



LOS ANGELES COUNTY
COMMISSION ON HIV



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EXECUTIVE COMMITTEE MEETING

Thursday, July 25, 2024

1:00PM – 3:00PM (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020

**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

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

Register Here to Join Virtually

<https://lacountyboardofsupervisors.webex.com/weblink/register/rb29cb0f7b1a7f45b07b18491cc16be01>

To Join by Telephone: 1-213-306-3065

Password: EXECUTIVE Access Code: 2532 176 3923

Public Comments

You may provide public comment in person, or alternatively, you may provide written public comment by:

- Emailing hivcomm@lachiv.org
- Submitting electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS

** Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting. All public comments will be made part of the official record.*

Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at hivcomm@lachiv.org or 213.738.2816.



Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: <https://www.surveymonkey.com/r/COHMembershipApp>

For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org



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**

Thursday, July 25, 2024 | 1:00PM - 3:00PM

510 S. Vermont Ave, Terrace Level Conference, Los Angeles, CA 90020

Validated Parking: 523 Shatto Place, Los Angeles 90020

**As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting in order to access the Terrace Conference Room (9th flr) where our meetings are held.*

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/rb29cb0f7b1a7f45b07b18491c16be01>

To Join by Telephone: 1-213-306-3065

Password: EXECUTIVE Access Code: 2532 176 3923

EXECUTIVE COMMITTEE MEMBERS			
<i>Danielle Campbell, PhDc, MPH, Co-Chair</i>	<i>Joseph Green, Co-Chair Pro Tem</i>	Miguel Alvarez	Alasdair Burton (Executive At-Large)
Erika Davies	Kevin Donnelly	Felipé Gonzalez	Bridget Gordon (Executive At-Large)
Lee Kochems, MA	Katja Nelson, MPP	Mario J. Pérez, MPH	Dechelle Richardson (Executive At-Large)
Kevin Stalter	Justin Valero, MPA		
QUORUM: 8			

AGENDA POSTED: July 19, 2024

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 submit in person, email to hivcomm@lachiv.org , or submit 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. Approval of Agenda | MOTION #1 1:05 PM – 1:07 PM |
| 4. Approval of Meeting Minutes | MOTION #2 1:07 PM – 1:10 PM |

II. PUBLIC COMMENT

1:10 PM – 1:13 PM

5. 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

1:13 PM – 1:15 PM

6. 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**7. Executive Director/Staff Report**

1:15 PM – 1:30 PM

A. Commission (COH)/County Operational Updates

- (1) 2024 COH Meeting Schedule
- (2) Health Resources and Services Administration (HRSA) Technical Assistance (TA) Site Visit
- (3) [AB2449](#) Refresher
- (4) 3-Part COH Housing Presentation Series Follow Up
- (5) County Travel Policy for Commissioners
- (6) Technology Access for Consumer Members
- (7) LGBTQ+ Commission

9. Co-Chair Report

1:30 PM – 1:45 PM

- A. Commissioner Commitments
- B. August 14, 2024 COH Meeting Info & Agenda Development
 - (1) Meeting Location: Vermont Corridor
 - (2) Comprehensive HIV Plan (CHP) Review
 - (3) 2025-2027 COH Co-Chair Open Nominations & Elections
 - (4) CPG+COH Seat Nominations & Elections
 - (4) New Membership Application: Terrance Jones
- C. Conferences, Meetings & Trainings
 - (1) National Ryan White Conference: August 20-23, 2024
 - (2) United States Conference on HIV/AIDS: September 12-15, 2024
- D. Member Vacancies & Recruitment
- E. 2024 Executive Committee Meeting Calendar
 - (1) (Reminder) August 22, 2024 Meeting Canceled Due to RWC

8. Division of HIV and STD Programs (DHSP) Report

1:45 PM – 2:00 PM

- A. Fiscal, Programmatic and Procurement Updates
 - (1) Ryan White Program (RWP) Part A & MAI, and CDC/Ending the HIV Epidemic (EHE)
 - (2) Fiscal
 - (3) Mpox | UPDATES

10. Standing Committee Report

2:00 PM – 2:35 PM

- A. Operations Committee
 - (1) Membership Management
 - a. New Membership Application | Terrance Jones, Unaffiliated Representative, At-Large #2 (Seat #33) **MOTION #3**
 - (2) Policies & Procedures
 - a. Bylaws Proposed Updates | REVIEW & DISCUSSION
 - b. Policy # 09.7201: Consumer Compensation | DISCUSSION
 - (3) Assessment of the Administrative Mechanism | UPDATES
 - (4) [2024 Training Schedule](#)
 - (5) Recruitment, Retention & Engagement
 - a. Outreach Team

10. Standing Committee Report (cont'd)

2:00 PM – 2:35 PM

- C. Planning, Priorities and Allocations (PP&A) Committee
 - (1) Priority Setting & Resource Allocation (PSRA) Training Mandate
 - (2) Ryan White Program Year 33 Expenditures
 - (3) Ryan White Program (RWP) Year 34 Allocations **MOTION #4**
 - (4) FY 2025 RWP Part A Notice of Funding Opportunity Preparation ([HRSA 25-054](#))
- D. Standards and Best Practices (SBP) Committee
 - (1) Service Standards Schedule
 - (2) Ambulatory Outpatient Medical (AOM) Service Standards | [Public Comment: July 5-August 5](#)
 - (3) Emergency Financial Assistance (EFA) Service Standards | REVIEW
- E. Public Policy Committee (PPC)
 - (1) Federal, State, County Policy & Budget
 - a. 2024 Legislative Docket | UPDATES
 - b. 2024 Policies Priority | UPDATES
 - c. County Response to STD Crisis

11. Caucus, Task Force, and Work Group Reports:

2:35 PM – 2:50 PM

- A. Aging Caucus
- B. Black/AA Caucus
- C. Consumer Caucus
- D. Transgender Caucus
- E. Women's Caucus
- F. Housing Task Force
- G. Annual Conference Planning Workgroup

V. NEXT STEPS

2:50 PM – 2:55 PM

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

VI. ANNOUNCEMENTS

2:55 AM – 3:00 PM

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

VII. ADJOURNMENT

3:00 PM

- 15. Adjournment for the meeting of July 25, 2024.

PROPOSED MOTIONS

MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the meeting minutes, as presented or revised.
MOTION #3	Approve new member application for Terrance Jones to occupy Unaffiliated Representative, At-Large #2 (Seat #33), as presented or revised, and forward to the August 14 COH meeting for final approval.
MOTION #4	Approve Ryan White Program Year 34 Allocations as presented or revised and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.



LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH
6/8/23

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

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

CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

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

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

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HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS

(Updated 7.15.24)

- ☐ This meeting is a **Brown-Act meeting** and is being recorded.
 - 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. Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.
- ☐ 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 for the entire duration of the meeting 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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/19/24

In accordance with the Ryan White Program (RWP), conflict of interest is defined as any financial interest in, board membership, current or past employment, or contractual agreement with an organization, partnership, or any other entity, whether public or private, that receives funds from the Ryan White Part A program. These provisions also extend to direct ascendants and descendants, siblings, spouses, and domestic partners of Commission members and non-Commission Committee-only members. Based on the RWP legislation, HRSA guidance, and Commission policy, it is mandatory for Commission members to state all conflicts of interest regarding their RWP Part A/B and/or CDC HIV prevention-funded service contracts prior to discussions involving priority-setting, allocation, and other fiscal matters related to the local HIV continuum. Furthermore, Commission members must recuse themselves from voting on any specific RWP Part A service category(ies) for which their organization hold contracts. ***An asterisk next to member's name denotes affiliation with a County subcontracted agency listed on the addendum.**

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALE-FERLITO	Dahlia	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	AI	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
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
CONOLLY	Lilieth	No Affiliation	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	Kerry	ViiV Healthcare	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 representative	No Ryan White or prevention contracts
FRANKLIN*	Arburtha	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA*	Rita	Translatin@ Coalition	Vulnerable Populations (Trans)
GERSH (SBP Member)	Lauren	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
			Residential Care Facility - Chronically Ill
			Data to Care Services
GONZALEZ	Felipe	Unaffiliated representative	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated representative	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated representative	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	David	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
KOCHEMS	Lee	Unaffiliated representative	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
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
MARTINEZ-REAL	Leonardo	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	Vilma	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLETTE	Andre	Men's Health Foundation	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
			Data to Care Services
MUHONEN	Matthew	HOPWA-City of Los Angeles	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
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
			Residential Care Facility - Chronically Ill
			Data to Care Services
OSORIO	Ronnie	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	Dechelle	AMAAD Institute	Community Engagement/EHE
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated representative	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

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 representative	No Ryan White or prevention contracts
TALLEY	Lambert	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

Division of HIV and STDs Contracted Community Services

The following list and addendum present the conflicts of interest for Commission members who represent agencies with Part A/B and/or CDC HIV Prevention-funded service contracts and/or subcontracts with the County of Los Angeles. For a list of County-contracted agencies and subcontractors, please defer to Conflict of Interest & Affiliation Disclosure Form.

Service Category	Organization/Subcontractor
Mental Health	
Medical Specialty	
Oral Health	
AOM	
Case Management Home-Based	Libertana Home Health Caring Choice The Wright Home Care Cambrian Care Connection Envoy
Nutrition Support (Food Bank/Pantry Service)	AIDS Food Store Foothill AIDS Project JWCH Project Angel
Oral Health	Dostal Laboratories
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
STD-Ex.C	
Biomedical HIV Prevention Services	
Case Management Home-Based	Envoy Caring Choice Health Talent Strategies Hope International
Mental Health	
Vulnerable Populations (YMSM)	TWLMP
Nutrition Support (Food Bank/Pantry Service)	
Vulnerable Populations (Trans)	CHLA SJW
HTS - Storefront	LabLine Mobile Testing Unit Contract
Vulnerable Populations (YMSM)	
Service Category	Organization/Subcontractor
AOM	
Vulnerable Populations (YMSM)	APAIT AMAAD
HTS - Storefront	Center for Health Justice Sunrise Community Counseling Center
STD Prevention	
HERR	

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC
	EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN
	Spanish Telehealth Mental Health Services
	Translation/Transcription Services
	Public Health Detailing
	HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	
Service Category	Organization/Subcontractor
Community Engagement and Related Services	AMAAD
	Program Evaluation Services
	Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
Vulnerable Populations (YMSM)	Bienestar
	CHLA
	The Walls Las Memorias
	Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups
	Translatin@ Coalition
	CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Populations (YMSM)	
Sexual Health Express Clinics (SHEx-C)	AMMD - Contracted Medical Services
Case Management Home-Based	Caring Choice
	Envoy
AOM	
Mental Health	
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	

Service Category	Organization/Subcontractor
Residential Facility For the Chronically Ill (RCFCI)	
Transitional Residential Care Facility (TRCF)	
HTS - Social and Sexual Networks	Black AIDS Institute
AOM	
Case Management Home-Based	Envoy
	Cambrian
	Caring Choice
Oral Health	Dental Laboratory
AOM	
HTS - Storefront	
HTS - Social and Sexual Networks	
AOM	New Health Consultant
Case Management Home-Based	Always Right Home
	Envoy
Mental Health	
Oral Health-Endo	
Oral Health-Gen.	
Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech
	Biopsies - Pacific Oral Pathology
Oral Health-Gen.	Patient Lab Services
AOM	UCLA
Benefit Specialty	UCLA
Medical Care Coordination	UCLA
Oral Health	



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

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

Thursday, May 23, 2024

COMMITTEE MEMBERS			
P = Present A = Absent EA=Excused Absence AB2449=Virtual			
Danielle Campbell, PhDc, MPH, Co-Chair	P (AB449)	Kevin Donnelly	P
Joseph Green, Co-Chair, Pro Tem	P	Felipe Gonzalez	P
Luckie Fuller, Co-Chair (LOA)	EA	Lee Kochems, MA	P (AB2449)
Miguel Alvarez (EXEC At-Large)	P	Katja Nelson, MPP	P
Alasdair Burton (EXEC At-Large)	P	Mario J. Pérez, MPH	P
Bridget Gordon (EXEC At-Large)	P	Kevin Stalter	P
Al Ballesteros, MBA	A	Justin Valero	P
Erika Davies	EA		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; and Sonja Wright, DACM			
DHSP STAFF			

Meeting agenda and materials can be found on the Commission's website [HERE](#)

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Joseph Green, COH Co-Chair Pro Tem, commenced the Executive Committee meeting at around 1:02PM and provided an overview of the meeting guidelines.

2. INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS

J. Green initiated introductions and requested that Committee members state their conflicts of interest. Cheryl Barrit, MPIA, Executive Director, led roll call.

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ROLL CALL (PRESENT): Miguel Alvarez, Alasdair Burton, Kevin Donnelly, Felipe Gonzalez, Bridget Gordon, Lee Kochems (AB2449), Katja Nelson, Mario Pérez, Kevin Stalter, Justin Valero, Joseph Green, and Danielle Campbell (AB2449)

2. APPROVAL OF AGENDA

MOTION #2: Approve the Agenda Order, as presented or revised. *(Approved by Consensus).*

3. APPROVAL OF MEETING MINUTES

MOTION #3: Approve the Executive Committee minutes, as presented or revised. *(Approved by Consensus.)*

II. PUBLIC COMMENT

4. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.

No Public Comments.

III. COMMITTEE NEW BUSINESS ITEMS

5. 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.

- J. Green requested for COH leadership to debrief the HRSA Technical Assistance (TA) site visit and report back to the Committee.
- As suggested during the HRSA TA site visit, a recommendation was made to update titles on name plates to protect health-related statuses of members.

IV. REPORTS

6. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission (COH)/County Operational Updates

1. **PY 34 COH Operational Budget.** Cheryl A. Barrit, MPIA, Executive Director, led the Committee through a high-level summary review of the COH's proposed PY 34 operational budget. Key highlights included:
 - The proposed budget for PY 34 was submitted to DHSP on April 19 and is currently pending review.

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- The COH's budget is negotiated with DHSP, who has instructed COH to maintain its budget between \$1.3 and \$1.5 million. This amount covers the entire COH operations, including staff salaries, benefits, and all operational-related expenses.
- DHSP and COH share a 10% administrative budget for the operation and management of the Ryan White Program.
- The budget is monitored throughout the year, requiring occasional adjustments to accommodate the evolving needs of COH.
- A discussion ensued regarding the constraints on RWP funding and allocations to the COH, as well as COH's ability and capacity to effectively address prevention planning as an integrated body.
- ✓ Mario J. Pérez, MPH, Director (DHSP), suggested that a separate planning apparatus would be most effective to address prevention, citing the former Prevention Planning Council (PPC) as a model. M. Perez' expressed that the current COH structure is not sufficient to address prevention and competing syndemics.
- ✓ The Committee expressed concerns about the budget constraints imposed by DHSP, which cap funding allocation at \$1.5 million, particularly in an economy where inflation and the diverse needs of the community continue to rise significantly.

2. 2024 Proposed COH Meeting Schedule.

- C. Barrit directed the Committee to the updated meeting schedule, noting that the Linkage and Re-Engagement Program (LRP) will be reintroduced for presentation at the June 13 COH meeting, as it was not presented at the May 9 COH meeting.
- C. Barrit suggested that the Committee consider canceling the October COH meeting to allow sufficient preparation for the November Annual Conference and canceling the December COH meeting, as done in previous years.
 - The Committee reached a consensus to cancel the October COH meeting and will decide on the December COH meeting at a later time.

3. 2024 Annual Conference Planning Workgroup. No updates reported.

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7. Co-Chair Report

A. Commissioner Commitments: How are you fulfilling your role/responsibilities as a commissioner?

As an ongoing effort to uphold accountability among members and to ensure clarity regarding roles and responsibilities, members were invited to share perspectives on their roles, responsibilities, and community engagement efforts supporting the Commission's mission.

B. May 9, 2024, COH Meeting | FOLLOW UP & FEEDBACK. No comment provided.

C. June 13, 2024, COH Meeting Agenda Development.

- The Committee reviewed the proposed agenda; no items were added.
- Russell Ybarra was nominated for the Executive At-Large seat vacated by the election of Miguel Alvarez as Operations Committee Co-chair. Staff will determine eligibility and confirm nomination.

