



EXECUTIVE COMMITTEE

Virtual Meeting

Thursday, October 27, 2022

1:00PM - 3:00PM (PST)

*Meeting Agenda + Packet will be available on our website at:
<http://hiv.lacounty.gov/Executive-Committee>

REGISTER + JOIN VIA WEBEX ON YOUR SMART DEVICE:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m3d8bf70400c6f624b0e42dce66df530d>

**Link for non-Committee members and members of the public*

JOIN VIA WEBEX ON YOUR PHONE:

1-213-306-3065

Webinar Number: 2591 138 5920 Password: EXECUTIVE

For a brief tutorial on how to use WebEx, please check out this video:

http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9360

**For those using iOS devices - iPhone and iPad - a new version of the WebEx app is now available and is optimized for mobile devices. Visit your Apple App store to download.*

PUBLIC COMMENTS

Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission.

To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically to https://www.surveymonkey.com/r/PUBLIC_COMMENTS.

All Public Comments will be made part of the official record.

LIKE WHAT WE DO?

Apply to become a Commissioner at

<https://www.surveymonkey.com/r/2022CommissiononHIVMemberApplication>



510 South Vermont Avenue, 14th Floor, Los Angeles CA 90020
 EML: hivcomm@lachiv.org | MAIN: 213.738.2816
 WEBSITE: www.hivlacounty.gov

AGENDA FOR THE VIRTUAL MEETING OF THE EXECUTIVE COMMITTEE

Thursday, October 27, 2022 @ 1:00 P.M.– 3:00 P.M

To Join by Computer, please Register at:
<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m3d8bf70400c6f624b0e42dce66df530d>

**link is for non-Committee members + members of the public*

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

Webinar Number: 2591 138 5920 Password: EXECUTIVE

Executive Committee Members:			
<i>Danielle Campbell, MPH, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Al Ballesteros, MBA	Erika Davies
Kevin Donnelly	Luckie Fuller, (Co-Chair Elect)	Lee Kochems, MA	Katja Nelson, MPP
Mario J. Pérez, MPH	Kevin Stalter (LoA)	Justin Valero, MPA	
QUORUM:	6		

AGENDA POSTED: October 20, 2022

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California’s Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, please click [here](#).

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

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.

SUPPORTING DOCUMENTATION can be obtained via the Commission’s website at <http://hiv.lacounty.gov> or at the Commission office located at 510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020.

Complimentary parking available at 523 Shatto Place, Los Angeles CA 90020.

Call to Order, Introductions, and Conflict of Interest Statements 1:00 P.M. – 1:10 P.M.

I. ADMINISTRATIVE MATTERS

- | | | | |
|----|-----------------------------|------------------|-----------------------|
| 1. | Approval of Agenda | MOTION #1 | 1:10 P.M. – 1:13 P.M. |
| 2. | Approval of Meeting Minutes | MOTION #2 | 1:13 P.M. – 1:15 P.M. |

II. PUBLIC COMMENT

- | | | |
|----|--|-----------------------|
| 3. | Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. | 1:15 P.M. – 1:20 P.M. |
|----|--|-----------------------|

III. COMMITTEE NEW BUSINESS ITEMS

- | | | |
|----|---|-----------------------|
| 4. | 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. | 1:20 P.M. – 1:25 P.M. |
|----|---|-----------------------|

IV. REPORTS

- | | | |
|----|---|-----------------------|
| 5. | Executive Director's/Staff Report | 1:25 P.M. – 1:35 P.M. |
| | A. COH/County Operational Updates | |
| | (1) Extending Virtual COH & Committee Meetings Pursuant to AB 361 | |
| | (2) November 10, 2022 Annual Meeting Planning | |
| 6. | Co-Chair's Report | 1:35 P.M. – 1:55 P.M. |
| | A. Co-Chair Nomination & Election Process DISCUSSION & REVIEW | |
| | B. Human Relations Commission (HRC) Training FOLLOW UP & NEXT STEPS | |
| | C. October 13, 2022, COH Meeting FOLLOW UP + FEEDBACK | |
| | D. Conferences, Meetings & Trainings OPEN FEEDBACK | |
| | (1) United States Conference on HIV/AIDS (USCHA) | |
| | E. Member Vacancies & Recruitment | |
| | F. 2022 Holiday Meeting Schedule | |
| 7. | Division of HIV and STD Programs (DHSP) Report | 1:55 P.M. – 2:10 P.M. |
| | A. Fiscal, Programmatic and Procurement Updates | |
| | (1) Ryan White Program (RWP) Parts A & MAI | |
| | (2) Fiscal | |
| | (3) Monkey Pox Debrief UPDATES | |
| 8. | Standing Committee Reports | 2:10 P.M. – 2:40 P.M. |
| | A. Operations Committee | |

- (1) Membership Management
 - (a) New Membership Application
 - Mary Cummings | HIV Stakeholder #5 **MOTION #3**
 - (b) Membership Application Interview Workgroup | FINDINGS

(2) Policies & Procedures

(3) Bylaws Review Planning

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

(1) 2022-2026 Comprehensive HIV Plan (CHP) Development | UPDATES

(2) Multi-Year Reallocation Contingency Planning

(3) DHSP Program Directives | UPDATES

C. Standards and Best Practices (SBP) Committee

(1) Special Populations Best Practices Project | UPDATES

(2) Oral Healthcare Service Standards Development

a. Dental Implants Addendum **MOTION #4**

(3) Transitional Case Management: Incarcerated/Post-Release Service Standards Development

D. Public Policy Committee (PPC)

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

- a. 2022 Legislative Docket | UPDATE
- b. 2022 Policy Priorities | UPDATE
- c. COH/LA County Response to STDs | UPDATES
- d. Act Now Against Meth (ANAM) | UPDATES

- | | | |
|-----------|--|-----------------------|
| 9. | Caucus, Task Force, and Work Group Reports: | 2:40 P.M. – 2:50 P.M. |
| | A. Aging Caucus | |
| | B. Black Caucus | |
| | C. Consumer Caucus | |
| | D. Prevention Planning Workgroup | |
| | E. Transgender Caucus | |
| | F. Women’s Caucus | |

VI. NEXT STEPS

- | | | |
|------------|--|-----------------------|
| 10. | A. Task/Assignments Recap | 2:50 P.M. – 2:23 P.M. |
| | B. Agenda development for the next meeting | 2:23 P.M. – 2:25 P.M. |

VII. ANNOUNCEMENTS 2:25 P.M. – 3:00 P.M.

- | | | |
|------------|--|--|
| 11. | A. Opportunity for members of the public and the committee to make announcements | |
|------------|--|--|

VIII. ADJOURNMENT 3:00 P.M.

- | | | |
|------------|--|--|
| 12. | A. Adjournment of the October 27, 2022 Executive Committee | |
|------------|--|--|

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve new Membership Application for Mary Cummings (Seat 48- HIV stakeholder representative #5), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Board of Supervisors.
MOTION #4:	Approve the Dental Implants Addendum to the Oral Healthcare Service Standards as presented or revised and elevate to the October 13th COH meeting.



LOS ANGELES COUNTY COMMISSION ON HIV



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

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

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



LOS ANGELES COUNTY
COMMISSION ON HIV

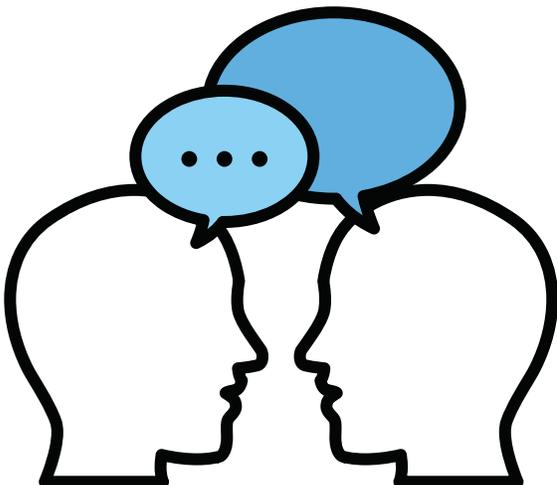


Los Angeles County Commission on HIV Training Schedule 2022

Come learn with us!

All trainings are open to the public. Virtual study hours will be available for all commissioners and members of the public who have any questions about the purpose and functions of the Commission on HIV.

Trainings are mandatory for all Commissioners.



*****UPDATED SCHEDULE*****

(AS OF 9.27.22)

March 29

General Orientation

Commission on HIV Overview

3:00 - 4:30 PM - Register [here](#).

