



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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****CHANGE OF VENUE****

COMMISSION ON HIV Meeting

Thursday, August 10, 2023
9:00am - 1:00pm (PST)

St. Anne's Conference & Events Center
155 N. Occidental Blvd., LA 90026

Complementary Valet Parking Available: Please indicate to the valet you are attending the Commission meeting

Agenda and meeting materials will be posted on our website
at <http://hiv.lacounty.gov/Meetings>

Notice of Teleconferencing Sites:

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

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

Members of the Public May Join in Person or Virtually.

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

<https://lacountyboardofsupervisors.webex.com/weblink/register/r9a4b64d7f9af566fefb5ec1816f6f5c9>

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

Password: COMMISSION Access Code: 2537 189 6763



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

LIKE WHAT WE DO?

Apply to become a Commission Member at:

<https://www.surveymonkey.com/r/2023CommissiononHIVMemberApplication>

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



LOS ANGELES COUNTY
COMMISSION ON HIV



510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: <https://hiv.lacounty.gov>

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

Thursday, August 10, 2023 | 9:00 AM – 1:00 PM

Notice of Teleconferencing Sites:

California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-61, Sacramento, CA 95814

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

MEMBERS OF THE PUBLIC: TO JOIN VIRTUALLY, REGISTER HERE:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r9a4b64d7f9af566fefb5ec1816f6f5c9>

To Join by Telephone: 1-213-306-3065 Password: COMMISSION Access Code: 2537 189 6763

AGENDA POSTED: August 7, 2023

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: <http://hiv.lacounty.gov> or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. **Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.*

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may attend the virtual or in-person meeting, email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.

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

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.



1. ADMINISTRATIVE MATTERS

- | | | |
|---|------------------|-------------------|
| A. Call to Order & Meeting Guidelines/Reminders | | 9:00 AM – 9:05 AM |
| B. County Land Acknowledgment | | 9:05 AM – 9:07 AM |
| C. Introductions, Roll Call, & Conflict of Interest Statements | | 9:07 AM – 9:10 AM |
| D. Assembly Bill 2449 Attendance Notification for “Emergency Circumstances” | MOTION #1 | 9:10 AM – 9:13 AM |
| E. Approval of Agenda | MOTION #2 | 9:13 AM – 9:15 AM |
| F. Approval of Meeting Minutes | MOTION #3 | 9:15 AM – 9:17 AM |
| G. Consent Calendar | MOTION #4 | 9:17 AM – 9:20 AM |

2. PUBLIC & COMMISSIONER COMMENTS

- | | | |
|---|--|-------------------|
| A. Public Comment (Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically HERE , or by emailing hivcomm@lachiv.org . <i>If providing oral public comments, comments may not exceed 2 minutes per person.</i>) | | 9:20 AM – 9:30 AM |
| B. Commissioner Comment (Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission. <i>Comments may not exceed 2 minutes per member.</i>) | | 9:30 AM – 9:40 AM |

3. REPORTS - I

- | | | |
|---|------------------|--------------------|
| A. Executive Director/Staff Report | | 9:40 AM – 9:50 AM |
| (1) HRSA Site Visit Findings | | |
| (2) November 9, 2023 Annual Meeting Preparation | | |
| B. Co-Chairs’ Report | | 9:50 AM – 10:05 AM |
| (1) Welcome New Members | | |
| (2) 2022-2024 COH Co-Chair Pro-Tem Open Nominations & Elections | MOTION #5 | |
| (3) 2024-2026 COH Co-Chair Open Nominations Elections September 14, 2023 | | |
| (4) June 8, 2023 COH Meeting FOLLOW-UP & FEEDBACK | | |
| (5) Conferences, Meetings & Trainings OPEN FEEDBACK (Opportunity for members to share Commission-related information from events attended) | | |
| a. International AIDS Society, Conference on Science – July 23-26, 2023 | | |
| b. United States Conference on HIV/AIDS – Sept 5-9, 2023 | | |
| (6) Member Vacancies & Recruitment | | |
| (7) Acknowledgement of National HIV Awareness Days for August 2023 | | |
| a. August 20th: Southern HIV/AIDS Awareness Day | | |
| b. August 30th: National Faith HIV/AIDS Awareness Day | | |



4. REPORTS – I (cont'd)

- C. California Office of AIDS (OA) Report (Part B Representative) 10:05 AM – 10:15 AM
(1) [OAVoice Newsletter Highlights](#)
(2) California Planning Group (CPG)
- D. LA County Department of Public Health Report (Part A Representative) 10:15 AM – 11:15 AM
(1) Division of HIV/STD Programs (DHSP) Updates
a. Programmatic and Fiscal Updates
 - HIV & STDs Surveillance and Data Challenges for LA County Native American Communities | PART 1 OF 2
b. Mpox Briefing
c. Ending the HIV Epidemic (EHE) | UPDATES
- E. Housing Opportunities for People Living with AIDS (HOPWA) Report 11:15 AM – 11:30 AM
- F. Ryan White Program Parts C, D, and F Report 11:30 AM – 11:35 AM
- G. Cities, Health Districts, Service Planning Area (SPA) Reports 11:35 AM – 11:40 AM

B R E A K

11:40 AM – 11:50 AM

5. REPORTS - II

11:50 AM – 12:30 PM

A. Operations Committee

(1) Membership Management

- a. 2023 Renewal Membership Slate **MOTION #6**
- b. New Member Applications
- Sandra Cuevas, Part F Representative **MOTION #7**
 - Russel Ybarra, Unaffiliated Consumer, SPA 2 **MOTION #8**
 - Ishmael Herrera, Unaffiliated Consumer, SPA 3 **MOTION #9**
 - Karla Castro, Alternate **MOTION #10**
 - Lambert Talley, Alternate **MOTION #11**
 - Dr. David Hardy, Alternate **MOTION #12**
 - Ronnie Osorio, Alternate **MOTION #13**
 - Erica Robinson, Alternate **MOTION #14**
 - Lauren Gersh, SBP Committee Member **MOTION #15**

(2) Policies & Procedures

- a. Revised Policy #08.3204: Commission and Committee Meeting Attendance **MOTION #16**

(3) Assessment of the Administrative Mechanism (AAM)

(4) [2023 Training Series](#)

(5) Recruitment, Outreach & Engagement



6. REPORTS – II (cont'd)

11:50 AM – 12:30 PM

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

(1) July 18, 2023 Meeting Cancellation

(2) August 15, 2023 Meeting Agenda

- a. Maximizing Ryan White Program Funds Ahead of Medi-Cal Expansion
- b. Consumer/Client Advisory Board (CAB) Questionnaire Review
- c. Fiscal Year 2022 Expenditures and Utilization

C. Standards and Best Practices (SBP) Committee

(1) Nutrition Support Services Standards | **MOTION #17**

(2) Universal Service Standards and Patient Bill of Rights Review | UPDATES

(3) Medical Care Coordination (MCC) Service Review | UPDATES

(4) Prevention Services Standards Review | UPDATES

D. Public Policy Committee (PPC)

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

- a. 2023-2024 Legislative Docket | UPDATES
- b. 2023-2024 Policy Priorities | UPDATES
- c. Coordinated STD Response | UPDATES
 - DPH Memo in response to STD Board of Supervisors (BOS) motion
 - 2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings
- d. House Appropriations FY24 Labor-HHS Spending Proposal
- e. Act Now Against Meth (ANAM) | UPDATES
- f. Ryan White Care Act (RWCA) Modernization: Determine Strategy and Outline Presentation Schedule

E. Caucus, Task Force and Work Group Report

12:30 PM – 12:45 PM

(1) Aging Caucus | October 3, 2023 @ 1-3PM *Virtual

(2) Black/African American Caucus | August 17, 2023 @ 4-5PM *Virtual

(3) Consumer Caucus | August 10, 2023 @ 2-4PM *Hybrid: Virtual & In-Person @ St. Anne's

(4) Transgender Caucus | August 22, 2023 @ 10AM-11:30AM *Virtual

(5) Women's Caucus | October 16, 2023 @ 2-4PM *Hybrid: Virtual & In-Person @ Vermont Corridor

(6) Vision & Mission Statement Review Workgroup | TBD

(7) Prevention Planning Workgroup | September 27, 2023 @ 4-5:30PM *Virtual

(8) Bylaws Review Taskforce (BRT) | August 16, 2023 @ 12-1:30PM *Virtual

7. MISCELLANEOUS

A. Public Comment

12:45 PM – 12:50 PM

(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)



8. MISCELLANEOUS (cont'd)

- B. Commission New Business Items** 12:50 PM – 12:55 PM
(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, or where the need to act arose after the posting of the agenda.)
- C. Announcements** 12:55 PM – 1:00 PM
(Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.)
- D. Adjournment and Roll Call** 1:00 PM
Adjournment for the meeting of August 10, 2023.



PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve Remote Attendance by Member(s) Pursuant to Assembly Bill 2449 Attendance Notification for “Emergency Circumstances”, as presented.
MOTION #2	Approve meeting agenda, as presented or revised.
MOTION #3	Approve meeting minutes, as presented or revised.
MOTION #4	Approve Consent Calendar, as presented or revised.
CONSENT CALENDAR	
MOTION #5	Approve 2022-2024 COH Co-Chair Pro Tem, as elected.
MOTION #6	Approve 2023 Renewal Membership Slate, as presented or revised, and forward to Board of Supervisors for appointment: Everardo Alvizo (Seat #3); Danielle Campbell (Seat #37); Felipe Findley (Seat #49); Paul Nash (Seat #45); Harold San Agustin (Seat #13); Joseph Green (Seat # 35; Justin Valero (Seat #39); Arlene Frames (Seat #29); Redeem Robinson (Seat #47); and Kevin Stalter (Seat #23)
MOTION #7	Approve new membership application for Karla Castro, to occupy an Alternate seat, and forward to Board of Supervisors for appointment, as presented or revised.
MOTION #8	Approve new membership application for Lambert Talley, to occupy an Alternate seat, and forward to Board of Supervisors for appointment, as presented or revised.
MOTION #9	Approve new membership application for Sandra Cuevas, to occupy the Part F representative seat and forward to Board of Supervisors for appointment, as presented or revised.
MOTION #10	Approve new membership application for Russell Ybarra, to occupy the Unaffiliated Consumer, SPA 2 seat, and forward to Board of Supervisors for appointment, as presented or revised.
MOTION #11	Approve new membership application for Ishmael Herrera, to occupy the Unaffiliated Consumer, SPA 3 seat, and forward to Board of Supervisors for appointment, as presented or revised.
MOTION #12	Approve new membership application for Dr. David Hardy, to occupy an Alternate seat and forward to Board of Supervisors for appointment, as presented or revised.
MOTION #13	Approve new membership application for Ronnie Osorio, to occupy an Alternate seat and forward to Board of Supervisors for appointment, as presented or revised.
MOTION #14	Approve new membership application for Erica Robinson, to occupy an Alternate seat and forward to Board of Supervisors for appointment, as presented or revised.
MOTION #15	Approve Standards and Best Practices (SBP) Committee member-only application for Lauren Gersh, as presented or revised, and forward to Board of Supervisors for appointment.
MOTION #16	Approve Revised Policy #08.3204: Commission and Committee Meeting Attendance, as presented or revised.
MOTION #17	Approve Nutrition Support Services Standards, as presented or revised.



COMMISSION ON HIV MEMBERS

<i>Luckie Fuller, Co-Chair (LOA)</i>	<i>Bridget Gordon, Co-Chair</i>	Miguel Alvarez	Everardo Alvizo, LCSW
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton	Danielle Campbell, MPH
Mikhaela Cielo, MD	Lilieth Conolly	Mary Cummings	Shonté Daniels
Erika Davies	Pearl Doan	Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS
Arlene Frames	Joseph Green	Felipe Gonzalez	Karl Halfman, MA
William King, MD, JD, AAHIVS	Lee Kochems, MA	Jose Magaña	Leon Maultsby, MHA
Anthony Mills, MD	Andre Moléte	Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA
Katja Nelson, MPP	Jesus “Chuy” Orozco	Byron Patél, RN, ACRN	Mario J. Pérez, MPH
Dechélle Richardson	Mallery Robinson (*Alternate)	Reverend Redeem Robinson (LOA)	Ricky Rosales
Harold Glenn San Agustin, MD	Martin Sattah, MD	Juan Solis	LaShonda Spencer, MD
Kevin Stalter	Justin Valero, MPA	Jonathan Weedman	

MEMBERS: 41

QUORUM: 21

LEGEND:

- LoA = Leave of Absence; not counted towards quorum
- Alternate*= Occupies Alternate seat adjacent a vacancy; counted toward quorum
- Alternate**= Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member



LOS ANGELES COUNTY COMMISSION ON HIV



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

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).



CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



POLICY/PROCEDURE #08.2107	Consent Calendar	Page 1 of 3
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**NO PROPOSED CHANGES,
4/10/2008**

ADOPTED, 1/10/2008

SUBJECT: "Consent Calendar" procedures at Commission and other meetings.

PURPOSE: To provide instructions for the "Consent Calendar" procedures at the Los Angeles County Commission on HIV and other, related Commission meetings.

BACKGROUND:

- The Commission regularly takes action on multiple items at its monthly meetings. As a result, the Commission is pressured to give complex actions adequate consideration and due diligence, but must rush through motions in order to conclude the meetings on time.
- At the November 2, 2007 Commission meeting, members suggested using a Consent Calendar to expedite the motions that have unanimous support and do not necessitate discussion or debate. The Executive Committee formally endorsed the Consent Calendar practice at its December 3, 2007 meeting.

POLICY:

- 1) The "Consent Calendar" is a procedural mechanism to expedite Commission business by allowing the body to approve all motions on the consent calendar collectively without debate or dialogue.
- 2) Commission members or members of the public may set aside (or "pull") an item from the Consent Calendar for any reason in order for the body to discuss and/or vote on it at its appointed time on the agenda. Reasons for setting aside an item include an accompanying presentation, a desire to discuss, address and/or review the item, to register a contrary or opposing vote, and/or to propose an amendment to the motion.
- 3) Any item that would generate an opposing vote must be removed from the Consent Calendar and returned to its normal place on the agenda.
- 4) Those items that remain on the Consent Calendar (that have not been "pulled") will be approved collectively in the single Consent Calendar motion. The Consent Calendar motion must be approved unanimously by quorum of the voting membership that is present.

Policy/Procedure #08.2107: Consent Calendar

Last Revised: *January 10, 2008*

Page 2 of 3

- 5) The motions that have been set aside will be addressed according to their order on the agenda. Removing an item from the Consent Calendar does not preclude a later vote on that item, nor its approval at a later point on the agenda.
- 6) Voting members are allowed to register their abstentions from individual items on the Consent Calendar during the Consent Calendar vote.

PROCEDURE(S):

1. **Consent Calendar:** All “action” motions on the Commission’s (or other meetings’) agendas are automatically placed on the Consent Calendar. “Procedural” motions (e.g., approval of the agenda, approval of the minutes) are not part of the Consent Calendar.
2. **Setting Aside Consent Calendar Items:** An item may be “pulled” from the Consent Calendar by any Commission member, member of the public, or staff member for any reason. The most common reasons for setting aside a Consent Calendar item are:
 - a) There is a presentation that accompanies the item.
 - b) The member has a question or would like information about the item.
 - c) The member would like to see to discuss the item or see it discussed.
 - d) The member would like to amend/substitute the motion.
 - e) There is an opposing vote.
3. **Items Removed from the Consent Calendar:** “Pulling” an item from the Consent Calendar does not preclude that motion from being considered at a later point on the agenda:
 - a) Setting aside a Consent Calendar item returns that item to its regular place on the agenda, where it is addressed at its appointed time.
 - b) That motion will be voted on, in agenda order, unless the body chooses to postpone, amend or substitute it when it is considered.
4. **Approving the Consent Calendar:** The Consent Calendar approval vote must be unanimous.
 - a) There is no discussion about the Consent Calendar approval, except to pull specific items.
 - b) As with all Commission motions, a quorum must be present to vote on it.
 - c) As a vote without objections, the Consent Calendar motion does not necessitate a roll call.
 - d) Items that generate an opposing vote for the Consent Calendar approval must be removed from the Consent Calendar for later consideration on the agenda.
 - e) Voting members may register “abstentions” for individual items on the Consent Calendar.

Policy/Procedure #08.2107: Consent Calendar

Last Revised: *January 10, 2008*

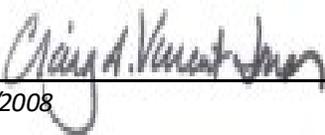
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DEFINITIONS:

- **Abstain/Abstention:** when a voting member acknowledges his/her presence, but declines to vote “aye” or “no” on a motion.
- **“Action” Item/Motion:** a motion that leads to action by the Commission. In the context of this policy, “action” motions are placed on the Consent Calendar.
- **Consent Calendar:** a procedural vehicle for a public voting body to collectively approve all of its “action” motions that do not require discussion or debate.
- **Motion:** the proposed decision or action that the Commission formally moves and votes on.
- **“Procedural” Item/Motion:** a motion necessary for meeting procedural requirements (approving the agenda or minutes). In the context of this policy, “procedural” motions are not placed on the Consent Calendar.
- **“Pull” (an Item/Motion):** removing or setting aside an item/motion from the Consent Calendar and returning it to its original place on the agenda for discussion/consideration.

**NOTED AND
APPROVED:**

Original Approval: 1/10/2008



**EFFECTIVE
DATE:**

January 10, 2008

Revision(s):



2023 MEMBERSHIP ROSTER | UPDATED 7.31.23

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2021	June 30, 2023	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative	1	EXC OPS	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2021	June 30, 2023	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2021	June 30, 2023	
6	Director, DHSP	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	PP	Leon Mautsby	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2021	June 30, 2023	
10	Part F representative			Vacant		July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Jose Magana	The Wall Las Memorias	July 1, 2021	June 30, 2023	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2021	June 30, 2023	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Byron Patel	Los Angeles LGBT Center	July 1, 2021	June 30, 2023	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller (LOA)	TBD	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2021	June 30, 2023	
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2021	June 30, 2023	
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2022	June 30, 2024	
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2021	June 30, 2023	Dechelle Richardson (PP&A)
28	Unaffiliated consumer, Supervisorial District 2	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Arlene Frames	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2022	June 30, 2024	Juan Solis (SBP)
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
32	Unaffiliated consumer, at-large #1	1	PP&A	Lilieth Conolly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2	1	OPS	Shonte Daniels	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3			Vacant		July 1, 2022	June 30, 2024	
35	Unaffiliated consumer, at-large #4	1	EXC OPS PP&A	Joseph Green	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC OPS	Danielle Campbell, MPH	Charles Drew University	July 1, 2021	June 30, 2023	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2021	June 30, 2023	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			Vacant		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	PP	Pearl Doan	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP&A	Redeem Robinson (LOA)	No affiliation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2021	June 30, 2023	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		40						

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

LOA: Leave of Absence

Overall total: 43

Planning Council/Planning Body Reflectiveness (Updated 7.20.23)

(Use HIV/AIDS Prevalence data as reported FY 2020 Application)

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	10	23.00%	4	40.00%
Black, not Hispanic	10,155	20.00%	14	33.00%	5	50.00%
Hispanic	22,766	44.84%	11	26.00%	1	10.00%
Asian/Pacific Islander	1,886	3.71%	4	9.00%	0	0.00%
American Indian/Alaska Native	300	0.59%	0	0.00%	0	0.00%
Multi-Race*	1,705	3.36%	4	9.00%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	43	100%	10	100%

Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	27	63.00%	5	50.00%
Female	5,631	11.09%	13	30.00%	5	50.00%
Transgender	854	1.68%	2	5.00%	0	0.00%
Unknown	0	0.00%	1	2.00%	0	0.00%
Total	50,777	100%	43	100%	10	100%

Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
13-19 years	122	0.24%	0	0.00%	0	0.00%
20-29 years	4,415	8.69%	2	4.00%	0	0.00%
30-39 years	9,943	19.58%	12	28.00%	0	0.00%
40-49 years	11,723	23.09%	11	26.00%	2	20.00%
50-59 years	15,601	30.72%	11	26.00%	5	50.00%
60+ years	8,973	17.67%	7	16.00%	3	30.00%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	43	100%	10	100%

**Percentages may not equal 100% due to rounding. **
(Includes alternates)

Non-Aligned Consumers = 23% of total PC/PB

*Multi-Race: 4 commissioners indicated multi-race but did not specify the exact races/ethnicities.



ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: July 31, 2023
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 13 Number of Quorum= 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
Alexander Fuller (LOA)	Co-Chair, Comm./Exec.*	Commissioner
Miguel Alvarez	At-Large	Commissioner
Everardo Alvizo, LCSW	Co-Chair, Operations	Commissioner
Al Ballesteros	Co-Chair, PP&A	Commissioner
Danielle Campbell, MPH	At-Large	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Joe Green	At-Large	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero, MA	Co-Chair, Operations	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 10:00 AM-12:00 PM		
Number of Voting Members= 8 Number of Quorum= 5		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Everardo Alvizo	Committee Co-Chair*	Commissioner
Justin Valero	Committee Co-Chair*	Commissioner
Miguel Alvarez	*	Commissioner
Jayda Arrington	*	Commissioner
Danielle Campbell	*	Commissioner
Shontè Daniels	*	Commissioner
Joseph Green	*	Commissioner
Jose Magaña	*	Alternate
Michael Greem, PhD	DHSP staff	DHSP

Committee Assignment List

Updated: July 31, 2023

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PLANNING, PRIORITIES & 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= 15 Number of Quorum= 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Donnelly	Committee Co-Chair*	Commissioner
Al Ballesteros	Committee Co-Chair*	Commissioner
Lilieth Conolly	*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus "Chuy" Orozco	*	Commissioner
Dèchelle Richardson	*	Alternate
Redeem Robinson (LOA)	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Jonathan Weedman	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1 st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 10 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Alasdair Burton	*	Commissioner
Mary Cummings	*	Commissioner
Pearl Doan	*	Commissioner
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Leon Maultsby	*	Commissioner
Paul Nash	*	Commissioner
Ricky Rosales	*	Commissioner

Committee Assignment List

Updated: July 31, 2023

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1 st Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 13 Number of Quorum = 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Danielle Campbell	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Arlene Frames	*	Commissioner
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Byron Patèl	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Martin Sattah, MD	*	Commissioner
Juan Solis	*	Alternate
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS

Regular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting
Co-Chairs: Alasdair Burton & Damone Thomas
Open membership to consumers of HIV prevention and care services

AGING CAUCUS

Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm
Co-Chairs: Kevin Donnelly & Paul Nash
Open membership

TRANSGENDER CAUCUS

Regular meeting day/time: 4th Tuesday of Every Other Month @ 10am-12pm
Co-Chairs: Xelestíal Moreno-Luz & Yara Tapia
Open membership

WOMEN'S CAUCUS

Regular meeting day/time: Virtual - 3rd Monday of Each Quarter @ 2-4:00pm
The Women's Caucus Reserves The Option of Meeting In-Person Annually
Next Meeting Scheduled For April 17th, 2023
Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo
Open membership

PREVENTION PLANNING WORKGROUP

Regular meeting day/time: 4th Wednesday of Each Month @ 5:30pm-7:00pm
Chair: Miguel Martinez, Dr. William King & Greg Wilson
Open membership



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/24/23

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ALVIZO	Everardo	Long Beach Health & Human Services	Benefits Specialty
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL *	Danielle	T.H.E. Clinic, Inc.	See attached subcontractor's list
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
CONNOLLY	Lilieth	Unaffiliated consumer	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DANIELS	Shonte	Unaffiliated consumer	No Ryan White or prevention contracts
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	Pearl	No Affiliation	No Ryan White or prevention contracts
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	Luckie	No Affiliation	No Ryan White or prevention contracts
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	Jose	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLLETTE	Andre	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	Dechelle	AMAAD Institute	Community Engagement/EHE
ROBINSON	Mallery	No Affiliation	No Ryan White or prevention contracts
ROBINSON	Redeem	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
SOLIS *	Juan	UCLA Labor Center	See attached subcontractor's list
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention

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

Division of HIV and STD Programs Contracted Community Services		
ORGANIZATION	SERVICE CATEGORY	SUBCONTRACTOR
AIDS Healthcare Foundation (AHF)	Mental Health	
	Medical Specialty	
	Oral Health	
APLA Health & Wellness (AHW)	Ambulatory Outpatient Medical (AOM)	
	Case Management Home-Based	Libertana Home Health, Caring Choice, The Wright Home Care, Cambrian, Care Connection, Envoy
	Nutrition Support (Food Bank/Pantry Service)	AIDS Food Store, Foothill AIDS Project, JWCH, Project Angel
	Oral Health	Dostal Laboratories
	STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
	STD-Ex.C	
	Biomedical HIV Prevention Services	
AltaMed Health Services	Case Management Home-Based	Envoy, Caring Choice, Health Talent Strategies, Hope International
	Mental Health	
	Vulnerable Populations (YMSM)	TWLMP
Bienestar Human Services (BEN)	Nutrition Support (Food Bank/Pantry Service)	
	Vulnerable Populations (Trans)	CHLA, SJW
Black AIDS Institute	HTS - Storefront	LabLinc Mobile Testing Unit Contract
Center for Health Justice (CHJ)	Transitional Case Management (Jails)	
	Vulnerable Populations (YMSM)	
Childrens Hospital Los Angeles (CHL)	AOM	
	Vulnerable Populations (YMSM)	APAIT
	HTS - Storefront	AMAAD, Center for Health Justice, Sunrise Community Counseling Center
Coachman Moore and Associates	STD Prevention	
East Los Angeles Womens Center	HERR	
East Valley Community Health Center (EVC)	AOM	
Essential Access Health (formerly California Family Health Council)	STD Infertility Prevention and District 2	
Friends Research Institute	HERR	
Greater Los Angeles Agency on Deafness, Inc. (GLAD)	HERR	LIFESIGNS, Inc., Sign Language Interpreter Services
Heluna Health	Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich-Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC; EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN; Spanish Telehealth Mental Health Services; Translation/Transcription Services; Public Health Detailing; HIV Workforce Development
In the Meantime Men's Group	Vulnerable Populations (YMSM)	Resilient Solutions Agency
JWCH Institute, Inc. (JWCH)	Mental Health	Bienestar
	Oral Health	USC School of Dentistry
	Biomedical HIV Prevention Services	
LAC University of Southern California Medical Center Foundation, Inc.	Community Engagement and Related Services	AMAAD, Program Evaluation Services, Community Partner Agencies
LAC-DHS Housing for Health (DHS)	Housing Assistance Services	Heluna Health
Los Angeles LGBT Center (LGBT)	AOM	Barton & Associates
	Vulnerable Populations (YMSM)	Bienestar, CHLA, The Walls Las Memorias, Black AIDS Institute
	Vulnerable Populations (Trans)	Special Services for Groups, Translatin@ Coalition, CHLA, Friends

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



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

. Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission’s website and may be corrected up to one year after approval. Meeting recordings are available upon request.

COMMISSION ON HIV (COH) JUNE 8, 2023 MEETING MINUTES

**St. Anne’s Conference & Events Center
155 N. Occidental Blvd., LA, CA 90026**

TELECONFERENCE SITE:

California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 75-61, Sacramento, CA 95814

COMMISSION MEMBERS									
P=Present VP=Virtually Present A=Unexcused Absence EA=Excused Absence									
Miguel Alvarez	EA	Everardo Alvizo, MSW	P	Jayda Arrington	P	Al Ballesteros, MBA	P	Alasdair Burton (Alt)	P
Danielle Campbell, MPH	A	Mikhaela Cielo, MD	P	Mary Cummings	EA	Erika Davies	EA	Pearl Doan	EA
Kevin Donnelly	P	Felipe Findley, PA-C, MPAS, AAHIVS	EA	Arlene Frames	VP *AB2449	Luckie Fuller	EA	Bridget Gordon	P
Joseph Green	P	Felipe Gonzalez	P	Karl Halfman, MA	VP *BA Teleconference	William King, MD, JD, AAHIVS	EA	Lee Kochems, MA	P
Jose Magaña (Alt)	EA	Leon Maultsby, MHA	EA	Anthony Mills, MD	P	Andre Molette	P	Derek Murray	P
Derek Murray	P	Paul Nash, CPsychol, AFBPsS, FHEA	P	Katja Nelson, MPP	VP *AB2449	Jesus “Chuy” Orozco	P	Mario J. Pérez, MPH	P
Mallery Robinson (Alt)	EA	Rev Redeem Robinson	A	Ricky Rosales	P	Harold Glenn San Agustin, MD	P	Martin Sattah, MD	P
LaShonda Spencer, MD	P	Kevin Stalter	P	Justin Valero	A	Jonathan Weedman	P		
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; and Sonja Wright, BA, MSOM, LAc, Dipl. OM, PES Jim Stewart, Parliamentarian									
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF									
Wendy Garland, PhD; Victor Scott									

Commission on HIV Meeting Minutes

June 8, 2023

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I. ADMINISTRATIVE MATTERS

A. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Bridget Gordon, COH Co-Chair, called the meeting to order at 9:00 AM although quorum was not met, and reviewed meeting guidelines and reminders; see meeting packet. Quorum was subsequently reached at or around 9:17AM.

B. COUNTY LAND ACKNOWLEDGEMENT

B. Gordon read the County's Land Acknowledgement to recognize the land originally and still inhabited and cared for by the Tongva, Tataviam, Kizh, and Chumas Peoples; see meeting packet for full statement.

C. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST STATEMENTS

James Stewart, Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, F. Findley, A. Frames (AB2449), J. Green, F. Gonzalez, K. Halfman (BA:Teleconf), L. Kochems, J. Magana, A. Mills, A. Molette, K. Nelson (AB2449), M. Pérez, R. Rosales, H. San Augustin, M. Sattah, L. Spencer, K. Stalter, J. Weedman, and B. Gordon

D. ASSEMBLY BILL 2449 ATTENDANCE NOTIFICATION FOR "EMERGENCY CIRCUMSTANCES"

MOTION #1: Approve Remote Attendance by Member(s) Pursuant to Assembly Bill 2449 Attendance Notification for "Emergency Circumstances", as presented. ***Not Applicable.***

E. APPROVAL OF AGENDA

MOTION #2: Approve meeting agenda, as presented or revised. ***✓Passed by Consensus***

F. APPROVAL OF MEETING MINUTES

MOTION #3: Approve meeting minutes, as presented or revised. ***✓Passed by Consensus***

G. CONSENT CALENDAR

MOTION #4: Approve Consent Calendar, as presented or revised. ***✓Passed by Consensus***

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1. REPORTS – 1

A. EXECUTIVE DIRECTOR/STAFF REPORT

Cheryl Barrit, Executive Director, COH, provided the following County/COH operational updates:

(1) County/Commission Operations | UPDATES

2022-2026 Integrated Plan aka Comprehensive HIV Plan (CHP)

The CDC and HRSA's joint findings of their review of the Commission's CHP has been released. Document is available in the meeting packet; refer to pp. 39-51.

Feedback included acknowledgement of the Commission's full compliance and a summary of highlights and observations, strengths, and recommendations for improvement.

Recommendations for improvement include enhancing how data sharing occurs amongst partners and ensuring continuing community engagement throughout the implementation of the plan.

Special thanks to PP&A and AJ King for leading the CHP development process.

B. CO-CHAIRS' REPORT

B. Gordon, Commission on HIV (COH) Co-Chair shared that fellow COH Co-Chair, Luckie Fuller, was involved in a major accident and his family is requesting assistance via Venmo and CashApp @sunflowerluckie and @sunflower3R11.

(1) Acknowledgement of National HIV Awareness Days for June 2023

a. 6/5 HIV Long-Term Survivors Awareness Day #HLTSAD

The day celebrates the resiliencies and strengths of survivors of the AIDS epidemic and raises awareness and sets an agenda to flourish.

b. 6/8 Caribbean American HIV/AIDS Awareness Day #CAHAAD

This day is an opportunity to increase conversations about and action around HIV/AIDS, including advocacy, testing, treatment, and care for Caribbean people impacted by HIV/AIDS.

c. 6/27 National HIV Testing Day #HIVTestingDay

This year's theme is "take the test and take the next step." Please promote testing including self-testing to your family and friends.

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(2) May 11, 2023 COH Meeting | FOLLOW-UP & FEEDBACK

Revisit COH Agendas Re: Public Comments & Commissioner Comments

The Executive Committee at its next meeting will discuss members' request to include an additional Public Comment item on the COH agendas and to include a Commissioner Comment item on the agenda.

(3) Conferences, Meetings & Trainings | OPEN FEEDBACK

The 2023 United States Conference on HIV and AIDS (USCHA) will take place on Sept. 5-9, 2023, in Washington DC. The COH traditionally sponsors up to two unaffiliated consumer members to attend. One UA member has expressed interested in attending to represent the Commission.

(4) Member Vacancies & Recruitment

- The Commission has 8 unaffiliated consumer seat vacancies. Please continue to promote the Commission to your clients and encourage them to apply to serve on the body.
- Unaffiliated consumers must meet the following criteria set by our federal funders: 1) a person living with HIV, and; 2) a Ryan White program client; and 3) NOT employed by an agency receiving funding for Part A Ryan White Program.

C. CALIFORNIA OFFICE OF AIDS (OA) REPORT (PART B REPRESENTATIVE)

(1) OA Voice Newsletter Highlights

Karl Halfman, MA, Chief, HIV Care Branch, OA, reported that it is estimated that California will receive approximately \$2.05 billion from the California opioid settlement agreements over the next 18 years. The California Department of Health Care Services and Aurrera Health Group will facilitate a webinar to provide an overview of how settlement funds are being distributed across the state, guidelines for their use on high-impact interventions, and ways you can connect with leaders in your community on local investment of funds. Click [HERE](#) to view the June 2023 OAVoice for information regarding the webinar and additional information regarding OA's activities and updates.

D. LA COUNTY DEPARTMENT OF PUBLIC HEALTH REPORT (PART A REPRESENTATIVE)

(1) Division of HIV/STD Programs (DHSP) Updates

a. Programmatic and Fiscal Updates

Mario J. Perez, MPH, Director (DHSP) reported that DHSP has been able to reconstitute staffing levels back to pre-COVID levels, however, noted that more resources have pivoted to manage the mpox response.

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M. Pérez indicated that the HIV crisis is more complex, citing competing syndemics, however, noted that the CDC is seeing a drop in HIV diagnosis nationally among young MSMs. Additionally, M. Perez noted that the HIV workforce hasn't fully recovered because of the COVID pandemic and the STD crisis and acknowledged the need to increase salaries of the workforce.

M. Pérez announced that the Childcare Request for Applications (RFA) was released on June 8, 2023, closing on July 6, 2023. \$350,000 has been invested. M. Pérez encouraged community partners to apply. The Childcare RFA can be found [HERE](#).

M. Pérez reported DHSP is partnering with contractor Heluna Health, to expedite disbursement of EHE funding more quickly and they will be releasing a Spanish Language Mental Health Services Request for Proposal (RFP) on Friday, June 9, 2023; this RFP is a status neutral funding opportunity regardless of HIV status.

b. Part III Unmet Needs Presentation: In Care, Virally Suppressed

Wendy Garland, PhD (DHSP) provided the third and final part of the unmet needs presentation focusing on people living with diagnosed HIV who are in care and virally suppressed; see meeting packet for presentation slides. The presentation was followed by a robust question and answer session with focus on what the COH can do and DHSP's priorities to address unmet needs.

c. Mpox Briefing Update

M. Pérez reported that two new mpox cases were reported and stressed the importance of those living with HIV to get vaccinated.

An incentive program was approved which allows persons living with HIV and out of care to attend a medical appointment and receive a mpox vaccination and a financial incentive in exchange for HIV-related care.

M. Pérez acknowledged and thanked the City of West Hollywood for vaccinated over 168 attendees at West Hollywood PRIDE.

M. Pérez reported that the US Department of Health and Human Services (HHS) released its [STI National Strategic Action Plan](#) that aims to provide a roadmap for a broad range of stakeholders to develop, enhance and expand STI prevention and care programs at the local, state, tribal and national levels over the next five years, and includes indicators with measurable targets to track progress.

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E. HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH AIDS (HOPWA) REPORT –

Chuy Orozco, HOPWA Program Manager, reported that HOPWA will be releasing its requests for proposals (RFP) for several programs including its six regional offices, scattered site master lease, resident coordination, and private tenant-based rental assistance programs in early July. Additionally, RFPs for housing and referral, animal support and legal services will be released.

C. Orozco reported on his ongoing efforts to organize quarterly meetings with the housing development bureau to systemize allocation of HOPWA funds for the development of housing units intended for HOPWA-eligible individuals. At present, 5% of the funding is directed towards development initiatives, however, it is the goal to establish a streamlined procedure for allotting 5% of the award amount and any accrued savings on an annual basis.

Additionally, C. Orozco provided an update on HOPWA's ongoing efforts to evaluate the funding metrics for regional offices. They are actively exploring the possibility of adopting the Housing Opportunity Thru Modernization Act's (HOTMA) framework, which involves a comprehensive assessment of factors such as People Living with HIV (PLWH) statistics, poverty density, and other relevant data. This approach aims to establish a more robust and evidence-based methodology for the allocation process, ensuring a fair and scientifically informed distribution of resources across regions.

