LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
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EXECUTIVE COMMITTEE
Meeting

Thursday, April 27, 2023
1:00pm-3:00pm (PST)

510 S. Vermont Ave,
Terrace Conference Room A (TK11)
Los Angeles, CA 90020
Validated Parking Available at 523 Shatto Place, LA 90020

Agenda and meeting materials will be posted on our website at
https://hiv.lacounty.gov/executive-committee

Members of the Public May Join in Person or Virtually.

For Members of the Public Who Wish to Join Virtually, Register Here:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=mba0ea58136699feff12b6a39ae15e01c
To Join by Telephone: 1-213-306-3065
Password: EXECUTIVE Access Code: 2592 045 0623

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

To access meeting materials via the QR code: (1) Open your camera app on your smart device, (2) Select the rear-facing camera in Photo or Camera mode, (3) Center the QR code that you want to scan on the screen and hold your phone steady for a couple of seconds, and (4) Tap the notification that pops up to open the link.

LIKE WHAT WE DO?

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

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 3.22.23)

☐ This meeting is a **Brown-Act meeting** and is being recorded.

- The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
- Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
- Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

☐ The **meeting packet** can be found on the Commission's website at https://hiv.lacounty.gov/meetings/ or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.

☐ Please comply with the **Commission's Code of Conduct** located in the meeting packet

☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time. Please note that all attendees are muted unless otherwise unmuted by staff.*

☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**

☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances**" must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on, at all times, and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.

☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

LOS ANGELES COUNTY
COMMISSION ON HIV

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

AGENDA FOR THE REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV

EXECUTIVE COMMITTEE

MONDAY, APRIL 27, 2023 | 1:00 PM – 3:00 PM

510 S. Vermont Ave
Terrace Level Conference Room A (TK11)
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=mba0ea58136699feff12b6a39ae15e01c
To Join by Telephone: 1-213-306-3065
Password: EXECUTIVE Access Code: 2592 045 0623

EXECUTIVE COMMITTEE MEMBERS			
Luckie Fuller, Co-Chair	*Bridget Gordon, Co-Chair*	Everardo Alvizo, LCSW	Miguel Alvarez (Executive At-Large)
Al Ballesteros, MBA	Danielle Campbell, MPH (Executive At-Large)	Erika Davies	Kevin Donnelly
Joseph Green (Executive At-Large)	Lee Kochems, MA	Katja Nelson, MPP	Mario J. Peréz, MPH
Kevin Stalter	Justin Valero, MPA		
QUORUM: 8			

AGENDA POSTED: April 21, 2023

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

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

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

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

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

I. ADMINISTRATIVE MATTERS

1.	Call to Order & Meeting Guidelines/Reminders		1:00 PM – 1:03 PM
2.	Introductions, Roll Call, & Conflict of Interest Statements		1:03 PM – 1:05 PM
3.	Assembly Bill 2449 Attendance Notification for "Emergency Circumstances"	**MOTION #1**	1:05 PM – 1:07 PM
4.	Approval of Agenda	**MOTION #2**	1:07 PM – 1:08 PM
5.	Approval of Meeting Minutes	**MOTION #3**	1:08 PM – 1:10 PM

II. PUBLIC COMMENT

1:10 PM – 1:15 PM

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

8. Executive Director/Staff Report 1:15 PM – 1:30 PM

A. Commission (COH)/County Operational Updates

(1) HRSA & CDC Dear Colleague Letter Re: Joint HIV Outbreak & Housing Response Efforts

(2) Ryan White Part A Conflicts of Interest (COI)

a. Member COI Forms | OVERDUE

9. Co-Chair Report 1:30 PM – 1:55 PM

A. Remembering Dr. Wilbert C. Jordan

B. Reimaging COH Meetings

(1) May – July 2023 COH Meeting Schedule & Agenda Development

a. DHSP Presentation Re: Unmet Needs Part II: Out of Care

b. DHSP Presentation Re: Unmet Needs Part III: In Care, Virally Suppressed

c. DHSP Presentation Re: HIV Surveillance Update & Data Challenges for Native American Population

d. 2023 Renewal Membership Slate

e. National HIV Awareness Days

- 5/17 HIV Vaccine Awareness Day #HVAD
- 5/19 National Asian & Pacific Islander HIV/AIDS Awareness Day #API
- 6/5 HIV Long-Term Survivors Awareness Day #HLTSAD
- 6/26 National HIV Testing Day #HIVTestingDay
- 7/21 Zero HIV Stigma Day #ZeroHIVStigmaDay

B. April 13, 2023 COH Meeting | FOLLOW UP + FEEDBACK

C. Bylaws Review Taskforce | MEMBER RECRUITMENT DEADLINE: 4/27/23

D. Conferences, Meetings & Trainings | OPEN FEEDBACK

E. Member Vacancies & Recruitment

10. Division of HIV and STD Programs (DHSP) Report 1:55 PM – 2:15 PM

A. Fiscal, Programmatic and Procurement Updates

(1) Ryan White Program (RWP) Part A & MAI

(2) Fiscal

(3) Mpox | UPDATES

11. Standing Committee Report 2:15 PM – 2:40 PM

A. Operations Committee

(1) Membership Management

a. Status on New/Pending Membership Applications

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

c. 2023 Renewal Membership Slate

(2) Policies & Procedures

a. Proposed Code of Conduct | **MOTION #4**

b. Policy #08.3204 Attendance Policy | REVIEW

c. 2023 Training Schedule | REMINDER

(3) 2020-2021 Assessment of Administrative Mechanism (AAM) Final Report

(4) Recruitment, Retention and Engagement

12. Standing Committee Report (cont'd) 2:15 PM – 2:40 PM

B. Planning, Priorities and Allocations (PP&A) Committee
   (1) Status Neutral Planning
C. Standards and Best Practices (SBP) Committee
   (1) Universal Service Standards Review
   (2) Nutrition Support Services Standards Review
   (3) Medical Care Coordination Overview
D. Public Policy Committee (PPC)
   (1) County, State and Federal Policy, Legislation, and Budget
      a. 2023-2024 Legislative Docket Development
      b. 2023-2024 Policy Priorities Development
      c. Coordinated STD Response
      d. Act Now Against Meth (ANAM) | UPDATES

12. Caucus, Task Force, and Work Group Reports: 2:40 PM – 2:50 PM

A. Aging Caucus
B. Black/AA Caucus
C. Consumer Caucus
D. Transgender Caucus
E. Women's Caucus
F. Bylaws Review Taskforce
G. Mission & Statement Workgroup
H. Prevention Planning Workgroup

VI. NEXT STEPS 2:50 PM – 2:55 PM

13. Task/Assignments Recap
14. Agenda development for the next meeting

VII. ANNOUNCEMENTS 2:55 PM – 3:00 PM

15. Opportunity for members of the public and the committee to make announcements

VIII. ADJOURNMENT 3:00 PM

Adjournment for the meeting of April 27, 2023 in the memory of Dr. Wilbert C. Jordan

PROPOSED MOTIONS	
MOTION #1:	Approve remote attendance by members due to "emergency circumstances", per AB 2449.
MOTION #2	Approve the Agenda Order as presented or revised.
MOTION #3	Approve the meeting minutes, as presented or revised.
MOTION #4	Approve updates to the Code of Conduct, as presented or revised, and elevate to full body for final approval.

LOS ANGELES COUNTY
COMMISSION ON HIV

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

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

All participants and stakeholders should adhere to the following:

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

2023 MEMBERSHIP ROSTER| UPDATED 4.17.23

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

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

LOA: Leave of Absence

Overall total: 39

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/21/23

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave. 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • *VIRTUAL WEBEX MEETING*

DRAFT

Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission's website and may be corrected up to one year after approval. Meeting recordings are available upon request.

EXECUTIVE COMMITTEE MEETING MINUTES

March 23, 2023

COMMITTEE MEMBERS **P = Present | A = Absent**			
Luckie Fuller, Co-Chair	P	Joseph Green (Executive At-Large)	P
Bridget Gordon, Co-Chair	P	Lee Kochems, MA	P
Everardo Alvizo, LCSW	P	Katja Nelson, MPP	EA
Al Ballesteros, MBA	P	Mario J. Peréz, MPH	P
Danielle Campbell, MPH (Executive At-Large)	P	Kevin Stalter	P
Erika Davies	A	Justin Valero	P
Kevin Donnelly	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Catherine Lapointe, MPH; Lizette Martinez, MPH; Dawn McClendon; Jose Rangel-Garibay, MPH; Sonja Wright, BA, MSOM, Lac, Dipl. OM, PES			
DHSP STAFF			
No other DHSP staff in attendance			

Meeting agenda and materials can be found on the Commission's website at

https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/012b9037-13f7-4bf0-9028-e8503bd44a96/Pkt_EXEC_032323_ongoing.pdf

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Luckie Fuller, Commission on HIV (COH) Co-Chair, called the meeting to order at 1:01 PM and went over meeting guidelines.

2. **INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS**
   L. Fuller led introductions and requested that Committee members state conflicts of interest. Cheryl Barrit, Executive Director, COH, conducted roll call.

   ROLL CALL (PRESENT): E. Alvizo, K. Donnelly, J. Green, L. Kochems, J. Valero, and L. Fuller.

3. **ASSEMBLY BILL 2449 ATTENDANCE NOTIFICATION FOR "EMERGENCY CIRCUMSTANCES"**
   MOTION #1: Approve remote attendance by members due to "emergency circumstances," per AB 2449. ***No Committee members invoked attendance under AB 2449; no vote held***

4. **APPROVAL OF AGENDA**
   MOTION #2: Approve the Agenda Order, as presented or revised. ***✓Passed by consensus***

5. **APPROVAL OF MEETING MINUTES**
   MOTION #3: Approve the Executive Committee minutes, as presented or revised. ***✓Passed by consensus***

II. PUBLIC COMMENT

6. **OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.**
   Kevin Donnelly noted that at the last Planning, Priorities & Allocations (PP&A) meeting, Jesus "Chuy" Orozco, Housing Opportunities for Persons with AIDS (HOPWA) representative, shared that many of HOPWA's staff are new hires undergoing training and are experiencing stress as they adjust to their new roles. K. Donnelly reminded commissioners to be patient as HOPWA staff are under a lot of pressure.

III. COMMITTEE NEW BUSINESS ITEMS

7. **OPPORTUNITY FOR COMMITTEE MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.**
   No committee new business items.

