterion which will increase confusion.
- At best, the ACLU feels the bill is unnecessary. Courts have already held involuntary treatment can expand to people who are unable to carry out transactions necessary for survival or to provide for basic needs which would include medical needs.
- At worst, the bill could further infringe on people's civil liberties by increasing involuntary mental health evaluations.
- Homelessness and lack of treatment is a major issue statewide. The bill does nothing, however, except to expand the ability to bring in people on 72 holds. It does not increase housing or capacity for mental health treatment which is already wait listed. Medical treatment itself, though ostensibly the cause for the hold, cannot be forced barring a probate court order.
- Dr. Bonds, Chief Deputy Director, Clinical Operations, Department of Mental Health (DMH) thanked the Commission for this opportunity. He represented Jonathan Sherin, MD, PhD. They are both psychiatrists. He left Didi Hirsch Mental Health Services two months ago to join DMH as Chief Deputy Director and was assigned three weeks ago to advocate for AB 1971.
- While speaking for DMH, he also speaks from 23 years experience as a faculty clinical instructor, Department of Psychiatry, University of California - Los Angeles, and two years consultation and evaluation with the inpatient service on the medical side. He is now Chair, Psychiatry at Charles Drew, and oversees the Pacific AIDS Education and Training Center.
- He agreed with Mr. Russoniello that AB 1971 does not define who will receive treatment or pay for it. Current law on "grave disability" addresses inability to provide food, clothing, and shelter, but the Public Guardian's Office has broad discretion, e.g., due to restriction of resources, LAC most often interprets it as able to get food from a garbage can and able to sleep under an overpass. People are routinely discharged unless they are actively planning to harm themselves or another.
- The one option to continue care is a serious medical conditions, e.g., HIV or cancer. That does not help diabetic patients with untreated foot ulcers who will be released and likely die. Those with serious mental illness and cognitively disorganized may not make the best health care decisions. AB 1971 would allow longer engagement with the opportunity for a licensed clinician to diagnose whether a person on a 5150 (72-hour hold) or 5250 (14 day hold) meets criteria for a conservatorship.
- AB 1971 garnered approval from the full Board excepting Shiela Kuehl, the California Assembly supported it 66 to 0, and the California Psychiatric Association, National Alliance for the Mentally Ill, and the Los Angeles County Medical Association are all primary supporters. Some 37 other jurisdictions nationwide already have similar legislation.
- The system is overtaxed, but Mental Health Services Act resources are being used to expand Full Service Partnerships (FSP) to provide wrap-around services in the least restrictive setting with beds reserved for those who will benefit most. Follow-up care may entail Assisted Outpatient Treatment (AOT) or FSP to better engage people over time.
- Dr. Sattah serves many homeless patients moving in and out of drug use and incarceration. He is torn. The bill may help some on the fringe accept care, but others may be antagonized and less likely to accept care. He tries to work through the process with patients who clearly need conservatorship, but he also has patients who cannot routinely and regularly enough engage in and stay in care. He asked if there were concerns they will be swept into conservatorship as well.
- Dr. Bonds replied application for conservatorship is at the discretion of each hospital. LAC or LAC-funded hospitals are more likely to conserve patients than are private hospitals, but it is a clinical judgment with a high bar. AB 1971 does not force treatment, but allows mental health treatment. Safeguards remain, e.g., giving psychotropic medications involuntarily in a hospital requires a Riese hearing though such medications often help a patient recognize the need for other treatment.
- Mr. Baker was aware the Board of Supervisors (BOS) supported AB 1971, but was interested in their reasoning. It is rare for the BOS to take a position on state legislation and even more rare to send staff to advocate for it in Sacramento. Dr. Bonds replied the BOS realizes that there is a crisis. The Coroner found some 800 people last year. This is a tool to address that.
- Ms. Reed asked if there were any efforts to mitigate medication side effects. Dr. Bonds replied different groups respond to medications differently. Newer medications, while sometimes more expensive, have a lower side effect burden and LAC is fortunate to have essentially the same formularies as private insurance. While imperfect, medications are improving.
- Mr. Kochems used to work at the old Center for Behavioral Research and Services, Long Beach, which offered a broad range of services for PLWH and those at risk with a food bank and programs for HIV, prevention, and STI. Patients were mostly multi-addicted gay men whose biggest issue was taking their medication. If the police had to be called, those left who could walk and say they were OK. Those taken in were often more treatment compliant once released. What is the balance?
- Dr. Bonds strongly supports personal liberty, but wants to surround people with resources when they lack mental health capacity. Conservatorship mainly occurs in inpatient settings but, while offering more containment, not everyone requires that, e.g., FSP staff like case workers and peers can help patients navigate the system and attend medical appointments.

