



LOS ANGELES COUNTY
COMMISSION ON HIV



Visit us online: <http://hiv.lacounty.gov>

Get in touch: hivcomm@lachiv.org

Subscribe to the Commission's Email List:

<https://tinyurl.com/y83ynuzt>



Consumer Caucus

Hybrid Meeting

Thursday, October 12, 2023
1:30PM-3:00PM (PST)

Agenda and meeting materials will be posted on
<http://hiv.lacounty.gov/Meetings> under "Other Meetings"

REGISTRATION NOT REQUIRED + SIMULTANEOUS TRANSLATION IN SPANISH AND OTHER
LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIRTUALLY
VIA WEBEX. CLICK [HERE](#) FOR MORE INFO.

*If you are a person living with or at risk of HIV, we invite you to be a part of a unified effort to help improve
HIV prevention & care service delivery in Los Angeles County*

TO ATTEND IN PERSON:

"Vermont Corridor"

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room, Los Angeles 90020

Validated parking available at 523 Shatto Place, Los Angeles 90020

**Please let the building security know that you are attending the Commission on HIV meeting*

****LUNCH PROVIDED****

TO ATTEND VIRTUALLY:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=me1cb157c949bea06320c0f212aa83913>

MEETING PASSWORD: CAUCUS

TO JOIN BY PHONE: +1-213-306-3065 MEETING #/ACCESS CODE: 2535 272 2182

LIKE WHAT WE DO?

Apply to become a Commissioner 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



Approved by COH
6/8/23

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

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

CODE OF CONDUCT

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." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23

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

S:\Committee - Operations\Code of Conduct\2023\CodeofConduct_Updated 3.23.23_Aprvd COH060823.docx

REGISTRATION NOT REQUIRED + SIMULTANEOUS TRANSLATION IN SPANISH AND OTHER LANGUAGES NOW
AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIRTUALLY VIA WEBEX. CLICK [HERE](#) FOR MORE INFO.

CONSUMER CAUCUS (CC)

****HYBRID** MEETING AGENDA**

Thursday, October 12, 2023 @ 1:30PM-3:00PM

"Vermont Corridor"

510 S. Vermont Ave, 9th Flr, Terrace Conference Room, LA 90020

Validated Parking @ 523 Shatto Pl, LA 90020

TO JOIN VIRTUALLY BY COMPUTER:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=me1cb157c949bea06320c0f212aa83913>

TO JOIN BY PHONE: +1-213-306-3065 **MEETING #/ACCESS CODE:** 2535 272 2182 **MEETING PASSWORD:** CAUCUS

1. CO-CHAIR WELCOME & INTRODUCTIONS 1:30PM – 1:35PM
2. COH MEETING DEBRIEF (*Opportunity to address specific items from the Commission meeting that directly impact consumers*) 1:35PM – 1:45PM
3. PRESENTATION & DISCUSSION: DHSP CLINICAL QUALITY MANAGEMENT (CQM) & CUSTOMER SUPPORT PROGRAM (FKA GRIEVANCE PROGRAM) 1:45PM - 2:15PM
 - Overview & Updates (15 min)
 - Feedback Forum (*Opportunity for consumers to share their experiences and share valuable feedback to help improve the HIV service delivery system*) (15 min)
3. ED/STAFF REPORT 2:15PM – 2:20PM
 - County/Commission Operational Updates
 - November 9, 2023 Annual Conference Planning
 - COH Activities & Events
4. CO CHAIR REPORT & DISCUSSION 2:20PM – 2:45PM
 - 2023 Workplan
 - December 2023 Retreat
 - Planning for 2024
 - ✓ Meeting Topics
 - ✓ Extend Standing Meeting Time
 - ✓ Creating a "Safe Space" for Caucus Discussion
 - ✓ Opportunities to Improve Consumer Engagement
 - 2024 Caucus Open Nomination & Elections | REMINDER
 - October 17, 2023 BOS Meeting Public Comment
5. MEMBER REPORTS (*Opportunity for COH Caucus members to provide updates from their assigned COH Committees **and** related conferences/events attended to better coordinate activities and harness feedback from a consumer perspective.*) 2:45PM – 2:50PM
 - Bylaws Review Taskforce (BRT) Updates
6. "OVERFLOW" (*Opportunity to continue discussion from previous agenda items, if applicable and time allows*) 2:50PM – 2:55PM
7. AGENDA DEVELOPMENT FOR NEXT MEETING 2:55PM – 2:57PM
8. PUBLIC COMMENTS & ANNOUNCEMENTS 2:57PM – 3:00PM
9. ADJOURNMENT 3:00PM



510 S. Vermont Ave., 14th Fl • Los Angeles, CA 90020 • TEL (213) 738-2816
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

CONSUMER CAUCUS

Thursday, September 14, 2023 | 1:30-3:00PM

MEETING SUMMARY

Meeting packet is available at: <https://hiv.lacounty.gov/meetings/>

**Contact staff for verification of attendance*

1. WELCOME + INTRODUCTIONS + CHECK IN

Co-Chairs Alasdair Burton & Damone Thomas welcomed attendees and led introductions.

2. PRESENTATION & DISCUSSION

Medical Care Coordination (MCC) Service Standards

- MCC Program Overview
- Review [Draft MCC Service Standards: Public Comment Period 8/29-9/26](#)
- Feedback Forum (*Opportunity for consumers to share their experiences in using MCC services, share valuable feedback on whether the revised standards meet their needs and to bring awareness & education to those who do not currently use MCC services.*)

"See attached MCC Feedback document"

3. AGENDA DEVELOPMENT FOR NEXT MEETING

Due to time constraints, all remaining agenda items are postponed to the next meeting.

4. PUBLIC COMMENTS/ANNOUNCEMENTS

There were no public comments.

5. ADJOURNMENT

A request to extend the meeting time was proposed but ultimately declined, with unanimous agreement to adhere to the originally scheduled time out of consideration for all participants. Members emphasized the importance of overwhelming the meeting agendas to ensure in-depth discussions and effective decision-making. Concerns were raised about last-minute requests for Caucus feedback, emphasizing the need for sufficient lead time to provide valuable input on DHSP-requested items. The meeting concluded promptly at 3:00 PM.