C. Orozco noted that the City of Los Angeles is one of very few regions who offer animal support and recommended PAWSLA for those who are HOPWA-eligible.

F. RYAN WHITE PROGRAM PARTS C, D, AND F REPORT

Part C: Dr. LaShonda Spencer reported on behalf of Leon Maultsby sharing that he will be initiating a Part C learning collaborative starting with current agencies represented on the COH. An email will be sent out on June 12, 2023, with more information.

Part D: Dr. Mikhaela Cielo shared that the Women's Wellness Summit was held on May 17th and provided a much-needed space for healing; positive feedback was received from many who attended. Dr. Cielo noted additional activities coordinated by LAFAN and the LA Women's HIV/AIDS Task Force to include HIV Matters for Her on June 30th, Annual Women's Treatment Summit in December, as well as other activities that have been planned. Please contact Jazmin Rojano at JRojano@mednet.ucla.edu or Natalie Sanchez NNSanchez@mednet.ucla.edu for more information.

Part F: *No report provided.*

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G. CITIES, HEALTH DISTRICTS, SERVICE PLANNING AREA (SPA) REPORTS

City of Long Beach: Everardo Alvizo reported the City of Long Beach (CLB) is working with community partners to secure community input for its next HIV/STI strategy; 20 participants have volunteered to participate on the HIV/STI strategy taskforce which will be a year-long process. Additionally, the CLB will hold its Juneteenth event on June 17 @ Rainbow Lagoon Park. Lastly, the quarterly HIV planning group will meet on Wednesday, July 12, 2023.

City of West Hollywood: Derrick Murray reported that West Hollywood PRIDE was held this past weekend and was attended by thousands of people. Many organizations were represented, and the event included the Free Women's Freedom Festival, carnival rides, and multiple community health vendors. The city partnered with LA County DPH and community-based organizations in providing testing stations, mpox vaccinations, Narcan, among other health-related services.

D. Murray cited the City's HIV Zero Initiative evaluation report and provided preliminary data noting a 65% decrease in HIV infections over the past six years as well as an increase of PLWH in care. D. Murray indicated that he would share the full report at the next COH meeting.

City of Los Angeles: *There was no report.*

2. REPORTS – II

A. OPERATIONS COMMITTEE

The Operations Committee last met on May 25, 2023.

(1) Membership Management

a. New Member Applications (Approved\/: Consent Calendar)

- Lilieth Connolly (Seat #32) **MOTION #5**
- Shonté Daniels (Seat #33) **MOTION #6**
- Déchelle Richardson (Seat #27) **MOTION #7**
- Byron Patél (Seat #15) **MOTION #8**
- Juan Solis (Seat #30) **MOTION #9**

b. Parity, Inclusivity & Reflectiveness (PIR) | UPDATES

No new updates to report, however Operations will review the PIR again as new members are onboarded.

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c. **2023 Renewal Membership Drive | REMINDER: RENEWAL APPLICATIONS DUE JUNE 10, 2023**

Sonja Wright, Commission staff, has emailed Commissioners whose seats are set to expire in June. The renewal applications and Statement of Qualifications (SOQ) are due by June 10th. Please follow the instructions in the email and reach out to Sonja for any questions or concerns.

Commissioner Joe Green recommended that the Committee re-implement interviewing renewing members and requested that the Committee discuss at its next meeting.

(2) **Policies & Procedures**

Proposed Revisions to Code of Conduct **MOTION #10 (Approved✓ By Consensus)**

(3) **Assessment of the Administrative Mechanism (AAM) | UPDATES**

Program Year (PY) 31 Assessment of Administrative Mechanism (AAM) Final Report
MOTION #11 (Approved✓ By Consensus)

(4) **2023 Training Series**

- The 2023 Training Series flyer is available on our website at: <https://hiv.lacounty.gov/events/>. As a reminder, all trainings will continue to be virtual and open to members of the public. Commissioner members are required to attend mandatory trainings either by attending the live virtual sessions or its recording.
- The Tips for Making Effective Written and Oral Public Comments training was held May 24th, from 3-4:00pm and had many members of the public in attendance.
- The next training, Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities, will be held on July 19th from 3-4:30pm. This is a required training for commissioners.

(5) **Recruitment, Outreach & Engagement**

The Committee continues to identify opportunities and support members to participate in outreach, recruitment, and engagement activities to promote the COH and its work. In addition, the Committee continues discussing opportunities for ways to increase recruitment for Unaffiliated Consumer seats and the vacant incarcerated seat and welcomes suggestions from all commission members and the community.

The next Committee meeting will be hybrid and held on June 24, 2023 @ 10AM-12PM.

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

(1) Fiscal Year (FY) 2023 Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI) Recommended Revised Allocations from DHSP MOTION #12 (Approved✓: Roll Call Vote: E. Alvizo, A. Burton, M. Cielo, K. Donnelly, F. Findley, A. Frames, J. Green, F. Gonzalez, K. Halfman [Abstain], L. Kochems, J. Magana, A. Molette, D. Murray, K. Nelson, C. Orozco, M. Perez [Abstain], H. San Augustin, M. Sattah, K. Stalter, J. Weedman, and B. Gordon)

PP&A Committee Co-Chair, Kevin Donnelly, reported that minimal revisions were made to the FY 2023 allocations and that the revised allocations will be submitted as part of the Annual Progress Report to HRSA. Revised allocations are based on spending patterns and new RFPS that are released with anticipation of spending level changes. Refer to meeting packet for spreadsheet.

K. Donnelly continued his report and shared the following:

- The Committee last met on May 16, 2023, discussing Medi-Cal Expansion's impact on Ryan White Program priorities. Medi-Cal expansion led to potential FY 2022 MAI carry over fund strategies: third-party admin, centralized transport hub, increased linkage funding.
- The Prevention Planning Workgroup provided an update on status neutral efforts, exploring parallel priority setting and resource allocation processes for prevention, to be detailed in future PP&A meeting.
- Victor Scott (DHSP) reviewed Ryan White Program 2022 Expenditures, FY 2021 carry over, and \$1.3M MAI funds carried over for FY 2023.
- Next PP&A Committee will be held on June 20th, 1-3pm at the Vermont Corridor.

C. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

The Committee met on June 6, 2023 and discussed the following:

(1) Universal Service Standards and Patient Bill of Rights Review | Public Comment Feedback

The Committee will seek feedback from the Consumer Caucus on the Universal Service Standards and Patient Bill of Rights at their meeting today.

(2) Nutrition Support Services Standard Review

The Committee will announce a 30-day public comment period starting Friday June 9, 2023 and ending on Monday July 10, 2023.

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(3) Medical Care Coordination (MCC) Service Overview

The Committee began their review of the MCC service standards and will continue at their July meeting.

The Committee's next meeting will be in-person on Tuesday, July 11, 2023, from 10AM-12PM at the Vermont Corridor.

D. PUBLIC POLICY COMMITTEE (PPC)

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

a. **2023-2024 Legislative Docket (Federal Bills) MOTION #13 (Approved via Consent Calendar)**

b. **2023-2024 Policy Priorities MOTION #14 (Approved via Consent Calendar)**

c. County Coordinated STD Response

The Committee is encouraging members to volunteer for public comments at upcoming Health Deputy and Board of Supervisors (BOS) meetings. This is an opportunity to advocate for Commission-related initiatives that benefit our HIV prevention and care communities. Meeting schedules and talking points have been emailed to assist members in their public comments; please see staff for more information. The Committee is also partnering with the Consumer Caucus in support of lifting their voices via public comment efforts.

d. [Act Now Against Meth \(ANAM\)](#) | UPDATES

Co-Chair Katja Nelson summarized the "Overdose Prevention Motion Report Back" submitted to the Board of Supervisors (BOS) on 12/06/22. The next report is anticipated in June 2023. PPC will contact The Wall Las Memories and SAPC for collaborative presentation.

PPC Co-Chair, Lee Kochems, reported that the Board of Supervisors approved its Care with Pride Gender Health Program and the formation of a LGBTQ+ Commission creating another opportunity and pathway for the Commission to partner and collaborate on shared goals.

The Committee is monitoring budget requests for harm reduction services through the Governor's May revise budget process. L. Kochems highlighted that the City of Los Angeles Council District 1 has approved a motion to establish a harm reduction program in MacArthur Park, and updates on this initiative are in progress.

The next PPC meeting will be held on July 10th @ 1-3PM at the Vermont Corridor.

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E. CAUCUS, TASK FORCE AND WORK GROUP REPORT

(1) Aging Caucus | June 13, 2023 @ 1-3PM **Virtual meeting*

The Caucus will meet virtually on June 13th @ 1-2:30PM and will finalize plans for a National Aging and HIV Awareness Day event in September, focusing on the sexual health of aging adults, in collaboration with the Department of Aging.

K. Donnelly shared insights from attending a webinar on substance use disorder among older adults, shedding light on the notable prevalence of substance use within the aging population living with HIV. Furthermore, he emphasized the rising concern of suicide rates among older individuals with HIV, suggesting that this important topic should be considered for a future discussion.

(2) Black/African American Caucus | June 15, 2023 @4-5 PM **Virtual meeting*

The Caucus met on May 18th and Julie Tolentino (DHSP) reported the execution of the contract with Raniyah Copeland and progress on the Organizational Capacity Needs Assessment for Black-led organizations.

J. Tolentino also shared updates in the PrEP campaign for the Black community, with campaign visuals presented by 3-4 finalists agendized for the June 15 Caucus meeting for feedback.

COH staff provide an update on the vendor application process for Taste of Soul event.

The Caucus discussed planning community listening sessions on HIV in Black communities, forming a workgroup to start activities.

Next Caucus virtual meeting will be held on June 15th @ 4-5PM.

(3) Consumer Caucus | June 8, 2023 @ 1:30PM-3PM **Hybrid meeting (in-person & virtual) @ St. Anne's*

The Caucus met on May 11, 2023, debriefing Commission meeting discussions with concerns including attendance and accurate data collection.

The Caucus welcomed DHSP's Dr. Andrea Kim's mpox update in anticipation of Pride month.

Today, the Caucus will be providing feedback to the draft Universal Service Standards and Patient Bill of Rights by SBP Committee.

As a reminder, all consumers of HIV prevention and care services are welcome to attend; lunch will be provided.

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(4) Transgender Caucus | June 27, 2023 @ 10AM-12PM *Virtual meeting

The Transgender Caucus met on May 23, 2023 and discussed the following:

The July Caucus will hold an in-person meeting in July in which they will host a community planning session to solicit feedback for their Trans Summit in the fall. The meeting will also include a networking component to allow caucus members and guests to get to know each other better.

The Caucus began planning for their fall summit and brainstormed topics and speakers for the keynote, plenary and breakout sessions. Topics include Intergenerational Community Building Space, Policy and Advocacy, Trans History, Trans Media, Trans and HIV, Building Collaborative Partnerships. The summit is scheduled for Thursday November 2, 2023 from 8am-4pm at the Vermont Corridor. More details to come.

As a reminder, the Caucus is focused on increasing community engagement and participation in Commission activities as well as exploring ways to hold Commissioners accountable in considering the lived experiences of the Transgender community during decision making processes.

The Transgender Caucus will hold their next virtual meeting on Tuesday June 27, 2023 from 10am-11:30am via WebEx.

(5) Women's Caucus | July 17, 2023 @ 2-4PM *Virtual meeting

The Caucus last met on April 17, 2023 and continues to plan for its 2-part Virtual Lunch & Learn Series to address Loss, Grief & Healing. The dates for the presentations have been confirmed for June 21 @ 5-6:30PM and June 28 @ 12-1PM; flyer forthcoming.

The next Caucus meeting will be held on Monday, July 17 @ 2-4PM and will focus reviewing the Caucus' 2019 recommendations, DHSP's response, and hearing updates regarding women-centered programming and services, i.e., psychosocial services/programming, childcare RFP, and PrEP promotion for cis-gender women.

(6) Vision & Mission Statement Review (VMS) Workgroup | TBD; *Virtual Meeting

The Vision & Mission Statement Workgroup (VMS) met on May 31st to review and discuss the feedback received by Commission members.

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The group agreed that the review process will complement efforts of the Bylaws Review Taskforce (BRT) as they both seek to define the Commission's role and function amid the changing HIV prevention and care landscape and in light of status neutral planning.

The VMS recognized the crucial need for engaging all the Commission's committees, caucuses, taskforces, and workgroups to ensure an inclusive and representative review. As a result, they agreed to incorporate a standing report on the meeting agendas going forward. Additionally, a VMS representative will regularly provide updates on the progress made and actively seek feedback to foster an ongoing collaborative process.

