



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Get in touch: hivcomm@lachiv.org

Subscribe to the Commission's Email List:

<https://tinyurl.com/y83ynuzt>



EXECUTIVE COMMITTEE

Meeting

Thursday, January 25, 2024

1:00PM – 3:00PM (PST)

"Vermont Corridor"

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

****Validated Parking Available @ 523 Shatto Place, LA****

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

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 to access the Terrace Conference Room (9th flr) where our meetings are held

For Members of the Public Who Wish to Join Virtually, Register Here:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r24e34c34146a03694eef22aec3161893>

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

Password: EXECUTIVE Access Code: 2534 638 7229



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

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



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, JANUARY 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/r24e34c34146a03694eef22aec3161893>

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

Password: EXECUTIVE Access Code: 2534 638 7229

EXECUTIVE COMMITTEE MEMBERS			
Luckie Fuller, Co-Chair	Danielle Campbell, PhDc, MPH Co-Chair	Joseph Green, Co-Chair Pro Tem	Miguel Alvarez (Executive At-Large)
Al Ballesteros, MBA	Erika Davies	Kevin Donnelly	Lee Kochems, MA
Katja Nelson, MPP	Mario J. Pérez, MPH	Kevin Stalter	Justin Valero, MPA
QUORUM: 7			

AGENDA POSTED: January 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 – 1:25 PM |
| A. Commission (COH)/County Operational Updates | |
| (1) 2023 Draft Annual Report | |
| (2) 2024 COH Meeting Schedule | |
| (3) COH Affiliation & Disclosure & PIR Forms REMINDER | |

-
- 8. Co-Chair Report** 1:25 PM – 1:40 PM
- A. January 11, 2024 COH Meeting | FOLLOW UP & FEEDBACK
 - B. February 8, 2024 COH Meeting Agenda Development
 - a. Standing Report & Motions from January 11 COH Meeting
 - b. National Black HIV/AIDS Awareness Day (NBHAAD) Presentation
 - c. HOPWA 3-Part Series Presentation
 - d. Executive Committee At-Large Open Nominations
 - C. 2024 Committee Co-Chairs Open Nomination & Elections | STATUS UPDATES
 - D. Conferences, Meetings & Trainings | OPEN FEEDBACK
 - a. [2024 International AIDS Conference](#) (July 22-24, 2024)
 - b. [2024 NMAC Biomedical Prevention Summit](#) (April 19-20, 2024)
 - E. Member Vacancies & Recruitment
- 9. Division of HIV and STD Programs (DHSP) Report** 1:40 PM – 1:55 PM
- A. Fiscal, Programmatic and Procurement Updates
 - (1) Ryan White Program (RWP) Part A & MAI)
 - (2) Fiscal
 - (3) Mpox | UPDATES
- 10. Standing Committee Report** 1:55 PM – 2:35 PM
- A. Operations Committee
 - (1) Membership Management
 - a. New Membership Applications
 - Vilma Mendoza | Unaffiliated Consumer, SPA 7 **MOTION #3**
 - Leonardo Martinez-Real | Unaffiliated Consumer, Supervisorial District 1 **MOTION #4**
 - Kerry Ferguson | Alternate **MOTION #5**
 - b. Seat Vacate | Redeem Robinson **MOTION #6**
 - c. Attendance Review
 - d. Membership Application Lifecycle
 - (2) Policies & Procedures
 - a. Proposed Bylaws Updates | REVIEW
 - (3) Assessment of the Administrative Mechanism | UPDATE
 - (4) [2024 Training Schedule](#)
 - (5) Recruitment, Retention & Engagement
 - B. Standards and Best Practices (SBP) Committee
 - C. Planning, Priorities and Allocations (PP&A) Committee
 - (1) Los Angeles County HIV & STI Status Neutral Service Delivery Framework **MOTION #7**
 - (2) Fiscal Year 2022 Utilization Report - Case Management (CM) Services: Benefits Specialty, Transitional CM- Jails, Home-Based CM and the Linkage and Re-Engagement (LRP)
 - (3) Draft Status Neutral Priority Setting and Resource Allocation (PSRA) Framework, Current Allocations and Priorities, and Prevention Planning Workgroup Recommendations

10. Standing Committee Report (cont'd)

1:55 PM – 2:35 PM

- D. Public Policy Committee (PPC)
 - (1) Federal, State, County Policy & Budget
 - a. 2024 Legislative Docket
 - b. 2023-2024 Policies Priority
 - c. DPH Memo in response to STD Board of Supervisors (BOS) motion

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. Bylaws Review Taskforce
- H. Prevention 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 January 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 Membership Application for Vilma Mendoza to occupy Unaffiliated Consumer, SPA 7 seat, as presented or revised and forward to February COH meeting for approval.
MOTION #4	Approve New Membership Application for Leonardo Martinez-Real to occupy Unaffiliated Consumer, Supervisorial District 1 seat, as presented or revised, and forward to full COH for approval.
MOTION #5	Approve New Membership Application for Kerry Ferguson to occupy Alternate seat, as presented or revised, and forward to full COH for approval.
MOTION #6	Approve seat vacate for Redeem Robinson, as presented or revised, and forward to full COH for approval.

MOTION #7

Approve Los Angeles County HIV & STI Status Neutral Service Delivery Framework, as presented or revised, and forward to full COH meeting for approval.



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.)



2024 MEMBERSHIP ROSTER | UPDATED 1.10.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative			Vacant	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP *Non Voting	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	PP	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	PP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Jose Magana	The Wall Las Memorias	July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Byron Patel, RN, ACRN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6			Vacant		July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller	Invisible Men	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2023	June 30, 2025	
20	Unaffiliated consumer, SPA 2	1	SBP	Russell Ybarra	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	PP&A	Ish Herrera	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2022	June 30, 2024	Lambert Talley (PP&A)
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2023	June 30, 2025	Ronnie Osorio (PP)
26	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2023	June 30, 2025	Dechelle Richardson (PP&A)
28	Unaffiliated consumer, Supervisorial District 2	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Ariene Frames	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2022	June 30, 2024	Juan Solis (SBP)
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
32	Unaffiliated consumer, at-large #1	1	PP&A	Lilieth Conolly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2			Vacant		July 1, 2023	June 30, 2025	Erica Robinson (OPS)
34	Unaffiliated consumer, at-large #3			Vacant		July 1, 2022	June 30, 2024	David Hardy (SBP)
35	Unaffiliated consumer, at-large #4	1	EXEC	Joseph Green	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC OPS	Danielle Campbell, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, Cpsychol AFBPs FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	PP	Pearl Doan	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP&A	Redeem Robinson	No affiliation	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		41						

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

LOA: Leave of Absence

Overall total: 47



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 1/9/24

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
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated consumer	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.	See attached subcontractor's list
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
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
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	Pearl	No Affiliation	No Ryan White or prevention contracts
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	Luckie	No Affiliation	No Ryan White or prevention contracts
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	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	Ish	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	Jose	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
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
ROBINSON	Mallery	No Affiliation	No Ryan White or prevention contracts
ROBINSON	Redeem	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	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
SOLIS *	Juan	UCLA Labor Center	See attached subcontractor's list
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
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

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.

Division of HIV and STD Programs Contracted Community Services		
ORGANIZATION	SERVICE CATEGORY	SUBCONTRACTOR
AIDS Healthcare Foundation (AHF)	Mental Health	
	Medical Specialty	
	Oral Health	
APLA Health & Wellness (AHW)	Ambulatory Outpatient Medical (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	
AltaMed Health Services	Case Management Home-Based	Envoy, Caring Choice, Health Talent Strategies, Hope International
	Mental Health	
	Vulnerable Populations (YMSM)	TWLMP
Bienestar Human Services (BEN)	Nutrition Support (Food Bank/Pantry Service)	
	Vulnerable Populations (Trans)	CHLA, SJW
Black AIDS Institute	HTS - Storefront	LabLinc Mobile Testing Unit Contract
Center for Health Justice (CHJ)	Transitional Case Management (Jails)	
	Vulnerable Populations (YMSM)	
Childrens Hospital Los Angeles (CHL)	AOM	
	Vulnerable Populations (YMSM)	APAIT
	HTS - Storefront	AMAAD, Center for Health Justice, Sunrise Community Counseling Center
Coachman Moore and Associates	STD Prevention	
East Los Angeles Womens Center	HERR	
East Valley Community Health Center (EVC)	AOM	
Essential Access Health (formerly California Family Health Council)	STD Infertility Prevention and District 2	
Friends Research Institute	HERR	
Greater Los Angeles Agency on Deafness, Inc. (GLAD)	HERR	LIFESIGNS, Inc., Sign Language Interpreter Services
Heluna Health	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
In the Meantime Men's Group	Vulnerable Populations (YMSM)	Resilient Solutions Agency
JWCH Institute, Inc. (JWCH)	Mental Health	Bienestar
	Oral Health	USC School of Dentistry
	Biomedical HIV Prevention Services	
LAC University of Southern California Medical Center Foundation, Inc.	Community Engagement and Related Services	AMAAD, Program Evaluation Services, Community Partner Agencies
LAC-DHS Housing for Health (DHS)	Housing Assistance Services	Heluna Health
Los Angeles LGBT Center (LGBT)	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, Friends

Men's Health Foundation (Anthony Martin Mills, MD)	AOM	AMMD (Medical Services)
	Biomedical HIV Prevention Services	
	Vulnerable Populations (YMSM)	
	Sexual Health Express Clinics (SHEX-C)	AMMD - Contracted Medical Services
Minority AIDS Project (MAP)	Case Management Home-Based	Caring Choice, Envoy
Northeast Valley Health Corporation (NEV)	AOM	
	Mental Health	
	STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
Project New Hope (PNH)	Residential Facility For the Chronically Ill (RCFCI)	
Public Health Foundation Enterprises (PHF)	Transitional Case Management (Jails)	
St. John's Well Child and Family Center (SJW)	HTS - Social and Sexual Networks	Black AIDS Institute
St. Mary Medical Center (SMM)	AOM	
	Case Management Home-Based	Envoy, Cambrian, Caring Choice
	Oral Health	Dental Laboratory
T.H.E. Clinic, Inc. (THE)	AOM	
The Wall Las Memorias Project	HTS - Storefront	
	HTS - Social and Sexual Networks	
Tarzana Treatment Center (TTC)	AOM	New Health Consultant
	Case Management Home-Based	Always Right Home, Envoy
	Mental Health	
The Regents of the University of California (UCLA)	Oral Health-Endo	
	Oral Health-Gen.	
University of Southern California School of Dentistry (USC-Ostrow)	Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech; Biopsies - Pacific Oral Pathology
	Oral Health-Gen.	Patient Lab Services
Venice Family Clinic (VFC)	AOM	UCLA
	Benefit Specialty	UCLA
	Medical Care Coordination	UCLA
Watts Healthcare Corporation (WHC)	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 “SPECIAL” MEETING MINUTES
December 12, 2023

COMMITTEE MEMBERS			
P = Present A = Absent EA=Excused Absence AB2449=Virtual			
Luckie Fuller, Co-Chair (LOA)	EA	Kevin Donnelly	P
Joseph Green, Co-Chair, Pro Tem	P	Lee Kochems, MA	EA
Bridget Gordon, Co-Chair	EA	Katja Nelson, MPP	P
Miguel Alvarez (EXEC At-Large)	P	Mario J. Perez, MPH	P
Al Ballesteros, MBA	P	Kevin Stalter	P
Danielle Campbell, MPH (EXEC At-Large)	P	Justin Valero	A
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			
No other DHSP staff in attendance			

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, Co-Chair Pro Tem, commenced the special Executive Committee meeting at around 11:04AM and provided an overview of the meeting guidelines.

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

J. Green led introductions and requested that Committee members their state conflicts of interest.

Executive Committee Minutes

December 12, 2023

Page 2 of 6

ROLL CALL (PRESENT): Miguel Alvarez, Al Ballesteros, Danielle Campbell, Katia Nelson, Mario J. Perez, Kevin Stalter, and Joseph Green.

2. APPROVAL OF AGENDA

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

3. APPROVAL OF MEETING MINUTES

MOTION #3: Approve the Executive Committee minutes, as presented or revised. *✓Passed 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.

No committee new business items.

IV. REPORTS

6. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission (COH)/County Operational Updates

(1) 2023 Annual Report Planning

Chery Barrit, MPIA, Executive Director, reported that staff is in the process of closing out 2023 and already planning for 2024 Commission activities. C. Barrit reminded the group that the remaining meetings of 2023 include the Consumer Caucus Retreat (December 14 @ 11AM-1PM) and the Planning, Priorities & Allocations (PP&A) Committee (December 14 @ 1:30-3:30PM).

C. Barrit also shared that she is currently drafting the 2023 Annual Report and will email a reminder to the membership to provide their three top Commission-related accomplishments for inclusion in the Annual Report. C. Barrit noted that the draft report will be shared with the Committee at its January 2024 meeting, and subsequently with the full COH for feedback ahead of finalizing and submitting to the BOS.

Executive Committee Minutes

December 12, 2023

Page 3 of 6

7. Co-Chair Report

A. 2023 Annual Conference | FOLLOW & FEEDBACK

On behalf of the Co-Chairs, C. Barrit briefly led the group through the Annual Conference evaluation summary and shared that the overall feedback was positive. A lot of good ideas were received in response to the Call-to-Action activity which have been organized into three broad buckets: Education/Empowerment, (2) Programming/Service Delivery and (3) Partnership/Collaboration. C. Barrit encouraged the Committee to use the feedback to help inform their respective Committees and Caucus' workplan for 2024, i.e., Aging Caucus will prioritize housing in 2024.

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

A. Fiscal, Programmatic and Procurement Updates

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

Mario J. Peréz, MPH, Director (DHSP), provided the following key highlights and updates:

- DHSP launched a new website, [I'm + LA](#), a compliment to its [Get Protected LA](#) website. This addition highlights Ryan White Program services and resources for people living with HIV. A press release is forthcoming, and the website will be updated on a continual basis according to the needs of the community.
- Doxycycline for STI PEP Implementation Toolkit, developed by the National Coalition of STD Directors, is now available. A robust provider training campaign will launch widely to ensure physicians feel comfortable prescribing DoxyPEP as a STI prevention tool. Medical mistrust and the past performance of the PrEP roll-out are major considerations in how DoxyPEP will be promoted and marketed.
- DHSP is working with vendor Rescue Agency to help market syphilis awareness throughout the LA County.
- Thanks all those who participated in the development of the PrEP marketing campaign for the Black community; campaign will launch soon.
- DHSP will present a HIV/STD surveillance update at the December 14, 2023, Public Health Commission meeting.
- The STD crisis item for BOS discussion and follow up will be agendized for an upcoming BOS meeting due to its previous postponement.
- Ongoing conversations continue between the CDC and FDA regarding the Bicillen shortage in addressing the Syphilis crisis. It was noted that using DoxyPEP as a course of treatment is longer, requiring two dosages per day.

In response to concerns expressed regarding turnaround time in which folx are connected to HIV treatment, MPeréz indicated that there is an expectation that all DHS and DHSP-contracted providers adopt the [Rapid and Ready Program](#) which is designed to promote and support rapid linkage to care and HIV treatment services ("rapid ART") for people who are newly testing positive or ready to reengage in care; in other words, folx should leave their appointments with medication in hand. And while there are early adopters, the Rapid and Ready Program

Executive Committee Minutes

December 12, 2023

Page 4 of 6

should be a standard across all DHS providers and DHSP's 23 contracted providers. As an incentive, providers are reimbursed up to \$500, for the first visit. M. Pérez offered DHSP's assistance to ensure this information reaches all applicable providers and that they adopt the model as a standard.

M. Pérez further shared that contracted clinics offer red carpet programs to create a barrier free access point for those newly diagnosed in response to a recommendation to incentivize clients to come in for a first visit, citing it takes a lot for someone newly diagnosed to come in for their visit. As an aside, M. Pérez noted that there is no incentivization for PrEP as it is a difficult task to financially compensate folks to stay HIV negative.

