



LOS ANGELES COUNTY
COMMISSION ON HIV



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Consumer Caucus Virtual Meeting

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Thursday, July 8, 2021
3:00pm to 4:30pm (PST)

Agenda and meeting materials will be posted on
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LOS ANGELES COUNTY
COMMISSION ON HIV



CONSUMER CAUCUS (CC) VIRTUAL MEETING AGENDA

THURSDAY, JULY 8, 2021

3:00 PM – 4:30 PM

REGISTRATION IS NOT REQUIRED

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- | | | |
|------|---|-----------------|
| I. | Welcome & Introductions (Co-Chairs) | 3:00pm - 3:05pm |
| II. | COH Meeting Debrief | 3:05pm – 3:15pm |
| III. | Staff Report/Commission Updates <ul style="list-style-type: none">• COH Letter Re: STD Response• July 20, 2021 Planning, Priorities & Allocations (PP&A) Committee Data Summit• Public Policy (PP) Committee 2021 Legislative Docket Review of AB 453: Sexual battery: nonconsensual condom removal | 3:15pm - 3:20pm |
| IV. | Co-Chair Report <ul style="list-style-type: none">• Co-Chair Vacancy• 2021 Priorities/Workplan Updates + Review | 3:20pm - 3:25pm |
| V. | Discussion: <ul style="list-style-type: none">• Joint Effort w/ Operations Committee in Developing Strategies to Engage and Retain Consumer Members• Develop Consumer-focused Priorities/Recommendations for Commission (Ongoing)• Solicit COH Website Refresh Feedback (Ongoing) | 3:25pm – 4:25pm |
| VI. | Announcements | 4:25pm-4:30pm |
| VII. | Adjourn | 4:30pm |



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
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CONSUMER CAUCUS

Meeting Summary for 6.10.21

Attendance may be verified with Commission staff

1. Welcome + Introductions + Check In

Co-Chair Alasdair Burton opened the meeting and led introductions.

2. COH Meeting Debrief

Caucus expressed concerns surrounding lack of background information and context provided in preparation for the vote on the revised allocations presented by the Planning, Priorities & Allocations (PP&A) Committee. Chery Barrit provided the requested information and assured the Caucus that the revised allocations were fully vetted by the PP&A and Executive Committee prior to bringing it to the full body for approval. C. Barrit shared that DHSP proposed revisions in May 2021 were applied to service categories – Outreach, Early Intervention Services (EIS) and Linkage and Retention Program (LRP). While the percentage allocations were revised for these service categories only, leaving the bottom-line numbers intact and unchanged, the revisions were proposed to maximum grant funding and take advantage of the Ending the HIV Epidemic (EHE) funding.

Caucus shared its appreciation for adjusting the Commission meeting agenda format to allow for Commission business to take place without rush, followed by trainings and presentations.

3. Staff Report/Commission Updates

C. Barrit, Executive Director, provided a brief update on key Commission activities:

- County/Commission Operations. Jose Rangel-Garibay was introduced as the Commission's newest staff member assigned to the Standard & Best Practices (SBP) Committee and to the EHE community engagement efforts. J. Rangel-Garibay hails from the LA County Department of Public Health Tuberculosis Control Program where he worked as a Health Educator in Education, Evaluation, and Elimination Unit.
- C. Barrit briefly touched on updates regarding in-person meetings to resume in October, when Governor Gavin Newsome's Executive Orders around the Brown Act are lifted.
 - Caucus expressed concerns around keeping those living with HIV safe and protected once in-person meetings resume. Recommendations included:
 - draft a letter or issue a public statement to the COH encouraging those who are not vaccinated, to do so for the health and protection of consumer members and community at large

- leverage the Department of Public Health messaging around COVID vaccination to keep consumers safe
 - hold in-person meetings where there is a vaccination clinic in proximity or on site
 - invite a virologist or infections disease specialist (Dr. Eric Daar or Dr. Raphael Landovitz) to speak at upcoming meeting, ahead of resuming in-person meetings to provide data on COVID vaccinations to provide reassurance supported by data on the effectiveness of the COVID vaccination.
- ➡ C. Barrit will follow up on suggestions to determine what is feasible.