CUSTOMER SUPPORT PROGRAM

Becca Cohen, MD, MPH
Associate Medical Director
Division of HIV and STD Programs

10/13/2023



Objectives

1. Explain the roles and responsibilities of the public health nurse in the Customer Support Program
2. Share updates on the Customer Support Program
3. Present 2023 Customer Support Program data
4. Share Customer Satisfaction Survey Feedback



Customer Support Program: Public Health Nurse (PHN)

- Consumer Advocate
- Resource Expert

Customer Support Program: PHN Goals

- Assist consumers of HIV and STD services in Los Angeles County who have encountered:
 - barriers to care (regardless of funding stream)
 - substandard services
- Facilitate an orderly and fair process for addressing complaints
- Focus on consumer's desired outcomes
- Improve patient experience, health outcomes, and the quality of HIV care and treatment
- Support engagement and retention in HIV medical care

Customer Support Program (CSP) Updates

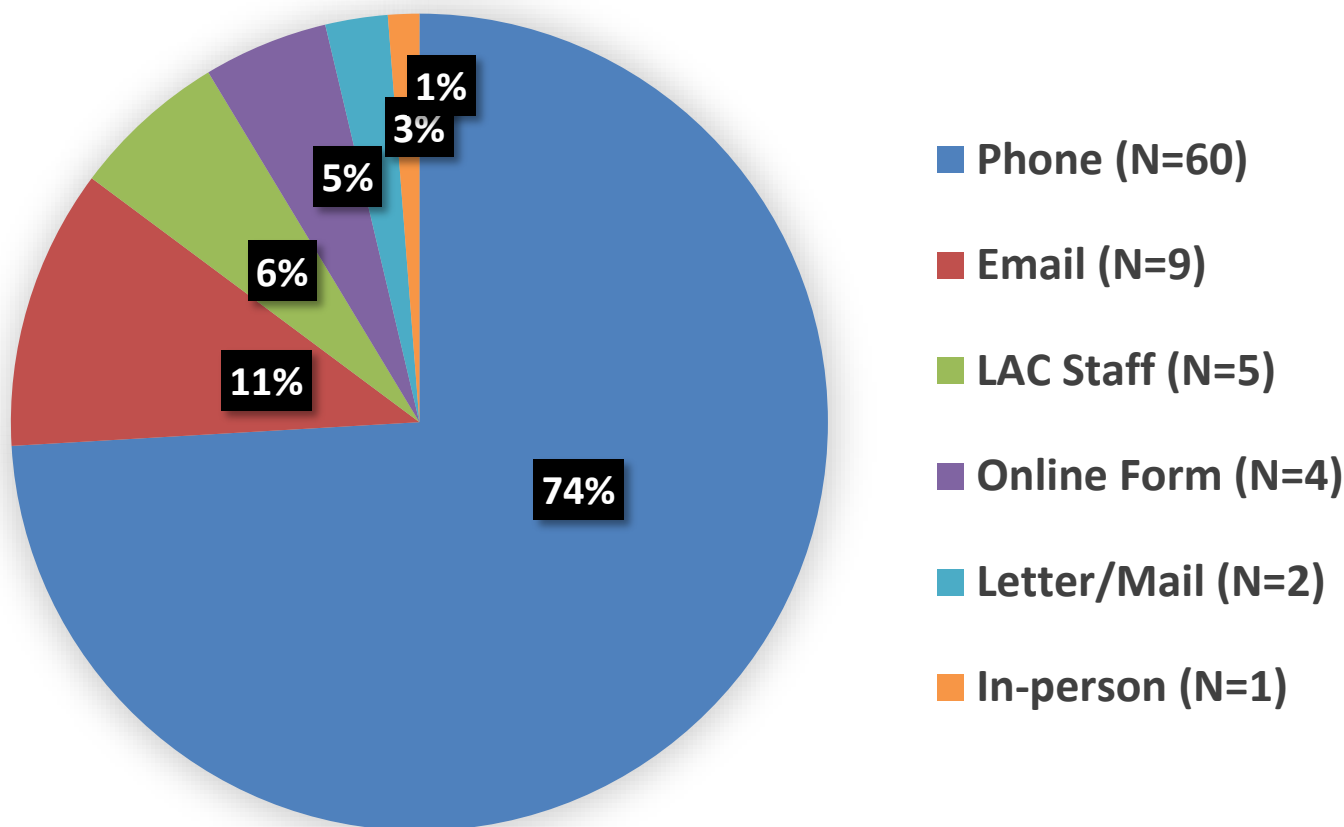
- Updated email and form
 - DHSPsupport@ph.lacounty.gov
 - New form
 - Added Customer Satisfaction Survey link
- New Lead
 - Maureen Bradley, PHN
- Expanded Resources
 - Collaboration with RRP
 - RW clinic field visits



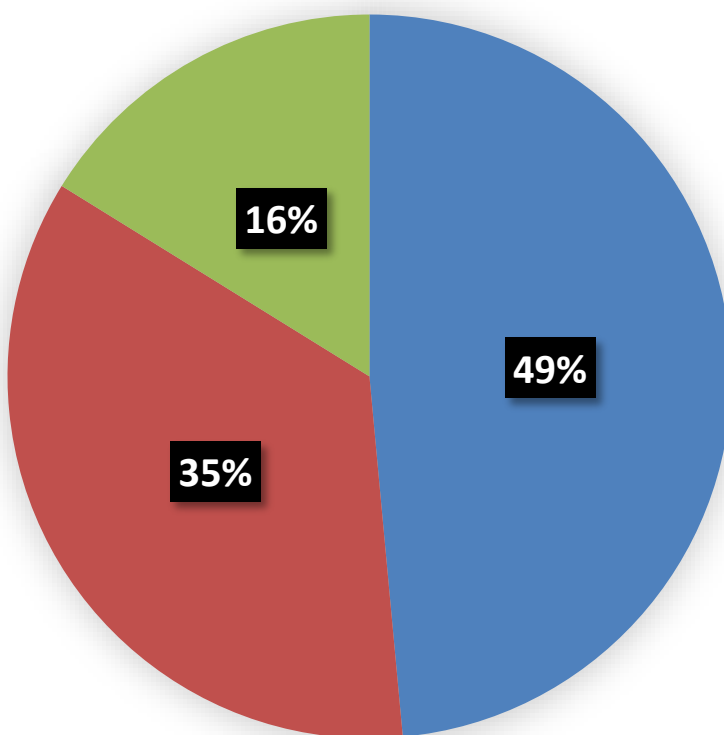
CSP DATA

January to September 2023

CSP Data by Contact Type January to September 2023 (n= 81)



