



LOS ANGELES COUNTY
COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010
TEL. (213) 738-2816 · FAX (213) 637-4748
WEBSITE: <http://hiv.lacounty.gov> | EMAIL: hivcomm@lachiv.org

COMMISSION ON HIV ANNUAL MEETING

**Thursday, January 10, 2019
9:00 AM – 1:05 PM**

**St. Anne's Conference Center, Foundation Room
155 North Occidental Blvd.
Los Angeles CA 90026**

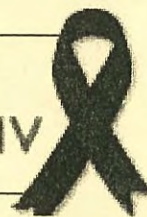


Join the movement in ending the HIV/AIDS epidemic in Los Angeles County, once and for all.

Visit www.LACounty.HIV



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VISION

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

MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County.

The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).



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GUIDELINES FOR CONDUCT

The Los Angeles County Commission on HIV has played an active role in shaping HIV services in this County and in the State for over a decade. The dedication to providing quality services to people with and at risk of HIV/AIDS by people who are members of this body, both past and present, is unparalleled.

In order to encourage the active participation of all members and to address the concerns of many Commissioners, consumers and other interested members of the community, it is important that meetings take place in a "safe" environment. A "safe" environment is one that recognizes differences, while striving for consensus and is characterized by consistent professional and respectful behavior. As a result, the Commission has adopted and is consistently committed to implementing the following Guidelines for Conduct for Commission, committee and associated meetings.

Similar meeting ground rules have been developed and successfully used in large group processes to tackle difficult issues. Their intent is not to discourage meaningful dialogue, but to recognize that differences and even conflict can result in highly creative solutions to problems when approached in a respectful and professional manner.

The following should be adhered to by all participants and stakeholders:

- 1) Be on Time for Meetings
- 2) Stay for the Entire Meeting
- 3) Show Respect to Invited Guests, Speakers and Presenters
- 4) Listen
- 5) Don't Interrupt
- 6) Focus on Issues, Not People
- 7) Don't just Disagree, Offer Alternatives
- 8) Give Respectful, Constructive Feedback
- 9) Don't Judge
- 10) Respect Others' Opinions
- 11) Keep an Open Mind to Others' Opinions
- 12) Allow Others to Speak
- 13) Respect Others' Time
- 14) Begin and End on Time
- 15) Have All the Issues on the Table and No "Hidden Agendas"
- 16) Minimize Side Conversations
- 17) Don't Monopolize the Discussion
- 18) Don't Repeat What Has Already Been Said
- 19) If Beepers or Cell Phones Must Be On, Keep Them on Silent or Vibrate

1. APPROVAL OF THE AGENDA:

- A. Agenda (**MOTION #1**)
- B. Membership Roster
- C. Committee Assignments
- D. Commission Member Conflict of Interest
- E. Geographic Maps



LOS ANGELES COUNTY
COMMISSION ON HIV



AGENDA FOR THE **REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV (COH)**

(213) 738-2816 / FAX (213) 637-4748

EMAIL: hivcomm@lachiv.org WEBSITE: <http://hiv.lacounty.gov>

Thursday, January 10, 2019 | 9:00 AM – 1:05 PM

St. Anne's Conference Center
Foundation Room
155 N. Occidental Blvd., Los Angeles CA 90026

Notice of Teleconferencing Site:
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-616
Sacramento, CA 95814

AGENDA POSTED: January 4, 2019

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.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact Dina Jauregui at (213) 738-2816 or via email at djauregui@lachiv.org.

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Dina Jauregui al (213) 738-2816 (teléfono), o por correo electrónico á djauregui@lachiv.org, por lo menos cinco días antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.

Call to Order and Roll Call

9:00 A.M. – 9:02 A.M.

I. ADMINISTRATIVE MATTERS

- | | | | |
|----|-----------------------------|------------------|-----------------------|
| 1. | Approval of Agenda | MOTION #1 | 9:02 A.M. – 9:04 A.M. |
| 2. | Approval of Meeting Minutes | MOTION #2 | 9:04 A.M. – 9:06 A.M. |

II. REPORTS

- | | | |
|----|--|-----------------------|
| 3. | Executive Director's Report | 9:06 A.M. – 9:16 A.M. |
| | A. Welcome & Presenter Introduction | |
| | B. Meeting Approach for 2019 & Member Roles & Responsibilities | |
| | C. 2018 Annual Report to the Board of Supervisors | |
| 4. | Co-Chair's Report | 9:16 A.M. – 9:21 A.M. |
| | A. Meeting Management Reminders | |
| | B. Member Service Recognition | |
| | C. Committee Co-Chair Nomination/Election Reminders | |

III. DISCUSSION

- | | | |
|----|---|------------------------|
| 5. | Los Angeles County HIV/AIDS Strategy (LACHAS) | 9:21 A.M. – 10:55 A.M. |
| | A. Stigma Reduction Action Planning Series Presenter: Tim Vincent | |
| | B. Biomedical HIV Prevention Summit Highlights | |
| | C. Ryan White Program Conference Highlights | |

- | | | |
|----|-------------------------|-------------------------|
| 6. | <u>IV. BREAK</u> | 10:55 A.M. – 11:05 A.M. |
|----|-------------------------|-------------------------|

V. REPORTS

- | | | |
|----|---|-------------------------|
| 7. | California Office of AIDS Programs (OA) Report | 11:05 A.M. – 11:15 A.M. |
| 8. | LA County Department of Public Health Report (LACDPH) | 11:15 A.M. – 11:25 A.M. |
| | A. Division of HIV/STD Programs (DHSP) Report | |
| | B. Vaccine Preventable Disease Control Program | |

V. REPORT (cont'd)

9. Integrated Advisory Board (IAB) Report
LA County Health Agency 11:25 A.M. – 11:27 A.M.
10. Standing Committee Report: 11:27 A.M. – 12:45 P.M.
- A. Public Policy Committee:
 - 1. Ryan White Policy Landscape Briefing
 - B. Operations Committee:
 - 1. 2019 HIV Community Service Awards Presentation
 - C. Standard and Best Practices (SBP) Committee:
 - 1. [Revised] Medical Care Coordination (MCC) Standard
 - D. Planning, Priorities & Allocations (PP&A) Committee:
 - 1. Multi-Year and Contingency Plan
 - 2. Ryan White Program Year (PY) 28 Expenditure Report Update

VI. MISCELLANEOUS

11. Public Comment 12:45 P.M. – 12:55 P.M.
Opportunity for members of the public to address the Commission
On items of interest that are within the jurisdiction of the Commission.
12. Commission New Business Items 12:55 P.M. – 1:00 P.M.
Opportunity for Commission members to recommend new business
items for the full body or a committee level discussion on non-agendized
matters not posted on the agenda, to be discussed and (if requested)
placed on the agenda for action at a future meeting, or matters requiring
immediate action because of an emergency situation, or where the need
to take action arose subsequent to the posting of the agenda.
13. Announcements 1:00 P.M. – 1:05 P.M.
Opportunity for members of the public to announce community events,
workshops, trainings, and other related activities.
14. Adjournment and Roll Call 1:05 P.M.
Adjournment for the meeting of January 10, 2019.

PROPOSED MOTION(s)/ACTION(s):

- | | |
|-------------------|--|
| MOTION #1: | Approve the Agenda Order, as presented or revised. |
| MOTION #2: | Approve the Commission meeting minutes, as presented or revised. |

COMMISSION ON HIV MEMBERS:			
Al Ballesteros, MBA, Co-Chair	Grissel Granados, MSW, Co-Chair	Traci Bivens-Davis	Jason Brown
Alasdair Burton (Alternate)	Joseph Cadden, MD	Danielle Campbell, MPH	Raquel Cataldo
Michele Daniels	Erika Davies	Susan Forrest (Alternate)	Aaron Fox, MPM
Alexander Luckie Fuller	Jerry D. Gates, PhD	Joseph Green	Terry Goddard II, MA
Felipe Gonzalez	Bridget Gordon	Diamante Johnson	William King, MD, JD
Lee Kochems, MA	Bradley Land	David P. Lee, MPH, LCSW	Eric Paul Leue
Abad Lopez	Eduardo Martinez (Alternate)	Miguel Martinez, MSW, MPH	Anthony Mills, MD
Carlos Moreno	Derek Murray	Katja Nelson, MPP	Jazielle Newsome
Frankie Darling-Palacios	Raphael Peña	Mario Pérez, MPH	Juan Preciado
Ricky Rosales	Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter
Yolanda Sumpter	Greg Wilson	Russell Ybarra	
MEMBERS:	42		
QUORUM:	22		



2019 MEMBERSHIP ROSTER | UPDATED 12/21/18

APPROVED BY COH ON 7/12/18

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (if any)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative	1	SBP	<i>Vacant</i>	City of Pasadena Department of Public Health	July 1, 2017	June 30, 2019	
2	City of Pasadena representative			Erika Davies		July 1, 2018	June 30, 2020	
3	City of Long Beach representative			<i>Vacant</i>		July 1, 2017	June 30, 2019	
4	City of Los Angeles representative	1	EXC	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2020	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2017	June 30, 2019	
6	Director, DHSP	1	EXC/PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2020	
7	Part B representative			<i>Vacant</i>		July 1, 2018	June 30, 2020	
8	Part C representative	1	EXC/PP	Aaron Fox, MPH	Los Angeles LGBT Center	July 1, 2018	June 30, 2020	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2017	June 30, 2019	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2020	
11	Provider representative #1	1	EXC/ISBP	Joseph Cadden, MD	Rand Schrader Clinic (SPA1), LA County Department of Health Services	July 1, 2017	June 30, 2019	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2020	
13	Provider representative #3	1	PP&A	Miguel Martínez, MSW, MPH	Children's Hospital Los Angeles	July 1, 2017	June 30, 2019	
14	Provider representative #4	1	EXC/OPS	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2020	
15	Provider representative #5	1	EXC/PP	Terry Goddard, MA	Alliance for Housing and Healing	July 1, 2017	June 30, 2019	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2018	June 30, 2020	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2017	June 30, 2019	
18	Provider representative #8	1	PP	Martin Saitah, MD	Rand Shrader Clinic (SPA1), LA County Department of Health Services	July 1, 2018	June 30, 2020	
19	Unaffiliated consumer, SPA 1	1	OPS	Michelle Daniels	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	
20	Unaffiliated consumer, SPA 2	1	PP&A	Abad Lopez	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
21	Unaffiliated consumer, SPA 3	1	EXC/PP&A	Jason Brown	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	
22	Unaffiliated consumer, SPA 4	1	EXC/OPS/ISBP	Kevin Staller	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
23	Unaffiliated consumer, SPA 5	1	PP&A	Yolanda Sumpter	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	
24	Unaffiliated consumer, SPA 6			<i>Vacant</i>		July 1, 2018	June 30, 2020	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7	1	PP&A	Raphael Peña	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	Susan Forrest (PP&A)
26	Unaffiliated consumer, SPA 8			<i>Vacant</i>		July 1, 2018	June 30, 2020	
27	Unaffiliated consumer, Supervisorial District 1	1	OPS	Carlos Moreno		July 1, 2017	June 30, 2019	
28	Unaffiliated consumer, Supervisorial District 2			<i>Vacant</i>		July 1, 2018	June 30, 2020	
29	Unaffiliated consumer, Supervisorial District 3			<i>Vacant</i>		July 1, 2017	June 30, 2019	
30	Unaffiliated consumer, Supervisorial District 4			<i>Vacant</i>		July 1, 2018	June 30, 2020	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	
32	Unaffiliated consumer, at-large #1	1	PP&A	Russell Ybarra	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
33	Unaffiliated consumer, at-large #2	1	EXC/OPS	Joseph Green	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
35	Unaffiliated consumer, at-large #4	1	OPS	Bridget Gordon	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	
36	Representative, Board Office 1	1	EXC/PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2020	
37	Representative, Board Office 2	1	EXC/OPS	Traci Bivens-Davis	N/A	July 1, 2017	June 30, 2019	
38	Representative, Board Office 3	1	PP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2020	
39	Representative, Board Office 4			<i>Vacant</i>		July 1, 2017	June 30, 2019	
40	Representative, Board Office 5	1	SBP	Bradley Land	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
41	Representative, HOPWA			<i>Vacant</i>		July 1, 2017	June 30, 2019	
42	Behavioral/social scientist	1	PP	Lee Kochems	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
43	Local health/hospital planning agency representative			<i>Vacant</i>		July 1, 2017	June 30, 2019	
44	HIV stakeholder representative #1	1	EXC	Grisel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2020	
45	HIV stakeholder representative #2	1	PP	Greg Wilson	In the Meantime Men's Group	July 1, 2017	June 30, 2019	
46	HIV stakeholder representative #3	1	OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2018	June 30, 2020	
47	HIV stakeholder representative #4	1	EXC/PP	Eric Paul Leue	Free Speech Coalition	July 1, 2017	June 30, 2019	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2018	June 30, 2020	
49	HIV stakeholder representative #6	1	OPS	Alexander Luckie Fuller	N/A	July 1, 2017	June 30, 2019	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AA-HIVS	W. King Health Care Group	July 1, 2018	June 30, 2020	
51	HIV stakeholder representative #8	1	SBP	Jazelle Newsome	St. John's Well Child & Family Center	July 1, 2018	June 30, 2020	
		TOTAL:	40					

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



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COMMITTEE ASSIGNMENTS

(Updated: January 9, 2019)

Subject to Change

Committee Member Name/ Alternate	Member Category	Affiliation
* = Primary Committee Assignment	** = Secondary Committee Assignment	
EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the month		Regular meeting time: 1:00pm–3:00pm
Number of Voting Members: 11		Number of Quorum: 6
Grissel Granados, MSW	Co-Chair, Comm./Exec.*	Commissioner
Al Ballesteros, MBA	Co-Chair, Comm./Exec.*	Commissioner
Traci Bivens-Davis	Co-Chair, Operations	Commissioner
Jason Brown	Co-Chair, PP&A	Commissioner
Joseph Cadden, MD	Co-Chair, SBP	Commissioner
Raquel Cataldo	At-Large Member*	Commissioner
Aaron Fox, MPM	Co-Chair, Public Policy	Commissioner
Joseph Green	At-Large Member*	Commissioner
Terry Goddard, MA	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Kevin Stalter	Co-Chair, Operations	Commissioner
OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the month		Regular meeting time: 10:00am-12:00pm
Number of Voting Members: 10		Number of Quorum: 6
Traci Bivens-Davis	Committee Co-Chair*	Commissioner
Kevin Stalter	Committee Co-Chair*	Commissioner
Danielle Campbell, MPH	*	Commissioner
Raquel Cataldo	*	Commissioner
Michele Daniels	*	Commissioner
Bridget Gordon	*	Commissioner
Joseph Green	*	Commissioner
Carlos Moreno	*	Commissioner
Juan Preciado	*	Commissioner
Alexander Fuller	*	Commissioner

Committee Assignment List

Updated: January 9, 2018

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Committee Member Name	Member Category	Affiliation
* = Primary Committee Assignment	** = Secondary Committee Assignment	

PLANNING, PRIORITIES and ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the month		Regular meeting time: 1:00-4:00 PM
Number of Voting Members: 14	Number of Quorum: 8	
Jason Brown	Committee Co-Chair*	Commissioner
Susan Forrest	*	Alternate
William D. King, MD, JD, AAHIVS	*	Commissioner
Abad Lopez	*	Commissioner
Miguel Martinez, MPH, MSW	*	Commissioner
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Diamante Johnson	*	Commissioner
Frankie Darling Palacios	*	Commissioner
Raphael Pena	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Yolanda Sumpter	*	Commissioner
Russell Ybarra	*	Commissioner
TBD	DHSP staff	DHSP Staff

PUBLIC POLICY COMMITTEE		
Regular meeting day: 1st Monday of the month		Regular meeting time: 1:00 pm-3:00pm
Number of Voting Members: 12	Number of Quorum: 7	
Aaron Fox, MPM	Committee Co-Chair*	Commissioner
Terry Goddard, MA	Committee Co-Chair*	Commissioner
Jerry Gates, PhD	*	Commissioner
Lee Kochems, MA	*	Commissioner
Eduardo Martinez	*	Alternate
Katja Nelson	*	Commissioner
Eric Paul Leue	*	Commissioner
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Greg Wilson	*	Commissioner
Alasdair Burton	*	Alternate
Kyle Baker	DHSP staff	DHSP representative

Committee Assignment List

Updated: January 9, 2018

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Committee Member Name	Member Category	Affiliation
* = <i>Primary Committee Assignment</i>	** = <i>Secondary Committee Assignment</i>	

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day:	1 st Thursday of the month	Regular meeting time: 10:00am-12:00pm
Number of Voting Members: 8		Number of Quorum: 5
Joseph Cadden, MD	Committee Co-Chair*	Commissioner
Erika Davies	*	Commissioner
Felipe Gonzalez	*	Commissioner
Bradley Land	*	Commissioner
David Lee, MPH, LCSW	*	Commissioner
Kevin Stalter	**	Commissioner
Jazielle Newsome	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP representative

CONSUMER CAUCUS		
Regular meeting day:	Following Comm. mtg.	Regular meeting time: 1:00pm-3:00pm
<i>*Open membership to consumers of HIV prevention and care services*</i>		
Joseph Green	Co-Chair	Commissioner
Yolanda Sumpter	Co-Chair	Commissioner
Raphael Peña	Co-Chair	Commissioner
Al Ballesteros, MBA	Member	Commissioner
Jason Brown	Member	Commissioner
Alasdair Burton	Member	Alternate
Michele Daniels	Member	Commissioner
Grissel Granados, MSW	Member	Commissioner
Bridget Gordon	Member	Commissioner
Diamante Johnson	Member	Commissioner
Lee Kochems, MA	Member	Commissioner
Brad Land	Member	Commissioner
Abad Lopez	Member	Commissioner
Eduardo Martinez	Member	Alternate
Anthony Mills, MD	Member	Commissioner
Carlos Moreno	Member	Commissioner
Jazeille Newsome	Member	Commissioner
Kevin Stalter	Member	Commissioner
Russell Ybarra	Member	Commissioner