4. Co-Chair Report

Co-Chair Vacancy

- Co-Chairs reminded the group that a 3rd co-chair seat remains vacant and encouraged those interested to self-nominate or if they know someone who might be interested and eligible, to nominate them.
- Maria Scott was nominated. M. Scott indicated she would take some time to think about it and let the Caucus know her decision.

2021 Priorities/Workplan Updates + Review

Caucus reviewed Workplan; no updates provided.

5. DISCUSSION:

- Revisiting STD Response and Appeal to the Board of Supervisors. Katja Nelson, Public Policy (PP) Committee Co-Chair, provided a brief overview of the STD landscape in Los Angeles County and the COH's previous and current efforts to address them with the Department of Public Health. K. Nelson indicated that the COH's response is being elevated via a letter to the Board of Supervisors and that once drafted, it will be forwarded to the Commission and Caucuses for feedback.
 - Develop Consumer-focused Priorities/Recommendations for Commission. *Postponed to next meeting.*
 - Planning, Priorities & Allocations (PP&A) Committee Updates: *Refer to COH Debrief.* Additionally, C. Barrit noted that July starts the Priority Setting and Resource Allocation (PSRA) process and that the PP&A Committee is currently planning a Data Summit in July which will present data sets and resources to help inform the PSRA process. C. Barrit encouraged all members to attend in an effort better understand and participate in the process. C. Barrit indicated she will reach out to DHSP to present on expenditures at an upcoming Caucus meeting.
- ➡ C. Barrit to invite DHSP to upcoming Caucus meeting to present on expenditures.

6. Public Comment + Announcements None.

7. Adjournment

Commission STD Draft Letter

June XX, 2021

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director
Los Angeles County
Department of Public Health (DPH)
313 N. Figueroa Street, Room 806
Los Angeles, CA 90012

Board of Supervisors
Los Angeles County
313 N. Figueroa Street, Room 806
Los Angeles, CA 90012

Dear Board of Supervisors and Dr. Ferrer:

Los Angeles County is in the midst of an ongoing STD crisis that has seen rates explode over the last six years. As the federally-mandated integrated HIV and sexually transmitted diseases (STD) prevention and care planning council for the County, the Commission on HIV (Commission) is extremely concerned about both the sharp increase in STD rates in the last three years, especially of syphilis and congenital syphilis cases, and the ability of the County's STD public health infrastructure and existing resources to respond to this crisis and reduce STD rates.

The Commission has a 30-year history of collaborating with the County and a broad set of stakeholders in elevating the needs of people living with HIV (PLWH), lesbian, gay, bisexual, transgender and queer (LGBTQ) communities, women, youth, and communities of color to advance health equity and justice and shape local programs, services, and policies. We are especially concerned about rising STD rates because the communities we seek to serve, including men who have sex with men (MSM), transgender individuals, women of color, and youth (especially young MSM of color), are disproportionately impacted. Moreover, some of these same communities have been disproportionately impacted by COVID-19, exacerbating existing health and social inequities.

We write to you today because we face a crisis that mirrors the significant rise of STDs across the country. According to the California Department of Public Health (CDPH), from 2014-2018, Los Angeles County experienced some of the highest incident rates of STDs in California. Over the five-year period, syphilis incidence rates increased by 98%, gonorrhea by 80.63%, and chlamydia by 25%. Most concerning, in 2018 the County reported 54 cases of congenital syphilis (CS), reflecting an increase of 23% from 2017, and 800% since 2012¹. Since 2018, these numbers have continued to grow. Preliminary surveillance data from the Division of HIV and STD Programs (DHSP) for 2020 shows that syphilis rates have increased 450% among females in the last decade (2009-2019), and rates are rapidly increasing among persons who inject drugs