CSP Data by Completed Case Type January to September 2023 (n= 68)

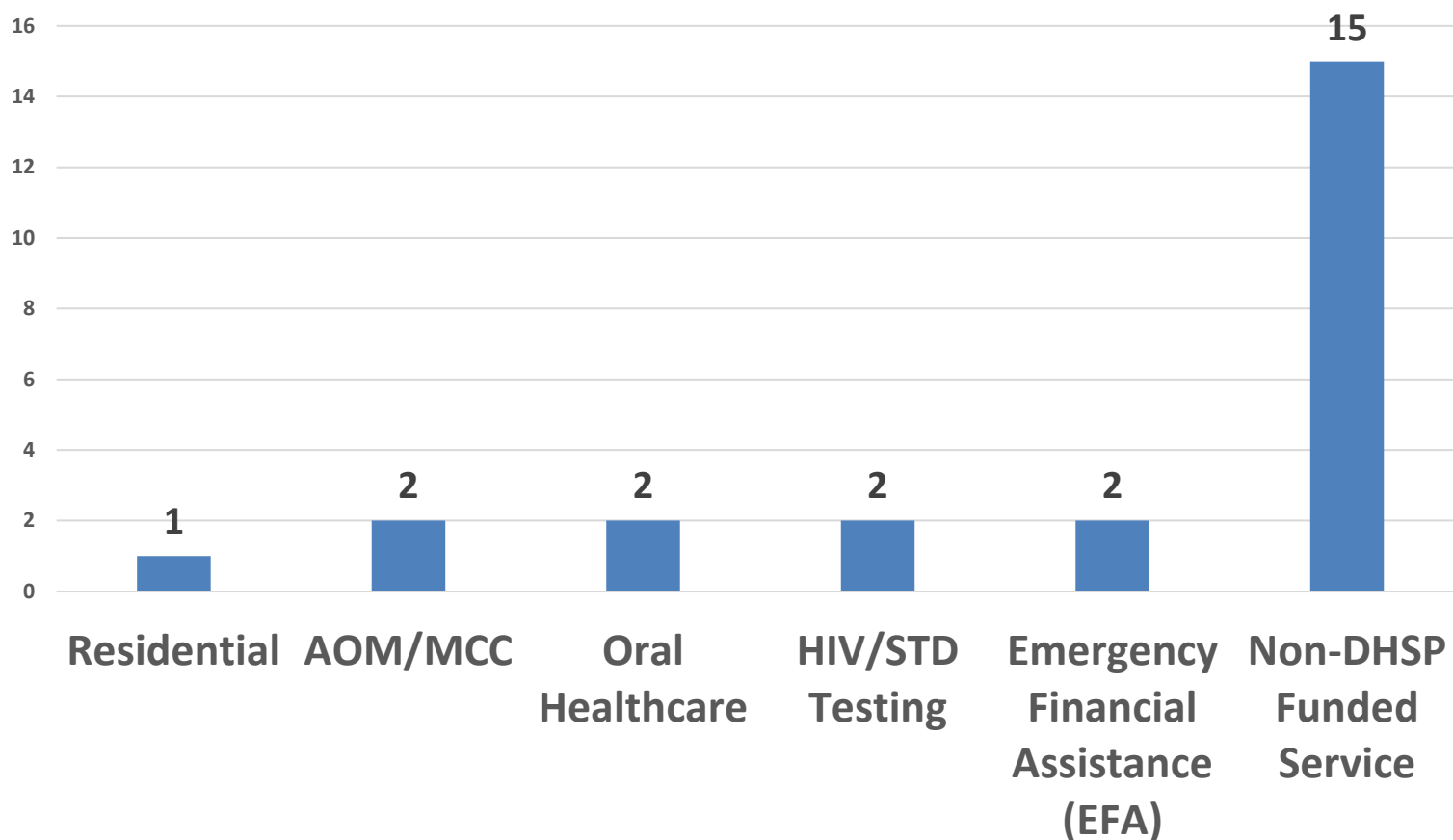


■ Resource Request (n=33)

■ Complaint (n=24)

■ Referral (n=11)

CSP Data by Complaint Service Category January to September 2023 (n=24)



CSP Data by Complaint Type (DHSP-Funded Only) January to September 2023 (n=9)

- Delayed enrollment/recertification (n=2)
- Denial of service or treatment (n=2)
- Substandard care/service (≥ 2 care issues) (n=2)
- Delayed service or treatment (n=1)
- Personnel issue - inappropriate behavior (n=1)
- Scheduling an appointment (n=1)



Linkages and Referrals Provided in September 2023

Benefits:

City of LA: Emergency Renters Program

DPSS: Medi-Cal

HEAP Program: utilities

Emergency Financial Assistance (EFA)

SSA: Medicaid & Medicare

Homeless Services:

Family Solutions Center

Housing:

JWCH HOPWA Residential Emergency Shelter

Medical Debt:

CA Hospital Medical Center Patient Financial Services

Legal Services:

Inner City Law Center

LA County Fraud Hotline

Legal Aid Foundation of Los Angeles

Mental Health Advocacy Services

Neighborhood Legal Services of Los Angeles County

Working People's Law Center

Medical:

DHS Nurse Advice Line

Substance Use:

Core Center: Connecting to Opportunities for Recovery and Engagement

Tarzana Treatment Center

Customer Satisfaction Survey - Consumer Feedback

Comments

- “I have no comments on how to improve because the level of service provided to me was beyond my expectations.”
- “. . . exceptional in professionalism and calm disposition; followed-up in a timely manner; show care and make sure I was assisted properly; exudes caring and compassion that comes across as honest and sincere which I really appreciate in my time I need.”

Customer Satisfaction Survey - Consumer Feedback

Comments

- “I am extremely pleased with the service received. I am truly grateful. Your service to transitional housing is much appreciated.”
- “Good services to providing information to some clients.”
- “Thank you for being there for us. It’s rare to have someone answer the phone these days.”

Suggestions for Improvement

“Continue to listen to major problems and concerns and try to help solve them.”