9. Standing Committee Report

A. Operations Committee

(1) Proposed Updates to Bylaws

- Proposed changes are provided in meeting packet for preliminary review. A full review of the proposed changes will take place at the January Operations and Executive Committee meetings.
- Proposed updates are the result of the 2023 HRSA's findings.
- It is anticipated that the review and approval process will conclude in June 2024.

B. Standards and Best Practices (SBP) Committee

(1) Universal Service Standards & Patient Bill of Rights | MOTION #3

Key highlights & changes to the Universal Service Standards include:

- Added status neutral framework and language
- Added clarifying language regarding protection of client anatomy and understanding Bill of Rights
- Added telehealth
- Updated DHSP's grievance information to reflect the Customer Support Program
- Consumer Caucus review and feedback

MOTION #3: Approve Universal Service Standards and Patient Bill of Rights as presented or revised. **Passed v:** MAlvarez, ABallesteros, DCampbell, KDonnelly, KNelson, MPerez (Abstain), KStalter, and JGreen.

It was noted that standards are reviewed every other year. Lastly, SBP Co-Chairs, Kevin Stalter and Erika Davies, were renominated for the 2024 Co-Chairs.

Executive Committee Minutes

December 12, 2023

Page 5 of 6

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

Kevin Donnelly, PP&A Co-Chair, indicated that the PP&A Committee last met on October 12, 2023 and reported the following:

- Received service utilization data presentation for housing & Emergency Financial Assistance (EFA) by DHSP
- Continue to integrate status neutral planning into PP&A
- Prevention Planning Workgroup (PPW) has sunset, integrating prevention into PP&A

KDonnelly and Felipe Gonzalez were nominated for 2024 PP&A Co-Chairs. The next PP&A meeting will be held on Thursday, December 14 immediately following the Consumer Caucus Retreat @ 1:30-3:30PM.

D. Public Policy Committee (PPC)

Katja Nelson, PPC Committee Co-Chair, reported the following key highlights and updates:

- A more comprehensive update on the legislative docket will be presented at the January 2024 meeting.
- Referenced budgetary asks from the National Coalition of STD directors; see meeting packet.
- Encouraged folx to continue attending Health Deputy and BOS meetings to advocate for increased support for HIV/STD-related funding, programs, and services. It was noted that there seemed to be a disconnect regarding general advocacy and using “advocacy” in RWP planning.

10. Caucus, Task Force, and Work Group Reports

A. Aging Caucus

Kevin Donnelly, Aging Caucus Co-Chair, reported that the Caucus met last Thursday and recapped the Caucus’ 2023 success and accomplishments which include the Sexual Health Summit. The Caucus began its 2024 planning, prioritizing housing, the Comprehensive HIV Plan (CHP), and continued sexual health awareness for older adults living with HIV. The Caucus looks to collaborate with the Women’s Caucus to address women living with HIV and aging.

B. Black/AA Caucus

Danielle Campbell, Black Caucus Co-Chair, provided highlights of the successful December 6, 2023 World AIDS Day community event in collaboration with Supervisor Holly J. Mitchell’s office and Charles Drew University, with special thanks to Dr. LaShonda Spencer and Leon Maultsby. The Caucus will continue its planning of the community listening sessions in 2024. Lastly, 2024 Co-Chair nominations have opened.

C. Consumer Caucus

Alasdair Burton, Consumer Caucus Co-Chair, announced that the Caucus will hold its first annual retreat on Thursday, December 14 @ 11AM-1PM. The retreat will be in-person only and will be held at the Vermont Corridor. Lunch and give aways will be provided.

Executive Committee Minutes

December 12, 2023

Page 6 of 6

D. Transgender Caucus

Jose Rangel-Garibay, COH staff, reported that the Caucus debriefed on the Transgender Health Summit and reflected on its accomplishments for 2023. Looking ahead to 2024, the Caucus will work with the Public Policy Committee in lifting policies that impact the rights of the Trans community and elevating issues around harm reduction.

E. Women's Caucus

No new updates; refer to Aging Caucus report. Next meeting will be held in January 2024; meeting date to be determined as the regularly scheduled date falls on MLK, Jr. holiday.

F. Bylaws Review Taskforce

Refer to Operations Committee Report.

V. NEXT STEPS

12. Task/Assignments Recap

- Review proposed changes to Bylaws
- Review Call to Action recommendations to help inform 2024 workplans
- 2024 Committee Co-Chairs are open
- No further committee meetings are scheduled for the remainder of December.
- The January 11, 2024 COH meeting will be held at St. Anne's Conference Center
- Reminder email to membership re: 2023 Commission accomplishments for Annual Report

13. Agenda development for the next meeting

Refer to minutes.

VI. ANNOUNCEMENTS

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

- K. Donnelly announced that the HIV Mental Health Taskforce will present at the Coping with Hope conference in June 2024.
- C. Barrit announced that the BOS Executive Officer, Celia Zavala has announced her retirement, leaving BOS Executive Office senior management team member Jeff Levinson filling in until an Executive Officer is appointed.

VII. ADJOURNMENT

Adjournment for the meeting of December 12, 2023 @ 12:10PM.

together.

WE CAN END HIV IN OUR
COMMUNITIES ONCE & FOR ALL



LOS ANGELES COUNTY
COMMISSION ON HIV



2023 ANNUAL REPORT



REMEMBER AND COMMIT

End HIV, Once and For All

VISION

A comprehensive, sustainable, accessible system of prevention and care that empower people at risk, living with or affected by HIV to make decisions and to maximize their lifespans and quality of life.

MISSION

The Los Angeles County (LAC) Commission on HIV (Commission) focuses on the local HIV/ AIDS epidemic and responds to the changing needs of people living with HIV/AIDS (PLWHA) within the communities of Los Angeles County. The Commission provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/ treatment model that is culturally and linguistically competent and inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).



In 2022 in Los Angeles County, there are approximately 53,599 persons living with diagnosed HIV. There are approximately 1,400 new HIV transmissions a year in Los Angeles County. This disease continues to be a serious health epidemic necessitating continued local, state, and federal legislation, policies, planning, and service delivery efforts.

The Commission serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Infections (STI) services.

The Commission is composed of 51 members appointed by the Board of Supervisors (BOS) and represents a broad and diverse group of providers, consumers, and stakeholders. Thirty-three percent of the members are people living with HIV/AIDS (PLWH) who are consumers of the federally-funded Ryan White Program.

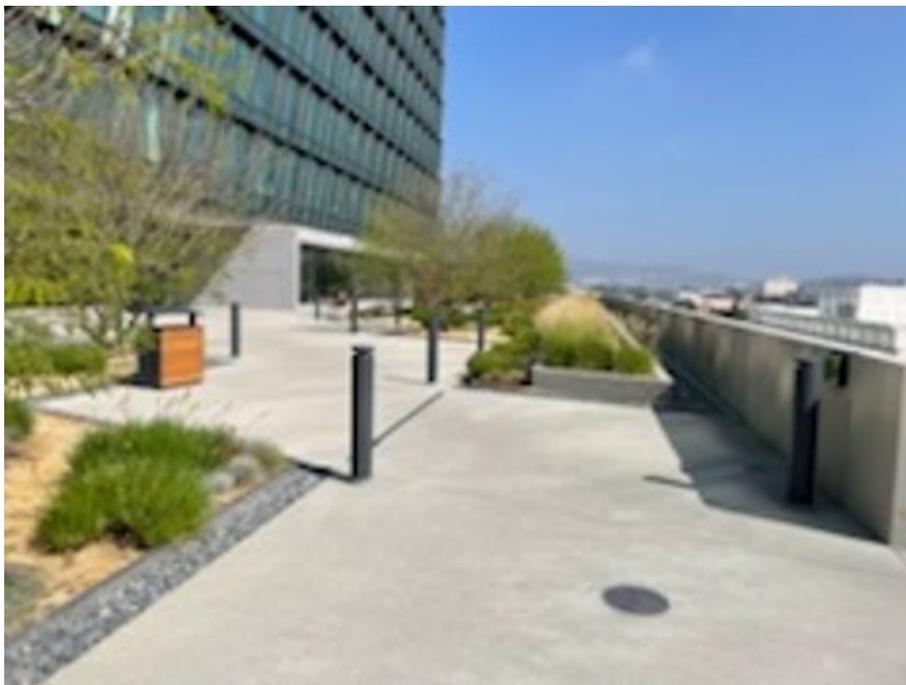
As an integrated planning body for HIV/STI prevention and care services in Los Angeles County, through its five standing committees (Executive, Operations, Planning, Priorities and Allocations (PP&A), Public Policy, and Standards & Best Practices (SBP), the Commission is responsible for:

- - Setting care/treatment priorities/allocations
 - Developing a comprehensive prevention and care plan
 - Assessing the administrative mechanism of service delivery
 - Evaluating service system effectiveness
 - Service coordination
 - Conducting needs assessments
 - Setting minimum service standards/outcomes
 - Defining ways to best meet the needs of PLWH and communities at highest risk of infection
 - Resolving service system grievances
 - Promoting the availability of services
 - Evaluating other streams of funding
 - Advising the BOS on all County HIV and STI funding
 - Policy development and advocacy work
 - Advising the Board on other HIV and STI-related matters
-

YEAR IN REVIEW

KEY ACCOMPLISHMENTS

2023 marked the resumption of in-person meetings, re-sparking community and personal connections that sustain and energize HIV movement. While the COVID-19 pandemic and the Mpox outbreak brought challenges that tested the service delivery capacity of the local HIV prevention and care network, the people behind the HIV movement – led by people living with HIV, stakeholders, community-based organizations, and partners- coalesced and mobilized together to respond to the shifting health and social needs of the community. 2023 underscored the continuing need to center the Commission’s planning, outreach, and educational efforts around communities that shoulder the disproportionate impact of HIV, and key intersecting health issues such as STIs, mental health, substance use, housing and poverty, and racism.

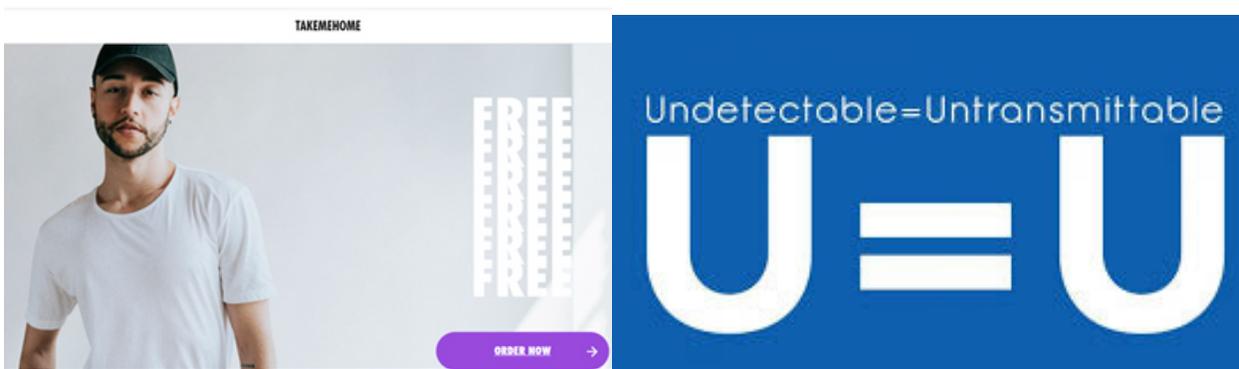


The Commission resumed in-person meetings at the Vermont Corridor in March 2023

YEAR IN REVIEW

KEY ACCOMPLISHMENTS

Given the nearly 3 years of virtual meetings due to the COVID-19 pandemic, 2023 provided an opportunity to re-engage with the community and take stock of the profound challenges that hinder the pace and scale of action required to end HIV. The affordable housing and homelessness crisis and rising cost of living put in danger the ability of PLWH to engage and remain in care and maintain viral suppression. Economic instability also heightens the risk for acquiring HIV and STIs for marginalized communities. Systemic barriers to accessing care such as insufficient insurance coverage; healthcare and public health staffing shortages; stigma and bias in the medical community; transportation and work-related barriers; and patient language barriers, continue to test the capacity of the Commission as a local HIV planning council to respond effectively to these challenges. Despite the enormity of these systemic barriers, they offer opportunities for improvement and efficiencies for the Commission. As such, the Commission's 2023 Annual Report highlights key accomplishments that demonstrate our commitment to keeping HIV/STI visible in the eyes and minds of the community and decision-makers and elevating the voices of PLWH and consumers as leaders of the HIV movement.



In commemoration of National Black HIV/AIDS Awareness Day (NBHAAD), the Black Caucus led a panel presentation titled, “Mobilizing Momentum: Building and Maintaining Movement of Black Communities Using the Principles of Kujichagulia (Self-Determination)” on February 9, 2023. Danielle Campbell and Gerald Garth, Black Caucus Co-Chairs, facilitated a robust panel discussion centered on mobilizing momentum and building and maintaining movement within Black communities. The panel was convened against the background of public health ills that affect the Black community. The purpose of the conversation was to further discuss how to continue to mobilize and change the negative health outcomes that are a result of historical systems of oppression. Panelists included Leisha McKinley-Beach, MPH, HIV expert, community mobilization trainer, and strategic planner for state HIV prevention programs; Abraham Johnson, MPH, “Urban Intellect;” and DaShawn Usher, an award-winning advocate, published researcher, and celebrated leader within the LGBT and HIV prevention field. The presentation was given in commemoration of NBHAAD and Black History Month.



The Black Caucus continued their commitment to implementing the recommendations the group developed in 2019 to address the disproportionate impact of HIV/AIDS in the Black/African American communities of Los Angeles County. The Black Caucus collaborated with DHSP to develop a needs assessment aimed at understanding how to increase the number of Black-led agencies funded by DHSP to advance efforts to end HIV in LA County. In LA County, Black people represent 21.3% of new HIV diagnoses despite comprising 8% of the total population. The needs assessment approach acknowledges the unique abilities of Black-led organizations to effectively serve their communities and reduce health inequities. The Black Caucus recommended agencies to interview for the assessment and provided input on the survey questions. The findings from the needs assessment are slated to be released by March 2024 and will outline specific ideas on tailored capacity-building activities to strengthen Black-led agencies in LA County and ways public health funders can improve upon their procurement processes to advance equity among its grantees.





The Black Caucus also collaborated with DHSP to promote PrEP services in the Black community and provided feedback on social marketing messages, collateral material designs, and outreach strategies that appeal to Black communities across diverse perspectives.

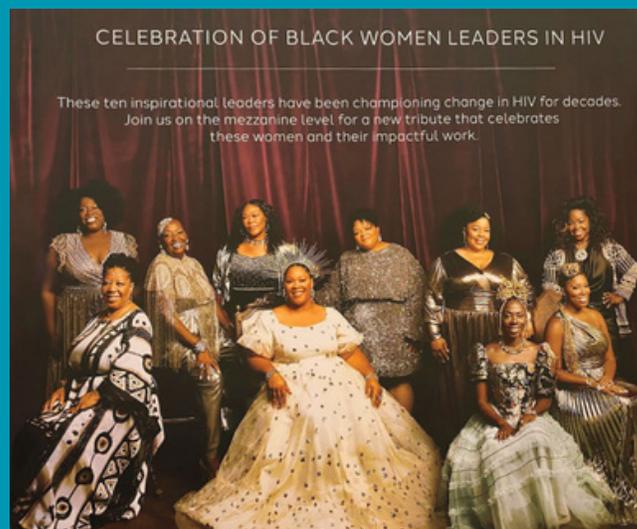
Additionally, the Black Caucus has further activated stakeholders in the Black community by planning a series of community listening sessions aimed at harnessing community-rooted and driven ideas on how to improve the prevention and care service delivery system to specifically address the sexual health needs of the Black community. The group has identified the following groups within the Black community as the focus of the listening sessions: interfaith community leaders; same gender loving men; youth; justice involved individuals; non-traditional providers; and non-U.S. born/Caribbean immigrants. The first round of listening session on the interfaith community leaders is anticipated to occur in March/April 2024.