IV. REPORTS

8. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission (COH)/County Operational Updates

(1) Reimagining COH Meetings

C. Barrit reported that the Executive Committee has been discussing changing the COH meeting structure and frequency. Possible changes include cancelling several COH meetings and replacing them with learning sessions. Potential topics include housing, mental health, and substance use. Kevin Stalter commented that cancelling meetings would delay important items, specifically voting on new membership applications.

(2) Ryan White Part A Conflicts of Interest

C. Barrit reported that the Health Resources and Services Administration (HRSA) now requires an additional Ryan White Part A conflict of interest form for all commissioners; see meeting packet for draft form. J. Valero suggested adding the names of commissioners on the first page of the form rather than the last.

9. CO-CHAIR REPORT

A. Welcome Executive At-Large Members – Danielle Campbell & Joseph Green

L. Fuller welcomed new Executive At-Large members Danielle Campbell and Joseph Green.

B. March 9, 2023 COH Meeting | FOLLOW UP + FEEDBACK

The Committee discussed the following feedback from the March 9, 2023 COH meeting:

- J. Green reported that he met with newly onboarded commissioner Arlene Frames to serve as her mentor.
- C. Barrit shared that Dr. Jerry Gates resigned from his role on the COH. His seat will be replaced by another Ryan White Part F representative. Al Ballesteros commented that the new Part F representative should engage more in COH meetings and provide more frequent updates.
- Miguel Alvarez and J. Valero requested if an American Sign Language (ASL) interpreter could be present at COH meetings. C. Barrit responded that accommodations for interpretation have always been made at the request of the public.
- The Committee held a robust discussion on the February 9th COH meeting accidental open-mic incident, in which a commissioner made racial remarks

following the National Black HIV/AIDS Awareness Day (NBHAAD)/Black History Month panel discussion. L. Fuller asked if there is a protocol in place to hold accountability for such incidents. C. Barrit and D. McClendon responded that there is a formal COH grievance policy that was followed. J. Green responded that a point-of-order protocol should be used to address the situation as soon as it happens. He also recommended implementing a zero-tolerance policy for harmful speech. M. Alvarez recommended including language around holding accountability for actions within the COH's Code of Conduct. He also suggested using a "time out" approach to give people time to reflect on their actions. D. Campbell commented that there should be better reinforcements for addressing such issues. Bridget Gordon suggested removing funding from agencies with employers who use harmful language toward commissioners; however, A. Ballesteros noted that the COH is to remain neutral among all agencies and does not have the authority to remove funding. K. Stalter noted that it is important not to immediately remove commissioners who express opinions that not everyone may agree with. M. Alvarez concurred and noted that the COH needs to work together, even if some commissioners do not get along.

(1) New Business: Address HIV in Native American Communities

At the March COH meeting, Dr. William King suggested acknowledging the impact of HIV on Native American communities. K. Stalter suggested reaching out to a subject matter expert to discuss the topic.

C. April 13, 2023 COH Meeting Agenda Development

L. Fuller provided a brief overview of the topics that will be covered at the April 13, 2023, COH meeting, including the following:

(1) Acknowledgement of National Youth HIV/AIDS Awareness Day (NYHAAD)
(2) Unmet Needs Presentation (DHSP)
(3) HRSA Ryan White Part A & EHE Site Visit Follow Up & Feedback (DHSP)
(4) Executive At-Large Membership Open Nominations & Elections – 3rd Seat
(5) Jose Magaña Membership Seat Change for Approval
(6) Oral Healthcare Service Standards for Approval

D. Conferences, Meetings & Trainings | OPEN FEEDBACK

L. Fuller asked the Committee if open feedback regarding conferences, meetings, and trainings attended should remain as a standing item for COH meetings or be changed to a quarterly item. The group decided to keep it as a standing item.

E. Member Vacancies & Recruitment

The COH continues to work on strategies for new member recruitment, particularly among unaffiliated consumers.

10. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT

A. Fiscal, Programmatic and Procurement Updates

(1) Ryan White Program (RWP) Part A & MAI

a. HRSA Ryan White Part A and EHE Site Visit Feedback

Mario Peréz, Director, DHSP, informed the Committee that a full report on the HRSA site visit will be provided within the next two to three weeks. Dr. Michael Green, DHSP staff, shared that the HRSA site visit resulted in several findings, including the following:

- DHSP and the COH must correct paperwork.
- Members of DHSP can count as quorum for meetings but they cannot vote on motions.
- There are difficulties filling unaffiliated consumer seats.
- Affiliated consumers cannot vote on items that will affect their respective agencies.

B. Gordon asked when the next HRSA site visit will be. Dr. Green responded that HRSA typically works on a four-to-five-year cycle. J. Valero inquired if the bylaw review can be expedited. J. Green responded that it cannot because changing the COH bylaws is an extensive process.

(2) HIV Workforce Summit Updates & Feedback

M. Peréz reported that the HIV Workforce Summit went well and had more than 500 HIV service providers in attendance. A summary of the event will be shared soon.

(3) Fiscal – *No fiscal update provided.*

(4) Mpox | UPDATES

M. Peréz reported that mpox cases have been low (1-2 cases per week) in Los Angeles County (LAC). DHSP has been working on a social marketing campaign to increase mpox vaccine uptake among priority populations. Alasdair Burton inquired if a mobile vaccine unit could be present at a future Consumer Caucus meeting; however, M. Peréz noted that vaccine promotion is targeted for large-scale events to reach a broader audience.

11. STANDING COMMITTEE REPORTS

A. Operations Committee

(1) Membership Management

a. Seat Change | Jose Magaña to Provider Representative #1

MOTION #4: Approve Jose Magaña seat change from Alternate to Provider Representative #1, as presented or revised, and elevate to full body for final approval at its April 13, 2023 meeting. ***✓Passed by roll call vote (Yes: E. Alvizo, A. Ballesteros, D. Campbell, K. Donnelly, L. Kochems, K. Stalter, J. Valero, L. Fuller, and B. Gordon; No: 0; Abstain: M. Peréz)***

b. Status on New/Pending Membership Applications

J. Valero reported that the Operations Committee and COH staff recently conducted seven new membership interviews. The Committee will continue with their discussion on potential COH members at their next meeting.

c. Parity, Inclusivity & Reflectiveness (PIR) Status

The Operations Committee reviewed PIR status at its March meeting.

(2) Policies & Procedures

a. Policy #08.1104 – Co-Chair Elections and Terms

MOTION #5: Approve updates to Policy #08.1104 (Commission and Committee Co-Chair Elections and Terms), as presented or revised, and elevate to full body for final approval at its April 13, 2023 meeting. ***✓Passed by roll call vote (Yes: E. Alvizo, A. Ballesteros, D. Campbell, K. Donnelly, J. Green, L. Kochems, J. Valero, L. Fuller, and B. Gordon; No: 0; Abstain: M. Peréz and K. Stalter)***

b. Code of Conduct | Proposed Changes

The Operations Committee discussed proposed changes to the COH Code of Conduct. The draft document will be sent out for a 30-day public comment period.

(3) Assessment of Administrative Mechanism | Updates

The Operations Committee decided to dedicate its April meeting to focus on the Assessment of Administrative Mechanism (AAM).

(4) Recruitment, Retention and Engagement

The Operations Committee continues to work on commissioner recruitment, retention, and engagement.

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

(1) Status Neutral Training & Technical Assistance Planning

K. Donnelly and A. Ballesteros reported that at its March meeting, the PP&A Committee held a discussion on how to implement a status-neutral approach to HIV service planning. Possible strategies include conducting listening sessions and surveys.

C. Standards and Best Practices (SBP) Committee

(1) Oral Healthcare Service Standards

MOTION #6: Approve Oral Healthcare Services Standards, as presented or revised, and elevate to full body for final approval at its April 13, 2023 meeting
✓Passed by roll call vote (Yes: E. Alvizo, A. Ballesteros, D. Campbell, K. Donnelly, L. Kochems, K. Stalter, J. Valero, L. Fuller, and B. Gordon; No: 0; Abstain: M. Peréz)

(2) Universal Service Standards Review

K. Stalter reported that the SPB Committee began discussing the universal standards.

(3) Medical Care Coordination Overview

At its last meeting, the SBP Committee received a Medical Care Coordination (MCC) overview from Wendy Garland, DHSP staff.

D. Public Policy Committee (PPC)

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

Lee Kochems reported that the following items will be discussed at the April PPC meeting:

a. 2023-2024 Legislative Docket Development
b. 2023-2024 Policy Priorities Development
c. Coordinated STD Response
d. Act Now Against Meth (ANAM) | UPDATES

12. CAUCUS, TASK FORCE, AND WORKGROUP REPORTS

A. Aging Caucus

K. Donnelly reported that the Aging Caucus cancelled their March meeting. At their April meeting, the Aging Caucus will plan for a National HIV and Aging Awareness Day event and begin discussing strategies to incorporate the Comprehensive HIV Plan 2022-2026 into their planning. K. Donnelly also reported that the Aging Caucus developed a letter to address the need for improved housing services for older people living with HIV (PLWH); see meeting packet.

B. Black/African American Caucus

D. Campbell reported that the Black/African American Caucus will be meeting on March 23rd and will discuss strategic planning for their needs assessment for Black-led agencies in LAC.

C. Consumer Caucus

A. Burton reported that the Consumer Caucus will have their quarterly HOPWA update at their April meeting.

D. Transgender Caucus

J. Rangel-Garibay reported that the Transgender Caucus met on February 28th and elected Yara Tapia as co-chair. The Caucus will meet next on March 28th and will discuss their 2023 workplan.

E. Women's Caucus

D. McClendon reported that the Women's Caucus decided to meet on a quarterly basis. Their next meeting will be on April 17th from 2-4PM.

F. Bylaws Review Taskforce

The Committee agreed to extend recruitment of participants to March 24th.

G. Mission & Vision Statement Workgroup

L. Fuller reported that the revised COH mission and vision statement is available for review; see meeting packet.

H. Policy #08.1104: Co-Chair Terms & Elections Workgroup

D. McClendon reported that the revised co-chair terms and elections will be presented to the full COH for review.

I. Prevention Planning Workgroup (PPW)

K. Donnelly reported that the PPW is planning to reintegrate into the PP&A Committee. At their last meeting, the PPW discussed common themes that were identified in the Prevention Knowledge, Attitudes, and Beliefs (KAB) survey.

V. NEXT STEPS

13. TASK/ASSIGNEMTS RECAP

- The Executive Committee will work on sending out letters to recruit a Medi-Cal representative.
- There will be a 30-day public comment period to review the revised COH Code of Conduct.
- There will be a 30-day commissioner-only comment period for the revised COH mission and vision statement.