Thank You



510 S. Vermont Ave., 14th Fl • Los Angeles, CA 90020 • TEL (213) 738-2816
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

CONSUMER CAUCUS MEETING SEPTEMBER 14, 2023

MEDICAL CARE COORDINATION (MCC) PROGRAM OVERVIEW KEY DISCUSSION POINTS & FEEDBACK

Disclaimer: While there were attendees who joined the meeting online, due to technical difficulties, virtual access to the meeting was no longer available and therefore we were unable to capture thoughts, reactions, and experiences from those joining online. We apologize for this convenience and to ensure that all input is included, we will be extending an opportunity for those individuals who were unable to participate in the meeting to share their feedback via email.

Paulina Zamudio and Abel Alvarez (DHSP) presented an Overview of the Medical Care Coordination Program; see PPT presentation attached. Following are key discussion points shared:

- The MCC service is currently guided by the COH's MCC service standards, which are undergoing revisions. Public comments on these standards are open until September 26, 2023, and can be submitted [HERE](#).
- The MCC program was launched in 2012 with the primary goal of increasing engagement in care, improving access to care, and enhancing adherence to antiretroviral therapy to bolster the HIV care continuum.
- MCC is a decade-old model originally designed to assist individuals who had fallen out of care or faced challenges in achieving viral suppression. DHSP is presently engaged in planning discussions to update the entire MCC system. The core mission remains connecting patients with providers and providing ongoing support to prevent them from disengaging from care.
- MCC collaborates closely with Ambulatory Outpatient Medical (AOM) services to offer comprehensive support to patients.
- The MCC Team includes a Medical Care Manager, Patient Care Manager, Case Worker, and a Retention Outreach Specialist. The latter assists clients in navigating services, including arranging transportation, conducting home visits (as needed) and other wrap around services based on client needs.

- Benefit Services Specialty (BSS), a RWP-funded service, offers referrals for linkage to care and helps people with HIV (PWH) access public and private health and disability benefits and programs. Additional information can be found on the [BSS Fact Sheet](#).
- While MCC primarily coordinates medical services, there's a recognition of the need for supportive services. DHSP is actively working with Being Alive's Buddy Program to provide these services through MCC.
- MCC conducts ongoing assessments with clients, developing a Plan of Action every six months or as needed. These assessments involve a questionnaire, and it was suggested that clients answer questions differently to ensure they receive the assistance they require.
- MCC is open to everyone, irrespective of their insurance, payor source, acuity level, or age of diagnosis.
- Monthly MCC provider meetings are led by DHSP and encompass all levels of staffing, from line staff, case managers, RNs, to senior management.
- AIDS Service Organizations (ASO) and Community Based Organizations (CBO) funded by the RWP can refer clients to an MCC provider using the list of providers detailed on the [MCC Fact Sheet](#). Individuals seeking MCC services through a non-RWP provider (e.g., Kaiser) can request a referral via the available list of providers on the [MCC Fact Sheet](#).
- DHSP is actively working on a social media campaign to raise public awareness and educate the community about RWP services. They have also published 11 [RWP Services Fact Sheets](#), accessible on DHSP's website.

Caucus shared questions, concerns, experiences and overall feedback regarding MCC as follows:

- MCC should model the [City of Pasadena's PORT](#) program to intervene before a PLWH drops out of care.
- MCC was helpful pre-COVID while HIV was managed. However, mid/post-COVID, MCC has not been accessible. Moreover, once other health-related issues surfaced, MCC shifted and was only helpful to a point, i.e., once recertification was completed, never heard back from MCC Team. Does MCC drop people once their HIV is managed? Is MCC just for those with a new diagnosis?
- As a long-term PLWH, I have never been offered a MCC assessment and was told that MCC was just for RWP clients.

- As a long-term PLWH, while my HIV is managed, I have 14 other health-related issues that necessitate MCC services. I was never offered MCC services until recently and once I learned I was eligible, I reached out to a MCC Team member on 8/26. To date, I have yet to receive a response.
- MCC should include support services.
- Is it possible to train providers to help stabilize PLWH rather than waiting for them to fall out of care?
- Reached out to a MCC Team member via a RWP-funded provider. MCC Team did not connect me to critical medical resources and no social services were offered.
- It took three (3) emergency room visits before MCC was offered. Once connected, I did not hear from a case manager for three (3) months.
- Need increased and expanded promotion of MCC and other RWP services.
- Long term PLWH – never heard of MCC.
- Long term PLWH – never heard of MCC until COH participation.
- There is no “real” coordination happening; the extent of MCC is someone giving you a phone number to call versus following through via a warm hand-off.

The Caucus initiated a poll asking whether MCC has failed PLWH. Six out of seven members believed that MCC had failed consumers in some way. Three members indicated that they had never heard of MCC as it was never offered to them. There was a consensus that MCC should expand its scope to include non-medical care coordination as supportive services are seen as a critical component of the overall health and wellness of PLWH.

P. Zamudio and A. Alvarez (DHSP) expressed their appreciation for the feedback and assured the Caucus that the information would be shared with DHSP leadership and MCC providers for further consideration and improvement.

SAVE THE DATE

Annual Conference

together.

WE CAN END HIV IN OUR
COMMUNITIES ONCE & FOR ALL



Vermont Corridor @ 510 S. Vermont Ave,
Los Angeles, CA 90020

NOV | 9th | 2023

Free Validated Parking | 523 Shatto Pl
<https://hiv.lacounty.gov/>

Save The Date

November 2, 2023

8 AM - 4 PM

TGI HEALTH SUMMIT

Increasing awareness of the health disparities and strategies surrounding Transgender, Gender-Nonconforming, and Intersex (TGI) communities. This Summit will support to mobilize information about community resources available, improving knowledge and awareness of HIV care and prevention services in LA, and offer community building initiatives centering healing for TGI Populations.

Village At Ed Gould Plaza

1125 N McCadden Pl, Los Angeles, CA 90038

REGISTRATION COMING SOON

REACH LA

 **LOS ANGELES LGBT CENTER**

 **LOS ANGELES COUNTY
COMMISSION ON HIV**

trans*
lounge

Keck School of
Medicine of **USC**



LOS ANGELES COUNTY
COMMISSION ON HIV



JOIN THE BLACK CAUCUS AT THE 17TH ANNUAL TASTE OF SOUL!