D. Conferences, Meetings & Trainings | OPEN FEEDBACK.

Members noted the upcoming training on social determinants of health offered by PAETC, scheduled for Friday, May 24th, at the California Endowment. Additionally, members remarked on the "Coping with Hope" event, commenting that it was well attended.

E. Member Vacancies & Recruitment. Ongoing recruitment efforts were discussed to address current vacancies. Staff continues to collaborate with the City of Long Beach (CLB) to fill its vacant seat. In the interim, CLB staff will do its best to provide updates at COH meetings until the vacancy is filled.

8. Division of HIV and STD Programs (DHSP) Report. Mario J. Pérez, MPH, Director, DHSP, reported the following:

- There is an impending threat to the Future of Public Health Funding by the Governor's office, which largely supports DHSP's public health activities. An estimated \$1 million is expected to be divested, impacting communicable disease investigators and other key public health positions. DHSP is working closely with DPH and the BOS to preserve these resources and is actively tracking the situation while collaborating with its policy partners.
- DHSP has been awaiting CDC prevention funding for at least five months, causing growing concerns due to the delay.
- DHSP has requested that the BOS extend a number of its service contracts, to include 10 HIV prevention contracts and one STD community engagement contract. Should they

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be approved, DHSP's entire portfolio of prevention service contracts will have been extended with the new portfolio of contracts to take effect July 1, 2025.

- DHSP will host two Community Engagement Sessions for providers and consumers, respectively, to gather feedback on challenges and solutions related to HIV and STD Prevention Services, aiming to inform the development of the new Prevention RFP. Flyers have been disseminated.
- The California Tobacco Settlement Fund process remains slow. DHSP is in the process of updating stakeholders on the status.
- There were no new Mpox cases reported last week. 99 dosages of vaccinations were administered within the last six months. There were 55 cases of Mpox reported in the last six months.
- DHSP is currently compiling a list of Pride events where they will have a presence and committed to sharing this information with the COH once confirmed, at the Committee's request. Strong emphasis was placed on ensuring that participation and engagement at Pride events extend beyond HIV and be normalized as a broader public health initiative by DPH and other commissions whose work and needs of the community intersects with those of the COH.

8. Standing Committee Reports

A. Operations Committee

Justin Valero, Co-Chair, reported that the HRSA TA site visit went well, with many valuable recommendations provided by HRSA staff. COH leadership will debrief and report back on the next steps.

(1) Membership Management

2024 Renewal Membership Applications Slate **MOTION #3**

(Approved/Passed ✓: Yes: MAlvarez, ABurton, KDonnelly, FGonzalez, BGordon, LKochems, KNelson, KStalter, JValero, JGreen and DCampbell; Abstain: MPeréz)

(2) Policies & Procedures *No updates*

(3) Assessment of the Administrative Mechanism | **UPDATES** *No updates.*

(4) [2024 Training Schedule](#)

(5) Recruitment, Retention & Engagement *No updates.*

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- B. Standards and Best Practices (SBP) Committee** Kevin Stalter, SBP Committee Co-Chair reported:

(1) Service Standards Schedule

The Committee reviewed its service standard calendar and agreed to review the Emergency Financial Assistance (EFA), Transportation Services, and Transitional Case Management service standards. It noted that HRSA shared that an update regarding the EFA will be released next week.

(2) Ambulatory Outpatient Medical (AOM) Service Standards | UPDATES

The Committee will review the AOM service standards at its next meeting on June 4, 2024.

- C. Planning, Priorities and Allocations (PP&A) Committee** Kevin Donnelly, PP&A Committee Co-Chair, reported:

- The Committee did not meet in May due to the HRSA TA site visit therefore, no new updates to report.
- It was noted that DHSP has not yet received full RWP funding and has only received partial funding to date.
- The next Committee meeting will be June 18, 2024 @ 1PM.

- D. Public Policy Committee (PPC)** Katja Nelson, PPC Committee Co-Chair, reported:

(1) Federal, State, County Policy & Budget

a. 2024 Legislative Docket MOTION #4

The Committee reviewed the docket and requested a revision to update AB2523 from “Watch” to “Oppose”. The docket will be transmitted to the County’s legislative office once approved by the COH.

(Approved/Passed v: Yes: MAlvarez, ABurton, KDonnelly, FGonzalez, BGordon, LKochems, KNelson, KStalter, JValero, JGreen and DCampbell; Abstain: MPeréz)

The Governor’s May Revise is pending, and the Committee will review to see how the impact of the Future of Public Health Funding will impact LA County.

b. 2024 Policies Priority | UPDATES *No updates.*

c. County Response to STD Crisis *No updates.*

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10. Caucus, Task Force, and Work Group Reports

A. Aging Caucus. K. Donnelly, Aging Caucus Co-Chair, reported:

- A follow-up discussion on the HIV and Aging presentation from CROI 2024 will be led by Dr. David Hardy at the next meeting.
- The Caucus will also review and discuss the reauthorization of the Older American Act and its impact.
- The Caucus will hold its next virtual meeting on June 4 @ 1-2:30PM.

B. Black/AA Caucus. D. Campbell, Black Caucus Co-Chair, reported:

- The Caucus is planning for its next community listening session focusing on the Black Non-US Born Immigrant/Caribbean community. The session will be held on Friday, June 14 @ 5-7PM; location to be shared upon confirmed registration.
- A follow up discussion with Equity Impact Solutions and DHSP on next steps of the needs assessment is pending.
- The next Caucus meeting will be held virtually on June 20, 2024 @ 4-5PM.

C. Consumer Caucus. Dawn Mc Clendon, COH staff, reported:

- At its last meeting, the Caucus provided feedback on the draft consumer housing letter to local elected officials and shared tips and ideas on how to best manage their mental health.
- The Caucus will finalize the housing letter at its next meeting which will immediately following the June 13 COH meeting.

D. Transgender Caucus. Jose Rangel-Garibay, COH staff, reported:

- The Caucus held its Harm Reduction Institute on Monday, April 29, from 9 AM to 3 PM, and is currently collecting harm reduction services for the TGI community. Follow-up feedback and recommendations will be shared with PP&A.
- There will be no meeting in June. The next meeting will be held on July 23, 2024, from 10 to 11:30 AM.

E. Women's Caucus. Lizette Martinez, COH staff, reported:

The Caucus hosted a two-part virtual Lunch and Learn event. Part 1, which occurred on May 20, 2024, addressed reading medical labs and the significance of medication adherence. Dr. Mikhaela Cielo led the session, which was well attended. Part 2 will explore the role of peer support in achieving and sustaining optimal health and is scheduled for Monday, June 17th, from 2 PM to 3:30 PM.

F. Housing Taskforce. Cheryl Barrit reported:

The taskforce will hold its kick-off meeting on May 31, 2024 @ 9:30AM. Based on interest to date, there is a healthy representation of both providers and consumer. More updates to follow.

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V. NEXT STEPS

11. Task/Assignments Recap

- All motions will proceed to the June 13, COH meeting for approval.
- DHSP to provide list of Pride events for COH participation.
- Staff to cancel October COH meeting and send appropriate notifications; December COH cancellation TBD.

12. Agenda development for the next meeting

- HRSA TA site visit feedback & next steps
- Annual Conference Workgroup updates
- Housing Taskforce Updates

VI. ANNOUNCEMENTS

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

No announcements.

VII. ADJOURNMENT

Adjournment for the meeting of May 23, 2024 on or around 3:00PM.



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

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

Thursday, June 27, 2024

COMMITTEE MEMBERS			
P = Present A = Absent EA=Excused Absence AB2449=Virtual			
Danielle Campbell, PhDc, MPH, Co-Chair	AB2449	Kevin Donnelly	AB2449
Joseph Green, Co-Chair, Pro Tem	P	Katja Nelson	P
Miguel Alvarez (EXEC At-Large)	P	Felipe Gonzalez	P
Alasdair Burton (EXEC At-Large)	P	Dechelle Richardson	P
Erika Davies	AB2449	Justin Valero	P
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; and Sonja Wright, DACM			
DHSP STAFF			
Dr. Michael Green, PhD, MHSA			

Meeting agenda and materials can be found on the Commission's website [HERE](#)

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Joseph Green, COH Co-Chair Pro Tem, commenced the Executive Committee meeting at around 1:02PM and provided an overview of the meeting guidelines.

2. INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS

J. Green initiated introductions and requested that Committee members their state conflicts of interest. Cheryl Barrit, MPIA, Executive Director, led roll call.

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ROLL CALL (PRESENT): Miguel Alvarez, Alasdair Burton, Erika Davies (AB2449), Kevin Donnelly (AB2449), Felipe Gonzalez, Dechelle Richardson, Kevin Stalter, Justin Valero, Danielle Campbell (AB2449), and Joseph Green

3. APPROVAL OF AGENDA

MOTION #2: Approve the Agenda Order, as presented or revised. *(Not approved; quorum was not reached.)*

4. APPROVAL OF MEETING MINUTES

MOTION #3: Approve the Executive Committee minutes, as presented or revised. *(Not approved; quorum was not reached.)*

II. PUBLIC COMMENT

5. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.

No Public Comments.

III. COMMITTEE NEW BUSINESS ITEMS

6. 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 new business.

IV. REPORTS

7. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission (COH)/County Operational Updates

(1) 2024 COH Meeting Schedule | REVIEW & UPDATES

C. Barrit directed the Committee to the updated meeting schedule, noting a Healthcare in Action presentation for July and a progress update presentation by AJ King on the CHP in August.

(2) 2024 Annual Conference Planning Workgroup | UPDATES

The workgroup continues to meet and will present its proposal for the Annual Conference at the July Executive Committee meeting.

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(3) May 21-23, 2024 Health Resources and Services Administration (HRSA) Technical Assistance (TA) Site Visit | DISCUSSION

C. Barrit reported that HRSA's feedback on the TA site visit is still pending and indicated that during the site visit, HRSA expressed concerns about the length of COH meetings, specifically noting that unaffiliated consumers might find it challenging to dedicate that much time.

(4) [HRSA RWP Programmatic Updates](#)

C. Barrit directed the Committee to HRSA's dear colleague letter, referencing HRSA's informal announcement during the TA site visit that an update to the EFA regarding rental assistance was forthcoming. However, the details of the letter did not meet the expectations of what was anticipated.

8. Co-Chair Report

A. Commissioner Commitments: How are you fulfilling your role/responsibilities as a commissioner?

- As an ongoing effort to uphold accountability among members and ensure clarity regarding roles and responsibilities, members were invited to share their perspectives on their roles, responsibilities, and community engagement efforts in support of the Commission's mission.
- As a resource-sharing opportunity to meet the needs of community members trying to connect with agencies and available resources, it was recommended that members state their affiliated agency along with their conflicts of interest during meetings.
- The Committee supported the Operations Committee's request to develop an "elevator pitch" to assist members with outreach and recruitment.

B. LA County LGBTQ+ Commission | FOLLOW UP & FEEDBACK

J. Green reiterated the robust participation of the Commission at the inaugural LGBTQ+ Commission meeting and noted that it was acknowledged during the meeting that some communities are not represented at the table. C. Barrit shared that she will be collaborating with Sunitha Menon, Executive Director, and indicated there will be crossover projects and opportunities for both Commissions to work together.

C. 2025-2027 COH Co-Chair Open Nominations & Elections

Nominations will open at the August meeting, with elections held in September.

D. Requests for Establishment of Subgroups, i.e., Caucus, Taskforces, Workgroups DISCUSSION

In response to Commissioner Vilma Mendoza's inquiry about establishing a Latino Caucus, the Committee requested that staff follow up with Commissioner Mendoza to gather additional information and gauge interest. It was mentioned that previous

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attempts to establish a Latino Caucus were unsuccessful due to a lack of participation.

E. June 9, 2024 COH Meeting | FOLLOW UP & FEEDBACK

Committee members expressed their appreciation for Commissioner Dechelle Richardson's EHE presentation.

Concerns were shared regarding the technical challenges experienced during the meeting. Clarification was requested, with subsequent guidance from County Counsel needed to determine whether AB 2449 attendance can be counted in instances where there are technical challenges. Staff will review AB 2449 and teleconferencing language and seek guidance from County Counsel.

F. July 11, 2024 COH Meeting Info & Agenda Development | REVIEW

The Committee reviewed the proposed agenda.

Commissioner Kevin Stalter announced his resignation from the California Planning Group with the Office of AIDS, creating a vacancy. Nominations will open at the July Commission meeting, with elections held at the August Commission meeting.

G. Conferences, Meetings & Trainings | OPEN FEEDBACK

(1) Revisit Placement on COH Agendas

The Committee agreed to keep the agenda item as it provides valuable information and resource sharing opportunities.

H. Member Vacancies & Recruitment

The Committee reviewed its membership vacancy and noted that the Operations Committee is continuing its ongoing recruitment efforts.

I. 2024 Executive Committee Meeting Calendar

(1) Cancel August 22, 2024 Meeting Due to RWC

The Committee was reminded of the August 22 meeting cancellation, noting that the Operations Committee will continue to meet that day.

9. Division of HIV and STD Programs (DHSP) Report. Dr. Michael Green, PhD, MHSA Chief, Planning, Development and Research, DHSP, reported the following:

- DHSP received full Ryan White Program (RWP) awards for Part A and MAI totaling \$46.5 million.
- DHSP is currently reconciling PY 33 expenditures, noting unexpected increases in AOM and MCC expenditures which will result in shifting costs to other grants. DHSP

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is projecting a total \$3 million overspend. A report and proposed reallocations will be presented at the July 16 PP&A Committee meeting.

- The home-based case management RFP closed on March 21. Seven proposals were received, of which five were deemed responsive. Letters have been sent to the five agencies this week to finalize negotiations. New contracts are set to begin on July 1, 2024. This solicitation was managed through DHS for a more expedited process.
- Tentative date for summer release of AOM/Medical Care Coordination (MCC) is pending final approval from Contracts and Grants Division. New contracts are slated to begin March 1, 2025.
- DHSP conducted four community listening sessions to hear from providers and consumers on prevention services. Participants expressed interest in the co-location of services, incentives for accessing services, and capacity building for providers. A summary of all the community engagement sessions will be available in the next couple of weeks.
- To find updates on Mpox, data is updated and available here: publichealth.lacounty.gov/media/monkeypox/data/index.html
- DHSP would like to work with the COH in developing the Memorandum of Understanding (MOU). The process for entering a MOU is handled by Monique Collins and her team and forwarded to County Counsel for review. Final approval of the MOU rests within the office of Dr. Ferrer at DPH. Approvals between DPH and CEO should happen simultaneously.
- Since HRSA EHE funding is ending, the EHE steering group is not meeting regularly. The group will be reconvened to discuss pertinent topics as needed.

10. Standing Committee Reports

A. Operations Committee Justin Valero, Operations Committee Co-Chair, reported:

(1) Membership Management

- a. New Membership Application | Terrance Jones, Commissioner, At-Large #2 (Seat #33) MOTION #3** *Quorum not reached; motion elevated to July 13 COH meeting*
- b. New Membership Application | DeeAna Saunders, Commissioner, City of West Hollywood Representative (Seat #5) MOTION #4** *Quorum not reached; motion elevated to July 13 COH meeting*
- c. Attendance Report** *No updates.*

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(2) Policies & Procedures

a. Policy # 09.7201 Review.

The Committee opened a discussion on increasing stipends for unaffiliated consumers and invited the Consumer Caucus to participate. The discussion will continue at the next meeting and will include a review of comparable compensation models, such as those used by the LGBTQ+ Commission.

b. Bylaws Proposed Updates. *Discussion postponed to the July Committee meeting.*

(3) Assessment of the Administrative Mechanism | UPDATES

(4) [2024 Training Schedule](#)

Members are reminded to attend the upcoming July 17, 2024 Ryan White Program (RWP) Legislation virtual training.

(5) Recruitment, Retention & Engagement

The Committee established an "Outreach Team" to focus on recruitment strategies.

B. Planning, Priorities and Allocations (PP&A) Committee Felipe Gonzalez, PP&A Committee Co-Chair, reported:

(1) Status Neutral Priority Setting and Resource Allocation (PSRA) Draft Framework

MOTION #5 *Quorum not reached; motion elevated to July 13 COH meeting*

(2) PSRA Survey Findings

The Committee reviewed consumer feedback from the Priority Setting and Resource Allocation Consumer Survey which was conducted to help the Committee understand consumer perspectives on service priorities and consumer perspectives on recommended allocations.