April 12

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).

July 21

Ryan White Care Act Legislative Overview Membership Structure and Responsibilities

3:00 - 4:30 PM - Register [here](#).

August 17

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).

September 15

Priority Setting and Resource Allocation Process Service Standards Development

3:00 - 4:30 PM - Register [here](#).

October 20 **CANCELLED**

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).

November 16

Policy Priorities and Legislative Docket Development Process

4:00 - 5:00 PM - Register [here](#).

November 17 **CHANGED TO NOV 14 @ 4-5PM**

Co-Chair Roles and Responsibilities (Virtual live)

4:00 - 5:00 PM - Register [here](#).

December 13

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).



2022 MEMBERSHIP ROSTER | UPDATED 8.8.22

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

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: 36



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 8/31/22

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ALVIZO	Everardo	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CAO	Michael	Golden Heart Medical	No Ryan White or prevention contracts
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			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			
GATES	Jerry	AETC	Part F Grantee

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

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

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



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

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote. Approved meeting minutes are available on the Commission’s website; meeting recordings are available upon request.

EXECUTIVE COMMITTEE MEETING MINUTES

September 22, 2022

COMMITTEE MEMBERS			
P = Present A = Absent			
Bridget Gordon, Co-Chair	P	Katja Nelson, MPP	P
Danielle M. Campbell, MPH, Co-Chair	P	Mario J. Pérez, MPH	P
Erika Davies	P	Kevin Stalter	EA
Kevin Donnelly	P	Justin Valero, MA	P
Lee Kochems, MA	P		
Luckie Alexander Fuller	A		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Catherine Lapointe, MPH; Lizette Martinez, MPH; Dawn McClendon; Jose Rangel-Garibay, MPH; and Sonja D. Wright, DACM			
DHSP STAFF			
No DHSP staff in attendance			

- *Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.
- *Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.
- *Meeting minutes may be corrected up to one year from the date of Commission approval.

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

https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/f574e5a8-e1ae-4458-9849-6e3efd72a5ef/Pkt_ExecComm_092222.pdf

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Kevin Donnelly called the meeting to order at 1:14 PM, welcomed attendees, and asked committee members to state conflicts of interest, if any.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order, as presented or revised (✓ Passed by Consensus)

Executive Committee Minutes

September 22, 2022

Page 2 of 10

2. APPROVAL OF MEETING MINUTES

MOTION #2: *Approve the August 29, 2022 Executive Committee minutes, as presented or revised (✓ Passed by Consensus)*

- K. Donnelly noted that the August 29, 2022 Executive Committee minutes state that a draft Comprehensive HIV Plan (CHP) will be presented at the full-body September Commission on HIV (COH) meeting; however, a draft was not presented at the specified time.

II. PUBLIC COMMENT

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

- Commissioner Carlos Moreno requested representatives from several organizations who primarily serve Latinx communities to make brief comments at the October 13th COH meeting in commemoration of National Latinx HIV/AIDS Awareness Day on October 15th. The organizations include Equality California, Children's Hospital, Bienestar, AltaMed, Reach LA, and LA LGBT Center South.
- Damone Thomas expressed concern with his experience as a Black immigrant interacting with several agencies. Bridget Gordon noted that this is a pervasive issue that warrants a response. B. Gordon asked Mario Perez, DHSP, if there is a grievance process to address this issue. M. Perez indicated that he cannot discuss agency-specific conversations at a public meeting.
- Genevieve Clavreul commented that LA County has the highest increase in congenital syphilis in the U.S., but she was pleased to hear that there is a new California law mandating that pregnant women be tested for syphilis twice during their pregnancy to prevent passing syphilis to their child.

III. COMMITTEE NEW BUSINESS ITEMS

4. 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. *There were no committee new business items.*

Executive Committee Minutes

September 22, 2022

Page 3 of 10

IV. REPORTS

5. EXECUTIVE DIRECTOR'S/STAFF REPORT

A. Commission/County Operational Updates

(1) Welcome New COH Staff, Lizette Martinez

- Cheryl Barrit announced COH's new staff member, Lizette Martinez. L. Martinez fills the vacancy of Carolyn Echols-Watson's retirement and will serve as the lead staff for the Planning, Priorities and Allocations (PP&A) Committee and Prevention Planning Workgroup (PPW).

(2) Welcome 2023 Co-Chair, Luckie Fuller

- Commissioner Luckie Fuller was elected and will serve as the 2023 Co-Chair of the COH and has been participating in training sessions to prepare for his new role.

(3) Board of Supervisors (BOS) 30-Day Extension of Virtual Brown-Act Meetings

a. Protocol for Resuming In-Person Meetings and AB 361 Voting Procedures

- C. Barrit informed the Executive Committee that the Board of Supervisors (BOS) will begin meeting in-person on September 27th. At their meeting, the BOS will vote on the continuation of virtual meetings for County commissions, advisory boards, and task forces under their authority.
- C. Barrit provided an overview of the Protocol for Resuming In-Person Meetings and AB 361 Voting Procedures. See meeting packet for details.
- C. Barrit has been working closely with County Counsel to learn more about the voting protocols for the COH. At the October COH full-body meeting, the COH will vote on whether meetings will resume in-person or continue virtually. A vote in the affirmative will support the continuation of virtual meetings; a vote in the negative will support the resumption of in-person meetings.

(4) 2022 Annual Meeting Planning

- C. Barrit presented a draft agenda for the 2022 COH Annual Meeting. See meeting packet for details.
- B. Gordon suggested holding a discussion on the reauthorization of the Ryan White Program (RWP) and allowing time for members to share how they are feeling regarding how the Commission is operating and making progress in improving the HIV epidemic in LA County.
- K. Donnelly commented that the proposed discussion topic of Undetectable = Untransmittable (U=U) can be stigmatizing for people living with HIV (PLWH) who cannot reach viral suppression.

Executive Committee Minutes

September 22, 2022

Page 4 of 10

6. CO-CHAIR'S REPORT

A. "Open Feedback Hour" Proposal

- B. Gordon requested holding an open feedback hour for full-body COH meetings.
- K. Donnelly commented that this would be a beneficial activity if it were a facilitated conversation during a future meeting.

B. Presidential Advisory Council on HIV/AIDS (PACHA) in Los Angeles | September 19-20, 2022

- Danielle Campbell attended the PACHA conference and shared that the discussion on HIV and aging was well done.
- K. Donnelly shared that he discussed via Public Comment, medical mistrust, the need for more outreach among public health bodies, the community health worker model, HIV and co-morbidities, and the need for the consumer voice in Ending the HIV (EHE) development.
- Alasdair Burton shared that this was his first PACHA conference. He attended discussions on workforce/workflow improvements, status-neutral approaches, and the need for support groups for PLWH.
- Jayda Arrington expressed concern with the lack of knowledge and promotion of PACHA among the public.

C. September 8, 2022 COH Meeting | FOLLOW UP + FEEDBACK

- B. Gordon brought up concerns regarding the nomination process for COH Co-Chair seats. D. Campbell expressed concern that Commissioner Joe Green was unaware of his nomination.
 - Lee Kochems requested that a workgroup convene to discuss the potential breakdown of communication and identify a process to ensure similar miscommunications are avoided in the future. B. Gordon, D. Campbell, L. Fuller, L. Kochems and J. Green to participate in the workgroup.
 - COH staff to draft a timeline of activities based on meeting recording, transcripts and email communications related to the nomination and election process to present to the workgroup.

Executive Committee Minutes

September 22, 2022

Page 5 of 10

D. October 13, 2022 COH Meeting Planning/Agenda Development

- (1) **AB 361 Discussion & Vote to Extend Virtual Meetings:** The COH will vote on whether to extend virtual meetings or resume in-person meetings at their October meeting.
- (2) **Ending the HIV Epidemic (EHE) Immigrant Latino MSM PrEP Project Presentation (CHIPTS):** CHIPTS will present on their EHE Immigrant Latino MSM PrEP Project Presentation in commemoration of National Latinx HIV/AIDS Awareness Day.
- (3) **EHE Mental Health Assessment Findings by Health Management Associates (DHSP):** DHSP will present on their EHE Mental Health Assessment Findings.

E. Member Vacancies & Recruitment

- B. Gordon reiterated that there are several vacancies on the COH. Commissioners are encouraged to recruit new applicants.