Committee Assignment List

Updated: January 9, 2018

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Committee Member Name	Member Category	Affiliation
* = <i>Primary Committee Assignment</i>	** = <i>Secondary Committee Assignment</i>	

WOMEN'S CAUCUS

On Hiatus Until Further Notice

TRANSGENDER TASK FORCE

On Hiatus Until Further Notice



LOS ANGELES COUNTY
COMMISSION ON HIV



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

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
BROWN	Jason	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
BIVENS-DAVIS	Traci	No Affiliation	No Ryan White or prevention contracts
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CADEN	Joseph	Rand Schrader Health & Research Center	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination
			Mental Health, Psychiatry
CAMPBELL	Danielle	UCLA/MLKCH	HIV/AIDS Oral Health Care (Dental) Services
			HIV/AIDS Medical Care Coordination Services
			HIV/AIDS Ambulatory Outpatient Medical Services
			HIV/AIDS Medical Care Coordination Services
			nPEP Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CATALDO	Raquel	Tarzana Treatment Center	Case Management, Home-Based
			Case Management, Transitional - Jails
			Housing Services
			Medical Transportation
			Mental Health, Psychotherapy
			Oral Health
			Substance Abuse, Residential
			Substance Abuse, Transitional
			Substance Abuse, Detox
			Biomedical Prevention
DANIELS	Michele	Unaffiliated consumer	Medical Nutrition Therapy
			No Ryan White or prevention contracts
			Ambulatory Outpatient Medical (AOM)
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Housing Services
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry
			Mental Health, Psychotherapy
			Non-Occupational HIV PEP
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Biomedical Prevention
			STD Screening and Treatment
			HIV Counseling and Testing (HCT)
			HIV/AIDS Health Education
			HIV/AIDS Substance Abuse
			Risk Reduction Prevention Services
			Residential Rehabilitation Services
			Ambulatory Outpatient Medical (AOM)
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
DAVIES	Erika	City of Pasadena	Housing Services
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry
			Mental Health, Psychotherapy
			Non-Occupational HIV PEP
			Biomedical Prevention
			STD Screening and Treatment
			HIV Counseling and Testing (HCT)
			HIV/AIDS Health Education
			HIV/AIDS Substance Abuse
FORREST	Susan	Los Angeles Center for Alcohol and Drug Abuse	Risk Reduction Prevention Services
			Residential Rehabilitation Services
			Ambulatory Outpatient Medical (AOM)
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Housing Services
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry
			Mental Health, Psychotherapy
			Mental Health, Psychotherapy
FOX	Aaron	Los Angeles LGBT Center	Case Management, Home-Based
			Case Management, Transitional - Jails
			Housing Services
			Medical Transportation
			Mental Health, Psychotherapy
			Oral Health
			Substance Abuse, Residential
			Substance Abuse, Transitional
			Substance Abuse, Detox
			Biomedical Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	Miguel	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			Case Management, Transitional - Youth
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical Prevention
			Biomedical Prevention
			Medical Care Coordination (MCC)
			No Ryan White or prevention contracts
			No Ryan White or prevention contracts
MURRAY	Carlos	Unaffiliated consumer	Benefits Specialty
			Case Management, Non-Medical (LCM)
			Case Management, Home-Based
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
NELSON	Katja	APLA Health & Wellness	Mental Health, Psychotherapy
			Nutrition Support
			Oral Health
			Biomedical Prevention
			Medical Care Coordination (MCC)
NEWSOME	Jazielle	St. John's Well Child and Family Center	Ambulatory Outpatient Medical (AOM)
			HIV Biomedical Prevention
			Medical Care Coordination (MCC)
			Mental Health
			No Ryan White or prevention contracts
PEÑA	Raphael	Unaffiliated consumer	
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Mental Health, Psychotherapy
			Benefits Specialty
			Mental Health, Psychiatry
			Oral Health
			Ambulatory Outpatient Medical (AOM)
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	Medical Care Coordination (MCC)
			No Ryan White or prevention contracts
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SPENCER	LaShonda	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
STALTER	Kevin	The Brotherhood IMPACT Fund	Medical Care Coordination (MCC)
SUMPTER	Yolanda	Unaffiliated consumer	No Ryan White or prevention contracts
WILSON	Gregory	In the Meantime Men's Group, Inc.	No Ryan White or prevention contracts
YBARRA	Russell	Capitol Drugs	HIV/AIDS Health Education/Risk Reduction Prevention Services
			No Ryan White or prevention contracts

HIV Calendar

January 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30 Week 1	31	1 [HOLIDAY] New Year's Day - COH Office Closed 9:30 AM - 1:00 PM Board of Supervisors (BOS)	2 9:30 AM - 11:30 AM BOS Agenda Review	3 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	4	5
6 Week 2	7 10:00 AM - 12:00 PM LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM Public Policy Committee	8 9:30 AM - 1:00 PM Board of Supervisors (BOS)	9 9:30 AM - 11:30 AM BOS Agenda Review	10 9:00 AM - 1:00 PM Commission Meeting 1:00 PM - 3:00 PM Consumer Caucus Meeting	11	12
13 Week 3	14	15 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A)	16 9:30 AM - 11:30 AM BOS Agenda Review	17	18	19
20 Week 4	21	22 9:30 AM - 1:00 PM Board of Supervisors (BOS)	23 9:30 AM - 11:30 AM BOS Agenda Review	24 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	25	26
27 Week 5	28	29 9:30 AM - 1:00 PM Board of Supervisors (BOS)	30 9:30 AM - 11:30 AM BOS Agenda Review	31	1	2

HIV Calendar

February 2019

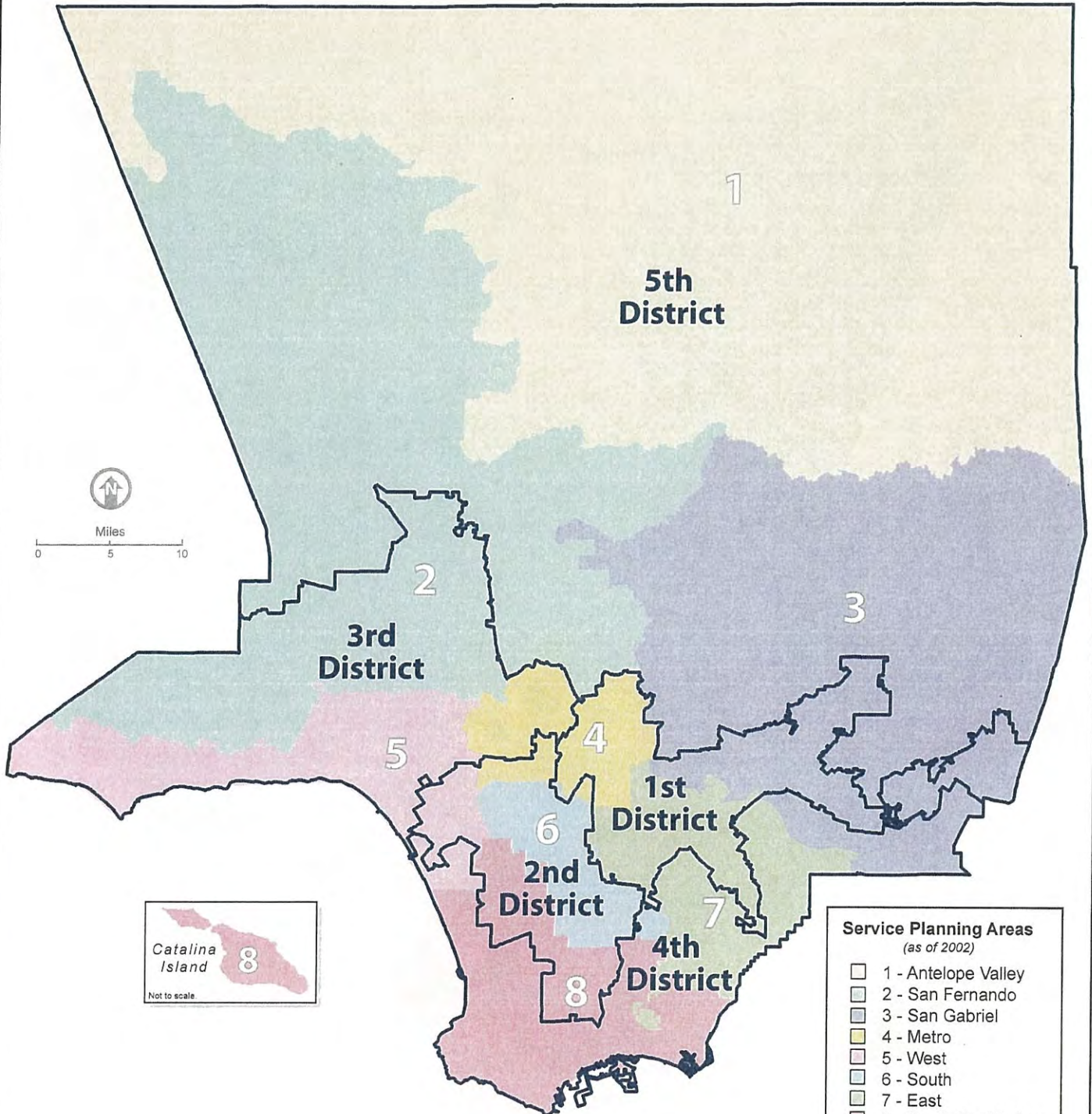
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27 Week 5	28	29 9:30 AM - 1:00 PM Board of Supervisors (BOS)	30 9:30 AM - 11:30 AM BOS Agenda Review	31	1	2
3 Week 6	4 10:00 AM - 12:00 PM LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM Public Policy Committee	5 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	6 9:30 AM - 11:30 AM BOS Agenda Review	7	8	9
10 Week 7	11	12 9:30 AM - 1:00 PM Board of Supervisors (BOS)	13 9:30 AM - 11:30 AM BOS Agenda Review	14 9:00 AM - 1:00 PM Commission Meeting 1:00 PM - 3:00 PM Consumer Caucus Meeting	15	16
17 Week 8	18	19 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A)	20 9:30 AM - 11:30 AM BOS Agenda Review	21	22	23
24 Week 9	25	26 9:30 AM - 1:00 PM Board of Supervisors (BOS)	27 9:30 AM - 11:30 AM BOS Agenda Review	28 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	1	2

HIV Calendar

March 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
24 Week 9	25	26 9:30 AM - 1:00 PM Board of Supervisors (BOS)	27 9:30 AM - 11:30 AM BOS Agenda Review	28 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	1	2
3 Week 10	4 10:00 AM - 12:00 PM LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM Public Policy Committee	5 9:30 AM - 1:00 PM Board of Supervisors (BOS)	6 9:30 AM - 11:30 AM BOS Agenda Review	7 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	8	9
10 Week 11	11	12 9:30 AM - 1:00 PM Board of Supervisors (BOS)	13 9:30 AM - 11:30 AM BOS Agenda Review	14 9:00 AM - 1:00 PM Commission Meeting 1:00 PM - 3:00 PM Consumer Caucus Meeting	15	16
17 Week 12	18	19 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A)	20 9:30 AM - 11:30 AM BOS Agenda Review	21	22	23
24 Week 13	25	26 9:30 AM - 1:00 PM Board of Supervisors (BOS)	27 9:30 AM - 11:30 AM BOS Agenda Review	28 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	29	30
31 Week 14	1 10:00 AM - 12:00 PM LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM Public Policy Committee	2 9:30 AM - 1:00 PM Board of Supervisors (BOS)	3 9:30 AM - 11:30 AM BOS Agenda Review	4	5	6

Los Angeles County Service Planning Areas by Supervisorial District





August, 2002
Los Angeles County
Children's Planning Council
Data Partnership (213) 893-0421

2. APPROVAL OF THE MEETING MINUTES:

A. November 8, 2018 COH Meeting Minutes (**MOTION #2**)

3. EXECUTIVE DIRECTOR'S REPORT:

- A. Welcome and Speaker Introductions
- B. Meeting Approach for 2019 & Member Roles & Responsibilities

Tim Vincent, MS

Tim Vincent has worked as a licensed mental health clinician, social worker, trainer and consultant for over 25 years and managed a national capacity building assistance program funded through CDC. In his consulting work he has provided training, presentations, developed curriculum, conducted focus groups and helped to implement organizational change to promote health equity. His consulting projects have included work with pharmaceutical companies, state governments, healthcare organizations, educational programs focused on black communities, and a marketing firm focused on LGBT communities. Tim has served on statewide community planning groups, has developed and conducted training of trainers in order to nationally diffuse training initiatives he created through his work at the University of California San Francisco. He is asked to speak regularly at national conferences on such topics as engaging diverse communities, examining bias, and building strategies to provide inclusive services for LGBT in healthcare.

Los Angeles County Commission on HIV 2019 Training Schedule

(Subject to change & feedback from COH members. Updated 12.20.18)

January	
7 Mo	PP - COH Roles and Responsibilities Refresher; Committee Overview
8 Tu	SBP - COH Roles and Responsibilities Refresher; Committee Overview
10 Th	COH - COH Roles and Responsibilities Refresher; HIV-related stigma part 1.
	CC - Caucus Overview, Roles and Responsibilities; Focus Priorities for 2019
15 Tu	PP&A - COH Roles and Responsibilities Refresher; Committee Overview
16 We	WC - Caucus Overview, Roles and Responsibilities; Focus Priorities for 2019
22 Tu	TC - Caucus Overview, Roles and Responsibilities; Focus Priorities for 2019
24 Th	OPS - COH Roles and Responsibilities Refresher; Committee Overview
	EC - COH Roles and Responsibilities Refresher; Committee Overview, Co-Chair Priorities
April	
Th	COH - Colloquia (TBD); or Implicit Bias Training (HOLD)
11	
July	

February	
4 Mo	PP - Public Policy 101, Health Equity Policy Principles
7 Th	SBP - Service Standards Development Process; Review guidance from HRSA and best practices from other jurisdictions
14 Th	COH - Bylaws, Ryan White Legislation, Brown Act Refresher (County Counsel); HIV-related stigma part 2; Comprehensive STD Landscape and Programs Overview (DHSP)
	CC - HIV Community Planning Overview
19 Tu	PP&A - Priority Setting and Resource Allocation (PSRA) Orientation
28 Th	OPS - Best Practices for Developing Policies and Procedures
Th	EC - Best Practices for Executive Committees
May	
9 Th	Implicit Bias TBD/HOLD
August	

March	
4 Mo	PP - The Legislative Cycle Overview
7 Th	SBP - Comprehensive HIV Continuum Framework Review; NYC HIV Status Neutral Continuum; Prevention Levels Review
14 Th	COH - Conflict of Interest Refresher; HIV-related stigma part 3
	CC - Introduction to Health Data (UCLA Health DATA Program)
19 Tu	PP&A - Conflict of Interest Management and Member Responsibilities Refresher
28 Th	OPS - Best Practices for Model Mentoring Programs
	EC - Co-Chair Priorities: How Can EC Support with Implementation
June	
14 Th	COH - Medical Monitoring Project (MMP) (DHSP Presentation)
September	

October

November

14 Th Annual Meeting

December



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

POLICY/PROCEDURE #06.1000	Bylaws of the Los Angeles County Commission on HIV	Page 1 of 20
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ADOPTED, 7/11/2013

SUBJECT: The Bylaws of the Los Angeles County Commission on HIV.

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

BACKGROUND:

- **Health Resources and Services Administration (HRSA) Guidance:** "Planning Councils must set up planning council operations to help the planning council to operate smoothly and fairly. This includes such features as bylaws, open meetings, grievance procedures, and conflict of interest standards." [Ryan White HIV/AIDS Program Part A Manual, VI (Planning Council Operations), 1. Planning Council Duties, C. Fulfilling Planning Council Duties, Planning Council Operations].
- **Centers for Disease Control and Prevention (CDC) Guidance:** "The HIV Planning Group (HPG) is the official HIV planning body that follows the *HIV Planning Guidance* to inform the development or update of the health department's Jurisdictional HIV Prevention Plan, which depicts how HIV infection will be reduced in the jurisdiction."
- **Los Angeles County Code, Title 3—Chapter 3.29.070 (Procedures):** "The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation."

POLICY:

- 1) **Consistency with the Los Angeles County Code:** The Commission's Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 ("Ordinance"), the authority which establishes and governs the administration and operations of the Los Angeles County Commission on HIV. These Bylaws serve as the Commission's administrative, operational and functional rules and requirements.
- 2) **Ryan White Program Review:** The Commission's activities and actions in execution of its role as Los Angeles County's Ryan White Part A planning council and funded by Ryan White

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Adopted: July 11, 2013

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Part A administrative funds are subject to the conditions of the Ryan White Program, as managed by the Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau ("DMHAP/HAB"), Health Resources and Services Administration ("HRSA"), US Department of Health and Human Services (DHHS). Prior to approval by its members, the Commission must submit the Bylaws for review to the Ryan White Part A project officer, and re-submit the final version following their approval by the Commission.

- 3) 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*).

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

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

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

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

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

- A. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with the Division of HIV and STD Programs ("DHSP")/Department of Public Health ("DPH") to update the plan on a regular basis;
- B. Develop standards of care for the organization and delivery of HIV care, treatment and prevention services;
- C. Establish priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee

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on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;

- D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area's ("EMA") delivery of HIV;
- E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;
- F. Study, advise, and recommend to the BOS, the grantee and other departments policies and other actions/decisions on matters related to HIV;
- G. Inform, educate, and disseminate information to consumers, specified target populations, providers, the general public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV;
- H. Provide a report to the BOS annually, no later than June 30th, describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, the grantee, and other departments on HIV-related matters referred for review by the BOS, the grantee or other departments;
- I. Act as the planning body for all HIV programs in DPH or funded by the County; and
- J. Make recommendations to the BOS, the grantee and other departments concerning the allocation and expenditure of funding other than Ryan White Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.