14. AGENDA DEVELOPMENT FOR THE NEXT MEETING

The Executive Committee finalized their agenda for the next meeting.

VI. ANNOUNCEMENTS

15. OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS

- J. Valero announced that LA Leather Pride will be hosting a festival on March 26th in commemoration of Leather and Pride Week.
- K. Donnelly recommended seeking out newly appointed commissioner Redeem Robinson on social media to see his content related to the work of the COH. He encouraged commissioners to spread the word about the COH on social media.

VII. ADJOURNMENT

16. ADJOURNMENT FOR THE MEETING OF MARCH 23, 2023

The meeting was adjourned by B. Gordon at 3:13 PM.

CDU | Drew CARES
Charles R. Drew University of Medicine and Science

REMEMBERING A GIANT

Dr. Wilbert C. Jordan

Memorial Instructions

FRIDAY

April 28 2023

4 PM - 7 PM

RSVP at http://evite.me/vczy96JtZN
Or, scan the QR code to the right if attending the memorial service →

Charles R. Drew University
1731 E. 120th St. Los Angeles, CA 90059

Livestream will be available at
https://www.youtube.com/CharlesRDrew/streams
Or, scan the QR code to the left to view the livestream

April 12, 2023

Dear Recipients:

In recent years, numerous HIV outbreaks among people experiencing homelessness and housing instability have been identified[i]. Housing status is a social determinant of health that has a significant impact on HIV prevention and care outcomes. The experiences of homelessness and housing instability are linked to higher viral loads and failure to attain or sustain viral suppression[ii] among people with HIV. The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) clients with unstable or temporary housing have lower levels of viral suppression than those with stable housing (77.3% clients versus 90.8%) clients [iii]. Homelessness and housing instability are also associated with increased vulnerability for HIV acquisition. Stable housing provides a foundation from which people can participate in HIV prevention services and is associated with reductions in behaviors associated with getting or transmitting HIV[iv].

The National HIV/AIDS Strategy for the United States (2022-2025) sets a bold target to decrease homelessness and housing instability for people with HIV by 50 percent. The Strategy also calls for improved coordination among federal, state, and local governments and community-based organizations to quickly detect and respond to HIV outbreaks[v]. As such, the Centers for Disease Control and Prevention (CDC) Division of HIV Prevention, the U.S. Department of Housing and Urban Development (HUD) Office of HIV/AIDS Housing (OHH), and HRSA's HIV/AIDS Bureau (HAB) have partnered on recent responses to HIV outbreaks among people experiencing homelessness and housing instability.

Based on the lessons learned through our joint outbreak response efforts, CDC, HUD, and HRSA encourage communities to take the following actions to effectively prepare for and respond to these outbreaks:

- Health departments and housing providers should integrate and assess HIV prevention, care, and housing data on individuals impacted by outbreaks to

determine the extent to which they are experiencing homelessness or housing instability and to identify gaps and coordinate service delivery to improve housing stability and health outcomes.

- Personnel involved with outbreak response should assess HIV prevention, care, and treatment needs and leverage all available resources to establish integrated models of service delivery that meet people where they are.
- Individuals engaged in local outbreak response efforts should identify and leverage housing resources to assist people experiencing homelessness and housing instability in their community in addition to those available through HUD's Housing Opportunities for Persons With AIDS (HOPWA) program. Although HOPWA is a critical housing program for people with HIV, current funding does not meet the need for housing services for this population. In addition, HOPWA is unable to serve people who do not have HIV. Information on non-HOPWA housing resources can be found in the attached APPENDIX Federal Support for Housing Services and HIV Outbreak Response.
- Housing providers should implement Housing First and other low-barrier housing models that offer flexibility, individualized support, and client choice in the provision of housing assistance and supportive services, including integration with substance use disorder services.
- Housing providers should explore shared housing arrangements to foster social connection, decrease housing costs, and expand available units to people with HIV and those without HIV who need prevention services.
- Housing providers should use grant funds for housing navigator positions to partner with HIV prevention and care outreach workers to provide linkage and referrals to housing programs and resources for people experiencing homelessness or housing instability.

These recommendations are based on experiences in communities with HIV outbreaks among people experiencing homelessness and housing instability. In these communities, people with HIV may also experience a variety of additional challenges, including substance use, mental health disorders, other infectious and non-infectious diseases, incarceration, food insecurity, unemployment, trauma and loss, and stigma[vi]. Some communities experienced difficulties in responding to these outbreaks due to a lack of low-barrier or Housing First housing options, including insufficient options for people with a history of incarceration or people who actively use injection drugs. Another barrier to HIV prevention efforts was limited capacity for substance use disorder services. In addition, the jurisdictions reported a need for flexible housing assistance models to serve those at different

stages of homelessness or housing instability, regardless of their HIV status, to transition to safe, stable housing with social support.

The lessons learned from these recent outbreak response efforts underscore the need for ongoing collaboration among state and local public health, healthcare, housing, and social services providers to prepare for and respond to HIV outbreaks, reduce HIV transmission, and improve HIV care and viral suppression outcomes. In at least two of these communities, Homeless Management Information System (HMIS) data provided important insights to HIV surveillance staff in identifying needs and guiding efforts to determine eligibility for and link people to appropriate housing and services as available.

In all the communities that experienced outbreaks, the assessment of service gaps played a critical role in addressing both immediate and long-term service needs. State and local health departments worked with service providers to expand service delivery, including co-location of services, training and capacity development at sites, and the establishment of new partnerships with trusted providers in the community. Many of these activities can be done before an outbreak occurs, as identifying gaps and developing new models of service delivery strengthen the overall system of care for all people regardless of HIV status.

As we work to end the HIV epidemic, collaboration among public health, healthcare, housing, and social services providers is critical for effective detection and response to outbreaks and the prevention of future outbreaks among people experiencing homelessness or housing instability. Community efforts to provide safe and stable housing, reduce new HIV infections, and increase access to care and support for people with HIV, are necessary in order to achieve the goals of the National HIV/AIDS Strategy and the Ending the HIV Epidemic in the U.S. (EHE) Initiative. We look forward to our continued federal collaboration and work with our state and local partners to take actions to end the HIV epidemic in the United States.

Sincerely,

/Jonathan Mermin/
Jonathan H. Mermin, MD, MPH
Rear Admiral and Assistant Surgeon General, USPHS
Director

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

/Jemine A. Bryon/
Jemine A. Bryon
Deputy Assistant Secretary
Office of Special Needs
Housing and Urban Development

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

APPENDIX
Federal Support for Housing Services and HIV Outbreak Response

HUD

It is especially important that HUD-funded organizations engage in HIV outbreak response efforts to house and stabilize people with HIV and people who do not have HIV but would benefit from prevention services. Grant funding under HUD's Housing Opportunities for Persons With AIDS (HOPWA) program can be used to support a range of housing assistance types and supportive services for low-income people with HIV and their families. Grant funding under HUD's Continuum of Care (CoC) and Emergency Solutions Grants (ESG) programs can be used to provide emergency, transitional, and permanent housing, outreach, and supportive services to individuals and families experiencing homelessness who are either HIV-positive or those who need HIV prevention services. In addition, these programs can fund housing search activities for eligible individuals and families.

The HOPWA, CoC, and ESG programs allow for shared housing arrangements where one or more individuals or households agree to share the space and cost of a permanent rental housing unit. The benefits of shared housing models include increased social connection and decreased isolation, reduced housing costs, and opportunity to access better housing options. These programs also promote the adoption of Housing First principles by funded housing providers, which include having few programmatic prerequisites, low-barrier admission policies, quick and successful connection to permanent housing, proactively offered but voluntary supportive services, and a focus on housing stability.

HUD staff and technical assistance (TA) providers can offer guidance and support to communities encountering an HIV outbreak among people experiencing homelessness or housing instability. Individuals engaged in outbreak detection and response efforts should contact their local HUD Office of Community Planning and Development (CPD), which can provide information and facilitate connections to local housing and service providers and can coordinate with Office of HIV/AIDS Housing and other HUD staff to provide guidance and technical assistance to assist with outbreak response efforts on the HUD Exchange TA portal. HMIS Privacy and Security Standards: Emergency Data Sharing for Public Health or Disaster Purposes includes information for communities covered under HMIS Privacy and Security Standards of the capabilities and limitations of sharing client information during public health or disaster emergencies.

As people of color are overrepresented in both the HIV epidemic and in the numbers of people experiencing homelessness, HUD recognizes the need for communities to better understand and address these issues. The Racial Equity page on the HUD Exchange website includes resources, data toolkits, and research reports related to identifying disparities and implementing responses to address the overrepresentation of people of color in the homeless system.

Congress appropriated significant additional resources to HUD to help communities respond to COVID-19 and the resulting economic crisis, including funding under the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the American Rescue Plan (ARP) that are being utilized to address homelessness and housing instability. The HOPWA and ESG programs were allocated supplemental grant funds under the CARES Act that communities may use for COVID-19 preparedness and response activities, including rental assistance, homelessness prevention, and supportive services for people with HIV and people experiencing homelessness. ARP funding is being administered through HUD's HOME Investment Partnerships (HOME) program and has the purpose of assisting individuals or households who are homeless or at risk of homelessness and other vulnerable populations by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability.

HRSA

RWHAP funding can be used for a variety of support services, including housing, that help people with HIV stay in HIV care and treatment. RWHAP recipients determine which services to fund depending on community needs and resources. The allowable support services, such as housing, can help bridge gaps that exist in the current services and help limited resources stretch further.

The RWHAP AIDS Education and Training Center (AETC) Program provides training that is critical to capacity development in areas experiencing an HIV outbreak or at risk for an outbreak. Available training includes HIV testing, preexposure prophylaxis (PrEP), HIV treatment, and integrating mental health and substance use treatment into HIV care, as well as other topics that can help address service needs. Communities have been able to successfully expand HIV care and treatment in non-traditional settings that have resulted in integrated models, such as one-stop shops.

In 2017, HRSA and HUD released a joint statement to funded organizations encouraging the sharing of data across systems to better coordinate and integrate

medical and housing services for people with HIV. In 2019, the agencies released a toolkit for service providers with best practices for sharing data and improving service coordination.

The Bureau of Primary Health Care's (BPHC) National Health Care for the Homeless Program supports community-based organizations to provide high-quality, accessible health care, including HIV prevention services, to people experiencing homelessness.