The COH Co-Chairs will be invited to the next meeting to discuss developing a process that creates a vision & mission statement that is inclusive and in line with the Commission's overall goals and objectives. The workgroup will review the notes from the 2019 Annual Meeting along w/ other organization's vision & mission statements to help inform skeletal framework. Additionally, although recommended, the VMS workgroup will not seek technical assistance for this effort.

The next meeting is currently being scheduled; TBD.

(7) Prevention Planning Workgroup | July 26, 2023 @ 4-5:30PM *Virtual meeting

The Prevention Planning Workgroup last met on May 24th. The meeting included a continued discussion on status neutral and created status neutral framework for LA County utilizing the CDC Status Neutral framework, recommendations from the workgroup, and the HIV Care Continuum Framework (previously developed by the Commission). Formal status neutral recommendations will be presented to the PP&A Committee at a future date.

Commission staff has begun reaching out to potential speakers for capacity building opportunities identified in the Knowledge, Attitudes and Beliefs (KAB) survey.

The workgroup requested a follow up presentation on the Syringe Services Programs presented by SAPC in Nov. 2022 to gather more info on progress to date to help inform additional status neutral recommendations.

Paulina Zamudio (DHSP) requested information sharing around high-risk behaviors or feedback on Mpox strategies that agencies may be hearing so DHSP can work to address any issues ahead of pride season.

The next virtual PPW meeting will be next Wednesday, July 26th from 4-5:30pm.

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(8) Bylaws Review Taskforce | TBD; *Virtual meeting

The BRT met virtually on May 24, 2023. As a reminder, the BRT is open to members of the public; however, decisions are limited to BRT members.

Drawing on their extensive experience and historical knowledge, M. Pérez and Ricky Rosales shared background information to enhance the BRT's review process, ensuring a well-informed and educated approach.

The BRT agreed to further explore the role and function of the Commission at the upcoming meeting, to establish a foundational understanding before proceeding with a thorough review of the bylaws.

The BRT recognized the crucial need for engaging all the Commission's committees, caucuses, taskforces, and workgroups to ensure an inclusive and representative review. As a result, they agreed to incorporate a standing report on the meeting agendas going forward. Additionally, a BRT representative will regularly provide updates on the progress made and actively seek feedback to foster an ongoing collaborative process.

The next BRT meeting has been scheduled for June 14, 2023 @ 3-4:30PM.

3. MISCELLANEOUS

A. PUBLIC COMMENT: Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [here](#), or by emailing hivcomm@lachiv.org.

- **Damone Thomas.** Acknowledgment of Caribbean American HIV/AIDS Awareness Day and the importance of shedding light on the urgent issues faced by the Caribbean community in Los Angeles County and the lack of accessible resources, information, and services specifically tailored to their needs. *Refer to recording for full statement.*
- **Ish Herrera.** Reminded Commissioners to invite line staff who are performing the actual HIV prevention and care services from other organizations. Also expressed concerns regarding the salaries of the workforce and the lack of movement to meet the needs of the HIV community. *Refer to recording for full statement.*

B. COMMISSION NEW BUSINESS ITEMS: 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, or where the need to act arose after the posting of the agenda.

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- **Commissioner Joseph Green.** Requested to add DHSP's Ending HIV Epidemic (EHE) report and the OA California Planning Group report as standing items on the COH meeting agendas moving forward.

C. ANNOUNCEMENTS: Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.

- **Natalie Sanchez.** Announced the reunion and reactivation of the ALIANZA Los Angeles County Latino Caucus on HIV/AIDS. First hybrid meeting on June 15th. In-person Location: Connie Norman Transgender Empowerment Center 1001 North Martel Avenue, Los Angeles, CA 90046, 5:30pm-6:00pm, Arrive and Connect, 6:00pm Start. For more information: <https://www.eventbrite.com/e/alianza-reactivation-tickets-641118461577>
- **Commissioner Joseph Green.** Announced Being Alive's Buddy Program and Syringe Exchange Program currently held at four locations – AHF (Hollywood, AHF (Santa Monica), Minority AIDS Program (MAP) and APAIT. More information can be found [HERE](#).
- **Commissioner Andre Molette.** Announced the Men's Health Foundation in collaboration with SoCal Club is hosting its first Juneteenth celebration from 4-8PM at 8601 S. Broadway, LA; open to all in the community.

D. ADJOURNMENT AND ROLL CALL: Adjournment for the meeting of April 13, 2023

The meeting was adjourned in the memory of former Thomas Green, by B. Gordon at or around 1:12PM. J. Stewart conducted roll call.

ROLL CALL (PRESENT): E. Alvizo, J. Arrington, A. Burton, M. Cielo, K. Donnelly, F. Findley, A. Frames (AB2449), J. Green, F. Gonzalez, K. Halfman (BA: Teleconf), L. Kochems, J. Magana, A. Molette, D. Murray, C. Orozco, M. Perez, H. San Augustin, M. Sattah, K. Stalter, J. Weedman, and B. Gordon

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MOTION AND VOTING SUMMARY		
MOTION 1: Approve remote attendance by Member(s) Pursuant to Assembly Bill 2449 Attendance Notification for “Emergency Circumstances”, as presented.	No vote held.	NO VOTE HELD
MOTION 2: Approve meeting agenda, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 3: Approve meeting minutes, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 4: Approve Consent Calendar, as presented or revised	Passed by Consensus	MOTION PASSED
MOTION #5: Approve new membership application for Lilieth Connolly (Seat #32), as presented or revised, and forward to the Board of Supervisors for appointment.	Passed by Consent Calendar	MOTION PASSED
MOTION #6: Approve new membership application for Shonté Daniels (Seat #33), as presented or revised, and forward to the Board of Supervisors for appointment.	Passed by Consent Calendar	MOTION PASSED
MOTION #7: Approve new membership application for Déchelle Richardson (Alternate - Seat #27), as presented or revised, and forward to the Board of Supervisors for appointment.	Passed by Consent Calendar	MOTION PASSED
MOTION #8: Approve new membership application for Byron Patél (Seat #15), as presented or revised, and forward to the Board of Supervisors for appointment.	Passed by Consent Calendar	MOTION PASSED
MOTION #9: Approve new membership application for Juan Solis (Alternate - Seat #30), as presented or revised, and forward to the Board of Supervisors for appointment.	Passed by Consent Calendar	MOTION PASSED
MOTION #10: Approve proposed updates to the Code of Conduct, as presented or revised.	Passed by Consensus	MOTION PASSED
MOTION #11: Approve adoption of PY 31 AAM Final Report, as presented or revised.	Passed by Consensus	MOTION PASSED
MOTION #12: Approve Fiscal Year (FY) 2023 Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI) proposed revised allocations, as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved	Passed by Roll Call Vote <u>Ayes:</u> E. Alvizo, A. Burton, M. Cielo, K. Donnelly, F. Findley, A. Frames, J. Green, F. Gonzalez, L. Kochems, J. Magana, A. Molette, D.	MOTION PASSED

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MOTION AND VOTING SUMMARY

allocations amount, as expenditure categories dictate, without returning to this body.	Murray, K. Nelson, C. Orozco, H. San Augustin, M. Sattah, K. Stalter, J. Weedman, and B. Gordon <u>Abstentions:</u> K. Halfman and M. Perez	
MOTION #13: Approve the 2023-2024 Legislative Docket—Federal Bills – as presented or revised.	Passed by Consent Calendar	MOTION PASSED
MOTION #14: Approve the 2023-2024 Policy Priorities as presented or revised.	Passed by Consent Calendar	MOTION PASSED

DRAFT

RYAN WHITE PART A SUBRECIPIENT SITE VISIT LOS ANGELES EMA

FEBRUARY 14-17, 2023

PLANNING COUNCIL

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

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

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

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

Most clients reported being aware of the formal grievance process at their agencies. Identified as most important services were medical, oral health, housing, and food. Identified concerns and unmet needs included dealing with non-HIV medical issues, such as diabetes, hypertension, and cancer.

Homelessness, lack of housing options, and stigma were identified as significant barriers that impact clients' ability and willingness to access/remain in HIV care and support services. These barriers ultimately lead to poor viral suppression, negative overall health, and negative quality of life outcomes. Additional reported challenges included: health disparities in communities of color, mental health, financial assistance, better case management, status neutral housing, and the need to streamline the

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

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

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

A. Administration: Finding(s) identified.

1. Findings and Recommendations Governance and Constituent Involvement:

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

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

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

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

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

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

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

1. Operations Committee should proactively and consistently solicit input and assistance from the established Commission on HIV Caucuses, specifically, its Consumer Caucus, Black/African American Caucus, Transgender Caucus, Women's Caucus and Aging Caucus. This will allow the Planning Council to increase the pool of potential eligible/qualified applicants from diverse backgrounds to improve overall representation and reflectiveness of the Commission.
2. Recipient and the Planning Council should engage its provider network in a deeper, more proactive, and consistent recruitment effort that may include a) conducting designated trainings for providers on the importance of recruitment, b) having hard-copy membership applications (in English and Spanish) available at funded agencies, c) conducting Planning Council recruitment "Meet and Greet" events at providers' agency support groups and other client meeting, etc.
3. Establish a "Bring a Friend" Day, when unaffiliated commissioners can bring their friends to PC meetings to get a better understanding of the PC and be able to apply for membership on the spot, if interested.
4. Establish a Commission on HIV Community Recruitment Annual Schedule that will ensure the Commission on HIV's prominent presence and participation in the most important community events, such as during Pride Events, World AIDS Day Events, (December), National HIV Black Awareness Events, (February), National Latino HIV Awareness Events (October), National Women's Awareness Events, (March), etc.

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

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

Recommendation: Steps recommended for compliance:

1. Recipient and the commission should review and consistently follow the nominating process outlined in the currently approved LA Commission on HIV Bylaws in Article 4: Nomination Process, p. 9, and LA Commission on HIV Policy and Procedure #09.4205, Commission Membership Evaluation and Nominations Process (approved in May 2018).
2. Recipient and the commission support staff should review HRSA's Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectation Letter, which provides clarification on HRSA's expectation on the required community input process for RWHAP Part A awards, specific to PC term limits and membership rotation.
3. The commissioner nomination and re-appointment process should begin early to allow the CEO ample time to review, consider and make approval decisions on member applications.
4. The CEO should prioritize its review, consideration, and reappointment of commissioners whose term is expiring to avoid prolonged vacancies and to ensure smooth and uninterrupted operations of the commission.

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

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

Recommended steps of action:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LOS ANGELES COUNTY
CORRECTIVE ACTION PLAN (CAP) FOR 2023 HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) SITE VISIT CONDUCTED
ON FEB. 14-17, 2023 RWHP PART A GRANT #H89HA00016 (Rev 7.14.23)

FINDING DESCRIPTION	PERSON(S) RESPONSIBLE	TARGET/DUE DATE	CORRECTIVE ACTION PLAN	PROGRESS TO DATE
<p>#1: Lack of compliance with the requirement to ensure separation of Planning Council and recipient roles. The Director of DHSP, who also functions as a CEO designee for the jurisdiction, is a voting member of the LA Commission on HIV and a voting member of the Executive Committee. Citation: Section 2602 (7)(a) of the PHS Act</p>	<p>Commission on HIV (COH) staff, Commission on HIV Bylaws Review Task Force, Operations Committee, County Counsel</p>	<p>December 30, 2023</p>	<p>The Bylaws Review Taskforce (BRT) is working with COH staff and County Counsel to change the language in the bylaws to designate DHSP staff including the Director of DHSP as “non-voting representatives” rather than as “members”. Guidance from County Counsel is an integral part of the process as the bylaws changes will trigger a corresponding ordinance change for the COH as well.</p> <p>Until the bylaws changes are approved, DHSP staff on the COH and committees will abstain from voting to separate roles between the grantee and PC to avoid any actual or perceived conflict of interest</p>	<p>Prior to the 2023 HRSA site visit, the Operations Committee has begun a review of the COH’s bylaws and subsequently decided to form a taskforce to engage a broader group of Commissioners and stakeholders in the review process and facilitate a dedicated group and time for the sole purpose of updating the bylaws. The Bylaws Review Taskforce (BRT), formally convened for an initial meeting on April 10 to address findings from the HRSA site visit and other governance issues of importance to the COH.</p> <p>The COH is working with County Counsel in revising the PC bylaws and ordinance to address site visit findings.</p> <p>The BRT will continue to meet monthly and prioritize changing the section of the bylaws regarding DHSP membership on the COH.</p>