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

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

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sibilities for the entire County.

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

II. MEMBERS:

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

- A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission;
- B. Alternates are appointed by the BOS to substitute for HIV-positive Commissioners when those Commissioners cannot fulfill their respective Commission duties and responsibilities;
- C. Community Members are appointed by the BOS to serve as voting members on the Commission's standing committees, according to the committees' processes for selecting Community Members.

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty-one (51) voting members. Voting members are nominated by the Commission and appointed by the BOS. Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration:

- A. Five (5) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:
 - 1. Medi-Cal, State of California,
 - 2. City of Pasadena,
 - 3. City of Long Beach,
 - 4. City of Los Angeles,
 - 5. City of West Hollywood;
- B. The Director of DHSP, representing the Part A grantee (DPH);
- C. Four (4) members who are recommended by Ryan White grantees as specified below or by representative groups of Ryan White grant recipients in the County, one from each of the following:
 - 1. Part B (State Office of AIDS),
 - 2. Part C (Part C grantees),
 - 3. Part D (Part D grantees),
 - 4. Part F [Part F grantees serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements];

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- D. Eight (8) provider representatives who are recommended by the following types of organizations in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic, including:
 - 1. An HIV specialty physician from an HIV medical provider,
 - 2. A Community Health Center/Federally Qualified Health Center ("CHC"/"FQHC") representative,
 - 3. A mental health provider,
 - 4. A substance abuse treatment provider,
 - 5. A housing provider,
 - 6. A provider of homeless services,
 - 7. A representative of an AIDS Services Organization ("ASO") offering federally funded HIV prevention services,
 - 8. A representative of an ASO offering HIV care and treatment services;
- E. Seventeen (17) unaffiliated consumers of Part A services, to include:
 - 1. Eight (8) consumers, each representing a different Service Planning Area ("SPA") and who are recommended by consumers and/or organizations in the SPA,
 - 2. Five (5) consumers, each representing a supervisorial district, who are recommended by consumers and/or organizations in the district,
 - 3. Four (4) consumers serving in an at-large capacity, who are recommended by consumers and/or organizations in the County;
- F. Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices;
- G. One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles Department of Housing;
- H. One (1) representative of a health or hospital planning agency who is recommended by health plans in Covered California;
- I. One (1) behavioral or social scientist who is recommended from among the respective professional communities;
- J. Eight (8) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs:
 - 1. Faith-based entities engaged in HIV prevention and care,
 - 2. Local education agencies at the elementary or secondary level,
 - 3. The business community,
 - 4. Union and/or labor,
 - 5. Youth or youth-serving agencies,
 - 6. Other federally funded HIV programs,
 - 7. Organizations or individuals engaged in HIV-related research,
 - 8. Organizations providing harm reduction services,

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9. Providers of employment and training services, and
10. HIV-negative individuals from identified high-risk or special populations.

Section 3. Term of Office. Consistent with the Los Angeles County Code 3.29.050 (*Term of Service*), all members serve two-year terms.

- A. Commissioner and Alternate members serve two-year staggered terms.
- B. A Community Member's term begins with the date of appointment.
- C. Members are limited to two consecutive terms in the same seat, unless waived by vote of the BOS.

Section 4. Unaffiliated Consumer Membership. In accordance with Ryan White Part A legislative requirements outlined in Section 2602(b)(5)(C) and consistent with Policy/Procedure #08.3107 (*Consumer Definitions and Related Rules and Requirements*), the Commission shall ensure that 33% of its members are consumers of Ryan White Part A services who are not aligned or affiliated with Ryan White Part A-funded providers as employees, consultants, or Board members.

- A. At least two (2) of the Commission's unaffiliated consumer members are expected to fill two (2) of the membership categories requiring representation, as defined in Ryan White legislation:
 1. At least one (1) unaffiliated consumer member must be co-infected with Hepatitis B or C; and
 2. At least one (1) unaffiliated consumer member must be a person who was incarcerated in a Federal, state or local facility within the past three (3) years and who has a HIV diagnosis as of the date of release, or is a representative of the recently incarcerated described as such.

Section 5. Reflectiveness. In accordance with Ryan White Part A legislative requirements [Section 2602(b)(1)], the Commission shall ensure that its full membership and the subset of unaffiliated consumer members proportionately reflect the ethnic, racial and gender characteristics of HIV disease prevalence in the EMA.

Section 6. Representation. In accordance with Ryan White Part A legislative requirements [Section 2602(b)(2)], the Commission shall ensure that all appropriate specific membership categories designated in the legislation are represented among the membership of Commission.

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

Section 7. Parity, Inclusion, and Representation (PIR). In accordance with CDC's *HIV Planning Guidance*, the planning process must ensure the parity and inclusion of the members.

- A. "'Parity' is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation

and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities.”

- B. “‘Inclusion’ is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.”
- C. “Representation” means that “members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise.”

Section 8. HIV and Target Population Inclusion. In all categories when not specifically required, recommending entities and the Commission are strongly encouraged to nominate candidates living with HIV and individuals who are members of populations at disproportionate risk for HIV.

Section 9. Accountability. Members are expected to report to and represent their recommending entities and constituencies. Members may, at times, represent multiple constituencies.

Section 10. Alternates. In accordance with Los Angeles County Code 3.29.040 (*Alternate members*), any Commission member who has disclosed that s/he is living with HIV is entitled to an Alternate who shall serve in the place of the Commissioner when necessary.

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

Section 11. Community Members. Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission’s standing committees may elect to nominate Community Members for appointment by the BOS to serve as voting members on the respective committees.

- A. As outlined in Policy/Procedure #09.1007 (*Community Member Appointments*), Community Members are invited to submit an application by the appropriate committee and are nominated according to that committee’s specific criteria for Community Membership.

III. MEMBER REQUIREMENTS:

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

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

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

- A. Commissioners who live and work outside of Los Angeles County as necessary to meet expectations of their specific seats on the Commission are exempted from the requirement of a primary committee assignment.
- B. Commissioners and Alternates are allowed to voluntarily request or accept "secondary committee assignments" upon agreement of the Co-Chairs.

Section 3. Conflict of Interest. Consistent with the Los Angeles County Code 3.29.046 (*Conflict of Interest*), Commission members are required to abide by the Conflict of Interest and Disclosure requirements of the Commission, the County of Los Angeles, the State of California (including Government Code Sections 87100, 87103, and 1090, et seq.), the Ryan White Program, as outlined in HRSA and relevant CDC guidance.

- A. As specified in Section 2602(b)(5) (42 U.S.C § 300ff-12) of the Ryan White legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of Ryan White funds, and shall not designate or otherwise be involved in the selection of particular entities as recipients of those grant funds. While not addressed in the Ryan White legislation, the Commission shall adhere to the same rules for CDC and other funding.
- B. Section 2602(b)(5)(B) continues that a planning council member who has a financial interest in, is employed by, or is a member of a public or private entity seeking local Ryan White funds as a provider of specific services is precluded from participating in—directly or in an advisory capacity—the process of selecting contracted providers for those services.
- C. Further, in accordance with HRSA guidance, Commission Policy/Procedure #08.3105 (*Ryan White Conflict of Interest Requirements*) dictates that all members must declare conflicts of interest involving Ryan White-funded agencies and their services, and the member is required to recuse him/herself from discussion concerning that area of conflict, or funding for those services and/or to those agencies.

Section 4. Code of Conduct. All Commission members are expected to adhere to the Commission's approved code of conduct at Commission and related meetings and in the private conduct of Commission business.

Section 5. Comprehensive Training. Commissioners and Alternates are required to fulfill all training requirements, as indicated in the Commission's approved comprehensive training plan, including, but not limited to, the New Member Orientation(s), and Los Angeles County Ethics and Sexual Harassment trainings.

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

- A. The Executive Director may vacate a seat after six months of consecutive absences if the member's term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.

IV. NOMINATION PROCESS:

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

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

Section 2. Application. Application for Commission membership shall be made on forms as approved by the Commission and detailed in Policy/Procedure #09.4203 (*Commission Membership Applications*).

- A. All candidates for first-time Commission membership shall be interviewed by the Operations Committee in accordance with Policy/Procedure #09.4204 (*Commission Candidate Interviews*).
- B. Any candidate may apply individually or through recommendation of other stakeholders or entities.
- C. Candidates cannot be recommended to the Commission or nominated to the BOS without completing appropriate Commission-approved application materials and being evaluated and scored by the Operations Committee.

Section 3. Appointments. All Commission members (Commissioners, Alternates and Community Members) must be appointed by the BOS.

V. MEETINGS:

Section 1. Public Meetings. The Commission complies with federal open meeting requirements in Section 2602(b)(7)(B) of the Ryan White legislation and accompanying HRSA guidance, and with California's Ralph M. Brown Act ("Brown Act") governing open, public meetings and deliberations.

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- A. Ryan White legislation states that "meeting of the (planning) council shall be open to the public and shall be held only after adequate notice to the public." HRSA guidance stipulates that those rules apply to the Commission meetings and meetings of its committees.
- B. The Brown Act instructs that any meeting involving a quorum of the Commission or a committee must be open to the public and noticed publicly.
- C. Public meeting requirements of the Commission's working units are outlined in the Commission's Policy/Procedure #08.1102 (*Subordinate Commission Working Units*).

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

Section 3. Meeting Minutes/Summaries. Meeting summaries and minutes are produced in accordance with HRSA's open meeting requirements, the Brown Act, Commission Policy/Procedure #08.1102 (*Subordinate Commission Working Units*), and all other applicable laws and regulations.

- A. Minutes and summaries are posted to the Commission's website at www.hivcommission-la.info following their approval by the respective body.

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

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

- A. The Commission's Annual Meeting replaces one of the regularly scheduled monthly meetings during the fall of the calendar year.

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

- A. The members of the Commission requesting a special meeting shall do so in writing to the Executive Director, with original signatures, who is obliged to call the meeting, in consultation with the Co-Chairs, within ten (10) days upon receipt of the written request.

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

Section 8. Robert's Rules of Order. All meetings of the Commission shall be conducted ac-

cording to the current edition of "*Robert's Rules of Order, Newly Revised*," except where superseded by the Commission's Bylaws, policies/procedures, and/or applicable laws.

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

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

VI. RESOURCES:

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

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

- A. The total amount of each year's operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission's Executive Committee.
- B. Projected Commission operational expenditures are allocated from Ryan White Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of those funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and conditions of the award/funding.
- C. Costs and expenditures are enabled through a Departmental Service Order (DSO) between DHSP/DPH and the Executive Office of the BOS, the Commission's fiscal and administrative agent.
- D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission's annual budget according to their respective budget cycles and the Commission's/County's fiscal year.

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

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

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in the execution of those grants and/or fulfillment of revenue requirements.

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

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

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

VII. POLICIES AND PROCEDURES:

Section 1. Policy/Procedure Manual. The Commission develops and adopts policies and procedures consistent with Ryan White, HRSA, and CDC requirements, Los Angeles County Code, Title 3—Chapter 29, these Bylaws, and other relevant governing rules and requirements to operationalize Commission functions, work and activities. The policy/procedure index and accompanying adopted policies/procedures are incorporated by reference into these Bylaws and are maintained electronically on the Commission's website (www.hivcommission-la.info) and manually in the Commission's offices.

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

- A. Project officer approval is necessary before the Bylaws, the grievance procedures and the Ryan White conflict of interest procedures are amended, and/or the Bylaws and those procedures must be amended to abide by HRSA requirements, as instructed by the project officer.

Section 3. Grievance Procedures. The Commission's Policy/ Procedure #05.8001 (*Commission on HIV Grievance Process*) are incorporated by reference into these Bylaws. The Commission's grievance procedures must comply with Ryan White, HRSA, CDC, and Los Angeles County requirements, and will be amended from time to

time, as needed, accordingly.

Section 4. Complaints Procedures. Complaints related to internal Commission matters such as alleged violations of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302 (*Internal Complaints*).

Section 5. Conflict of Interest Procedures. Specific member conflict of interest requirements are detailed in Policy/Procedure #08.3105 (*Ryan White Conflict of Interest Requirements*) and Policy/Procedure #08.3108 (*State Conflict of Interest Requirements*). The Commission's conflict of interest procedures must comply with Ryan White, HRSA, CDC, State of California and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly. These policies/procedures are incorporated by reference into these Bylaws.

VIII. LEADERSHIP:

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

- A. One of the Co-Chairs must be HIV-positive. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.
- B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term.
- C. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term, after nominations periods opened at the prior regularly scheduled meeting. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.
- D. As reflected in Policy/Procedure #07.2001 (*Duty Statement, Commission Co-Chair*), one or both of the Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:
 1. Assign the members of the Commission to committees;
 2. Approve committee co-chairs, in consultation with the Executive Committee;
 3. Represent the Commission at functions, events and other public activities, as necessary;
 4. Call special meetings, as necessary, to ensure that the Commission fulfills its duties;
 5. Consult with and advise the Executive Director regularly, and the Ryan White Part A and CDC project officers, as needed;
 6. Conduct the performance evaluation of the Executive Director, in consultation with the Executive Committee and the Executive Office of the BOS;

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7. Chair or co-chair committee meetings in the absence of both committee co-chairs;
8. Serve as voting members on all committees when attending those meetings;
9. Are empowered to act on behalf of the Commission or Executive Committee on emergency matters; and
10. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

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

- A. Committee co-chairs' terms of office are one year, but they may be re-elected by the committee membership. In the event of a vacancy, a new co-chair shall be elected by the respective committee to complete the term.
- B. Committee co-chairs are elected by a majority vote of the members of the respective committees present at regularly scheduled meetings at the beginning of the calendar year, after nominations periods opened at the prior regularly scheduled meetings of the committees. Once elected, the committee co-chairs' names shall be submitted to the Commission Co-Chairs and the Executive Committee for approval.
- C. As detailed in Policy/Procedure #07.2003 (*Duty Statement, Commission Co-Chair*), one or both of the co-chairs shall preside at all regular or special meetings of their respective committee. Committee co-chairs shall have the following additional duties:
 1. Serve as members of the Executive Committee;
 2. Develop annual work plans for their respective committees in consultation with the Executive Director, subject to approval of the Executive Committee and/or Commission;
 3. Manage the work of their committees, including ensuring that work plan tasks are completed; and
 4. Present the work of their committee and any recommendations for action to the Executive Committee and the Commission.

IX. COMMISSION WORK STRUCTURES:

Section 1. Committees and Working Units. The Commission completes a majority of its work through a strong committee and working unit structure outlined in Policy/Procedure #08.1102 (*Subordinate Commission Working Units*).

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

approved by at least a majority of the quorum of the Commission.

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

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

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

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

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

X. EXECUTIVE COMMITTEE:

Section 1. Voting Membership. The voting membership of the Executive Committee shall comprise the Commission Co-Chairs, the committee co-chairs, the Director of DHSP or his/her permanent designee, and three (3) At-Large members who may be elected by the Commission.

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

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

- A. Overseeing all Commission and planning council operational and administrative activities;
- B. Serving as the clearinghouse to review and forward items for discussion, approval and action to the Commission and its various working groups and units;
- C. Acting on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission;
- D. Approving the agendas for the Commission's regular, Annual and special meetings;

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- E. Determining the annual Commission work plan and functional calendar of activities, in consultation with the committees and subordinate working units;
- F. Conducting strategic planning activities for the Commission;
- G. Adopting a Memorandum Of Understanding ("MOU") with DHSP, if needed, and monitoring ongoing compliance with the MOU;
- H. Resolving potential grievances or internal complaints informally when possible, and standing as a hearing committee for grievances and internal complaints;
- I. Approving the election of committee co-chairs;
- J. Addressing matters related to Commission office staffing, personnel and operations, when needed;
- K. Developing and adopting the Commission's annual operational budget;
- L. Overseeing and monitoring Commission expenditures and fiscal activities; and
- M. Carrying out other duties and responsibilities, as assigned by the BOS or the Commission.

Section 4. At-Large Member Duties. As reflected in Policy/Procedure #07.2002 (*Duty Statement, Executive Committee At-Large Members*), the At-Large members shall serve as members of both the Executive and Operations Committees.

XI. OPERATIONS COMMITTEE:

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

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

- A. Ensuring that the Commission membership adheres to Ryan White reflectiveness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements;
- B. Recruiting, screening, scoring and evaluating applications for Commission membership and recommending nominations to the Commission in accordance with the Commission's established Open Nominations Process;
- C. Developing, conducting and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and

topics related to the Commission, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth;

- D. Conducting regular orientation meetings for new Commission members and

interested members of the public to acquaint them with the Commission's role, processes and functions;

- E. Developing and revising, as necessary, Commission member duty statements (job descriptions);
- F. Recommending and nominating, as appropriate, candidates for committee, task force and other work group membership to the Commission;
- G. Recommending amendments, as needed, to the Ordinance, which governs Commission operations;
- H. Recommending amendments or revisions to the Bylaws consistent with Ordinance amendments and/or to reflect current and future goals, requirements and/or objectives;
- I. Recommending, developing and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual;
- J. Coordinating on-going public awareness and information referral activities in collaboration with the Community Engagement Task Force to educate and engage the public about the Commission and promote the availability of HIV services;
- K. Working with local task forces to ensure their representation and involvement in the Commission and in its activities;
- L. Identifying, accessing and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs;
- M. Conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; and
- N. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

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

Section 1. Voting Membership. The voting membership of the PP&A Committee shall comprise members of the Commission assigned by the Commission Co-Chairs, a DHSP representative, and the Commission Co-Chairs when attending.