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

A. Fiscal, Programmatic and Procurement Update

- (1) **Ryan White Program (RWP) Parts A & MAI:** DHSP continues to monitor their RWP expenditures. As the year comes to an end, DHSP is closely reviewing their spending and working on cost-shifting.
- (2) **Fiscal –** *There were no updates.*
- (3) **Monkeypox Debrief | UPDATES:** There are an estimated 2,070 cases of monkeypox in LA County. DHSP is working to increase vaccinations and ensure that targeted efforts are being made to reduce racial/ethnic disparities.

8. STANDING COMMITTEE REPORTS

A. Operations Committee

(1) Membership Management

a. 2022 Renewal Memberships

- Mario Pérez, MPH

MOTION #3: *Approve Membership Application for Mario Pérez (Seat 6), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors*

✓ **Passed by roll call vote (Ayes: J. Valero, K. Nelson, L. Kochems, K. Donnelly, and B. Gordon; No: 0; Abstain: M. Perez and D. Campbell)**

Executive Committee Minutes

September 22, 2022

Page 6 of 10

MOTION #4: *Approve Membership Application for Jerry Gates (Seat 10), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors*
✓ Passed by roll call vote (Ayes: J. Valero, M. Perez, K. Nelson, L. Kochems, K. Donnelly, B. Gordon, and D. Cambell; No: 0; Abstain: 0)

b. New Membership Applications

- Arlene Frames

MOTION #5: *Approve new Membership Application for Arlene Frames (Seat 31 – Unaffiliated Consumer, Supervisorial District 5), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors*
✓ Passed by roll call vote (Ayes: J. Valero, M. Perez, K. Nelson, L. Kochems, K. Donnelly, and B. Gordon; No: 0; Abstain: D. Campbell)

- Pearl Doan

MOTION #6: *Approve new Membership Application for Pearl Doan (Seat 44 – HIV stakeholder representative #1), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors*
✓ Passed by roll call vote (Ayes: J. Valero, M. Perez, K. Nelson, K. Donnelly, B. Gordon, and D. Campbell; No: 0; Abstain: 0)

- Redeem Robinson

MOTION #7: *Approve new Membership Application for Redeem Robinson (Seat 46 – HIV stakeholder representative #3), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation for Board of Supervisors*
✓ Passed by roll call vote (Ayes: J. Valero, K. Nelson, K. Donnelly, B. Gordon, and D. Campbell; No: 0; Abstain: M. Perez)

- Andre Molette

MOTION #8: *Approve new Membership Application for Andre Molette (Seat 12 – Provider representative #2), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors*
✓ Passed by roll call vote (Ayes: J. Valero, M. Perez, K. Nelson, K. Donnelly, B. Gordon, and D. Campbell; No: 0; Abstain: 0)

Executive Committee Minutes

September 22, 2022

Page 7 of 10

- c. **Membership Application Process Workgroup:** The Operations Committee is working on finalizing their interview questions.
- d. **Attendance Awards:** The Operations Committee will discuss attendance award acknowledgements at their October meeting.

(2) Policies & Procedures

- At their September meeting, the Operations Committee voted to not accept the current 2-person per agency rule and required further discussion. The group will discuss the possibility of an exemption for unaffiliated consumers who may be affiliated with a provider.

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

- (1) **2022-2026 Comprehensive HIV Plan (CHP) Development | UPDATES:** PP&A will be discussing the first draft of the CHP at their September meeting.
- (2) **Multi-Year Reallocation Contingency Planning:** PP&A is working with DHSP to reallocate between \$5-\$6 million dollars in Ryan White funding.
- (3) **DHSP Program Directives | UPDATES:** The DHSP Program Directives will be discussed at the October PP&A meeting.

C. Standards and Best Practices (SBP) Committee

- (1) **Oral Health Service Standard: Dental Implants Addendum**
MOTION #9: *Approve the Dental Implants Addendum to the Oral Healthcare Service Standards as presented or revised, and elevate to the October 13th COH meeting – Quorum was not reached; no vote was held.*
- (2) **Transitional Case Management Service Standards | UPDATES:** The SBP Committee will continue their discussion of Transitional Case Management Service Standards at their October meeting.

Executive Committee Minutes

September 22, 2022

Page 8 of 10

D. Public Policy Committee (PPC)

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

- a. **2022 Legislative Docket | UPDATE:** The Governor has until the end of September to sign or veto bills. An update on the legislative docket will be given in October.
- b. **2022 Policy Priorities | UPDATE:** The PPC finalized their Policy Priorities at their September meeting.
- c. **COH/LA County Response to STDs | UPDATES:** The COH's "Thank You" letter to the BOS for their response to the STD crisis can be found in the meeting packet. K. Nelson noted that this is a promising start; however, funding needs to be addressed. K. Nelson suggested meeting with Health Deputies to further discuss the STD crisis.
- d. **Act Now Against Meth (ANAM) | UPDATE:** At the PPC September meeting, The Wall Las Memorias presented and shared that the ANAM coalition is awaiting a report back on the two motions set forth by the BOS regarding the response to the meth epidemic in LA County. The report is expected to be completed in December.

9. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

A. Aging Caucus

- The next Aging Caucus meeting will be on October 3rd.
- The September Aging Caucus meeting focused on further shaping the addendum to provide specific recommendations for long-term survivors under 50 and people who were perinatally infected with HIV.

B. Black Caucus – *No report provided.*

C. Consumer Caucus

- The Consumer Caucus is working on putting together a presentation on hepatitis C. The group has not yet found a speaker.
- At their last meeting, the group discussed the Ryan White Conference and is waiting for conference materials to be posted so that they can discuss their experience in further detail at their October meeting.
- The Consumer Caucus will not be meeting in November due to the COH Annual Meeting.

Executive Committee Minutes

September 22, 2022

Page 9 of 10

D. Prevention Planning Workgroup

- The Prevention Planning Workgroup (PPW) will be meeting on September 29th. The focus of their meeting will be reviewing the results of the Prevention Knowledge, Attitudes, and Beliefs (KAB) survey.

E. Transgender Caucus

- The Transgender Caucus will be meeting on September 27th. Their main topic of discussion will be on the Transgender Empathy Training that is proposed for the Annual Meeting. The group will also begin planning for their October educational session.

F. Women's Caucus

- The Women's Caucus held Part 1 of their Women Living with HIV & Sexuality Two-Part Virtual Lunch and Learn Presentation on September 21st. The event was well attended. The next session will take place on October 17th from 12:00 - 1:30. The October Women's Caucus meeting is cancelled in lieu of the presentation.

V. PRESENTATION

EHE Proposal to National Institute of Mental Health (NIMH) to Develop Interventions to Support HIV Prevention Activities with Economic Incentives

Presented by: Drs. Corrina Moucheraud and Ralph D. Landovitz, Center for HIV Identification, Prevention, and Treatment Services (CHIPTS)

- Dr. Randolph Landovitz presented on the Financially Incentivizing Strategies for HIV Prevention in High-Incidence Populations in LA County ("FISH") program. See meeting packet for presentation slides. Key points from the presentation were as follows:
 - PrEP use remains suboptimal in populations that could benefit greatly, including young people, MSM, and Black/Latinx populations. The FISH program plans to launch financial incentives to slow the spread of HIV.
 - Pre-implementation work is needed to help ensure the FISH program is designed in a way that is appealing to consumers.
 - This project aims to identify which characteristics of cash transfers for staying HIV negative are important for young, Black and Latino men who have sex with men (MSM) in LA County; identify the preferred design of a "conditional cash transfer" (CCT) intervention for staying HIV negative; and assess the pre-implementation environment for an HIV prevention CCT among key stakeholders in LA County.
 - The study team includes professionals from UCLA, APLA, and DHSP.

Executive Committee Minutes

September 22, 2022

Page 10 of 10

- The data collected from this study will be used to inform the next step: design and evaluate a CCT intervention.

VI. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP

- COH staff will do a thorough review of the COH Co-Chair nomination process and report back to the Executive Committee.

11. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- Motion #9: *Approve the Dental Implants Addendum to the Oral Healthcare Service Standards as presented or revised and elevate to the October 13th* COH will be voted on at the beginning of the October Executive Committee meeting.
- The Executive Committee will discuss the COH Co-Chair nomination process and ways to improve it. The group will decide if another election should take place.
- There will be a motion to approve the PPC's Policy Priorities document.

VII. ANNOUNCEMENTS

12. OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS *There were no announcements.*

VIII. ADJOURNMENT

13. ADJOURNMENT OF THE SEPTEMBER 22, EXECUTIVE COMMITTEE MEETING

The meeting was adjourned by B. Gordon at 3:38 PM.