(3) Ryan White Program (RWP) Fiscal Updates

Refer to DHSP report.

C. Standards and Best Practices (SBP) Committee José Garibay-Rangel, COH staff, reported:

(1) Service Standards Schedule

The Committee updated their service standards schedule and decided to review the Emergency Financial Assistance (EFA) service standards in July 2024. The Committee will also develop a Transitional Case Management service standards document that focuses on three target populations: older adults (50+), youth, and justice-involved individuals.

(2) Ambulatory Outpatient Medical (AOM) Service Standards | REVIEW

The Committee continued their review of the AOM service standards and will have a version ready for public comment by August 2024.

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(3) Emergency Financial Assistance (EFA) Service Standards | REVIEW

The Committee will begin its review of the EFA service standards at its July 2 meeting.

D. Public Policy Committee (PPC) Katja Nelson, PPC Co-Chair, reported:

(1) Federal, State, County Policy & Budget

Governor Gavin Newsom has reached an agreement to revise the balanced state budget, including adjustments to one-time spending. The County is still negotiating the proposed \$300 million cuts to the Future of Public Health funding, which could impact the County by \$50 million. We will provide updates as they become available.

a. 2024 Legislative Docket | UPDATES

The Committee will continue to monitor the legislative docket, noting the Committee changed its position from “WATCH” to “OPPOSE” after reviewing additional feedback received from County and City partners urging the PPC to consider opposing AB 2523.

b. 2024 Policies Priority | UPDATES

No updates to report.

c. County Response to STD Crisis

The next Department of Public Health (DPH) STD report to Board of Supervisors (BOS) is due in the coming months; COH staff will track the BOS correspondence page and share the document once available.

The July 2, 2024, Committee meeting is cancelled.

11. Caucus, Task Force, and Work Group Reports

A. Aging Caucus. C. Barrit reported:

The June meeting is cancelled. The Caucus will reconvene on August 2 from 1pm to 2:30pm virtually via WebEx.

B. Black/AA Caucus. Dawn Mc Clendon, COH staff, reported:

- DHSP is considering direct outreach to Black-led organizations that missed the survey and interviews to invite them to a focus group for the needs assessment. Coordination and updates will be discussed at the next meeting.
- DHSP is developing a technical assistance program based on the needs assessment findings.
- A follow-up session for faith leaders will be organized to form a coalition for sexual health and HIV awareness.
- The June 14 session for the Non-US Born Immigrant/Caribbean community had low attendance but facilitated valuable connections; a follow-up event is planned.

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- 2024 Schedule (dates TBD): Same Gender Loving Men (September), Women (October), and Non-Traditional HIV Providers (November).
- The next Caucus meeting will be virtual on July 18, 2024, from 4-5 PM.

C. Consumer Caucus. D. Mc Clendon, COH staff, reported:

- The Caucus welcomed a two-part presentation from the Department of Mental Health on Mental Health and Stigma.
- The second part of the presentation, focusing on Mental Health and Stress, will conclude at the July 11 meeting.
- Remaining agenda items, including next steps on the consumer housing advocacy letter, will be addressed at the July meeting.

D. Transgender Caucus. C. Barrit reported:

- There was no meeting in June; the next meeting will be held in person on July 23, 2024, from 10 to 11:30 AM at the Vermont Corridor.

E. Women's Caucus. Lizette Martinez, COH staff, reported:

- The Caucus hosted part 2 of the virtual lunch and learn series on Monday, June 17th from 2pm-3:30pm; the recording is available on the COH's website.
- The July caucus meeting is cancelled. Instead, the caucus will be co-hosting a special in-person lunch presentation with APLA titled "HIV Matters for Her" with Dr. Judith Currier on July 15th from 12:30pm – 2:00pm at the Vermont Corridor. The presentation will provide an update on women's HIV health issues. More details to follow.

F. Housing Taskforce. C. Barrit reported:

- The taskforce meets virtually on the last Friday of each month at 9AM; the next meeting is June 28, 2024.
- The HTF will elect their co-chairs and hear from housing subject matter experts from DHSP and the Alliance on Housing and Healing on suggestions for realistic activities that the HTF can address within the confines of the COH.

V. NEXT STEPS

11. Task/Assignments Recap

- All motions will proceed to the July 11, COH meeting for approval.
- Staff to seek clarification from County Counsel re: AB2449; send AB2449 memo to membership.
- Staff to invite Consumer Caucus to the July Operations Committee meeting to discuss stipend increase.
- Staff to follow up with Commissioner Mendoza re: Latino Caucus

12. Agenda development for the next meeting

- HRSA TA site visit updates

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- RWP Expenditure updates
- Annual Conference Workgroup updates
- Housing Taskforce Updates

VI. ANNOUNCEMENTS

13. Opportunity for members of the public and the committee to make announcements. Commissioner Richardson announced “Tacos & Testing” for National HIV Testing Day; see Commissioner Richardson for more information.

VII. ADJOURNMENT

Adjournment for the meeting of June 27, 2024 on or around 2:43PM.

Los Angeles County Commission on HIV (COH)
Meeting Schedule and Topics - Commission Meetings

Versions: 01.18.24; 01.26.24; 02.12.24; 03.03.24; 040724;04.19.24; 05.15.24;06.22.24

FOR DISCUSSION /PLANNING PURPOSES ONLY

- **Bylaws:** Section 5. Regular meetings. In accordance with Los Angeles County Code 3.29.060 (Meetings and committees), the Commission shall meet at least ten (10) times per year. Commission meetings are monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee. The Commission's Annual Meeting replaces one of the regularly scheduled monthly meetings during the fall of the calendar year.

Meeting Schedule and Topics - Commission Meetings		
	Month	Community Discussion Topic
HOUSING	2/8/24 @ St. Anne's Conference Center	City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program and Service Overview (Part 1)
	3/14/24 @ MLK BHC	City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program Client Demographics and Service Data (Part 2)
	4/11/24 @ MLK BHC	Housing Funders Roundtable and Community Problem Solving Discussion: Discuss key program successes, challenges and best practices for coordinated planning and resource sharing. HOPWA, DHSP, LAHSA, County CEO's Homeless Initiative, Los Angeles County DHS Housing for Health, City of Los Angeles Housing Department, Los Angeles County Development Authority, Housing Authority of the City of Los Angeles
	5/9/24 @ Vermont Corridor	<ul style="list-style-type: none"> • DHSP presentation on the Linkage and Re-engagement Program (LRP) (Moved to June 13) • Ryan White Parts Spotlight: Part F presentation by Tom Donohoe and Sandra Cuevas
	6/13/24 @ Vermont Corridor	<ul style="list-style-type: none"> • DHSP presentation on the Linkage and Re-engagement Program (LRP) • AMAAD Institute HIV.E Program

	7/11/24 @ Vermont Corridor	City of West Hollywood Healthcare in Action – Whole Person Care to Unhoused People Living with and at risk for HIV Opportunities for Expansion and Partnership
	8/8/24 @ Vermont Corridor	Comprehensive HIV Plan Review
	9/12/24 @ TBD	HIV and Aging (Collaborative panel/presentation with Aging and Women’s Caucus)
	10/10/24 @ TBD	CANCELLED (CANCELLATION APPROVED BY EXECUTIVE COMMITTEE ON 05.23.14)
	11/14/24 @ TBD	ANNUAL CONFERENCE
	12/12/24 @ TBD	CANCEL (EXECUTIVE COMMITTEE TO REVISIT IN SEPT)

Potential Topics/Wish List: Could be components of the Annual Conference

1. Planning Council Community Review – Aligning Expectations, Duties, and Improving Overall Effectiveness/Impact (Part of Annual Conference)
2. Aging and Isolation (presentation from Dr. Nash; Sept?)
3. Housing (ongoing)
4. National HIV Awareness Days-Related Presentations
5. Comprehensive HIV Plan Temperature Check
6. Linkage and Retention Program (LRP) Service Utilization Report (June)
7. City representatives presentations
8. EHE- How are we doing with meeting our goals
9. Bylaws update (integrated in agenda)
10. Indigenous communities and HIV
11. Mobilizing County-wide STI Response with Key Partners Roundtable

FY2023 Part A MONTHLY MONITORING UPDATE
[Los Angeles County EMA, Division of HIV and STD Programs]
JULY 9, 2024

Attendees: Michael Green (DHSP), Pamela Ogata (DHSP), Victor Scott (DHSP). (Commission on HIV: Danielle Campbell (Co-Chair), Joseph Green (Co-Chair Pro-Tem, Lizette Martinez, PC Staff, Cheryl Barrit (PC Staff))

Background:

H89HA00016	Ryan White HIV/AIDS Program Part A				
ADMINISTRATION:					
CONTRACTING; RFPs; MONITORING; REPORTING SUCH AS PROGRAM TERMS REPORT, RWHAP PART A AND MAI EXPENDITURE REPORTS; WAIVER REQUESTS, ETC.					
Contracting/Procurement/RFPs					
<ul style="list-style-type: none">Homebased Case Management awards announced and contracts are being executed.Core Medical Services RFP under review within LAC DPH Contracts and Grants (appx. total award listed in RFP \$20m)Non Medical Case Management-Benefits Specialty Services RFP in developmentTransportation Services RFA in development					
Subrecipient Monitoring Update					
<ul style="list-style-type: none">New contract monitoring year just started, all subrecipients were monitored last year					
FISCAL:					
EXPENDITURES TO DATE; PROBLEMS WITH INVOICING; ISSUES WITH SUB-RECIPIENTS UNDER OR OVER-SPENDING; PROGRAM BUDGET UPDATES; CHANGES INCLUDING ADMINISTRATION, PLANNING COUNCIL, QM AND SERVICES; FISCAL MONITORING REPORTING INCLUDING FFR, MOE, CARRYOVER REQUESTS, ETC.					
FY 2024 as of July 15, 2021					
	TOTAL AWARD	EXPENSE	%	BALANCE	%
Formula	\$42,775,946	\$12,409,844	29%	\$30,366,102	71%
Supplemental					
MAI	\$3,672,927	\$1,678,823	46%	\$1,994,104	54%
TOTAL	\$46,448,873	\$14,088,667		\$32,360,206	
Note: Amounts may not match PMS and invoices are still coming in for March-June					
PLANNING: (see section below for Community Planning)					
INTEGRATED PLAN; SCSN; NEEDS ASSESSMENT; RWHAP CROSS PARTS PLANNING; OTHER COMMUNITY PLANNING ACTIVITIES THAT IMPACT THE RWHAP —CONSOLIDATED PLANNING FOR HOUSING OR HIV PREVENTION PLANNING, EIIHA; MAI; COMPREHENSIVE PLANNING; IMPLEMENTATION PLAN; EHE PLAN					
THIS SECTION FREQUENTLY OVERLAPS WITH SOME OF THE PLANNING COUNCIL UPDATE ITEMS.					
EHE Plan and Activities Update:					
On the National HIV Testing Day, the EHE team released the 2022 HIV Testing Report.					
http://publichealth.lacounty.gov/dhsp/Reports/HIV/2022HIVandSTDTestingServicesReport.pdf					

LOCAL PHARMACEUTICAL ASSISTANCE PROGRAM:

LPAP COMPLIANCE WITH MONITORING STANDARDS; ADAP WAITING LIST; ADAP FORMULARY CHANGES; ETC.

N/A

Clinical Quality Management:

PERFORMANCE MEASUREMENT; QI PROJECTS; USE OF DATA IN SELECTING QI PROJECTS OR FOR PLANNING, AND PROGRAM CHANGES; MONITORING; QUALITY TRAINING FOR SUB-RECIPIENTS

New CQM contract with Ready, AIM, Innovate began July 1, 2024 and first planning meeting occurred. One of the first activities is document review and CQM organizational assessment.

PLANNING COUNCIL/BODY:

MEMBERSHIP –VACANCIES, REFLECTIVENESS, REPRESENTATIVE; OTHER LEGISLATIVELY MANDATED RESPONSIBILITIES –PRIORITY SETTING, ALLOCATIONS, NEEDS ASSESSMENT, COMPREHENSIVE PLAN; TRAINING, ETC.

Combined care and prevention PC/PB? Yes ☒ No ☐

Co-Chairs: Danielle Campbell and Joseph Green

Current Membership: 42 members; 5 alternates (as of 7/8/24);

Vacant seats: State Medicaid/Medi-Cal; City of Long Beach; 2 Provider Representatives; Unaffiliated Consumer Service Planning Area 1; Unaffiliated Consumer Service Planning Area 4; Unaffiliated Consumer Supervisorial District 4; Unaffiliated Consumer At-Large; Local Health Plan/Hospital Planning Agency.

Full Planning Council (PC):

The Commission on HIV (COH) will meet on July 11, 2024. The agenda is available [HERE](#). Key agenda items include:

- A presentation from the City of West Hollywood and Healthcare In Action on a program providing whole-person care to unhoused people living with and at risk for HIV in the City of West Hollywood. Healthcare In Action recently received an EHE grant and are working to expand their HIV work outside of West Hollywood.
- Membership approval for a new City of Hollywood representative; approval of updated status neutral priority setting and resource allocations framework and process.

Planning, Priorities, and Allocations (PP&A) Committee:

Link to the June 18, 2024 meeting packet: [HERE](#)

Key outcomes/results from the meeting:

- In preparation for the annual PSRA exercise, the PP&A Committee discussed highlights of a consumer survey eliciting their insights regarding RW service rankings and service allocations.
- Welcomed a new member (an alternate) to the Committee representing the transgender community.
- Approved the status neutral PSRA framework and process (subsequently elevated to the full PC for approval on July 11).
- Reviewed Linkage and Retention data; reviewed PSRA cycle, upcoming RW Part A NOFO, and developed agendas for July-October accordingly.

Operations Committee:

Link to the June 27 meeting packet [HERE](#)

Key outcomes/results from the meeting:

- Debriefed on HRSA TA site visit and reflected on feedback for improvement.; discussed more strategic outreach activities and forming an outreach team to promote the COH, recruit applicants, and strengthen community engagement.
- Reviewed current consumer stipends policy and initiated discussion on changes to the stipend amount and corresponding expectations for receiving the stipends.
- Approved membership applications for a representative from the City of West Hollywood and 1 unaffiliated consumer.

Standards and Best Practices (SBP) Committee:

Link to the July 2 meeting packet [HERE](#)

Key highlights, outcomes/results from the meeting:

- Reviewed new HRSA **Housing Security Deposit Guidance Program Letter**.
- Ambulatory Outpatient Medical (AOM) Service Standards Review: The Committee continued making changes and released the document for public comments (July 5-August 5)
- Initiated revisions to the Emergency Financial Assistance service standards

Consumer Caucus:

Link to the June 13 meeting packet [HERE](#)

Key outcomes/results from the meeting:

- The Caucus finalized a housing letter template which the members will use to send to elected officials as part of their efforts to highlight the needs and challenges consumers face in keeping and attaining safe and affordable housing.
- In commemoration of National Mental Health Awareness Month, Caucus members heard a presentation from a speaker from the Dept. of Mental Health on mental health and overcoming stigma.

Women's Caucus:

- Hosted a virtual educational session on June 17, titled, [Peer Support for Optima Health](#). The session highlighted the importance of peer support for WLH in building a sense of community as well as viral suppression.

Transgender Caucus:

- The Transgender Caucus did not meet in June because of PRIDE events commitments.

Black Caucus (BC):

Link to the June 20 meeting packet [HERE](#)

Key outcomes/results from the meeting:

- Caucus members reviewed the summary of key takeaways from the faith-based community leaders community listening session; 21 leaders participated; examples of key takeaways include:
 - Addressing the culture of silence around sexuality
 - Create safe spaces for youth to discuss sensitive topics around sexuality and gender identity
 - Address patriarchy and dismantle systems that erode and silence women's voices
 - Involve health professionals in church leadership
 - Offer sexual health membership for church members

- Non-US Born Immigrant/Caribbean community listening session: The June 14 event had low attendance, but valuable connections were made with Dr. Tadios Belay and Kofi Peprah (U.S. Africa Institute). They will partner to host a follow-up event.
- Continued planning community listening sessions for same gender loving men (Sept), women (Oct.), and non-traditional providers (Nov.).
- Caucus members will participate in the South LA PRIDE (July 16) and Taste of Soul (October 19) to promote the COH and engage the Black community in local community HIV planning efforts.

