LOS ANGELES COUNTY
COMMISSION ON HIV

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BYLAWS REVIEW TASKFORCE

Virtual Meeting

Monday, July 10, 2023
3:00-4:30PM (PST)

Agenda and meeting materials will be posted on our website at https://hiv.lacounty.gov/meetings/ *Other Meetings

The Bylaws Review Taskforce extends a warm welcome to members of the public to actively participate in the review process of the Commission's bylaws. This inclusive approach aims to ensure that the bylaws remain relevant and aligned with current federal, state, and county policies, procedures, and practices. Additionally, it seeks to ensure that the bylaws continue to accurately reflect the Commission's overarching Vision and Mission.

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LOS ANGELES COUNTY
COMMISSION ON HIV

BYLAWS REVIEW TASKFORCE

VIRTUAL MEETING AGENDA

Monday, July 10, 2023 @ 3:00-4:30PM

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Members:
Everardo Alvizo (Co-Chair), Alasdair Burton (Co-Chair), Pearl Doan, Kevin Donnelly, Arlene Frames, Luckie Fuller, Bridget Gordon, Joe Green, Dr. William King, Lee Kochems, Mario J. Peréz, Ricky Rosales, & Justin Valero

1.	CO-CHAIR WELCOME & INTRODUCTIONS	3:00PM-3:05PM
2.	ED/STAFF REPORT	3:05PM-3:15PM
	• HRSA Site Visit Findings	
	• County Counsel Guidance	
3.	CO-CHAIRS REPORT	3:15PM-3:25PM
	• June 14, 2023, Meeting Recap	
4.	DISCUSSION	3:25PM-4:15PM
	• Review Bylaws Tracker and Corresponding Language in Bylaws & Ordinance	
5.	NEXT STEPS	4:15PM-4:25PM
6.	AGENDA DEVELOPMENT & SCHEDULE FOR NEXT MEETING	4:25PM-4:30PM
7.	ADJOURNMENT	4:30PM

Current Bylaws Can Be Accessed Here

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

Approved by COH 6/8/23

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

BYLAWS REVIEW TASKFORCE (BRT)
SUMMARY FOR JUNE 14, 2023 VIRTUAL MEETING

The BRT is a closed membership body and is not subject to the Brown Act. Meetings are open to the public unless otherwise indicated. Meeting materials can be found on the Commission's website here.

Taskforce Members:

Everardo Alvizo (Co-Chair), Alasdair Burton (Co-Chair), Pearl Doan, Kevin Donnelly, Arlene Frames, Luckie Fuller, Bridget Gordon, Joe Green, Dr. William King, Lee Kochems, Mario J. Peréz, Ricky Rosales, & Justin Valero.

CO-CHAIR WELCOME & INTRODUCTIONS. Co-Chairs, Everardo Alvizo and Alasdair Burton opened the meeting and led introductions. E. Alvizo, A. Burton, P. Doan, K. Donnelly, A. Frames, J. Green, L. Kochems, M. Peréz and R. Rosales were in attendance. Commission staff Cheryl Barrit and Dawn Mc Clendon were also in attendance.

CO-CHAIR REPORT

a. May 24, 2023 Meeting Recap. E. Alvizo led the BRT through the May 24th meeting recap and supporting documentation which can be found in the meeting packet.

- The BRT agreed to withhold outreach to the selected County commissions until there is a clear understanding of the COH's function. Instead, as a baseline, it was decided that these commissions would be utilized as a resource as needed, and the BRT would actively monitor activities of the commissions to identify areas where their work intersects with the responsibilities of the COH.
- Staff shared that they have already begun reaching out to key commissions, i.e., Mental Health Commission, Public Health Commission, and the Alcohol & Other Drugs Commission to identify & discuss opportunities for collaboration.
  - Add newly approved LGBTQ+ Commission and the County's "Care with Pride" Gender Health Program to the list of key partners for future collaboration.
- M. Peréz shared that although DHSP may not have direct collaboration with other County commissions, they do engage with several County agencies that have overlapping areas of responsibility. M. Peréz specifically mentioned County agencies such as the Center for Healthy Communities, Alliance for Health Integration, Substance Abuse Prevention & Control (SAPC), Department of Public Health, Department of Mental Health, among others, which can serve as conduits, facilitating coordination and cooperation on shared objectives.