2022 Virtual Annual Meeting Agenda

Planning for Action for 2023 and Beyond

Thursday, November 10, 2022

9:00AM - 4:30PM (PST)

Draft Updated 10.17.22

I.	CALL TO ORDER & ROLL CALL	9:00 AM – 9:05 AM
II.	WELCOME, OPENING REMARKS, RECOGNITION OF SERVICE, OATH OF OFFICE & MEETING OBJECTIVES	9:05 AM – 9:25 AM
	<p>Bridget Gordon and Danielle Campbell, COH Co-Chairs Oath of Office Meeting Objective: Learn about salient topics in the HIV movement and focus conversations around problem-solving and call to action.</p>	
III.	COH BUSINESS/ADMINISTRATIVE MATTERS	9:25 AM – 9:30 AM
	A. Approval of Agenda	MOTION #1
	B. Approval of Minutes	MOTION #2
	C. AB 361 Findings for the Month of December	MOTION #3
IV.	LOS ANGELES COUNTY UPDATE ON HIV AND STDs UPDATE	9:30 AM – 10:30 AM
	<p>Mario J. Pérez, MPH, Director, Division of HIV and STD Programs (DHSP) Los Angeles County Department of Public Health</p>	
V.	COMPREHENSIVE HIV PLAN (CHP) 2022-2026	10:30 AM – 11:15 AM
	<p>AJ King, Next Level Consulting, CHP Consultant Kevin Donnelly & Alvaro Ballesteros, Planning, Priorities and Allocations Committee Co-Chairs and Topic Champions</p>	
VI.	BREAK	11:15 AM – 11:30 AM
VII.	TRANSGENDER EMPATHY TRAINING	11:30 AM – 12:30 PM
	<p>Mallery Robinson, Commissioner, Alternate Xelestial Moreno & Isabella Rodriguez, Transgender Caucus Co-Chairs and Topic Champions</p>	
VIII.	LUNCH	12:30 PM – 1:00 PM
IX.	REAL TALK ON HOW TRAUMA IS REALLY AFFECTING US	1:00 PM – 1:45 PM
	<p>Bridget Gordon, Co-Chair and Topic Champion</p>	

Video Excerpt Dr. Gabon Mate

BREAK	1:45 PM-2:00 PM
X. U = U MOVING FROM AWARENESS TO FULL INTEGRATION IN HIV CARE	2:00 PM – 2:45 PM
Murray Penner, US Executive Director Danielle Campbell, Co-Chair and Topic Champion	
XI. DREAMING BIG COMMUNITY WISH LIST FOR A BETTER AND MODERNIZED RYAN WHITE CARE SYSTEM	2:45 – 3:30 PM
Katja Nelson & Lee Kochems, Public Policy Co-Chairs, Moderators and Topic Champions	
XII. REFLECTIONS Are we making progress toward our goal of ending the HIV epidemic? What should be Commission's goals and focus for the next 2 years?	3:30 – 4:00 PM
Bridget Gordon & Danielle Campbell, Co-Chairs & Luckie Alexander, Co-Chair Elect	
XIII. AWARDS & EVALUATION	4:00 – 4:15 PM
XIV. PUBLIC COMMENTS	4:15 PM – 4:30 PM
To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS .	
XII. CLOSING REMARKS, ROLL CALL & ADJOURNMENT	4:30 PM



POLICY/PROCEDURE #08.1104	Commission and Committee Co-Chair Elections and Terms	Page 1 of 8
--------------------------------------	--	--------------------

SUBJECT: The process and scheduling for Commission and Committee Co-Chair elections.

PURPOSE: To outline the steps and timing for the Commission's and standing committees' Co-Chair elections.

BACKGROUND:

- Federal Ryan White legislation mandates that all Part A jurisdictions establish local HIV planning councils to develop a comprehensive HIV plan, rank priorities and determine allocations, create standards of care, and to carry out a number of other responsibilities. The Los Angeles County Commission on HIV serves as the local Ryan White Part A HIV planning council for the Los Angeles County.
- In accordance with Ryan White rules and Ordinance 3.29 of the Los Angeles County Charter, the Commission on HIV comprises 51 voting members, meets monthly, and fulfills its various responsibilities through an open, transparent meeting process. The meetings comply with appropriate provisions of California's Ralph M. Brown Act, and are run according to Robert's Rules of Order.
- Elected leadership is necessary to represent the planning council, facilitate the meetings, and oversee planning council work, among other responsibilities. The Health Resources and Services Administration (HRSA), the federal agency responsible for administering the Ryan White Program, recommends that planning councils elect Co-Chairs for these functions. The Commission on HIV has adopted HRSA's guidance with two Co-Chairs elected by the membership.
- The Commission on HIV relies on a strong committee structure to discharge its work responsibilities. Consistent with the Commission's By-Laws, the Commission organizational structure comprises five standing committees: Executive, Public Policy (PP), Operations, Priorities, Planning, and Allocations (PP&A), and Standards and Best Practices (SBP). Except for the Executive Committee (where the Commission Co-Chairs serve as the Committee Co-Chairs), the standing committees are led by two Co-Chairs elected by the Committee membership.

Policy #08.1104: Commission and Committee Co-Chair Elections and Terms

Page 2 of 7

- The Commission Co-Chairs' duties, responsibilities, rights and expectations are detailed in *Duty Statement, Commission Co-Chair*). The Committee Co-Chairs' duties, responsibilities, rights and expectations are detailed in *Duty Statement, Committee Co-Chair*.

POLICY:

1. The Commission Co-Chairs are elected to two-year terms, and each Co-Chair seat expires in December of alternate years. Except for the Executive Committee, each of the standing committees annually elects two Committee Co-Chairs to one-year terms that expire in February. There are no limits to the number of terms to which a Commission or committee Co-Chair can be re-elected. Co-Chairs elected to fill mid-term vacancies are elected for the remaining duration of the term, until it expires.
2. The Commission Co-Chairs are considered members of all committees, and also serve as Executive Committee Co-Chairs. Committee Co-Chairs cannot serve as Co-Chair to more than one committee at a time.
3. Nominations for the vacant Commission Co-Chair seat are normally opened in August, unless unexpected circumstances arise (meeting cancellations, absence of quorum, etc.) prevent it. Nominations for the Committee Co-Chair seats are usually opened in January, following election of the Commission Co-Chairs and final committee assignments, unless otherwise delayed. Members can nominate themselves or can be nominated by other stakeholders throughout the period in which the nominations are open.
4. Except for immediate vacancies in both Co-Chair seats, nominations must be open at the monthly meeting prior to the Co-Chair elections. Unless delayed or postponed, the Co-Chair elections are held at following month's regular meeting.
5. Commission Co-Chair candidates must have at least a year's service on the Commission. At least one of them must be HIV-positive and at least one of them must be a person of color. Only Commissioners can serve as the Co-Chairs. Only Commissioners serving in their primary committee assignment may serve as Committee Co-Chairs, but at least one of the Committee Co-Chair seats must be filled by a Commissioner. Unaffiliated HIV-positive consumers are highly encouraged to seek leadership roles and run for a Commission or Committee Co-Chair seat whenever possible.
6. Co-Chairs are elected through a sequential voting process until there are only one or two candidates remaining, as need dictates. The Commission/committee must approve the final candidate(s) through a consent vote of approval or through individual roll call votes. All Co-Chairs must be elected by a majority of the voting membership. A Co-Chair candidate's failure to earn a majority vote disqualifies that member as a Co-Chair candidate for that term, closes the election for that meeting, extends the nominations period, and postpones the election to the subsequent meeting.

7. Commission and Committee Co-Chair terms are allowed to be extended to accommodate delayed meeting schedules, lack of suitable candidates, or when the body cannot determine definitive, final Co-Chair candidates. A single Co-Chair may also continue to serve, when needed, until a second Co-Chair candidate is identified and elected.