The U.S. People Living with HIV Caucus states that MIPA is about ensuring that the communities affected by HIV are involved in decision-making at every level of response. The Consumer Caucus of the Commission serves as the primary mechanism for consumers of HIV/STI prevention and care services to weigh in on service, policy, funding, and programmatic matters in Los Angeles County. In 2023, members of the Consumer Caucus, elevated their voices by attending Health Deputies and Board meetings to provide public comments regarding matters that impact their health and provided feedback to DHSP on how to improve services around DHSP’s customer support program, medical care coordination, emergency financial assistance, housing, and other services. The group also provided important feedback that helped shaped the development of “I’M + LA”, a website promoting free or low-cost services funded under the Ryan White Program. The website features program fact sheets, eligibility and paperwork requirements, and contact information for enrollment. To further spur consumer leadership, the Consumer Caucus hosted their first community retreat to reflect on key successes and challenges for 2023 and outline how the group can support consumer education and empowerment for 2024 and beyond.



The Health Resources and Services Administration (HRSA), the federal agency with oversight of the Ryan White HIV/AIDS Program conducted an administrative site visit of Los Angeles County’s Ryan White program in February 2023. The Consumer Caucus advocated for and successfully secured a closed session meeting with federal officials which provided an opportunity for consumers to share their concerns and ideas for service delivery and planning council improvement directly with HRSA staff. While the meeting with HRSA officials was a listen only format, federal staff were impressed with the level of leadership, knowledge, and engagement of consumers in local HIV planning. The HRSA site visit team provided feedback to the Commission on measures to improve its operations and procedures to ensure compliance with the Ryan White Care Act. To that end, the Commission reviewed and updated its bylaws in response to HRSA’s review. A public comment period and the full body’s approval of the bylaws is slated for the first half of 2024.

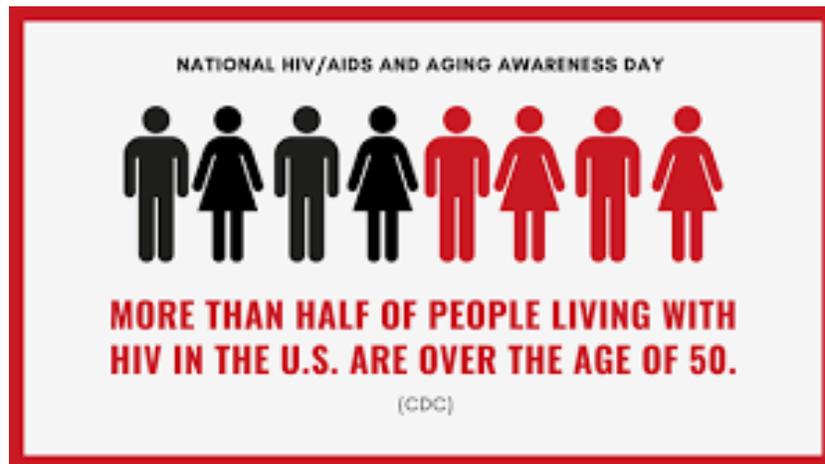
The Commission is committed to supporting MIPA through leadership development and sponsorship of consumers to attend and represent the Commission at local, regional, state and national conferences. In 2023, consumer members of the Commission attended the virtual portion of the International AIDS Conference, Biomedical HIV Prevention Summit, US Conference on HIV/AIDS (USCHA), and the California Collaboration in Care Conference on Improving HIV and Aging Services. The theme of the 2023 USCHA Conference was “A Love Letter to Black Women” and celebrated the contributions of Black women to the fight against HIV. Commissioner Lilieth Conolly received full scholarship to attend the USCHA conference and was part of the 50+ scholars for 2023.



Recognizing the importance of providing quality supportive services to women in order to remain engaged in care and achieve viral suppression, the Women's Caucus provided critical feedback DHSP to help shape psychosocial support programs that are responsive to the health needs of women. The Caucus appealed for peer-based support groups with content that address mental health, coping with family and caretaking responsibilities, and HIV-related stigma. After many years of advocating for childcare services to be included in the menu of services funded under the Ryan White Program, the Women's Caucus provided input that helped shaped the release of request for proposals for child care services. While the Caucus shares DHSP's disappointment that no proposals were received, the group remains hopeful that qualified agencies will apply and that more creative mechanisms for funding and operationalizing childcare services might emerge in the future.



Members of the Women's Caucus attending a special lecture at UCLA on harnessing Black girls' strength.



In keeping with the Aging Caucus’ commitment to understanding and addressing the evolving experiences of long-term survivors, the group developed an additional set of recommendations that recognized the spectrum and onset of HIV-related health issues that occur different ages. The Aging Caucus’ additional recommendations aim to be inclusive of long-term survivors (LTS) under 50 years old and those who acquired HIV perinatally (also referred to as vertical transmission). These recommendations were derived from speaker presentations, scientific articles, and feedback from Commissioners and the community at large. The Aging Caucus’ leadership in convening the Sexual Health in Older Adults Educational event held on September 22, 2023, demonstrated the Commission’s commitment to ensuring that providers receive training on recognizing the health needs of older adults, including sexual health, mental health, and developing age-friendly, gender-inclusive and affirming care.

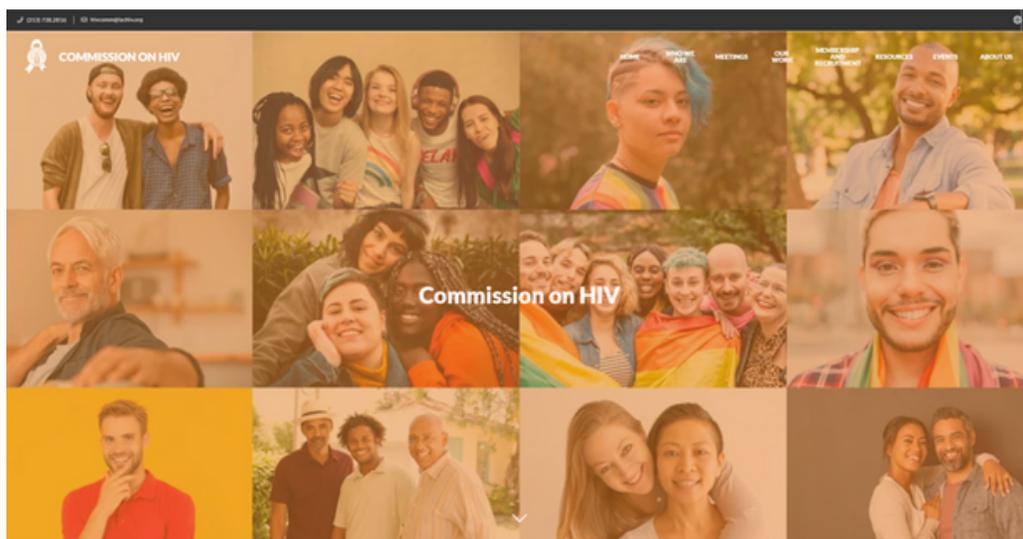


The Commission onboarded 15 new members, including alternates in 2023 bringing the demographic composition of the planning council to reflect the diversity and the epidemiology of HIV in the County. To support members in fulfilling their duties, trainings were provided on the core functions of the Commission as the local HIV planning council for the County; health literacy and advocacy; sexual health and wellness; Public Health 101; oral and written public comments; Brown Act; and parliamentary procedures.



WEBSITE IMPROVEMENTS

In collaboration with the Executive Office’s Information Resource Management Team, the Commission launched its updated website with a more appealing look and greater content functionality. Staff continue to refine and improve the Commission’s website functionality, organization, and ease of use as the primary source and repository of information about the Commission.



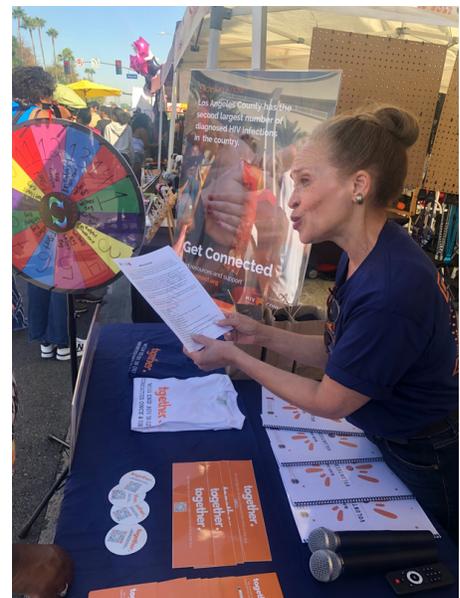
The Commission continued to engage the community in harnessing broad support and attention to the STI crisis. During the Board's 2023-2024 budget hearings, the Commission Co-Chairs, Bridget Gordon and Luckie Alexander Fuller wrote a letter to the Board which called for sustained investments in STI-related public health infrastructure and comprehensive sexual and reproductive health services. The Co-Chairs, on behalf of the Commission, expressed strong support for DPH's appeal for \$19.25 million to close the gap in unmet funding needed to respond to the County's STI crisis. Some members of the Commission provided ongoing written and oral public comments at Health Deputies' and Board meetings to keep the STI crisis conversation at the forefront of policy-making efforts.

**REAFFIRMING COMMITMENT TO
CONFRONTING THE STI CRISIS**

The Planning, Priorities and Allocations (PP&A) Committee leads the multi-year priority and allocation setting process for the Commission. The PP&A Committee moved to a multi-year (3 years) service rankings and funds allocations by percentages in 2019 which facilitated a smooth preparation for HRSA's multi-year Part A application and non-competing continuing progress report process and cycles.

For FY 2023, the Commission ranked the following as the top ten Ryan White Part A service categories: 1) housing; 2) non-medical case management; 3) ambulatory outpatient medical services; 4) emergency financial assistance; 5) psychosocial support; 6) medical care coordination; 7) mental health; 8) outreach; 9) substance abuse outpatient; and 10) early intervention. The FY 2023 service rankings were determined under the following key realities: 1) lack of affordable housing and increased risk for homelessness will remain a significant crisis for PLWH; 2) financial instability will persist due to inflation and unlivable wages; and 3) ongoing demand for culturally competent medical and mental health services. Furthermore, the ongoing methamphetamine crisis in Los Angeles will likely compound substance use conditions.

Under the leadership of the Black Caucus, the Commission made its inaugural participation in the 2023 Taste of Soul LA Family Festival, where Commissioners hosted a booth featuring HIV/STI prevention education, resources, testing, and opportunities to serve on the Commission, and become part of the movement to end HIV. The Black Caucus' strong presence at the Taste of Soul and community engagement activities, sought to normalize conversations about HIV and STIs, educate the community about the importance of testing and getting linked to care, and promoting general wellness in the Black community.





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

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

DATE: October 21 **TIME:** 10 AM - 7 PM
BOOTH: P20 (Locate us with the QR code at the event)
LOCATION: Historic Crenshaw Blvd, between Barack Obama Blvd & Stocker Ave

THE BLACK CAUCUS IS EXCITED TO BE PART OF THIS INCREDIBLE COMMUNITY EVENT. COME MEET US AT BOOTH P20 TO **WIN COOL RAFFLE PRIZES** **GRAB SOME AWESOME SWAG** **GET YOUR PASSPORT STAMPED AS YOU EMBARK ON A MISSION TO LEARN MORE ABOUT US** **TEST YOUR LUCK WITH THE SPIN-THE-WHEEL GAME** **CHALLENGE YOUR WITS WITH OUR SUPER FUN TRIVIA GAME SHOW** ALL WHILE LEARNING MORE ABOUT OUR MISSION & THE WORK WE DO.

#COH_2023TOS #2023TOS_COH #2023TOS

**Images reflect actual members of the Black Caucus*

THE BLACK CAUCUS FOCUSES ON ADDRESSING THE UNIQUE HIV NEEDS OF BLACK AND AFRICAN-AMERICAN INDIVIDUALS AND COMMUNITIES ACROSS LA COUNTY. WE WELCOME ANYONE COMMITTED TO THE FIGHT AGAINST HIV, WORKING TO STOP ITS SPREAD, AND INCREASING ACCESS AND EDUCATION FOR LA'S BLACK COMMUNITIES.

FOR MORE INFORMATION OR TO GET INVOLVED
 WEB: <https://hiv.lacounty.gov> EML: hivcomm@lachiv.org TEL: 213.738.2816



The Commission held its successful annual conference on November 9, 2023 with over 110 individuals attending in-person and virtually. The conference featured presentations and community conversations on the County’s response to the intersection of HIV and substance use, harm-reduction and related services; strategies for increasing access and utilization of PrEP, PEP, DoxyPEP among priority populations; HIV and housing; and enhancing access to mental health services for people living with HIV. The Division of HIV and STD Programs (DHSP) provided an update on progress and activities completed under the Ending the HIV (EHE) epidemic and shared the latest information on HIV and STI surveillance. A key feature of the annual conference was a facilitated community discussion on intergenerational perspectives on community building and resilience. Participants provided call to action ideas for each of the topics which will be used by the Commission to shape their 2024 workplans, drive the continued implementation of the Comprehensive HIV Plan, and inform their decision-making around service funding allocations.



LET'S TALK ABOUT SEX | AN EDUCATIONAL EVENT FOR SERVICE PROVIDERS TO PROMOTE SEXUAL HEALTH IN OLDER ADULTS

Under the leadership of the Aging Caucus, the Commission, and in collaboration with the Aging and Disabilities Department, APLA Health, and the Los Angeles LGBT Center, hosted a successful educational event focusing on sexual health and older adults. The event received high marks from attendees and featured expert speakers on STI and HIV prevention and a panel on initiating and navigating conversations about sexual health with doctors and older patients. Panelists and speakers shared inspirational messages about sex positivity and local policy efforts to bring attention to the issues of HIV and aging. A key component of the event featured a sex doula who led an engaging, fun, and honest discussion about confronting anxieties about aging and sexual health. The event underscored the demand and need for focused conversations about sex in older adults to mitigate risks and exposure to diseases, abuse, and isolation.

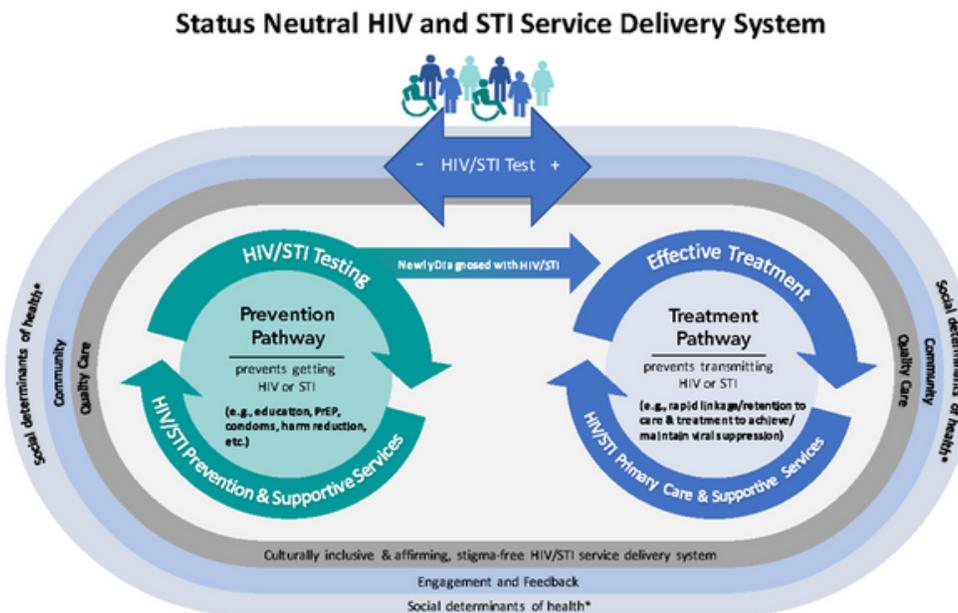




Under the leadership of the Transgender Caucus, the Commission, REACH LA, LA LGBT Center, and USC Keck School of Medicine, hosted the TGI Health Summit on November 2, 2023 where over 150 individuals participated in workshops on community and self-empowerment, health, and wellness, media representation and activism, transgender history, and policy and advocacy. The summit also featured a panel on trans youth where speakers spoke of their journeys and the importance of supporting trans youth with leadership and employment opportunities.