¹ http://publichealth.lacounty.gov/dhsp/Providers/CS_EliminationPlan_January2020.pdf

(PWID), particularly methamphetamine. As syphilis rates increase rapidly among women, LA County has reported 113 CS cases in 2020 and a case rate much higher than the rest of the nation. After a rapid decline since 2006, LA County also had a perinatal HIV transmission rate of 8% in 2020, the highest ever seen. 3 of the 4 babies were also co-infected with CS.

STDs are a life-changing and life-threatening set of diseases that can cause infertility, cancer, ectopic pregnancy, and pelvic inflammatory disease. CS is 100% preventable, and failure to protect newborns from this disease reflects a failure to invest in public health and to care for the most vulnerable members of our community. There are also signs that the STD crisis has been neglected for far too long. The CDC confirmed in 2020 that a new, antibiotic-resistant strain of gonorrhea began to spread across the country during the COVID-19 crisis, and the number of disseminated gonococcal infections (DGI), which causes severe complications if untreated, has risen at an alarming rate. Additionally, STDs and HIV are inextricably linked. The incidence of HIV infection in the United States is higher among persons with STDs, and the incidence of STDs is increased among persons with HIV infection. Because STDs increase the risk for HIV acquisition and transmission, successfully preventing and treating STDs helps reduce the spread of HIV among persons at high risk². All people, regardless of gender, sexual orientation, or ability to reach a health center need access to safe, quality STD testing and treatment, and ensuring service integration and coordination is an essential strategy to reduce the incidence of STDs and HIV.

The STD Crisis and COVID-19

With the onset of the COVID-19 pandemic, HIV and STD testing and treatment rates plummeted. As LA County entered lockdown, a new syndemic of HIV, STDs, and COVID-19 emerged, exacerbating the STD crisis and laying bare gaps in our local public health system. Particularly concerning, the intersection of these three diseases has been felt in the same communities disproportionately impacted by other social determinants of health. These include drivers of health inequities such as poverty, homelessness, stigma, discrimination, health literacy, and access to culturally appropriate sex-positive health services. Particularly, communities of color in LA County bear a significant burden of the STD crisis, and South LA communities have experienced the highest burden of all three crises. In addition, methamphetamine use, which is associated with behaviors that increase risk for HIV and STDs, plays a role in the County's HIV and STD epidemics, and is swiftly reaching crisis levels as well.

STD rates were skyrocketing before the COVID-19 pandemic and only continued to grow throughout. The STD crisis was further impacted as the COVID-19 pandemic exacerbated gaps in the nation's already overstressed public health system that was not prepared for the pandemic. For example, the same people who work to prevent the spread of STDs – contact tracers and disease intervention specialists – were redeployed to address the COVID-19 pandemic over the last year. The National Coalition of STD Directors (NCSD) estimates

² [MMWR Morb Mortal Wkly Rep](#). 2017 Apr 7; 66(13): 355–358. Published online 2017 Apr 7. doi: 10.15585/mmwr.mm6613a2

nationwide that STD public health divisions experienced an 80% reduction in staffing – including in LA County, at a time when STD rates are at an all-time high. Staff had to quickly pivot to balance the demands of COVID-19 work with the existing STD crisis, and STDs were always left in the backseat. The diversion of most staff to COVID-19 work resulted in a significant reduction in the timely surveillance work necessary to identify clusters and outbreaks, missed opportunities to treat individuals and their partners because County clinics were closed or at reduced capacity, and overburdened DIS workers with a large COVID-19 caseload on top of their STD caseload. Community providers also had to close or reduce services and focus mainly on serving symptomatic individuals. Moreover, while gonorrhea and chlamydia rates remain high in LA County, public health was so stretched thin that it had to begin utilizing CDPH’s syphilis reactor grid and focus solely on the most acute syphilis and CS cases, leaving thousands of Angelenos without the proper STD testing and treatment that could have improved health outcomes and broken STD transmission chains that are perpetuating the STD crisis.