PROCEDURE(S):

1. **Terms of Office:** The Commission Co-Chairs are elected to office for staggered two-year terms. Aside from the Executive Committee, standing committee Co-Chairs are elected for two-year terms.
 - a. Commission Co-Chair terms expire in alternate years to ensure leadership continuity. The Commission Co-Chairs also serve as Co-Chairs of the Executive Committee, and serve in those roles for the duration of their tenure as Commission Co-Chairs.
 - b. The four, remaining standing committees [Public Policy (PP), Operations, Priorities Planning and Allocations (PP&A) and Standards and Best Practices (SBP)] elect their Co-Chairs for one-year terms that expire concurrently.
 - c. Commission Co-Chair terms expire in December of the calendar year, unless the November and/or December monthly Commission meeting(s) are cancelled, quorum is not achieved at the meeting at which the Co-Chair is scheduled to be elected, or by majority vote of the Commission to accommodate an extension of the Co-Chair election process.
 - d. Committee Co-Chair terms expire in February of the calendar year, but may be extended, if needed, until new Co-Chairs are elected to fill the leadership positions.
 - e. In the case of a mid-term vacancy in one of the Commission Co-Chair seats, the Commission Co-Chair is subsequently elected to fill the unfinished term resulting from the vacancy. Likewise, committee Co-Chairs elected to fill mid-term vacancies are elected for the respective unfinished terms.
 - f. Commission Co-Chairs are considered voting members of all Committees and subcommittees, but are not counted towards quorum unless present.
2. **Commission Co-Chair Election Process:** Normally—unless adjusted for unexpected circumstances—the Commission Co-Chair elections proceed according to the following schedule:
 - a. 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.
 - b. 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.
 - c. The Co-Chairs delegate facilitation of the Co-Chair election to the Parliamentarian, Executive Director or other designated staff.

- d. Commission members who have been nominated, meet the qualifications, and who accept their nominations are presented for Commission vote.
- e. The Parliamentarian (or Executive Director/staff) leads Commission voting to elect the new Commission Co-Chair.
- g. Following the new Co-Chair's election, the Commission Co-Chairs and the Executive Director must determine Commission members' final committee assignments by the end of December in order to open committee Co-Chair nominations the following month.

3. Committee Co-Chair Election Process: Normally—unless adjusted for unexpected circumstances—the committee Co-Chair elections proceed according to the following schedule:

- a. Aside from the Executive Committee (the Commission Co-Chairs serve as the Executive Committee Co-Chairs), the standing committees open candidate nominations for both Co-Chair seats at their January meetings (following final committee assignments).
- b. Nominations are closed the following month when Committee Co-Chair elections are opened under the Co-Chair reports.
- c. The current Co-Chairs delegate facilitation of the Co-Chair election to the Executive Director or another assigned staff representative.
- d. Committee members who have been nominated, meet the qualifications, and who accept their nominations are presented for Committee vote.
- e. The Executive Director (or other designated staff) leads Committee voting to elect the new Co-Chairs.
- f. The newly elected Co-Chairs begin service at the following committee meeting.

As per Robert's Rules of Order, The Commission Co-Chairs should maintain a position of neutrality and not vote in Committee co-chair elections unless there is a tie vote for a position, then they may (but are not required to) vote to break the tie.

4. Co-Chair Qualifications/Eligibility: Only voting Commissioners may serve as Commission Co-Chairs. In order to ensure leadership diversity and representation, eligible Commission Co-Chair candidates must have at least one year of service and experience on the Commission. Among the two Commission Co-Chairs, at least one of the Co-Chairs must be HIV-positive, and at least one of them must be a person of color. Additionally, it is strongly preferred that at least one of the two Co-Chairs is female.

The Commission does not impose eligibility or qualification requirements for Committee Co-Chairs, although it is strongly encouraged that nominees acquire at least one year's experience with the Committee before standing as a Co-Chair candidate.

- a. Any Committee member nominated as a Co-Chair candidate must be serving on that Committee in his/her primary Committee assignment.
- b. Only Commissioners may serve as Co-Chairs.
- b. Alternates, members serving on the committee in secondary Committee assignments, and BOS-appointed non-Commission committee members may not serve as Co-Chairs.

- 5. Co-Chair Nominations:** Outside the rare possibility of immediate vacancies in both Commission Co-Chair seats, all Commission and Committee Co-Chair elections must follow a nominations period opened at the respective body's prior regular meeting. The nominations period is designed to give potential candidates the opportunity to consider standing for election and the responsibility of assuming a leadership position. Candidates may nominate themselves or participants may nominate other members. Any stakeholder may nominate Co-Chair candidates.

Candidates can be nominated in public when the nominations are opened or any time prior to the closure of the nominations—including just prior to when the Co-Chair elections are opened at the subsequent meeting—or by contacting the Executive Director through phone, email and/or in writing at any time during the period in which nominations are open. Nominations are formally closed when the eligible candidates begin making their statements.

All Commission Co-Chair candidates nominated prior to the meeting of the Co-Chair election are given the opportunity to provide a brief (single paragraph, single page) statement about their candidacy. All Co-Chair candidates should be given the opportunity to make a short oral statement about their candidacy prior to the election.

- 6. Co-Chair Election Voting Procedures:** Co-Chairs are elected by a majority vote:
- a. Roll call voting for elections requires each voting member to state the name of the candidate for whom he/she is voting, or to abstain, in each round of votes.
 - b. If there are more than two candidates nominated for Commission Co-Chair, voting will proceed in sequential roll calls until a final candidate earns a majority of votes and is elected by a consent or roll call vote. If no candidates earn a majority of votes in a single round, the candidate earning the least number of votes will be eliminated from the subsequent round of roll call voting. The process continues until there is a majority vote for one candidate, or only one candidate remains and the others have been eliminated. Once the final candidate has been selected, the Commission must approve that candidate for the Co-Chair seat in a consent or roll call vote.

- c. When there is only one Commission Co-Chair candidate, the vote serves as approval or rejection of the nominated candidate.
 - 1) A consent vote may be used to approve the final candidate(s) for the Co-Chair seat(s). A roll call vote is not necessary for a final candidate unless there are objections to the election of the candidate.
 - d. If there are two Commission Co-Chair vacancies to fill, voting adheres to the process outlined above except that the final two candidates are identified as the final Co-Chair candidates. A consent vote may be used to approve both final candidates, but a subsequent roll call vote is necessary to identify which candidate will fill the longer term; the candidate earning more votes fills the seat with the longer term.
 - 1) A roll call vote to approve both candidates to fill the Co-Chair seats is not necessary unless there are objections to the election of one or both of the candidates.
 - 2) When there are objections to the election of one or both of the candidates, each candidate must be approved by a majority through an individual roll call vote.
 - e. If there are three or more candidates nominated for the two Committee Co-Chair seats, the same process described for Commission Co-Chair election voting (Procedure #4a) is followed. If there are only two Committee Co-Chair candidates, the Committee is entitled to unanimously accept the “slate of Co-Chair nominees”; otherwise an individual roll call vote is necessary to approve the election of each candidate to a Co-Chair seat.
 - f. In the case of a tie during the final vote, the body can re-cast its vote to accommodate changes in voting. If the body cannot resolve the tie after a new vote, the current Co-Chair(s) remain in office, voting is closed, nominations remain open until the subsequent meeting, and a new election is resumed at that meeting. The process will repeat monthly until a clear majority vote-earner is identified.
 - g. If a majority of the voting members oppose a final candidate’s/final candidates’ nominations, the current Co-Chair(s) retain their seat until the subsequent meeting, nominations remain open, and a new election is held at the next meeting. The final candidates’ whose nominations were opposed are no longer eligible to fill the seat in the current term. The process will repeat monthly until the body finds majority support for a final candidate(s).
- 7. Co-Chair Election Contingencies:** A number of factors may impede the normal Co-Chair election timelines outlined in Procedures #2, #3 and #6. Following are potential challenges that can result in process delays, and how those challenges should be resolved:
- a. Inadequate Number of Qualified Co-Chair Candidates:** The Co-Chair whose term has expired may continue in the seat with the term extended until a new Co-Chair is elected. If the Co-Chair does not choose to continue, or has resigned, a Commission or Committee Co-Chair may temporarily serve as a single Co-Chair until a second Co-Chair can be identified and elected. Co-Chair nominations will remain open indefinitely until qualified candidate(s) are identified and elected.

- b. Cancelled Meeting(s) or Quorum(s) Not Realized:** Nominations can be opened at a subsequent meeting and/or extended to accommodate the cancelled meeting(s) or absence of quorum(s). If the meeting for which the election is scheduled is cancelled or a quorum is not present, nominations remain open an additional month and the election proceeds the following month.

**NOTED AND
APPROVED:**



**EFFECTIVE
DATE:**

September 12, 2019

Original Approval:

Revision(s):10/19/16; 7/24/17; 9/12/19

Commission on Human Relations (HRC)
Los Angeles County Board of Supervisors, Executive Office
Robert Sowell, Assistant Executive Director

“Constructive Candid Conversations” Training Series Summary

Purpose & Background

On or around December 2021, at the request and direction of the Los Angeles County Commission on HIV (COH), the Commission on Human Relations (HRC) partnered with the COH to facilitate training experiences on engaging in difficult conversations around prejudicial bias, addressing the “isms”, to improve interpersonal relationships among peers and to assist in the COH’s planning for an equitable and inclusive HIV system of care.