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

- A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making, including gathering expressed need data from consumers on a regular basis, and reporting regularly to the Commission on consumer and service needs, gaps and priorities;
- B. Overseeing development and updating of the comprehensive HIV plan, and monitoring implementation of the plan;
- C. Recommending to the Commission annual priority rankings among service

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categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV and STD funding;

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

XIII. PUBLIC POLICY (PP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the PP Committee shall comprise members of the Commission assigned by the Commission Co-Chairs, a DHSP representative, additional community members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

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

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

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

members, consumers, providers, and the public;

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

XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the SBP Committee shall comprise members of the Commission assigned by the Commission Co-Chairs, a DHSP representative, additional Community Members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

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

- A. Working with the DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization;
- B. Identifying, reviewing, developing, disseminating and evaluating standards of care for HIV and STD services;
- C. Reducing the transmission of HIV and other STDs, improving health outcomes and optimizing quality of life and self-sufficiency for all people infected by HIV and their caregivers and families through the adoption and implementation of "best practices";
- D. Recommending service system and delivery improvements to DHSP to ensure that the needs of people at risk for or living with HIV and/or other STDs are adequately met;
- E. Developing and defining directives for implementation of services and service models;
- F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed;
- G. Identifying and recommending solutions for service gaps;
- H. Ensuring that the basic level of care and prevention services throughout Los Angeles County is consistent in both comprehensiveness and quality through the development, implementation and use of outcome measures;

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- I. Reviewing aggregate service utilization, delivery and/or quality management information from DHSP, as appropriate;
- J. Evaluating and assessing service effectiveness of HIV and STD service delivery in Los Angeles County, with particular attention to, among other factors, outcome evaluation, cost effectiveness, capacity and best practices;
- K. Verifying system compliance with standards by reviewing contract and RFP templates; and
- L. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

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

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

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

**NOTED AND
APPROVED:**



**EFFECTIVE
DATE:**

July 11, 2013

Originally Adopted: 3/15/1995

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

Planning Council, Recipient, and CEO Roles and Responsibilities

[Based on Legislative Requirements for Planning Councils;

Other Ryan White HIV/AIDS Program (RWHAP) Part A Planning Bodies are Typically Advisory, but Roles May be Similar]

Task	CEO	Recipient	Planning Council
Determine Planning Body [CEO of a TGA may choose to have a planning council or to use another process to obtain community input]	X		
Establish Planning Body and Appoint Members [based on an open nominations process]	X		
Carry Out Needs Assessment		X	X [Lead role]
Do Comprehensive Planning [including integrated plan review and updates]		X	X [Lead role]
Set Priorities among allowable core medical-related and support service categories, including how best to meet each priority (directives)*			X
Allocate Resources among Prioritized Service Categories* [≥75% to core medical-related services unless jurisdiction has a waiver]			X
Manage Procurement [includes developing RFPs, conducting TA and bidders' conferences, conducting application review, negotiating contracts, awarding funds, and developing reimbursement and accounting systems]		X	
Monitor Contracts [includes program and fiscal monitoring]		X	
Evaluate Effectiveness of Planning Activities [part of new annual planning cycle]		X	X
Evaluate Effectiveness of Care Strategies [includes performance along the HIV Care Continuum, clinical outcomes, other performance measures]		X	X [Optional]
Do Clinical Quality Management (CQM) [in collaboration with subrecipients/service providers]		X	[Care Standards** & CQM Committee Involvement]
Assess the Efficiency of the Administrative Mechanism in rapidly allocating funds to the areas of greatest need within the eligible area *			X

* Sole responsibility of RWHAP Part A planning council

** CQM is a grantee activity, but it is the responsibility of the planning council to "develop standards of care for funded services." [RWHAP Part A Manual, p 90]

"Standards of care are principles and practices for the delivery of health and social services that are accepted by recognized authorities and used widely. Standards of care are based on specific research (when available) and the collective opinion of experts. Standards of care are often informed by guidelines, clinical research, and patient experiences." [RWHAP Part A Manual, p 64]

**Quick Reference for Planning Council Support (PCS) Staff:
Legislative Requirements for Planning Councils/Bodies,
with HRSA/HAB Definitions, Clarifications, and Expectations¹**

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
Establishment of a Planning Council or Body		
Establishment of a Planning Council	CEO “shall establish an HIV health services planning council” [Section 2602(b)(2)(A)(ii)]	All EMAs must have planning councils that meet legislative requirements.
Exception to Planning Council Requirement for TGAs	“The chief elected official of the transitional area may elect not to comply with the provisions of section 2602(b) [establishment of a planning council] if the official provides documentation to the Secretary that details the process used to obtain community input (particularly from those with HIV) in the transitional area for formulating the overall plan for priority setting and allocating funds from the grant” [Section 2609(d)(1)(A)]	▪ “All TGAs that have operating PCs are strongly encouraged by DMHAP to maintain that current structure” — “in conformity with PC legislative requirements.” [Letter to RWHAP Part A Grantees on TGA Planning Councils Moving Forward, December 4, 2013] ▪ All jurisdictions are expected to have planning bodies. [Integrated HIV Prevention and Care Plan Guidance, p 4] ▪ DMHAP encourages TGAs with planning bodies to make them similar to PCs in terms of member representation and reflectiveness as well as roles. [EGMC discussion with DMHAP Project Officers, January 23, 2017]
Planning Council/Body Membership		
Representation: Membership Categories	Section 2602(b)(2): “REPRESENTATION. — The HIV health services planning council shall include representatives of— (A) health care providers, including federally qualified health centers; (B) community-based organizations serving affected populations and AIDS service organizations; (C) social service providers, including providers of housing	▪ “Representation is the extent to which the planning council includes individuals from the legislatively defined categories of membership.” [p 110] ▪ The category of grantees under Category L, other Federal HIV programs “is to include, at a minimum, a representative from each of the following:” - Federally-funded HIV prevention services. - A grantee funded under Part F’s SPNS, AETC, and/or Ryan

¹ Prepared in March 2017 for DMHAP based on Ryan White HIV/AIDS Treatment Extension Act of 2009. Prepared under Task Order TA003111 through MSCG/Ryan White Technical Assistance Contract.

QUICK LEGISLATIVE REFERENCE FOR PLANNING COUNCIL SUPPORT STAFF

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHP) Part A Manual unless otherwise indicated]</i>
	and homeless services; (D) mental health and substance abuse providers; (E) local public health agencies; (F) hospital planning agencies or health care planning agencies; (G) affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations; (H) nonelected community leaders; (I) State government (including the State Medicaid agency and the agency administering the program under part B); (J) grantees under subpart II of part C; (K) grantees under section 2671 [Part D], or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area; (L) grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services; and (M) representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released."	White Dental Programs. - Housing Opportunities for Persons With AIDS (HOPWA). - Other Federal programs that provide HIV/AIDS treatment such as the Veterans Health Administration. [p 110] - "The planning council must include at least one member to separately represent each of the designated membership categories (unless no entity from that category exists in the EMA/TGA)....<i>Separate representation means that each planning council member can fill only one legislatively required membership category at any given time, even if qualified to fill more than one.</i>" [p 110] - There are 3 exceptions, in which a single person can represent multiple categories: - Both substance abuse and mental health provider categories - "if his/her agency provides both types of services and the person is familiar with both programs." - "Both the Ryan White Part B program and the State Medicaid agency if that person is in a position of responsibility for both programs." - Any combination of Ryan White Part F grantees (SPNS, AETCs, and Dental Programs) and HOPWA, if the agency represented by the member receives grants from some combination of those four funding streams...and the individual is familiar with all these programs." [p 110]

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
Consumer Members	▪ "Not less than 33 percent of the council shall be individuals who are receiving HIV-related services [under RWHAP Part A], are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV/AIDS" ▪ Includes parents or caregivers of children with HIV [Section 2602(b)(5)(C)(i)]	"DMHAP and its predecessor, the Division Service Systems (DSS), have consistently emphasized that planning councils can be truly effective in meeting their legislated responsibilities only if they have well-supported consumer participation and membership reflective of the local demographics of the HIV/AIDS epidemic." [p 109]
Reflectiveness	PC "shall reflect in its composition the demographics of the population of individuals with HIV/AIDS in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations" [Section 2602(b)(1)]	▪ "Reflectiveness is the extent to which the demographics of the planning council's membership look like the epidemic of HIV/AIDS in the EMA/TGA." ▪ Must include "at least the following: race/ethnicity, gender, and age at diagnosis." ▪ Reflectiveness required for both the whole planning council membership and the consumer membership. ▪ PLWH should be selected "without regard to the individual's stage of disease." ▪ "Reflectiveness does not mean that membership must identically mirror local HIV/AIDS demographics." [p 111] ▪ "The composition of the PC or planning body must reflect the demographics of the HIV/AIDS epidemic in the EMA/TGA." [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 22] ▪ The required PC/B letter that accompanies the RWHAP Part A application must indicate "that representation is reflective of the epidemic in the EMA/TGA" or, if it is not, "Note variations between the demographics of the non-aligned consumers and the HIV disease prevalence of the EMA/TGA and "provide a plan and timetable for addressing each vacancy." [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 24]

QUICK LEGISLATIVE REFERENCE FOR PLANNING COUNCIL SUPPORT STAFF

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHP) Part A Manual unless otherwise indicated]</i>
Open Nominations	"Nominations for membership on the council shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria." [Section 2602(b)(1)]	HAB/DMHAP expects that: ▪ The open nominations process will be "described and announced before the nominations process begins," will "specify clear criteria on the planning council composition being sought," will be publicized, allow people to "apply for membership or be nominated by others," and use a "standardized, plain-language application form." ▪ "The CEO will approve and/or appoint as planning council members only individuals who have gone through the open nominations process." [p 118]
Roles and Responsibilities		
Duties	"(4) DUTIES — The planning council) shall— (A) determine the size and demographics of the population of individuals with HIV/AIDS; (B) determine the needs of such population...; (C) establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds under a grant...; (D) develop a comprehensive plan for the organization and delivery of health and support services...; (E) assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs; (F) participate in the development of the statewide coordinated statement of need initiated by the State public health agency responsible for administering grants under part B;	▪ <i>Extensive guidance on key duties in RWHP Part A Manual, with separate chapters on Needs Assessment, Comprehensive Planning, Priority Setting and Resource Allocations, and the Statewide Coordinated Statement of Need RWHP Part A Manual, Section XI. Planning and Planning Bodies, Chapters 3-6]</i> ▪ Legislatively required tasks include: - "Conduct an assessment of local community needs. - Develop a comprehensive service plan, compatible with existing State and local plans. - Allocate funds according to service priorities set by the planning council. - Participate along with other Ryan White partners in the development a Statewide Coordinated Statement of Need (SCSN) to enhance coordination among Ryan White HIV/AIDS programs in addressing key HIV/AIDS care issues. - Coordinate with Federal, State, and locally funded grantees providing HIV-related services. - Assess the efficient administration of funds." [p 80]

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
	(G) establish methods for obtaining input on community needs and priorities which may include public meetings..., conducting focus groups, and convening ad-hoc panels; and (H) coordinate with Federal grantees that provide HIV-related services within the eligible area." [Section 2602(b)(4)]	
Conflict of Interest and Grievance Procedures		
Conflict of Interest: Planning Council	A planning council: ▪ "May not be directly involved in the administration of a grant" under RWHAP Part A. ▪ "May not designate (or otherwise be involved in the selection of) particular entities as recipients" of RWHAP Part A funds. [Section 2602(b)(5)(A)]	▪ "Planning councils are strictly prohibited from involvement in the selection of particular entities to receive [RWHAP] Part A funding." [p 191] ▪ "As part of their responsibility to determine how best to meet stated priorities, planning councils may stipulate what provider characteristics the grantee should look for in its procurement process (e.g., community-based AIDS service providers, multi-service organizations or public agencies that provide a specific service or target a specific population). They may also specify that providers should be sought in specific parts of the Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA)." [p 191] ▪ "While the legislation prohibits planning councils from participating or otherwise being involved in selecting particular entities for funding, they may be involved in selecting particular entities and individuals to carry out activities directly related to planning council functions and responsibilities" such as general planning council administrative duties, needs assessments, planning activities such as writing the comprehensive plan, assessment of the administrative mechanism, technical assistance, and program evaluation. [p 145]

QUICK LEGISLATIVE REFERENCE FOR PLANNING COUNCIL SUPPORT STAFF

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
Conflict of Interest: Individual Members	An individual planning council member who has a financial interest, is an employee, or is a member of an entity that is seeking RWHAP Part A funds: ▪ will not “participate (directly or in an advisory capacity) in the process of selecting entities” for RWHAP Part A funding. [Section 2602(b)(5)(B)]	▪ “Conflict of interest can be defined as an actual or perceived interest in an action that will result—or has the appearance of resulting—in personal, organizational, or professional gain. To illustrate, conflict of interest occurs when a planning council member has a monetary, personal, or professional interest in a planning council decision or vote. Any group making funding decisions for a Ryan White program should be free from conflicts of interest.” [p 143] ▪ “As appropriate, the definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child.” [p 147] ▪ “HAB/DMHAP expects planning councils to employ a variety of strategies to minimize conflict of interest and its potential adverse effects, such as keeping members self-aware of the potential for conflict of interest and using procedures that can minimize or address conflicts.” Of particular importance are adoption of COI policies and procedures “and their routine and consistent application in planning council deliberations and decision making.” [p 150] ▪ “Because of an individual member’s relationship to the planning council, sound practice is not to have them serve on external review panels for the selection of [RWHAP] Part A providers.” [p 144]
Grievance Procedures	▪ A planning council “(1) shall develop procedures for addressing grievances with respect to funding under this subpart, including procedures for submitting grievances that cannot be resolved to binding arbitration. ▪ “Such procedures shall be described in the by-laws of the planning council and be consistent with the requirements of subsection (c)” <i>[which call for model grievance procedure to be provided by the Secretary of HHS and planning council grievance procedures to be</i>	▪ “The Ryan White HIV/AIDS Program requires [RWHAP]Part A planning councils to establish procedures to address grievances related to funding. At local discretion, grievance procedures can also address other types of disputes faced by planning councils.” [p 134] ▪ “HAB/DMHAP has developed model grievance procedures to guide local efforts in adequately addressing potential grievances.... There should be periodic local review of grievance procedures and their implementation to ensure that legislative

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
	<i>reviewed by the Secretary</i> . [Section 3602(b)(6)]	requirements are being met and grievances are being resolved in a timely and appropriate manner. Any revisions in these grievances should be sent to the HAB/DMHAP project officer to be approved and kept on file." [p 134]
Planning Council Support and Operations	Among the allowable uses of administrative funds, which are capped at 10% of the total grant, are "all activities associated with the grantee's contract award procedures, including the activities carried out by the HIV health services planning council..." [Section 2604(h)(3)(B)]	▪ "The planning council needs funding to carry out its responsibilities. HAB/ DMHAP refers to these funds as 'planning council support.' Planning Council Support funds are part of the 10 percent administrative funds available to the grantee for managing the [RWHAP] Part A program." [p 104] ▪ "The grantee must also ensure adequate funding for PC mandated functions within the administrative line item." [p 31] ▪ "The planning council must negotiate the size of the planning council support budget with the grantee and is then responsible for developing and managing that budget within the grantee's grants management structure." [p 104] ▪ "Planning council support funds may be used for such purposes as hiring staff, developing and carrying out needs assessments and estimating unmet need, sometimes with the help of consultants, conducting planning activities, holding meetings, and assuring PLWHA participation." [p 104]
Officers	"The council may not be chaired solely by an employee of the grantee" [Section 2602(b)(7)(A)]	"The planning council needs a chair or co-chairs. The legislation does not permit an employee of the [RWHAP] Part A grantee to serve as the chair of a planning council. An employee of the grantee may serve as a co-chair, provided the bylaws of the planning council permit or specify that arrangement. Bylaws should specify whether there is to be a chair or co-chairs and how they are selected. They may specify that the chair is to be appointed by the CEO or elected by the Planning Council. Often, if the chair is appointed by the CEO or is an employee of the

QUICK LEGISLATIVE REFERENCE FOR PLANNING COUNCIL SUPPORT STAFF

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
Member Training and Materials	"The Secretary shall provide to each chief elected official receiving a grant under [RWHAP Part A] guidelines and materials for training members of the planning council...regarding the duties of the council." [Section 2602(e)]	grantee, bylaws require that the planning council elect the co-chair. Sometimes bylaws require that one co-chair be a PLWHA." [p 100] ▪ "Members must be trained to enable them to fulfill their responsibilities, in accordance with guidance from" DMHAP. [p 80] ▪ "PC or planning body members must be trained regarding their legislatively mandated responsibilities and other competencies necessary for full participation in collaborative decision making." [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 22] ▪ Letter from PC/B included in the RWHAP Part A application must address "that ongoing, and at least annual membership training took place, including the date(s)." [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 24]
Public Deliberations/ Open Meetings	"(i) The meetings of the council shall be open to the public and shall be held only after adequate notice to the public. (ii) The records, reports, transcripts, minutes, agenda, or other documents which were made available to or prepared for or by the council shall be available for public inspection and copying at a single location. (iii) Detailed minutes of each meeting of the council shall be kept...." [Section 2602(b)(7)]	"To comply with legislative requirements around open meetings and public access to minutes and other planning council documents, planning councils must: ▪ Ensure that meetings are open to all members of the general public and maintain a system that provides for public written notice of all council meetings. This includes publication of the meeting notices in local print media and through other forums accessible to the disabled (i.e., the hearing- or speech-impaired). Meeting times and locations should be announced on the planning council or health department website and on other appropriate online media. ▪ Have a summary of the minutes that has been approved by the planning council and certified by the chair of the planning council available for public inspection. Both the minutes and other documents or materials made available to or prepared for the planning council should be available to the public within six weeks after the meeting date.