CDC

CDC's Division of HIV Prevention provides technical assistance and support for responding to HIV clusters and outbreaks. CDC support can include assistance with epidemiologic analysis and interpretation, connection with peers across the country doing similar work, identification of promising best practices and innovative delivery of prevention activities, and assistance with planning and implementing response activities for specific clusters or outbreaks. Organizations with needs or interests related to HIV outbreak response in their community should contact their state or local health department, who can facilitate collaboration with CDC as needed.

CDC also funds a Capacity Building Assistance (CBA) Provider Network to provide free CBA services to state and local health departments, community-based organizations, and healthcare organizations to support their implementation of high-impact HIV prevention initiatives. Providers can provide support in several areas, including addressing social determinants of health, HIV services for disproportionately impacted populations, such as those experiencing homelessness or unstable housing, and cluster detection and response. More information on each organization funded can be found in the CBA Provider Service Directory. Additionally, online, virtual, and in-person trainings are available, including a training on homelessness for public health providers.

CDC funds state and local health departments to implement evidence-based, high-impact programs to improve access to HIV and other health and social services; this includes a range of activities related to detecting and responding to HIV clusters and outbreaks. CDC also prioritizes hearing from and collaborating with people with HIV through roundtables, town halls, and ongoing community listening sessions focused on issues that intersect with HIV and affect health outcomes, including housing.

Through the Ending the HIV Epidemic in the U.S. Initiative (EHE), CDC funds 32 state and local health departments to implement locally tailored and integrated solutions to meet the unique needs of their communities, including flexibilities to use funds to support housing. CDC also funds over 100 community-based organizations and their clinical partners to deliver comprehensive HIV services to communities disproportionately affected by HIV. In addition, CDC supports the Housing Learning Collaborative, a virtual learning community to build capacity of EHE jurisdictions to develop and implement innovative programs to respond to housing-related needs. CDC published an issue brief on the role of housing in Ending the HIV Epidemic and federal efforts to address housing and HIV more broadly.

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[i] Lyss S, Buchacz K, McClung RP, Asher A, Oster AM. Responding to Clusters and Outbreaks of Human Immunodeficiency Virus Among People Who Inject Drugs: Recent Experience and Lessons Learned. *J Infect Dis*. 2020 Sep 2;222(Supplement_5): S239-S249.

[ii] Aidala, A. A., Wilson, M. G., Shubert, V., Gogolishvili, D., Globerman, J., Rueda, S., Bozack, A. K., Caban, M., & Rourke, S. B. Housing Status, Medical Care, and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review. *American Journal of Public Health*, 106(1), e1–e23. 2016.

[iii] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021. ryanwhite.hrsa.gov/data/reports. Published December 2022.

[iv] Aidala, et al. 2016.

[v] The White House. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC. 2021.

[vi] Lyss, et. al. 2020

Conflict of Interest and Affiliation Disclosure Form

Consistent with the Los Angeles County Code 3.29.046 (Conflict of Interest), the Los Angeles County Commission on HIV (Commission), members are required to abide by the Conflict of Interest and Disclosure requirements of the Commission, the County of Los Angeles, the State of California (including Government Code Sections 87100, 87103, and 1090, et seq.), the Ryan White Program, as outlined in Human Resources & Services Administration (HRSA) and relevant Center of Disease Control (CDC) prevention grant guidance. ***Please note that this Conflict of Interest and Affiliation Disclosure Form is not affiliated with and is separate from the County's Statements of Economic Interests - Form 700 required by the State of California Fair Political Practices Commission.***

Conflict of Interest, for purposes of the Ryan White Program, is defined as having a financial interest in, serving as a board member, being employed by, having been employed by, or having a contract or agreement with, an organization, partnership, or any other entity, whether public or private, that receives Ryan White Part A funds. These provisions extend to direct ascendants and descendants, siblings, spouses and domestic partners of Commission members and non-Commission Committee-only members*.

Additionally, as an integrated HIV prevention and care planning body for Los Angeles County, the Commission extends disclosure to those having a financial interest in, serving as a board member, being employed by, having been employed by, or having a contract or agreement with, an organization, partnership, or any other entity, whether public or private, that receives CDC HIV-prevention funding from Los Angeles County.**

**If you, a family member, or a member of your household also have a role as an employee or a Board member of an organization or agency that has received or is seeking Part A Program funds from Los Angeles County, please disclose that information below.*

***If you have a role as an employee or a Board member of an organization or agency that has received or is seeking CDC HIV-prevention funding through Los Angeles County, please disclose that information.*

If you are a client and your only relationship with an organization or agency is that you receive, or are eligible for, services or you participate on a client or consumer advisory board, that would not be considered a conflict of interest.

Commission Member Name: _____

As defined above, do you have a Conflict of Interest(s): ☐ Yes ☐ No

If yes, please describe: _____

_____

_____

Conflict of Interest and Affiliation Disclosure Form

Affiliation Disclosure

Regarding Ryan White Program Part A funding, please check the entities with which you (or your ascendants, descendants, siblings, spouses, or domestic partners) have been professionally affiliated with in the past twelve (12) months. Regarding CDC HIV-prevention funding, please check the entities with which you have been professional affiliated with in the past twelve (12) months. ****DO NOT CHECK AGENCIES WHERE YOU VOLUNTEER OR ARE A CLIENT***

- ☐ AIDS Healthcare Foundation
- ☐ African American AIDS Policy and Training Institute (d.b.a. Black AIDS Institute)
- ☐ Alliance for Housing and Healing
- ☐ AltaMed Health Services Corporation
- ☐ APLA Health & Wellness
- ☐ Asian American Drug Abuse Program
- ☐ Automated Case Management Services, Inc.
- ☐ Being Alive: People with AIDS Coalition
- ☐ Bienestar Human Services, Inc.
- ☐ Center for Health Justice, Inc.
- ☐ Central City Community Health Center
- ☐ Charles R. Drew University of Medicine & Science
- ☐ Children's Hospital of Los Angeles
- ☐ City of Long Beach, Dept of Health & Human Services
- ☐ City of Pasadena Public Health Department
- ☐ Coachman Moore & Associates, Inc.
- ☐ Community Health Alliance of Pasadena
- ☐ Dignity Health (dba St. Mary Medical Center)
- ☐ East Los Angeles Women's Center
- ☐ East Valley Community Health Center, Inc.
- ☐ El Centro del Pueblo
- ☐ El Proyecto del Barrio, Inc.
- ☐ Entercom California, LLC
- ☐ Essential Access Health
- ☐ Focus International, Inc. d.b.a. Focus Interpreting
- ☐ Friends Research Institute, Inc.
- ☐ Greater Los Angeles Agency on Deafness, Inc.
- ☐ Healthcare Staffing Solutions, Inc.
- ☐ Heluna Health
- ☐ In The Meantime Men's Group
- ☐ Inner City Law Center
- ☐ JWCH Institute, Inc.
- ☐ LAC+USC Foundation Medical Center Foundation, Inc.
- ☐ Los Angeles Centers for Alcohol & Drug Abuse
- ☐ Los Angeles LGBT Center
- ☐ Men's Health Foundation
- ☐ Minority AIDS Project
- ☐ Northeast Valley Health Corporation
- ☐ Project Angel Food
- ☐ Project New Hope
- ☐ Public Health Foundation Enterprises, Inc. (dba Heluna Health)
- ☐ Realistic Education in Action Coalition to Foster Health (dba REACH LA)
- ☐ Special Service for Groups
- ☐ St. John's Well Child and Family Center
- ☐ T.H.E. Clinic, Inc.
- ☐ Tarzana Treatment Centers, Inc.
- ☐ The Center Long Beach (One in Long Beach, Inc.)
- ☐ The Regents of California, University of Los Angeles (UCLA)
- ☐ The Salvation Army
- ☐ The Wall Las Memorias, Inc.
- ☐ University of Southern California
- ☐ USC- MCA Center Keck School of Medicine
- ☐ Venice Family Clinic
- ☐ Via Care Community Health Center, Inc.
- ☐ Watts Healthcare Corporation
- ☐ Westside Family Health Center
- ☐ Other Agency/Organization Not listed: _____

Conflict of Interest and Affiliation Disclosure Form

All members are expected to comply with the foregoing disclosure of conflicts of interest and affiliations, as defined and in accordance with governing authority, to ensure that planning activities and decisions by the Commission are performed in a manner that promotes transparency in meeting the needs of people living with and impacted by HIV in Los Angeles County.

By signing below, you are acknowledging that all the information provided on this form is true and accurate and that you have described any and all relationship with Ryan White Part A and CDC HIV-prevention funded providers.

Print Name: _____

Signature:_____Date: ____/____/_____

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020
TEL: (213) 738-2816 • EML: hivcomm@lachiv.org • WEB: http://hiv.lacounty.gov

PROPOSED UPDATES TO CODE OF CONDUCT
PUBLIC COMMENT TRACKER
(March 23-April 21, 2023)

NAME	DATE	COMMENT(S)
Pamela Ogata (DHSP)	**3/23/23**	I agree, these are good ground rules for the Commission. What happens if they are not followed?
Ilish Perez (DHSP)	**3/23/23**	All participants and stakeholders should adhere to the following: 1) We approach all our interactions with compassion, respect, and transparency. 2) We seek clarity to avoid assumptions. 3) We respect others' time by starting and ending meetings on time, being punctual, and staying present. 4) We listen with intent, avoid interrupting others, and elevate each other's voices. 5) We encourage all to bring forth ideas for discussion, community planning, and consensus. 6) We focus on the issue, not the person raising the issue. 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. – I suggest adding something like an action were someone can actively learn on how to prevent repeating the same mistake.
Robert Aguayo Deputy Director El Centro Del Pueblo	**3/24/23**	I agree with your revised code of conduct and recommend that these are included with all agendas and materials that are submitted as part of the Commission meetings or subcommittees.
Ricky Rosales (COH Member)	**3/23/23**	What are the consequences for violating the code of conduct? I think that is the piece that has always been missing.
Commission Staff	**4/24/23**	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."

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

(PROPOSED) 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) **We give and accept respectful and constructive feedback.**
7) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
8) **We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
9) **We give ourselves permission to learn from our mistakes.**

Click here to view the current Code of Conduct.

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

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COMMISSION ON HIV

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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

I, _____ certify that I have read and fully understand the Los Angeles County Commission on HIV's Code of Conduct. I further understand that failure to adhere to the Commission's Code of Conduct may be cause for disciplinary action.

_____ _____

Commission Member Signature Date

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

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LOS ANGELES COUNTY
COMMISSION ON HIV

2023 Training Schedule

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

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

Mandatory core trainings for all commissioners.

