



LOS ANGELES COUNTY
COMMISSION ON HIV



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Transgender Caucus

Virtual Meeting

Be a part of the HIV movement

Tuesday, January 25, 2022

10:00AM-12:00PM (PST)

Agenda and meeting materials will be posted on

<http://hiv.lacounty.gov/Meetings>

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TO JOIN BY COMPUTER: **registration is not required*

<https://tinyurl.com/2p92bjzk>

Meeting password: TRANSGENDER

TO JOIN BY PHONE:

+1-213-306-3065

Access Code/Event #: 2598 888 7232

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video: <https://www.youtube.com/watch?v=iQSSJYcrgIk>

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TRANSGENDER CAUCUS (TG) VIRTUAL MEETING AGENDA

TUESDAY, January 25, 2022

10:00 AM – 12:00 PM

TO JOIN BY COMPUTER

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m915e34a26e326a8df9cf82fd3e0ff85f>

MEETING PASSWORD: TRANSGENDER

TO JOIN BY PHONE: +1-213-306-3065 MEETING #/ACCESS CODE: 2598 888 7232

1. Co-Chairs Report
 - a. Co-Chair Nominations/Elections
2. 2021 Workplan Review
3. 2022 Workplan Review and Discussion
4. Discussion | Strengthening the Transgender Caucus
5. Virtual Educational Activities Draft Plan Review
 - a. Plan virtual educational activity for March 22 to commemorate Day of Trans Visibility (3/31)
6. Executive Director/Staff Report
 - a. Best Practices Development for Prevention and Care
 - b. Comprehensive HIV Plan 2022-2026
7. Meeting Confirmation and Agenda Development for Next Meeting
8. Announcements
9. Adjournment



VIRTUAL MEETING—TRANSGENDER (TG) CAUCUS
Tuesday, September 28, 2021 | 10:00am to 12:00noon
MEETING SUMMARY

In attendance:

Luckie Alexander (Co-Chair)	Frankie Darling-Palacios (Co-Chair)	Jayda Arrington
Kevin Donnelly	Ayana Elliot	Jessica Martinez
Xelestial Moreno-Luz	Rene Paredes	Swati Rao, MD
Mallery Jenna Robinson	Isabella Rodriguez	Joshua Tapia
	Cheryl Barrit (COH Staff)	Sonja Wright (COH Staff)

1. Introductions

Co-Chairs and COH Staff welcomed participants and all attendees and introduced themselves and their agency/organization affiliations.

2. Co-Chair Report

- Attendees were reminded that the Transgender Caucus meets bi-monthly

3. Executive Director/Staff Report

Cheryl Barrit provided the following updates:

- A brief description of the closed captioned (CC) features on WebEx provides an option to read what is being said in the user’s preferred language; similar to CC on television.
- On September 16, 2021, Governor Gavin Newsom signed Assembly 361 which extends the Executive Order for virtual meetings through 2024. As long as there is a declared statewide emergency, the Commission on HIV (COH) will continue **all** meetings (i.e., Commission, committees, caucuses, task forces, and work groups) virtually.
- Best Practices Document Project: During the Standard and Best Practices (SBP) Committee’s development of service standards for Ryan White service categories, the TG caucus will be expected to provide critical input and feedback to help drive the process and to make sure the needs of this population is included in the service standards. This is an important step in that it provides an opportunity to develop and integrate best practices for providers and gives them the ability to further enhance the manner in which they deliver services to specific populations in the community. In addition, SBP is developing a template which incorporates intersectionality with the intent of being able to look at the Black and African American, transgender, women, and aging communities and the multiple intersections that HIV stakeholders face while navigating care.
- In the past, the TG Caucus developed special populations guidelines to help SBP in developing documents that speak to the needs of the transgender community. The TG Caucus can use these documents to help bolster input.
- Staff member Jose Rangel-Garibay expounded upon the goals and expectations and highlighted some of the features of the document such as the set of guiding questions and principles and the hope of committee and community input.