- In response to a question regarding whether there is an active Memorandum of Understanding (MOU) between DHSP and the COH as prescribed in the HRSA legislation, it was shared that the MOU is tied to the budget and serves more as an operational function and not central to the responsibility of the BRT.

DISCUSSION

a. "Form follows Function": What is the function of the Commission? Establish mission and goal

- As a baseline, it was agreed that the COH serves a dual role – one as a Ryan White Program planning body (PB) which has legislative mandates, and the other role as a county commission which is an advisory mechanism to the Board of Supervisors on HIV-related matters. The group agreed that this is an opportunity to redefine who the COH is as a PB.
- As a starting point, the group agreed to assess what worked and what didn't work as a result of the integration which prompted the last revision to the bylaws, and received the following feedback from R. Rosales:
  - ✓ *What worked*? The COH was able to exchange ideas from non-traditional HIV stakeholders whose work touched ours. As a result, the COH was able to receive input and provide feedback on matters related to STIs and social determinants of health (SDOH), i.e., housing, substance use.
  - ✓ *What didn't work*? Overly ambitious in trying to address multiple competing priorities at once, i.e., STIs, HIV, SDOH, etc. Also, membership too large; difficult to move the work forward in an effectively responsive manner.
- M. Peréz provided clarification in response to the question of whether HRSA's initiatives around a status neutral approach replaces the RWP as being the payor of last resort and strongly emphasized that the RWP is a legislative benefit only to those living with HIV. While there is an exception via the Early Intervention Service (EIS) for those whose status is unknown, once status is determined and if negative, they no longer are RWP eligible. M. Peréz expressed doubt as to whether HRSA will have an appetite to change this funding requirement soon.
- Addressing the functionality of the COH, it was noted that now we are in a Priority Setting & Resource Allocation (PSRA) multi-year cycle, the COH is required to weigh in and make decisions every few years. Additionally, most of the COH work is done at the committee level and what seemingly is the only function of full body meetings is to vote and report out on the work of the committees.
- Concerns were expressed regarding composition of membership and meeting frequency/cycle which included:
  - ✓ Does the COH need 51 members to meet its legislative mandates? No.
  - ✓ Not everyone is actively engaged in planning activities.

- ✓ Ongoing challenges in achieving required 33% unaffiliated consumer participation
- ✓ No need to have 10-12 monthly meetings to make decisions which was prescribed in bylaws ten years ago; the HIV landscape has changed, and the work is not changing at the same rate as it was ten years ago.
- ✓ There is a lot of time preparing for and attending meetings that are inefficient. Lack of meaningful dialogue – protracted communication.
- ✓ Key stakeholders who have expertise are not at the table, i.e., Medicaid, health systems, etc. As a suggestion, rather than requiring formal representation, invite these stakeholders to a twice a year.
- HIV is still being treated and, in some spaces, promoted, as a "gay" disease and messaging should be in alignment in treating HIV as a chronic disease, i.e., diabetes, cancer, versus a STI as there is still a lot of stigma around STIs.

- The group agreed that to determine or redefine the functionality and/or structure of the COH requires a much heavier lift, involving a broad representation of stakeholders and were reminded that the BRT was directed by the Executive Committee to only "review" the current bylaws for updates, especially in light of HRSA's site visit in February 2023.
- As a result, the BRT agreed to focus on reviewing the bylaws by focusing on areas of concerns provided in the "tracker". This approach aims to provide an effective remedy for the task assigned and ensure that the issues are appropriately resolved. Thereafter, a much larger effort will be initiated to address the functionality and structure of the COH as a whole.
  - ➢ Suggestion: Hire a consultant, a neutral party, to conduct an organizational assessment to determine most effective pathway for COH.
- Staff cautioned the BRT that specific updates may trigger an ordinance change, which would require review and approval from the Executive Office, County Counsel, and the Board of Supervisors. To expedite the process, staff will consult with County Counsel to determine if it is possible to proceed with bylaw changes that trigger an ordinance change without temporarily revising the ordinance itself. This approach aims to maintain momentum in the process while ensuring compliance with necessary procedures.