While we sincerely appreciate that the COVID-19 pandemic necessitated an immediate and acute public health response, the effects of this compounded public health crisis are evident in the most recent surveillance data and what providers and community see on the ground, and we must act now to prevent the STD crisis from getting worse.

LA County’s STD Infrastructure, Resources, and Response

LA County faces significant challenges that have made it difficult to combat exploding STD rates, including inadequate infrastructure, suboptimal access to care, and few resources. Reducing the STD crisis requires a robust public health infrastructure with a fully-staffed surveillance team, comprehensive and up-to-date public health lab capacity, adequate contact tracers and disease intervention specialists (DIS), timely partner services, a strong network of County and community providers who offer access to culturally competent STD testing and treatment, and adequate resources to support all of this programming. As reflected in DPH’s quarterly STD reports over the last year, the majority of the County and community programming for STDs has either been severely reduced in capacity or entirely put on hold.

Exacerbating these challenges is the fact that resources to combat the STD crisis are minimal at all levels, requiring DHSP to prioritize certain efforts to the detriment of other necessary efforts. LA County receives approximately \$14 million per year across County, State, and Federal funding sources but estimates that an additional baseline investment of at least \$30 million annually is necessary to support adequate programming and access to STD prevention, testing, and treatment. DPH receives approximately \$3 million per year from the CDC to fund STD prevention, testing, and treatment, as well as \$3 million per year from CDPH. Various County resources, including a small STD NCC fund, make up the remainder. While we are glad that DHSP receives funding at all levels, LA County’s resources to support STD public health infrastructure remain woefully inadequate.

At the federal level, in 2020 the CDC distributed \$160.8 million nationwide to combat STDs³. This allocation for the entire country is less than six times what DHSP estimates is needed in LA County as a baseline investment, demonstrating the significant mismatch between resources and need. The National Coalition of STD Directors (NCSDD) estimates that because federal STD allocations have remained level since 2003, there has been a 40% decrease in purchasing power over the last 17 years, when adjusted for inflation. NCSDD estimates that at a minimum, an additional \$90 million annually is needed to kickstart an effective response, plus \$20 million to activate a new CS elimination plan. While the Department of Health and Human Services (HHS) released a Federal STI Action Plan shortly before the COVID-19 pandemic, local health jurisdictions and community advocates expressed concern that the plan was largely symbolic, as there was no additional funding to support the activities outlined in the plan. Despite many years of fierce advocacy nationwide, federal resources remain at a minimum.

At the State level, there is approximately \$7 million allocated annually. While there are a number of champions in the legislature who have supported budget proposals from community advocates over the years, resulting in a small increase to annual STD funding statewide, overall support and resource allocations from multiple administrations has fallen short. And despite several years of the statewide End the Epidemics Coalition calling on the Governor to address this growing crisis, no declaration has been forthcoming. At the same time, approximately \$1 billion is spent annually in California on health care costs associated with STDs – costs that could be reduced with more resources to reduce and prevent STDs and decrease the cost burden to our public health and health care delivery systems.

Given the minimal resources available at the State and Federal level, in November 2018, the Commission recommended a motion to the Board of Supervisors requesting the additional \$30 million in ongoing funding necessary to expand programs and access for STD prevention, testing, and treatment (see attachment). As a result of the advocacy work of the Commission and the community, the Board allocated \$5 million in County tobacco settlement funds to support STD programming. While the Commission thanks the Board for this allocation, we remain steadfast in our belief that the funding request of \$30 million is warranted and vital to effectively control and treat STDs in LA County. Additionally, the \$5 million is already expended. While one-time funding sources are helpful, having to advocate for piecemeal allocations each year at all levels allows the STD crisis to continue to grow uncontained. It is essential that the County recognize that federal and state resources will likely not grow enough to help stem the tide of STDs in the County, and it is necessary to identify a long-term, sustainable funding source commensurate to the magnitude of the STD crisis.