- Email the special populations guidelines (aka best practices) previously developed to the caucus.
- The Planning, Priorities and Allocations (PP&A) Committee, led by Co-Chairs Frankie Darling-Palacios and Kevin Donnelly, are embarking upon updating the Comprehensive HIV Plan (CHP). The federal government requires this to be completed every 5 years and it is a joint effort by the COH and the Division of HIV and STD Programs (DHSP). AJ King will be hired as a consultant to help complete the CHP. Different sources such as the Ending the Epidemic (EHE) plan and perhaps the Transmasculine Study introduced to the TG caucus by Luckie Alexander, will be incorporated to help shape the CHP

4. Public Policy Item - Discussion

- AB 453 – Sexual battery: nonconsensual condom removal. Essentially, the bill states that if the condom is removed during sexual intercourse without consent, it is considered battery. TG Caucus Co-Chair, Frankie Darling-Palacios, advocated to have this bill pulled from the Public Policy (PP) Committee’s legislative docket and sent back to PP and the caucuses for feedback.
- Governor Gavin Newsom signed AB 453 into law. The TG Caucus can agendize this periodically to monitor how the bill is being implemented.

5. Transmasculine Health Study

- Co-Chair Luckie Alexander introduced the Transmasculine Study and highlighted key specific areas as follows:
 - The study was launched in August and conducted by individuals from the transmasculine community.
 - Page 5 discusses access to medical care and why the transgender population does not seek medical care. For example, those who have healthcare do not access it because it is not deemed safe due to medical racism and binary gender norms.
 - Page 7 highlights that the majority of participants identified as queer meaning outside of straight and most have had multiple sex partners, which speaks to framing risk around sexual *behaviors* opposed to *gender*.
 - Page 9 looks at mental health and the abuse that transmasculine people endure. Transmasculine people report high rates of early childhood victimization which indicates abuse or violence by primary caretakers before the age of 18. Over half of the demographic has endured this as well as 3 out of 4 participants having experienced sexual violence in their lifetime; if looked at deeper, 1 in 10 have experienced sexual violence within the past year. This indicates that transmasculine people suffer invisible violence, violence from intimate partners, and sexual abuse violence.
 - Page 12 addresses the reasons the transmasculine population does not access care, specifically pointing to anxiety and depression primarily as a result of past experiences, mistreatment , and stigma around mental health care.

6. Suggestions for Strengthening the Transgender Caucus

List of topics recommended in response to I. Rodriguez's call to action:

- Transmasculine Health Study <https://www.tmhealthstudyla.org/Research>
- Trans individuals living with HIV (a lot of focus is on prevention but not on those living with HIV)
- Mental health and the role it plays on sexual behavior
- Sex work, sexual violence, + sex trafficking
 - Ties into AB 453
 - Will promote humanizing the Trans community
 - How substance use intersects
 - How do Trans individuals navigate these relationships?
 - Survivors of sexual assault
- Legal Services
 - Immigration services for those who need the proper paperwork to secure a job so that they do not have to engage in sex work
- Stigma, Discrimination & Barriers of PrEP/PEP
 - Contributes to low uptick in access
 - Trans individuals are being denied PrEP and told they are not eligible because they don't identify as MSM
 - Messaging/marketing doesn't include the Trans community
- Structural biases within medicine/gender affirming care (Drs. Garner & Rao offered to present or provide material)

Additional recommendations/discussions:

- The potential list of topics could be presented at the Commission meetings or via hosting virtual events, similar to the Women's Caucus format.
- The top suggestions for launching the virtual events were: (1) sex work, sexual violence, and sex trafficking, (2) mental health and the role it plays in sexual behavior, (3) legal services, (4) transmasculine health, and (5) stigma, discrimination, and barriers to PrEP/PEP.
- Recommendation made to reach out to TGI youth in high schools regarding sexual health and education; this would also factor into the recruitment and engagement arena.
 - Agendize youth engagement in the upcoming year.April is HIV and youth awareness month so that might be an opportune time to consider developing and shaping the discussion around reaching out to TGI youth.
- Recommendation made to have Dr. Harold San Agustin create a list of sexually transmitted infections (STIs) common to transwomen and also filter for those specific to the entire trans community.
 - Develop a 2022 calendar for the list of topics.
- The TG Caucus will consider incorporating legal services into the sexual violence and sex trafficking discussion and reaching out to Laurie Aronoff to schedule a special meeting

inviting the larger community or having a smaller listening session or focus group integrating concerns specific to the trans community

7. Training | Priority Setting and Resource Allocation Process

- C. Barrit lead a brief training providing an overview of the Priority Setting and Resource Allocation Process. The link to the meeting materials can be found here:
<http://hiv.lacounty.gov/LinkClick.aspx?fileticket=KMJKkERCJpY%3d&portalid=22>

One of the key responsibilities of the Los Angeles COH is prioritizing HIV care and prevention services and allocating dollars to those services; this is known as the *priority setting and resource allocation process*. Pursuant to the Ryan White Care Act, there are the requirements that (1) there must be a community planning body and (2) this body sets the funding allocation for Ryan White service categories such as oral health, medical outpatient, psychosocial services, emergency financial assistance, and other service categories. There are approximately 26 service categories which constitutes a need for input from the community in determining the services that are important to people living with HIV (PLWH) and those most affected by HIV.

- Key points of the training are as follows:
 - The COH is separate from DHSP and the Executive Director of the COH, C. Barrit, reports directly to the Board of Supervisors (BOS). The advantage of being a separate entity is the ability to provide feedback to the grantee as commissioners and members of the public.
 - Planning body, planning council, or the COH is used interchangeably.
 - The recipient or DHSP is used interchangeably; they are the same entity and “the recipient” essentially means DHSP is receiving federal HIV dollars to run programs in Los Angeles County (LAC). DHSP is the recipient and/or the grantee.
 - The main source of funding for care in LAC for HIV-specific services after Medi-Cal and Medicare, is Ryan White.
 - The Health Resources and Services Administration (HRSA) is the federal agency that (1) manages the Ryan White dollars, (2) releases the Request for Proposals (RFPs), (3) manages contractors, (4) gathers data and reports from health departments across the country, and (5) creates the yearly document that determines how many people receiving Ryan White services comes from the program.
 - The Ryan White program year begins March 1st of each year and ends on February 28th of the following year.
 - The fiscal year is what municipal governments operate on and for LAC it starts on July 1st and extends through June 30th of the following year. The Ryan White program year and the LAC fiscal calendar year overlap.
 - Net County Cost (NCC) is another source of funding for HIV services in LAC; this is non-grant money which is comprised of local tax dollars (ex: assessment fees, realignment fees, or a portion of sales tax that is allocated to core public health

services). NCC is funding that is used to support expenses not covered by Ryan White or other types of grants.

- The Minority AIDS Initiative (MAI) is a source of money under Ryan White which is used to address the needs of communities of color specifically.
- When the PP&A Committee conducts the priority setting and resource allocation process (July through September) it starts with the data summit. Time is allotted for breaking down and studying the data and this data is supplemented and enhanced by community testimonies and public comments and feedback. During priority setting, PP&A will rank the service categories based on consumer needs.
- After PP&A finalizes the service rankings and allocation of funds by percentage, PP&A writes a program directive giving specific instructions to DHSP for implementation of strategies to target and address specific populations. Typically, they target communities that shoulder disproportionate burdens of HIV.
- Between \$40 to \$45 million per year of Ryan White dollars goes to LAC annually.

8. **Meeting Confirmation and Agenda Development for Next Meeting**

Next meeting: Tuesday, January 25, 2022 from 10am -12pm.