The training series’ objective sought to provide principles and techniques for engaging in “Constructively Candid Conversations” with peers and instructive application through 30-minute sessions in monthly Commission meetings: 10-minute presentation of principle or technique and 20-minute practice/application using content from “So, You Want to Talk about Race” plus one special 90-minute training on what Implicit Bias is and how it operates. The training series kicked off at the COH’s March 19, 2021 full meeting and concluded at its meeting on May 12, 2022.

Summary

In “*So, You Want to Talk about Race*”, commentator and activist Ijeoma Oluo shared her motivation for putting her observations and recommendations in book form: “After watching so many people have so many conversations about race that went nowhere – or worse, that caused real harm.... I wanted people to understand...how to talk about race more effectively, and with more kindness.”ⁱ

Engaging in conversation about challenging issues and topics effectively and with kindness may be rare but it is possible. Dialogue that is both honest and productive is an essential element of ensuring that all voices are fully welcome in collaborating to resolve the many difficult dilemmas that confront us.



Why Some Conversations are Uncomfortably Difficult

Think about a conversation that you dreaded and perhaps avoided. As you consider your experience, you may find that your reluctance was due to personal reasons or to factors related to the topic or to the people involved or to the situation. Personal reasons that some conversations are uncomfortably difficult include uncertainty about our feelings related to the issue or topic, fear that we might lose control of our emotions, desire to avoid causing friction with others, and reluctance to admit if it turns out I'm wrong. Sometimes the difficulty is the topic itself. I might not feel confident that I know enough about the topic or issue to discuss it. Or I may want to avoid the possibility that discussing the topic could trigger recollections of traumatic experiences. Some conversations are more challenging because of the persons with whom we may need to talk. I may not be sure they are open enough about the topic or issue to have a candid conversation. I may think they will not think well of me if they know how I really feel about a topic or issue. Or I may just not want to talk with this particular person about this specific topic or issue because we do not get along or because I do not trust them. In some situations, I may not be confident that this is the right time or the right place to discuss this topic or issue.

Levels of Relationships

Conversations can be more rewarding and difficult conversations can be less daunting with persons with whom our relationships are strong and secure. What kinds of conversations we are willing to have and what topics we are willing to talk about depend greatly on the level of the relationship.

We can think of relationships in six levels of development. *Awareness* is the level at which we are conscious of another person but not in contact with them. *Acquaintance* is the level at which we acknowledge the other person using courteous, superficial communication. *Associate* is the level at which we regularly exchange information, resources, or opinions. *Colleague* is the level at which we collaborate with others to accomplish shared aims or tasks. *Friend* is the level of our connection with those with whom the relationship in and of itself is valuable to us. *Companion* is the most advanced level. This is the level of our relationship with someone with whom we share ourselves and our lives with each other in mutual support of one another's needs and aspirations.

We often feel that relationships develop and grow by magic. If so, then that magic is Trust. Trust is the magic of relationships. Trust is the food that nourishes and strengthens relationships and the fuel that moves relationships to more advanced levels.



Trust can be understood as confidence – confidence in someone’s character and competence.ⁱⁱ There are many ways we cultivate trust, build confidence, in a relationship. One way we cultivate trust is Respect which includes humility and genuine listening. Another way we build confidence in relationships is with Honesty which includes telling the truth, facing reality, and accountability for our actions including missteps, mistakes, and failure. Closely related to Honesty is Transparency which includes openness and clarity about our motives and expectations. Another tool for increasing trust in a relationship is Reliability which includes being available, being loyal, and following through on promises. Productivity that demonstrates ability by delivering results also fosters confidence. Growth in our capability and our maturity is another way we build trust. And Trust itself builds trust as we trust others with increasingly revealing self-disclosure.

Words Matter

As we grow more deliberate in cultivating deeper relationships, we acknowledge that our words matter. We all have experienced the fact that words can confuse or enlighten, cut or heal, infuriate or calm, dishearten or inspire. We experience the import and impact of words in three important ways.

First, words matter because of the type of word being used. There is a difference, for example, between adjectives and nouns. And the difference is not merely grammatical. There can be a great difference in impact. Think, for example, about the difference between calling someone a liar, a noun, and saying that something someone said is untrue, an adjective. The noun assigns a label to their identity and makes a claim about what they are. The adjective describes their action and makes a claim about something they did. Identity is lasting; action is temporary. Think about the difference in impact to call someone a racist compared to saying they have made a racist comment.

Which brings us to the second way that words matter. Words matter because of the specific word that is used. Words have meanings. Word specialists distinguish between a word’s denotative meaning and its connotative meaning. A word’s denotative meaning is the dictionary definition. Its connotative meaning is what it means in popular usage, including any positive or negative associations. The point is, for our conversations to be constructive as well as candid, we need to be aware of the words we are using and their impact. And if we are unsure of what impact different words may have, that needs to be part of the conversation. There are many words that can be thrown into conversations unthinkingly for which different people hold different understandings. Words like “liberal”, “conservative”, “progressive”, “traditional”, “patriotic”, “anarchist”, “riot”, “uprising”, and many others.



Which brings us to the third way that words matter. Words matter because of who is using the word. Words have histories. And those histories shape the impact of a word based on who is using it and why. Think, for example, about the word “redneck”. For many people the word “redneck” is not a compliment. And yet, there are comedy artists who hail from the South who have built entire personas and performances around identifying themselves as rednecks. And there are some people who claim redneck as a badge of honor and as an excuse for otherwise offensive behavior. So, it matters who is saying it. It means one thing if you identify yourself as a redneck and you are talking about yourself and your people. It means something different if you do not consider yourself a redneck and you are talking about someone else. Same word. Different impact. Depending on who is using the word.

Skills for Constructive Candid Conversations

Conversations about challenging topics and issues are much more likely to be both candid and constructive when we learn and apply key skills.

The essential first skill is Self-Management. Without Self-Management, we are much less likely to use other key skills consistently and effectively. There are two parts to Self-Management: Self-Awareness and Self-Control. Remember that our first reactions to people and topics and situations are usually emotional, not rational. And, unless we are paying attention, we can end up reacting in ways that are destructive rather than constructive. If our conversations are going to be constructive, we will want to be sure we are in control by choosing how we respond rather than reacting without really thinking about it. One helpful way to practice Self-Management is connected to the word “P.A.U.S.E.”: Pay attention to your reactions (sensations, emotions, assumptions, biases); Acknowledge your feelings and judgements; Understand that you can choose different responses; Select your preferred response; and emphasize individual uniqueness rather than categorical stereotypes.

When we are exercising effective Self-Management, we are better able to use the second key skill for constructive candid conversations: Listening to Understand. Many of us much of the time listen to answer or to judge, not to understand. Listening to Understand focuses on comprehending as fully as possible what the other person wants to communicate to us. Three crucial tools for Listening to Understand are Attention, Questions, and Empathy. One of the proven ways to focus our attention is by periodically rephrasing the content and reflecting the emotions. It also is very helpful to use open-ended questions as much as possible. Open-ended questions do not direct or limit how they will be answered. Empathy also is a vital part of Listening to Understand. Empathy is not the same as sympathy and is not projecting our story on to another person’s experience. And empathy does not require that we agree with or mean



that we condone another person's actions. Empathy is imagining what the other person is experiencing. We share what we imagine is happening from their perspective and ask them to confirm or correct our understanding. We know that we are successfully Listening to Understand when we describe the situation, topic, or issue in a way that the other person acknowledges is accurate.

Of course, conversation consists of communication in both directions. So Constructive Candid Conversations require that we respond to what we understand. For the conversation to be constructive it is imperative that when we respond, we do so without attacking. This may not be our reflex. But it is essential if our aim is conversation. Responding without Attacking begins with identifying shared values, what we agree on, before exploring our differences. Then we can share perspective or experience that differs from what the other person has described. Our response needs to include requesting specific action, either to collaborate on an investigation or project or for the other person to behave in a different way.

Conclusion

Celeste Headlee, in her book titled *We Need to Talk: How to Have Conversations that Matter*, observed that "At its best, conversation is a potent force for good. But when it goes wrong, that force can be equally damaging, equally harmful."ⁱⁱⁱ With reflection and practice we can be more confident in ensuring our conversations are a force for good. These principles and practices are useful tools for helping us get better at conversing about challenging topics and issues in ways that are both candid and constructive.