Opportunities

Despite the extremely concerning data and challenges highlighted above, the Board of Supervisors and LA County's public health leadership have the opportunity to make an impact and be champions in combatting our STD crisis. The COVID-19 pandemic has highlighted the

³ <https://www.cdc.gov/budget/documents/fy2022/FY-2022-CDC-Budget-Detail.pdf>

core function of public health departments and how they are able to mobilize when given adequate resources. In addition to identifying long-term and sustainable funding sources, the County must act to ensure that any newly identified resources are invested wisely. We must also emphasize that it is critical that the County's STD response be guided through a health equity lens. There are a few new incoming Federal and State public health resources that the County must leverage.

At the federal level, DPH is receiving approximately \$6.5 million per year over 5 years from the CDC to expand DIS capacity and infrastructure so that public health departments are better prepared for future pandemics. This funding flows through the CDC PCHD grant and can be used for STD infrastructure to expand DIS and surveillance capacity. While we understand that COVID-19 will most likely not be eliminated and will be folded into the portfolio of infectious diseases that public health departments address, LA County must ensure that a significant portion of these new DIS resources go to STD infrastructure rather than added to COVID-19 expenditures. The County has many COVID-19 resources but few STD resources. We must not miss this opportunity.

Second, through the advocacy work of the statewide End the Epidemics Coalition, of which DPH is a member, we anticipate a small increase in ongoing STD funding from the state in the Governor's June 2021 budget. We are also hopeful that a budget proposal from the County Health Executives Association of California (CHEAC), which would expand public health infrastructure at the local level, will be funded. If the proposal is fully funded, LA County could receive tens of millions of dollars for public health infrastructure, and it is critical that a portion of these funds be invested in STDs.

A Call to Action

The Commission and the broader HIV and STD advocacy community feel that we have done everything we can do and talked to leadership at all levels, but have been met with silence all around. DHSP, with support from the Commission, has developed and implemented responsive and innovative programs to curb the HIV epidemic, and these efforts are supported with federal, state, and local resources proportional to the magnitude of the HIV epidemic in Los Angeles. However, the County lacks a comparable, robust infrastructure to address the STD crisis. As an example, one of DPH's Center for Health Equity (CHE) goals is reducing STDs, but this plan feels largely symbolic as we do not have resources to achieve the objectives outlined in CHE action plan. Our policies and resource allocations reflect our values and priorities; with the continued support and revitalized commitment to ending HIV, we must respond with similar urgency and resources to curb the STD epidemic and be successful in ending HIV.

The data should speak for itself and the voices of the community should be heard even louder. Given the current STD resource and policy landscape in Los Angeles County, and the opportunity to act as we move out of the pandemic, the Commission asks the Board of Supervisors and the Director of Public Health to address the following concerns and questions/take the following actions:

Board of Supervisors

- Allocate additional tobacco settlement funds to support the rebuilding of STD public health infrastructure and DPH-funded STD services provided by community partners, and mandate a minimum that must be allocated per year to address the STD crisis.
- Increase DHSP's STD NCC annual allocation to support the additional staff needed to expand surveillance capacity.
- Re-engage with the Director of Public Health on the individual program, policy, and resource issues highlighted in the quarterly STD reports, and select key priorities.
- For each Board office, name key priorities and communities related to reducing STD rates in their district, with a focus on addressing health inequities.
- Declare the STD crisis a local public health crisis and work with other counties to have the Governor declare a statewide STD public health crisis.
- Work with DPH and community partners to develop short-term and long-term policy and structural interventions to alleviate the crisis.