Aging Caucus:

- The Aging Caucus meets every other month and will reconvene on Aug. 2.

Housing Task Force: (HTF)

Link to the June 28 meeting packet [HERE](#)

Key outcomes/results from the meeting:

- The HTF elected their co-chairs; heard from housing subject matter experts from DHSP and the Alliance on Housing and Healing on suggestions for realistic activities or response from the PC on housing; preliminary ideas for a response include revising service standards to prevent homelessness and utilize the new guidance from HRSA on rental deposits (already underway); reviewing existing data on HIV and housing to understand scope of problem; explore partnerships with the Los Angeles Homeless Services Authority to improve data collected for PLWH; conduct housing clinics; expand EFA, and funding more skilled housing specialists to manage clients who are increasingly showing higher levels of acuity (i.e., mental health, substance, use, and aging).

TECHNICAL ASSISTANCE NEEDS:

1. Does the new HRSA guidance on rental deposit also cover mortgage payments?
2. Can HRSA provide recommendations on procedures for ensuring that rental deposits are returned to the recipient or subrecipients?
3. Can EFA be used to pay for rent if the client's name is not on the lease? Will HRSA accept other forms of documentation in situations where the client's name is not on the lease?
4. The PC has developed an updated draft MOU between the PC and the recipient. May we engage with the HRSA TA program in shaping the MOU when the time is appropriate?
5. Based on your experience with other PCs in the Country, what is the ideal size for a PC to be effective and efficient in fulfilling its duties?
6. Can the HRSA TA site visit report be presented by HRSA staff to the full council?

UPCOMING REPORTING REQUIREMENTS

REPORT	DUE DATE
YR 33 Final FFR	July 12, 2024
YR 33 Service Category Plan Table (revised)	July 12, 2024
YR 33 Expenditure Report (revised)	Need to get Expenditure Report returned to recipient
Programs Submissions Report	July 26, 2024
Programs Terms Report	August 3, 2024
HRSA YR 35-37 Application	Before October 1, 2024



LOS ANGELES COUNTY
COMMISSION ON HIV



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February 6, 2023

TO: Commission on HIV Members and Alternates
FROM: Cheryl Barrit, Executive Director

RE: **Resumption of In-Person Brown Act Meetings Beginning March 6, 2023**

This memorandum serves to communicate important information pertaining to the Commission on HIV in-person Brown Act meetings procedures beginning March 6, 2023.

On October 17, 2022, Governor Gavin Newsom announced that the COVID-19 State of Emergency will end on February 28, 2023. The announcement signaled the end of Assembly Bill (AB) 361, which permits teleconferencing without complying with some of the Brown Act teleconferencing requirements should a legislative body hold a public meeting during a proclaimed state of emergency. A state of emergency can only be declared by the Governor, not declared by local officials or public health departments.

Assembly Bill 2449 | Applies to Full Commission and Standing Committee Meetings

Governor Newsom signed **AB 2449**, effective January 1, 2023 until January 1, 2026 which changed the law to:

- Teleconferencing may be conducted without posting the agenda at each teleconference location and without each location being accessible to the public under certain conditions, including:
 - At least a quorum of the members are present in person from a singular public location.
 - The legislative body provides two-way audio-visual platform or two-way telephonic service with live webcasting to allow the public to remotely hear and visually observe the meeting, and remotely address the legislative body;
 - The agenda notifies the public of the ways to access the meeting and offer public comment via a call-in or internet-based service option, and in person.

- Members may only appear remotely in their official capacity if:
 - The member notifies the body at their earliest opportunity, including at the start of a regular meeting, of the need to appear remotely for "**just cause**". "Just cause" is defined as a childcare or caregiving need, a contagious illness, a need related to a disability, or travel while on official business of the body or another agency. In this case, the body does not need to vote to allow the remote appearance) **or**;
 - There are "**emergency circumstances**" preventing the member's in-person appearance. "Emergency circumstances" are defined as a physical or family medical emergency that prevents a member from attending in person. In this case, the member must provide a general description of the circumstance, and the legislative body must vote to allow the remote appearance.
 - The member participates using **both audio and video** and discloses the presence of any persons over 18 years of age.

A member cannot appear remotely due to "just cause" or "emergency circumstances" for more than three consecutive months, or for 20% of regular meetings in a calendar year, or **more than two meetings if the legislative body meets fewer than ten times per year**.

Please be aware that due to the limitations for Commissioners to attend meetings virtually and/or via teleconference under AB 2449, members must be prepared to attend the full Commission and their assigned Committee meetings **in person beginning on March 6, 2023**. Staff will be tracking attendance in compliance with AB 2449. The number of remote attendance due to "just cause" or "emergency circumstances" are counted separately for Commission and Committee meetings.

To ensure the safety and well-being of Commissioners, County staff, and members of the public, the COH will enforce the following safety measures for in-person meetings:

- Caucuses, workgroups, and subgroups will continue to be held virtually, unless the groups have agreed by consensus to meet in person, subject to the availability of meeting rooms at the Vermont Corridor. Staff will work with these non-Brown Act subgroups to plan in advance and select months that they will meet in person.
- Masking will be recommended for in-person meetings. Masks will be provided to participants upon request.
- In-person meetings will provide the capability for the public to participate via WebEx and in-person.
- Meeting notices and agendas will encourage members of the public to participate in COH full body and standing committee meetings via WebEx.

COVID-19 Vaccination Mandate

On June 27, 2022, the Executive Office of the BOS notified County Commissioners of updates to the County mandate on COVID-19 vaccination.

On October 1, 2021, the BOS COVID-19 vaccination mandate went into effect, requiring that all “County workforce members,” including County employees, interns, volunteers, and commissioners, be [fully vaccinated](#) against COVID-19. Consistent with this mandate, Commissioners are encouraged to be vaccinated against COVID-19 before in-person meetings resume.

Once in-person meetings resume, members who have not provided proof of vaccination against COVID-19 will be required to submit a negative COVID-19 test taken within 24 hours for an antigen test or within 48 hours for a PCR test before attending an in-person meeting.

Thank you for your leadership and service and please reach out for any questions at cbarrit@lachiv.org or 2130618-6164.

AB 2449: JUST CAUSE AND EMERGENCY CIRCUMSTANCES TELECONFERENCING

- Effective January 1, 2023, AB 2449 permits a member of a legislative body to participate in a meeting via teleconferencing without disclosing and making open to the public the teleconferencing location, under certain circumstances.
- A quorum of members must attend the meeting in person at a singular location.
- The teleconferencing member(s) must have **“just cause”** or **“emergency circumstances”** justifying their remote appearance.

AB 2449: “JUST CAUSE”

- **“Just cause”** may be any of the following:
 - Childcare or caregiving of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires a member to participate remotely;
 - A contagious illness that prevents a member from attending in person;
 - A need related to a physical or mental disability; or
 - Travel while on business of the legislative body or another state or local agency.

AB 2449: “JUST CAUSE”

- A member seeking to appear remotely for “just cause” must notify the legislative body at the earliest opportunity and provide a general description of the circumstances necessitating their remote appearance.

AB 2449: “EMERGENCY CIRCUMSTANCES”

- **“Emergency circumstances”** means a physical or family medical emergency that prevents a member from attending in person.
- A member must request the legislative body allow them to appear remotely due to emergency circumstances and the legislative body must take action to approve the request.
- The legislative body must request a general description of the circumstances relating to the member's need to appear remotely.
- The description generally does not need to exceed 20 words and a member is not required to disclose a medical diagnosis or disability.

AB 2449: ADDITIONAL REQUIREMENTS

- Should the body decide to permit teleconferencing for the public's and/or body's benefit, and the body has a quorum at a singular physical location, then the legislative body must provide access via:
 1. a two-way audio-vision platform, or
 2. a two-way telephonic service with live webcasting
so that the public may remotely observe the meeting and address the body.
- The meeting's agenda must notify the public of the ways to access the meeting and offer public comment via a call-in or internet-based service option, and in person.

AB 2449: ADDITIONAL REQUIREMENTS

- A member cannot appear remotely using “just cause” or “emergency circumstances” for more than three consecutive months, or for 20% of regular meetings in a calendar year, or more than two meetings if the body regularly meets fewer than 10 times per calendar year.
- A member appearing remotely must disclose if any person over the age of 18 is present.
- A member appearing remotely must participate using both audio and visual technology.

Key Housing Challenges and Themes (06.05.24)

Lack of coordination
among housing systems
and providers

Duplicative and confusing
application process

Lack of affordable housing
stock

Current efforts are not
addressing the root causes
of homelessness (stagnant
incomes, poverty, racism,
mental health, substance
use, etc.)

Lack of homeless
prevention services

Lack of clarity about
eligibility requirements

Outdated and restrictive
federal policies and
regulations

Unclear how/where one
would access or start
looking for help



LOS ANGELES COUNTY
COMMISSION ON HIV



Key Service Entry Points for Housing Resources (Draft for Discussion Only)

PLWHA-SPECIFIC

HOPWA

DHSP

CHIRP/LA

APLA HEALTH/ALLIANCE FOR H + H

<https://211la.org/>

GENERAL

STAYHOUSEDLA.ORG

<https://www.lahsa.org/get-help>

Section 8

<https://housing.lacounty.gov/>



LOS ANGELES COUNTY
COMMISSION ON HIV





POLICY/PROCEDURE #09.7201	Compensation for Unaffiliated Consumer Commission Members	Page 1 of 6
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ADOPTED 4/12/12
Updated 10.8.20

SUBJECT: Payment of compensation and reimbursements to the Commission's unaffiliated consumer members.

PURPOSE: To stipulate the requirements, processes and procedures for providing stipends and reimbursements to the Commission's unaffiliated consumer members.

BACKGROUND:

- Active, full and engaged membership on the Commission requires a commitment of time, energy and resources. Ryan White legislation requires that no fewer than 33% of the members of a Ryan White Part A planning council (the Commission is Los Angeles County's Ryan White Part A planning council) must be "unaligned (unaffiliated) consumers."
- Both Ryan White legislation and guidance from the Health Resources and Services Administration (HRSA) acknowledge that planning council membership can be particularly challenging for unaffiliated consumers: "One of the greatest obstacles to PLWHA involvement in planning councils is the financial cost of participation. Costs of attending planning council meetings may involve transportation, child or partner care, and meals. Additional expenses may include sending and receiving faxes, making telephone calls, preparing materials, and accessing the Internet. These expenses can present a problem for PLWHA on disability or with very limited incomes, and for PLWHA who do not have jobs that provide them access to office equipment and supplies." (*Ryan White HIV/AIDS Program Part A Manual, VI. Planning Council Operations, 4. PLWHA/Consumer Participation, C. Ensuring PLWHA Participation, Maintenance of PLWHA Involvement, Financial Support*)
- HRSA guidance indicates that "Financial support for PLWHA involvement needs to be addressed with respect to several different categories of issues:
 - ⇒ What kinds of Ryan White or other funds are available for use in providing financial support for activities related to PLWHA involvement?
 - ⇒ What kinds of expenses can be covered for PLWHA within legislative requirements regarding 'reasonable costs?' and
 - ⇒ What allowable expenses need to be covered in order to ensure strong PLWHA participation in the planning council?" (*Ibid.*)

Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members

Adopted: April 12, 2012; **Updated** 10.8.20

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- HRSA guidance further stipulates that “Under Part A grants, funds are available not only for administrative costs but also for Planning Council Support. Ryan White funds can be used to cover actual expenses for PLWHA such as child care, transportation, or other meeting-related costs. Ryan White funds cannot be used to provide cash payments such as stipends or honoraria.” (*Ibid.*)
- Los Angeles County Code 3.29.080 (Compensation) includes the following provisions: “Corresponding with Ryan White legislation and HRSA guidelines, members of the Commission may also be reimburse for local travel and mileage, meals associated with Commission business, child care during Commission activities, and computer-related expenses if those costs were incurred in the performance of commission-related duties. The Commission may, rather than reimburse for those expenses, make arrangements to provide services directly to members or obtain alternate funding for member stipends. . . . The Commission and the executive director will establish and implement procedures for eligibility and utilization of the foregoing described requirements.”
- Section 5 (Commission Member Compensation) in Article VI (Resources) of the Commission’s Bylaws (*Policy/Procedure #06.1000: Bylaws of the Los Angeles County Commission on HIV*) states “In accordance with Los Angeles County Code 3.29.080 (Compensation), Ryan White Part A planning council requirements, and/or other relevant grant restrictions, Commission members may be compensated for travel or other allowable expenses contingent upon the development policies and procedures governing Commission member compensation practices.”

POLICY:

- 1) **Compensation:** Commission member compensation comes in two forms—stipends and reimbursements. Stipends are intended to compensate eligible members for the work they do as a member of the Los Angeles County Commission on HIV and to defray intangible costs incurred in the performance of that role. Reimbursements are intended to re-pay members for expenses they have incurred fulfilling their responsibilities as members of the Commission on HIV.
- 2) **Stipends:** Payment of stipends is limited to “unaffiliated” consumer members who are serving as the Commission’s 17 designated unaffiliated consumer members, and their alternates, or for unaffiliated consumer members who are serving as Commission members/alternates in other membership seats/capacities by consent of the Co-Chairs and the Executive Director.
 - a. Community members of the Commission are not entitled to stipends, nor are
 - b. other Commission members who are not unaffiliated consumers.

Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members

Adopted: April 12, 2012; *Updated 10.8.20*

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- 3) Stipend Requirements:** Eligible stipend recipients must meet attendance requirements, as detailed in Procedures #4 and #5, and must fulfill training requirements and member expectations, as detailed in Procedure #6. Eligible stipend recipients must complete a monthly "Stipend Claim Form," which must be subsequently approved by the Executive Director. Stipend payments are made quarterly.
- 4) Reimbursements:** In accordance with Policy/Procedure #08.3303 (*Reimbursable Commission Expenses*), reimbursements are allowable re-payment of personal funds that Commission members have expended in the course of performing or fulfilling Commission responsibilities. The Commission's unaffiliated consumer members are entitled to claim all types of allowable reimbursements.
- 5) Payment Sources:** Stipends and certain reimbursements are funded by Los Angeles County Net County Costs (NCC) or other non-Ryan White funds, as appropriate. Ryan White funds can be used for most reimbursements, unless not allowable by Ryan White legislation or HRSA guidance.

PROCEDURE(S):

- 1. Monthly Stipends:** Eligible recipients of stipends may receive them monthly if they fulfill the respective stipend requirements as outlined in Procedures #4 - #6. Eligible stipend recipients may decline their stipends at any time for any period.
- 2. Stipend Eligibility:** Commissioners and alternates who are unaffiliated consumer members are eligible to receive stipends. Commissioners and alternates who are not unaffiliated consumers and community members of the Commission are not eligible for stipends.
 - a) Commissioners and alternates in the 17 designated unaffiliated consumer seats are automatically entitled to earn stipends.
 - b) The Co-Chairs and the Executive Director must approve the payment of stipends to unaffiliated consumers who serve as Commission members in other membership seats that are not designated for unaffiliated consumers.
- 3. Stipend Rates:** Eligible Commissioners may earn a \$150.00 stipend every month that they fulfill their respective stipend requirements. Eligible Alternates may earn a \$100.00 monthly stipend if they fulfill the stipend requirements. Alternates who fill a Commissioner's role and meet the requirements for any month in which the Commissioner is incapacitated, or for a seat in a month in which there is no sitting Commissioner, may earn a \$150.00 monthly stipend.
 - a) Prorated amounts based on partial fulfillment of stipend requirements are not permitted.

Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members

Adopted: April 12, 2012; Updated 10.8.20

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- 4. Commissioner Stipend Requirements:** In order to qualify for a monthly stipend, a Commissioner must attend 70% of the regularly scheduled meetings in which they are responsible for participating, including the Commission meeting, any committees to which they have been assigned, and the Consumer Caucus. Attendance for more than 75% of the meeting is necessary to qualify it as attendance.
- 5. Alternate Stipend Requirements:** In order to qualify for a monthly stipend, an Alternate must attend 70% of the regularly scheduled meetings in which they are responsible for participating, including any committees in which the Alternate has taken a secondary assignment, the Consumer Caucus and any Commission/committee meetings that the Commissioner for whom they are serving as an Alternate cannot attend. Attendance for more than 75% of the meeting is necessary to qualify it as attendance.
- 6. Additional Stipend Requirements:** In addition to the attendance requirements outlined in Procedures #4 and #5, Commissioners and Alternates must fulfill all respective training requirements, and must fulfill their duties as outlined in Policies/Procedures #07.3002, #07.3003, #07.1002 (*Duty Statements for the unaffiliated seats and Alternate*) or any other respective duty statement. Commissioners and Alternates must also comply with membership requirements, as outlined in relevant Policies/Procedures #08.3000 (*Membership*).
- 7. Stipend Claim Form:** All stipend recipients must complete the "Stipend Claim Form" (Attachment A) for each month in which the recipient expects to earn a stipend. Stipend Claim Forms submitted more than three months after the month(s) for which they are claimed will not be approved, unless previously authorized by the Executive Director.
- 8. Executive Director Approval:** All Stipend Claim Forms must be approved by the Executive Director before the payment of the stipend. The Executive Director determines the resolution of any discrepancies between the recipient's claim and the stipend requirements.
 - a) The Committee Assignment List included in the monthly Commission meeting materials is the final determinant of committee assignments, unless changes have been made and noted in the interim between Commission meetings.
 - b) If a submitted Stipend Claim Form is not approved by the Executive Director, the Executive Director must indicate in writing on the form why it has not been approved, and a copy of the form is returned to the Commission member.
 - c) If a form is not approved by the Executive Director for non-attendance reasons, those issues will be forwarded to the Operations Committee for follow-up review and action.
- 9. Stipend Payments:** Stipends will be paid to eligible Commissioners/Alternates in aggregate quarterly amounts on calendar quarters. Stipends are paid in accordance with relevant Los Angeles County rules, requirements and procedures.
 - a) Stipends can be paid in the form of currency or store vouchers, at the choice of the recipient.

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- 10. Reimbursements:** Reimbursements are allowable re-payment of funds expended in the course of performing or fulfilling duties as a member of the Commission. In accordance with Policy/Procedure #08.3303 (*Reimbursable Commission Expenses*), the Commission's unaffiliated consumer members are eligible for all available reimbursements.
 - a) Unaffiliated consumers are eligible for all types of reimbursements without prior consent from the Executive Director, unless the procedure specifically requires prior authorization from the Executive Director.
 - b) Reimbursement claims are still subject to the Executive Director's approval to ensure they were incurred in the conduct of Commission business, are necessary and are reasonable.
- 11. Payment Sources:** As detailed in Policy/Procedure #08.3303 (*Reimbursable Commission Expenses*), Ryan White funds can be used for reimbursement for some allowable expenditures, but cannot be used for stipends (*"Ryan White funds cannot be used to provide cash payments such as stipends..."*). Stipends and reimbursements that are not allowed by the Ryan White Program are funded by Los Angeles County Net County Costs (NCC) or other non-Ryan White funds, as appropriate.

DEFINITIONS:

- **Approve/Approval:** in the context of this policy/procedure, when the Executive Director agrees to the payment of a reimbursement.
- **Authorize/Authorization:** in the context of this policy/procedure, the Executive Director's prior consent that an expenditure is eligible for reimbursement, provided it complies with the conditions as outlined in the foregoing procedures.
- **Bylaws:** Policy/Procedure #06.1000 (*Bylaws of the Los Angeles County Commission on HIV*), the Commission's governing operational procedures and practices.
- **Commission Members:** The term used to refer to all stakeholders formally affiliated with the Commission: Commissioners, Alternates, community representatives, approved representatives and staff. In the context of this policy, "Commission members" does not refer to staff.
- **"Eligible":** in the context of this policy/procedure, when a Commission member qualifies for a particular type of reimbursement, or when an expenditure can be claimed for reimbursement.
- **Executive Director:** The Commission's lead staff member, who manages Commission staff and operations.
- **Health Resources and Services Administration (HRSA):** Health Resources and Services Administration, the federal agency that administers and governs the Ryan White Program nationally.


Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members

Adopted: April 12, 2012; Updated 10.8.20

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- **Los Angeles County Code (3.29):** the legal provisions establishing the Commission and governing its operations.
- **Net County Costs (NCC):** Los Angeles County general funds, not federally supported.
- **Planning Council:** In Ryan White Part A-funded jurisdictions, the planning council is responsible for various planning and evaluation functions of the local Ryan White Part A system of care; the Commission on HIV is the local Ryan White Part A planning council for Los Angeles County.
- **“PLWHA”:** People Living with HIV/AIDS.
- **Unaffiliated Consumers:** same as “unaligned consumer”; see below.
- **Unaligned Consumers:** by HRSA definition and consistent with Commission Policy/Procedure #08.3107 (*Consumer Definitions and Related Rules and Requirements*), a Commission member is unaligned if he/she receives services from a Part A-funded provider and is not affiliated as an “officer, employee or consultant” of any Part A-funded agency.

**NOTED AND
APPROVED:**



Original Approval: 4/12/2012

**EFFECTIVE
DATE:**

April 12, 2012

Revision(s): Updated 10.8.20



LOS ANGELES COUNTY
COMMISSION ON HIV



SUMMARY OF PROPOSED KEY BYLAWS CHANGES—Pending Commission approval

Proposed Change	Notes
1. Annual administrative review with 30-day public comment period prior to approval if there are changes to the bylaws. Requires 2/3 vote from Commission members present at the meeting.	Per February 2023, Health Resources and Services Administration (HRSA) administrative audit; auditors recommended regular reviews of the bylaws.
2. Composition: <ul style="list-style-type: none">a. Change the Division of HIV and STD Programs (DHSP) (Recipient/Part A Grantee) as non-voting member; does not count towards quorum (full Commission and DHSP staff assigned to standing Committees).b. 50 voting members	Per February 2023, HRSA administrative audit; in order to maintain independence of the planning council, the recipient (i.e., DHSP staff and representative(s) must not have voting rights on the body)
3. Term of Office: <ul style="list-style-type: none">a. 2-year staggered termsb. Members are limited to three consecutive terms and are eligible to reapply following a one-year break in service.	Per February 2023, HRSA administrative audit; auditors noted that the Ryan White CARE Act legislation requires member term limit and rotations for planning council members. Currently, the Board waives term limits for Commission members.
4. DHSP Role and Responsibility: “Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting member, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County Eligible Metropolitan Area (EMA), DHSP provides essential epidemiological and surveillance data to guide the Commission’s decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service	New proposed language to ensure that DHSP representative(s) continue to attend and fully engage with the Commission even if they are not voting members or count towards quorum.

<p>effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.”</p>	
<p>5. Removal/Replacement. A Commissioner or Alternate may be removed or replaced by the BOS for failing to meet attendance requirements, and/or other reasons determined by the BOS. The Commission, via its Operations and Executive Committees, may recommend vacating a member’s seat if egregious or unresolved violations of the Code of Conduct occur, after three months of consecutive absences, if the member’s term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.</p>	<p>Language edited for clarity.</p>
<p>6. Removal of Board appointment/approval for Committee-only membership applications and renewals.</p> <p>The original policy states, in part:</p> <p>“County Counsel has previously advised that committee members cannot legally vote on committees if they are not appointed by the Board:</p> <ul style="list-style-type: none"> o The Commission believes that consistent, active participation cannot be expected if the participants do not have a legitimate role in the body’s (Committee) final decision-making. o Board appointment will bestow voting privileges on those members and will help ensure their commitment and investment 	<p>Per May 2024 HRSA technical assistance site visit; HRSA noted that Committee-only membership applications and renewals should not require Board appointment as that would be a legislative overreach. The planning council should have the authority to approve Committee-only membership applications and renewals.</p>

in the committees' processes and decisions."	
7. Unaffiliated Consumer stipends increase	<p>This issue is currently being discussed by the Operations Committee and Consumer Caucus. The amount of increase suggested by consumers have ranged from \$200 to \$500 per month. The Commission's ordinance permits stipends up to \$150 per month based on attendance at the full Commission, assigned committee, and the Consumer Caucus meetings. Unaffiliated consumers are defined by HRSA as individuals living with HIV, and using a Ryan White Part A service, and not employed by or on the Board of an agency receiving Ryan White Part A funding.</p>



POLICY/PROCEDURE #06.1000	Bylaws of the Los Angeles County Commission on HIV	Page 1 of 25
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SUBJECT: The Bylaws of the Los Angeles County Commission on HIV.

PURPOSE: To define the governance, structural, operational, and functional responsibilities and requirements of the Los Angeles County Commission on HIV.

BACKGROUND:

- **Health Resources and Services Administration (HRSA) Guidance:** “The planning council/planning body (PC/PB) (and its support staff) carry out complex tasks to ensure smooth and fair operations and processes. The development of bylaws, policies and procedures, memoranda of understanding, grievance procedures, and trainings are crucial for the success of the PC/PB. The work also involves establishing and maintaining a productive working relationship with the recipient, developing and managing a budget, and ensuring necessary staff support to accomplish the work. Establishing and operationalizing these policies, procedures, and systems facilitates the ability of the PC/PB to effectively meet its legislative duties and programmatic expectations.” [Ryan White HIV/AIDS Program Part A Manual, March 2023, III Chapter 5 (Planning Council and Planning Body Operations)].
- **Centers for Disease Control and Prevention (CDC) Guidance:** “The HIV Planning Group (HPG) is the official HIV planning body that follows the *HIV Planning Guidance* to inform the development or update of the health department’s Jurisdictional HIV Prevention Plan, which depicts how HIV infection will be reduced in the jurisdiction.”
- **Los Angeles County Code, Title 3—Chapter 3.29.070 (Procedures):** “The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation.”

POLICY:

- 1) **Consistency with the Los Angeles County Code:** The Commission’s Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 (“Ordinance”), the authority which establishes and governs the administration and operations of the Los

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Angeles County Commission on HIV. These Bylaws serve as the Commission's administrative, operational, and functional rules and requirements.

- 2) Commission Bylaws Review and Approval:** The Commission conducts an annual administrative review of these Bylaws to ensure ongoing compliance, relevance, and adaptability to changes in both the external environment and internal structure.
- A. Prior to approval by its members, the Commission will request that the Ryan White HIV/AIDS Program (RWHAP) Part A project officer review the draft Bylaws to ensure compliance and alignment with HRSA requirements.
 - B. Amendments to the Bylaws will be promptly considered, with any necessary adjustments made in alignment with amendments to the Ordinance.
 - C. Approval of amendments or revisions requires a two-thirds vote from Commission members present at the meeting. To facilitate a thorough and informed decision-making process, proposed changes must be formally noticed for consideration and review at least ten days prior to the scheduled meeting (refer to Article XVI).

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

Section 1. Name. The name of this Commission is the Los Angeles County Commission on HIV.

Section 2. Created. This Commission was created by an act of the Los Angeles County Board of Supervisors ("BOS"), codified in sections 3.29.010 – 3.29.120, Title 3— Chapter 29 of the Los Angeles County Code.

Section 3. Organizational Structure. The Commission on HIV is housed as an independent commission within the Executive Office of the BOS in the organizational structure of the County of Los Angeles.

Section 4. Duties and Responsibilities. As defined in Los Angeles County Code 3.29.090 (*Duties*), and consistent with Section 2602(b)(4) (42 U.S.C § 300ff-12) of the RWHAP legislation, HRSA guidance and requirements of the CDC HIV Planning Guidance, the Commission is charged with and authorized to:

- a. Determine the size and demographics of the population of individuals with HIV/AIDS;
- b. Determine the needs of such population, with particular attention to individuals who know their status but are not in care, disparities in access to services, and individuals with HIV/AIDS who do not know their HIV status;
- c. Establish priorities for the allocation of funds within the eligible area,

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how to best meet each such priority, as well as additional factors to consider when allocating RWHAP Part A grant funds;

- d. Develop a comprehensive plan for the organization and delivery of health and support services;
- e. Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the EMA/TGA, and assess the effectiveness of the services offered in meeting the identified needs, if/as needed;
- f. Participate in the development of the Statewide Coordinated Statement of Need initiated by the state public health agency;
- g. Establish methods for obtaining community input regarding needs and priorities; and
- h. Coordinate with other federal grantees that provide HIV-related service in the Eligible Metropolitan Area (EMA);
- i. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with the RWHAP recipient, the Division of HIV and STD Programs (“DHSP”)/Department of Public Health (“DPH”) to update the plan on a regular basis. Per Section 2602(b)(4)(D) of the PHS Act, the comprehensive plan must contain the following:
 - i. a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable, and an appropriate allocation of funds;
 - ii. a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse);
 - iii. is compatible with any State or local plan for the provision of services to individuals with HIV/AIDS; and
 - iv. a strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with

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HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services described in section 2604, with particular attention to reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities.

- j. Develop service standards for the organization and delivery of HIV care, treatment, and prevention services;
- k. Establish priorities and allocations of RWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review DHSP's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations, and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to DHSP on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;
- l. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area's ("EMA") delivery of HIV services;
- m. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;
- n. Study, advise, and recommend to the BOS, DHSP, and other departments policies and other actions/decisions on matters related to HIV;
- o. Inform, educate, and disseminate information to consumers, specified target populations, providers, the public, and HIV and health service

policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV;

- p. Provide a report to the BOS annually describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, DHSP, and other departments on HIV-related matters referred for review by the BOS, the recipient, or other departments;
- q. Act as the planning body for all HIV programs in DPH or funded by the County; and
- r. Make recommendations to the BOS, DHSP, and other departments concerning the allocation and expenditure of funding other than RWHAP Part A and B and CDC prevention funds expended by the recipient and the County for the provision of HIV-related services.

Section 5. Federal and Local Compliance. These Bylaws ensure that the Commission meets all RWHAP, HRSA, and CDC requirements and adheres to the Commission's governing Los Angeles County Code, Title 3—Chapter 29.

Section 6. Service Area. In accordance with Los Angeles County Code and funding designations from HRSA and the CDC, the Commission executes its duties and responsibilities for the entire County.

- A. The geographic boundaries of Los Angeles County match the funding designations from both the CDC and HRSA, which calls the Part A funding area an EMA.

II. MEMBERS:

Section 1. Definition. A member of this Commission is any person who has been duly appointed by the BOS as a Commissioner, Alternate or a Committee-only member.

- A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission.
- B. Alternates are appointed by the BOS to serve in place of a full seated unaffiliated consumer (UC) member when the UC member cannot fulfill their Commission duties and responsibilities.
- C. Committee-only members are appointed by the BOS to serve as voting

members on the Commission's standing committees, according to the committees' processes for selecting Committee-only members.

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty (50) voting members and one (1) non-voting member. Members are nominated by the Commission and appointed by the BOS. Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration.

- A. 13 Specific Membership Required by the Ryan White CARE Act.** Section 2602(b)(2) of the PHS Act lists 13 specific membership categories that must be represented on the PC. The membership categories include:
1. health care providers, including federally qualified health centers;
 2. community-based organizations serving affected populations and AIDS service organizations;
 3. social service providers, including providers of housing and homeless services;
 4. mental health and substance [use] providers [considered two separate categories];
 5. local public health agencies;
 6. hospital planning agencies or health care planning agencies;
 7. affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations;
 8. non-elected community leaders;
 9. State government (including the State [M]edicaid agency and the agency administering the program under [P]art B) [considered two separate categories];
 10. recipients under subpart II of [P]art C;
 11. recipients under section 2671 [Part D], or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area;
 12. recipients of other Federal HIV programs, including but not limited to providers of HIV prevention services; and
 13. representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV as of the date on which the individuals were so released.

B. Unaffiliated Consumer Membership. In accordance with RWHAP Part A legislative requirements outlined in Section 2602(b)(5)(C): REPRESENTATION, the Commission shall ensure that 33% of its members are consumers of RWHAP Part A services who are not aligned or affiliated with RWHAP Part A-funded providers as employees, consultants, or Board members. There shall be at least 1 unaffiliated consumer representing the each of the 8 Service Planning Areas and the 5 Supervisorial Districts.