NEXT STEPS

- ✓ BRT to review the bylaws for updates, focusing on areas of concerns listed in the tracker.
- ✓ BRT members to review the tracker and corresponding items in the bylaws in advance and come prepared to offer 3-5 recommendations at the next meeting.
- ✓ COH staff to consult w/ County Counsel regarding bylaws and ordinance revision process
- ✓ COH staff to send out Doodle Poll to schedule next meeting.
- ✓ REMINDER: BRT members to provide meeting updates at all committee and subordinate working unit meetings and use meeting summaries as talking points for consistent messaging.

AGENDA DEVELOPMENT FOR NEXT MEETING

- Review/recap June 14 Meeting Summary
- Review tracker and corresponding language in bylaws & ordinance

LOS ANGELES COUNTY
COMMISSION ON HIV

BYLAWS/ORDINANCE REVIEW TRACKER
Updated 6.27.23

The following information has been compiled from Commission discussions and 2023 HRSA site visit findings.

"Commission Bylaws Approval: The Commission's Bylaws must be amended accordingly following amendments to the Ordinance. Amendments or revisions to these Bylaws must be approved by a two-thirds vote of the Commission members present at the meeting, but must be noticed for consideration and review at least ten days prior to such meeting (see Article XVI)." July 11, 2013 Bylaws.

AREA OF CONCERN	RECOMMENDATION	REFERENCES	ORDINANCE TRIGGER	NOTES/COMMENTS
Stipends for Unaffiliated Consumer (UC) Members	Increase max $ of monthly stipends to UCs *current max $150 per month	Ordinance 3.29.080 Compensation Bylaws Section 5. Commission Member Compensation	YES	Staff polled other jurisdictions; we are one of very few jurisdictions that offer stipends; refer to compilation of feedback doc. I.e., Oregon assigns an $ amount to various meeting/event types.
Meeting Frequency	Reduce the number of required Commission meetings per year	Ordinance 3.29.060 Meetings and committees Bylaws Section 5. Regular meetings	YES	Bylaws and Ordinance currently state that the Commission must meet a minimum of 10x per year barring cancellation by COH Co-Chairs and/or EXEC Committee.
DHSP Staff, Membership & Voting Status	Per HRSA, remove DHSP representation on membership and from voting deliberations.	Ordinance 3.29.060 Meetings and committees		"Lack of compliance with the requirement to ensure separation of Planning Council and recipient roles. The Director of DHSP, who also functions as a CEO designee for the jurisdiction, is a voting member of the

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Rockville, MD 20857
HIV/AIDS Bureau

June 8, 2023

Dr. Micheal Green
Principal Investigator
Chief, Planning, Development, and Research
Ryan White HIV/AIDS Program, EHE
600 South Commonwealth Avenue, Fl 10
Los Angeles, California 90005-4049

Dear Dr. Michael Green,

Re: RWHAP Part A Grant #H89HA00016, EHE Grant#UT8HA33928

Thank you, your staff, and the Ryan White HIV/AIDS Program (RWHAP) Part A and the Ending the HIV Epidemic (EHE) Initiative community for a successful County of Los Angeles Public Health Department Division of HIV and STD Program (DHSP) joint comprehensive site visit conducted on February 14-17, 2023.

The joint site visit provided the team with an opportunity to conduct a full operational assessment of your RWHAP Part A and EHE programs fiscal and administrative systems and processes, as well as the Clinical Quality Management (CQM) Program, Data/Evaluation, to ensure compliance with all statutory and programmatic requirements. The team focused on areas for clinical, financial, data/evaluation and administrative performance improvement. The visit also allowed the team to identify exemplary components of your program, findings that require a corrective action plan, as well areas for improvement.