- Comprehensive HIV Plan
- Review/development of guidelines for standards and best practices
- Transmasculine Health Study
- Co-chair L. Alexander will send a link providing the data on how people self-identify.
- Draft a 2022 calendar for virtual lunch and learn topic discussions (i.e., recruiting TGI high school youth, Transmasculine Study, sexual violence, and stigma around PrEP and PEP).
- Add Lunch and Learn series to the work plan under the monitoring implementation section.
- Request Dr. San Agustin to compile a list of STIs specific to transwomen and ask for specification as to whether it is inclusive of the general population or specific to transwomen.

9. **Announcements**

- L. Alexander informed the group that he will no longer be with the LGBT Center as he is taking a teaching position at Antioch University.

10. **Adjournment**

Meeting adjourned at 12:00 pm.



Transgender Caucus Workplan 2021 *Updated 12.15.21*

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Consumer Caucus will lead and advance throughout 2021.

PRIORITIZATION CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the local Ending the HIV (EHE) Plan, and 3) align with COH staff and member capacities and time commitment.

CAUCUS RESPONSIBILITIES: 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	Activities & Lead/Champion(s)	Priority Level (High, Medium, Low)	Approach/Comments/Target Deadline
1	Track implementation and funding for AB2218 (Transgender Wellness Fund)	Ongoing COMPLETED	<ul style="list-style-type: none"> Collaborate with TransLatin@ Coalition and Public Policy Committee Track Governor's Budget for full funding @ \$15M Monitor bill in collaboration with Public Policy Bill signed by the Governor and funding allocated
2	Track SB 225 - the Bodily Autonomy, Dignity, and Choice Act	Ongoing COMPLETED	Monitoring bill in collaboration with Public Policy Committee. May be reintroduced for 2022 legislative session
3	Track AB 453 – Sexual battery: nonconsensual condom removal	Ongoing COMPLETED	Monitoring bill in collaboration with Public Policy Committee. Bill passed.
4	Integrate mini training at all meetings on how decisions are made on the Commission. Keep training as a standing meeting agenda item.	Ongoing STARTED	<p>Training topics: Commission overview/committee functions and relationship with caucuses; priority setting and resource allocation (PSRA) process; service standards development; Ryan White Care system vs other HIV funding streams; understanding housing services, systems, and funding streams; other topics as determined by Caucus members.</p> <p>Conducted mini training on COH vs DHSP Roles and Responsibilities in July 2021. Conducted min training on PSRA in September 2021</p>

5	Monitor implementation of the DHSP Ending the HIV Epidemic Plan; provide feedback. Keep EHE discussion as a standing meeting agenda item.	Ongoing	
6	Collaborate with the Public Policy Committee on policies specific to Transgender issues	Ongoing	



Transgender Caucus Workplan 2022

DRAFT 12.15.21

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Transgender Caucus will lead and advance throughout 2022.

CAUCUS RESPONSIBILITIES: 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	Activities & Lead/Champion(s)	Description	Target Deadline	Status/Notes
1	Develop the Comprehensive HIV Plan 2022-2026	<ul style="list-style-type: none"> • All Committee and subgroup will contribute to shaping the CHP • Commission, committees and subgroup activities should aim to align with the CHP and support the EHE goals • CHP discussion agendized at all Committee and subgroup meetings 	October 2022	
2	Address Areas of Improvement from the HealthHIV Planning Council Effectiveness Assessment	<p>Member Recruitment and Retention</p> <ol style="list-style-type: none"> 1. Recruiting to get more representation of populations impacted by HIV in LAC 2. Orientation/mentoring of new members 3. Improving retention of new members <p>Community Engagement / Representation</p>	Ongoing	