C. Other Membership Categories:

C1. Four (4) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:

1. City of Pasadena
2. City of Long Beach
3. City of Los Angeles
4. City of West Hollywood

D. One (1) non-voting member representative from the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) - the RWHAP Recipient/Part A Recipient. Non-voting members do not count towards quorum.

E. Part F recipients serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements].

F. Three (3) provider representatives who are recommended by the following types of organizations in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic, including:

1. An HIV specialty physician from an HIV medical provider,
2. A provider of homeless or housing services
3. A representative of a community-based organization-offering HIV prevention, care and treatment services.

G. Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices.

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H. One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles Housing Department.

I. Ten (10) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs:

1. Faith-based entities engaged in HIV prevention and care,
2. Local education agencies at the elementary or secondary level,
3. The business community,
4. Union and/or labor,
5. Youth or youth-serving agencies,
6. Other federally funded HIV programs,
7. Organizations or individuals engaged in HIV-related research, including behavioral or social science
8. Organizations providing harm reduction services,
9. Providers of employment and training services, and
10. HIV-negative individuals from identified high-risk or special populations.

Section 3. Term of Office. Consistent with the Los Angeles County Code 3.29.050 (*Term of Service*):

- A. Commissioners may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- B. Alternate members may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- C. Committee-Only members serve two year terms; term begins with the date of appointment.
- D. Members (Full and Alternate) may serve a maximum of three consecutive two-year terms (6 years total) and can reapply after a one-year break. Term limits are calculated from the approval date of these Bylaws.

Section 4. Reflectiveness. In accordance with RWHAP Part A legislative requirements [Section 2602(b)(1)], the Commission shall ensure that its full membership and the subset of

unaffiliated consumer members proportionately reflect the demographical characteristics of HIV prevalence in the EMA.

Section 5. Representation. In accordance with RWHAP Part A legislative requirements [Section 2602(b)(2)], the Commission shall ensure that all appropriate specific membership categories designated in the legislation are represented among the membership of Commission.

Commission membership shall include individuals from areas with high HIV and STD incidence and prevalence.

Section 6. Parity, Inclusion, and Representation (PIR). In accordance with CDC's *HIV Planning Guidance*, the planning process must ensure the parity and inclusion of the members.

- A. "'Parity' is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities."
- B. "'Inclusion' is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included."
- C. "Representation" means that "members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise."

Section 7. HIV and Target Population Inclusion. In all categories when not specifically required, recommending entities and the Commission are strongly encouraged to nominate candidates living with HIV and individuals who are members of populations at disproportionate risk for HIV.

Section 8. Accountability. Members are expected to convey two-way information and communication between their represented organization/constituency and the Commission. Members are expected to provide the perspective of their organization/constituency and the Commission to other, relevant organizations regardless of the member's personal viewpoint. Members may, at times, represent multiple constituencies.

Section 9. Alternates. In accordance with Los Angeles County Code 3.29.040 (*Alternate members*), any Commission member who has disclosed that they are living with

HIV is entitled to an Alternate who shall serve in the place of the Commissioner when necessary.

Alternates Alternate members undergo the identical Open Nomination and Evaluation process as Commissioner candidates, submitting the same application and undergoing the same evaluation and scoring procedures.

Section 10. Committee-Only Membership. Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission's standing committees may elect to nominate Committee-only members for appointment by the BOS to serve as voting members on the respective committees to provide professional expertise, as a means of further engaging community participation in the planning process.

Section 11. DHSP Role & Responsibility. DHSP, despite being a non-voting representative, plays a pivotal role in the Commission's work. As the RWHAP Recipient and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission's decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.

III. MEMBER REQUIREMENTS:

Section 1. Attendance. Commissioners and/or their Alternates are expected to attend all regularly scheduled Commission meetings, primary committee meetings, priority- and allocation-setting meetings, orientation, and training meetings, and the Annual Conference.

A. In accordance with Los Angeles County Code 3.29.060 (*Meetings and committees*), the BOS shall be notified of member attendance on a semi-annual basis.

Section 2. Committee Assignments. Commissioners are required to be a member of at least one standing committee, known as the member's "primary committee assignment," and adhere to attendance requirements of that committee. A

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Commissioner may request a secondary committee assignment, provided that they commit to the attendance requirements.

- A. Commissioners who live and work outside of Los Angeles County as necessary to meet expectations of their specific seats on the Commission are exempted from the requirement of a primary committee assignment, i.e., State Office of AIDS/Part B Representative and State Medi-Cal Representative.
- B. Commissioners and Alternates are allowed to voluntarily request or accept “secondary committee assignments” upon agreement of the Co-Chairs.

Section 3. Conflict of Interest. Consistent with the Los Angeles County Code 3.29.046 (*Conflict of Interest*), 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 RWHAP, as outlined in HRSA and relevant CDC guidance.

- A. As specified in Section 2602(b)(5)(A) of the RWHAP legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of RWHAP funds and shall not designate or otherwise be involved in the selection of entities as recipients of those grant funds. While not addressed in the Ryan White legislation, the Commission shall adhere to the same rules for CDC and other funding.
- B. Section 2602(b)(5)(B) continues that a planning council member who has a financial interest in, is employed by, or is a member of a public or private entity seeking local RWHAP funds as a provider of specific services is precluded from participating in—directly or in an advisory capacity—the process of selecting contracted providers for those services.
- C. Further, in accordance with HRSA Part A Manual, March 2023, Conflict of Interest, Page 38, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion and/or voting concerning that area of conflict, or funding for those services and/or to those agencies.

Section 4. Code of Conduct. All Commission members and members of the public are expected to adhere to the Commission’s approved Code of Conduct at Commission and sponsored meetings and events. Those in violation of the Code of Conduct will be subject to the Commission’s Policy #08.3302 Intra-Commission Grievance and Sanctions Procedures.

Section 5. Comprehensive Training. Commissioners and Alternates are required to fulfill all mandatory County and Commission training requirements.

Section 6. Removal/Replacement. A Commissioner or Alternate may be removed or replaced by the BOS for failing to meet attendance requirements, and/or other reasons determined by the BOS.

- A. The Commission, via its Operations and Executive Committees, may recommend vacating a member's seat if egregious or unresolved violations of the Code of Conduct occur, after three months of consecutive absences, if the member's term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.

IV. NOMINATION PROCESS:

Section 1. Open Nominations Process. Application, evaluation, nomination and appointment of Commission members shall follow "...an open process (in which) candidates shall be selected based on locally delineated and publicized criteria," as described in Section 2602(b)(1) of the RWHAP legislation and "develop and apply criteria for selecting HPG members, placing special emphasis on identifying representatives of at-risk, persons living with HIV/AIDS, and socio-economically marginalized populations," as required by the CDC *HIV Planning Guidance*.

- A. The Commission's Open Nominations Process is defined in Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nominations Process*) and related policies and procedures.
- B. Nomination of candidates that are forwarded to the BOS for appointment shall be made according to the policy and criteria adopted by the Commission.

Section 2. Application. Application for Commission membership shall be made on forms as approved by the Commission.

- A. All candidates for first-time Commission membership shall be interviewed by the Operations Committee. Renewing members must complete an application and may be subject to an interview as determined by the Operations Committee.
- B. Any candidate may apply individually or through recommendation of other stakeholders or entities.
- C. Candidates cannot be recommended to the Commission or nominated to the BOS without completing the appropriate Commission-approved application, BOS Statement of Qualifications, and being evaluated and scored by the Operations Committee.

Section 3. Appointments. All Commission members (Commissioners, Alternates and Committee-only members) must be appointed by the BOS.

V. MEETINGS:

Section 1. Public Meetings. The Commission adheres to federal open meeting regulations outlined in Section 2602(b)(7)(B) of the RWHAP legislation, accompanying HRSA guidance, and California's Ralph M. Brown Act (Brown Act).

- A. According to the RWHAP legislation, Council meetings must be open to the public with adequate notice. HRSA guidance extends these rules to Commission and committee meetings.
- B. The Brown Act mandates that any meeting involving a quorum of the Commission or committee must be publicly open and noticed.
- C. Specific public meeting requirements for Commission working units are detailed in Commission Policy #08.1102: Subordinate Commission Working Units.

Section 2. Public Noticing. Advance public notice of meetings shall comply with HRSA's open meeting and Brown Act public noticing requirements, and all other applicable laws and regulations.

Section 3. Meeting Minutes/Summaries. Meeting summaries and minutes are produced in accordance with HRSA's open meeting requirements, the Brown Act, Commission policies and procedures, and all other applicable laws and regulations. Meeting minutes are posted to the Commission's website at <https://hiv.lacounty.gov/> following their approval by the respective body.

Section 4. Public Comment. In accordance with Brown Act requirements, public comment on agendized and non-agendized items are allowed at all Commission meetings open to the public. The Commission is allowed to limit the time of public comment consistent with Los Angeles County rules and regulations and must adhere to all other County and Brown Act rules and requirements regarding public comment.

Section 5. Regular meetings. In accordance with Los Angeles County Code 3.29.060 (*Meetings and committees*), the Commission shall meet *at least* ten (10) times per year. Commission meetings are held monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee.

The Commission's Annual Conference will replace one of the regularly scheduled

monthly meetings.

Section 6. Special Meetings. In accordance with the Brown Act, special meetings may be called as necessary by the Co-Chairs, the Executive Committee, or a majority of the members of the Commission.

Section 7. Executive Sessions. In accordance with the Brown Act, the Commission or its committees may convene executive sessions closed to the public to address pending litigation or personnel issues. An executive session will be posted as such.

Section 8. Robert's Rules of Order. All meetings of the Commission shall be conducted according to the current edition of "*Robert's Rules of Order, Newly Revised*," except where superseded by the Commission's Bylaws, policies/procedures, and/or applicable laws.

Section 9. Quorum. In accordance with Los Angeles County Code 3.29.070 (*Procedures*), the quorum for any regular or special Commission or committee meeting shall be a majority of voting, seated Commission or committee members.

A quorum for any committee meeting shall be a majority of BOS-appointed, voting members or their Alternates assigned to the committee.

VI. RESOURCES:

Section 1. Fiscal Year. The Commission's Fiscal Year (FY) and programmatic year coincide with the County's fiscal year, from July 1 through June 30 of any given year.

Section 2. Operational Budgeting and Support. Operational support for the Commission is principally derived from RWHAP Part A and CDC prevention funds, and Net County Costs ("NCC")—all from grant and County funding managed by DHSP. Additional support may be obtained from alternate sources, as needed and available, for specific Commission activities.

- A. The total amount of each year's operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission's Executive Committee.
- B. Projected Commission operational expenditures are allocated from RWHAP Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of the funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and

conditions of the award/funding.

- C. Costs and expenditures are enabled through a Departmental Service Order (DSO) between DHSP/DPH and the Executive Office of the BOS, the Commission's fiscal and administrative agent.
- D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission's annual budget according to their respective budget cycles and the Commission's/County's fiscal year.

Section 3. Other Support. Activities beyond the scope of RWHAP Part A planning councils and CDC HPGs, as defined by HRSA and CDC guidance, are supported by other sources, including NCC, as appropriate.

Section 4. Additional Revenues. The Commission may receive other grants and/or revenues for projects/activities within the scope of its duties and responsibilities, as defined in these Bylaws Article I, Section 4. The Commission will follow County-approved procedures for allocating project-/activity-related costs and resources in the execution of those grants and/or fulfillment of revenue requirements.

Section 5. Commission Member Compensation. In accordance with Los Angeles County Code 3.29.080 (*Compensation*), RWHAP Part A planning council requirements, CDC guidance, and/or other relevant grant restrictions, Commission members, or designated subsets of Commission members, may be compensated for their service on the Commission contingent upon the establishment of policies and procedures governing Commission member compensation practices.

Section 6. Staffing. The Executive Director serves as the Commission's lead staff person and manages all personnel, budgetary and operational activities of the Commission.

- A. The Co-Chairs and the Executive Committee are responsible for overseeing the Executive Director's performance and management of Commission operations and activities consistent with Commission decisions, actions, and directives.
- B. Within Los Angeles County's organizational structure, the County's Executive Officer and/or their delegated representative serves as the supervising authority of the Executive Director.

VII. POLICIES AND PROCEDURES:

Section 1. Policy/Procedure Manual. The Commission develops and adopts policies and procedures consistent with RWHAP, HRSA, and CDC requirements, Los Angeles County Code, Title 3—Chapter 29, these Bylaws, and other relevant governing rules and requirements to operationalize Commission functions, work, and activities. The policy/procedure index and accompanying adopted policies/procedures are incorporated by reference into these Bylaws.

Section 2. HRSA Approval(s). DMHAP/HAB at HRSA requires RWHAP Part A planning councils to submit their grievance and conflict of interest policies for review by the RWHAP Part A project officer.

Although it is not required, it is the Commission's practice to submit proposed drafts of its Bylaws for review to the RWHAP Part A project office to ensure compliance with HRSA requirements.

Section 3. Grievance Procedures. The Commission's *Grievance Process* is incorporated by reference into these Bylaws. The Commission's grievance procedures must comply with RWHAP, HRSA, CDC, and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly.

Section 4. Complaints Procedures. Complaints related to internal Commission matters such as alleged violations of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Commission's Policy #08.3302: Intra-Commission Grievance and Sanctions Procedure.

Section 5. Conflict of Interest Procedures. The Commission's conflict of interest procedures must comply with the RWHAP legislation, HRSA guidance, CDC, State of California, and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly. These policies/procedures are incorporated by reference into these Bylaws.

VIII. LEADERSHIP:

Section 1. Commission Co-Chairs. The officers of the Commission shall be two (2) Commission Co-Chairs ("Co-Chairs").

- A. One of the Co-Chairs must be a person living with HIV/AIDS. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

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- B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term.
- C. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term, after nominations periods opened at the prior regularly scheduled meeting. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.
- D. As reflected in the Commission Co-Chair Duty Statement, one or both Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:
 - 1. Assign the members of the Commission to committees.
 - 2. Represent the Commission at functions, events, and other public activities, as necessary.
 - 3. Call special meetings, as necessary, to ensure that the Commission fulfills its duties.
 - 4. Consult with and advise the Executive Director regularly, and the RWHAP Part A and CDC project officers, as needed.
 - 5. Conduct the performance evaluation of the Executive Director, in
 - a. consultation with the Executive Committee and the Executive Office of the BOS.
 - 6. Chair or co-chair committee meetings in the absence of both committee co-chairs.
 - 7. Serve as voting members on all committees when attending those meetings.
 - 8. Are empowered to act on behalf of the Commission or Executive
 - a. Committee on emergency matters; and
 - 9. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

Section 2. Committee Co-Chairs: Each committee shall have two co-chairs.

- A. Committee co-chairs' terms of office are for one year and may be re-elected by the committee membership. In the event of a vacancy, a new co-chair shall be elected by the respective committee to complete the term.

- B. Committee co-chairs are elected by a majority vote of the members of the respective committees present at regularly scheduled meetings at the beginning of the calendar year, following the open nomination period at the prior regularly scheduled meetings of the committees. As detailed in the Commission Co-Chair Duty Statement, one or both co-chairs shall preside at all regular or special meetings of their respective committee. Committee co-chairs shall have the following additional duties:
1. Serve as members of the Executive Committee.
 2. Develop annual work plans for their respective committees in consultation with the Executive Director, subject to approval of the Executive Committee and/or Commission.
 3. Manage the work of their committees, including ensuring that work plan tasks are completed; and
 4. Present the work of their committee and any recommendations for action to the Executive Committee and the Commission.

IX. COMMISSION WORK STRUCTURES:

Section 1. Committees and Working Units. The Commission completes much of its work through a strong committee and working unit structure outlined in Commission Policy #08.1102: Subordinate Commission Working Units.

Section 2. Commission Decision-Making. Committee work and decisions are forwarded to the full Commission for further consideration and approval through the Executive Committee, unless that work, or decision has been specifically delegated to a committee. All final decisions and work presented to the Commission must be approved by at least a majority of the quorum of the Commission.

Section 3. Standing Committees. The Commission has established five standing committees: Executive; Operations; Planning, Priorities and Allocations (PP&A); Public Policy (PPC); and Standards and Best Practices (SBP).