<p>#2: Los Angeles (LA) Commission on HIV currently has three vacancies for the following legislatively mandated categories: a) RWHAP Part C Provider, b) Hospital Planning Agency or Health Care Planning Agency, and c) Representatives of Individuals who Formerly were Incarcerated. Citation: Section 2602(b)(5)(C) of the PHS Act</p>	<p>Commission on HIV, Operations Committee, Commission on HIV staff</p>	<p>a) March 21, 2023 b) February 29, 2024 c) September 30, 2023</p>	<p>a) <u>Part C Representative:</u> At the time of the HRSA site visit, an application for the seat was being processed and was in the pipeline for the Board’s approval. The Board approved Mr. Leon Maultsby’s application to serve as the Part C representative on the COH on March 21, 2023.</p> <p>b) <u>Hospital Planning Agency or Healthcare Planning Agency:</u> Filling the hospital planning or healthcare planning agency has been a recurring challenge for the COH.</p> <p>COH staff will continue to reach out to LACare, Kaiser Permanente, Molina, Blue Shield, Anthem, and Hospital Association of Southern CA (HASC) to engage them in the work of the COH and fill this vacant seat.</p>	<p>a) <u>Part C Representative:</u> Seat was filled on March 21, 2023</p> <p>b) <u>Hospital Planning Agency or Healthcare Planning Agency:</u> Recruitment efforts entail direct one-on-one outreach to HealthNet, Kaiser Permanente Southern CA, and LACare. The most recent outreach with Dr. Positron Kebebew, Regional Medical Director for HealthNet yielded a high level of interest, however, she regrettably declined, as advised by the Chief Medical Officer due to her expansive duties with HealthNet. Some consumers have also referred their HIV doctors from local health plans to staff for membership application support, however, none have submitted applications despite follow-up from staff.</p> <p>COH staff will continue to reach out LACare, Kaiser Permanente, Molina, Blue Shield, Anthem, and Hospital Association of Southern CA (HASC) to</p>
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			<p>c) <u>Representatives of Individuals who Formerly were Incarcerated</u>: COH staff acknowledge the challenges with filling this seat (i.e., fear of disclosing status, life priorities, significant time commitment required for COH service). Outreach efforts with the Office of Diversion and Re-entry, and local agencies serving justice-involved individuals will continue until the seat is filled. Because of the exacerbated challenges faced by justice involved individuals in the re-entry process, COH staff will need to acclimate potential candidates to the work of the COH first and coach them through the application process.</p> <p>COH Operations Committee will fill this vacancy by the end of September 2023.</p>	<p>engage them in the work of the COH and solicit membership applications.</p> <p>c) <u>Representatives of Individuals who Formerly were Incarcerated</u>: COH staff has reached out to the Los Angeles County Office of Diversion and Re-entry (ODR) for recruitment opportunities. Additionally, COH staff continue to work with PC members who work with justice-involved individuals for recruitment opportunities and referrals. ODR provided referrals to the Los Angeles Centers for Alcohol and Drug Abuse (LACADA) for possible candidates. COH staff have subsequently made several attempts to connect with LACADA staff and is awaiting a response. A Commissioner also promoted membership applications at Healing Village and Resource Fair for formerly incarcerated on June 24, 2023.</p> <p>Additionally, staff will attend upcoming LA Re-entry</p>
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				Regional Partnerships to promote the COH and solicit membership applications. A membership application for a representative of formerly incarcerated individuals from the Center for Health Justice was received on July 12, 2023.
#3: LA Commission on HIV currently has 37 CEO-appointed members, including seven unaffiliated client representatives. This represents 19 percent, which is below the 33 percent unaligned client representation requirement for planning bodies, as stated in Section 2602(b)(5)(C) of the PHS Act. Citation: Section 2602(b)(5)(C) of the PHS Act	Commission on HIV Operations Committee, COH staff	January 31, 2024	<p>The COH undertakes all the recommendations provided by HRSA noted in the site visit report for unaffiliated consumers (UCs) recruitment and will continue to work the caucuses to attract applications from UCs. Membership recruitments are scheduled for the following upcoming events/activities:</p> <ul style="list-style-type: none"> • Taste of Soul (October 21, 2023) • Community listening sessions to be led by the Black Caucus (Sept-Dec 2023) • World AIDS Day community events • Planning, Priorities and Allocations Committee service 	As of July 5, 2023, the COH has 40 members and 3 alternates. Among the 40 members, 10 are UCs (25%); among the alternates, 1 is a UC. As of July 6, 2023, there are five applicants who may potentially occupy a UC seat; staff are in the process of verifying their application information.

			<p>needs townhalls (Jan-April 2024)</p> <ul style="list-style-type: none"> • Local Community Advisory Board and Service Provider Network meetings • Women’s Caucus Virtual Lunch and Learn educational events • Transgender Summit (Nov 2023) • HIV, Aging and Sexual Health educational event (Sept 2023) • Digital COH promotion toolkit on website • Ongoing social media promotion 	
<p>#4: Currently, there is one commissioner listed on the membership roster, (Mr. Stalter), whose membership term expired in July 2022. There is no documentation the commissioner was timely reappointed for any additional membership terms. This commissioner is a co-chair of the Standards and Best Practices Committee and a member of the Executive Committee. There is another commissioner listed on</p>	<p>Commission on HIV Operations Committee, COH staff</p>	<p>December 30, 2023 and ongoing</p>	<p>During the site visit and in a follow-up email, staff explained to HRSA auditors that all members, once appointed, serve at the pleasure of the Los Angeles County Board of Supervisors (BOS) and provided the following excerpts from the ordinance and examples of BOS motions on approved membership renewal with waivers of term limits:</p>	<p>Kevin Stalter Update: At its meeting held Tuesday, March 7, 2023, on recommendation of the Commission on HIV, the Los Angeles County Board of Supervisors reappointed Mr. Stalter as a member of the Commission on HIV for an unexpired term of office expiring on July 11, 2023. His application is also included in the membership renewal slate which is set to appear before the full body for approval in</p>

<p>the membership roster, (Mr. Moreno), whose membership term expired in July 2022. There is no documentation the commissioner was timely reappointed for any additional membership terms. This commissioner represents the legislatively mandated category of Health Care Providers and is a member of the Operations Committees. Citation: Section 2602(b)(5)(C) of the PHS Act</p>			<p>“All members and alternates shall serve at the pleasure of the Board of Supervisors. Any member whose employment, status or other factors no longer fulfill the requirements of the membership seat to which he/she was appointed shall be removed from the Commission as determined by the Board of Supervisors....No member may serve on the Commission for more than two (2) full consecutive terms, unless such limitation is waived by the Board of Supervisors.”</p> <p>The BOS applies a general waiver of term limits in an effort to maintain all of its (400+) commissions’ membership; without this waiver, all County commissions would find it incredibly difficult to maintain a reflective and representative membership, especially ours. This language is included in our County Ordinance as well as on the Board of Supervisors’</p>	<p>August which will thereafter move to the Board for approval. Seats are filled and active unless specifically vacated by the Board.</p> <p>Carlos Moreno Update: Mr. Moreno resigned from the COH on February 7, 2023.</p>
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			<p>statement of proceedings when a member(s) is appointed.</p> <p>For corrective action and enhanced documentation for membership renewals, staff will include links to full BOS statement of proceedings to document waiver of term limits and place electronic copy in members' folders or in cohort renewal BOS approval folder.</p> <p>In addition, the COH Operations Committee will strengthen description of process in existing policies and procedures for seat changes/membership management; include approval process from Operations and Executive. Seat changes do not require BOS approval.</p>	
<p>5: Lack of compliance with the conflict-of-interest (COI) requirement for PC members. The LA Commission on HIV currently has 37 duly appointed PC members. There is no</p>	<p>Commission staff</p>	<p>a) Completed b) December 30, 2023</p>	<p>a) On March 23, 2023, the COH developed a separate Ryan White Program Part A-specific COI form to be filled out and signed by each</p>	<p>Ryan White Program Part A-specific COI forms have been collected from existing members; new members will complete Ryan White Program Part A-specific COI form during</p>

<p>documentation of current, completed, and signed Conflict of Interest (COI) declaration for any of the appointed commissioners. Most of the COI declarations are outdated, going back to 2018 and 2019. The most recent COI declaration is dated June 2021. In addition, several commissioners who are affiliated with currently funded providers declared “No Conflict” on their COI declarations. Based on the review of the meeting minutes for the commission and its Planning, Priority and Allocations Committee, it is evident that several of these commissioners participated in allocations/reallocation discussions and voted on allocations including for the service categories for which their agencies are funded, most recently in June 2022 on a revised FY 2023 RWHAP Part A funding allocation. Citation: Section 2602(b)(5)(C) of the PHS Act</p>			<p>member at the time of BOS appointment and annually, listing any agency contracts (if applicable).</p> <p>All County Commissioners fill out an IRS 700 form to declare their economic interests. At the time of the site visit, staff did not have access to the electronic files, however, moving forward, staff have been granted access and will use the completed electronic IRS 700 filings as additional records for conflicts of interest matters.</p> <p>b) In addition, as part of the bylaws update, the COH will add explicit language requiring members who are affiliated with contracted agencies to abstain from voting on allocations for which their agencies are funded.</p> <p>In addition, staff will work with the Co-Chairs and parliamentarian to remind</p>	<p>onboarding/new member orientation. Annually all members will fill out a new Ryan White Program Part A-specific COI form at the beginning of the year.</p>
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			and reinforce the section of the existing COH bylaws that states "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."	
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LOS ANGELES COUNTY
COMMISSION ON HIV



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2023 ANNUAL MEETING | SUGGESTIONS AND IDEAS
DRAFT | FOR DISCUSSION PURPOSES ONLY
Revision dates: 7.19.23; 7.28.23; 08.03.23

	TOPIC	NOTES/SPEAKERS
1	State of HIV/DHSP Report 1. Successes 2. Challenges 3. Call to action	<ul style="list-style-type: none"> Mario Perez, MPH, Director, Division of HIV and STD Programs (DHSP) CONFIRMED
2	PrEP, Long-acting PrEP, Doxy PEP Strategies for Increasing Access and Utilization among Priority Populations	<ul style="list-style-type: none"> Suggestion from Prevention Planning Workgroup. Suggested speaker - Dr. Ardis Moe
3	"The Voice of the Consumer"	<ul style="list-style-type: none"> Suggestion from the Consumer Caucus Additional discussions to occur at upcoming Consumer Caucus meeting
4	Affordable Housing and Preventing Homelessness Among PLWH	<ul style="list-style-type: none"> Recurring topic/inquiry at various COH meetings
5	Integrating HIV, STD, Substance Use, Mental Health, and Healthcare Services Across the County The County's Response to the Intersection of HIV and Substance Use Harm Reduction and Other Services, DPH, Substance Abuse Prevention and Control (SAPC)	<ul style="list-style-type: none"> Recurring topic/inquiry at various COH meetings Invite leadership representatives from DHSP, SAPC, DMH, DHS for a panel Dr. Sid Puri, SAPC CONFIRMED. Need to present between 10am to 12 noon.
6	Building Partnerships with Health Plans	<ul style="list-style-type: none"> Recurring topic/inquiry at various COH meetings Panel discussion with representatives from local health plans; how are they responding to HIV/STD?; what are opportunities to engage with the Ryan White Care system?
7	Disability and Aging	<ul style="list-style-type: none"> Suggestion from Aging Caucus
8	Older Adults and Housing	<ul style="list-style-type: none"> Suggestion from Aging Caucus
9	Educational activity geared toward youth from an elder perspective	<ul style="list-style-type: none"> Suggestion from Aging Caucus #10 is preferable as discussed at 7/27/23 Executive Committee meeting
10	Intergenerational story circle to allow for multi-directional learning	<ul style="list-style-type: none"> Suggestion from Aging Caucus

11	<p>Other ideas:</p> <ul style="list-style-type: none">• Invite Board members for remarks/speak on prioritizing HIV• Resource tables for providers and networking opportunity• Use a combination of panels and speakers• Tributes and awards	Invite Board members at lunch with a panel of speakers from different perspectives to hear about issues and challenges
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LOS ANGELES COUNTY COMMISSION ON HIV

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DUTY STATEMENT COMMISSION CO-CHAIR

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, the two Commission Co-Chairs must meet the following demands of their office, representation and leadership:

ORGANIZATIONAL LEADERSHIP:

- ① Serve as Co-Chair of the **Executive Committee**, and leads those monthly meetings.
- ② Serve as ex-officio member of all standing Committees:
 - attending at least one of each standing Committee meetings annually or in Committee Co-Chair's absence
- ③ Meet monthly with the Executive Director, or his/her designee, to prepare the Commission and Executive Committee meeting agendas and course of action,
 - assist Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate.
- ④ Lead Executive Committee in decision-making on behalf of Commission, when necessary.
- ⑤ Act as final Commission-level arbiter of grievances and complaints

MEETING MANAGEMENT:

- ① Serve as the Presiding Officer at the Commission, Executive Committee and Annual meetings.
- ② In consultation with the other Co-Chair, the Parliamentarian, the Executive Director, or the senior staff member, lead all Commission, Executive and special meetings, which entail:
 - conducting meeting business in accordance with Commission actions/interests;
 - maintaining an ongoing speakers list;
 - recognizing speakers, stakeholders and the public for comment at the appropriate times;
 - controlling decorum during discussion and debate and at all times in the meeting;
 - imposing meeting rules, requirements and limitations;
 - calling meetings to order, for recesses and adjournment in a timely fashion and according to schedule, or extending meetings as needed;
 - determining consensus, objections, votes, and announcing roll call vote results;
 - ensuring fluid and smooth meeting logistics and progress;
 - finding resolution when other alternatives are not apparent;
 - apply Brown Act, conflict of interest, Ryan White Program (RWP) legislative and other laws, policies, procedures, as required;
 - ruling on issues requiring settlement and/or conclusion.