<https://www.tasteofsoulla.com/>



DATE: October 21



TIME: 10 AM - 7 PM



BOOTH: P20 (Locate us with the QR code at the event)



LOCATION: Historic Crenshaw Blvd, between Barack Obama Blvd & Stocker Ave

The BLACK CAUCUS is excited to be part of this incredible community event. Come meet us at booth P20 to 🏆 Win cool raffle prizes 🏆 Grab some awesome swag 🏆 Get your passport stamped as you embark on a mission to learn more about uS 🏆 Test your luck with the spin-the-wheel game 🏆 Challenge your wits with our super fun trivia game show all while learning more about our mission & the work we do.

#COH_2023TOS

#2023TOS_COH

#2023TOS



**Images reflect actual members of the Black Caucus*

The BLACK CAUCUS focuses on addressing the unique HIV needs of Black and African-American individuals and communities across LA County. We welcome anyone committed to the fight against HIV, working to stop its spread, and increasing access and education for LA's Black communities.

FOR MORE INFORMATION OR TO GET INVOLVED

WEB: <https://hiv.lacounty.gov> **EML:** hivcomm@lachiv.org **TEL:** 213.738.2816



Program Overview

HRSA's Ryan White HIV/AIDS Program



Program Fact Sheet | September 2023

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. Over half the people with diagnosed HIV in the United States—more than 576,000 people in 2021—receive services through RWHAP each year. First authorized in 1990, RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. In 2021, 89.7 percent of RWHAP clients receiving HIV medical care were virally suppressed. For more than three decades, RWHAP has worked to stop HIV stigma and reduce health disparities by caring for the whole person and addressing their social determinants of health.



More than four decades ago, in June 1981, the first cases of HIV were reported in the United States.¹ In 2021, more than 36,100 people were diagnosed with HIV in the United States. Approximately 1.2 million people in the United States had HIV in 2021, and approximately 13 percent of them did not know they had it.²

Today, people with HIV who take HIV medication as prescribed and reach viral suppression cannot sexually transmit HIV to their partners and can live longer and healthier lives. In 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act—the legislation that created the Ryan White HIV/AIDS Program (RWHAP)—to improve the quality and availability of HIV care and treatment for low-income people with HIV. The CARE Act was amended and reauthorized in 1996, 2000, and 2006; in 2009, it was reauthorized as the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111–87).

The RWHAP is administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau.

Ryan White HIV/AIDS Program Clients

HRSA's RWHAP provided services to over 576,000 people in 2021—over half of all people diagnosed with HIV in the United States. In 2021, 89.7 percent of RWHAP clients were virally suppressed, which means they cannot sexually transmit HIV to their partners and can live longer and healthier lives. This is a significant increase from 69.5 percent virally suppressed in 2010. People aged 50 years and older accounted for 48.3 percent of all RWHAP clients in 2021.

Nearly three-quarters of RWHAP clients in 2021 were from racial and ethnic minorities. Data in 2021 show 45.8 percent of clients were Black/African American people, and 24.1 percent were Hispanic/Latino people. In 2021, 59.2 percent of RWHAP clients were people living at or below 100 percent of the federal poverty level.

Ryan White HIV/AIDS Program Parts

There are five statutorily defined Parts of RWHAP. Each has a different purpose, including providing medical and support services, medications, workforce development, technical assistance, and clinical training, as well as developing and

¹ Centers for Disease Control and Prevention (CDC). 1981. "Pneumocystis Pneumonia—Los Angeles." *MMWR*, 30(21). www.cdc.gov/mmwr/preview/mmwrhtml/june_5.htm.

² CDC. 2021. "HIV in the United States and Dependent Areas." www.cdc.gov/hiv/statistics/overview/atlance.html. Accessed August 1, 2023.

disseminating innovative HIV care and treatment strategies. The RWHAP is the payor of last resort. The program eliminates duplication with other federal programs because RWHAP funds may not be used for services if another state or federal payor is available.

Part A funds Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) to provide medical and support services. EMAs and TGAs are cities and counties most severely affected by the HIV epidemic. Approximately 72 percent of all people with diagnosed HIV in the United States live in EMAs and TGAs. Congress appropriated approximately \$680.8 million for RWHAP Part A in fiscal year (FY) 2023.

Part B funds states and territories to improve the quality, availability, and organization of HIV health care and support services. Recipients include all 50 states, the District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, Republic of the Marshall Islands, Commonwealth of the Northern Mariana Islands, Republic of Palau, and Federated States of Micronesia. In addition, Part B funds AIDS Drug Assistance Program (ADAP) grants. Congress appropriated approximately \$464.6 million for RWHAP Part B base in FY 2023 and approximately \$900.3 million for Part B ADAP in FY 2023.

Part C funds local community-based organizations to provide comprehensive primary HIV medical care and support services in an outpatient setting for people with HIV through Early Intervention Services program grants. Part C also funds Capacity Development grants, which help organizations more effectively deliver HIV care and services. Congress appropriated approximately \$209 million for RWHAP Part C in FY 2023.

Part D funds local community-based organizations to provide outpatient, ambulatory, family-centered primary and specialty medical care for women, infants, children, and youth with HIV. Part D funding may be used to provide support services to people with HIV and their affected family members. Congress appropriated approximately \$78 million for RWHAP Part D in FY 2023.

Part F funds support clinician training, technical assistance, and the development of innovative HIV care and treatment strategies to improve health outcomes and reduce HIV transmission. These programs include the following:

- The **AIDS Education and Training Center (AETC) Program**, which is a network of HIV experts who provide education, training, and technical assistance on HIV care and prevention to health care team members and health care organizations serving people with or at risk of HIV. Congress appropriated approximately \$34.9 million for RWHAP Part F AETC in FY 2023.
- The **Special Projects of National Significance (SPNS) Program**, which supports the development of innovative models of HIV care and treatment to quickly respond to emerging needs of RWHAP clients. SPNS uses implementation science to evaluate the design, implementation, utilization, and health-related outcomes of treatment strategies while promoting the dissemination and replication of successful interventions. Congress appropriated approximately \$25 million for RWHAP Part F SPNS in FY 2023.
- The **Minority AIDS Initiative**, which Congress established in 1999, helps RWHAP recipients improve access to HIV care and health outcomes for minorities. Funding is appropriated by RWHAP Parts A, B, C, and D, with the purpose defined in each part of the legislation.