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

April 27, 2023

LOS ANGELES COUNTY
COMMISSION ON HIV

Background

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

Background

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

Assessment Methodology

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

Assessment Methodology

Online Survey of Commissioners:

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

Online Survey Contracted Providers:

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

Limitations

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

Key Observations: Commissioners

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

Key Observations: Commissioners

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

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

Key Recommendations: Commissioners

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

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

Key Recommendations: Commissioners

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

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

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

Key Themes: Contracted Providers

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

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

Key Themes: Contracted Providers

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

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

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

Key Themes: Contracted Providers

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

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

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

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

Key Themes: Contracted Providers

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

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

Key Themes: Contracted Providers

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

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

Key Themes: Contracted Providers

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

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

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

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

Key Themes: Contracted Providers

Payments within 30 Days Have Improved

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

- Payment turnaround time has improved.

Key Themes: Contracted Providers

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

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

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

Suggestions for Improvement: Contracted Providers

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

Thank you.

3/13/2023

Assessment of the Administrative Mechanism (AAM)

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

Final Draft

LOS ANGELES COUNTY
COMMISSION ON HIV

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

Table of Contents

I. Introduction and Purpose of Report

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

II. Assessment Methodology

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

Online Survey of Commissioners:

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

Online Survey Contracted Providers:

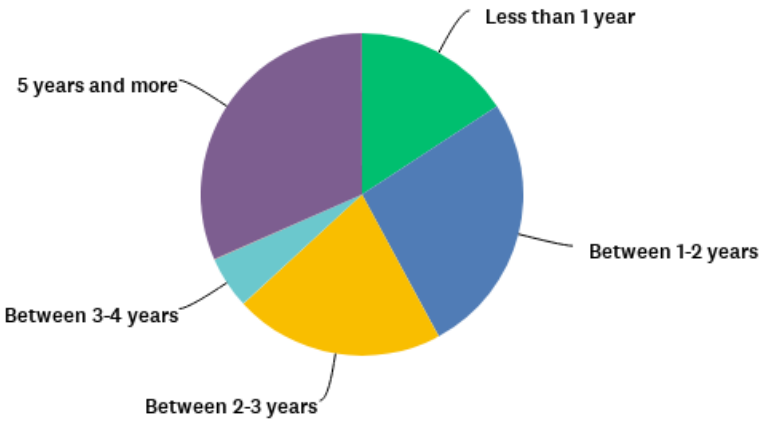
All 43 County-contracted HIV prevention and care providers were invited to participate in the AAM survey between August 18-September 15, 2022. 11 agencies completed the survey. Agencies were asked to provide one response per agency.

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

III. Assessment Responses

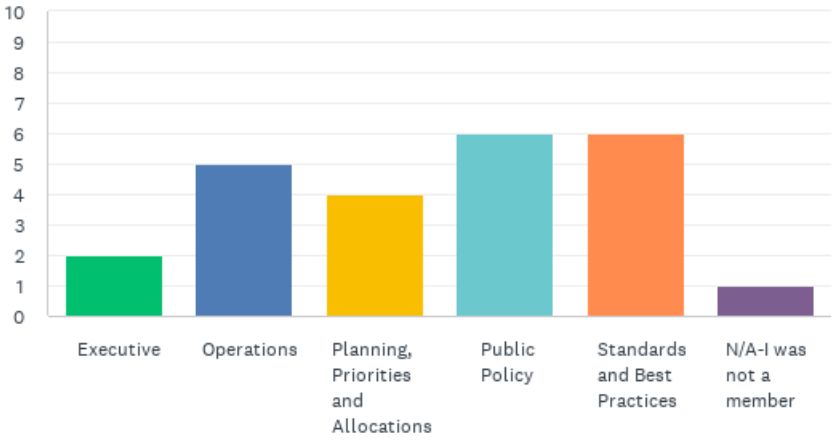
A. Survey of Los Angeles County Commission on HIV Commissioners[1]

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



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

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

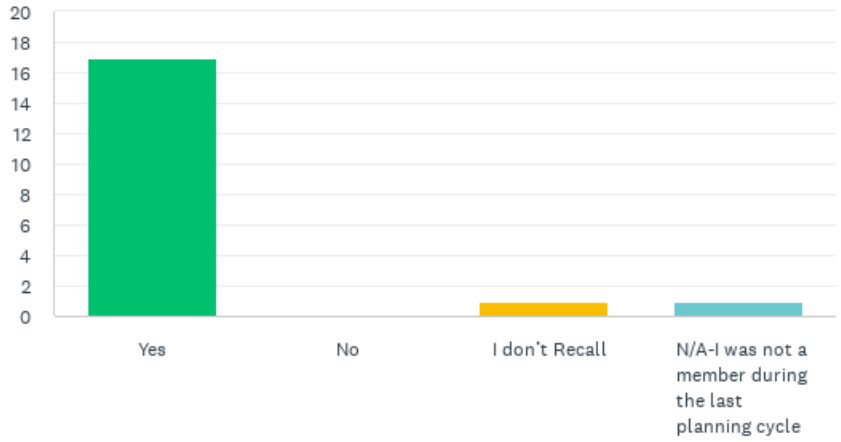


During the PY 31 priority setting and resource allocation (PSRA) process, 2 individuals indicated that they

[1] N=19

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

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

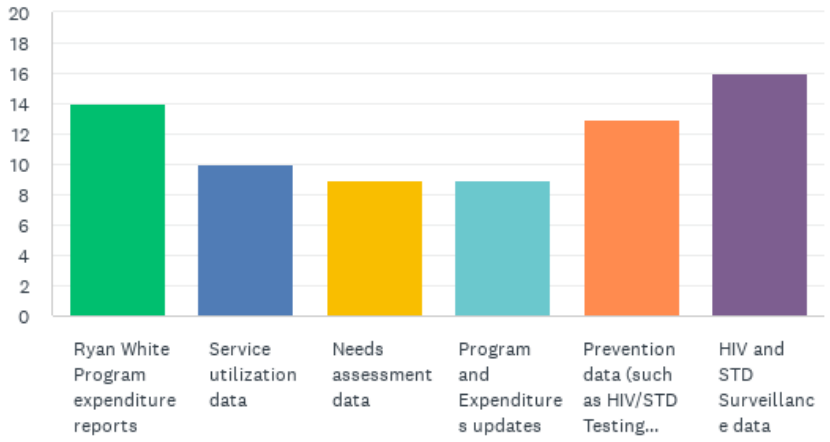


During the PY 31 PSRA planning cycle, 17 individuals who responded to the survey agreed that the Commission reviewed an appropriate amount and type of data on an ongoing basis to determine community needs; 1 indicated "I do not recall", and 1 responded that they were not a part of the planning cycle.

<u>Comments:</u>

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

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

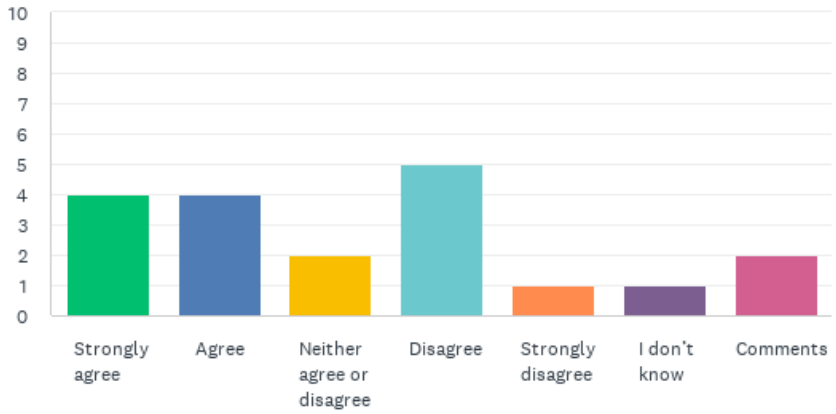


The data types most remembered by survey participants in ranked order were 1) HIV and STD surveillance (84.21%); 2) Ryan White Program expenditures report (73.68%); 3) prevention data (68.42%); 4) service utilization (52.63%); 5) needs assessment and program/expenditures updates (both at 47.37%). Prevention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

Comments:

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

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

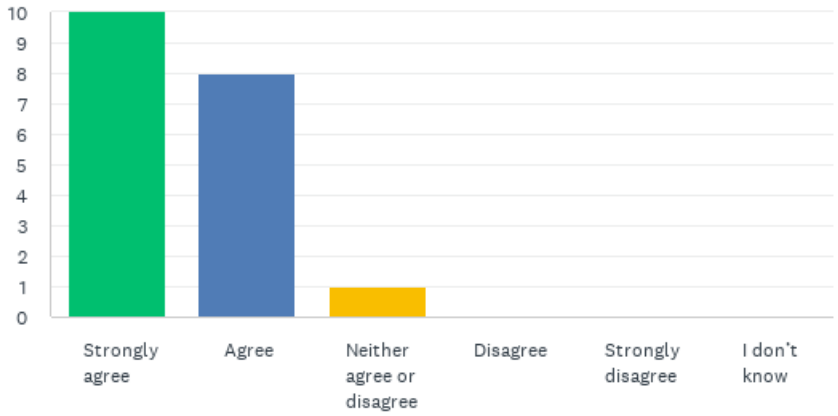


Regarding adequate consumer participation in the PSRA and planning process, 4 individuals "strongly agreed"; 4 "agreed"; 3 "neither agreed or disagreed"; 5 "disagreed"; 1 "strongly disagreed"; 1 replied "I don't know"; and 2 provided comments (listed below).

<u>Comments:</u>

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

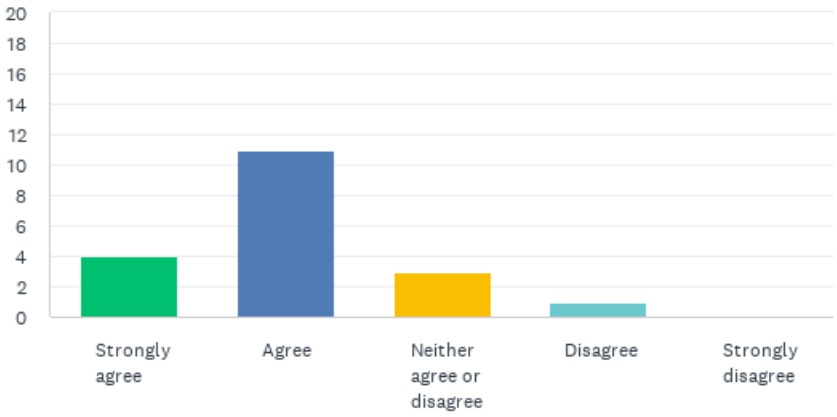
Q6. Please indicate the degree to which you agree with the following statement: During the last planning cycle, I was adequately notified of planning, priority setting, and resource allocations activities and meetings.