Duty Statement: Commission Co-Chair

Page 2 of 3

- ③ Ability to put aside personal advocacy interests, when needed, in deference to role as the meetings' Presiding Officer.
- ④ Assign and delegate work to Committees and other bodies.

REPRESENTATION:

In consultation with the Executive Director, the Commission Co-Chairs:

- ① Serve as Commission spokesperson at various events/gatherings, in the public, with public officials and to the media after consultation with Executive Director
- ② Take action on behalf of the Commission, when necessary
- ③ Generates, signs and submits official documentation and communication on behalf of the Commission
- ④ Participate in monthly conference calls with HRSA's RWP Project Officer
- ⑤ Represent the Commission to other County departments, entities and organizations.
- ⑥ Serve in protocol capacity for Commission
- ⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

KNOWLEDGE/BACKGROUND:

- ① CDC HIV Prevention, RWP, and HIV/AIDS and STI policy and information
- ② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
- ③ LA County's HIV/AIDS and STI, and other service delivery systems
- ④ County policies, practices and stakeholders
- ⑤ RWP legislation, State Brown Act, applicable conflict of interest laws
- ⑥ County Ordinance and practices, and Commission Bylaws
- ⑦ Topical and subject area of Committee's purview
- ⑦ **Minimum of one year active Commission membership prior to Co-Chair role**

SKILLS/ATTITUDES:

- ① Sensitivity to the diversity of audiences and able to address varying needs at their levels.
- ② Life and professional background reflecting a commitment to HIV/AIDS and STI-related issues.
- ③ Ability to demonstrate parity, inclusion and representation.
- ④ Multi-tasker, action-oriented and ability to delegate for others' involvement.
- ⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible.
- ⑥ Capacity to attend to the Commission's business and operational side, as well as the policy and advocacy side.
- ⑦ Strong focus on mentoring, leadership development and guidance.
- ⑧ Firm, decisive and fair decision-making practices.
- ⑨ Attuned to and understanding personal and others' potential conflicts of interest.

Duty Statement: Commission Co-Chair

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COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

- ① Put personal agenda aside and advocate for what's in the best interest of the Commission
- ② Devote adequate time and availability to the Commission and its business
- ③ Assure that members' and stakeholders' rights are not abridged
- ④ Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
- ⑤ Always consider the views of others with an open mind
- ⑥ Actively and regularly participate in and lead ongoing, transparent decision-making processes
- ⑦ Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors

INSIDE:

- Strategy A
- Strategy B
- Strategy F
- Strategy G
- Strategy J
- Strategy K

STAFF HIGHLIGHT

Last month, the Centers for Disease Control (CDC) came to California for their joint PS18-1802/20-2010 site visit. OA hosted CDC Project Officer, Kevin Ramos, and CDC Epidemiologist, Katie Curran, as they spent three days gaining a better understanding of our PS18-1802/20-2010 programs and activities, learning more about our administrative systems and practices, and hearing about the strengths, challenges, and needed technical/capacity building assistance throughout the State.

This site visit was different from those past in that it included visits to Sacramento County's Public Health Department, Sunburst Projects in Sacramento, and Alameda's Public Health Department, featuring a presentation on East Bay Getting to Zero. Overall, the feedback we received was extremely positive, and Kevin even hopes to use this site visit's agenda and format as a model for upcoming site visits!

Congratulations, OA and participating LHJs on a huge success!



GENERAL UPDATES

➤ COVID-19

OA is committed to providing updated information related to COVID-19. We have

disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to our [OA website](#) to stay informed.

➤ Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](#) to stay informed.

[Spanish mpox digital assets](#) are now available for LHJs and CBOs.

➤ Racial Justice and Health Equity

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout the California Department of Public Health (CDPH) and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

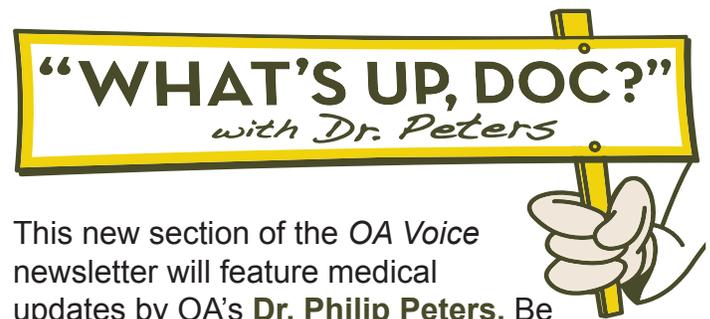
➤ HIV/STD/HCV Integration

Now that the Emergency Declaration has ended and the COVID-19 response is winding down, we are reinitiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!

➤ Ending the HIV Epidemic

Thanks to all who attended the **2023 Ending the Syndemic Symposium** and helped to make it a success! We the conference organizers want to thank you for the work you are doing to address the syndemic of HIV/STIs/HCV. Special thanks to Facente Consulting for helping with the logistics of the Symposium. [Recordings of each](#)

[session and conference materials](https://facenteconsulting.com/ending-the-syndemic-symposium/) can be found at: <https://facenteconsulting.com/ending-the-syndemic-symposium/>.



This new section of the *OA Voice* newsletter will feature medical updates by OA's **Dr. Philip Peters**. Be sure to keep an eye out for it in the near future!

STRATEGY A

Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

➤ PrEP-Assistance Program (AP)

As of July 28, 2023, there are 204 PrEP-AP enrollment sites and 189 clinical provider sites that currently make up the PrEP-AP Provider network.

A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 3 of this newsletter.

➤ PrEP-AP Telehealth Services Through Color Health

PrEP-AP has partnered with **Color Health** to provide a fully telehealth option for eligible Californians to enroll in and utilize PrEP-AP services. [Color Health](#) will provide PrEP-AP enrollment support, telehealth prescribing, and at-home testing options to Californians 18 and

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	315	8%	---	---	---	---	35	1%	350	9%
25 - 34	1,218	33%	1	0%	1	0%	246	7%	1,466	39%
35 - 44	919	25%	---	---	2	0%	170	5%	1,091	29%
45 - 64	477	13%	1	0%	22	1%	95	3%	595	16%
65+	22	1%	---	---	194	5%	8	0%	224	6%
TOTAL	2,951	79%	2	0%	219	6%	554	15%	3,726	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	199	5%	---	---	39	1%	16	0%	2	0%	62	2%	1	0%	31	1%	350	9%
25 - 34	885	24%	2	0%	128	3%	87	2%	4	0%	273	7%	11	0%	76	2%	1,466	39%
35 - 44	709	19%	3	0%	85	2%	42	1%	4	0%	202	5%	6	0%	40	1%	1,091	29%
45 - 64	386	10%	1	0%	40	1%	16	0%	1	0%	133	4%	1	0%	17	0%	595	16%
65+	23	1%	---	---	2	0%	3	0%	---	---	190	5%	---	---	6	0%	224	6%
TOTAL	2,202	59%	6	0%	294	8%	164	4%	11	0%	860	23%	19	1%	170	5%	3,726	100%

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	205	6%	---	---	4	0%	9	0%	1	0%	16	0%	---	---	7	0%	242	6%
Male	1,793	48%	5	0%	269	7%	149	4%	10	0%	815	22%	19	1%	146	4%	3,206	86%
Trans	183	5%	---	---	18	0%	5	0%	---	---	16	0%	---	---	6	0%	228	6%
Unknown	21	1%	1	0%	3	0%	1	0%	---	---	13	0%	---	---	11	0%	50	1%
TOTAL	2,202	59%	6	0%	294	8%	164	4%	11	0%	860	23%	19	1%	170	5%	3,726	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 07/31/2023 at 12:01:18 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

older who meet [PrEP-AP eligibility criteria](#). Color Health will be adding services for minors (12-17 years old) in a future update. Individuals can visit [Color Health's webpage](#) to set up a secure account, get help enrolling in PrEP-AP, and access PrEP-AP services remotely.

Color Health's trained PrEP-AP Enrollment Workers will work with clients to enroll in PrEP-AP and any required pharmaceutical assistance program. Color Health's providers will conduct timely telehealth visits to assess clients for PrEP or PEP clinical eligibility and provide prescriptions which can be filled at [PrEP-AP Magellan Rx network pharmacies](#).

PrEP-AP clients accessing services through Color Health will have the option to order a self-testing kit to the address of their choice or visit a lab in their area to conduct necessary labs for PrEP and PEP initiation and maintenance.

STRATEGY B

Increase and Improve HIV Testing:

OA continues to implement its Building Healthy Online Communities (BHOC) self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California.

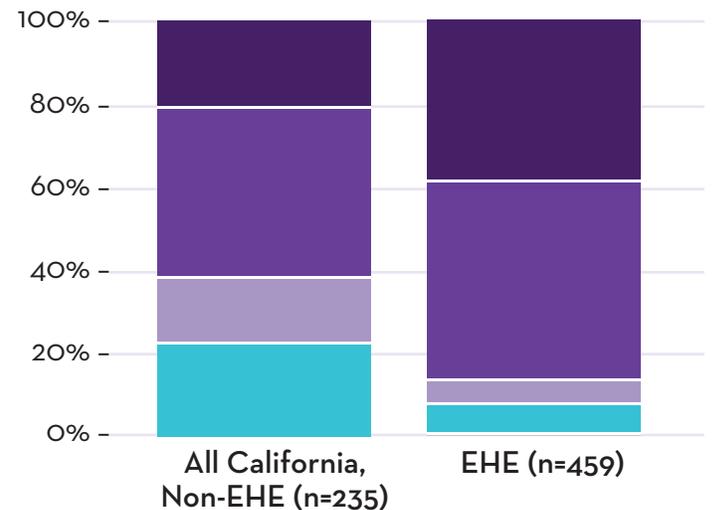


The program, [TakeMeHome](https://takemehome.org/), (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In June, 235 individuals in 35 counties ordered self-test kits, with 204 (86.8%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six

California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 34 months, between September 1, 2020, and June 30, 2023, 6545 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 258 (56.2%) of the 459 total tests distributed in EHE counties.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, June 2023



- 0-3 Months
- 4-6 Months
- 7-12 Months
- Over a Year
- Never

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	62.5%	74.3%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	41.7%	49.7%
Were 17-29 years old	52.5%	35.7%
Of those sharing their number of sex partners, reported 3 or more in the past year	46.1%	48.1%

Since September 2020, 723 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 150 responses from the California expansion since January 2023. Highlights from the survey results include:

	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.2%	94.0%
Identify as a man who has sex with other men	66.3%	70.7%
Reported having been diagnosed with an STI in the past year	9.4%	8.7%

STRATEGY F

Improve Overall Quality of HIV-Related Care:

OA is postponing the HIV Care Connect (HCC) go-live date until April 2024 to accommodate the following factors, as requested by service providers:

- Start using HCC after completing the 2023 Ryan White HIV/AIDS Program Services Report (RSR) report in ARIES. This will allow a smooth transition and avoid any disruption to the reporting process.
- Accommodate HCC Import functionality changes and provide the technical XML schema file before go-live date. This will allow providers to setup their internal systems to meet HCC Import requirement.

Some advantages of a later go-live date include allowing more time for development and thorough testing of HCC functions, such as reports, budget/invoices, duplicate merges, and the import processes; and avoid burdening RWHAP service providers with learning a new system (HCC) while under the pressure of completing the 2023 RSR. For more information and updates, please visit the [HIV Data Systems page](#) for all Data System Notices and HCC FAQs.