All RWHAP Parts may provide oral health services. However, two Part F programs focus on funding oral health care for people with HIV:

- The **HIV/AIDS Dental Reimbursement Program (DRP)** expands access to oral health care for people with HIV while training additional dental and dental hygiene providers. DRP provides reimbursements to accredited dental schools, schools of dental hygiene, and postdoctoral dental education programs.
- The **Community-Based Dental Partnership Program** increases access to oral health care services for people with HIV and administers education and clinical training for dental care providers, especially those practicing in community-based settings. Congress appropriated approximately \$13.6 million for the Part F Dental Programs in FY 2023.

Ending the HIV Epidemic in the U.S.

The federal *Ending the HIV Epidemic in the U.S.* (EHE) initiative is an ongoing effort to reduce new HIV infections to fewer than 3,000 per year. Through RWHAP and the Health Center Program, HRSA has a leading role in helping diagnose, treat, prevent, and respond to end the HIV epidemic. Congress appropriated approximately \$165 million for HRSA's HIV/AIDS Bureau EHE activities in FY 2023.



REVISED MOTION BY SUPERVISORS LINDSEY P. HORVATH

October 3, 2023

AND KATHRYN BARGER

Los Angeles County’s Response to the Sexually Transmitted Infection (STI) Crisis

Los Angeles County is in the midst of an ongoing STI crisis that has seen case rates skyrocket over the past decade, with the highest ever combined annual reported cases of syphilis, congenital syphilis, gonorrhea, and chlamydia. Recent data from the Los Angeles County Department of Public Health (Public Health), Division of HIV and STI Programs (DHSP) showed a 450% increase in syphilis rates among females and a 235% increase in males over the last decade. Congenital syphilis rates have increased by 1260% over the last 12 years, with 136 congenital syphilis cases reported in 2022 compared to just 10 in 2010. STIs disproportionately impact young persons (particularly in communities of color), gay and bisexual men, transgender individuals, and cis-gender men and women experiencing substance use disorder, particularly methamphetamine use disorder.

In partnership with community-based organizations, the Department of Public Health funds a wide array of programs and projects to address the STI crisis in Los Angeles County.

MOTION

| | |
|----------|-------|
| SOLIS | _____ |
| MITCHELL | _____ |
| HORVATH | _____ |
| BARGER | _____ |
| HAHN | _____ |

‡ **WE, THEREFORE, MOVE** that the Board of Supervisors:

Direct the Department of Public Health to present at the October 17, 2023, Board Meeting on current investments and programs that address the STI crisis. The presentation should include current strategies that address STI health disparities and inequities among disproportionately impacted communities, a review of the planned investment of new resources, and new strategies to reduce rates of infection.

#

LPH:af



Suggested Talking Points for STD Advocacy/Public Comments

NOTE TO COMMISSIONERS: Prior to responding in your capacity as a Commissioner to any inquiry from television, magazines, newspapers, or any other media outlets, the request should be discussed with the Executive Director to ensure Departmental policy and protocols are followed to respond to media inquiries. When speaking to the media, Commissioners should not imply they are speaking on behalf of the Commission without prior approval from the body. Commissioners affiliated with non-county organizations should proactively clarify with reporters that they do not speak on behalf of the Commission and are only commenting as an individual affiliated with an outside organization. Commissioners comments (verbal or written) as a private citizen solely reflect your personal position and not as a representative of the Commission. (Source: Los Angeles County Commission Manual)

Basic Template for Public Comments:

Hello, my name is {NAME} and I serve on the Commission on HIV and I am providing public comments on the STD crisis in Los Angeles County.

This topic matters to me because {user personal story or agency/community perspectives}.

I urge to {insert/use some of the bullet points under the topics below}. Thank you for your time.

- Los Angeles County is in the midst of an ongoing STD crisis that has seen rates of syphilis and congenital syphilis skyrocketing since 2018. The Commission calls for sustained investments in STD-related public health infrastructure and comprehensive sexual and reproductive health services. We need federal, state and LOCAL resources to stop STDs—we are seeing too many infections and that is unacceptable.
- The Board should use its political clout, just like you did to encourage resolution of the writers' strike, to get private health plans to step up with their efforts to routinely screen, test and treat STDs. We cannot rely on publicly-funded health systems alone to curb the STD epidemic.
- On April 11, 2023, the Centers for Disease Control and Prevention (CDC) released its 2021 STD Surveillance Data showing that sexually transmitted infections (STIs) have reached a new record high for an eighth year in a row. The data show a 74% increase in syphilis over five years, as well as 2,800 congenital syphilis cases in 2021, including 220 that resulted in infant deaths. The data also show chlamydia rates that have risen up to pre-pandemic levels after cases went undetected during the first year of the COVID-19

pandemic. We are seeing the same exponential rise of STDs in Los Angeles County. We are in a deteriorating public health crisis in a dangerous time. STI rates will continue to rise unless we take drastic action. We urge you to declare a public health emergency on STDs.

- We ask the Board to urge the White House Drug Shortage Task Force to prioritize action to end the ongoing shortage of Bicillin L-A. Bicillin L-A is the only approved treatment for syphilis in pregnant women and the preferred treatment for syphilis in adults, infants, and children. Clinics and states have reported being unable to access Bicillin L-A, and Pfizer – the drug’s exclusive manufacturer – has reported that they will not resolve the shortage until mid 2024.
- Please use your voices to tell the federal government to scale up the funding for an effective STD response. The rescission of \$400 million in STI public health workforce funding as part of the debt ceiling deal is a devastating blow to the fight against rising STI rates. This funding cut at the federal level is backwards and unacceptable.
- Divestment of funds from incarceration-related activities to STD, mental health, substance use and other public health programs would help stem the STD crisis by prioritizing the health of communities and investing in their lives.
- Act on the recommendations from the Alternatives to Incarceration Workgroup and invest in under-resourced communities. Funding that goes towards incarceration are causative and exacerbating the rates of STIs and HIV infection in Los Angeles Count. It is imperative that the BOS actively divest funds away from systems of incarceration and move swiftly on their decision to close Men’s Central Jail and divest funds away from sheriffs/jails to systems of care.
- Based on previous 2-3 years, the BOS have not done what they’ve promised and instead have continued to increase funding for systems of incarceration that are exacerbating the HIV/STI crisis and undermining our efforts to prevent them.
- "The relationship between carceral and community health is bidirectional. High rates of STIs in correctional settings are driven by disparities in social determinants of health among those entering institutions, who are disproportionately black and Indigenous compared with the overall US population. The same populations affected by the incarceration epidemic are disproportionately affected by STIs. In addition to structural racism, social determinants affecting the sexual health of populations moving through the criminal justice system include intergenerational poverty, which is associated with poorer health outcomes." (From Clinical Infectious Diseases August 15, 2022)