Section 4. Committee Membership. Only Commissioners or Alternates assigned to the committees by the Commission Co-Chairs, the Commission Co-Chairs themselves, and Committee-Only members nominated by the committee and appointed by the BOS shall serve as voting members of the committees.

Section 5. Meetings. All committee meetings are open to the public, and the public is welcome to attend and participate, but without voting privileges.

Section 6. Other Working Units. The Commission and its committees may create other working units such as subcommittees, ad-hoc committees, caucuses, task forces, or work groups, as they deem necessary and appropriate.

- A. The Commission is empowered to create caucuses of subsets of Commission members who are members of “key or priority populations” or “populations of interest” as identified in the comprehensive HIV plan, such as consumers. Caucuses are ongoing for as long as they are needed.
- B. Task forces are established to address a specific issue or need and may be ongoing or time limited.

X. EXECUTIVE COMMITTEE:

Section 1. Membership. The voting membership of the Executive Committee shall comprise of the Commission Co-Chairs, the Committee Co-Chairs, three (3) Executive Committee At-Large members who are elected by the Commission, and DHSP, as a non-voting member.

Section 2. Co-Chairs. The Commission Co-Chairs shall serve as the co-chairs of the Executive Committee, and one or both shall preside over its meetings.

Section 3. Responsibilities. The Executive Committee is charged with the following responsibilities:

- A. Overseeing all Commission and planning council operational and administrative activities.
- B. Serving as the clearinghouse to review and forward items for discussion, approval and action to the Commission and its various working groups and units.
- C. Acting on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission.
- D. Approving the agendas for the Commission’s regular, Annual, and special meetings.
- E. Determining the annual Commission work plan and functional calendar of activities, in consultation with the committees and subordinate working units.
- F. Conducting strategic planning activities for the Commission.
- G. Adopting a Memorandum of Understanding (“MOU”) with DHSP, if needed, and monitoring ongoing compliance with the MOU.
- H. Resolving potential grievances or internal complaints informally when possible and standing as a hearing committee for grievances and internal complaints.

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- I. Addressing matters related to Commission office staffing, personnel, and operations, when needed.
- J. Developing and adopting the Commission's annual operational budget.
- K. Overseeing and monitoring Commission expenditures and fiscal activities; and
- L. Carrying out other duties and responsibilities, as assigned by the BOS or the Commission.

Section 4. At-Large Member Duties. As reflected in *Executive Committee At-Large Members Duty Statement*, the At-Large members shall serve as members of both the Executive and Operations Committees.

XI. OPERATIONS COMMITTEE:

Section 1. Voting Membership. The voting membership of the Operations Committee shall comprise of the Executive Committee At-Large members, elected by the Commission membership, members assigned by the Commission Co-Chairs, and the Commission Co-Chairs when attending.

Section 2. Responsibilities. The Operations Committee is charged with the following responsibilities:

- A. Ensuring that the Commission membership adheres to RWHAP reflective-ness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements.
- B. Recruiting, screening, scoring, and evaluating applications for Commission membership and recommending nominations to the Commission in Accordance with the Commission's established Open Nominations Process.
- C. Developing, conducting, and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth.
- D. Conducting regular orientation meetings for new Commission members and interested members of the public to acquaint them with the Commission's role, processes, and functions.
- E. Developing and revising, as necessary, Commission member duty statements (job descriptions).
- F. Recommending and nominating, as appropriate, candidates for committee, task force and other work group membership to the Commission.
- G. Recommending amendments, as needed, to the Ordinance, which governs

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Commission operations.

- H. Recommending amendments or revisions to the Bylaws consistent with Ordinance amendments and/or to reflect current and future goals, requirements and/or objectives.
- I. Recommending, developing, and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual.
- J. Coordinating ongoing public awareness and information referral activities in cross-collaboration with other committees and subordinate working units to educate and engage the public about the Commission and promote the availability of HIV services.
- K. Working with local stakeholders to ensure their representation and involvement in the Commission and in its activities.
- L. Identifying, accessing, and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs.
- M. Conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; and
- N. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XII. PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE:

Section 1. Voting Membership. The voting membership of the PP&A Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

Section 2. Responsibilities. The PP&A Committee is charged with the following responsibilities:

- A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making, including gathering expressed need data from consumers on a regular basis, and reporting regularly to the Commission on consumer and service needs, gaps, and priorities.
- B. Overseeing development and updating of the comprehensive HIV plan and monitoring implementation of the plan.
- C. Recommending to the Commission annual priority rankings among service categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV and STD funding.
- D. Ensuring that the priorities and implementation efforts are consistent with needs, the continuum of HIV services, and the service delivery system.

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- E. Monitoring the use of funds to ensure they are consistent with the Commission's allocations.
- F. Recommending revised allocations for Commission approval, as necessary.
- G. Coordinating planning, funding, and service delivery to ensure funds are used to fill gaps and do not duplicate services provided by other funding sources and/or health care delivery systems.
- H. Developing strategies to identify, document, and address "unmet need" and to identify people living with HIV who are unaware of their status, make HIV testing available, and bring them into care.
- I. Collaborating with DHSP to ensure the effective integration and implementation of the continuum of HIV services.
- J. Reviewing monthly fiscal reporting data for HIV and STD expenditures by funding source, service category, service utilization and/or type of activity.
- K. Monitoring, reporting, and making recommendations about unspent funds.
- L. Identifying, accessing, and expanding other financial resources to meet Los Angeles County's HIV service needs; and
- M. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XIII. PUBLIC POLICY COMMITTEE (PPC):

Section 1. Voting Membership. The voting membership of the PPC shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

Section 2. Resources. Since some PPC activities may be construed as outside the purview of the RWHAP Part A or CDC planning bodies, resources other than federal funds will be used to cover staff costs or other expenses necessary to carry out activities.

Section 3. Responsibilities. The PPC is charged with the following responsibilities:

- A. Advocating public policy issues at every level of government that impact Commission efforts to implement a continuum of HIV services or a service delivery system for Los Angeles County, consistent with the comprehensive HIV plan.
- B. Initiating policy initiatives that advance HIV care, treatment and prevention services and related interests.

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- C. Providing education and access to public policy arenas for the Commission members, consumers, providers, and the public.
- D. Facilitating communication between government and legislative officials and the Commission.
- E. Recommending policy positions on governmental, administrative, and legislative action to the Commission, the BOS, other County departments, and other stakeholder constituencies, as appropriate.
- F. Advocating specific public policy matters to the BOS, County departments, interests and bodies, and other stakeholder constituencies, as appropriate.
- G. Researching and implementing public policy activities in accordance with the County's adopted legislative agendas.
- H. Advancing specific Commission initiatives related to its work into the public policy arena; and
- I. Carrying out other duties and responsibilities as assigned by the Commission or the BOS.

XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the SBP Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members as nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

Section 2. Responsibilities. The SBP Committee is charged with the following responsibilities:

- A. Working with the DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization.
- B. Identifying, reviewing, developing, disseminating, and evaluating service standards for HIV and STD services.
- C. Reducing the transmission of HIV and other STDs, improving health outcomes, and optimizing quality of life and self-sufficiency for all people infected by HIV and their caregivers and families through the adoption and implementation of "best practices".
- D. Recommending service system and delivery improvements to DHSP to ensure that the needs of people at risk for or living with HIV and/or other STDs are adequately met.
- E. Developing and defining directives for implementation of services and service models.

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- F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed.
- G. Identifying and recommending solutions for service gaps.
- H. Ensuring that the basic level of care and prevention services throughout Los Angeles County is consistent in both comprehensiveness and quality through the development, implementation, and use of outcome measures.
- I. Reviewing aggregate service utilization, delivery and/or quality management information from DHSP, as appropriate.
- J. Evaluating and assessing service effectiveness of HIV and STD service delivery in Los Angeles County, with particular attention to, among other factors, outcome evaluation, cost effectiveness, capacity, and best practices.
- K. Verifying system compliance with standards by reviewing contract and RFP templates; and
- L. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

Section 1. Representation/Misrepresentation. No officer or member of the Commission shall commit any act or make any statement or communication under circumstances that might reasonably give rise to an inference that they are representing the Commission, including, but not limited to communications upon Commission stationery; public acts; statements; or communications in which they are identified as a member of the Commission, except only in the following:

- A. Actions or communications that are clearly within the policies of the Commission and have been authorized in advance by the Commission.
- B. Actions or communications by the officers that are necessary for and/or incidental to the discharge of duties imposed upon them by these Bylaws, policies/procedures and/or resolutions/decisions of the Commission.
- C. Communications addressed to other members of the Commission or to its staff, within Brown Act rules and requirements.

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XVI. AMENDMENTS: The Commission shall have the power to amend or revise these Bylaws at any meeting at which a quorum is present, providing that written notice of the proposed change(s) is given at least ten days prior to such meeting. In no event shall these Bylaws be changed in such a manner as to conflict with Los Angeles County Code, Title 3—Chapter 29 establishing the Commission and governing its activities and operations, or with CDC, RWHAP, and HRSA requirements.

**NOTED AND
APPROVED:**

**EFFECTIVE
DATE:**

July 11, 2013

Originally Adopted: 3/15/1995

*Revision(s): 1/27/1998, 10/14/1999, 8/28/2002, 9/8/2005,
9/14/2006, 7/1/2007, 4/9/2009, 2/9/2012, 5/2/2013, 7/11/2013; 2/8/24*

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REVISION HISTORY	
COH Approval Date	Justification/Reason for Updates
3.15.1995	Original Adoption
1.27.1998	Standard Review
10.14.1999	Standard Review
8.28.2002	Standard Review
9.8.2005	Standard Review
9.14.2006	Standard Review
7.1.2009	Standard Review
2.9.2012	Standard Review
5.2.2013	Integration of Prevention Planning Committee & COH
7.11.2013	Integration of Prevention Planning Committee & COH
12.12.23	First review by OPS/EXEC Committees. Proposed updates include HRSA findings compliance as determined by the Bylaws Review Taskforce (BRT).
2.8.24	Review by COH.
2.12.24	Open Public Comment Period: 2/12/24-3/14/24

TOGETHER AGAINST HIV

Practice Script Guide for Commissioners



together.

WE CAN END HIV IN OUR
COMMUNITIES ONCE & FOR ALL



INTRODUCTION. Hi, I'm [Your Name] from the Los Angeles County Commission on HIV. I represent [Member Seat/Jurisdiction].

WHO WE ARE. We are a planning body that seeks community input from diverse stakeholders to ensure everyone in Los Angeles County has access to the best possible care and services for HIV and STIs.

WHAT WE DO. Our goal is simple: to improve HIV prevention, care, and treatment services for everyone in our communities. Our planning body identifies what's working, what needs improvement, and how we can better support our communities, especially those most disproportionately impacted. We listen to the needs of those directly affected by HIV and STIs and use this information to guide and inform our planning efforts. We also determine how funding should be allocated to achieve the greatest impact. Our members include people living with HIV and individuals from communities hardest hit by HIV and STIs, ensuring we represent those we serve. Monthly stipends and reimbursement for childcare, transportation and meals are provided to eligible members with lived experience.

COMMUNITY ENGAGEMENT. As part of the Commission's outreach and recruitment efforts, we aim to inform and educate our communities about the impact and outcomes of our planning efforts to improve services and build healthier communities in LA County.

CALL TO ACTION. We can't do it alone, so we welcome your support and involvement. We invite you to attend one of our monthly standing meetings to learn more about our work. For more information, please visit the Commission on HIV's website or reach out to our staff. Together, we can end HIV in our communities once and for all.

<https://hiv.lacounty.gov>



Ryan White Program Part A and MAI YR 34 Proposed Reallocation

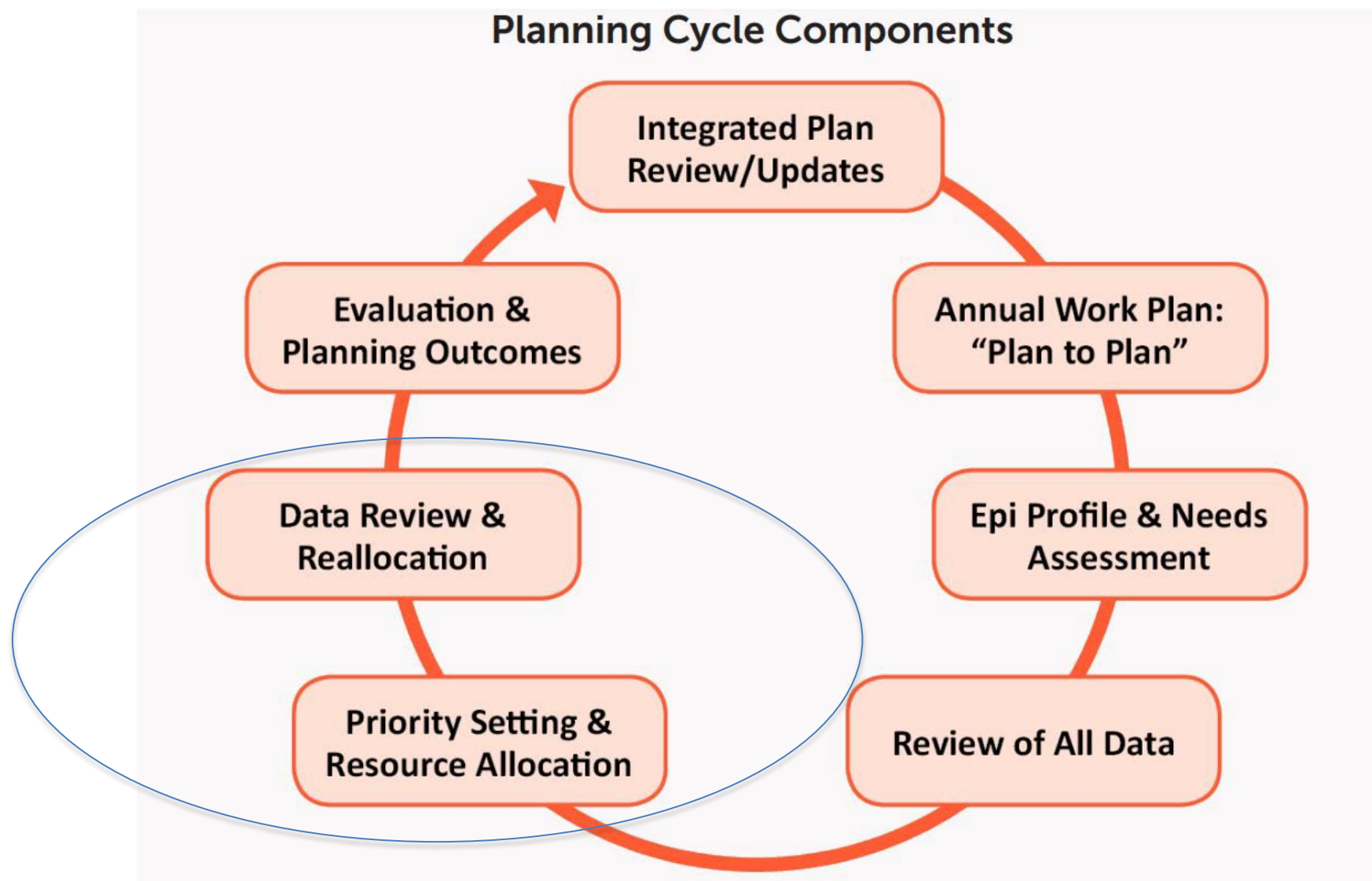
July 16, 2024 PP&A Meeting
Planning, Development and Research
Division of HIV and STD Programs



Presentation Overview

- Purpose of the Meeting
- Review of HRSA Part A and MAI Grant Timeline
- Overview of YR 34 Re-allocation Process
- Items for Consideration for Future Planning and Allocation Discussions