		<ol style="list-style-type: none"> 1. Encouraging trust between the community and Commission 2. Increasing visibility of the LAC COH in the community 3. Normalizing education on HIV and STIs in healthcare and school-based settings <p>Streamlining the LAC COH's Work</p> <ol style="list-style-type: none"> 1. Streamline priorities and meeting agendas 2. Strengthen relationships between members 3. Reduce barriers for participation in meetings (increase accessibility and training for new members) 		
3	Strengthen core planning council responsibilities		Ongoing	
4	Implement Transgender Caucus 2022 meeting and educational activities schedule	Refer to schedule for focus of each meeting and educational activities	Ongoing	

<p>5 Integrate mini training at meetings on how decisions are made on the Commission. Keep training as a standing meeting agenda item.</p>		<p>Ongoing STARTED</p>	<p>Training topics: Commission overview/committee functions and relationship with caucuses; priority setting and resource allocation (PSRA) process; service standards development; Ryan White Care system vs other HIV funding streams; understanding housing services, systems, and funding streams; other topics as determined by Caucus members. Conducted mini training on COH vs DHSP Roles and Responsibilities in July 2021. Conducted min training on PSRA in September 2021</p>
<p>6 Monitor implementation of the DHSP Ending the HIV Epidemic Plan; provide feedback. Keep EHE discussion as a standing meeting agenda item.</p>		<p>Ongoing</p>	
<p>7 Collaborate with the Public Policy Committee on policies specific to Transgender issues and STD response</p>		<p>Ongoing</p>	



**TRANSGENDER CAUCUS 2022 MEETING AND ACTIVITIES SCHEDULE
FOR DISCUSSION AND PLANNING PURPOSES ONLY
DRAFT**

PRIORITIES:

1. Ensure representation of trans issues in the development of the Comprehensive HIV Plan (CHP)
2. Develop best practices for HIV/STD prevention and care for the transgender community
3. Increase awareness of HIV/STD and other relevant health issues affecting the transgender community

Standing Meeting Date *all meetings are from 10am to 12noon	Key Agenda Items	Suggestions/Notes
January 25	<ol style="list-style-type: none"> 1. CHP 2. Best Practices 3. Plan virtual educational activity for March 22 	Convene panel of 3 to 4 speakers to highlight key health issues affecting the transgender community. Dovetail virtual educational activity for March 22 to commemorate Day of Trans Visibility (3/31)
March 22	Virtual event commemorating Day of Trans Visibility	Could tackle a range of issues or focus on specific topic such as youth, PrEP, etc.
May 24	<ol style="list-style-type: none"> 1. CHP 2. Best Practices 3. Plan virtual educational activity for July 26 	
July 26	Virtual educational activity	The burdens we carry: Sex work, sexual violence, and mental health
September 27	<ol style="list-style-type: none"> 1. CHP 2. Best Practices 3. Plan virtual educational activity for Nov. 22 	
November 22	Virtual educational activity	Could tackle a range of issues or focus on specific topic such as youth, PrEP, etc.
Note: Cheryl is working with Drs. Rao and Gardner to explore partnership opportunities to hold space to highlight transgender care and wellness at a COH meeting. Attempting to setup up a meeting.		



Special Populations Best Practices Guiding Tenets


Goal: Develop a list of best practices for care and prevention services that address the needs of your population of interest. Once complete, share the proposed list with the Standards and Best Practices Committee.

Consider the following when developing best practices for your population of interest:

- Relevant to the population
- Based on evidence or research (Make sure to include sources and citations)
- Consistent with national standards of high-quality HIV and STD prevention services
- Influence something important to the population (i.e., contributing to an Ending the HIV epidemic goal, addressing an unmet consumer need, enhancing quality of care)
- Have the potential to be replicated or adapted in provider settings across LA County

Process:

- Brainstorm
 - Draft 5-10 items to focus on. Use the list above to help guide the discussion.
- Research and collect data
 - Assign items to different group members based on their background/expertise, preferences and/or interests, and have them research and collect information on the item.
- Organized data, prepare list and present to group
 - Once all the data have been collected, organize the information in a list or table format and present to the group. This is an opportunity for group members to share their feedback and suggest edits.
- Share proposed list with Standards and Best Practices Committee
 - After your group has decided on a list, share the proposed list with the SBP Committee.