Enclosed is a copy of the final Part A site visit report. The Part A site visit report includes:

1. Legislative findings: issues that are based on a legislative requirement and require a formal response. Your report includes eight legislative findings; five are administrative and three are fiscal related.

2. Programmatic findings: issues tied to the Health Resources and Services Administration's program requirements and expectations requiring a formal response. Your report includes one programmatic finding in clinical quality management (CQM).

3. Improvement option findings: issues related to best practices and offered as suggestions for ways to enhance program operations and increase program efficiency and/or effectiveness. Improvement options do not require a formal response but may be discussed during monitoring.

Each finding is followed by a recommendation that is intended to help you improve or correct each finding. You will be required to prepare a corrective action plan (CAP) addressing the findings and recommendations, which is due within 30 days of receipt of the enclosed report. The CAP will be completed and submitted through an Electronic Health Handbook (EHB) submission process.

I will schedule a post-site visit conference call within the next two weeks to discuss any questions you have about the report, as well as the procedure for submitting your CAP. Going forward, I will monitor your progress for implementing the corrective actions during scheduled monitoring calls.

Thank you again for your assistance during the site visit. I commend you for your continued efforts to plan for and provide quality services to people with HIV in your area. Please contact me at 301-443-1917 or by e-mail at BYaghmaei@hrsa.gov, if you have any questions.

Sincerely,

Babak Yaghmaei, MPH
Project Officer
Western Branch
Division of Metropolitan HIV/AIDS Programs (DMHAP)

RYAN WHITE PART A SUBRECIPIENT SITE VISIT LOS ANGELES EMA

FEBRUARY 14-17, 2023

PLANNING COUNCIL

Summary of Planning Council/Body (Part A only): Los Angeles EMA established the Los Angeles (LA) Commission on HIV, a community planning body responsible for assessing the needs of people with HIV, establishing service priorities, and allocating grant funds. The commission is comprised of 37 representatives, including seven unaffiliated client representatives. The commission has formal bylaws, policies/procedures, and several standing committees: Executive, Operations, Standards and Best Practices, Planning, Priorities, and Allocation and Public Policy.

The LA commission also has various caucuses: Consumer Caucus, Black/African American Caucus, Women's Caucus, Transgender Caucus, and Aging Caucus. Los Angeles County has a designated LA Commission on HIV website www.hiv.lacounty.org. It is comprehensive and contains information on membership recruitment, bylaws, assessment of the administrative mechanism, service standards, committees/caucuses, grievance procedures, and membership application.

The commission strongly emphasizes member recruitment/retention, as evidenced by meeting minutes and focused membership drive activities. The commission also has a member reimbursement policy and a mentoring program to help acclimate new members and ensure their attendance/participation. The commission's Executive Committee's interaction with HRSAHAB's site visit team was substantive and enthusiastic. The commissioners were engaged, candid, and well-versed on the issues of requirements, operations, HIV service needs, available resources, and their unique challenges. Executive Committee members demonstrated a strong sense of commitment and dedication to the needs of people with HIV in the Los Angeles EMA area.

At the request of the LA Commission on HIV Consumer Caucus, the HRSA HAB's site visit team hosted a listen-only session on February 16, 2023. The session summary is uploaded as a separate document for the Project Officer's review. Summary of Persons with Lived Experience/Community Meeting: The people with lived HIV experiences panel consisted of six participants who self-identified their gender and race: one woman, five men, one Hispanic/Latinx, one African American and four White. Five participants were between 51 to 65 years. One participant reported being between 20-65 years. The number of years receiving HIV care ranged from 6 to 21 years. Participants reported receiving medical care, oral health, mental health, housing, emergency financial assistance, food, and medication assistance. All participants stated the providers generally well protected their confidentiality/privacy.