LOSS, GRIEF AND HEALING | A WOMAN-CENTERED EDUCATIONAL FORUM

The Women's Caucus convened a 2-part virtual workshop on Loss, Grief and Healing on June 21 and 28, 2023. Part I featured a panel discussion of women with lived experience who shared their personal stories of overcoming loss and their healing journey. The panelists spoke about different manifestations of loss due to life events, including but not limited to HIV, death, and coping strategies to navigate grief and healing. Part II was led by Gabrielle Elise Jimenez, Founder and Owner of The Hospice Heart, who provided tips and tools preparing for end-of-life conversations, remembering and honoring loved ones, self-care and extending grace to oneself, and seeking support from others to embark on a path to healing. Over 60 individuals attended the session and many expressed deep appreciation for holding space for such an important and often ignored topic for women living with HIV.



* Social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. See [Healthy People 2030](#) for more details on the social determinants of health.

S:\Committee - Planning, Priorities, & Allocation\Prevention Planning Workgroup\CAC Status Neutral Framework

Under the leadership of the Prevention Planning Workgroup (PPW), the *Status Neutral HIV and STI Service Delivery System Framework* was developed in 2023 which will serve as a guiding tool for the Commission in informing its planning process and formulating recommendations for improved services across prevention and care. This framework functions to provide an overview of the comprehensive support and care critical to addressing the social determinants of health that create disparities, especially as they relate to HIV and STIs. The status neutral framework reaches beyond established HIV and STI prevention & care systems and works to create pathways to vital medical and supportive services that meet the needs of individuals regardless of their HIV or STI status and is not centered solely around meeting disease specific needs. The benefits of a status neutral approach include: a reduction in institutionalized stigma for PLWH, a reduction in stigma associated with STIs, increased efficiencies that improves resource utilization, and gained knowledge/insight from various service deliveries.

As part of its ongoing commitment to ensure that HIV care services are responsive to clients' needs, the Commission engaged consumers, providers, and public health partners in revising the following service standards: oral healthcare, nutrition support, medical care coordination, and universal service standards. The Prevention Planning Workgroup led the revisions to the Prevention Services standards, which were modernized to reflect the most up-to-date scientific evidence and clinical practices for rapid treatment, harm reduction, PrEP, PEP, and DoxyPEP, and comprehensive assessments and intake procedures that mirror the pathways described in the Status Neutral HIV and STI Service Delivery Framework.

RECOMMENDATIONS FOR INTEGRATED PREVENTION AND CARE PLANNING

In addition to developing the Status Neutral Framework to help strengthen the Commission's integrated prevention and care planning infrastructure and capacity, the PPW developed additional operational measures to fully integrate prevention in the Commission's planning, priority setting, and resource allocation process, namely:

- Focus on the service delivery system, rather than individual or siloed services.
- Expand service allocation discussions beyond HIV to include STIs, such as HIV and STI testing, treatment and prevention services and biomedical and non-biomedical strategies.
- Put greater emphasis on a person-first, not a disease-first approach to planning discussions and analysis; this effort entails making intentional steps towards shifting away from disease-specific needs and towards a whole-person wellness and well-being approach.

RECOMMENDATIONS FOR INTEGRATED PREVENTION AND CARE PLANNING

- Ensure that supportive services are provided regardless of HIV status. These services include resources such as housing, mental health, and substance use/harm reduction to name a few, to support individuals at elevated risk for HIV/STIs. Furthermore, supportive services should address the social determinants of health such as economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community contexts.
- Focus on priority populations identified in the Comprehensive HIV Plan (Latinx men who have sex with men (MSM); Black/African American MSM; transgender persons; cisgender women of color; people who inject drugs (PWID); people under 30; and people living with HIV who are 50 years of age or older).
- Strive to fully realize a culturally affirming, stigma-free HIV and STI delivery system – one that goes beyond training around cultural competency and biases, but embraces and operates from an organizational culture and value of diversity, inclusion, and authentic acceptance of people not despite of, but because of their differences.
- Engage in creative planning and thinking by using and braiding multiple funding streams to develop and fund a seamless menu of services that do not have disease-specific eligibility requirements.
- Recruit the active participation and contributions of diverse partners, including partners outside of the traditional HIV/STI spheres.
- Restructure the Planning, Priorities and Allocations (PP&A) Committee meetings to:
 - Intentionally include prevention service reviews and discussions
 - Use the Status Neutral Framework in all Commission discussions
 - Assess prevention funding and services within the County to help inform priority-setting and resource-allocation decisions
 - Update the prevention service standards to incorporate the Status Neutral Framework (completed)
 - Identify opportunities to increase prevention efforts within existing programs in the Division of HIV and STD Programs (DHSP)
 - Identify opportunities to increase prevention efforts within substance use disorder strategies and interventions

LOS ANGELES COUNTY FIFTH DISTRICT WORLD AIDS DAY 2023 BREAKFAST

In collaboration with Fifth District Supervisor Kathryn Barger, the Commission hosted a community breakfast at The Arboretum on December 1, 2023 to honor those we have lost to AIDS and encourage community members to commit to working together to end HIV. The event featured special remarks from Supervisor Kathryn Barger, Mr. Paul Edmonds, who is one of only five people in the world to achieve full remission of HIV, and a panel of experts and people with lived experiences who shared their inspirational stories to raise awareness about HIV prevention and treatment, reduce HIV-related stigma, and enlist new partners to end HIV. Close to 100 community members attended and joined together to remember those we have lost to AIDS, celebrate the resilience of survivors, and to re-affirm our commitment to ending HIV.



LOS ANGELES COUNTY SECOND
DISTRICT WORLD AIDS DAY 35 |
REMEMBERING THE JOURNEY TO HERE –
CELEBRATING THE EXPERIENCE OF
BLACK PEOPLE IN THE HIV MOVEMENT



In collaboration with Second District Supervisor Holly Mitchell and Charles Drew University, the Commission, under the leadership of the Black Caucuses hosted a special World AIDS Day that celebrated the contributions of Black leaders in the HIV movement, lifted the voices of PLWH, and featured community resources to prevent and treat HIV. The program featured a special message from Supervisor Holly Mitchell, artistic performances from local Black artists, and speeches from PLWH, faith leaders, and medical providers. Special Champions of Change Awards were given to Dr. William King and Dr. Wilbert C. Jordan (in memoriam) in recognition of their significant contributions to the HIV movement, both locally and nationally. The keynote speaker was local living legend, Phil Wilson, who challenged the community to be relentless and tireless in the fight to end HIV and to focus on the disproportionate impact of the HIV burden in the Black community. Over 100 individuals joined forces on December 6, 2023, to bring attention to Black leadership and excellence in the HIV movement.

TEAMWORK, STEWARDSHIP, AND COMMUNITY SERVICE

The Commission staff provided programmatic, administrative, and technical support to the Commission's monthly meetings for (5) standing committees, (5) caucuses, and the full council. In addition, staff hosted 8 pieces of training sessions for Commissioners and members of the public to nurture the knowledge and skills necessary to be a successful HIV planning council member. As the backbone organization for the Commission, the staff team strives for cohesion and teamwork. Commission staff developed "Team Agreements" to guide and reinforce commitments for accountability, open and honest communication, and courageous conversations about implicit biases in the workplace. The Commission staff team is committed to learning by doing and volunteered at Project Angel Food on May 30, 2023 for its annual community service day.



LOOKING AHEAD TO 2024

Reflecting on what's on the horizon for 2024 with the national movement to end HIV, there is general concurrence that while progress continues to be made in ending HIV, several factors are affecting our ability to reach the national goals of reducing new HIV infections in the United States by 75% by 2025 and by 90% by 2030:

- The shift in resources to the COVID-19 response slowed the pace of scaling up the wide-scale implementation of prevention and treatment services and innovations across the country. Disruptions in HIV testing and diagnosis from the COVID-19 pandemic social distancing and other disease control measures led to sharp declines in HIV testing and other services between 2019 and 2020. (<https://www.cdc.gov/mmwr/volumes/71/wr/mm7125a2.htm>)
- Stigma, poverty, and racism continue to drive new HIV infections and disparities in access and utilization of biomedical interventions and HIV care continuum outcomes. Key social determinants of health (SDOH) including housing status, poverty, and recent incarceration, increase the risk of HIV acquisition and transmission. To coordinate federal resources toward addressing the social drivers of health inequities, the White House released the “U.S. Playbook to Address Social Determinants of Health” in November 2023. The Playbook sets the stage for agencies and organizations to re-imagine new policies and actions around SDOH, both inside and outside of government. The Playbook offers a strategizing framework for local communities to leverage, maximize, and braid resources and partnerships to employ an integrated approach to ending HIV.

- Affordable and safe housing remains the greatest unmet need for PLWH and communities most at risk for HIV/STI exposure and acquisition. As one of the strongest predictors of health outcomes, housing stability plays an important role in both HIV prevention and care. According to NASTAD, among individuals who are homeless or marginally housed, the rates of HIV infection are up to 16x higher than those stably housed. Additionally, the homeless men who have sex with men (MSM) population is 15x more likely to delay HIV testing than stably housed MSM. At any time three to ten percent of all homeless persons are HIV-positive. Across the U.S., upwards of 70% of all PLWHA report experiencing homelessness or housing instability. This impacts entrance into care, as homelessness can delay this crucial step for an average of six months.
- The national political landscape continues to be hostile towards the HIV movement, people of color, LGBTQ communities, and women, as evidenced by the continuous onslaught of funding cut threats and legislative bills at all levels of government attacking access to healthcare, reproductive rights, access to HIV PrEP/PEP and other lifesaving medications, to name a few. The never-ending fight for equality adds to the HIV movement's collective trauma, physical and mental health toll, and fatigue – an unfortunate situation when all energies and passion should be directed to implementing the remarkable tools we now have in our arsenal to truly end HIV. Examples of promising and exciting tools to end HIV include newer generation HIV tests; self/at-home test kits; PrEP and PEP; integrated HIV and STI testing approaches; DoxyPEP; long-acting injectables; rapid anti-retroviral treatment; contingency management; harm reduction and safe consumption sites; and street medicine, to name a few. Given that the HIV movement is rooted in activism, stakeholders and leaders will remain vigilant in protecting civil rights and funding for HIV/STD and public health.

COMMISSIONERS (JANUARY – DECEMBER 2023)

- ***Bridget Gordon, Co-Chair, Unaffiliated Consumer, Supervisorial District 2***
- ***Alexander LuckieFuller, Co-Chair, Provider Representative***
- Miguel Alvarez, HIV Stakeholder Representative
- Everardo Alvizo, MSW, City of Long Beach Representative (*Resigned October 2023*)
- Jayda Arrington, Unaffiliated Consumer, Service Planning Area 6
- Alvaro Ballesteros, MBA, Supervisorial Board Office 1 Representative
- Alasdair Burton, HIV Stakeholder Representative
- Danielle Campbell, MPH, Supervisorial Board Office 2 Representative
- Mikhaela Cielo, MD, Ryan White Part D Representative
- Lilieth Conolly, Unaffiliated Consumer, At-Large
- Sandra Cuevas, Ryan White Part F Representative
- Mary Cummings, HIV Stakeholder Representative
- Shontae Daniels, Unaffiliated Consumer, At-Large (*In Memoriam*)
- ErikaDavies, City of Pasadena Representative
- Pearl Doan, HIV Stakeholder
- Kevin Donnelly, Unaffiliated Consumer, Service Planning Area 8
- Felipe Findley, PA-C, MPAS, AAHIVS, HIV Stakeholder Representative
- Arlene Frames, Unaffiliated Consumer, Supervisorial District 3
- Jerry D. Gates, PhD, Ryan White Part F Representative (*Resigned March 2023*)
- Felipe Gonzalez, Unaffiliated Consumer, Supervisorial District 5
- Joseph Green, Unaffiliated Consumer, At-Large
- Thomas Green, Alternate (*In Memoriam, Resigned January 2023*)
- Karl Halfman, MA, Ryan White Part B Representative
- David Hardy, MD, Alternate

COMMISSIONERS (JANUARY – DECEMBER 2023)

- Ismael Herrera, Unaffiliated Consumer, Service Planning Area 3
- William King, MD, JD, AAHIVS, HIV Stakeholder Representative
- Lee Kochems, MA, Behavioral/Social Scientist Representative
- Jose Magana, Provider Representative
- Eduardo Martinez, Alternate (*Seat vacated March 2023*)
- Leon Maultsby, Part C Representative
- Andre Molette, Provider Representative
- Anthony Mills, MD, Provider Representative
- Carlos Moreno, Provider Representative (*Resigned February 2023*)
- Derek Murray, City of West Hollywood Representative
- Paul Nash, PhD, HIV Stakeholder Representative
- Katja Nelson, MPP, Supervisorial BoardOffice 3 Representative
- Byron Patel, RN, Provider Representative
- Ronnie Osorio, Alternate
- Jesus “Chuy” Orozco, Housing Opportunities for People with AIDS (HOPWA) Representative
- Mario Pérez, MPH, Ryan White Part A Representative
- Dechelle Richardson, Alternate
- Erica Robinson, Alternate
- Mallery Robinson, Alternate (*Resigned August 2023*)
- Redeem Robinson, HIV Stakeholder
- Ricky Rosales, City of Los Angeles Representative
- Harold Glenn San Agustin, MD, Provider Representative
- Martin Sattah, MD, Provider Representative
- Juan Solis, Alternate
- LaShonda Spencer, MD, Provider Representative

COMMISSIONERS (JANUARY – DECEMBER 2023)

- Kevin Stalter, Unaffiliated Consumer, Service Planning Area 4
- Lambert Talley, Alternate
- Justin Valero, Supervisorial Board Office 4 Representative
- Jonathan Weedman, Supervisorial Board Office 5 Representative
- Russell Ybarra, Unaffiliated Consumer, Service Planning Area 2

STAFF

- Cheryl A. Barrit, Executive Director
- Dawn P. McClendon, Assistant Director
- Lizette Martinez, MPH Health Program Analyst
- Jose Rangel-Garibay, Health Program Analyst
- Sonja Wright, Senior Board Specialist

The Commission extends its deepest gratitude to Rainbow Sounds for audio-visual support and James Stewart for parliamentary services at monthly Commission meetings. We also thank Catherine Lapointe, a former COMMISSION staff, who moved on greener pastures in April 2023. Ms. Lapointe was instrumental in significantly improving the COMMISSION's social media content, reach, and creativity.



LOS ANGELES COUNTY
COMMISSION ON HIV



Los Angeles County Commission on HIV (COH)
Proposed 2024 Meeting Focus
DRAFT 01.18.24 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.
- Topics listed below are not in any particular order; may be rearranged by the Co-Chairs/Executive Committee.