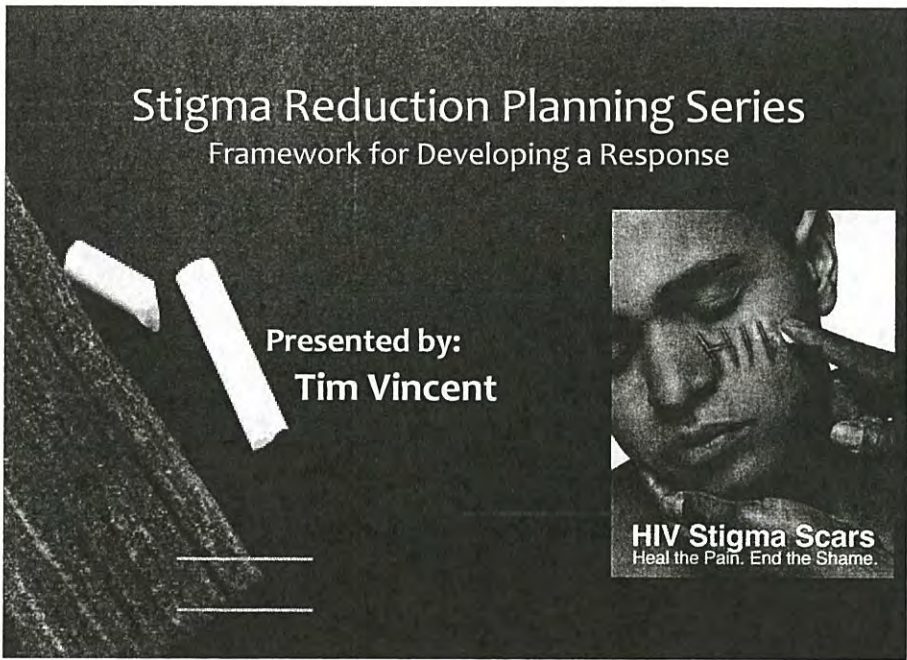
Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
		▪ Have a publicly accessible location where minutes and other legislatively required information can be inspected and copied if requested. It is important that detailed minutes are required....Minutes need to be able to show how the Council arrived at their funding decisions, especially if there is a grievance.” ▪ ...“Make available for public inspection records of the recommendations made by committees or other subgroups to the planning council, as well as the subsequent actions taken by the planning council. A sound practice to implement this requirement is to post approved planning council and committee minutes on the planning council website. ▪ Where local, county, or State regulations, ordinances, or statutes are more stringent than Ryan White requirements, follow these more stringent requirements. For example, many States and municipalities have open meeting laws that have very specific public notice or other requirements. Planning councils must adhere to these requirements, and planning council members and support staff should receive information and training about these requirements.” [pp 100-101]
Public Disclosure of Member Status	“The requirement for public deliberations “does not apply to any disclosure of information of a personal nature that would constitute a clearly unwarranted invasion of personal privacy, including any disclosure of medical information or personnel matters.” [Section 2602(b)(7)] <i>[Legislation does not address public disclosure of status by consumer members]</i>	▪ At least two of the unaligned consumer representatives must publicly disclose their HIV status. [p 109] ▪ The planning council must “take appropriate steps to guard against disclosure of personal information that would constitute an invasion of privacy. For example, minutes should not indicate the HIV status of planning council members unless they are publicly disclosed, and should never provide medical or health status information about a member.” [p 101]

QUICK LEGISLATIVE REFERENCE FOR PLANNING COUNCIL SUPPORT STAFF

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHP) Part A Manual unless otherwise indicated]</i>
Relationship between the Recipient and Planning Council/Body		
CEO Responsibility for Planning Council/Body	"To be eligible for assistance under [RWHP Part A], the chief elected official...shall establish or designate an HIV health services planning council." [Section 2602(b)(1)]	"The CEO must establish a planning council and, once the planning council is established, appoint members through the planning council's nominations process. For the TGAs funded after 2006, the CEO has the option of establishing a planning council or a process for securing community input...CEOs must enable planning councils to carry out their legislatively mandated responsibilities..." [p 80]
Recipient Compliance with Priorities and Allocations Set by the Planning Council/Body	"The Secretary...may not make any grant...to an eligible area unless the application submitted by such area...demonstrates that the grants made...to the area for the preceding fiscal year (if any) were expended in accordance with the priorities...that were established...by the planning council serving the area." [Section 2603(d)]	▪ "The planning body must provide the grantee or administrative agent with the results of the priority setting and resource allocation process, both to include in the [RWHP] Part A application and as a basis for the selection of providers (the procurement process)." [p 219] ▪ The letter of assurance provided by the planning council or the letter of concurrence provided by the planning body for submission with the RWHP Part A application must indicate whether "Formula, Supplemental, and MAI funds awarded to the EMA/TGA are being expended according to the priorities established by the PC or planning body." [FOIA HRSA-17-030, RWHP Part A Continuing Continuation for FY 2017, p 23]

5. Los Angeles County HIV/AIDS Strategy (LACHAS):

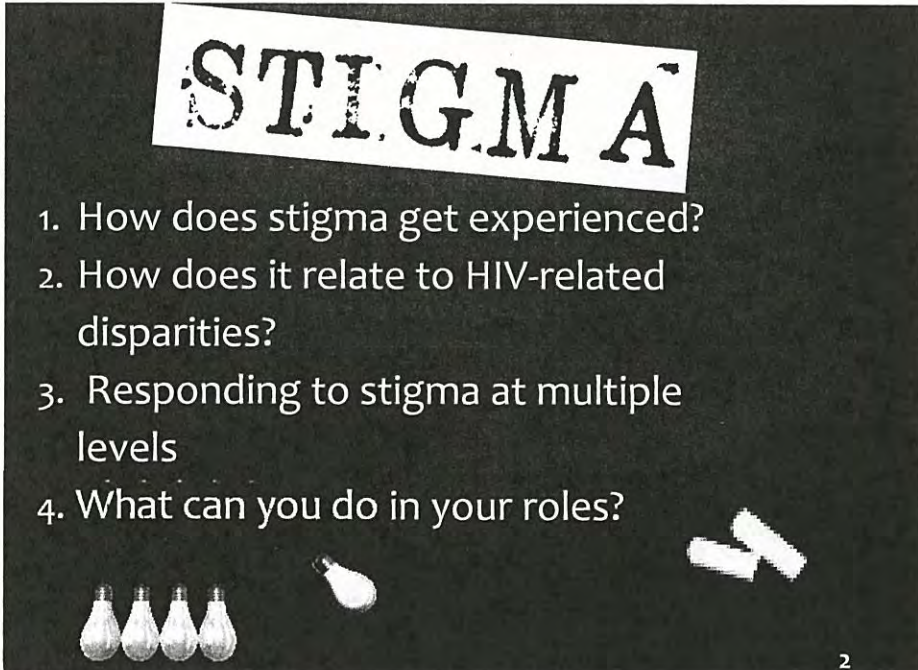
A. Stigma Reduction Action Planning Series



Stigma Reduction Planning Series
Framework for Developing a Response

Presented by:
Tim Vincent

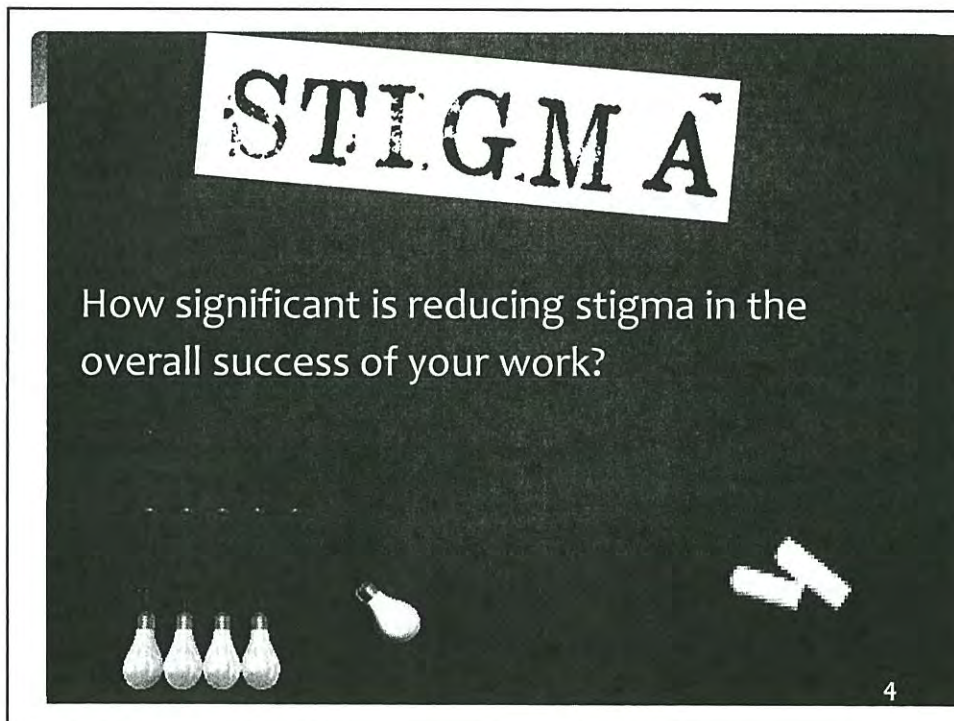
HIV Stigma Scars
Heal the Pain. End the Shame.



STIGMA

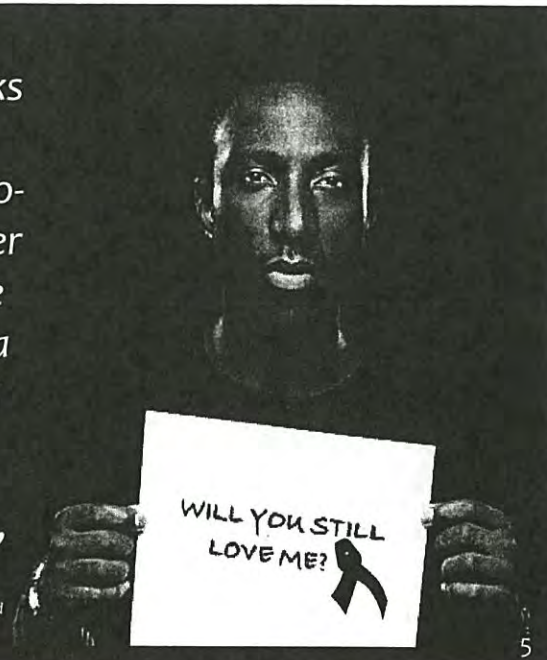
1. How does stigma get experienced?
2. How does it relate to HIV-related disparities?
3. Responding to stigma at multiple levels
4. What can you do in your roles?

2



Stigma is an attribute that links a person to an undesirable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one."

Erving Goffman
Stigma: Notes on the Management of Spoiled Identity



"Stigma plays a key role in producing and reproducing relations of power and control."

R. Parker and P. Aggleton



6

Stigma Can Happen Due To:

- **Identity** - Who you are
- **Behavior** – What you have done
- **Perception** – Something that may not be accurate or current

Stigma

7

Intersectionality

The interdependence among multiple co-occurring devalued social identities

- Race/Ethnicity
- Sexual Orientation
- Gender Identity
- Age
- Drug Use
- Immigrant Status
- Economic Status
- Mental Health Status
- Incarceration
- Religion
- Disease (HIV)

Stigma

8

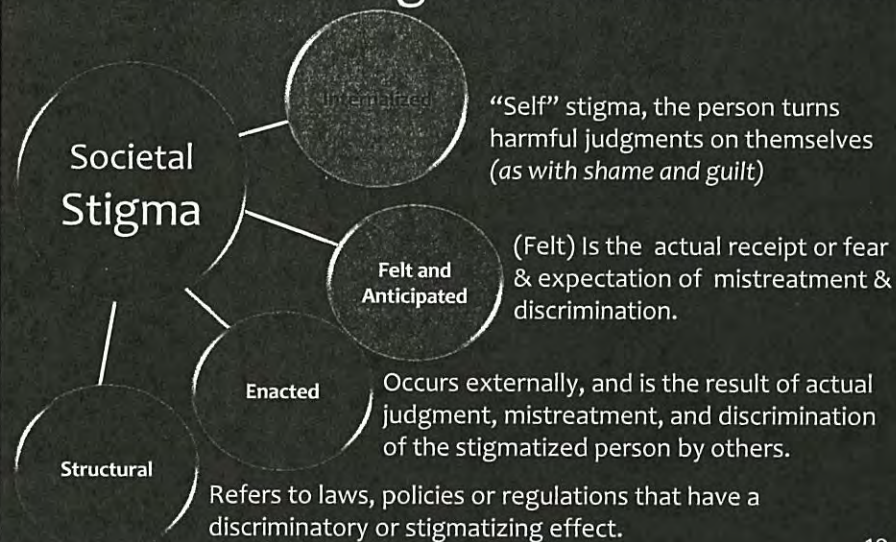
The Stigma Experience:

- What happened?
- How did it feel?
- What did you do (or were able)?
- What helped or would have helped?

Stigma

9

Stigma Manifestations



10

HIV Stigma Definition



Unfavorable attitudes and beliefs directed toward people living with HIV, their family, friends, social groups and communities.

11

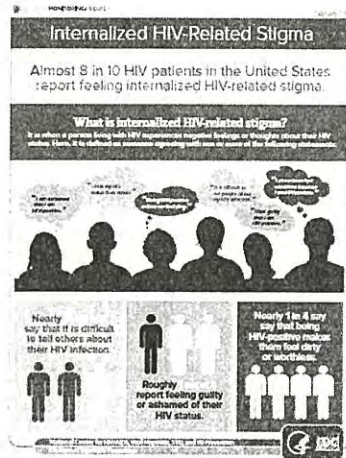
Stigma is intensified if someone has a disease or condition which is:



- Life-threatening
- Contagious
- Associated with behavior
- Associated with moral fault
- Visible

12

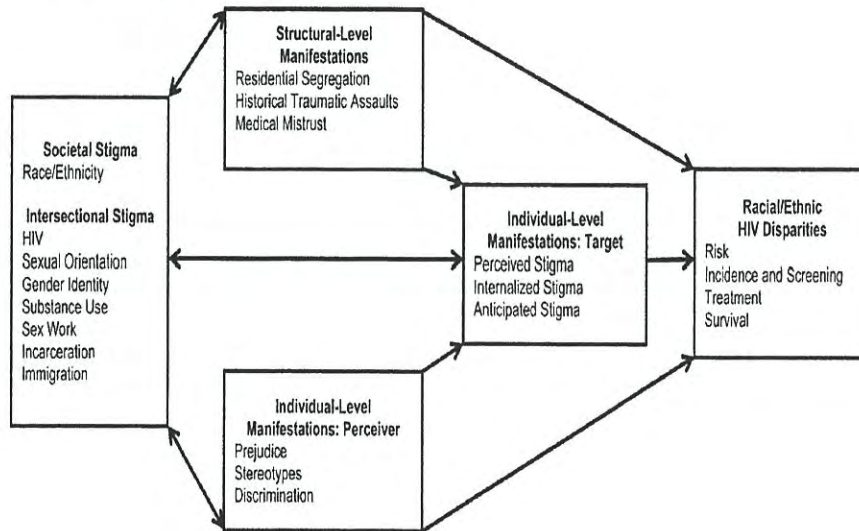
Internalized Stigma



Stigma and Connection to HIV Disparities

Stigma and Racial/Ethnic HIV Disparities, *Moving Toward Resilience*
 Valerie A. Earnshaw Yale University; Laura M. Bogart Boston Children's Hospital and Harvard University; John F. Dovidio Yale University; David R. Williams Harvard University
 May-June 2013 • American Psychologist 225
 Vol. 68, No. 4, 225-23

Figure 1
Stigma and HIV Disparities Model



Disparities Connection

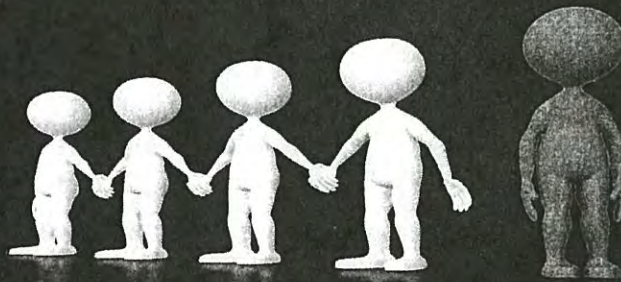
1. Risk
2. Testing
3. Treatment
4. Survival



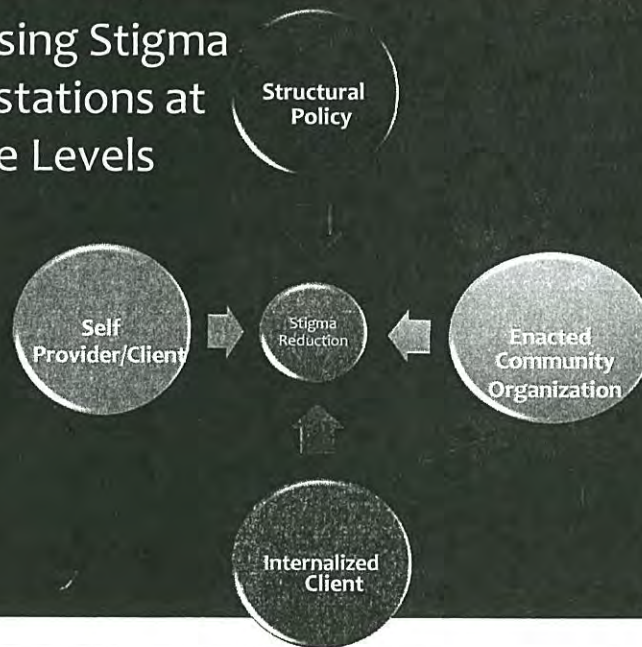
“Disentangling stigma from HIV risk, infection, and treatment is one of the greatest public health challenges of the 21st century.