- "A study in the Los Angeles County women's jail showed the likelihood of primary, secondary and early latent syphilis rose with increasing age. A second study in California showed that a substantial portion (13%) of pregnant women who gave birth to an infant with congenital syphilis had been incarcerated."
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9989347/>
- "Jail and prison inmates face a high risk of infectious disease. Inmates experience a disproportionate burden of sexually transmitted infections (STIs), including 4 to 5 times the prevalence of HIV than that observed in the general population. HIV infection also is elevated among individuals whose recent sex partners have been incarcerated."
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093283/#:~:text=Inmates%20experience%20a%20disproportionate%20burden,observed%20in%20the%20general%20population.&text=HIV%20infection%20also%20is%20elevated,sex%20partners%20have%20been%20incarcerated>; American Journal of Public Health June 2011)



División de Programas Contra el VIH y ETS

600 S. Commonwealth Ave., 10th Floor

Los Angeles, CA 90005

Programa de Ayuda al Cliente

El Programa de Ayuda al Cliente de la División de Programas Contra el VIH y ETS (DHSP) tiene como objetivo ayudar a los consumidores de servicios de VIH y ETS que han experimentado dificultades para acceder a los servicios financiados por DHSP en el condado de Los Ángeles. Si necesita ayuda o tiene una preocupación con respecto a los servicios de VIH o ETS que no ha podido resolver directamente con el proveedor, no dude en compartir con nosotros completando el formulario a continuación.

Puede enviarnos un correo electrónico directamente a dhspsupport@ph.lacounty.gov o contactarnos por teléfono al **(800) 260-8787**. Por favor, siéntase libre de comunicarse con cualquier pregunta o si necesita más ayuda.

¿Qué sucede después de contactar al Programa de Ayuda al Cliente de DHSP?

El personal de DHSP se comunicará con usted con respecto a sus preocupaciones dentro de los 2 días hábiles después de recibir su formulario o mensaje. Si tiene preguntas sobre los servicios o recursos disponibles en el condado de Los Ángeles, le proporcionaremos la información que está solicitando y adónde ir para recibir los servicios. Para problemas o quejas sobre los servicios que ha recibido, trabajaremos con usted para ayudarle a resolver el problema y podemos brindarle asistencia para buscar soluciones, como presentar una queja ante el proveedor de servicios o proporcionar referencias o información sobre los servicios disponibles que satisfagan sus necesidades. Puede permanecer anónimo en este proceso si así lo prefiere.

Su opinión es importante para nosotros. Complete nuestra encuesta de satisfacción del cliente haciendo clic en el enlace a continuación o escaneando el código QR:

[Encuesta de satisfacción del cliente](#)



Formulario de ayuda al cliente

| | | |
|--|--|----------------|
| Fecha: | | |
| YOUR INFORMATION | | |
| Nombre (primero, segundo y apellido): | Nombre del paciente/cliente si es diferente del denunciante: | |
| Dirección postal: | Ciudad: | Código postal: |
| Número de teléfono o correo electrónico: | ¿Podemos dejar un mensaje de voz? <input type="checkbox"/> Sí <input type="checkbox"/> No | |
| ¿Podemos compartir su nombre con la agencia? <input type="checkbox"/> Sí <input type="checkbox"/> No | Idioma preferido: | |
| Pronombres preferidos: <input type="checkbox"/> El <input type="checkbox"/> Ella <input type="checkbox"/> Ellos <input type="checkbox"/> Otro: _____ | | |
| ¿Cuál es la mejor manera de mantenerse en contacto con usted? <input type="checkbox"/> Llamada telefónica <input type="checkbox"/> Correo electrónico <input type="checkbox"/> Correo <input type="checkbox"/> Cualquiera/Sin preferencias <input type="checkbox"/> No comunicación por escrita de DHSP <input type="checkbox"/> Otro: _____ | | |
| ¿Qué tipo de asistencia necesita? <input type="checkbox"/> Vinculación con los servicios de VIH/ETS <input type="checkbox"/> Recursos de la comunidad <input type="checkbox"/> Presentar una queja <input type="checkbox"/> Ofrecer comentarios <input type="checkbox"/> Otro (por favor especifique): _____ | | |
| Para solicitar que lo vinculen con atención o recursos: Describa la asistencia que necesita. | | |
| Para comentarios: | | |

PRESENTAR UNA QUEJA: Complete el siguiente formulario y proporcione detalles específicos como pueda.

COMPLETE SI AUTORIZA A UN REPRESENTANTE A PRESENTAR UNA QUEJA EN SU NOMBRE

| | | |
|---------------------------|-----------------------------------|---------------------|
| Nombre del representante: | Relación con el paciente/cliente: | Número de teléfono: |
|---------------------------|-----------------------------------|---------------------|

- ☐ Autorizo a la persona o entidad nombrada arriba para que actúe como mi representante en esta queja.
☐ No Aplica

INFORMACIÓN DEL PROVEEDOR DE SERVICIOS/AGENCIA

Nombre de la agencia:

| | | |
|---|---------|----------------|
| Dirección en donde recibió el servicio: | Ciudad: | Código postal: |
|---|---------|----------------|

Categoría de servicio:

- | | |
|--|---|
| <input type="checkbox"/> Atención Medica | <input type="checkbox"/> Administración de Casos |
| <input type="checkbox"/> Atención Dental | <input type="checkbox"/> Beneficios de Especialidad |
| <input type="checkbox"/> Salud Mental | <input type="checkbox"/> Servicios Legales |
| <input type="checkbox"/> Nutrición / Apoyo Alimentario | <input type="checkbox"/> Residencial |
| <input type="checkbox"/> Pruebas de VIH / ETS | <input type="checkbox"/> Transporte |
| <input type="checkbox"/> Servicios de PrEP | <input type="checkbox"/> Otro: _____ |

¿Presentó una queja ante la agencia?

☐ No ☐ Sí, fecha: _____ ¿Con quién? _____

¿Cuál fue el resultado?