ⁱ Oluo, Ijeoma. *So you want to talk about race*. NY: Seal Press, 2019.

ⁱⁱ Covey, Stephen M. R. *The Speed of Trust*. NY: Free Press, 2006.

ⁱⁱⁱ Headlee, Celeste. *We Need to Talk: How to Have Conversations that Matter*. London: Piatkus, 2017.





Motion #3

Mary Cummins

HIV Stakeholder #5 Seat

(Membership Application on file)



BYLAWS REVIEW GUIDANCE and ESTIMATED TIMELINE

What is Our Goal?

Review the 2013 Bylaws to make sure they are relevant and are in alignment with current federal, state and county policies, procedures, and practices. Moreover, to ensure the Bylaws continue to reflect the Commission's overall Vision and Mission.

What are Bylaws & Why Are they Important?

The purpose of Bylaws is to define the structural, governance, operational and functional responsibilities, and requirements of the Los Angeles County Commission on HIV.

Bylaws are essentially an expansion of the Commission's Ordinance ([Los Angeles County Code, Title 3—Chapter 29](#)). They describe in detail the procedures and steps the Commission must follow to conduct business effectively and efficiently, and in accordance with our Vision and Mission.

What's the Difference Between an Ordinance, Bylaws and Policies?

Ordinance. An ordinance is an authoritative and legislative act by the County; it established the Commission and governs its activities and operations. Local ordinances carry the state's authority and have the same effect within the County's limits as a state statute. Once adopted according to statutory process, ordinances become legally enforceable local laws.

Bylaws. While policies pertain to the details, the bylaws are high-level. Bylaws take precedence over policies, and policies must be in harmony (not conflict) with the bylaws. Bylaws are essentially an expansion of the Ordinance. They describe in detail the procedures and steps the organization must follow to conduct business effectively and efficiently.

Policy. A policy is a course of action, guiding principle, procedure, or strategy that is adopted by a body. Policies are executive in nature and are oriented inwards to guide internal decision-making processes. Generally, policies apply to employees, town facilities or the public body itself. A policy is designed to influence and determine decisions while conducting certain municipal affairs.



What Should I Know About Our Current Bylaws?

The Bylaws, in conjunction with the Ordinance, were last updated July 11, 2013, because of the Commission’s integration into a HIV prevention, care, and treatment planning body. The process involved extensive cross-collaboration from Commissioners, DHSP, HRSA, the former Prevention Planning Committee (PPC), County Counsel, Executive Office of the Board, Board of Supervisors, and members of the public. Key updates to the 2013 Bylaws included six (6) additional membership seats; HIV Stakeholder seat classification; CDC guidance, i.e., PIR; HIV prevention language, persons at risk for HIV as a membership qualifier, and Conflict of Interest language.

The Commission has the power to amend or revise Bylaws at any meeting so long as there is quorum, provided that written notice of the proposed change(s) is given at least ten days prior to the meeting. Equally important, Bylaws *cannot* conflict with the Commission’s Ordinance, which establishes the Commission and governing its activities and operations, **or** with CDC, Ryan White, and HRSA requirements. (Bylaws, “XVI. Amendment”, p.20) Add that any change in ordinance and bylaws, take time and refer to the timeline. I know the long process is noted in the document later but it’s good to acknowledge upfront and repeat to underscore message.

What is our Legislative Duty When It Comes to Bylaws?

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.”

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.”

What Should I Consider When Reviewing the Bylaws for Updates?

Updating the Bylaws will require an extensive review process. Review and subsequent approvals must be secured by HRSA, DHSP, County Counsel, Executive Office of the Board, Board of Supervisors, the Commission, and the public at large via a Public Comment period. This process can take up to or exceed one year.

Given the nature and extensiveness of this process, the Bylaws must be reviewed and updated it’s in *entirety*, from a holistic lens versus through a “piecemeal” process to have a full scope perspective and to preserve the integrity of the document and process.

It will be important to understand the historical context of the current Bylaws as well as asking the following guiding questions:

1. What is the root cause or reason for the change; ask “why” at least five times until the Committee has reached the root cause(s) and reason(s) for the change.
2. What is the change attempting to address and why?
3. What are the short-term and long-term impacts of the change?
4. Describe the event or situation that prompted the change?
5. Are there other ways to solve or address the issue besides a change? If so, describe.



Where Should We Start?

Recommended

- Kick-off 2023 with primary focus on reviewing and updating the Bylaws by adding it as priority task for 2023-2024 workplan
- Operations Committee to review current Bylaws and provide suggested changes by December 2022
- Form a cross-collaborative Bylaws Review Workgroup, inviting a member from each Committee and Consumer Caucus
- Establish a timeline to include the following *required* review/approval:
 1. Operations Review and Analysis of Bylaws Changes (3 to 4 months)
 2. DHSP Buy-in Review (3 to 4 months)
 3. HRSA Review (4 to 5 months)
 4. BOS, Executive Office Review (3 to 4 months)
 5. County Counsel (3 to 4 months)
 6. Ops, Exec, and COH Approval (5 to 8 months)
 7. 30 Day Public Comment Period
 8. Revisions to bylaws based on public comments received and follow necessary approval process (4 to 5 months)
 9. BOS Approval (4 to 5 months)



ORAL HEALTH CARE SERVICE STANDARD ADDENDUM

**Approved by the Standards and Best Practices Committee on 9/6/22.
For approval by the Executive Committee.**

I. INTRODUCTION

The purpose of the addendum is to provide specific service delivery guidance to Ryan White Part A-funded agencies regarding the provision of dental implants. The service expectations are aimed at creating a standardized set of service components, specifically for dental implants. Dental implants are an oral health care procedure and not a specialty service. Subrecipients funded by the Los Angeles County Division of HIV and STD Programs (DHSP) must adhere to all service category definitions and service standards for which they are funded.

II. BACKGROUND

On February 24th, 2022, the Los Angeles County Commission on HIV convened an Oral Health Care subject matter expert panel to discuss an addendum to the EMA's Oral Health Care service standard specifically to address dental implants. The panel consisted of dental providers and dental program administrators from agencies contracted by the Division on HIV and STD Programs (DHSP) to provide dental and specialty dental services under the Ryan White Program Part A. Among the participating agencies, there were the UCLA School of Dentistry, USC School of Dentistry, Western University, AIDS Healthcare Foundation, and Watts Health.

III. SUBJECT MATTER EXPERT PANEL FINDINGS AND RECOMMENDATIONS

Recommendations for improving dental implant services for Ryan White Part A specialty dental providers:

- a. Support and reinforce patient understanding, agreement, and education in the patient's treatment plan.
- b. Ensure patient understanding that dental implants are for medical necessity (as determined by the dental provider through assessments and evaluation) and would lead to improved HIV health outcomes
- c. Reinforce that RW funds cannot be used to provide dental implants for cosmetic purposes.
- d. The treatment plan should be signed by both patient and doctor.
- e. Engage and collaborate with the Consumer Caucus to revisit and strengthen the "Consumer Bill of Rights" document and consider reviewing the client responsibilities section to ensure it addresses the client's service expectations and the service provider's capacity to meet them within the limits of the contractual obligations as prescribed by DHSP.
- f. Review the referral form(s) providers use to refer patients to specialty dental services
- g. Develop a standard form/process referring providers can complete when referring
- h. Train referring dental providers on how to adequately complete referral forms to allow more flexibility in treatment planning for receiving specialty dental providers.

- i. Recommend that dental providers complete training modules and access training resources available on the Pacific AIDS Education and Training (PAETC) website.

IV. HEALTH RESOURCES SERVICE ADMINISTRATION (HRSA) SERVICE CATEGORY DEFINITION FOR ORAL HEALTH CARE SERVICES¹

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants

V. PROGRAM SERVICE CATEGORY DEFINITION FOR ORAL HEALTH CARE SERVICES

Service Considerations (as listed on 2015 Oral Healthcare Service Standards) Oral healthcare services should be an integral part of primary medical care for all people living with HIV. Most HIV-infected patients can receive routine, comprehensive oral healthcare in the same manner as any other person. All treatment will be administered according to published research and available standards of care (for additional information please see: [Oral Health Care Standards of Care](#)).

VI. PROPOSED ORAL HEALTHCARE SERVICE ADDENDUM REGARDING DENTAL IMPLANTS

General Consideration: There is no justification to deny or modify dental treatment based on the fact that a patient has tested positive for HIV. Further, the magnitude of the viral load is not an indicator to withhold dental treatment for a patient. If, however, a patient’s medical condition is compromised, treatment adjustments, as with any medically compromised patient, may be necessary.