Development of LA County
2022-2026
Integrated HIV Prevention & Care Plan

LA County Commission on HIV Meeting
January 13, 2022

AJ King, Next-Level Consulting, Inc.

Agenda

- Integrated Planning Background and Overview
- Key Concepts Related to CHP Content
- Required Components
- Timeline
- Key Concepts Related to Process
- Next Steps

Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022- 2026

Division of HIV/AIDS Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

HIV/AIDS Bureau

Health Resources and Services Administration

June 2021



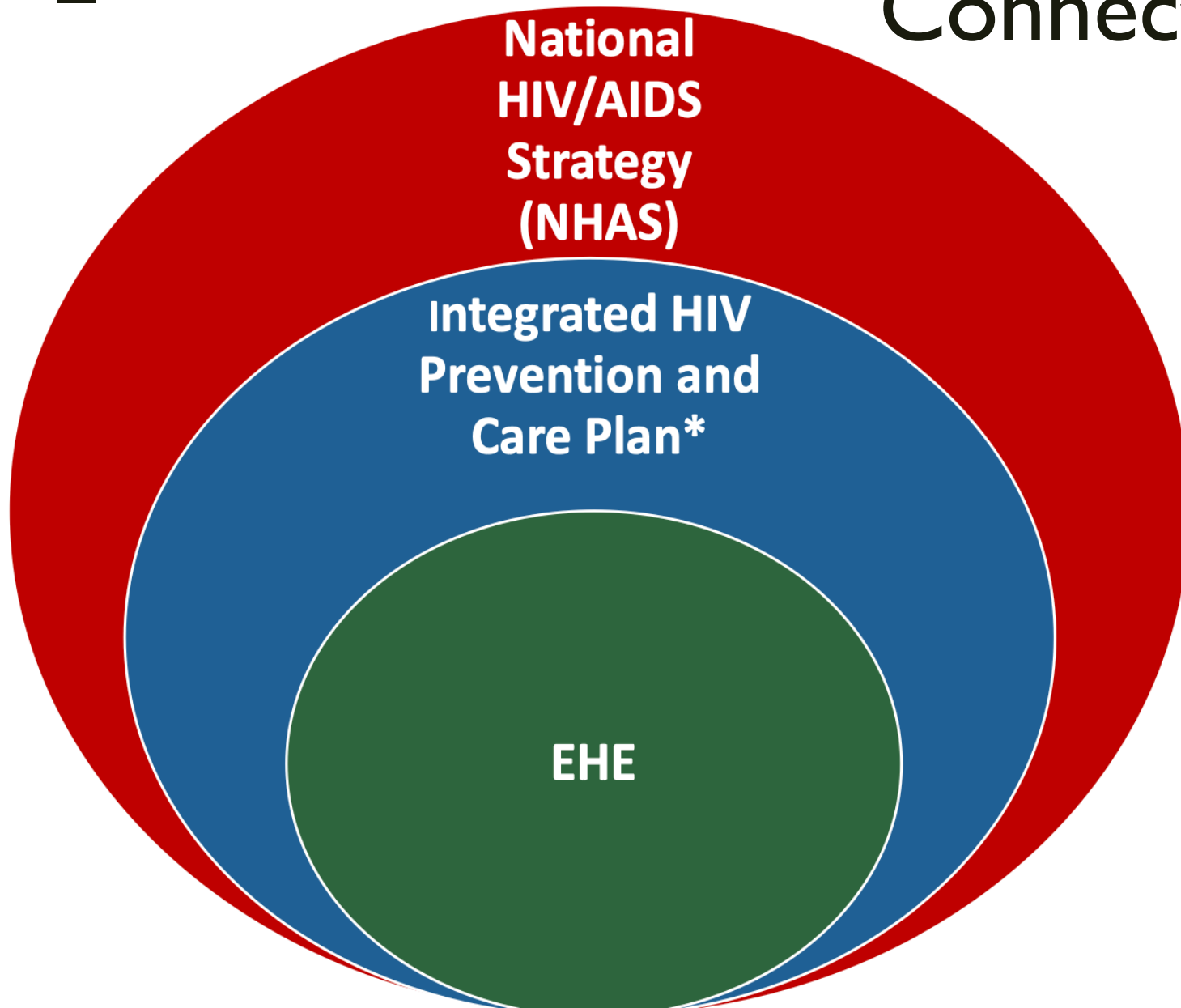
Background and Overview:

- Vehicle to identify needs, resources, barriers and gaps and outline strategies to address them
- Necessitates engagement from wide range of stakeholders
- Aligned with national goals but reflective of local vision, values and needs.
- May submit portions of other plans (e.g. EHE)
- Due in December 2022 – max 100 pages

Key Concepts Related to Content

- Status neutral
- Address syndemics
- Address SDHs and Inequities
- Build off of existing plans

Connection to Other Plans



NHAS Overarching Goal:
Reduce new HIV infections by 90% by 2030

CHP Goals and Objectives
Pertaining to EHE Strategies:

1. Diagnose
2. Treat
3. Prevent
4. Respond

Required Section	Section Description
1. Executive Summary	Describe <u>approach</u> to preparing the Integrated Plan submission; and list and describe <u>all documents used</u> to meet submission requirements.
2. Community Engagement and Planning Process	Describe how we approached the planning process and <u>engaged</u> community members and stakeholders.
3. Contributing Data Sets and Assessments	Epidemiologic Snapshot HIV Prevention, Care and Treatment Resource Inventory Needs Assessment
4. Situational Analysis	Overview of <u>strengths, challenges, and identified needs</u> with respect to Diagnose; Treat; Prevent; Respond.
5. Goals and Objectives	How we will <u>diagnose, treat, prevent and respond</u> to HIV. Should reflect strategies that ensure a unified, coordinated approach for all HIV funding.
6. Integrated Planning Implementation, Monitoring and Follow Up	Infrastructure, procedures, systems, and/or tools that will be used to support the key phases of planning. How to ensure the success of goals and objectives through Implementation; Monitoring; Evaluation; Improvement; Reporting and Dissemination
7. Letters of Concurrence	Specify how the planning body was involved in the Integrated Plan development.