DETALLES DE LA QUEJA

Tipo de queja (marque todas las que apliquen):

- | | |
|---|--|
| <input type="checkbox"/> Acceso a la atención/servicio (negación, programación, etc.) | <input type="checkbox"/> Violación de los derechos de los pacientes con VIH |
| <input type="checkbox"/> Facturación (cobros) | <input type="checkbox"/> Calidad de la atención (i.e., atención no adecuada) |
| <input type="checkbox"/> Confidencialidad y privacidad | <input type="checkbox"/> Problemas con los proveedores médicos |
| <input type="checkbox"/> Inscripción/ Beneficios | <input type="checkbox"/> Problemas del personal / Servicio al cliente |
| <input type="checkbox"/> Desalojo | <input type="checkbox"/> Personal del DHSP |
| <input type="checkbox"/> Entorno de las instalaciones / Alojamiento | |
| <input type="checkbox"/> Otro: _____ | |

DETALLES DE LA QUEJA

Por favor, describa su queja. Adjunte páginas adicionales o documentos de respaldo.

¿Cuándo sucedió (el incidente)?

¿Nombre de la persona involucrada?

¿Nombre del testigo del incidente?

¿Qué pasó?

¿Resultado deseado (lo que razonablemente resolvería esta preocupación para usted)?

PUEDE PRESENTAR UNA QUEJA O PREOCUPACIÓN A LA UNIDAD DE AYUDA AL CLIENTE DE DHSP AL:

- Correo electrónico: dhspsupport@ph.lacounty.gov
- Teléfono: (800) 260-8787
- En persona o por correo:

Division of HIV and STD Programs

Attention: Customer Support Unit

600 S. Commonwealth Ave., 10th Floor, Los Angeles, California, 90005



We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





Estamos Escuchando



Comparta sus inquietudes con nosotros.

**Servicios de VIH + ETS
Línea de Atención al Cliente**

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

En el sitio web:
<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





Division of HIV and STD Programs
600 S. Commonwealth Ave., 10th Floor
Los Angeles, CA 90005

Customer Support Program

The Division of HIV and STD Programs' (DHSP) Customer Support Program aims to assist consumers of HIV and STD services who have experienced difficulty accessing services from DHSP-funded providers throughout Los Angeles County. If you need assistance or have a concern regarding your HIV or STD services that you have not been able to resolve with the provider directly, please feel free to share with us by completing the form below.

You can email us directly at dhspsupport@ph.lacounty.gov or contact us by phone at **(800) 260-8787**. Please feel free to reach out with any questions or if you need further assistance.

What happens after I contact DHSP Customer Support Unit?

DHSP staff will contact you regarding your concerns within 2 business days of receipt of your form or message. For questions about services or resources available in Los Angeles County, we will provide you with the information you are requesting and where to go to receive services. For issues or complaints regarding services you have received, we will then work closely with you and can provide assistance with seeking resolutions such as by filing a grievance with the service provider or by providing referrals or information about available services that meet your needs. You will also be welcome to remain anonymous through the process if you prefer.

Your feedback is important to us. Please complete our customer satisfaction survey by clicking the link below or scanning the QR code:

[Customer Satisfaction Survey](#)



Customer Support Form

| | | | |
|--|--|---|-----------|
| Filing Date: | | | |
| YOUR INFORMATION | | | |
| Name (First, Middle and Last): | | Patient/Client Name if different from complainant: | |
| Street Address: | | City: | Zip Code: |
| Phone Number and E-mail: | | Can we leave a voice message? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Can we share your name with the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Preferred Language: | |
| Preferred Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____ | | | |
| Which is the best way to keep in touch with you? <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Any/ No preferences <input type="checkbox"/> No written communication from us (DHSP) <input type="checkbox"/> Other: _____ | | | |
| What type of assistance do you need? <input type="checkbox"/> Linkage to HIV/STD services <input type="checkbox"/> Community resources <input type="checkbox"/> File a complaint <input type="checkbox"/> Offer feedback <input type="checkbox"/> Other (please specify): _____ | | | |
| For Linkage or Resource Request: Describe assistance that you need. | | | |
| For Feedback: | | | |

TO FILE A COMPLAINT: Fill in the form below and provide as much details as you can.

COMPLETE IF AUTHORIZING A REPRESENTATIVE TO FILE A COMPLAINT ON YOUR BEHALF

Name of Representative:

Relationship to Patient/Client:

Phone Number:

- ☐ I authorized the person or entity named above to serve as my representative for this complaint.
☐ Not Applicable

SERVICE PROVIDER/AGENCY INFORMATION

Agency Name:

Service Location Street Address:

City:

Zip Code:

Service Category:

- | | |
|--|--|
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Medical Case Management |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Benefits Specialty |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Nutrition/ Food Support | <input type="checkbox"/> Residential Facility |
| <input type="checkbox"/> HIV/ STD Testing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> PrEP Services | <input type="checkbox"/> Other: _____ |

Did you file a complaint with the agency?

☐ No ☐ Yes, Date: _____ With Whom? _____

What was the result?

COMPLAINT DETAILS

Complaint Type (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Ability to Get Care/ Service (i.e., denial, scheduling) | <input type="checkbox"/> HIV Patients' Rights Violation |
| <input type="checkbox"/> Billing | <input type="checkbox"/> Quality of Care (i.e., substandard care) |
| <input type="checkbox"/> Confidentiality and Privacy | <input type="checkbox"/> Medical Provider Issues |
| <input type="checkbox"/> Enrollment/ Benefits | <input type="checkbox"/> Staff Issues/ Customer Service |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> DHSP Staff |
| <input type="checkbox"/> Facility Environment/ Accommodations | <input type="checkbox"/> Other: _____ |

COMPLAINT DETAILS

Please describe your complaint. Attach additional pages or supporting documents as needed.

When did this happen (date of incident)?

Name of person involved?

Name of person witnessed the incident?

What happened?

Desired Outcome (what would reasonably resolve this concern for you)?

YOU CAN SUBMIT A COMPLAINT OR CONCERN TO DHSP'S CUSTOMER SUPPORT UNIT BY:

- Email: dhspsupport@ph.lacounty.gov

- Phone: (800) 260-8787

- In-person or by U.S. Mail:

Division of HIV and STD Programs

Attention: Customer Support Unit

600 S. Commonwealth Ave., 10th Floor, Los Angeles, California, 90005