Most clients reported being aware of the formal grievance process at their agencies. Identified as most important services were medical, oral health, housing, and food. Identified concerns and unmet needs included dealing with non-HIV medical issues, such as diabetes, hypertension, and cancer. Homelessness, lack of housing options, and stigma were identified as significant barriers that impact clients' ability and willingness to access/remain in HIV care and support services. These barriers ultimately lead to poor viral suppression, negative overall health, and negative quality of life outcomes. Additional reported challenges included: health disparities in communities of color, mental health, financial assistance, better case management, status neutral housing, and the need to streamline the

system. Overall, participants were satisfied with the medical care and support services. They gave a rating of 7.9 out of 10 for the overall quality of RWHAP Part A services in the LA EMA service area. In addition, some participants expressed gratitude and appreciation for the services they received. The site visit team participated in a listen-only session at the request of the LA Commission on HIV Consumer Caucus. The summary of this session is captured in Appendix A at the end of this report. III. Finding Categories for Review: The information below provides guidance on the meaning of each option. applicable = this section is not part of the site visit and therefore not reviewed.

Finding identified = The recipient does not currently comply with a legislative requirement and/or programmatic expectation of the Ryan White HIV/AIDS Program (RWHAP). All identified findings must be addressed via a corrective action plan (CAP).

• Improvement Options: (optional) Any area of the program that complies with legislative and programmatic requirements of the program at a satisfactory level but was identified to have the capacity to improve.

• Program Strengths (optional): Any area of the program that complies with legislative and programmatic requirements of the program beyond a satisfactory level.

A. Administration: Finding(s) identified.

1. Findings and Recommendations Governance and Constituent Involvement:

Finding(s) identified Finding 1: Legislative Description: Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement. (L) Finding Description: Lack of compliance with the requirement to ensure separation of Planning Council and recipient roles. The Director of DHSP, who also functions as a CEO designee for the jurisdiction, is a voting member of the LA Commission on HIV and a voting member of the Executive Committee. Citation: Section 2602 (7)(a) of the PHS Act

Recommendation: The recipient must ensure separation of Planning Council and recipient roles to avoid any actual and/or perceived conflict of interest. Per Section 2602 (7)(a) of the PHS Act, a separation of Planning Body and the recipient is necessary to avoid a conflict of interest. A recipient's representative, whose positions are funded by RWHAP funds, provides in-kind services, or has significant involvement in the HIV award, shall not occupy a seat on the Planning Council, nor have a vote in the deliberation of the Planning Council. For additional guidance, the recipient should review HRSA's Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectation Letter which clarifies HRSA expectation on the required community input process for RWHAP Part A awards, specific to the separation of Planning Council and recipient roles.

Finding 2: Legislative Description: Lack of compliance with the requirement for Planning Council membership to comply with representation and reflectiveness. (L) Finding Description: Los Angeles (LA) Commission on HIV currently has three vacancies for the following legislatively mandated categories: a) RWHAP Part C Provider, b) Hospital Planning Agency or Health Care Planning Agency, and c) Representatives of Individuals who Formerly were Incarcerated. Citation: Section 2602(b)(5)(C) of the PHS Act

Recommendation: LA Commission on HIV must ensure that its operations committee prioritizes and expedites its efforts to recruit, review, and nominate qualified candidates for the currently vacant

legislatively mandated categories for subsequent submission for Chief Elected Official (CEO)'s review and appointment. The CEO should prioritize their review, consideration, and timely appointment of commissioners to ensure smooth and uninterrupted operations of the HIV Planning Council.

Finding 3: Legislative Description: Lack of compliance with the requirement for Planning Council membership to comply with representation and reflectiveness. (L) Finding Description: LA Commission on HIV currently has 37 CEO-appointed members, including seven unaffiliated client representatives. This represents 19 percent, which is below the 33 percent unaligned client representation requirement for planning bodies, as stated in Section 2602(b)(5)(C) of the PHS Act. Citation: Section 2602(b)(5)(C) of the PHS Act

Recommendation: The LA Commission on HIV, through its Operations Committee, should review, revise, prioritize, and expedite its efforts to recruit and nominate unaffiliated clients for subsequent submission for CEO review and appointment to ensure consistent compliance with the unaligned client participation requirement. To that effect:

1. Operations Committee should proactively and consistently solicit input and assistance from the established Commission on HIV Caucuses, specifically, its Consumer Caucus, Black/African American Caucus, Transgender Caucus, Women's Caucus and Aging Caucus. This will allow the Planning Council to increase the pool of potential eligible/qualified applicants from diverse backgrounds to improve overall representation and reflectiveness of the Commission.