Department of Public Health

- Work with the Board of Supervisors, area health officers, DHSP, and the Commission to identify a concrete timeline to end the STD crisis, key immediate and long-term activities, and approximate funding allocations necessary to reduce STD rates in LA County.
- Clearly identify all existing funding streams and allocations at all levels for STDs, and explore other local public health funding streams to identify areas with unspent funds that could be utilized for STDs. Also, explore how to better align with other public health programs where issues overlap with STDs (SAPC, etc.)
- Identify unspent, extra COVID-19 funding and divert leftover funds to help build sustainable STD infrastructure.
- Create a public-facing STD data dashboard to track in real-time the County's progress towards reducing this crisis. Establish performance metrics.
- Call on California STD Control Branch to advocate with the Governor for additional resources to combat the statewide crisis.
- Implement and finance the County's Congenital Syphilis Action Plan that has been on hold since the beginning of January 2020.
- Work with DHSP on additional action steps to combat the STD crisis, which have been clearly outlined in documents including STD Quarterly Reports, RFI responses, and presentations at the Commission.

We kindly request a meeting with Board representatives and DPH leadership within the next 30 days (or at DPH leadership's earliest possible opportunity given the need to respond to COVID-19) to discuss the concerns and opportunities outlined in this letter. Community engagement

and collaboration are critical components of a healthy and well-functioning public health system. We urge DPH to be transparent in its communication process with the community and work with Commissioners and other key stakeholders to identify solutions to our common concerns around STDs and HIV. With the scientific advances in HIV and STD treatment, we truly have a chance at ending HIV and curbing the STD epidemic.

DPH and the Board of Supervisors have the opportunity to demonstrate leadership and a public commitment to ending the *decades long* crisis of the (HIV/STD epidemics) that *severely traumatize our communities* and impact the health and well-being of tens of thousands of Angelenos and *their families*. Let us not waste the opportunity of a lifetime by remaining inactive and ignoring community voices and strengths and focus instead on transparency, investment and authentic collaboration. We have directed Cheryl Barrit, Executive Director, to work with your office to coordinate a meeting and ensure an immediate response to our concerns. Thank you.

Sincerely,

Bridget Gordon & David Lee

Co-Chairs, Commission on HIV

Attachments

cc: Board of Supervisors

Health Deputies

Muntu Davis, MD, MPH

Jeffrey Gunzenhauser, MD, MPH

Mario Perez, MPH

Lorayne Lingat

AMENDED IN SENATE MAY 28, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 453

**Introduced by Assembly Member Cristina Garcia
(Coauthor: Assembly Member Blanca Rubio)**

February 8, 2021

An act to amend Section 1708.5 of the Civil Code, relating to civil law.

LEGISLATIVE COUNSEL'S DIGEST

AB 453, as amended, Cristina Garcia. Sexual battery: nonconsensual condom removal.

Existing law provides that a person commits a sexual battery who, among other things, acts with the intent to cause a harmful or offensive contact, as defined, with an intimate part, as defined, of another that directly or indirectly results in a sexually offensive contact with that person. The law makes a person who commits a sexual battery pursuant to those provisions liable for damages and equitable relief.

This bill would additionally provide that a person commits a sexual battery who causes contact between a ~~penis~~, *sexual organ*, from which a condom has been removed, and the intimate part of another who did not verbally consent to the condom being removed. *The bill would also specify that a person commits a sexual battery who causes contact between an intimate part of the person and a sexual organ of another from which the person removed a condom without verbal consent.*

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1708.5 of the Civil Code is amended to
2 read:

3 1708.5. (a) A person commits a sexual battery who does any
4 of the following:

5 (1) Acts with the intent to cause a harmful or offensive contact
6 with an intimate part of another, and a sexually offensive contact
7 with that person directly or indirectly results.

8 (2) Acts with the intent to cause a harmful or offensive contact
9 with another by use of the person’s intimate part, and a sexually
10 offensive contact with that person directly or indirectly results.