Timeline

**Collect and Synthesize
Assessment Data and
Review Written Documents/Plans**

**Draft of
Section 4:
Situational
Analysis**

**Draft Section 6:
Implementation,
Monitoring and
Follow-Up**

**Public
Comment**

2022

2022

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

**Draft of
Section 3:
Assessments**

**Draft of
Section 5:
Goals &
Objectives**

**DHSP &
COH
Review**

**Final Reviews
& Revisions**

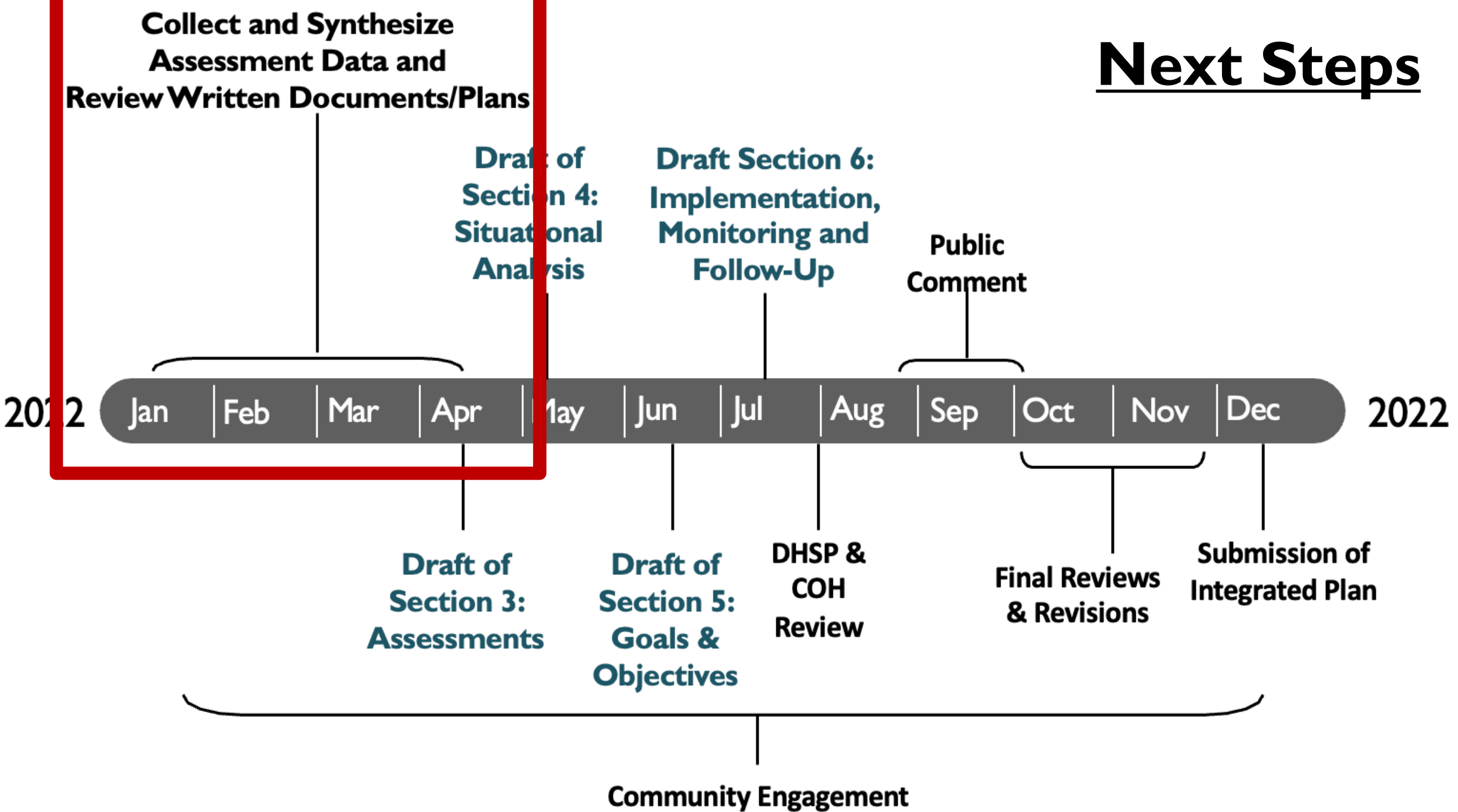
**Submission of
Integrated Plan**

Community Engagement

Key Tenets with Respect to the Process

- Build upon the local EHE plan and similar documents to develop CHP
- Don't recreate, think strategically
- Harness existing and new partnerships
- Engage members of the Commission in a more thoughtful and intentional way

Next Steps



Collect & Synthesize Assessment Data and Information from Documents/Plans

- City Representatives
- Ryan White Stakeholders (Part B, C, D, F)
- Commission Committees, Caucuses, Workgroups, Task Forces
- Incorporate Recommendations:
 - *Black/African-American Task Force*
 - *Aging Task Force*
- Incorporate Plans:
 - *West Hollywood*
 - *Long Beach*

Emerging Themes

**HIV
Workforce
Capacity**

**Leverage
partners to
address SDHs**

**System/
Services
Integration**

**Harm
Reduction and
Needle
Exchange**

Stigma

**Unstably
Housed**

**Messaging for
the Latinx
Community**

**Aging
Population**

**Trans
Community**

**People who use
Crystal Meth**

Thank you!

Contact Information:

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