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

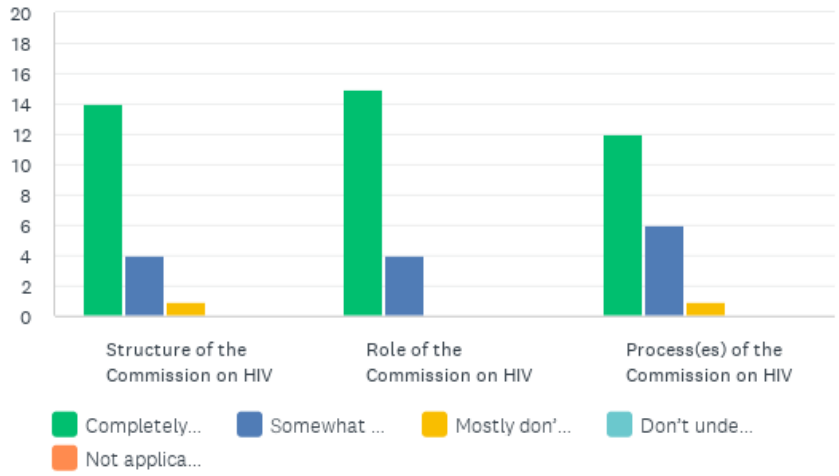
Comments: none

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



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

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



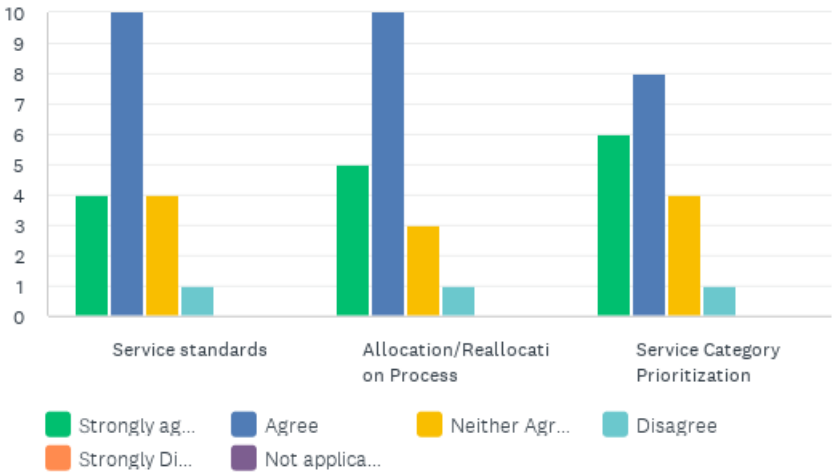
Regarding the Commissioners understanding of the structure, role and processes of the Commission, survey participants responded in the following manner:

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

Comments:

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

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



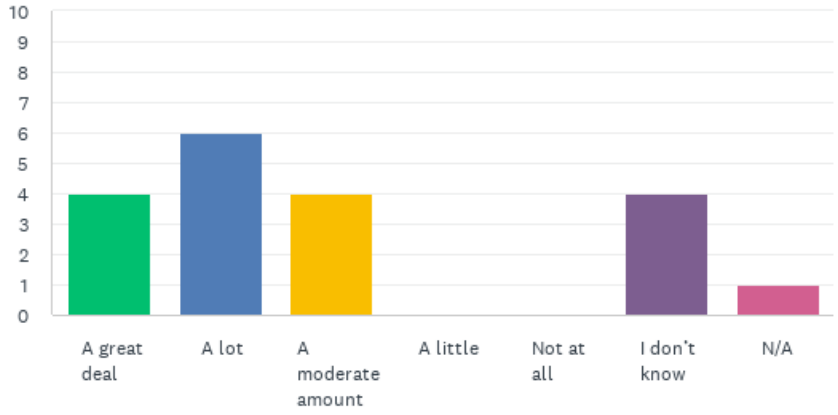
When asked to rate the degree to which the Commission has prepared members to make decisions related to service standards, PSRA and service category prioritization, survey participants responded in the following manner:

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

Comments:

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

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



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

Comments: none

Observations and Recommendations

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

Key Observations:

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

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

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

the Commission's website.

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

Key Recommendations:

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

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

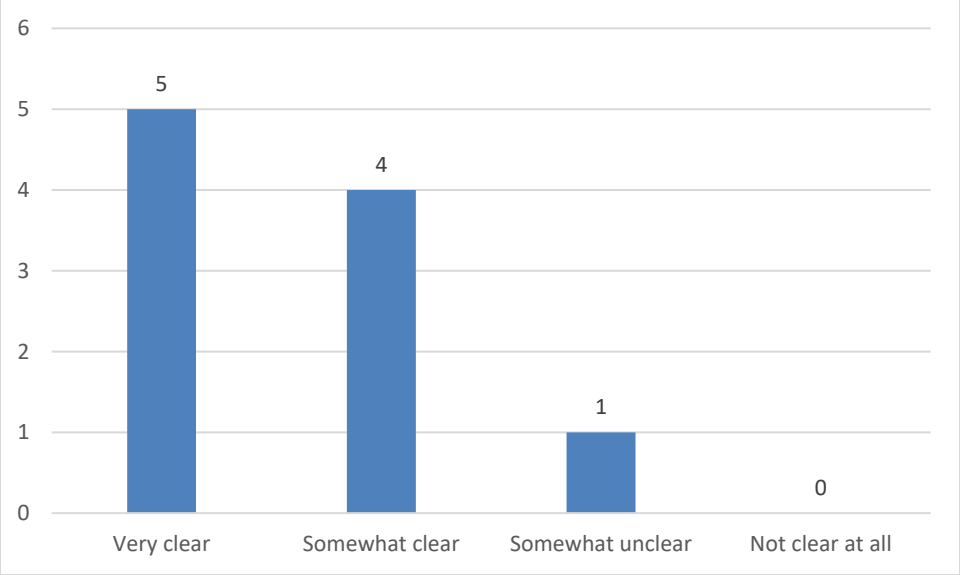
- Collaborate with the Consumer Caucus to identify strategies aimed at increasing ongoing participation of consumers in PP&A discussions, especially among consumers who identify as people of color, elderly, long-term survivors, Native Americans, and other communities disproportionately affected by HIV.

B. Assessment with Contracted Providers Responses[2]

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

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

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



Comments:

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

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

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

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

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

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

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

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

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

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

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

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

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

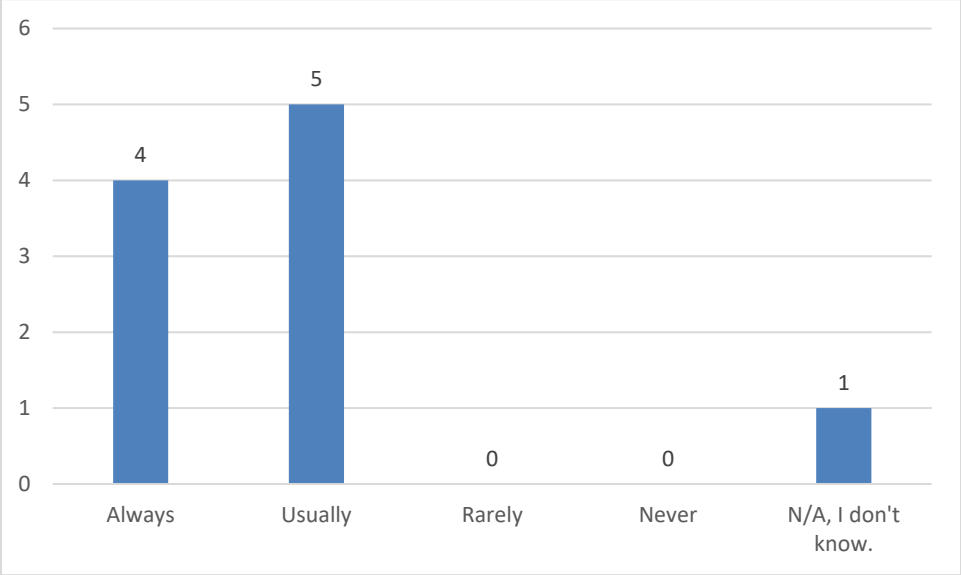
1. Yes. It is transparent and provides due consideration of experience with the clients and area of service.
2. Yes. I believe there is an outside, independent County review panel.
3. Yes. In my experience for RCFCI services the RFP appeared fair.
4. Don't have sufficient information to answer this question.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

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

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

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

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



Comments:

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

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

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

C. Key Themes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Payments within 30 Days Have Improved

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

Suggestions for Improvement

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

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

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

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

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

[2] n=11 providers

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

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

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

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

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

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

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

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

2023-2024 Legislative Docket | Approval Date: DRAFT as of 04/05/23 approved by PPC.

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

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
ACA 5 (Low)	Marriage Equality	ACA= Assembly Constitutional Amendment The California Constitution declares that defending life and liberty, acquiring, possessing, and protecting property, and pursuing and obtaining safety, happiness, and privacy are inalienable rights, and that a person may not be deprived of life, liberty, or property without due process of law or equal protection of the laws. This measure would express the intent of the Legislature to amend the Constitution of the State relating to marriage equality. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5	*Support*	15-FEB-23 May be heard in committee March 17.
ACA 8 (Wilson)	Slavery	The California Constitution prohibits slavery and prohibits involuntary servitude, except as punishment to a crime. This measure would instead prohibit slavery in any form, including forced labor compelled by the use or threat of physical or legal coercion. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA8	*Support with follow-up questions*	18-FEB-23 May be heard in committee March 20.
AB 4 (Arambula)	Covered California: Expansion	This bill would revise those provisions by deleting the requirement that limits coverage for the described individuals to the California qualified health plans. Contingent upon federal approval of the waiver, specified requirements for applicants eligible for the coverage described in the bill would become operative on January 1, 2025, for coverage effective for qualified health plans beginning January 1, 2026. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4	*Support with follow-up questions*	13-MAR-23 Re-referred to Com. on HEALTH