2. Recipient and the Planning Council should engage its provider network in a deeper, more proactive, and consistent recruitment effort that may include a) conducting designated trainings for providers on the importance of recruitment, b) having hard-copy membership applications (in English and Spanish) available at funded agencies, c) conducting Planning Council recruitment "Meet and Greet" events at providers' agency support groups and other client meeting, etc.

3. Establish a "Bring a Friend" Day, when unaffiliated commissioners can bring their friends to PC meetings to get a better understanding of the PC and be able to apply for membership on the spot, if interested.

4. Establish a Commission on HIV Community Recruitment Annual Schedule that will ensure the Commission on HIV's prominent presence and participation in the most important community events, such as during Pride Events, World AIDS Day Events, (December), National HIV Black Awareness Events, (February), National Latino HIV Awareness Events (October), National Women's Awareness Events, (March), etc.

Finding 4: Legislative Description: Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement. (L) Finding Description: Currently, there is one commissioner listed on the membership roster, (Mr. Stalter), whose membership term expired in July 2022. There is no documentation the commissioner was timely reappointed for any additional membership terms. This commissioner is a co-chair of the Standards and Best Practices Committee and a member of the Executive Committee. There is another commissioner listed on the membership roster, (Mr. Moreno), whose membership term expired in July 2022. There is no documentation the commissioner was timely reappointed for any additional membership terms. This commissioner represents the legislatively

mandated category of Health Care Providers and is a member of the Operations Committees. Citation: Section 2602(b)(5)(C) of the PHS Act

Recommendation: Steps recommended for compliance:

1. Recipient and the commission should review and consistently follow the nominating process outlined in the currently approved LA Commission on HIV Bylaws in Article 4: Nomination Process, p. 9, and LA Commission on HIV Policy and Procedure #09.4205, Commission Membership Evaluation and Nominations Process (approved in May 2018).

2. Recipient and the commission support staff should review HRSA's Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectation Letter, which provides clarification on HRSA's expectation on the required community input process for RWHAP Part A awards, specific to PC term limits and membership rotation.

3. The commissioner nomination and re-appointment process should begin early to allow the CEO ample time to review, consider and make approval decisions on member applications.

4. The CEO should prioritize its review, consideration, and reappointment of commissioners whose term is expiring to avoid prolonged vacancies and to ensure smooth and uninterrupted operations of the commission.

Finding 5: Legislative Description: Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement. (L) Finding Description: Lack of compliance with the conflict-of-interest requirement for PC members. The LA Commission on HIV currently has 37 duly appointed PC members. There is no documentation of current, completed, and signed Conflict of Interest (COI) declaration for any of the appointed commissioners. Most of the COI declarations are outdated, going back to 2018 and 2019. The most recent COI declaration is dated June 2021. In addition, several commissioners who are affiliated with currently funded providers declared "No Conflict" on their COI declarations. Based on the review of the meeting minutes for the commission and its Planning, Priority and Allocations Committee, it is evident that several of these commissioners participated in allocations/reallocation discussions and voted on allocations including for the service categories for which their agencies are funded, most recently in June 2022 on a revised FY 2023 RWHAP Part A funding allocation. Citation: Section 2602(b)(5)(C) of the PHS Act

Recommendation: As stated in the RWHAP Part A Manual, X. Ch 8. Conflict of Interest, p. 147, Conflict of Interest can be defined as an actual or perceived interest by the member in an action that results or has the appearance of resulting in a personal, organizational, or professional gain. The definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. This actual or perceived bias in the decision-making process is based on the dual role played by a planning council member who is affiliated with other organizations as an employee, a board member, a member, a consultant, or in some other capacity.