Proposed Meeting Topics - Commission Meetings	
Month	Community Discussion Topic
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 of 3)
3/14/24 @ MLK BHC	City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program Client Demographics and Service Data (Part 2 of 3)
4/11/24 @ MLK BHC	City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program Successes, Challenges, and Community Problem-Solving/Coordinated Planning (Part 3 of 3)
5/9/24 @ Vermont Corridor	TBD
6/13/24 @ Vermont Corridor	TBD
7/11/24 @ Vermont Corridor	<i>TBD July 2023 meeting was cancelled</i>
8/8/24 @ TBD	TBD
9/12/24 @ TBD	TBD
10/10/24 @ TBD	TBD
11/14/24 @ TBD	ANNUAL CONFERENCE
12/12/24 @ TBD	<i>TBD December 2023 meeting was cancelled</i>

Potential Topics/Wish List:

1. Planning Council Community Review – Aligning Expectations, Duties, and Improving Overall Effectiveness/Impact
2. AMAAD Institute’s HIV.E Community Engagement Program
3. Aging and Isolation (presentation from Dr. Nash)
4. Mental health and substance use
5. Joint meeting with the EHE Steering Committee
6. Housing (ongoing)
7. National HIV Awareness Days-Related Presentations
8. Comprehensive HIV Plan Temperature Check



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Vilma Mendoza

Application on file at Commission office

Interview Panel: J. Arrington, J. Magana, J. Green
Seat #25 Unaffiliated consumer, SPA 7 MOTION #4



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Leonardo Martinez-Real

Application on file at Commission office

Interview Panel: J. Arrington, J. Magana, J. Valero

Seat #27 Unaffiliated consumer, Supervisorial District 1 MOTION #5



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Kerry Ferguson

Application on file at Commission office

Interview Panel: J. Magana, L. Maultsby, and J. Valero
Seat #19, Alternate MOTION #6



SUMMARY OF PROPOSED KEY BYLAWS CHANGES

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.
2. **Composition:**
 - a. Change 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
3. **Term of Office:**
 - a. 2-year staggered terms
 - b. Members are limited to three consecutive terms and are eligible to reapply following a one-year break in service.
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 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.”
5. **Conflict of Interest:** Further, in accordance with HRSA guidance, Commission Policy #08.3108: Ryan White Conflict of Interest Requirements, 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.
6. **Removal/Replacement.** A Commissioner or Alternate may be removed or re-placed 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.



**POLICY/PROCEDURE
#06.1000**

Bylaws of the Los Angeles County Commission on HIV

Page 1 of 24

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:** “Planning Councils must set up planning council operations to help the planning council to operate smoothly and fairly. This includes such features as bylaws, open meetings, grievance procedures, and conflict of interest standards.” [Ryan White HIV/AIDS Program Part A Manual, VI (Planning Council Operations), 1. Planning Council Duties, C. Fulfilling Planning Council Duties, Planning Council 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 Angeles County Commission on HIV. These Bylaws serve as the Commission’s administrative, operational, and functional rules and requirements.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 2 of 24

- 2) RWHAPRWHAPRWHAPRWHAPRWHAP 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). Additionally, a 30-day public comment period will open, allowing the public to provide input on the proposed amendments for further transparency and inclusivity.

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.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 3 of 24

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 Ryan White HIV/AIDS Program legislation, HRSA guidance, and requirements of the CDC HIV Planning Guidance, the Commission is charged with and authorized to:

- A. 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 Division of HIV and STD Programs (“DHSP”)/Department of Public Health (“DPH”) to update the plan on a regular basis.
- B. Develop standards of care for the organization and delivery of HIV care, treatment, and prevention services.
- C. Establish priorities and allocations of RWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee’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 the grantee 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.
- D. 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.
- E. 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.
- F. Study, advise, and recommend to the BOS, the grantee and other departments policies and other actions/decisions on matters related to HIV.
- G. 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.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 4 of 24

- H. 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, the grantee, and other departments on HIV-related matters referred for review by the BOS, the grantee, or other departments.
- I. Act as the planning body for all HIV programs in DPH or funded by the County; and
- J. Make recommendations to the BOS, the grantee and other departments concerning the allocation and expenditure of funding other than Ryan White Program Part A and B and CDC prevention funds expended by the grantee 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 Eligible Metropolitan Area ("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 an Unaffiliated Consumer member when the Unaffiliated Consumer members 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. Voting members are nominated by the Commission and appointed by the BOS. Non-voting members do not count toward quorum.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 5 of 24

Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration:

- A. Five (5) 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. Medi-Cal, State of California,
 - 2. City of Pasadena,
 - 3. City of Long Beach,
 - 4. City of Los Angeles,
 - 5. City of West Hollywood
- B. One (1) non-voting member representative from the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) - the RWPRWHAP Recipient/Part A Grantee.
- C. Four (4) members who are recommended by RWHAP grantees as specified below or by representative groups of RWHAP grant recipients in the County, one from each of the following:
 - 1. Part B (State Office of AIDS),
 - 2. Part C (Part C grantees),
 - 3. Part D (Part D grantees),
 - 4. Part F [Part F grantees serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements].
- D. Eight (8) 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 Community Health Center/Federally Qualified Health Center ("CHC"/"FQHC") representative,
 - 3. A mental health provider,
 - 4. A substance abuse treatment provider,
 - 5. A housing provider,
 - 6. A provider of homeless services,
 - 7. A representative of an AIDS Services Organization ("ASO") offering federally funded HIV prevention services,
 - 8. A representative of an ASO offering HIV care and treatment services.
- E. Seventeen (17) unaffiliated consumers of Part A services, to include:
 - 1. Eight (8) consumers, each representing a different Service Planning Area ("SPA") and who are recommended by consumers and/or organizations in the SPA,

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 6 of 24

2. Five (5) consumers, each representing a supervisorial district, who are recommended by consumers and/or organizations in the district,
 3. Four (4) consumers serving in an at-large capacity, who are recommended by consumers and/or organizations in the County.
- F. Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices.
- G. 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.
- H. One (1) representative of a health or hospital planning agency.
- I. One (1) behavioral or social scientist who promotes and presents behavioral research regarding HIV/AIDS and STIs and the people it impacts/affects. .
- J. Eight (8) 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,
 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*), all members serve two-year terms.

- A. Commissioners and Alternates serve two-year staggered terms as reflected on the Membership Roster.
- B. A Committee-only member's term begins with the date of appointment and serves a one-year term.
- C. Members are limited to three consecutive terms and are eligible to reapply following a one-year break in service.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 7 of 24

Section 4. Consumer Membership. In accordance with RWHAP Part A legislative requirements outlined in Section 2602(b)(2): 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.

Additionally, at least one (1) consumer member must be co-infected with Hepatitis B or C; and at least one (1) consumer member must be a person who was incarcerated in a Federal, state, or local facility within the past three (3) years and who has a HIV diagnosis as of the date of release or is a representative of the recently incarcerated described as such. **Section 5. 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 ethnic, racial and gender characteristics of HIV disease prevalence in the EMA.

Section 6. 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.

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

Section 7. 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."

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 8 of 24

- A. "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 8. 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 9. 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 10. 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.

- A. Alternates submit the same application and are evaluated and scored by the same nomination process as Commissioner candidates.

Section 11. Committee-only Members. 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 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 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

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 9 of 24

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. 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) (42 U.S.C § 300ff-12) 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.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 10 of 24

- C. Further, in accordance with HRSA guidance, Commission Policy #08.3108: Ryan White Conflict of Interest Requirements, 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

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 11 of 24

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.

- A. Meeting minutes are posted to the Commission's website at <https://hiv.lacounty.gov/> following their approval by the respective body.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 12 of 24

Section 4. Public Comment. In accordance with Brown Act requirements, public comment on agenda items and non-agenda 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.

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

Non-voting members, i.e., DHSP, do not count toward quorum.

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 RWHP 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.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 13 of 24

- 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.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 14 of 24

- B. Within Los Angeles County's organizational structure, the County's Executive Officer and/or his/her delegated representative serve 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.

- A. Although it is not required, it is the Commission's practice to submit proposed drafts of its Bylaws for review 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.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 15 of 24

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 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.
- 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. Approve committee co-chairs, in consultation with the Executive Committee.
 3. Represent the Commission at functions, events, and other public activities, as necessary.
 4. Call special meetings, as necessary, to ensure that the Commission fulfills its duties.
 5. Consult with and advise the Executive Director regularly, and the RWHAP Part A and CDC project officers, as needed.
 6. Conduct the performance evaluation of the Executive Director, in consultation with the Executive Committee and the Executive Office of the BOS.
 7. Chair or co-chair committee meetings in the absence of both committee co-chairs.
 8. Serve as voting members on all committees when attending those meetings.
 9. Are empowered to act on behalf of the Commission or Executive Committee on emergency matters; and
 10. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 16 of 24

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
- C. 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).

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 17 of 24

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.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 18 of 24

- 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.
- I.
- J. Addressing matters related to Commission office staffing, personnel, and operations, when needed.
- K. Developing and adopting the Commission’s annual operational budget.
- L. Overseeing and monitoring Commission expenditures and fiscal activities; and
- M. 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, Committee-only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending. T

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.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 19 of 24

- 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 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 on-going 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, the Commission Co-Chairs when attending, and DHSP as a non-voting member.

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.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 20 of 24

- 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.
- 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.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 21 of 24

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.
- 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, the Commission Co-Chairs when attending, and DHSP as a non-voting member.

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 standards of care 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.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 22 of 24

- E. Developing and defining directives for implementation of services and service models;
- 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.

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 23 of 24

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; 12/12/23

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 12.12.23)

Page 24 of 24

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).

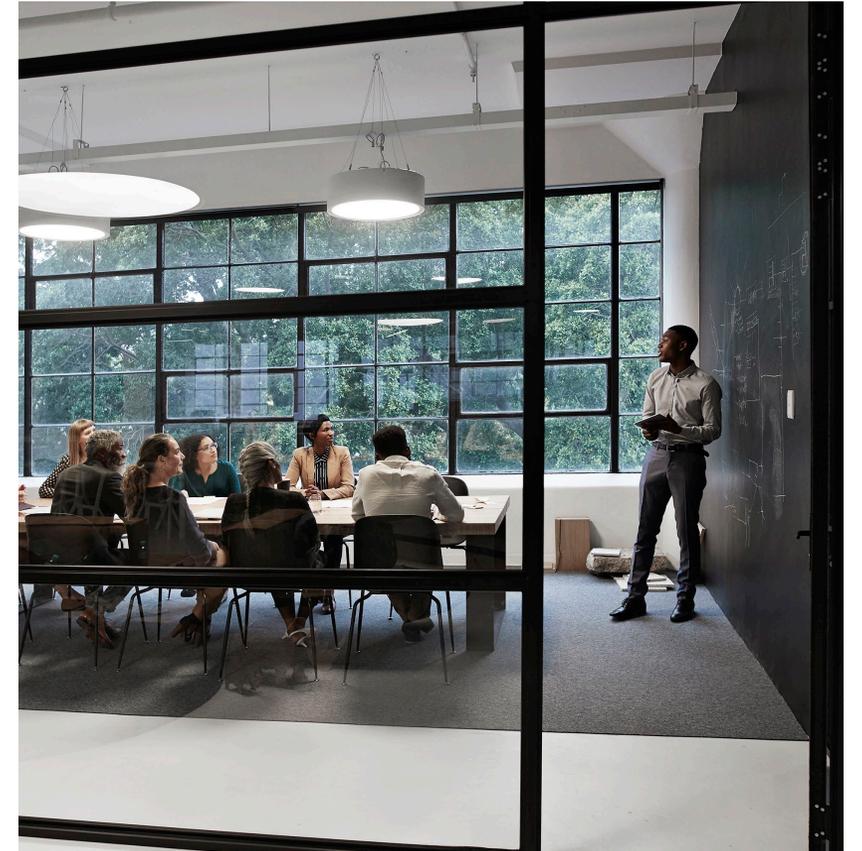
Membership Application Life Cycle

** The membership process presented aligns with and is supported by
the Commission on HIV's Policy 09.4205.*

Membership Application Life Cycle

The purpose of this training is to serve as a general overview for Commissioners to learn and understand how Commission on HIV (COH) staff manages:

- the intake
- processing
- onboarding of new members



Membership Applications

There are two COH membership application forms:

New/Renewal Member Application: first-time applicants or renewing members.

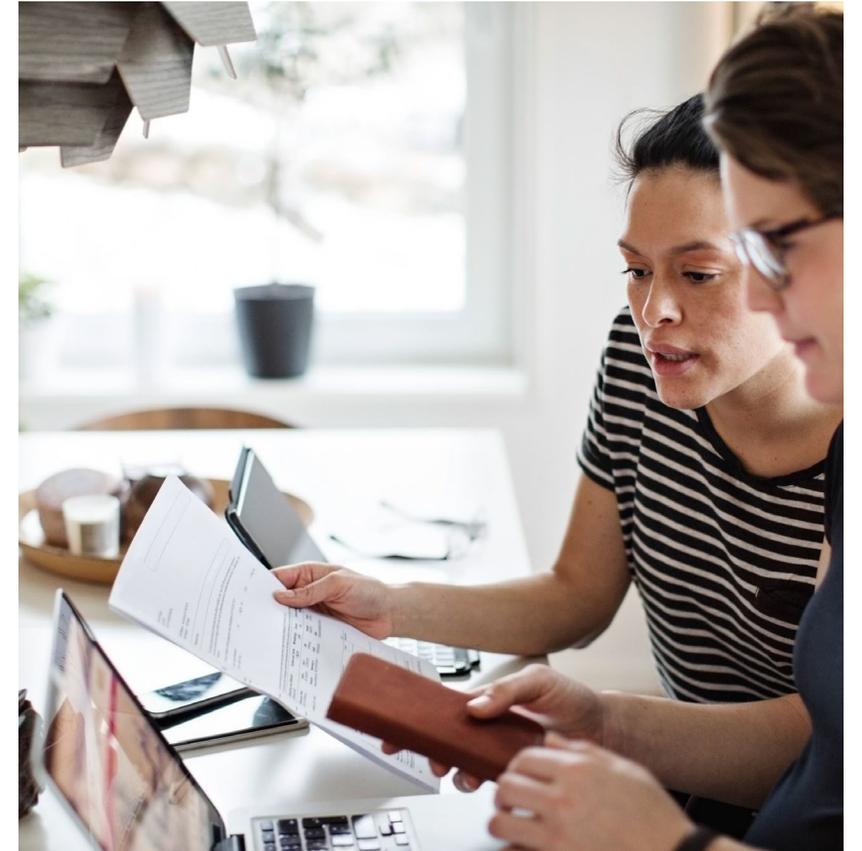
Non-Commission Committee Member Application: applicants who are applying for membership on one of the Commission's standing committees



Application Submission

All candidates for Commission or Committee-only membership must submit an application. Once submitted, staff will review the application for:

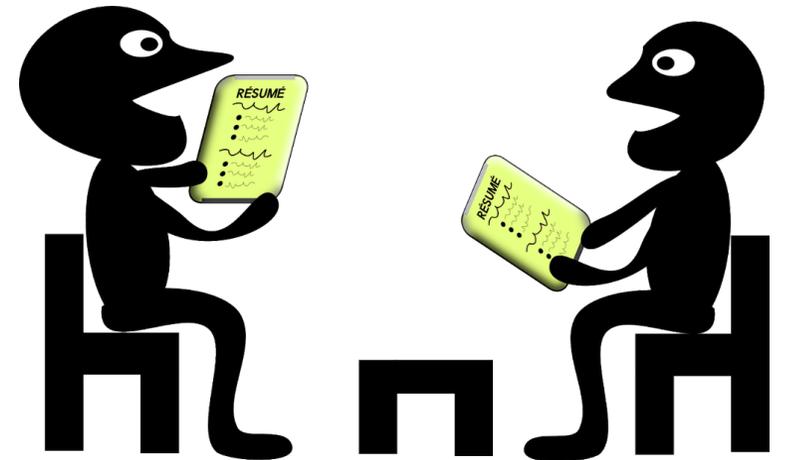
- completeness and accuracy
- member eligibility
- will verify with the candidate information submitted



Candidate Interview

Once the application has been verified by staff, staff will coordinate an interview within 60 days.