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 5 (Zbur)	The Safe and Supportive Schools Program	This bill would require the State Department of Education, on or before July 1, 2025, to finalize the development of an online training delivery platform and an online training curriculum to support LGBTQ cultural competency training for teachers and other certificated employees, as specified. The bill would delete the above-described encouragement and instead would require, commencing with the 2025–26 school year, each school operated by a school district or county office of education and each charter school serving pupils in grades 7 to 12, inclusive, to use the online training delivery platform and curriculum, or an in-service alternative, to provide at least 4 hours of training at least once every 3 years to teachers and other certificated employees at those schools, as provided. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. The bill would require the department to ensure a 95% completion rate of the training required pursuant to these provisions within each 3-year training period and would require the department to report specified completion data to the Legislature, as provided. The bill would require these provisions to be known as the Safe and Supportive Schools Act. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB5&search_keywords=transgender	*Support*	27-MAR-23 Re-referred to Com. on ED. (Education)
AB 223 (Ward)	Change of gender and sex identifier	This bill would require any petition for a change in gender and sex identifier or a petition for change of gender, sex identifier, and name filed by a person under 18 years of age, and any paper associated with the proceeding, to be filed under seal. It is the best interest for the public to seal these records form the public to ensure the privacy and safety of transgender and nonbinary youth. Transgender and nonbinary youth are 2 to 2.5 times as likely to experience depressive symptoms, seriously consider suicide, and attempt suicide compared of their cisgender LGBQ peers. Being outed is a traumatic event for any individual, especially for individuals under 18 years of age. Allowing our children to choose when and how they decided to share their personal details is vital in protecting their mental and physical health. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB223&search_keywords=transgender	*Support*	23-MAR-23 In Senate. Read first time. To Com. on RLS. for assignment. (Rules)

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 254 (Bauer-Kahan)	Confidentiality of Medical Information Act: reproductive or sexual health application information	This bill would revise the definition of "medical information" to include reproductive or sexual health application information, which the bill would define to mean information related to a consumer's reproductive or sexual health collected by a reproductive or sexual health digital device. The bill would make a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject of the requirements of the Confidentiality of medical Information Act (CMIA). Because the bill would expand the scope of a crime, it would impose a state-mandated local program. CMIA prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates form intentionally sharing, selling, using for marketing, o otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB254&search_keywords=sexual+health	*Support*	13-MAR-23 From committee: Do pass and re-refer to Com on P. & C.P. (Ayes 13. Noes 0.) (March 14). Re-referred to Com. on R. & C.P. (Privacy and Consumer Protection)

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 352 (Bauer-Kahan)	Health Information	This bill would require specified businesses that electronically store or maintain medical information on the provision of sensitive services on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer to develop capabilities, policies, and procedures, on or before July 1, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to sensitive services, as specified. The bill would additionally prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, unless the request for medical information is authorized in accordance with specified existing provisions of law. Because the bill would expand the scope of an existing crime, it would impose a state-mandated local program. This bill would require the advisory group, as part of the above-described information, to identify policies and procedures to ensure appropriate safeguards to prevent electronic health information related to the provision of sensitive services from automatically being disclosed, transmitted, or transferred to, shared with, or accessed by, individuals and entities in another state. The bill would exempt health information related to sensitive services from that real time health information sharing requirement, to the extent not in conflict with federal law, until the previously described policies and procedures are implemented. The bill would define "sensitive services" for these purposes to mean all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB352&search_keywords=sexual+health	*Support with follow-up questions*	27-MAR-23 Re-referred to Com. on HEALTH
AB 367 (Maienschein)	Controlled Substances: Enhancements	This bill, until January 1, 2029, would state that, for purposes of this enhancement, a person inflicts great bodily injury when they sell, furnish, administer, or give away fentanyl or an analog of fentanyl and the person to whom the substance was sold, furnished, administered, or given suffers a significant or substantial physical injury from using the substance. The bill would specify that this provision does not apply to juvenile offenders. https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB367	*Watch*	23-MAR-23 In committee: Hearing postponed by committee.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 470 (Valencia)	Continuing medical education: physicians and surgeons	This bill would specify that these educational activities may also include activities that are designed to improve the quality of physician-patient communication. This bill would require the advisory group to be informed of federal and state threshold language requirements, as specified, and would require the authorized updated to be for the purpose of meeting the needs of California's changing demographics and properly addressing language disparities, as they emerge. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470	*Support*	28-MAR-23 From committee: Do Pass and re-refer to Com. on APPR. With recommendation: To Consent Calendar. (Ayes 18. Noes 0) (March 28). Re-referred to Com. on APPR. (Appropriations)
AB 598 (Wicks)	Sexual health education and human immunodeficiency virus (HIV) prevention education: school climate and safety: California Health Kids Survey	This bill would revise the information included in this instruction related to local resources and abortion, as specified, and would require that pupils received a physical or digital resource detailing local resources upon completion of the applicable instruction. This bill would require the State Department of Education to ensure the California Health Kids Survey includes questions about sexual and reproductive care as a core survey module for pupils in grades 7,9 and 11. The bill would require each school district serving pupils in any grades 5,7,9 or 11 to administer the California Health Kids Survey to pupils in the applicable grades, as provided. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB598&search_keywords=HIV	*Support*	12-MAR-23 Re-referred to Com. on ED.
AB 719 (Boerner Horvath)	Medi-Cal benefits	This bill would require the department to require managed care plans to contract with public transit operators for the purpose of establishing reimbursement rates for nonmedical and nonemergency medical transportation trips provided by a public transit operator. The bill would require the rates reimbursed by the managed care plan to the public transit operates to be based on the department's fee-for-service rates for nonmedical and nonemergency medical transportation service. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB719&search_keywords=HIV	*Support*	23-FEB-23 Referred to Com. on HEALTH.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 760 (Wilson)	California State University and University of California: records: affirmed name and gender identification	This bill would additionally require the Trustees of the California State University and would request the Regents of the University of California, to implement a system by which current students, staff, and faculty can declare an affirmed name, gender, or both name and gender identification, as provided. The bill would, commencing with the 2024-25 academic year, require California State University campus systems, and would request University of California campus systems, to be fully capable of allowing current students, staff, or faculty to declare an affirmed name, gender, or both name and gender identification. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB760&search_keywords=gender	*Support with Amendments (require the bill to apply to the University of California as well)*	23-FEB-23 Referred to Com. on HIGHER ED.
AB 793 (Bonta)	Privacy: reverse demands	This bill would prohibit any government entity from seeking, or any court from enforcing, assisting, or supporting, a reverse-keyword or reverse-location demand, as defined, issued by a government entity or court in this state or any other state. The bill would prohibit a person or California entity from complying with a reverse-keyword or reverse-location demand. The bill would authorize a court to suppress any information obtained or retained in violation of these provisions, the United States Constitution, or California Constitution. The bill would authorize the Attorney General to commence a civil action for compliance with these provisions. The bill would require a government entity to immediately notify any person whose information was obtained in violation of these provisions of the violation and of the legal recourse available, as specified. The bill would authorize an individual whose information was obtained, or a service provider or other recipient of the reverse-keyword or reverse-location demand to file a petition to void or modify the demand or order the destruction of information obtained in violation of these provisions. The bill would authorize an individual whose information was obtained by a government entity in violation of these provisions to bring a civil suit against the government entity for damages, injunctive or declaratory relief, or other relief that the court deems proper. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793	*Support with Amendments*	20-MAR-23 Re-referred to Com. on PUB. S. (Public Safety)
AB 920 (Bryan)	Discrimination: housing status	This bill would also prohibit discrimination based upon housing status, as defined. “Housing status” refers to the status of experiencing homelessness, as defined in paragraph (2) of subdivision (a) of Section 50675.15 of the Health and Safety Code. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB920	*Support*	28-MAR-23 From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 2.) (March 28). Re-referred to Com. On APPR.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 957 (Wilson)	Family law: gender identity	This bill would require the court to strongly consider that affirming the minor's identity is in the best interest of the child if a nonconsenting parent objects to a name change to conform to the minor's gender identity. This bill would require a court, when determining the best interests of a child, to also consider a parent's affirmation of the childe's gender identity. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957	*Support*	22-MAR-23 Read second time. Ordered to third reading.
AB 1022 (Mathis)	Medi-Cal: Program of All-Inclusive Care for the Elderly	This bill, among other things relating to the Program of All-Inclusive Care for the Elderly (PACE) would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization's authority to use video telehealth to conduct all assessments, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1022&search_keywords=HIV	*Support*	02-MAR-23 Referred to Com. on HEALTH.
AB 1078 (Jackson)	Instructional materials: removing instructional materials and curriculum: diversity	The bill would require the state board to develop, by July 1, 2024, a policy for local educational agencies to follow before removing any instructional materials or ceasing to teach any curriculum […] This bill would revise the list of culturally and racially diverse groups to instead include materials that accurately portray the contributions of people of all gender expressions and the role and contributions of LGBTQ+ Americans. The bill would also require that every instructional material adopted by a governing board include proportional and accurate representation of California's diversity in the categories of race, gender, socioeconomic status, religion, and sexuality. By imposing new obligations on local educational agencies, the bill would impose a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1078&search_keywords=transgender	*Support*	02-Mar-23 Referred to Com. On ED (Education)
AB 1163 (Luz Rivas)	State forms: gender identity	This bill would require specified state agencies and departments to revise their public-use forms, by January 1, 2025, to be more inclusive of individuals who identify as transgender, gender nonconforming, or intersex. This bill would require the agencies to revise their forms to allow individuals to provide their accurate gender identification. This bill would also require the impacted agencies and departments to collect data pertaining to the specific needs of the transgender, gender nonconforming, or intersex community, including, but not limited to, information relating to medical care, mental health disparities, and population size. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1163&search_keywords=transgender	*Support*	21-MAR-23 Re-referred to Com. on A. & A.R. (Accountability and Administrative Review)

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1314 (Essayli and Gallagher)	*Gender identity: parental notification*	*This bill would, notwithstanding the consent provisions described above, provide that a parent or guardian has the right to be notified in writing within 3 days from the date any teacher, counselor, or employee of the school becomes aware that a pupil is identifying at school as a gender that does not align with the child's sex on their birth certificate, other official records, or sex assigned at birth, using sex-segregated school programs and activities, including athletic teams and competitions, or using facilities that do not align with the child's sex on their birth certificate, other official records, or sex assigned at birth. The bill would state legislative intent related to these provisions. By imposing additional duties on public school officials, the bill would impose a state-mandated local program.* *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1314*		*13-MAR-23 Referred to Com. on ED.* *(Education)*
AB 1431 (Zbur)	Housing: the California Housing Security Act	This bill would, upon appropriation of the Legislature, establish the California Housing Security Program to provide a housing subsidy to eligible persons, as specified, to reduce housing insecurity and help Californians meet their basic housing needs. To create the program, the bill would require the Department of Housing and Community Development to establish a 2-year pilot program in up to 4 counties, as specified. The bill would require the department to issue guidelines to establish the program that include, among other things, the amount of the subsidy that shall be the amount necessary to cover the portion of a person's rent to prevent homelessness but shall not exceed $2,000 per month. Under the bill, the subsidy would not be considered income for purposes of determining eligibility or benefits for any other public assistance program, nor would participation in other benefits exclude a person from eligibility for the subsidy. Under the bill, an undocumented person, as specified, who otherwise qualifies for the subsidy would be eligible for the subsidy. The bill would require the department to submit a report on the program to the Legislature, as described. "Adult with a disability" means an individual or head of household who is 18 years of age or older and is experiencing a condition that limits a major life activity, including, but not limited to, one of the following: (5) A chronic illness, including, but not limited to, HIV. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1431&search_keywords=HIV	*Support*	27-MAR-23 Re-referred to Com. on H. & C.D. (Housing and Community Development)