Breyer, C., Sullivan, P. S., Sanchez, J., Dowdy, D., Altman, D., Trapence, G., ... & Mayer, K. H. (2012). A call to action for comprehensive HIV services for men who have sex with men. *The Lancet*, 380 ”

Changing the Dynamics



Addressing Stigma Manifestations at Multiple Levels



19

Protecting Our Patients (POP) Campaign

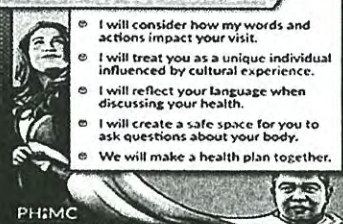
- ❑ Clinic-based, educational and promotional campaign to address provider bias and the clinic environment that often perpetuates HIV stigma, homophobia and transphobia
- ❑ Aim is to improve HIV testing and the provision of affirming care
- ❑ 45 health care team members trained across 5 clinics
- ❑ Evaluations showed reductions in provider-level stigma and changing perceptions toward LGBT individuals

Public Health Institute of Metropolitan Chicago and Illinois
 Department of Public Health
 Website: <http://www.phimc.org/initiatives/pop/>

20



THIS IS MY COMMITMENT:



Resilience

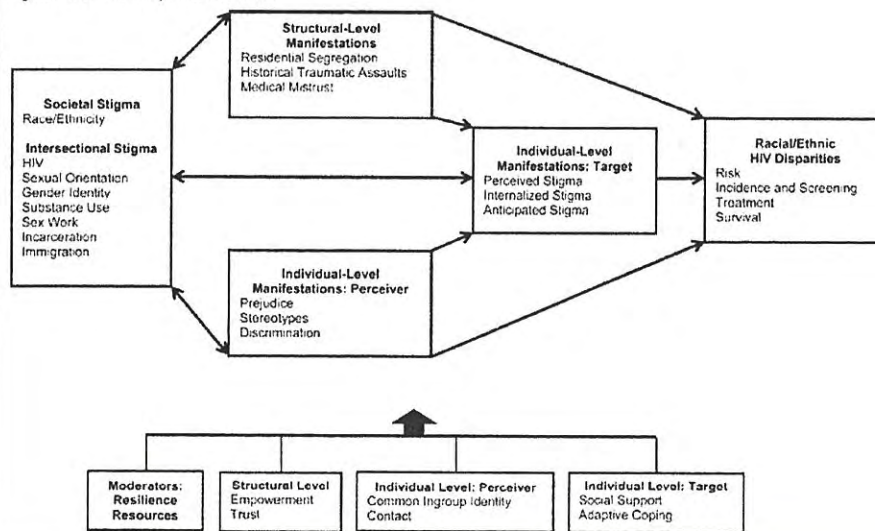
Individual's capacity
combined with families and
community resources to
overcome serious threats to
development and health

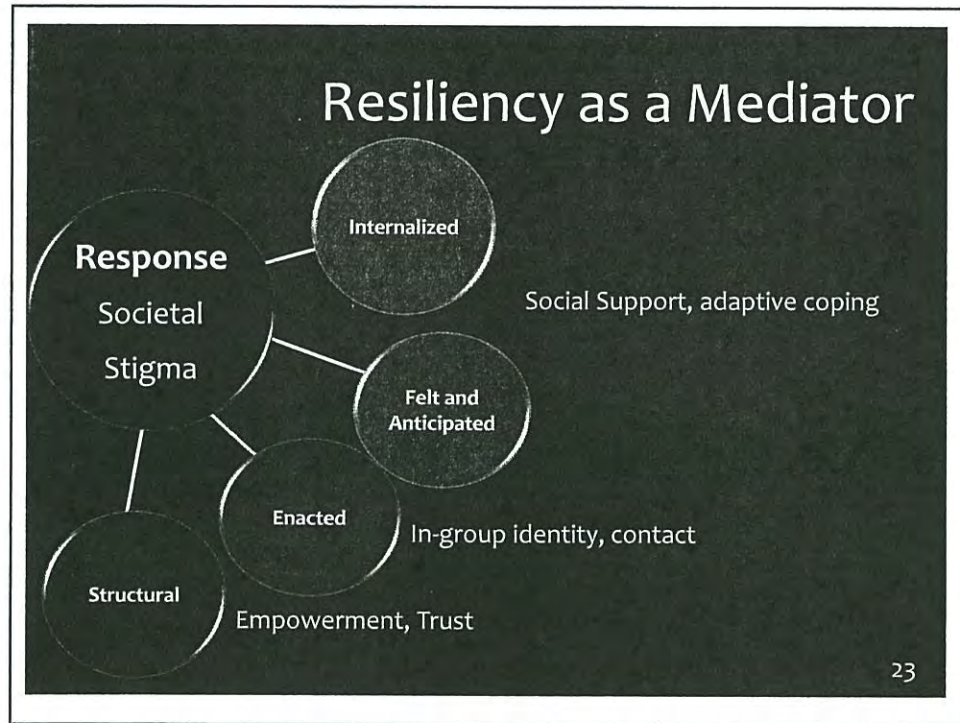
Ungar, 2008



21

figure 1
Stigma and HIV Disparities Model





Responding to HIV Related Stigma

How would you support or begin to plan a response to stigma in your current role in order to respond to the current disparities in your communities?

How would you support resiliency factors?

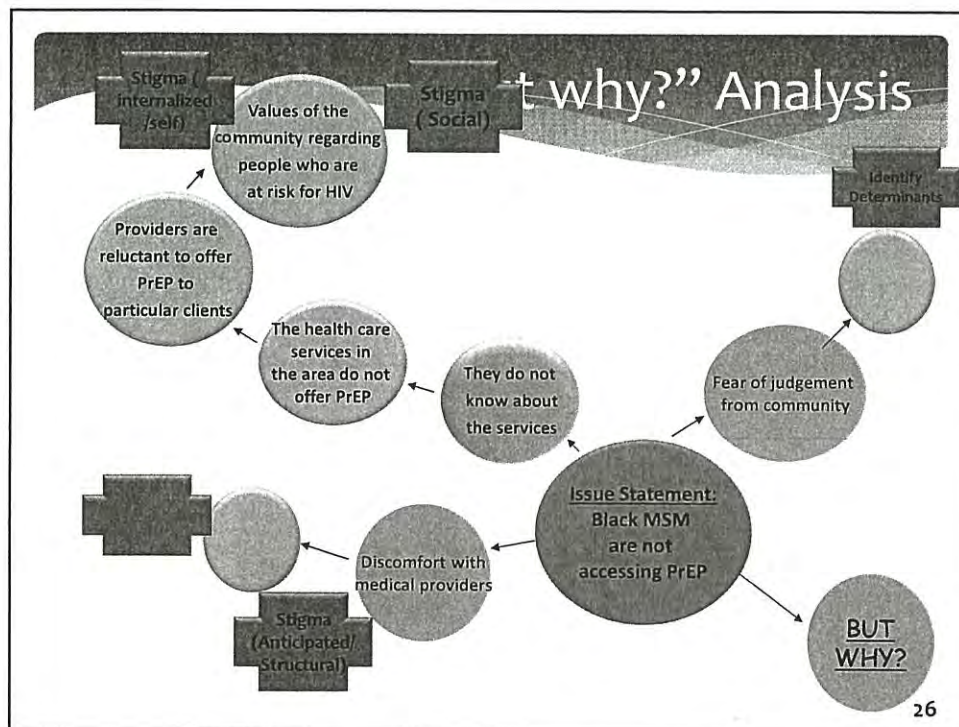
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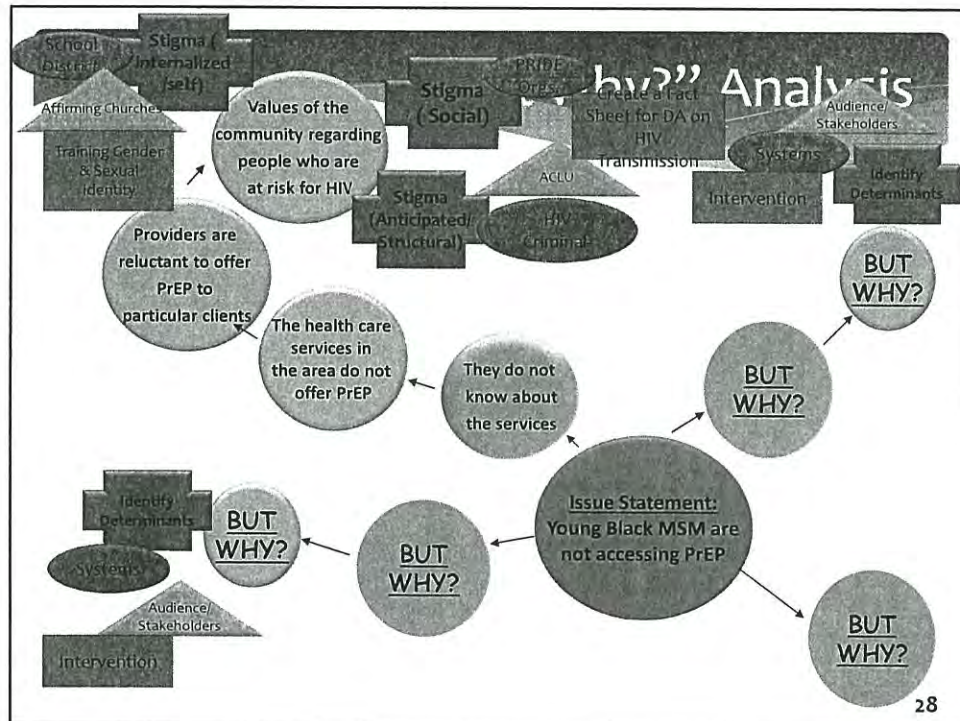
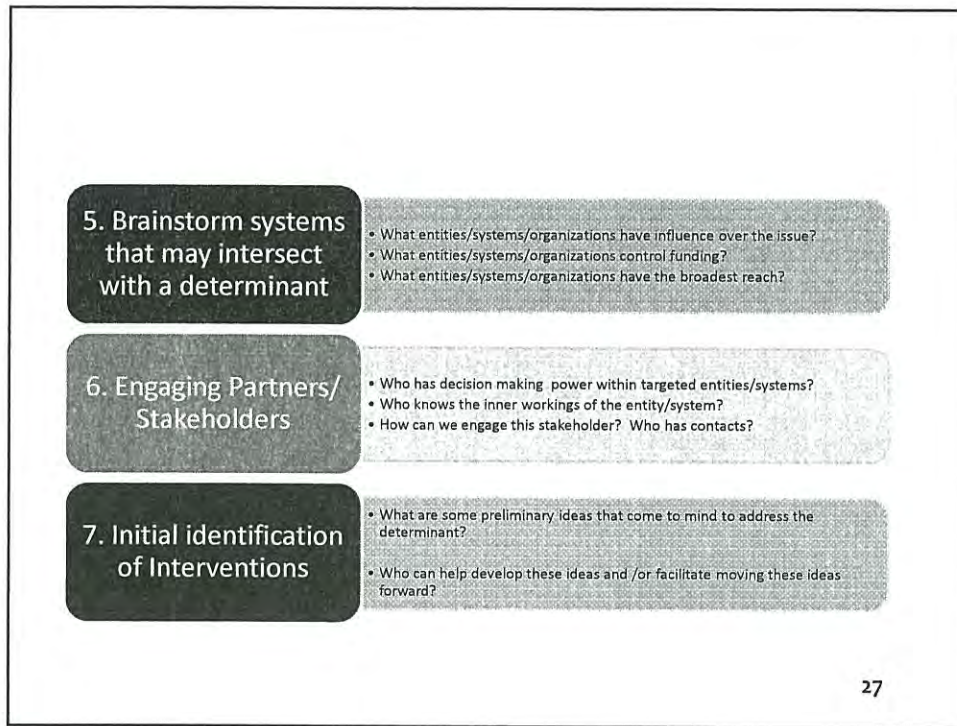
Hand Out

“But why?” Analysis

- 1. Define the issue**
 - Write a issue statement:
 - *Identify population, health disparity, and HIV-related concern*
 - Issue Statement: Young Latino MSM are less likely to find out HIV status in Health District #
- 2. Gather data and evidence to describe the problem**
 - Collect local data via reports, partners, newspaper, etc.
 - Use maps – great resource
 - Identify stakeholder (s) who can offer insight
- 3. Identify the reasons associated with the problem (But Why?)**
 - Probe at least 2 layers deep to get to the social determinant .
- 4. Identify the Determinant**
 - What are the social determinants associated with the issue?
 - Name as many as you can that are logically linkable

25





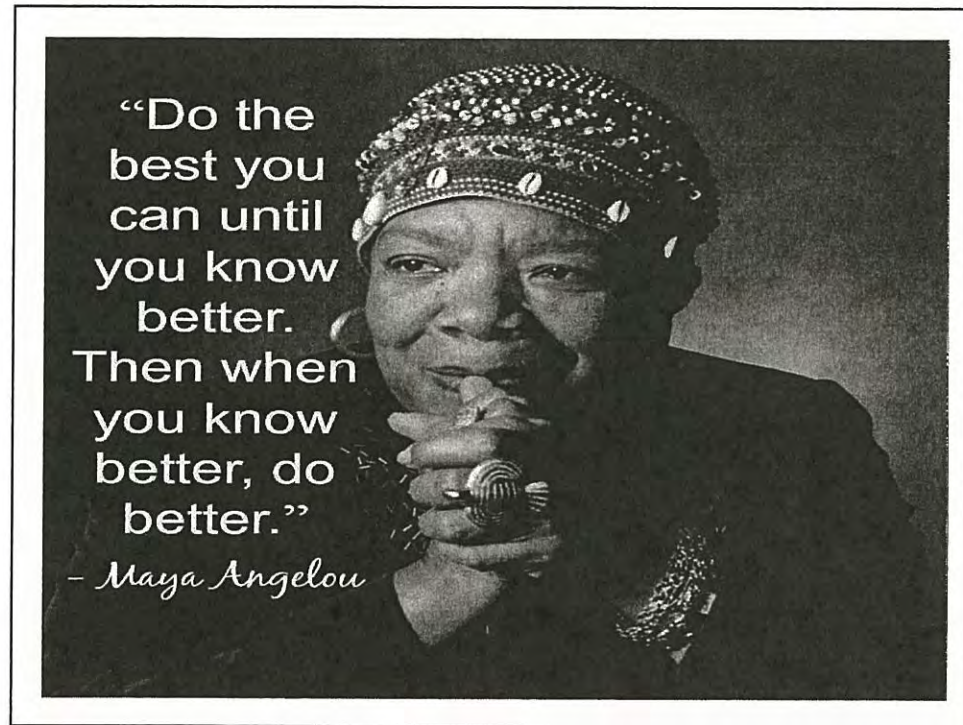
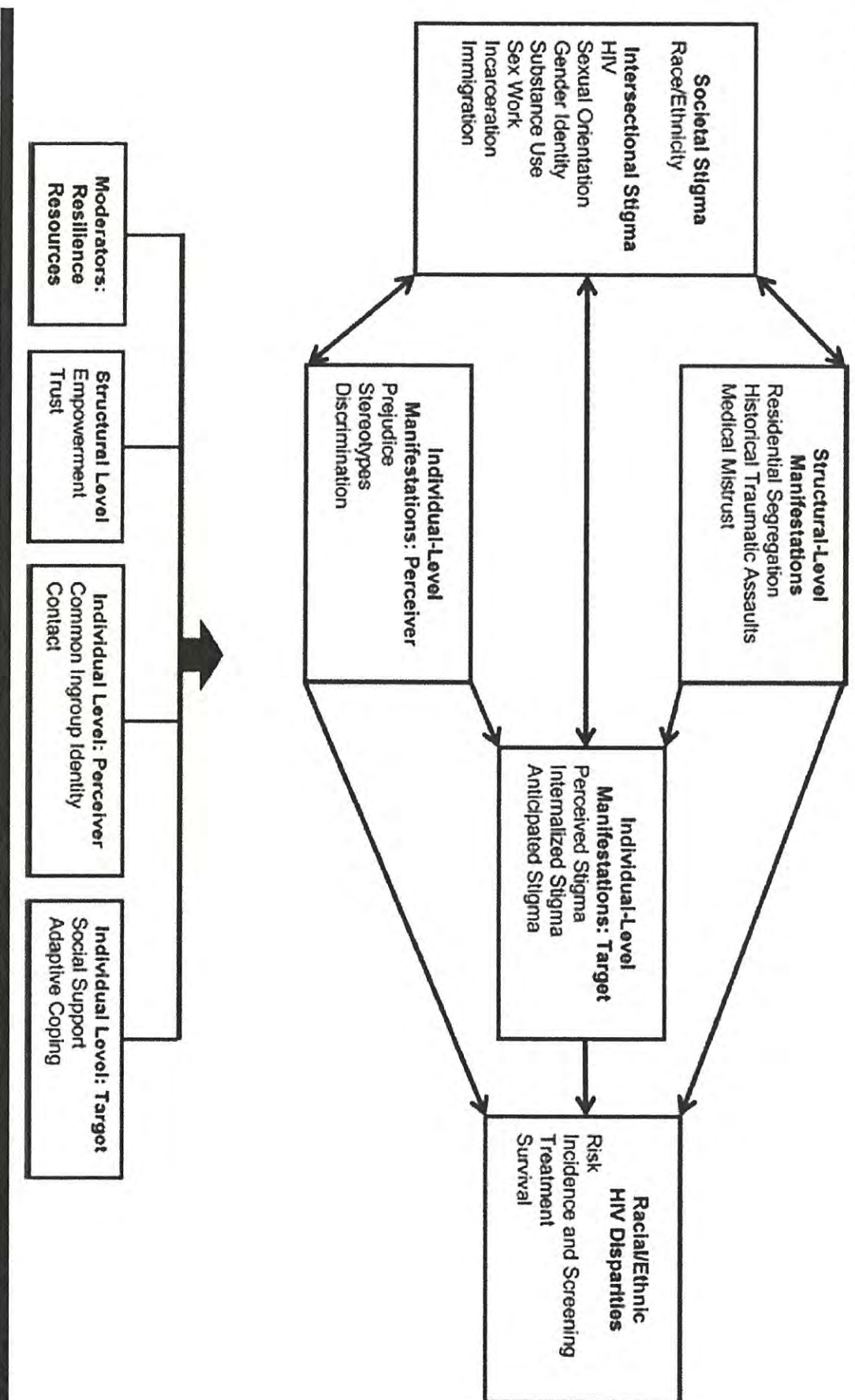


Figure 1
Stigma and HIV Disparities Model



"But Why?" Root Cause Analysis Steps

1. Define the issue

- Write a issue statement:
- *Identify target population and health disparity*
- *Issue Statement: Higher Incidence rates of HIV among AA MSM in San Francisco*

2. Gather data and evidence to describe the problem

- Collect local data via reports, partners, newspaper, etc.
- Use maps – great resource
- Identify stakeholder (s) who can offer insight

3. Identify the reasons associated with the problem (But Why?)

- Probe at least 2 layers deep to get to the social determinant .