- All new member candidates must sit for an interview
- Renewing members are not required to sit for an interview
- To maintain transparency and integrity of the nomination process, there should not be a conflict of interest on the panel

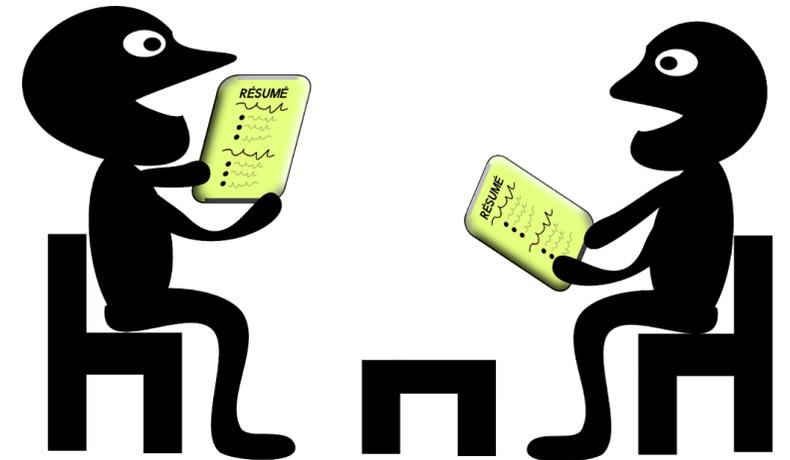


Candidate Interview



The Committee-only membership application:

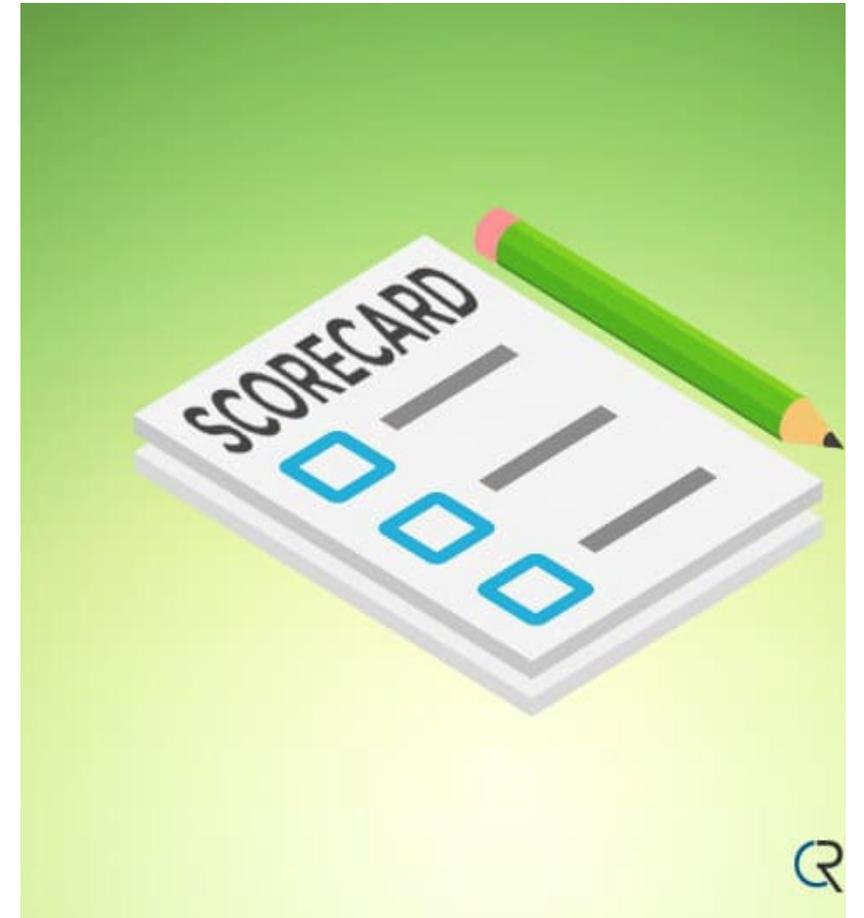
- reviewed by staff for accuracy
- forwarded to the lead staff of the designated Committee
- if approved by the Committee, then forwarded to the Operations Committee



Interview/Scoring Sequence

Applicants are evaluated and scored following their interview:

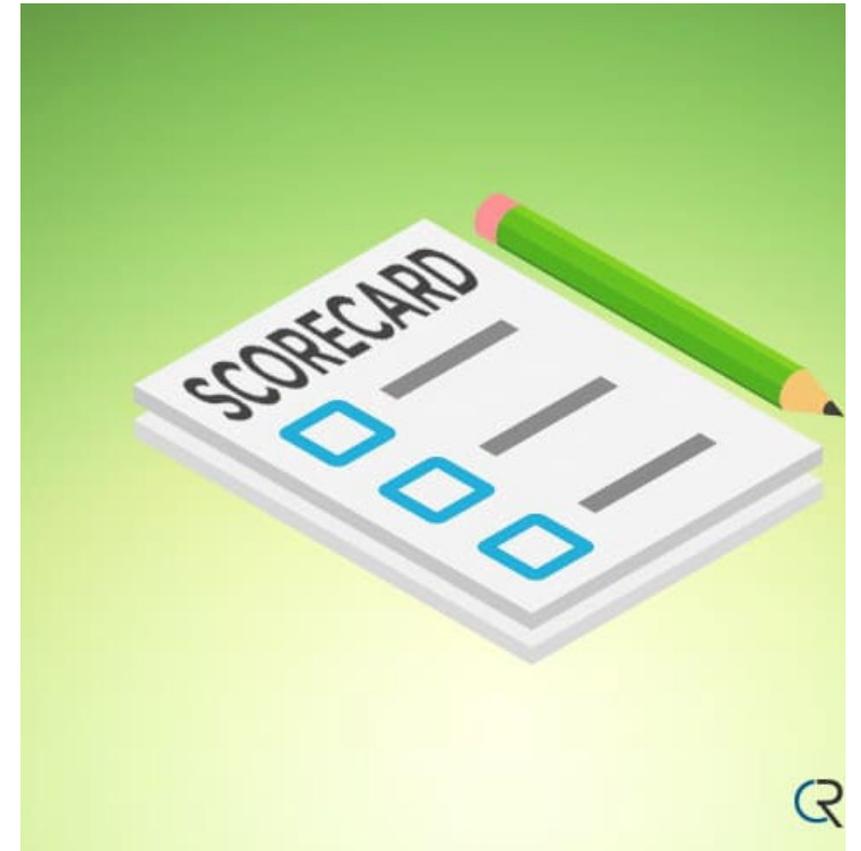
- each member of the interview panel assigns a point value to each factor of criteria.
- all scores are totaled and averaged
- the final point value is the applicant's final score
- the interview panel may request a second interview after it has scored an application



Scoring Forms

Scoring criteria is based on:

- essential skills and abilities
- qualities and characteristics
- experience
- past performance (for renewal candidates)
- a minimum of 60 points qualifies the candidate
- if the applicant earns a non-qualifying score (below 60 points), the Operations Co-Chairs will inform the applicant



Nominations / Seat Determination

If the applicant is eligible for Commission membership:

- the Operations Committee will determine the seat the candidate should fill
- place the candidate on its upcoming agenda
- if approved, the application elevates to the Executive Committee
- if approved by the Executive Committee, it elevates to the full Commission body



Appointment

If the candidate's application is approved by the full body:

- the application and Statement of Qualifications (SOQ) are forwarded to the Executive Office of the Board of Supervisors (BOS)
- the BOS agendaizes the nomination
- upon BOS approval, the candidate is appointed to the Commission

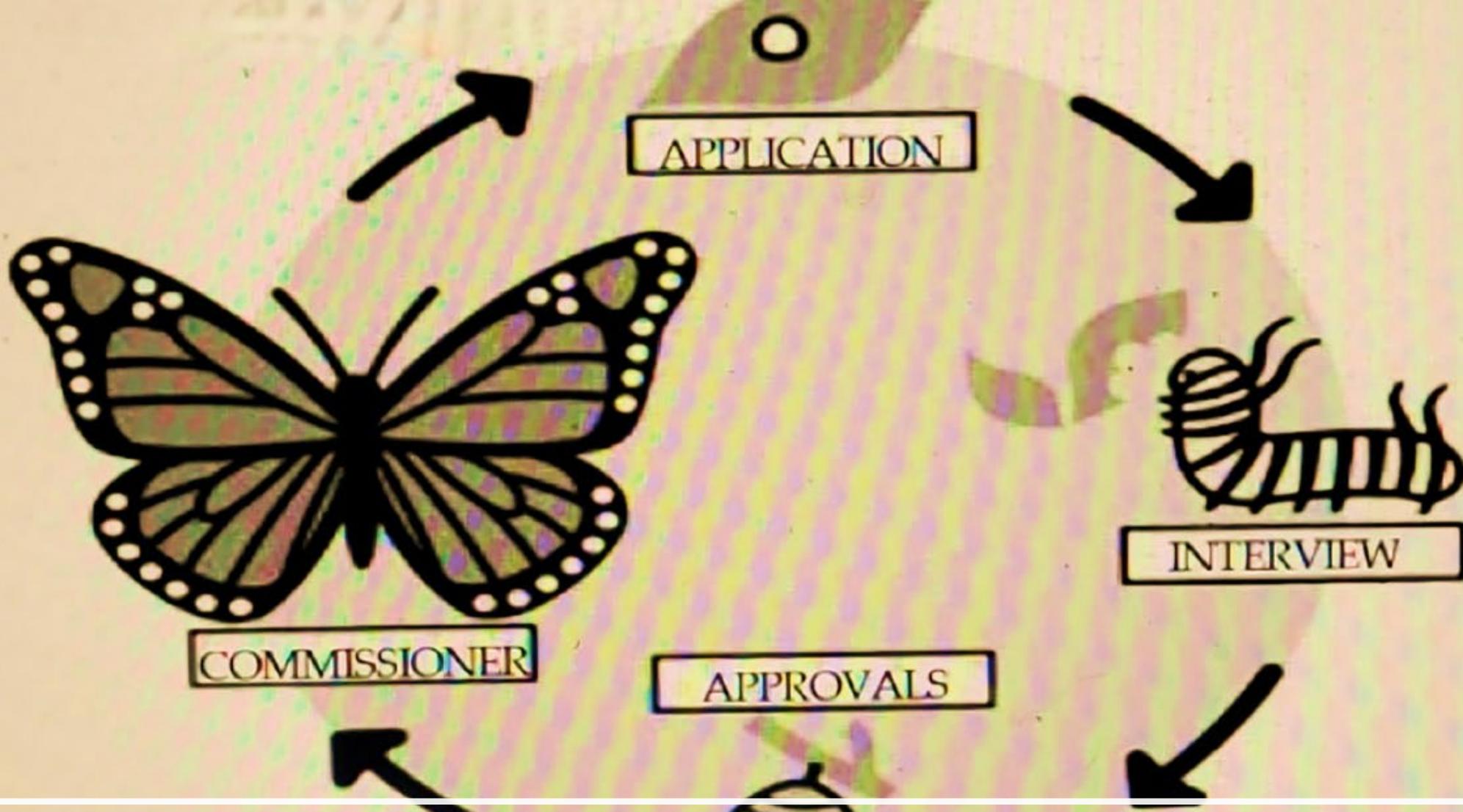


Welcome

A newly appointed Commissioner is expected to begin their service on the Commission at the next scheduled Commission meeting following Board appointment.

- Newly appointed Commissioners will receive a welcome and an appointment letter
- BOS staff will reach out to the newly appointed Commissioner for next steps





Becoming a Commissioner is a Process



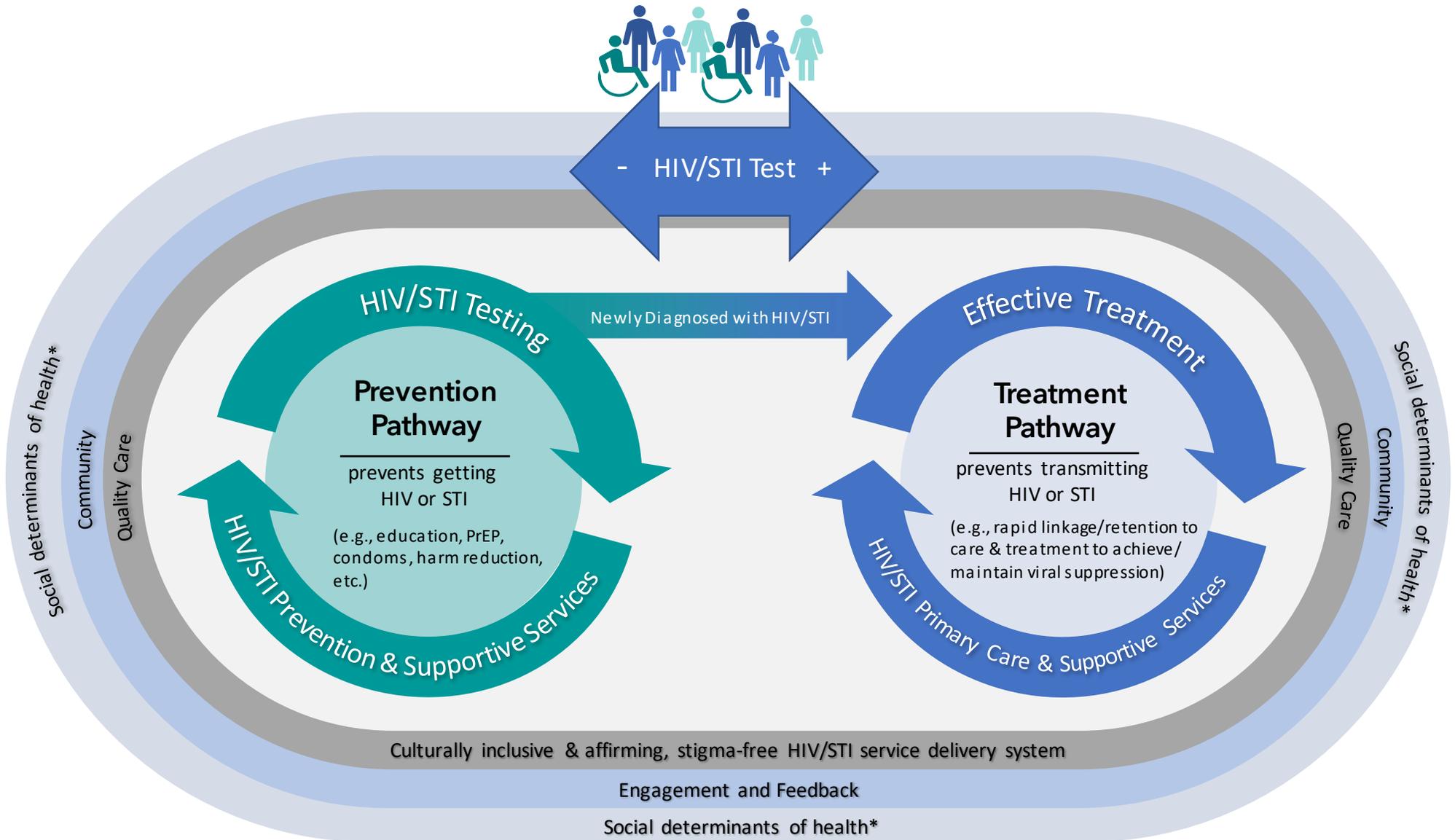
2024 TRAINING SCHEDULE

SUBJECT TO CHANGE

- “*” Asterisk denotes mandatory training for all commissioners.
- All trainings are open to the public.
- Click on the training topic to register.
- Certifications of Completion will be provided.
- All trainings are virtual.

<u>Co-Chair Roles and Responsibilities</u>	February 13, 2024 4:00-5:00PM
<u>General Orientation and Commission on HIV Overview</u> *	March 26, 2024 3:00-4:30PM
<u>Priority Setting and Resource Allocation Process & Service Standards Development</u> *	April 23, 2024 3:00-4:30PM
<u>Ryan White Care Act Legislative Overview Membership Structure and Responsibilities</u> *	July 17, 2024 3:00-4:30PM
<u>Policy Priorities and Legislative Docket Development Process</u>	October 2, 2024 3:00-4:30PM

Status Neutral HIV and STI Service Delivery System



LOS ANGELES COUNTY
COMMISSION ON HIV



Revised 10/18/23

* Social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

See [Healthy People 2030](#) for more details on the social determinants of health.