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1432 (Carrillo)	Health insurance: policy	This bill additionally would subject a policy or certificate of group health insurance that is marketed, issued, or delivered to a California resident to any provisions of the Insurance Code requiring coverage of abortion, abortion-related services, and gender-affirming care, regardless of the situs of the contract or master group policyholder. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1432	*Support*	09-MAR-23 Referred to Com. on HEALTH.
AB 1549 (Wendy Carrillo)	Medi-Cal: federally qualified health centers and rural health clinics	This bill would, among other things, require that per-visit rate to account for the costs of the FQHC or RHC that are reasonable and related to the provision of covered services, including the specific methods and processes used by the FQHC and RHC to deliver those services. The bill would also require the rate for any newly qualified health center to include the cost of care coordination services provided by the health center, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1549&search_keywords=HIV	*Support*	27-MAR-23 Re-referred to Com. on HEALTH.
AB 1645 (Zbur)	Health care coverage: cost sharing	This bill would prohibit a group or individual no grandfathered health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, from imposing a cost-sharing requirement for office visits for the above-described preventive care services and screenings and for items or services that are integral to their provision. The bill would prohibit those contracts and policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections screening, and from imposing a cost-sharing requirement for any items and services integral to a sexually transmitted infections screening, as specified. The bill would require a plan or insurer to directly reimburse a nonparticipating provider or facility of sexually transmitted infections screening that meets specified criteria its median contracted rate in the general geographic region for screening tests and integral items and services rendered and would prohibit a nonparticipating provider from billing or collecting a cost-sharing amount for a sexually transmitted infections screening from an enrollee or insured. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1645&search_keywords=sexual+health	*Support*	21-MAR-23 Re-referred to Com. on HEALTH.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 36 (Skinner)	Out-of-state criminal charges: prosecution related to abortion, contraception, reproductive care, and gender-affirming care	The bill would prohibit a magistrate form issuing a warrant for the arrest of an individual whose alleged offense or conviction is for the violation of law of another state that authorizes a criminal penalty to an individual performing, receiving, supporting, or aiding in the performance or receipt of an abortion, contraception, reproductive care, or gender-affirming care if the abortion, contraception, reproductive care, or gender-affirming care is lawful under the laws of this state, regardless of the recipient's location. […] This bill would additionally prohibit an officer or employee of a state or local law enforcement agency from providing information or assistance to specified entities regarding services constituting legally protected health care activity, including but not limited to, abortion, contraception, reproductive care, and gender-affirming care, if those services would be lawful if they were provided entirely within this state. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB36&search_keywords=gender	*Support*	14-MAR-23 From committee: Do pass and re-refer to Com. on JUD. (Ayes 4. Noes 0.) (March 14). Re-referred to Com. on JUD.
SB 37 (Caballero)	Older Adults and Adults with Disabilities Housing Stability Act	This bill would, upon an appropriation by the Legislature for this express purpose, require the California Department of Housing and Community Development, commencing January 1, 2024, to begin developing the Older Adults and Adults with Disabilities Housing Stability Program. The bill would require the department, in administering the program, to offer competitive grants to nonprofit community-based organizations, continuums of care, public housing authorities, and area agencies on aging, as specified, to administer a housing subsidy program for older adults and adults with disabilities who are experiencing homelessness or at risk of homelessness, as defined. a) "Adult with a disability" means an individual or head of household who is 18 years of age or older and is experiencing a condition that limits a major life activity, including, but not limited to, the following: a. A "physical disability," as defined in subdivision (m) of Section 12926 of the Government Code. b. A "mental disability," as defined in subdivision (j) of Section 12926 of the Government Code, except it shall also include a substance use condition. c. A "medical condition," as defined in subdivision (i) of Section 12926 of the Government Code. d. A "developmental disability," as defined in subdivision (a) of Section 4512 of the Welfare and Institutions Code. e. A chronic illness, including, but not limited to, HIV. f. A traumatic brain injury. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB37&search_keywords=HIV	*Support*	27-MAR-23 Set for hearing April 24.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 339 (Wiener)	HIV preexposure prophylaxis	This bill would authorize a pharmacists to furnish up to a 90-day course of preexposure prophylaxis, or preexposure prophylaxis beyond a 90-day course if specified conditions are met. The bill would require the California State Board of Pharmacy to adopt emergency regulations to implement these provisions by July 1, 2024. This bill would require a health care service plan and health insurer to cover preexposure prophylaxis and postexposure prophylaxis furnished by a pharmacists, including costs for the pharmacist's services and related testing ordered by the pharmacists, and reimburse pharmacists services at 100% of the fee schedule for physician services. The bill would include preexposure prophylaxis furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB339&search_keywords=HIV	*Support*	14-MAR-23 From committee with author's amendments. Read second time and amended. Re-referred to Coms. On B., P. & E. D. (Business, Professions and Economic Development)
SB 372 (Menjivar)	Department of Consumer Affairs: licensee and registrant records: name and gender changes	This bill would require a board to update a licensee's or registrant's records, including records contained within an online licenses verification system, to include the licensee's or registrant's legal name or gender has been changed. The bill would require the board to remove the licensee's or registrant's former name, or gender form its online license verification system and treat this information as confidential. The board would be required to establish a process to allow a person to request and obtain this information, as prescribed. The bill would require the board, if requested by a licensee or registrant, to reissue specified documents conferred upon, or issued to, the licensee or registrant with their updated legal name or gender. The bill would prohibit a board form charging a higher fee for reissuing a document with corrected document with a corrected or updated legal name or gender than the fee it charges for reissuing a document with other corrected or updated information. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB372&search_keywords=gender	*Support*	27-MAR-23 From committee: Do pass and re-refer to Com. on JUD. (Ayes 8. Noes 2.) (March 27). Re-referred to Com. on JUD. (Judiciary)

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 427 (Portantino)	Health care coverage: antiretroviral drugs, devices, and products	This bill would prohibit a health care service plan or health insurer from subjecting antiretroviral drugs, devices, or products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of AIDS/HIV to prior authorization or step therapy, but would authorize prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, device, or product without cost sharing pursuant to an exception request. The bill would prohibit a non-grandfathered or grandfathered health care service plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, devices, or products that are either approved by the FDA or recommended by the CDC for the prevention of AIDS/HIV. The bill would require a grandfathered health care service plan contract or health insurance policy to provide coverage for those drugs, devices, or products, and would require a plan or insurer to provide coverage under the outpatient prescription drug benefit for those drugs, devices, or products, including by supplying participating providers directly with a drug, device, or product, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB427&search_keywords=HIV	*Watch*	21-MAR-23 From Committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS. (Rules)

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 524 (Caballero)	Pharmacists: testing and treatment	This bill, with respect to the conditional performance of tests approved or authorized by the FDA and classified as waived pursuant to the CLIA, would instead authorize a pharmacist to order, perform, and report those tests. The bill would authorize a pharmacist to furnish prescription medications that are furnished pursuant to the result from a test performed by the pharmacist that is used to guide diagnosis or clinical decision-making, as specified. The bill would require a pharmacist, in providing these patient care services, to utilize specified evidence-based clinical guidelines or other clinically recognized recommendations. The bill would require the pharmacist to document, to the extent possible, the testing services provided, as well as the prescription medications furnished, to the patient pursuant to the test result, in the patient's record in the record system maintained by the pharmacy. This bill would expand the Medi-Cal schedule of benefits to include ordering, performing, and reporting any test approved or authorized by the FDA that is classified as waived pursuant to the CLIA, as authorized by existing law, that is used to guide diagnosis or clinical decision-making. The bill would also expand the schedule of benefits to include furnishing prescriptions pursuant to the result from a test, as authorized by the bill's provisions, that is used to guide diagnosis or clinical decision-making. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB524&search_keywords=HIV	*Support*	20-MAR-23 From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS. (Rules)
SB 525 (Durazo)	Minimum wage: health care workers	This bill would require a health care worker minimum wage of $25 per hour for hours worked in covered health care employment, as defined, subject to adjustment, as prescribed. The bill would provide that the health care worker minimum wage would be enforceable by the Labor Commissioners or by a covered worker through a civil action, through the same means and with the same relief available for violation of any other state minimum wage requirement. By establishing a new minimum wage, the violation of which would be a crime, the bill would impose a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB525&search_keywords=%22health+care%22	*Support with Amendments*	28-MAR-23 From committee with author's amendments. Read second time and amended. Re-referred to Com. on L., P.E. & R. (Labor, Public Employment, and Retirement)

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 541 (Menjivar)	Sexual Health: contraceptives: Immunization	This bill would, in order to prevent and reduce unintended pregnancies and sexually transmitted infections, on or before the start of the 2024–25 school year, require each public school, including schools operated by a school district or county office of education and charter schools, to make internal and external condoms available to all pupils free of charge, as provided. The bill would require these public schools to, at the beginning of each school year, inform pupils through existing school communication channels that free condoms are available and where the condoms can be obtained on school grounds. The bill would, commencing with the- 2024–25 school year, require each public school to post at least one notice regarding these requirements in a prominent and conspicuous location on the school campus, as specified. The bill would require this notice to include certain information, including, among other information, information about how to use condoms properly. The bill would require each public school to allow the distribution of condoms during the course of, or in connection to, educational or public health programs and initiatives, as provided. By imposing additional duties on public schools, the bill would impose a state-mandated local program. The bill would provide that school-based health center sites located on school campuses maintaining any combination of classrooms from grades 7 to 12, inclusive, may not be prohibited from making internal and external condoms available and easily accessible at the school-based health center site to all pupils free of charge. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB541&search_keywords=HIV	*Support*	20-MAR-23 From committee with author's amendments. Read second time and amended. Re-referred to Com. on ED.

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

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

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