HRSA RWP Part A Planning Council Planning Cycle



Key Dates for RWP Part A Planning in LAC 2024-2025

- **March 1, 2024** **RWP Part A Program Year Begins**
- **May 29, 2024** **YR 33 Annual Progress Report and Final Expenditure Report Due to HRSA**
- June 2024 YR 33 RWP Part A Utilization Data Released
- **June 29, 2024** **YR 33 Final FFR due to HRSA**
- July 2, 2024 YR 34 Re-allocation Discussion with PC and PP&A Co-chairs
- **July 3, 2024** **HRSA Released NOFO for HRSA Part A 2025-2027 Funding**
- July 16, 2024 YR 33 Expenditures and YR 34 Re-Allocation Review with PP&A
Service Category Ranking
- **July 28, 2024** **YR 34 RWP Part A Program Submissions Report and Program Terms Report Due to HRSA**
- August 2024 YR 35-37 Priority Setting and Resource Allocation Activities Cont.
- September 23, 2024 Target Date for **HRSA Part A Application Submission (HRSA Due Date: October 1, 2024)**
- **December 31, 2024** **YR 34 MAI Carryover Request Due to HRSA**
- **February 28, 2025** **RWP Part A Program Year Ends**

Note: Bold and Green indicate HRSA established task/activity and timeline

CORE	SUPPORT
Outpatient/Ambulatory Health Services	Housing
Medical Case Management (including treatment adherence services)	Non-Medical Case Management Services
Mental Health Services	Medical Transportation
Oral Health Care	Food Bank/Home Delivered Meals
Home and Community Based Health Services	Child Care Services
Early Intervention Services	Other Professional Services
	Emergency Financial Assistance
	Linguistic Services
	Outreach

Appx. YR 33 RWP Part A and MAI Service
Total Expenditures (no admin or CQM)
For All Funding Sources **\$45,015,600**

YR 33 RWP Part A and MAI
Award with Carryover
\$41,964,332



\$3,051,268

Oral Health (appx. \$530,000)

Emergency Financial Assistance
(appx. \$1,000,000)

Legal Services
(appx. \$166,000)

Benefits Specialty
(appx. \$541,000)

**Housing (Permanent Supportive
with Case Management)**
(appx. \$780,000)



YR 34 Re-allocation Process



YR 34 Factors for Consideration

- YR 33 Spending (Final expenditures are still being calculated as part of year-end closing)
- Received Final YR 34 RWP Part A and MAI award in May 2024
- Consider re-allocation based on actual award and available funds
- Consider changes in need or service costs/expenditures
- No MAI Carryover from YR 33

YR 34 Re-allocation Task



- **HRSA RWP Part A and MAI grant funds available for direct services: \$41,303,987**
 - \$37,998,352 Part A
 - \$3,305,635 MAI
- **YR 34 projected total RWP Part A and MAI direct services expenditures: \$45,015,600 +**
- DHSP explored what other funding can cover some RWP Part A or MAI expenditures
- Approximately \$2.2m remained
- COH and PP&A Co-chairs discussed how to adjust the allocations (paper-based exercise only)

YR 34 Part A: Re-Allocation Core Services



Services	YR 34 COH Part A %	YR 34 COH MAI %	YR 34 Re-Allocation	YR 34 Re- allocation Part A%	YR 34 Re- allocation MAI %
AOM/MSS	25.51%	0.00%	\$ 6,500,000	17.11%	0.00%
MCC/PSS	28.00%	0.00%	\$ 10,316,352	27.15%	0.00%
Oral Health	17.48%	0.00%	\$ 7,900,000	20.79%	0.00%
EIS (STD clinic)	0.00%	0.00%	\$ 2,500,000	6.58%	0.00%
Mental Health	4.07%	0.00%	\$ 110,000	0.29%	0.00%
Home Based Case Management	6.78%	0.00%	\$ 2,470,000	6.50%	0.00%

YR 34 Part A: Re-Allocation Support Services



Services	YR 34 COH Part A %	YR 34 COH MAI %	YR 34 Re-Allocation	YR 34 Re- allocation Part A%	YR 34 Re- allocation MAI %
Transportation	2.17%	0.00%	\$ 700,000	1.84%	0.00%
Nutritional Support (food bank)	8.95%	0.00%	\$ 2,200,000	5.79%	0.00%
Professional Services (Legal)	1.00%	0.00%	\$ 538,000	1.42%	0.00%
Language	0.65%	0.00%	\$ -	0.00%	0.00%
Outreach (LRP)	0.00%	0.00%	\$ -	0.00%	0.00%
EFA	0.00%	0.00%	\$ 2,400,000	6.32%	0.00%
NMCM (TCM Jails) 6 medical case workers and 1 HPA I	0.00%	12.61%	\$ 600,000	1.58%	0.00%

YR 34 Part A: Re-Allocation Support Services



Services	YR 34 COH Part A %	YR 34 COH MAI %	YR 34 Re- Allocation	YR 34 Re- allocation Part A%	YR 34 Re- allocation MAI %
NMCM (BSS)	2.44%	0.00%	\$ 1,500,000	3.95%	0.00%
Housing (H4H) housing only no EFA	0.00%	87.39%	\$ 3,305,635	0.00%	100.00%
Housing (RCFCI& TRCF Mental Health)	0.96%	0.00%	\$ 344,000	0.91%	
Psychosocial Services	1.00%	0.00%	\$ -	0.00%	0.00%
Childcare Services	0.95%	0.00%	\$ -	0.00%	0.00%
Total	100%	100%	\$41,303,987	100%	100%



YR 35-YR37 HRSA Part A Application

Submission Date: September 2024



Items for Consideration in Establishing Priorities and Allocations

- Based on data and evidence, what is the need of people with HIV in Los Angeles County?
- What barriers are preventing people from accessing the services and treatment they need?
- Looking at the expenditures, do you need to change (increases or decreases) the allocations? What data/evidence supports this?
- If increases in allocation are proposed, what decreases will be made? What data/evidence supports this?

Items for Consideration in Establishing Priorities and Allocations (cont.)

- Are there any changes to the way services are provided or where they are provided?
What data/evidence supports the recommendations?
- What federal, state, local changes may occur that will impact available funding?
- What federal, state, local changes may occur that will impact service delivery?
- What federal, state, local changes may occur that will impact client needs?

QUESTIONS



YR 34 Part A: Re-Allocation Services



MOTION #4: Approve Ryan White Program Year 34 Allocations as presented or revised and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.

	Services	YR 34 COH Part A %	YR 34 COH MAI %	YR 34 Re- Allocation	YR 34 Re- allocation Part A%	YR 34 Re- allocation MAI %
CORE	AOM/MSS	25.51%	0.00%	\$6,500,000	17.11%	0.00%
	MCC/PSS	28.00%	0.00%	\$10,316,352	27.15%	0.00%
	Oral Health	17.48%	0.00%	\$7,900,000	20.79%	0.00%
	EIS (STD clinic)	0.00%	0.00%	\$2,500,000	6.58%	0.00%
	Mental Health	4.07%	0.00%	\$110,000	0.29%	0.00%
	Home Based Case Management	6.78%	0.00%	\$2,470,000	6.50%	0.00%
SUPPORT	Transportation	2.17%	0.00%	\$700,000	1.84%	0.00%
	Nutritional Support (food bank)	8.95%	0.00%	\$2,200,000	5.79%	0.00%
	Professional Services (Legal)	1.00%	0.00%	\$538,000	1.42%	0.00%
	Language	0.65%	0.00%	\$ -	0.00%	0.00%
	Outreach (LRP)	0.00%	0.00%	\$ -	0.00%	0.00%
	EFA	0.00%	0.00%	\$2,400,000	6.32%	0.00%
	NMCM (TCM Jails) 6 medical case workers and 1 HPA I	0.00%	12.61%	\$600,000	1.58%	0.00%
	NMCM (BSS)	2.44%	0.00%	\$1,500,000	3.95%	0.00%
	Housing (H4H) housing only no EFA	0.00%	87.39%	\$3,305,635	0.00%	100.00%
	Housing (RCFCI& TRCF Mental Health)	0.96%	0.00%	\$344,000	0.91%	
	Psychosocial Services	1.00%	0.00%	\$ -	0.00%	0.00%
	Childcare Services	0.95%	0.00%	\$ -	0.00%	0.00%
	Total	100%	100%	\$41,303,987	100%	100%



**Planning, Priorities and Allocations Committee
Service Category Ranking Recommendations For
Program Year (PY) 34**

PY 34_(1,2)	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
1	Housing	S	Housing
	Permanent Support Housing		
	Transitional Housing		
	Emergency Shelters		
	Transitional Residential Care Facilities (TRCF)		
	Residential Care Facilities for the Chronically III (RCFCI)		
2	Non-Medical Case Management	S	Non-Medical Case Management Services
	Linkage Case Management		
	Benefit Specialty		
	Benefits Navigation		
	Transitional Case Management		
	Housing Case Management		
3	Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
	Medical Subspecialty Services		
	Therapeutic Monitoring Program		
4	Emergency Financial Assistance	S	Emergency Financial Assistance
5	Psychosocial Support Services	S	Psychosocial Support Services
6	Medical Care Coordination (MCC)	C	Medical Case Management (including treatment adherence services)
7	Mental Health Services	C	Mental Health Services
	MH, Psychiatry		
	MH, Psychotherapy		
8	Outreach Services	S	Outreach Services
	Engaged/Retained in Care		
9	Substance Abuse Outpatient	C	Substance Abuse Outpatient Care

PY 34_(1,2)	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
10	Early Intervention Services	C	Early Intervention Services
11	Medical Transportation	S	Medical Transportation
12	Nutrition Support	S	Food Bank/Home Delivered Meals
13	Oral Health Services	C	Oral Health Care
14	Child Care Services	S	Child Care Services
15	Other Professional Services	S	Other Professional Services
	Legal Services		
	Permanency Planning		
16	Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
17	Health Education/Risk Reduction	S	Health Education/Risk Reduction
18	Home Based Case Management	C	Home and Community Based Health Services
19	Home Health Care	C	Home Health Care
20	Referral	S	Referral for Health Care and Support Services
21	Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost-Sharing Assistance for Low-income individuals
22	Language	S	Linguistics Services
23	Medical Nutrition Therapy	C	Medical Nutrition Therapy
24	Rehabilitation Services	S	Rehabilitation Services
25	Respite	S	Respite Care
26	Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance
27	Hospice	C	Hospice

Footnote:

1 – Service rankings approved 9/09/2021

2 – PP&A recommendations approved 11/16/2021



**LOS ANGELES COUNTY COMMISSION ON HIV 2024 ANNUAL CONFERENCE PROGRAM – WORKING DRAFT (06.04.24; 07.01.24; 07.17.24)
FOR PLANNING PURPOSES ONLY**

OVERARCHING THEME: *Top options*

1. From Community to Cure: Inclusivity and Engagement for Meaningful Change
2. Bold Transformation to Confront HIV
3. Imagining a Future Free of HIV: Building a Roadmap for Equity, Social Justice and a Cure

PROPOSED CONFERENCE OBJECTIVES:

By the end of the conference, attendees will:

- i. Understand the impact and importance of community level and structural interventions that address equity and social justice
- ii. Learn new and existing strategies designed for a unified local response to the HIV/STD epidemics
- iii. Be able to describe and explain the latest science on the cure for HIV and ensuring equity in access and utilization
- iv. Identify partnerships and build community, making connections for an effective and well-informed planning process
- v. Identify the factors influencing social determinants of health and the ways these impact different communities

PROGRAM	
9:00-9:30AM	Welcome and Opening Remarks by Co-Chairs Conference Objectives Welcome Remarks from ONAP Director, Francisco Ruiz (in-person, virtual or recorded)
9:30-10:15AM	Keynote: Los Angeles County State of HIV/STIs Mario Perez, Director, Division of HIV and STD Programs, Los Angeles County Department of Public Health Objective: Learn new and existing strategies designed for a unified local response to the HIV/STD epidemics
10:15-11:00AM	Keynote: The Fund for Guaranteed Income (F4GI), Reimagining the Safety Net Objectives: <ol style="list-style-type: none">1. Understand the impact and importance of community level and structural interventions that address equity and social justice. What can we learn from F4GI (and similar programs) in the context of using upstream prevention to end HIV and other syndemics?2. Identify the factors influencing social determinants of health and the ways these impact different communities

11:00-11:15AM	BREAK		
11:15-12:00 Noon	Keynote: The Promise of a Cure for All Research Innovations and Ensuring Equity Objectives: <div><div>1. Describe and explain the latest science on the cure for HIV and ensuring equity in access and utilization.</div><div>2. Address cure support and social determinants especially focusing on long term survivors who if cured may then lose all financial and housing support.</div></div> Suggested speaker from UCLA-CDU-CFAR: Dr. Judith Currier, or Dr. LaShonda Spencer, or Dr. Kara Chew {If there is a travel budget, consider a minority scientist from an NIH HIV Cure Collaboratory- Dr. Luis J. Montaner.}		
12:00-1:00PM	LUNCH and RESOURCE TABLES		
AFTERNOON BREAK OUT SESSIONS – 1:00-1:45PM			
Innovations in Prevention Track	Building Community and Fostering Relationships	Planning Council and Community Engagement What’s Inside the Circus Tent	Best Practices and Creative Approaches to Integrated HIV Care
<div><div>• PrEP navigation in the context of social determinants of health and broadly in areas of social depravation.</div><div>• Doxy PEP</div><div>• PrEP pipeline: updates in HIV prevention science</div><div>• How intersectionality should/could inform innovative approaches in prevention</div></div>	<div><div>• Medical mistrust and distrust (as an example) within the context of the experiences of various priority populations such as communities of color and older adults living with HIV. How do we conduct effective and culturally/age-appropriate prevention and care services among these communities?</div><div>• STI prevention and the intersection with medical mistrust and distrust.</div><div>• How intersectionality should/could inform innovative approaches in</div></div>	<div><div>• Core Functions of the Commission on HIV</div><div>• Legislative functions and features</div><div>• Our relationship with DHSP and the Board of Supervisors</div><div>• Roles and responsibilities of Commissioners</div><div>• How intersectionality should/could inform the work of the Commission</div></div>	<div><div>• Treatment Advances and Clinical Trials</div><div>• One stop shop models for comprehensive care</div><div>• How intersectionality should/could inform innovative approaches in integrated HIV care</div><div>• </div></div>

	building community and fostering relationships		
AFTERNOON BREAK OUT SESSIONS – 2:00-2:45PM			
Innovations in Prevention	Building Community and Fostering Relationships	Planning Council and Community Engagement What's Inside the Circus Tent	Best Practices and Creative Approaches to Integrated HIV Care
<ul style="list-style-type: none"> Digital and remote/telehealth and how this technology play a role in HIV/STD service navigation. Explore opportunities and challenges of using digital technology for HIV/STD testing, care, and prevention. Targeted outreach, Cis heterosexual women. LatinX in East LA. PrEP as reflecting communities beyond MSM and stereotyped body types How intersectionality should/could inform innovative approaches in prevention 	<ul style="list-style-type: none"> HIV workforce and consumer partnerships – Power sharing and opening lines of communication Panel of consumers who have succeeded in overcoming challenges related to healthcare obstacles and barriers. How intersectionality should/could inform innovative approaches in building community and fostering relationships 	<ul style="list-style-type: none"> Directing YOUR Commission Consumer Engagement Panel (All Caucuses?) Getting to know the COH How to get involved in the COH How intersectionality should/could inform the work of the Commission 	<ul style="list-style-type: none"> HIV as primary care culturally tailored wellness approaches for priority populations How intersectionality should/could inform innovative approaches in integrated HIV care
3:00-3:45PM	ARTISTIC ACTIVITY OR SHOW Objective: <ol style="list-style-type: none"> Understand the impact and importance of community level and structural interventions that address equity and social justice Identify the factors influencing social determinants of health and the ways these impact different communities OPTIONS: <ol style="list-style-type: none"> Fireside Chat with Joey Terrill (<u>Joey Terrill chronicles queer Chicano life at Marc Selwyn gallery - Los</u> 		

	<p><u>Angeles Times (latimes.com)</u></p> <ul style="list-style-type: none"> ii. A talk or display of activism art from the One Archive iii. Invite the West Hollywood Drag Laureate or a display of community artists work. Maybe some queer music group or singers whilst the art is displayed https://www.weho.org/community/arts-and-culture - iv. Invite one of the Los Angeles County Department of Arts and Culture Creatives Strategist Artists https://www.lacountyarts.org/experiences/creative-strategist-program
3:45-4:00PM	Closing, Evaluations and Recognitions

DRAFT