SERVICE COMPONENT	STANDARD	DOCUMENTATION
EVALUATION/ASSESSMENT	Obtain a thorough medical, dental, and psychosocial history to assess the patient’s oral hygiene habits and periodontal stability and determine the patient’s capacity to achieve dental implant success and the possibility of dental implant failure.	Client Chart/Treatment Plan/Provider Progress Notes
	Clinician, after patient assessment, will make necessary referrals to specialty programs including, but not limited to smoking cessation programs; substance use treatment; medical nutritional therapy, thereby increasing patients’ success rate for receiving dental implants.	
	The clinicians referring patients to specialty Oral Healthcare services will complete a referral form, educate the patient, and discuss treatment plan alternatives with patient.	

¹ HRSA Policy Clarification Notice (PCN) #16-02

TREATMENT PLANNING AND ORAL HEALTH EDUCATION	The receiving clinician will review the referral, consider the patient’s medical, dental, and psychosocial history to determine treatment plan options that offer the patient the most successful outcome based on published literature. The clinician will discuss with patient dental implant options with the goal of achieving optimal health outcomes.	Referral in Client Chart/Treatment Plan/Provider Progress Notes
	The clinician will consider the patient's perspective in deciding which treatment plan to use.	Client Chart/Treatment Plan/Provider Progress Notes
	The clinician will discuss treatment plan alternatives with the patient and collaborate with the patient to determine their treatment plan.	Client Chart/Treatment Plan/Provider Progress Notes
	The clinician and the patient will revisit the treatment plan periodically to determine if any adjustments are necessary to achieve the treatment goal.	Client Chart/Treatment Plan/Provider Progress Notes
	The clinician will educate patients on how to maintain dental implants and the importance of routine care.	Client Chart/Treatment Plan/Provider Progress Notes

VII. REFERENCES

- a. Rubinstein, N.C., Jacobson, Z., McCausland, G.L. et al. Retrospective study of the success of dental implants placed in HIV-positive patients. *Int J Implant Dent* 5, 30 (2019). <https://doi.org/10.1186/s40729-019-0174-6>Ata-Ali J, Ata-Ali F, Di-Benedetto N, Bagán L, Bagán JV. Does HIV infection have an impact upon dental implant osseointegration? A systematic review. *Med Oral Patol Oral Cir Bucal*. 2015 May; 20(3): e347–e356. Link: [Does HIV infection have an impact upon dental implant osseointegration? A systematic review \(nih.gov\)](#)
- b. Sivakumar I, Arunachalam S, Choudhary S, Buzayan MM.J Does HIV infection affect the survival of dental implants? A systematic review and meta-analysis.
- c. *J Prosthet Dent*. 2021 Jun;125(6):862-869. Link: [Does HIV infection affect the survival of dental implants? A systematic review and meta-analysis - ScienceDirect](#)
- d. Vidal F, Vidal R, Bochnia J, de Souza RC, Gonçalves LS. Dental implants and bone augmentation in HIV-infected patients under HAART: Case report and review of the literature. *Spec Care Dentist*. 2017 May;37(3):150-155. Link: [\(PDF\) Dental extraction in patients with HIV/AIDS: report of two cases \(researchgate.net\)](#)
- e. Aghaloo T, Pi-Anfruns J, Moshaverinia A, Sim D, Grogan T, Hadaya D. The Effects of Systemic Diseases and Medications on Implant Osseointegration: A Systematic Review. *Int J Oral Maxillofac Implants*. 2019 Suppl;34:s35-s49. Link: [The Effects of Systemic Diseases and Medications on Implant Osseointegration: A Systematic Review - PubMed \(nih.gov\)](#)
- f. Lemos CAA, Verri FR, Cruz RS, Santiago Júnior JF, Faverani LP, Pellizzer EP. Survival of dental implants placed in HIV-positive patients: a systematic review. *Int J Oral Maxillofac Surg*. 2018 Oct;47(10):1336-1342. Link: [PRIME PubMed | Survival of dental implants placed in HIV-positive patients: a systematic review \(unboundmedicine.com\)](#)

- g. Rubinstein NC, Jacobson Z, McCausland GL, Dibart S. Retrospective study of the success of dental implants placed in HIV-positive patients. *Int J Implant Dent.* 2019 Jun 13;5(1):30. Link: [Retrospective study of the success of dental implants placed in HIV-positive patients. - Abstract - Europe PMC](#)
- h. Sabbah A, Hicks J, MacNeill B, Arbona A, Aguilera A, Liu Q, Gelfond J, Gardner W. A retrospective analysis of dental implant survival in HIV patients. *J Clin Periodontol.* 2019 Mar;46(3):363-372. Link: [A retrospective analysis of dental implant survival in HIV patients. - Abstract - Europe PMC](#)
- i. Neumeier TT, Reddy M, Geurs N, Hill J, Neumeier H.J Longitudinal Study of Dental Implants in HIV-Positive Patients. *Prosthodont.* 2021 Sep 8. doi: 10.1111/jopr.13421. Online ahead of print.PMID: 34496113. Link: [Implants in HIV patients | British Dental Journal \(nature.com\)](#)
- j. Oliveira MA, Gallottini M, Pallos D, Maluf PS, Jablonka F, Ortega KL. The success of endosseous implants in human immunodeficiency virus-positive patients receiving antiretroviral therapy: a pilot study. *J Am Dent Assoc.* 2011 Sep;142(9):1010-6. Link: [The success of endosseous implants in human immunodeficiency virus-positive patients receiving antiretroviral therapy: a pilot study. \(medscape.com\)](#)
- k. Prevalence of periodontitis, dental caries, and peri-implant pathology and their relation with systemic status and smoking habits: Results of an open-cohort study with 22009 patients in a private rehabilitation center. de Araújo Nobre M, Maló P. *J Dent.* 2017 Dec;67:36-42. Link: [Prevalence of periodontitis, dental caries, and peri-implant pathology and their relation with systemic status and smoking habits: Results of an open-cohort study with 22009 patients in a private rehabilitation center - ScienceDirect](#)
- l. Oliveira MA, Pallos D, Mecca F, Ortega KL, Gallottini M, Costa AL, Kim YJ, Martins F. Dental implants in patients seropositive for HIV: A 12-year follow-up study..*J Am Dent Assoc.* 2020 Nov;151(11):863-869. Link: [Dental implants in patients seropositive for HIV: A 12-year follow-up study - PubMed \(nih.gov\)](#)
- m. Guobis Z, Pacauskiene I, Astramskaite I. General Diseases Influence on Peri-Implantitis Development: a Systematic Review. *J Oral Maxillofac Res.* 2016 Sep 9;7(3):e5. Link: [General Diseases Influence on Peri-Implantitis Development: a Systematic Review - PubMed \(nih.gov\)](#)
- n. Sivakumar I, Arunachalam S, Choudhary S, Mahmoud-Buzayan M, Tawfiq O, Sharan. Do Highly Active Antiretroviral Therapy Drugs in the Management of HIV Patients Influence Success of Dental Implants? *J.AIDS Rev.* 2020;22(1):3-8. Link: [Do Highly Active Antiretroviral Therapy Drugs in the Management of HIV Patients Influence Success of Dental Implants? - PubMed \(nih.gov\)](#)
- o. Vidal F, Peres RV, de Souza RC, Gonçalves C, Pavan P, Gonçalves LS. Dental implants in individuals living with HIV-1: Results from a prospective study in patients undergoing highly active antiretroviral therapy. *Spec Care Dentist.* 2021 Sep 19. doi: 10.1111/scd.12646. Online ahead of print. Link: [Dental implants in individuals living with HIV-1: Results from a prospective study in patients undergoing highly active antiretroviral therapy - Vidal - - Special Care in Dentistry - Wiley Online Library](#)
- p. Naujokat H, Kunzendorf B, Wiltfang J. Dental implants and diabetes mellitus-a systematic review. *Int J Implant Dent.* 2016 Dec;2(1):5. Link: [Dental implants and diabetes mellitus-a systematic review - PubMed \(nih.gov\)](#)
- q. Jiang X, Zhu Y, Liu Z, Tian Z, Zhu S. Association between diabetes and dental implant complications: a systematic review and meta-analysis. *.Acta Odontol Scand.* 2021 Jan;79(1):9-18. Link: [Association between diabetes and dental implant complications: a systematic review and meta-analysis - PubMed \(nih.gov\)](#)