PREVENTION PLANNING WORKGROUP

Proposed Status Neutral Framework

Presentation to the Planning, Priorities and
Allocations Committee

9/19/23 – For Review/Feedback



LOS ANGELES COUNTY
COMMISSION ON HIV



Objectives

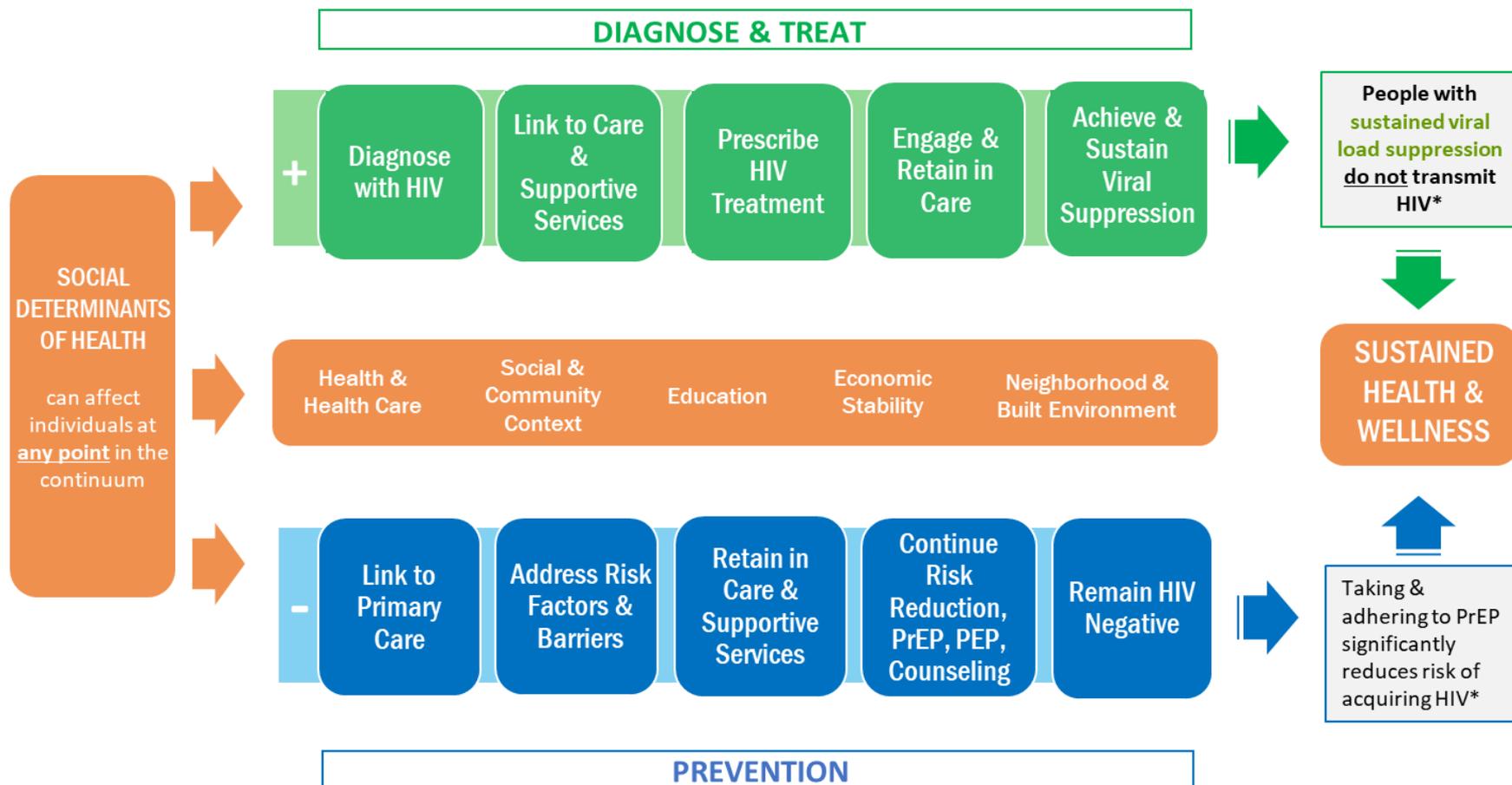
- Provide an update on the work and activities of the Prevention Planning Workgroup
- Seek input on a status neutral framework for HIV/STI services
- Discuss integration of prevention into the Planning, Priorities and Allocations Committee
- Promote ongoing awareness and community conversations on HIV/STI prevention needs

Background | Prevention Planning Workgroup (PPW)

- Formed Prevention Planning Workgroup in October 2020
- Goal of the workgroup is to improve and fully integrate prevention in the planning, priority setting and resource allocation process
- Workgroup has focused on assessing capacity building needs of the larger body, development of a framework to support integration of status neutral “concept” into the commission, and review of existing Prevention Standard of Care for recommendations.

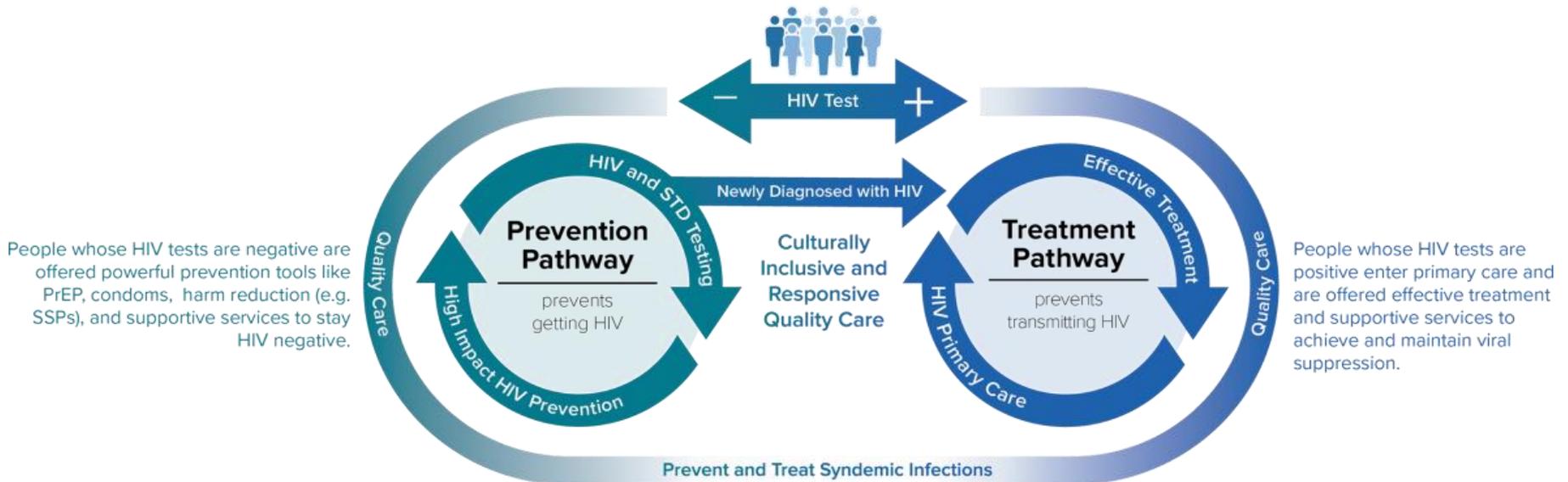
Comprehensive HIV Continuum Framework

The HIV Continuum is a framework for people to stay healthy, have improved quality of life, and live longer. The Commission on HIV adapted the Continuum to demonstrate HIV, sexual health, and overall health are influenced by individual, social, and structural determinants of health. Individuals can enter and exit at any point in the Continuum. The Continuum guides the Commission on community planning and standards of care development.



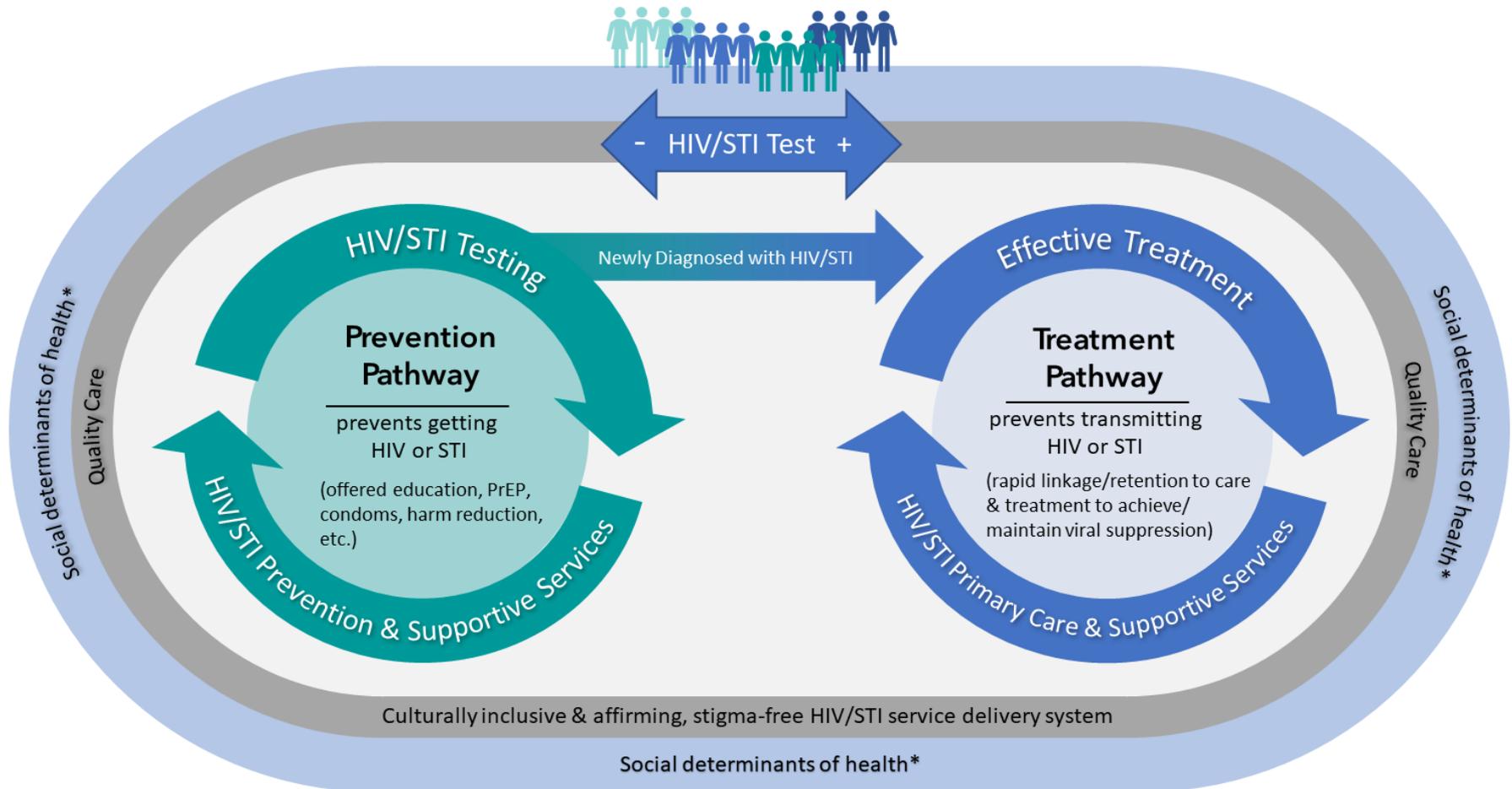
CDC Status Neutral HIV Prevention and Care

Status Neutral HIV Prevention and Care is a *whole person* approach to HIV prevention and care that emphasizes high-quality care to engage and retain people in services regardless of if the services are for HIV treatment or prevention. This approach continually addresses the healthcare and social service needs of all people affected by HIV so that they can achieve and maintain optimal health and well-being.



Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

Status Neutral HIV and STI Service Delivery System



* Social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

See [Healthy People 2030](#) for more details on the social determinants of health.

Key Recommendations

- Focus on the Service Delivery System
- Expand beyond HIV to include STIs
 - HIV and STI testing, treatment, and prevention services
 - Biomedical and nonbiomedical strategies
- Emphasis on person-first, not disease first
 - Address the holistic needs of a person
 - Not centered solely on meeting disease-specific needs
- Supportive services provided regardless of HIV status
 - Resources to support high-risk HIV- individuals in need of supportive services (e.g., housing, mental health, etc.)
 - Address the social determinants of health

Key Recommendations

- Focus on priority populations identified via data (CHP)
 - Latinx men who have sex with men (MSM)
 - Black/African American MSM
 - Transgender persons
 - Cisgender women of color
 - People who inject drugs (PWID)
 - People under the age of 30
 - People living with HIV who are 50 years of age or older
- Culturally affirming, stigma-free HIV and STI delivery system
 - Goes beyond supportive providers trained to recognize and address implicit racial/ethnic, sexual orientation, and other biases
 - Calls for racially, culturally, & ethnically diverse providers and staff and individuals with lived experience

Key Recommendations

- Requires diverse funding streams
 - Multiple funding streams
 - Do not have disease specific eligibility requirements
- Requires diverse partners
 - Collaboration and coordination with community partners outside of HIV systems who also serve priority populations

Other Suggestions

- *Restructure the Planning, Priorities and Allocations Committee to intentionally include prevention*
- Utilize Status Neutral Framework in all COH discussions
- Assess prevention funding and services within Los Angeles County to help inform PSRA process
- Update Prevention Standards to incorporate status neutral framework
- Identify opportunities to increase prevention efforts within existing DHSP programs
- Identify opportunities to increase prevention efforts within substance use disorder strategies/interventions

Discussion



- What do you think about the proposed Status Neutral framework?
- Are there elements that we need to add that address the needs of priority populations?
- How do we structure agenda of PP&A to reflect proposed framework?



LOS ANGELES COUNTY
COMMISSION ON HIV



PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
PARADIGMS AND OPERATING VALUES
(Amended Draft - PP&A 04/20/2021)

PARADIGMS (Decision-Making)

- **Equity**: Allocate resources in a manner that address avoidable or curable differences among groups of people, whether those groups are defined by ethnicity, socially, economically, demographically, or geographically. ⁽¹⁾
- **Compassion**: *response to suffering of others that motivates a desire to help.* ⁽²⁾

OPERATING VALUES

- **Efficiency**: accomplishing the desired operational outcomes with the least use of resources
- **Quality**: the highest level of competence in the decision-making process
- **Advocacy**: addressing the asymmetrical power relationships of stakeholders in the process
- **Representation**: ensuring that all relevant stakeholders/constituencies are adequately represented in the decision-making process
- **Humility**: Acknowledging that we do not know everything and ***willingness to listen carefully to others.*** ⁽³⁾

¹ Based on the World Health Organization's (WHO) definition of equity.

² Compassion moved to second position per April 20, 2021 committee meeting decision.

³ Wording change per April 20, 2021 committee meeting decision.



LOS ANGELES COUNTY
COMMISSION ON HIV



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

POLICY/ PROCEDURE:	NO. 09.5203	Priority Setting and Resource Allocations (PSRA) Framework and Process
-------------------------------	------------------------	-----------------------------------------------------------------------------------

DRAFT 12.27.23

SUBJECT: The Commission’s Priority Setting and Resource Allocations (PSRA) framework, process and specifics.

PURPOSE: To outline the Commission’s service prioritization and resource allocations process, as mandated by the Ryan White Treatment Modernization Act (Ryan White) and Los Angeles County Charter Code 3.29.

BACKGROUND:

- Service prioritization and resource allocations are two of the Part A planning councils’ chief responsibilities, detailed specifically in Ryan White legislation and confirmed in County Charter Code.
- In accordance with Health Resources and Services Administration (HRSA) guidance, the Commission sets service priorities based on consumer need and determines allocations from priorities and other factors such as service capacity, other sources of funding, service utilization and cost-effectiveness.
- As defined in its ordinance, the Commission establishes priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee’ 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 the grantee on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the Board of Supervisors and HRSA verifying that service category allocations and expenditures are consistent with the Commission’s established priorities, allocations and comprehensive HIV plan.