- Mr. Russoniello said the ACLU recognizes some people do need the AB 1971 level of intervention, but wants to ensure it is only applied to that population. He clarified it only applies to people with serious mental illness which impairs, e.g., their ability to take medication. It would not apply to substance use. Application to chronic alcoholism was at question.
- This population lives on the fringe and has high rates of chronic physical and mental health conditions, homelessness, and post-incarceration. Discrimination exists on multiple levels and service provider experiences are often negative. Some people who go through this intervention do experience a moment of clarity and get back on track. Others have been treated poorly by systems for a long time. Being forced to engage can push those people further from services.
- He supported a follow-up system when police are called and a person does not meet criteria to be taken into care. Police could refer calls to a mobile outreach team to rebuild trust and connect to needed services. Funding would need to increase for mobile outreach teams, service partnerships, and permanent supportive housing. Communication should also increase to identify current services, and barriers to services should decrease, e.g., many people resist permanent supportive housing due to its restrictions. The ACLU strongly supported a bill sponsored by LAC that would have allowed paramedics, rather than law enforcement, to respond to such calls and transport people to mental health urgent care centers.
- Dr. Bonds noted he was also a Supervising Psychiatrist at the LAC Jail for nearly three years. He did not see law enforcement seek to bring in people on a 5150. It is not their training. Regarding HIV/AIDS, it is no longer readily recognizable so people are not generally targeted. Usually an active element of the person's mental illness calls attention to them, e.g., they say they want to kill themselves, have major depression, or are disrupting traffic. People may choose to leave after 72 hours even though a medical director may see other issues that will kill the person if untreated. This tool could retain them.
- Mr. Russoniello replied more engaging services can draw people in. Mr. Goddard said, as a provider of homeless services for PLWH, issues are being driven by mental illness, not HIV. He was initially opposed to the housing first model as his agency required residents to adhere to medical care. The housing first success rate, however, has been high. If Public Policy supports AB 1971, he recommended the Coordinated Entry System (CES) and Proposition H prioritize these populations.
- Mr. Kochems noted the BOS has made its decision, but has always paid attention to Commission input on key co-factors with HIV of housing, mental health, and substance abuse. The ACLU might help identify implementation concerns should the legislation pass. Mr. Russoniello noted even a good amendment in LAC would still apply to just one of 57 counties.
- The body thanked the speakers for their contributions and discussion continued after they left.
- Mr. Baker felt a number of ACLU positions over the years have been noble in purpose, but somewhat ignorant of on the ground realities. There are no good answers to this issue, but AB 1971 could be a good tool.
- Mr. Kochems heard Senator Bill Dodd speak on other jurisdictions which have successfully implemented similar legislation. For example, a Texas city sent all those held on a 5150 to a single agency for connection to a range of services. Outcomes have been excellent. Senator Dodd felt the bill forces development of more creative solutions, including for PLWH.
- ➡ Dr. Bonds will forward a list of jurisdictions with similar legislation to staff.
- ➡ Mr. Russoniello will review language on whether AB 1971 services can be triggered by chronic alcoholism and report back.
- ➡ Staff will draft a statement to the BOS for review at the next meeting noting AB 1971's potential to be an important tool, but a tool that needs to be monitored closely to achieve the balance between individual rights and a way to engage people in the mental health, addiction, alcoholism, and other services they need. This tool, with appropriate resources, can provide a means of accessing care. The Commission can assist in monitoring AB 1971 if it passes but, in any case, the statement is an opportunity to lift up communication on an important issue long under discussion.

8. STATE LEGISLATION AND BUDGET:

- a. **Legislative Docket:** The Commission approved the Docket on 5/10/2018. There have been no substantial changes.

9. COUNTY LEGISLATION AND POLICY ISSUES:

- Ms. Barrit noted the Washington, DC Update from LAC advocates to the BOS in the packet on proposed changes to the Supplemental Nutrition Assistance Program (SNAP). It provides critical funding in a large county and also provides a bell weather for other entitlement programs.
- The BOS is also paying close attention to development of the census which has lasting impact on LAC resources.
- Susan White, long-time Washington, DC, LAC Health Advocate, is transitioning into retirement. Ms. White's portfolio, unique among advocates, specifically included HIV, and she has been influential in achieving federal successes. Mr. Baker and Mario Pérez, MPH will meet with her replacement, Paul Beddoc, later in the week.
- ➡ Change item title from "County Legislation and Policy Issues" to "County Policy Issues."

- a. **Housing Policy Advocacy:** The stricter work requirement proposed for Housing and Urban Development (HUD) has been pulled back. The BOS is utilizing its advocates and paying active attention to these funding issues.

10. **HEALTHCARE ACCESS:** There was no additional discussion.

VI. NEXT STEPS

11. **TASK/ASSIGNMENTS RECAP:** There were no additional items.

12. **AGENDA DEVELOPMENT FOR NEXT MEETING:** There were no additional items.

VII. ANNOUNCEMENTS

13. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:**

- ➡ Mr. Soto announced the Department of Disability is holding a hearing for those with medical access issues at City Hall in the Board of Public Works Room on 6/13/2018 at 1:00 pm. He will forward a flyer to staff for distribution.

VIII. ADJOURNMENT

14. **ADJOURNMENT:** The meeting adjourned at 2:30 pm.