4. Identify the Determinant

- What are the social determinants associated with the issue?
- Name as many as you can that are logically linkable

5. Brainstorm systems that may intersect with a determinant

- What entities/systems/organizations have influence over the issue?
- What entities/systems/organizations control funding?
- What entities/systems/organizations have the broadest reach?

6. Engaging Partners/ Stakeholders

- Who has decision making power within targeted entities/systems?
- Who knows the inner workings of the entity/system?
- How can we engage this stakeholder? Who has contacts?

7. Initial identification of Interventions

- What are some preliminary ideas that come to mind to address the determinant?
- Who can help develop these ideas and /or facilitate moving these ideas forward?



“But Why?” Analysis

Issue Statement:

7. California Office of AIDS Programs (OA) Report:

A. January 2019 Report

California Department of Public Health (CDPH), Office of AIDS (OA)
Monthly Report
January 2019

This report is organized to align the updates with Strategies from the *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan). The Integrated Plan is available on the OA website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final.pdf.

Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization

Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)

As of December 20, 2018, there are 148 PrEP-AP enrollment sites covering 54 clinics that currently make up the PrEP-AP Provider Network:

Clinical Provider Name	County	# of clinics on contract
AIDS Healthcare Foundation	Alameda and San Francisco	2
Alameda Health System - Highland Hospital	Alameda	1
Asian Health Services	Alameda	1
East Bay AIDS Center (EBAC)	Alameda	1
Primary Care at Home, Inc.	Alameda	1
Clinicas de Salud del Pueblo	Imperial	4
Kern County Department of Public Health	Kern	1
APLA Health & Wellness	Los Angeles	3
Bartz - Altadonna Community Health Center	Los Angeles	1
City of Long Beach	Los Angeles	1
Dignity Health - St. Mary's Medical Center	Los Angeles	1
East Valley Community Health Center	Los Angeles	2
El Proyecto del Barrio, Inc. - Esperanza Clinic	Los Angeles	1
JWHC Institute, Inc.	Los Angeles	1
Los Angeles LGBT Center	Los Angeles	1
Men's Health Foundation	Los Angeles	1
Northeast Valley Health Corporation	Los Angeles	1
Planned Parenthood	Los Angeles	4
Saban Community Clinic	Los Angeles	1

St. John Well Child and Family Center	Los Angeles	1
Tarzana Treatment Centers, Inc.	Los Angeles	1
Watts Healthcare Corporation	Los Angeles	1
Desert AIDS Project, Inc.	Riverside	1
One Community Health	Sacramento	1
Regents UC San Diego Medical Center	San Diego	1
San Ysidro Health	San Diego	2
Vista Community Clinic	San Diego	1
Asian & Pacific Islander Wellness	San Francisco	1
HealthRIGHT360	San Francisco	4
San Francisco AIDS Foundation	San Francisco	1
UCSF 360 Positive Care	San Francisco	1
Community Action Partners	San Luis Obispo	2
County of San Luis Obispo Public Health Department	San Luis Obispo	2
Santa Rosa Community Health	Sonoma	1
West County Health Centers	Sonoma	4

On November 29, 2018, all AIDS Drug Assistance Program (ADAP) enrollment workers received Management Memorandum 2018-37: Eligibility Span Change for Uninsured Clients Enrolled in the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP), to notify ADAP enrollment workers of a change in the eligibility spans for uninsured PrEP-AP clients and PrEP-AP clients enrolled in Medicare without prescription drug coverage who enroll or re-enroll in the PrEP-AP beginning November 29, 2018.

Effective July 2, 2018, the Gilead Patient Assistance Program (PAP) increased eligibility spans from six months to 12 months for all clients who newly enroll or re-enroll in the Gilead PAP after this date. In response to this change, the PrEP-AP will be changing eligibility spans to align with the new Gilead PAP eligibility span. All clients who newly enroll in the PrEP-AP and Gilead PAP beginning November 29, 2018, will be granted 12 months of eligibility through the PrEP-AP to align with the new Gilead PAP eligibility span.

Clients who enrolled in the PrEP-AP prior to November 29, 2018, and who enrolled in the Gilead PAP after the eligibility span change, will need to go through an adjustment period and will maintain their initial PrEP-AP eligibility span of six months for a couple of enrollment cycles until the eligibility span can be synced with the Gilead PAP change.

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

CDPH, OA is currently reviewing an application for a new syringe services program to be operated by the Siskiyou County Public Health Department in the cities of Yreka and

Tulelake. A brief summary of the proposed program may be found on the OA website at www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx. Interested parties may submit comments to SEPApplication@cdph.ca.gov until 11:59 PM on February 4, 2019. The Siskiyou proposal follows on the heels of the Northern Sierra Harm Reduction program that the Plumas County Public Health Agency established in 2018, and which has provided technical assistance to several other local health departments in Northern California.

Strategy M: Improve Usability of Collected Data

In December 2018, several OA staff attended the 2018 National Ryan White Conference on HIV Care and Treatment in Washington D.C. This year, two staff were invited to present on OA's integration of ADAP enrollment, medication, and insurance data and how those data are used to support client access to and retention in HIV care. Presentations included the following:

- Ann Nakamura, MPH, Interim Chief, ADAP and Care Evaluation and Informatics Branch, gave a presentation, "ADAP System Overview and Strategies to Ensure Data Quality and Inform Program Activities", which described data system development, evaluation, and governance.
- Luna Woo, MA, Research Scientist, ADAP and Care Evaluation and Informatics Branch, gave a presentation, "Ensuring Data Quality to Support Federal Monitoring Activities", which described OA's data integration systems and data-driven strategies to inform state and federal program activities.

General OA Updates

Marisa Ramos, Ph.D., Interim Division Chief of the Office of AIDS has returned to her permanent appointment as Chief of the Surveillance and Prevention Evaluation and Reporting Branch at OA. CDPH is very appreciative of all of Dr. Ramos's outstanding work during her time as the Interim Division Chief, however, approvals to extend the interim role could not be obtained by CalHR, the State's human resources department. Moving forward, Center for Infectious Diseases (CID) Deputy Director Gil Chavez, Ph.D., MPH, and CID Assistant Deputy Director Drew Johnson will co-lead OA until a new permanent Division Chief is appointed. Recruitment for a permanent Division Chief is on-going.

For questions regarding this report, please contact: kevin.sitter@cdph.ca.gov.

10. STANDING COMMITTEE REPORTS:

A. Public Policy Committee:

- 1. Ryan White Policy Landscape Briefing**



Los Angeles LGBT Center Responds To The Second Death Of A Man Found At The Home Of Ed Buck

January 7, 2019

Contact: Gil Diaz

323-993-7622

mediarelations@lalgbtcenter.org

In response to the reported death of a second black man at the home of West Hollywood resident Ed Buck, the Los Angeles LGBT Center issued the following statement:

"The Los Angeles LGBT Center calls upon Los Angeles County Sheriff Alex Villanueva and his department to fully investigate this tragedy and aggressively seek justice wherever the investigation might lead.

"Although the investigation is in its early stages, we urge Sheriff Villanueva to keep the public fully informed as LGBT people have a considerable and urgent interest in a case that is so clearly linked to the health and safety of our community. The reports we have heard provide more questions than answers. The fact is two black men have died at Mr. Buck's home in less than two years.

"While much is still to be learned, it appears this tragedy is linked to substance use. LGBT people and other marginalized groups are at elevated risk for impacts that result from the current epidemic uses of opioids, methamphetamine, and other dangerous drugs. The Center provides free or low-cost, comprehensive, and judgment-free addiction recovery services and has a service to provide free fentanyl testing strips to those who request them. For help or more information, contact the Center's Addiction Recovery Services at recovery@lalgbtcenter.org or 323-993-7448."

About the Los Angeles LGBT Center

Celebrating its 50th anniversary in 2019, the Los Angeles LGBT Center has cared for, championed and celebrated LGBT individuals and families in Los Angeles and beyond since 1969. Today the Center's nearly 700 employees provide services for more LGBT people than any other organization in the world,

1/8/2019

Los Angeles LGBT Center Responds to the Second Death of a Man Found at the Home of Ed Buck - Los Angeles LGBT Center

offering programs, services and global advocacy that span four broad categories: Health, Social Services and Housing, Culture and Education, Leadership and Advocacy. We are an unstoppable force in the fight against bigotry and the struggle to build a better world; a world in which LGBT people can be healthy, equal and complete members of society. Learn more at lalgbtcenter.org.



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Ryan White HIV/AIDS Program and the Evolving Health Care Landscape

Working Together to Ensure Optimal HIV Care and Treatment for People Living with HIV

The Ryan White HIV/AIDS Program plays an essential role in the evolving health care landscape. The Program supports and strengthens the safety net of HIV care and treatment available to people living with HIV. The changes in the health care landscape help cities, states, and providers maximize their Ryan White HIV/AIDS Program resources, build a comprehensive system of care for low-income people living with HIV, and achieve the Program's public health mandate.

The evolving health care system helps people living with HIV served by the Ryan White HIV/AIDS Program in several ways:

- **Pre-existing Conditions** - Health insurance companies can no longer deny coverage to people with pre-existing conditions, including HIV.
- **Medicaid Expansion** - Some states have opted to expand their Medicaid programs to provide health care coverage to more low-income people, many of whom are people living with HIV who are Ryan White HIV/AIDS Program clients. In states that expanded Medicaid, the proportion of Ryan White HIV/AIDS Program clients enrolled in the Medicaid program went up to more than 42%.
- **Health Insurance Coverage** - The Ryan White HIV/AIDS Program encourages grant recipients to provide health insurance premium, deductible, and co-pay assistance to clients when it is cost-effective.
- **Essential Community Providers** - Providers serving low-income, medically-underserved clients, including Ryan White HIV/AIDS Program providers, must be included "in-network" of the qualified health plans available through the state and federally-facilitated marketplaces. The HIV/AIDS Bureau encourages Ryan White HIV/AIDS Program providers to enroll themselves as essential community providers.

For additional technical assistance resources, view all [Ryan White HIV/AIDS Program technical assistance and policy webinars](#).

For additional questions on the evolving health care landscape, contact AskHAB@hrsa.gov.

Date Last Reviewed: October 2016

Related Resources

[Health Insurance Marketplace](#)[TargetHIV Technical Assistance](#)[AIDS.gov Resources](#)[CMS Encourages Third Party Payment to Qualified Health Plans FAQ \(PDF - 173 KB\)](#)[Policy Notices and Program Letters](#)

Quick Links



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END THE EPIDEMICS

Californians Mobilizing to End HIV, HCV, and STDs

Community Consensus Statement

December 18, 2018

We, the undersigned organizations, call on Governor-elect Newsom and the California Legislature to act now to end the HIV, HCV, and STD epidemics.

THE OPPORTUNITY: California is at an unprecedented moment in response to HIV, hepatitis C (HCV), and sexually transmitted diseases (STDs). With highly effective treatments and proven prevention tools, California can now dramatically reduce new transmissions, improve the health of people living with these conditions, and bring these epidemics to an end.

THE CHALLENGE: Over 5,000 Californians are newly diagnosed with HIV each year—more than any other state in the nation—and over 400,000 California residents are currently living with HCV.¹ STD cases reached a record high for the third year in a row, with more Californians being diagnosed with chlamydia, gonorrhea, and syphilis in 2017 than ever before.²

HIV, HCV, and STDs are interrelated epidemics—also known as a syndemic—impacting many of California's most disadvantaged communities, including people of color, gay and bisexual men, transgender individuals, women, people experiencing homelessness, youth, and people who use drugs. Bold action is needed to integrate our response to these epidemics and eliminate health disparities and inequities.

THE SOLUTION: Ending these epidemics will require renewed commitment from elected officials and strategic new investments in effective education, prevention, and treatment programs. It will also require structural responses to address the economic and social conditions that drive these epidemics, including stigma and discrimination, poverty, and unstable housing. Failure to act decisively will only result in more transmissions and significantly higher public and private health care costs.

On April 10, 2018, a group of 50 public health and community leaders convened in Los Angeles to build support for a statewide strategy to end the HIV, HCV, and STD epidemics.³ The convening was informed by other recent statewide efforts, including California's Integrated HIV Surveillance, Prevention, and Care Plan and Viral Hepatitis Prevention Strategic Plan.⁴ While these plans outline important goals and recommendations, they do not adequately speak to the need for broad-based community engagement or the political will, resources, and cross-departmental collaboration that will be required to address these epidemics effectively.

California's strategy will only work if it is endorsed by the state's Governor and Legislature and brings all relevant stakeholders to the table—including government and public health officials, health care and social service providers, researchers, the private and nonprofit sectors, and individuals most impacted by these health conditions. Governor-elect Newsom showed bold leadership during his campaign by committing to a statewide initiative to end the HIV and HCV epidemics. We look forward to working with him to fulfill that commitment and urge his administration to address California's alarming STD epidemic as part of this effort.

Governor-elect Newsom and the California Legislature can launch this important public health effort now, by convening a high-level working group of key stakeholders to develop and implement a strategy to end the HIV, HCV, and STD epidemics. With ambitious political will, increased resources, and improved collaboration among all stakeholders, we can end these epidemics once and for all.

THE EPIDEMICS: HIV, HCV, and STDs are among the most serious public health issues in California:

- Over 151,000 Californians are now living with HIV. Roughly 13 percent of these individuals are unaware of their HIV status and nearly half (46 percent) lack consistent care or access to treatment.⁵ California now has the highest annual number of new HIV diagnoses in the United States, with over 5,000 individuals newly diagnosed each year.⁶
- Over 400,000 Californians are currently living with HCV. Most do not know it.⁷ Nearly 34,000 new cases of chronic HCV were reported in 2015.⁸ The cost of HCV-related hospitalizations in California rose over 32 percent (from \$2.7 billion to \$3.6 billion) between 2006 and 2012.⁹ The opioid crisis has led to dramatic increases in HCV and increased vulnerability to HIV outbreaks in rural parts of the state.¹⁰
- There were more than 300,000 reported STD cases in California in 2017, a 45 percent increase since 2013.¹¹ California ranks first among all states for the total number of cases of chlamydia, gonorrhea, and syphilis.¹² Cases of congenital syphilis have also increased rapidly in recent years, from 33 in 2012 to 283 in 2017, with California leading the country in reported cases.¹³

THE SYNDEMIC: HIV, HCV, and STDs together create a syndemic—a set of linked health problems that interact synergistically and exacerbate poor health outcomes. For example, having an STD increases the likelihood of acquiring HIV.¹⁴ Among people who are living with HCV and HIV, HCV progresses faster and more than triples the risk for liver disease, liver failure, and liver-related death.¹⁵ These epidemics are also driven by similar social and economic conditions and disproportionately impact many of the same disadvantaged communities:

- **Gay and bisexual men** are at increased risk for both HIV and STDs, accounting for roughly three-quarters of HIV and early syphilis cases.¹⁶ Around a quarter of **transgender women**, and more than half of **black transgender women**, are estimated to be living with HIV.¹⁷
- **People of color** are highly affected by HIV, HCV, and STDs. **Blacks** have rates of new HIV diagnoses, chlamydia, and gonorrhea that are nearly five times those of whites.¹⁸ And while blacks are just under 6 percent of the population in California, they account for nearly twelve percent of HCV cases.¹⁹ Rates of new HIV diagnoses among **Latinx individuals** are nearly double those of whites.²⁰
- **Young people** have seen increasing rates of HIV, HCV, and STDs in recent years. Rates of newly reported chronic HCV increased 50 percent among young people (15-29 years) from 2011-2015, likely due to increases in injection drug use.²¹ Over half of reported chlamydia cases in 2016 were among persons under 25 years of age. **People who use drugs** are at increased risk for both HIV and HCV.²²
- **Women** in California are increasingly at risk for STDs and HCV. Rates of early syphilis and HCV among women of childbearing age (15-44 years) increased 450 and 148 percent, respectively, from 2012-2016.²³ Syphilis, when transmitted from mother to baby, can cause premature birth, birth defects, and even death.²⁴ The number of infants born with congenital syphilis in California has increased for five years in a row.²⁵

THE TOOLS: Despite California's concerning trends, we now have powerful tools to bring these epidemics to an end:

- Highly effective medications lengthen and improve the quality of life for people living with HIV.²⁶ People living with HIV who are virally suppressed, the goal of treatment, cannot transmit HIV to their partners.²⁷
- HIV-negative individuals can now take preventive medications—known as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)—to nearly eliminate their risk of acquiring HIV.²⁸
- Powerful new HCV drugs can cure the vast majority of people in as little as eight to twelve weeks and prevent further transmission.²⁹
- Most STDs are curable, and efficient STD screening, rapid treatment, and enhanced partner services can dramatically reduce their further spread and debilitating side effects.³⁰
- Comprehensive prevention services can drastically reduce new HIV, HCV, and STD transmissions. These services include health education and condom distribution, testing, linkage to treatment and/or PrEP, hepatitis A and B vaccination, and navigation to substance use and mental health services.
- Harm reduction services—including syringe exchange, medication assisted therapy, and safe injection sites—can also significantly reduce transmission of HIV and HCV.³¹

THE STRATEGY: California has built a strong foundation to end these epidemics. The state's aggressive implementation of the Affordable Care Act cut the uninsured rate by over half, from 17.2 percent in 2013 to 7.2 percent in 2017, the largest decline in uninsured in the nation.³² Increased access to affordable health coverage makes it possible for more people living with and at risk for these conditions to access critical prevention services and lifesaving treatment.