POLICY:

- This policy outlines the Priority Setting and Resource Allocation (PSRA) process used to

Policy 09.5203 : Priority Setting and Resource Allocations (PSRA) Framework and Process

Last Revised: *May 12, 2011; (XX, XX 2024)*

- prioritize services and allocate resources—in accordance with governing Ryan White and County code legislation—encompassing the specific partners, responsibilities, steps, tasks and timelines associated with the process.
- The PSRA process is led by the Commission’s Planning, Priorities and Allocations (PP&A) Committee. The Division of HIV and STD Programs (DHSP) provides critical information; consumer input is collected through the Comprehensive HIV Plan and other assessments; and provider input is collected through focus forums, surveys and Commission participation.
- The policy details the expectations and timing of stakeholder involvement in the multi-year Ryan White Part A funding cycle determined by the HRSA Ryan White HIV/AIDS Program (RWP). The process allows for ongoing stakeholder input at several key junctures. Multi-year allocations are intended to conclude prior to the submission of the RWP Part A application. Allocations are reviewed annually to ensure alignment with and responsiveness to community needs and funding requirements.

PRINCIPLES AND CRITERIA¹:

- A. **Priorities and allocations are data based.** Decisions are based on the data, not on personal preferences. Commissioners should avoid presenting anecdotal information or personal experiences during the decision making, focusing on needs assessments, and cost/service utilization data rather than a single person’s experience.
- B. **Conflicts of interest are stated and followed.** Commission members must state areas of conflict according to the approved Conflict of Interest Policy, and cannot participate in open discussions or vote on the related service categories in which they have a conflict. As stated in the RWHAP Part A Manual, X. Ch 8. Conflict of Interest, p. 147, Conflict of Interest can be defined as an actual or perceived interest by the member in an action that results or has the appearance of resulting in a personal, organizational, or professional gain. The definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. This actual or perceived bias in the decision-making process is based on the dual role played by a planning council member who is affiliated with other organizations as an employee, a board member, a member, a consultant, or in some other capacity. Any funded RWHAP Part A provider must declare all funded service categories (e.g., areas of conflict of interest) at the beginning of the meeting(s), and neither initiate discussion nor vote on priorities or allocations for those service categories. S/he can answer questions directed by other members, and can vote on priorities and allocations when they are presented as a whole list. (Model Priority Setting and Resource Allocation Process, Compendium of Materials for Planning Council Support Staff. EGM Consulting, LLC. 2018).

Commented [BC1]: Ask new HRSA PO for clarification.

¹ Model Priority Setting and Resource Allocation Process, Compendium of Materials for Planning Council Support Staff. EGM Consulting, LLC. 2018.

Policy 09.5203 : Priority Setting and Resource Allocations (PSRA) Framework and Process

Last Revised: *May 12, 2011; (XX, XX 2024)*

- C. The data provide the basis for changes in **priorities or allocations from the previous year**. The data indicate changes in service needs/gaps and availability based on information from the various data sources.
- D. **Needs of specific populations and geographic areas** are an integral part of the discussion in the data presentations and the decision making. They may also lead to recommendations to the Recipient on how best to meet the priorities.
- E. **Final vote** on the complete priorities and allocations will be presented by the Planning, Priorities and Allocations Committee Co-Chairs to the full planning council for a roll-call vote.
- F. **Paradigms and operating values** are selected and used by the PP&A Committee to help guide their decision-making in setting service priorities and resource allocations. The PP&A Committee reviews the paradigms and operating values selected and approved from the previous year as the foundation for current year PSRA process or reallocations. **(Attach)**
- G. **The Commission's Status Neutral HIV and STI Delivery System framework** is used by the PP&A Committee to ensure that service priorities and resources allocations emphasizes high-quality care to engage and retain people in services regardless of if the services are for HIV treatment or prevention. This approach continually addresses the healthcare and social service needs of all people affected by HIV so that they can achieve and maintain optimal health and well-being. **(Attach)**
- H. Decisions should help to ensure **parity in access to care**, for all Ryan White-eligible HIV/AIDS population groups and for PLWH/A regardless of where they live in the County.
- I. Discussions and decisions should have a major focus on **improving performance on the HIV Care Continuum/Treatment Cascade**, focusing on areas of concern – such as linkage to care or retention in care. Reducing unmet need (the number of people who know they are HIV-positive but are not in care) requires deciding how many “new” or “lost to care” clients should be identified, estimating the mix of services they will need from RWHAP Part A, and allocating funds sufficient to meet those needs. Where a choice needs to be made between providing a wider range of services to more individuals and getting additional people into care, the Planning Council will give priority to getting more people key services (among them primary care and medications).
- J. The Commission members will keep in mind current goals, objectives, and priorities from its **Comprehensive HIV Plan (CHP)** to be sure they receive appropriate attention in decision making.

PROCEDURE(S):

1. The priority setting process should consider services needed to provide and/or support a continuum of care, regardless of how these services are being funded and the extent of unmet demand for these services. Funding availability and unmet needs associated with these service priorities are considered during the resource allocation process.
2. The list of HRSA fundable service categories (core and support) and the definitions of these services will be presented by the Commission staff.
3. The list of HIV prevention categories from the most recently approved Prevention Service Standards will be presented by the Commission staff.
4. DHSP compiles service utilization reports (including, but not limited to, clients served, priority populations, expenditures per client), anticipated service delivery goals/objectives, expenditures reports, surveillance reports, prevention data (including, but not limited to, counseling and testing and PrEP and PEP utilization), and programmatic and fiscal challenges and opportunities for service improvements.
4. The PP&A Committee convenes a combined meeting with the Consumer Caucus during the first quarter of the year to:
 - a) review process paradigms and operating values and provide feedback;
 - b) review summary of findings from the most recent Ryan White Service Utilization Reports and HIV prevention data provided by DHSP;
 - c) review most recent HIV prevention and care financial reports from DHSP; and
 - d) review key goals, objectives and metrics from the Comprehensive HIV Plan, Ending the HIV Epidemic Plan, and other key pertinent documents; and
 - e) harness feedback on service category priorities and allocations from consumers.
5. The PP&A Committee formally organizes focus groups at various provider stakeholder meetings or conducts provider surveys as needed to inform the PSRA process.
6. During July-August, the PP&A Committee deliberates and prioritizes services categories in rank order (highest need is #1 priority). The principal data and information used for priority-setting are the Comprehensive HIV Plan, relevant needs assessment, the HIV epidemiology report, fiscal and programmatic reports, and service utilization reports.
 - a) The PP&A Committee only ranks service priorities once—regardless of funding scenario—as they indicate the services most needed regardless of changes in the funding picture or in which different resources available.
 - b) The PP&A Committee compiles and/or reviews the data and feedback it has collected from DHSP, community listening sessions and/or surveys and reviews it in June, prior to service prioritization.

Commented [BC2]: For PP&A and Consumer Caucus discussion. Intended to engage consumers more in the PSRA process and increase knowledge/skills around using data, understanding the RWP/CDC-funded programs.

Policy 09.5203 : Priority Setting and Resource Allocations (PSRA) Framework and Process
Last Revised: *May 12, 2011; (XX, XX 2024)*

7. During July-August after the service categories have been ranked and prioritized, the PP&A Committee determines resource allocations for services:
 - a) Allocations can be made by actual amounts or percentages based on specific expenditure proposals, although percentages allow more flexibility to respond to variances in the funding awards.
 - b) Allocations may change in each of the selected funding scenarios.
 - c) It is strongly encouraged that stakeholders who suggest funding allocations for specific service categories also present accompanying recommendations to advise how the continuum of care will accommodate those suggested modifications to funding levels.
 - d) Additional streams of funding are identified in each service category, with amounts locally dedicated for HIV services where the information is available.
 - e) The PP&A Committee, in collaboration with DHSP, compiles a resource inventory for allocation-setting, and uses it to help determine capacity and other resources when allocating funds.
8. The PP&A Committee recommends and secures approval for service priorities and funding allocations at the August or September Commission meeting, prior to the RWP Part A grant application submission deadline.
9. When a reallocation of funds is necessary, adequate data to support the movement of funds between service categories will be presented, considered, and fully documented in the minutes of the meeting during which the reallocation of funds is approved. Proposed re-allocations must be submitted to the Commission for approval. All changes in allocations must be accompanied with a written justification detailing the reasons for the modifications.
10. During the month (30 days) following the approval of resource allocations by Commission, the PP&A Committee will consider appeals regarding its PSRA process. Appeals must be presented to the PP&A Committee at its monthly meeting immediately following the Commission meeting in which the allocations were adopted. The following two types of appeals will be considered:
 - a) new factual information that may have led to different decisions if the information had been available during the PSRA process, and/or
 - b) questions or complaints about decision-making that did not conform to the process as outlined.
11. In October-November, the PP&A Committee compiles information and suggestions made throughout the PSRA process to further elaborate on its priority and allocation decisions by developing “directives.”
 - a) These “directives” are framed as “guidance”, “recommendations”, and/or “expectations” and are intended to detail “how best to meet the need” or as “other factors to be considered” to be forwarded to DHSP the Commission and/or its various committees, and/or other stakeholders, as appropriate.

Policy 09.5203 : Priority Setting and Resource Allocations (PSRA) Framework and Process

Last Revised: *May 12, 2011; (XX, XX 2024)*

- b) The guidance, recommendations and expectations further define minimum quality of care standards, implementation practices and/or mechanisms to respond to specific operational or system needs.
 - c) Once completed and approved by the PP&A Committee, the directives are forwarded to the Executive Committee and the Commission for approval.
 - d) The approved directives are transmitted to DHSP for consideration and implementation if deemed to be feasible by DHSP. DHSP will review the directives and report to the PP&A Committee which recommendations are feasible with a timeline for implementation.
 - e) DHSP shall provide periodic updates at PP&A Committee meetings.
12. In addition to its other business, the PP&A Committee devotes the intervening months between each year's PSRA process to further study identified service categories, populations and/or related planning issues, and implements committee activities accordingly to compile the necessary data.

DRAFT

**NOTED AND
APPROVED:** _____

**EFFECTIVE
DATE:** _____

Original Approval: May 1, 2011

Revision(s): XX

Policy 09.5203 : Priority Setting and Resource Allocations (PSRA) Framework and Process
Last Revised: *May 12, 2011; (XX, XX 2024)*

ATTACHMENTS

Paradigms and Operating Values

Status Neutral HIV and STI Service Delivery System Framework

DRAFT



January 12, 2024

The Honorable Patty Murray
Chair, Appropriations Committee
United State Senate

The Honorable Susan Collins
Vice Chair, Appropriations Committee
United States Senate

The Honorable Kay Granger
Chair, Appropriations Committee
United States House of Representatives

The Honorable Rosa DeLauro
Ranking Member, Appropriations Committee
United States House of Representatives

Dear Chairwoman Murray, Vice Chair Collins, Chairwoman Granger, and Ranking Member DeLauro,

The Partnership to End the HIV, STD, and Hepatitis Epidemics (“The Partnership”) is a coalition of five of the nation’s leading organizations focused on ending the HIV, STD, and hepatitis epidemics in the United States by sharing resources to advocate for HIV, STD, and hepatitis programs and appropriations. We are writing to express our grave concerns with the severe reduction in FY24 funding for critical public health programs which help prevent, treat, care and support those affected by these epidemics. Since our founding in 2016, we have worked to promote necessary appropriation and funding levels; retain crucial aspects of existing health care coverage and build upon the progress Federal programs have made on these programs over the last several decades.

We are particularly concerned about the potential consequences reduced funding will have on our collective efforts to combat the HIV, viral hepatitis, and sexually transmitted infection (STI) epidemics. These epidemics are inextricably linked and ending them is within our grasp, but will require a syndemic approach – a coordinated effort across federal, state, and local governments. Congress must make sustained investments in both the existing public health system and new initiatives to address this syndemic, close the coverage gap, and increase access to HIV Prevention (PrEP) and harm reduction.

We would like to highlight the importance of robust funding for the following programs, with specific emphasis on the Partnership’s requested funding levels for FY24:

HRSA: Ryan White Programs Total

- FY2024 House Proposed: \$2.333 billion
- FY2024 Senate Proposed: \$2.571 billion
- FY2024 The Partnership Request: \$3.058 billion (+\$487.3 million over FY2023)

CDC: HIV/AIDS, Viral Hepatitis, STD, TB Total

- FY2024 House Proposed: \$1.171 billion
- FY2024 Senate Proposed: \$1.395 billion
- FY2024 The Partnership Request: \$2.318 billion (+\$928.2 million over FY2023)

CDC Domestic HIV/AIDS Prevention and Research Total

- FY2024 House Proposed: \$793.7 million
- FY2024 Senate Proposed: \$1.017 billion
- FY2024 The Partnership Request: \$1.417 billion (+\$404 million over FY2023)

CDC STD Prevention Total

- FY2024 House Proposed: \$174.3 million
- FY2024 Senate Proposed: \$174.3 million
- FY2024 The Partnership Request: \$312.5 million (138.2 million over FY2023, and includes funding to avert the layoffs of more than 800 FTEs this year)

HIV Prevention: EHE Initiative (included in above total ask)

- FY2024 House Proposed: \$0.0 million
- FY2024 Senate Proposed: \$223 million
- FY2024 The Partnership Request: \$495 million (+\$275 million over FY2023)

Minority HIV/AIDS Fund

- FY2024 House Proposed: \$28 million
- FY2024 Senate Proposed: \$60 million
- FY2024 The Partnership Request: \$105 million (+\$48.1 million over FY2023)

HUD: HOPWA

- FY2024 House Proposed: \$505 million
- FY2024 Senate Proposed: \$505 million
- FY2024 The Partnership Request: \$600 million (+\$101.0 million over FY2023)

Community Health Centers: EHE Initiative

- FY2024 House Proposed: \$0.0 million
- FY2024 Senate Proposed: \$157.3 million
- FY2024 The Partnership Request: \$207.3 million (+\$50.0 million over FY2023)

Indian Health Services: EHE Initiative

- FY2024 House Proposed: \$5 million
- FY2024 Senate Proposed: \$5 million
- FY2024 The Partnership Request: \$52 million (+\$47.0 million over FY2023)

The Partnership is especially concerned by the significant loss of critical Disease Intervention Specialist workforce funding – more than 800 FTEs are expected to be laid off by January 2025 due to a \$400M rescission earlier this year in the Fiscal Responsibility Act. Without additional funding, these jurisdictions will lose PrEP navigators, as well as surveillance staff, disease intervention specialists, public health nurses, and public health educators working in HIV prevention. The rescission will impact STI prevention, viral hepatitis, tuberculosis, and drug user health programs, state laboratories, and outbreak response. A minimum of \$25 million in FY2024 is needed to avert layoffs, and the Partnership has included this request in the figures above.

These disparities between the House and Senate proposed levels highlight the need for careful consideration and collaboration to ensure the well-being of individuals affected by HIV, STIs, and Hepatitis. We appreciate your ongoing commitment to addressing the health needs of our nation. We would be grateful for the opportunity to discuss these concerns further and collaborate on solutions that prioritize adequate funding for these vital programs.

Thank you for your attention to this critical matter, and we look forward to working together to secure the necessary resources for our ongoing efforts.

Sincerely,



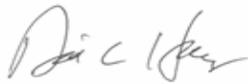
Jesse Milan, Jr.
President and CEO
AIDS United
jmilan@aidsunited.org



Michael Ruppel
Executive Director
The AIDS Institute
mruppel@taimail.org



Stephen Lee
Executive Director
NASTAD
slee@nastad.org



David Harvey
Executive Director
National Coalition of STD Directors (NCSD)
dharvey@NCSDDC.org



Paul Kawata
Executive Director
NMAC
pkawata@NMAC.org