Recommended steps of action:

1. LA Commission on HIV support staff members must ensure that all commissioners have a current, completed, and signed COI declaration.

2. LA Commission on HIV support staff members should review the Conflict-of Interest requirements for Planning Councils, as outlined in the RWHAP Part A Manual, Section X, Chapter 8, pp. 143-152.

3. LA Commission of HIV support staff should review the Los Angeles County Conflict of Interest Policy #12.0001, approved in June 2008, specifically item 2 under the Procedures section on p. 4.

4. LA Commission of HIV support staff should conduct a COI refresher training for all commissioners to ensure uniform understanding with participation documentation on file.

5. The recipient and PC support staff members must maintain up-to-date documentation of all members' terms, appointments, representation categories, and agency affiliations.

Los Angeles Commission on HIV Consumer Caucus Listen-Only Session Summary (Reference only; not reviewed)

At the request of the LA Commission on HIV Consumer Caucus, the HRSA HAB's site visit team hosted a listen-only session on February 2, 2023. Below, please see a summary of the feedback provided by the Consumer Caucus members.

1. Introductions and Rationale: • We asked for this meeting, as it is important for HRSA to hear us and move on this. We are looking for action. • We would like to find a way for our messages to get through. • We are most grateful for this meeting. • We are not focusing on the past; we want to fix the problems. • Consumer Caucus is focusing on social determinates of health. This is what we are talking about today.

2. Ryan White and EHE: • I would not mind being on the EHE Steering Committee, but I have to be paid. I sent in my resume and never heard from anyone. Not sure if they need us. • There is a need to merge Ryan White and EHE money. • We need to better coordinate Ryan White and EHE efforts. • We are not included in EHE activities, as if we do not exist. • I would like to participate in the EHE Steering Committee and will bring information back. • There is no prevention for positives anymore. EHE is a whole another world. How do you do status neutral?

3. Incentives and reimbursements for persons with lived experiences: • Reimbursement rates for consumer participation do not work, they are low. • $5 gift card is not enough for my expertise. • Consumers on the Commission need help. How many people got their master's degrees and PhDs based on our stories? • Employees at agencies are getting raises and we are stuck with incentives, yet we are the ones dealing with HIV.

4. LA EMA Site Visit Client Meeting (2/15/2023) follow-up: • I am surprised that there were so few clients at yesterday's client meeting. • I did not receive any emails about the client meeting. • I did not receive the link to the client meeting, as if they did not want us there.

5. LA Commission on HIV concerns : • There are deep issues on the commission. Big stuff needs to be addressed. • There is an anti-white thing going on in the Commission. • Last site visit consumers were unhappy, but the report stated otherwise. • If we do not show up to meetings, there will be no programs.

6. Service Delivery System concerns: • There is lack of staff to help with the paperwork. • Proof of HIV diagnosis and proof of income should be enough for eligibility. • Services should be local, there are no services where I am. • Agencies are not listening to consumers. There is desperation. • I was ignored by

a staff member who now is promoted to supervisor. • Even as a Co-Chair of the Commission, I cannot get through sometimes, I have to ask for assistance from someone else. • If someone like me cannot get through the system, there is no way others can do it. • People are not getting the services that they need. The system delivery is wrong. • We need help. • We have had these issues for a long time, we have to be people friendly.

7. Services for Immigrants: • System is not set up to help immigrants, especially black immigrants. If we do not help them, they will use their bodies to get what they need. • I tried to initiate conversations about immigrant crisis. It is sad. Yes, there is treatment, but that is it. • I have a good family support, but not everyone has the kind of support that I have.

8. Stigma • Why do buildings for HIV services have HIV listings on them? We have to eliminate stigma. People still are ignorant. I would like to see change.

9. Housing : • Housing is very important. I experienced homelessness, spent nights walking. I tried to get into some services just to have an opportunity. • People live on the streets, there are no services available for them. • I applied for housing and heard from them 3 months later.