11 (3) Acts to cause an imminent apprehension of the conduct
12 described in paragraph (1) or (2), and a sexually offensive contact
13 with that person directly or indirectly results.

14 (4) Causes contact between a ~~penis~~, *sexual organ*, from which
15 a condom has been removed, and the intimate part of another who
16 did not verbally consent to the condom being removed.

17 (5) *Causes contact between an intimate part of the person and*
18 *a sexual organ of another from which the person removed a*
19 *condom without verbal consent.*

20 (b) A person who commits a sexual battery upon another is
21 liable to that person for damages, including, but not limited to,
22 general damages, special damages, and punitive damages.

23 (c) The court in an action pursuant to this section may award
24 equitable relief, including, but not limited to, an injunction, costs,
25 and any other relief the court deems proper.

26 (d) For the purposes of this section:

27 (1) “Intimate part” means the sexual organ, anus, groin, or
28 buttocks of any person, or the breast of a female.

29 (2) “Offensive contact” means contact that offends a reasonable
30 sense of personal dignity.

31 (e) The rights and remedies provided in this section are in
32 addition to any other rights and remedies provided by law.

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Consumer Caucus Workplan 2021 (6.10.21; updates reflected in red italics)

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

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

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

#	Activities & Lead/Champion(s)	Priority Level (High, Medium, Low)	Approach/Comments/Target Deadline
1	Foster and nurture consumer (both PLWH and HIV-negative) leadership and empowerment in COH and community	High	<ul style="list-style-type: none"> • Trainings, meeting debriefs and Q&As to be determined by Consumer Caucus and weaved into Consumer Caucus meetings. • <i>NMAC BLOC training confirmed for September 13-17; more details to follow.</i>
2	Increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities.	High	<ul style="list-style-type: none"> • Work with community advisory boards. Explore follow-up opportunities to the CAB conference held in 2019. • Use testimonials from members and use in social media-based recruitment. Staff emailed Commissioners on 2/2/21 to solicit testimonials. No replies received as of 2/18/21. • Encourage consumers to attend caucuses and task forces first as those meetings may be less intimidating than full body or Committee level meetings. • Develop outreach tracking form that Commissioners will use to what events they attended to promote the COH and consumer participation. C. Moreno to share draft template for consideration.
3	Support/partner with Black/African American Community Task Force (BAAC TF), Women’s Caucus, Transgender Caucus and Aging Task Force to develop a more coordinated and collaborative planning agenda for consumers from all priority communities on the COH.	High	<ul style="list-style-type: none"> • Host an “all Caucus/Task Force” meeting to combine planning efforts for consumers from all priority communities. <ul style="list-style-type: none"> ○ Schedule an “all Co-Chair” meeting to brainstorm and develop agenda. Meeting took place on March 9. Follow up/next steps to be determined. • Help implement BAAC TF, WC and ATF recommendations. • Work with ATF and Women’s Caucus to coordinate an activity for Long Term Survivors Day (June 5); activity can be leveraged to build consumer-led coalitions. • “All Caucus” Co-Chairs met and determined that “All Caucus” efforts be placed on hold until LAC Human Relations Commission training has concluded.

4	Increase integration of consumer voice into all COH Committees		<ul style="list-style-type: none"> • <i>Develop list of consumer-focused priorities/recommendation for Commission consideration/implementation.</i> • Encourage consumers (including non-COH members) to attend COH Committee meetings. Attendance at meetings may incite consumers to apply to the COH or as Committee members. <i>Ask Committee and other subgroups to attend Consumer Caucus meetings.</i> • Encourage at least two consumers attend each Committee and subordinate work group meetings as champions and representatives for CC and report back to CC. • Encourage more consumers to apply to the COH. • Consumer voices should drive the COH agenda. • Provide feedback on updated membership application to create a more consumer friendly format and use as a recruitment tool for consumers • Encourage providers to support and promote consumer participation at COH meetings.
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