To end these epidemics, we must accelerate our progress in ensuring access to culturally competent, quality health care for all Californians. We must fully implement and bring to scale effective tools with the goal of eliminating health disparities and inequities. This will require strategic, well-integrated planning and allocation of additional resources to support proven outreach and education, prevention, and treatment programs.

Quality health care and prevention services alone, however, will not be enough to end these epidemics. Recognizing the impact of social determinants of health—including stigma, racism, xenophobia, homophobia and transphobia, poverty, and homelessness—and identifying structural approaches to address them will be crucial.

Effectively addressing the HIV, HCV, and STD syndemic will require an integrated approach and enhanced collaboration among community stakeholders and all relevant state agencies, including the Department of Public Health, Department of Health Care Services, Covered California, Department of Corrections and Rehabilitation, Department of Consumer Affairs, and Department of Education. Individuals and communities most impacted by these conditions must also be involved in the leadership, planning, and decision-making at every level.

THE GOALS: Over the past several months, public health and community leaders have come together and formed a coalition—End the Epidemics: Californians Mobilizing to End HIV, HCV, and STDs—to urge elected officials to take action and implement a statewide strategy to end the HIV, HCV, and STD epidemics. The coalition has developed six goals for the strategy that should be weighed and advanced during a formal statewide working group process. Specific recommendations for each of these goals will be shared in the coming months:

- Increase the number of people living with HIV, HCV, and STDs who are aware of their status;
- Increase access to comprehensive HIV, HCV, and STD prevention services;
- Ensure linkage to and retention in culturally competent, quality health care for everyone living with and vulnerable to HIV, HCV, and STDs;
- Increase training and capacity building to strengthen and integrate the HIV, HCV and STD provider workforce;
- Address social determinants of health that impact people living with at increased risk for HIV, HCV, and STDs;
- Develop and track metrics to assess progress toward ending the HIV, HCV, and STD epidemics.

Visionary leadership, strategic planning, and targeted new resources will be required to achieve these goals. **We respectfully ask Governor-elect Newsom and the California Legislature to empower a working group of key stakeholders as soon as possible to initiate and implement California's strategy to end the HIV, HCV, and STD epidemics.** We look forward to working together to improve the health of all Californians.

Access Support Network
ACLU of California
AIDS Project of the East Bay (APEB)
Alliance for Housing and Healing
American Liver Foundation, Pacific Coast Division
Any Positive Change, Inc.
APAIT- Special Service for Groups
APLA Health
Avielle Foundation
Berkeley Free Clinic
Bienestar Human Services, Inc.
Black AIDS Institute
Black Women for Wellness
The Bridging Group
Business and Professional Women of Nevada County
California Hepatitis Alliance (CalHEP)
California HIV Alliance
California LGBTQ Health and Human Services Network
California National Organization for Women
California Pan-Ethnic Health Network (CPEHN)
California Prevention Training Center

CaliforniaHealth+ Advocates
Center for HIV Identification, Prevention, and Treatment Services (CHIPTS)
The Center on Reproductive Rights & Justice
Centerforce
CenterLink: The Community of LGBT Centers
Children's Hospital Los Angeles, Division of Adolescent and Young Adult Medicine
Christie's Place
Citizens for Choice
City of Refuge, UCC
Coachman Moore & Associates Inc.
Community Clinic Association of Los Angeles County
Community Medical Centers, Inc.
Congress of California Seniors
C.O.R.E. Medical Clinic, Inc.
Desert AIDS Project
East Bay Getting to Zero
End Hep C LA
End Hep C SF
Equality California
Essential Access Health
Face to Face/Sonoma County AIDS Network
Family Health Centers of San Diego
Free Speech Coalition
Gay and Lesbian Alliance of the Central Coast
Gender Health Center
GLIDE HIV/Hep C Prevention Services & Harm Reduction Programs
Golden Rule Services
Harm Reduction Coalition
Harm Reduction Services
HCV Advocate
Health Connected
Hepatitis C Task Force for Los Angeles County
HepCarestream: The Nurse Is In
HIV Education and Prevention Project of Alameda County
HIV Health Services, San Francisco Department of Public Health
HIVE
Humboldt Area Center for Harm Reduction (HACHR)
International Association of Providers of AIDS Care (IAPAC)
JWCH Institute, Inc.
LA CADA Art House
LASH (Local Area Support for Hepatitis)
LGBT Community Center of the Desert
The LGBTQ Center Long Beach
The Los Angeles Christian Health Centers
Los Angeles Community Health Center
Los Angeles County Department of Public Health Division of HIV & STD Programs
Los Angeles LGBT Center
The Los Angeles Trust for Children's Health
Men's Health Foundation
Mendocino County AIDS/Viral Hepatitis Network
National Health Law Program

NARAL Pro-Choice California
Northeast Valley Health Corporation
Oakland TGA
Pacific AIDS Education & Training Center
Planned Parenthood Affiliates of California
PleasePrEPMe
Positive Women's Network - USA
POZabilities
Project Inform
Queer LifeSpace
Radiant Health Centers
REACH LA
Roots Community Health Center
Sacramento Area S.T.O.P. Hepatitis Task-Force
Sacramento County Department of Health Services
Sacramento LGBT Community Center
San Francisco AIDS Foundation
San Francisco Community Health Center
San Francisco Department of Public Health
San Francisco Drug Users Union
San Francisco EMA HIV Community Planning Council
San Francisco Hepatitis C Task Force
San Francisco Safety and Wellness Coalition
Sierra Foothills AIDS Foundation
SLO Bangers Syringe Exchange and Overdose Prevention Program
Solano Pride Center
South Bay LGBTQ Alliance
St. James Infirmary
St. John's Well Child and Family Center
The Source LGBT+ Center
The Spahr Center
Transgender Law Center
Transitions Clinic Network
TransLatin@ Coalition
TruEvolution, Inc.
UCLA Bixby Program in Population and Reproductive Health
UCLA TKSL
UCSF Alliance Health Project
The Wall Las Memorias Project
United States People Living with HIV Caucus
Vista Community Clinic
W King Health Care Group
WeCanStopSTDsLA
West County Health Centers Homeless Services
Western Center on Law and Poverty
Women's Foundation of California

¹ California Department of Public Health, Office of AIDS, California HIV Surveillance Report — 2016. Available at: <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California%20HIV%20Surveillance%20Report%20-%202016.pdf>.

California Viral Hepatitis Prevention Strategic Plan, 2016-2020. Published May 2018. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA-Viral-Hep-Strat-Plan-2016-2020.pdf>.

² California Department of Public Health, STD Control Branch: Sexually transmitted diseases in California, 2017 Snapshot. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STDs-CA-2017Snapshot.pdf>.

³ The meeting was supported by the California HIV/AIDS Policy Research Centers, part of the California HIV/AIDS Research Program, and the San Francisco AIDS Foundation.

⁴ Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan. Published September 2016. Available at: https://www.cdph.ca.gov/programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final.pdf.

California Viral Hepatitis Prevention Strategic Plan, 2016-2020. Published May 2018. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA-Viral-Hep-Strat-Plan-2016-2020.pdf>.

⁵ California Department of Public Health, Office of AIDS. The Continuum of HIV Care – California, 2016. Available at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/2016_HIVCareContinuumFactSheet_All_Living.pdf.

⁶ Centers for Disease Control and Prevention. HIV Surveillance Report, 2016; vol. 28. Published November 2017. Available at: <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>.

⁷ California Viral Hepatitis Prevention Strategic Plan, 2016-2020. Published May 2018. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA-Viral-Hep-Strat-Plan-2016-2020.pdf>.

⁸ Ibid.

⁹ Park H, Jeong D, Nguyen P, Henry L, Hoang J, Kim Y, Sheen E, Nguyen MH. Economic and clinical burden of viral hepatitis in California: A population-based study with longitudinal analysis. *PloS one*. 2018 Apr 30;13(4): e0196452. Available at: <https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0196452&type=printable>.

¹⁰ Van MH, Rose CE, Hallisey EJ, Kolling JL, Zibbell JE, Lewis B, Bohm MK, Jones CM, Flanagan BE, Siddiqi AE, Iqbal K. County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States. *Journal of acquired immune deficiency syndromes*. 1999. 2016 Nov;73(3):323-31. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/27763996>.

¹¹ California Department of Public Health, STD Control Branch: Sexually transmitted diseases in California, 2017 Snapshot. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STDs-CA-2017Snapshot.pdf>.

¹² CDC Sexually Transmitted Disease Surveillance, 2016. Available at: <http://www.cdc.gov/std/stats/>.

¹³ California Department of Public Health, STD Control Branch: Sexually transmitted diseases in California, 2017 Snapshot. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STDs-CA-2017Snapshot.pdf>.

¹⁴ Sexton J, Garnett G, Røttingen JA. Metaanalysis and metaregression in interpreting study variability in the impact of sexually transmitted diseases on susceptibility to HIV infection. *Sexually transmitted diseases*. 2005 Jun 1;32(6):351-7. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/15912081>.

¹⁵ Centers for Disease Control and Prevention, HIV and Viral Hepatitis. Available at: <https://www.cdc.gov/hiv/pdf/library/factsheets/hiv-viral-hepatitis.pdf>.

¹⁶ California Department of Public Health, STD Control Branch: Syphilis and Gonorrhea among Men who have Sex with Men (MSM), California: 2017 Snapshot. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Syph-Gonorrhea-MSM-2017Snapshot.pdf>.

California Department of Public Health, Office of AIDS, California HIV Surveillance Report — 2016. Available at: <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California%20HIV%20Surveillance%20Report%20-%202016.pdf>.

¹⁷ Centers for Disease Control and Prevention. HIV and Transgender People. Available at <https://www.cdc.gov/hiv/pdf/group/gender/transgender/cdc-hiv-transgender-factsheet.pdf>.

¹⁸ California Department of Public Health, Office of AIDS, California HIV Surveillance Report — 2016. Available at: <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California%20HIV%20Surveillance%20Report%20-%202016.pdf>.

California Department of Public Health, STD Control Branch: Sexually transmitted diseases in California, 2017 Snapshot. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STDs-CA-2017Snapshot.pdf>.

¹⁹ California Department of Public Health, Sexually Transmitted Diseases Control Branch, Chronic Hepatitis C Infections in California Surveillance Report – 2015. Available at:

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ChronicHCV_SurvRpt_ExecSum.pdf.

²⁰ California Department of Public Health, Office of AIDS, California HIV Surveillance Report — 2016. Available at:

<https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California%20HIV%20Surveillance%20Report%20-%202016.pdf>.

²¹ California Department of Public Health, Sexually Transmitted Diseases Control Branch, Chronic Hepatitis C Infections in California Surveillance Report – 2015. Available at:

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ChronicHCV_SurvRpt_ExecSum.pdf.

²² Centers for Disease Control and Prevention. HIV and Viral Hepatitis. Available at

<https://www.cdc.gov/hiv/pdf/library/factsheets/hiv-viral-hepatitis.pdf>.

²³ Stockman, L.J. Increase in Syphilis and Hepatitis C Co-infection Among Women, 2012 – 2016. Presented at the 2018 Council of State and Territorial Epidemiologists (CSTE) Annual Conference; West Palm Beach, FL; May 7, 2018. Available at:

<https://cste.confex.com/cste/2018/meetingapp.cgi/Paper/9409>.

²⁴ California Department of Public Health, STD Control Branch: Sexually transmitted diseases in California, 2017 Snapshot.

Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STDs-CA-2017Snapshot.pdf>.

²⁵ Ibid.

²⁶ Trickey A, May MT, Vehreschild JJ, Obel N, Gill MJ, Crane HM, Boesecke C, Patterson S, Grabar S, Cazanave C, Cavassini M. Survival of HIV-positive patients starting antiretroviral therapy between 1996 and 2013: a collaborative analysis of cohort studies.

The Lancet HIV. 2017 Aug 1;4(8):e349-56. Available at: [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(17\)30066-8/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(17)30066-8/fulltext).

²⁷ Rodger AJ, Cambiano V, Bruun T, Vernazza P, Collins S, Van Lunzen J, Corbelli GM, Estrada V, Geretti AM, Beloukas A, Asboe D. Sexual activity without condoms and risk of HIV transmission in serodifferent couples when the HIV-positive partner is using suppressive antiretroviral therapy. Jama. 2016 Jul 12;316(2):171-81. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/27404185>.

Rodger AJ et al. Risk of HIV transmission through condomless sex in gay couples with suppressive ART: the PARTNER2 study expanded results in gay men. 22nd International AIDS Conference, Amsterdam, abstract WEAX0104LB, 2018. Available at: http://www.natap.org/2018/IAC/IAC_06.htm.

²⁸ Grant RM, Anderson PL, McMahan V, Liu A, Amico KR, Mehrotra M, Hosek S, Mosquera C, Casapia M, Montoya O, Buchbinder S. Uptake of pre-exposure prophylaxis, sexual practices, and HIV incidence in men and transgender women who have sex with men: a cohort study. The Lancet infectious diseases. 2014 Sep 1;14(9):820-9. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25065857>.

²⁹ Falade-Nwulia O, Suarez-Cuervo C, Nelson DR, Fried MW, Segal JB, Sulkowski MS. Oral direct-acting agent therapy for hepatitis C virus infection: a systematic review. Annals of internal medicine. 2017 May 2;166(9):637-48. Available at: <http://annals.org/aim/fullarticle/2612232/oral-direct-acting-agent-therapy-hepatitis-c-virus-infection-systematic>.

³⁰ Centers for Disease Control and Prevention 2015 STD Treatment Guidelines. Available at:

<https://www.cdc.gov/mmwr/pdf/rr/rr6403.pdf>.

³¹ Hagan H, Pouget ER, Des Jarlais DC. A systematic review and meta-analysis of interventions to prevent hepatitis C virus infection in people who inject drugs. Journal of Infectious Diseases. 2011 Jul 1;204(1):74-83. Available at <https://academic.oup.com/jid/article/204/1/74/2192163>.

MaçArthur GJ, van Velzen E, Palmateer N, Kimber J, Pharris A, Hope V, Taylor A, Roy K, Aspinall E, Goldberg D, Rhodes T. Interventions to prevent HIV and hepatitis C in people who inject drugs: a review of reviews to assess evidence of effectiveness. International Journal of Drug Policy. 2014 Jan 1;25(1):34-52. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/23973009>.

Potier C, Laprévote V, Dubois-Arber F, Cottencin O, Rolland B. Supervised injection services: what has been demonstrated? A systematic literature review. Drug and alcohol dependence. 2014 Dec 1;145:48-68. Available at: <https://www.sciencedirect.com/science/article/pii/S0376871614018754>.

³² Berchick ER, Hood E, Barnett JC. Health Insurance Coverage in the United States: 2017. Washington, DC: US Census Bureau. 2018 Sep. Available at: <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf>.

10. STANDING COMMITTEE REPORTS (cont'd):

B. Operations Committee:

1. 2019 HIV Community Service Awards Presentation

2019 COMMISSION ON HIV COMMUNITY SERVICE AWARDS



Presented By:
Awards Ad Hoc Workgroup | Operations Committee
January 2019



Purpose

- With support of the Commission on HIV, the Operations Committee seeks to implement the Annual Los Angeles County Commission on HIV Community Service Awards to honor those stakeholders who imbue exemplary service and contribution to people living with and at risk for HIV/ AIDS
- Nominees' service work must be in line with and in support of the Los Angeles County HIV/ AIDS Strategy (LACHAS)

Proposed HIV Community Service Awards Categories and Description

Category	Eligibility
No Self-Nominations Accepted	
Emerging Leader	Under 30 years old and provides meaningful contributions to advance the goals of LACHAS and COH
Community Trailblazer	Demonstrated history of outstanding service and innovation in their work. Nominees may include unaffiliated consumers (i.e., people who use HIV prevention or care services and are not paid employees or consultants of an HIV service provider); persons without organizational employment whose work furthers the goals of LACHAS and COH.
Unsung Hero(es)	Individual or teams for frontline direct service provider(s) who ensure culturally competent services to persons living with or at risk for HIV/AIDS. Examples include Medical Care Coordination (MCC) leaders and teams, caseworkers, volunteers, etc. who work to further the strategies of the LACHAS and COH. Nominees can be a team or individual, however only one award will be given.
Pioneer	Demonstrated history of delivering collaborative and culturally competent services for at least 10 years. Award may be given posthumously to a leader who has fostered broad community collaborations

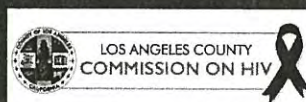
Timeline

- With COH support, solicitations for nominations will occur in April 2019. Upon review, awards will be announced at the November 2019 COH meeting.
- Award recipients will be acknowledged on the COH website after the COH Annual meeting and will be invited back the following year to present an award to their successor.

Awards Selection Committee

- The selection committee will consist of 7 community members who will review nominations and recommend award recipients to the COH Executive Committee for final approval. The selection committee will be comprised of these individuals:
 - DHSP representative
 - COH staff representative
 - COH institutional seat representative
 - COH unaffiliated consumer representative
 - COH stakeholder representative
 - COH provider representative
 - Community stakeholder representative from a public health-related

THANK YOU.



The LA County Commission on HIV is pleased to announce HIV Connect, an online tool for community members and providers looking for resources on HIV and STD testing, prevention and care, service locations, and housing throughout LA County.