10. Peer Technical Assistance (TA) : • I participated in the RW Conference and heard from a lot of good programs. • There has to be a way to identify programs that are working well and to share their processes. • My local agency has excellent results, (90% viral suppression). This should be replicated in other places.

11. Follow-up: • We want to hear from HRSA, to acknowledge our words. Please provide a statement of things we talked about to us. • It is important to get true, quality feedback. We have to have back-and-forth capabilities to help each other. • We ask HRSA to send us a summary of the meeting notes, it will be useful and helpful for our collective efforts. • What can we, as consumers, change to improve our services? Some guidance will be helpful. • What can consumers do regarding what HRSA wants us to focus on? Please send us some guidance. • How can we as consumers help you, HRSA, to work towards common goals? • Consider grassroot agencies, women owned agencies for grants.

12. Acknowledgement and thank you: • The Consumer Caucus members are interested to work with HRSA. • We are grateful to be here today and to have an opportunity to speak. • We would like to give you credit for being dedicated civil servants. • Thank you for taking the time to meet with us.

AREA OF CONCERN	RECOMMENDATION	REFERENCES	ORDINANCE TRIGGER	NOTES/COMMENTS
		Ordinance 3.29.030 Membership Bylaws IX. COMMISSION WORK STRUCTURES Section 4. Committee Membership Bylaws X. EXECUTIVE COMMITTEE: Section 1. Voting Membership Bylaws XII. PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE: Section 1. Voting Membership Bylaws XIII. PUBLIC POLICY (PP) COMMITTEE: Section 1. Voting Membership Bylaws XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE: Section 1. Voting Membership	YES	LA Commission on HIV and a voting member of the Executive Committee." (Citation: Section 2602 (7)(a) of the PHS Act.) "A recipient's representative, whose positions are funded by RWHAP funds, provides in-kind services, or has significant involvement in the HIV award, shall not occupy a seat on the Planning Council, nor have a vote in the deliberation of the Planning Council." (HRSA Findings)

AREA OF CONCERN	RECOMMENDATION	REFERENCES	ORDINANCE TRIGGER	NOTES/COMMENTS
Annual Bylaw Review	Codify annual review in Bylaws; add sunset date.	Ordinance 03.29.110: Sunset Date	YES *if specifying sunset date	Ordinance currently states the sunset date as indefinite. Option to state sunset date or codify an annual review within the bylaws.
Conflict of Interest: Provider members participation in the Priority Setting & Resource Allocation (PSRA) decision making process.		Ordinance 3.29.046 Conflict of interest Bylaws III. MEMBER REQUIREMENTS: Section 3. Conflict of Interest Bylaws VII. POLICIES AND PROCEDURES: Section 5. Conflict of Interest Procedures	YES	Per HRSA site visit feedback, providers may no longer be able to participate in the PSRA decision making process regarding funding & services.
DHSP Ending the HIV Epidemic (EHE) Steering Committee	Include language re: required partnership with DHSP EHE Steering Committee and/or EHE initiative efforts			Requested by member(s)
Status Neutral Language Inclusion	TBD		TBD	Requested by member(s) and in alignment with national status neutral initiatives
Member composition does not include key alliances	Update membership composition to designate seats for key partners, i.e., County Commissions whose work intersects with the COH.	Ordinance 03.29.030: MEMBERS Bylaws II. MEMBERS: Section 2. Composition	YES	
COH's name is not comprehensive enough	Consider a more inclusive name.		YES	The Commission's name, in and of itself, is not comprehensive enough as the Commission's efforts should reach beyond HIV to truly make impactful en roads to

AREA OF CONCERN	RECOMMENDATION	REFERENCES	ORDINANCE TRIGGER	NOTES/COMMENTS
				ending HIV locally. “HIV-only days are over”. See May 11, 2023 BRT Meeting Summary
Determine the minimum authorized/prescribed number of PC/PB members according to PC/PB bylaws	Specify minimum number of members authorized on the PC – half of membership seats		YES	HRSA has inquired as to what is the minimum number of members authorized per our bylaws. The bylaws do not currently prescribe a minimum number.