STRATEGY G

Improve Availability of HIV Care:

The California Department of Housing and Community Development (HCD) will release its draft of the 2022-23 Consolidated Annual Performance and Evaluation Report (CAPER) for public comment prior to submittal to the U.S. Department of Housing and Urban Development. The CAPER reports on specified federal housing and economic assistance allocated by the state, which includes the Housing Opportunities for Persons with AIDS (HOPWA) program, for the period July 1, 2022, through June 30, 2023.

The CAPER draft will be available on [HCD's website](#) at <https://www.hcd.ca.gov/policy-and-research/plans-and-reports>, for public comment from September 1 through September 17, 2023 at 5 PM PST. [Questions and public comments](#) can be submitted to CAPER@hcd.ca.gov. More information is available on their website.

STRATEGY J

Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP:

As of July 28, 2023, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the [chart at the top of page 6](#).

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from June
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	511	- 1.16%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,475	- 1.51%
Medicare Part D Premium Payment (MDPP) Program	555	- 22.27%
Total	6,541	- 3.67%

Source: ADAP Enrollment System

STRATEGY K

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

➤ Stimulant Safety: Getting Amped Up to Reduce Harms When Using Stimulants

A [new guide](#) created by the National Alliance of State and Territorial AIDS Directors (NASTAD) Drug User Health aims to educate individuals and organizations that provide services to people who use methamphetamine and other stimulants to help reduce stigma, minimize harm, and improve services for people who use drugs. It can be used by community-based organizations, grassroots programs, health departments, and other harm reduction service providers that work with people who use drugs or support SSPs.

Download the [toolkit](https://nastad.org/sites/default/files/2023-07/PDF-Stimulants-Toolkit.pdf) at <https://nastad.org/sites/default/files/2023-07/PDF-Stimulants-Toolkit.pdf>

➤ Training: Health Equity in the Response to Drug Overdose

The National Association for County and City Health Officials (NACCHO) will be conducting a live facilitation of their online training, [Health](#)

[Equity in the Response to Drug Overdose](#). This 6-session, 90-minute weekly training is meant to support staff in localities that are addressing health inequities in fatal and non-fatal overdoses in their communities. Reach out to [Jasmine Akuffo](mailto:jakuffo@naccho.org) at jakuffo@naccho.org for additional information. Session dates are Wednesdays from 3-4:30pm EST, Wednesday, August 23rd – Wednesday, September 27th. [Register](#) by August 11th.

➤ Awards Announcement

The Department of Health Care Services (DHCS) [awarded \\$12.1 million to 54 entities](#) through the Opioid and Stimulant Use Disorder Prevention for Communities of Color Project. The project directs funding to entities that have demonstrated they can effectively and equitably serve individuals in Black, Indigenous, and People of Color (BIPOC) communities who are disproportionately impacted by the negative consequences of drug use and the criminalization of substance use disorders (SUD).

For [questions regarding this issue of *The OA Voice*](#), please send an e-mail to angelique.skinner@cdph.ca.gov.



Overview of HIV among the AIAN population in LAC

Impact of alternative race/ethnicity classification approaches on case numbers and rates

Division of HIV and STD Programs
HIV Case Surveillance
(HCS)



Commission on HIV Meeting August 10, 2023

Ekow Kwa Sey, PhD, MPH
Chief, HIV and STD Surveillance
Division of HIV and STD Programs
Los Angeles County Department of Public
Health



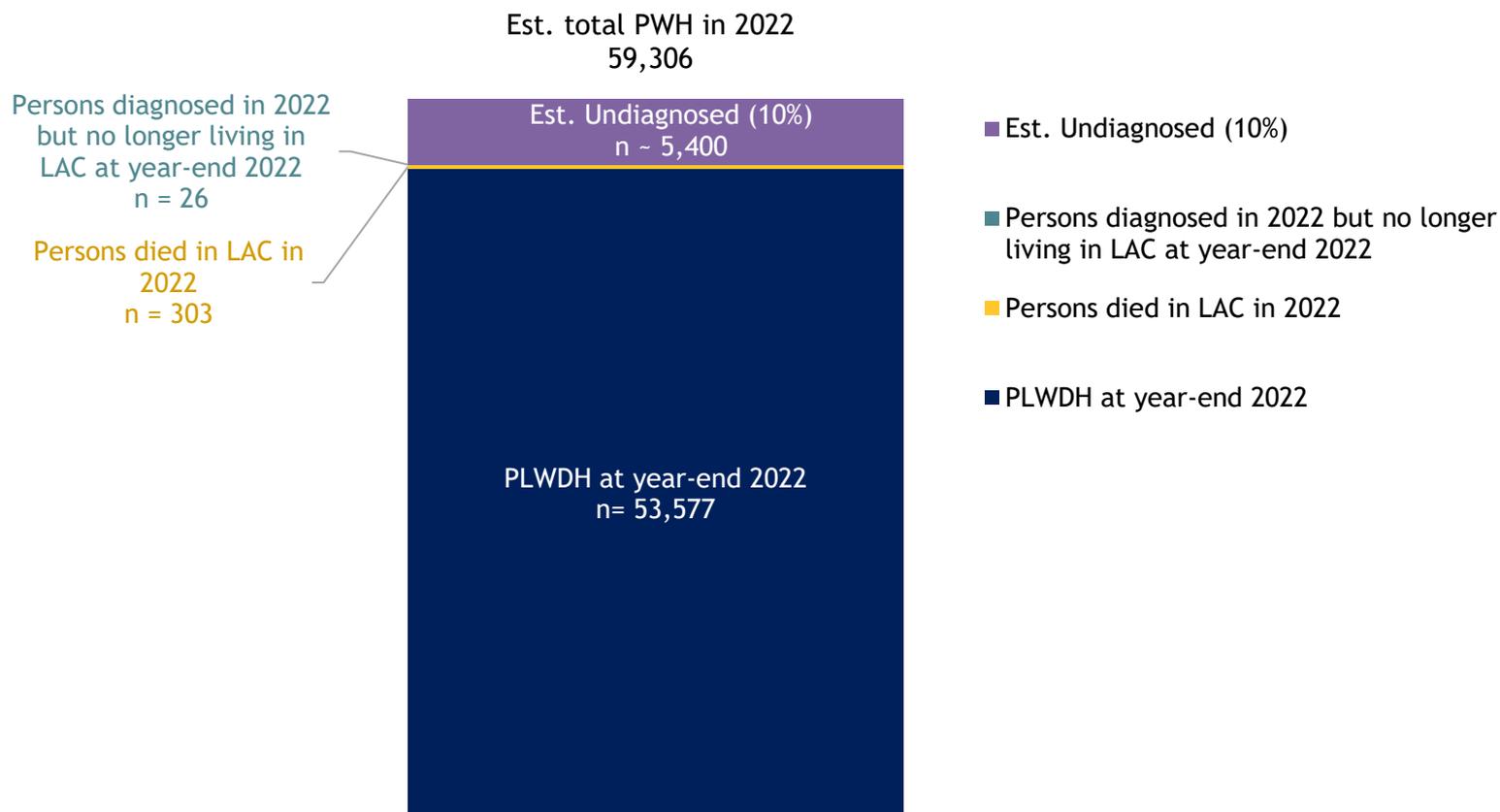


Outline

- Overview of HIV among AIAN population in LAC
- Alternative approaches to classifying AIAN
- Impact of classification approaches on resulting case counts, prevalence, and rates



Estimated Number of Persons with HIV in Los Angeles County in 2022 (13+y)





Estimated number of AIAN¹ persons with HIV in Los Angeles County in 2022 (13+y)

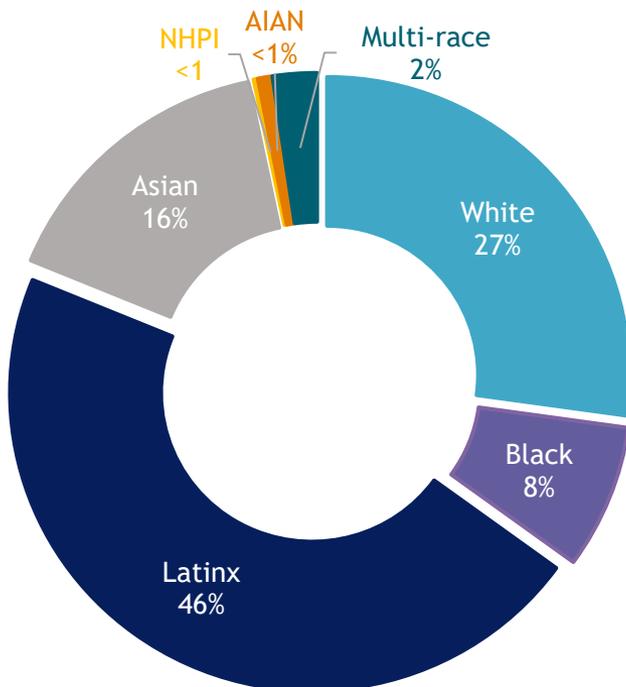


1. Includes non-Hispanic AIAN alone or in combination with one or more other race/s aged ≥13 years

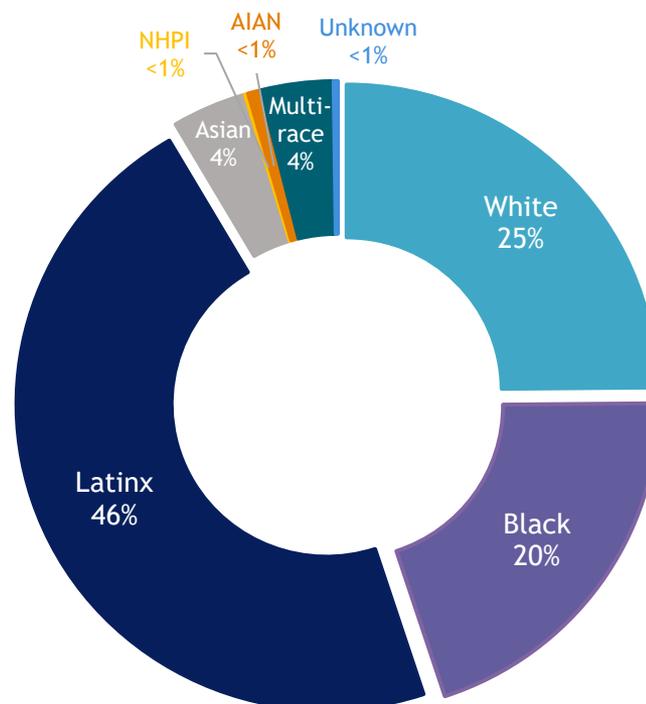


LAC Population¹ Vs. PLWDH² by Race/Ethnicity, LAC 2022 (13+y)

Est. Population , LAC 2021
(n=8,549,321)



PWLWDH, LAC 2022
(n=53,577)



Abbreviations: AIAN = non-Hispanic American Indian/Alaskan Native alone or in combination with one or more other races

¹ Based on the 2021 adjusted population estimates produced by LAC DPH OHAE, Vital Records and Demography Unit to account for non-Hispanic AIAN alone or in combination with one or more races, versus non-Hispanic AIAN alone.

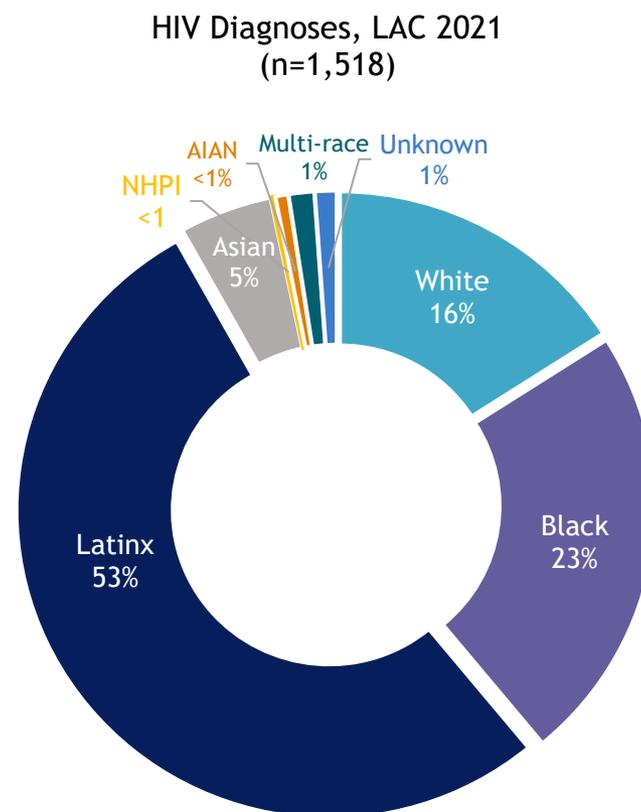
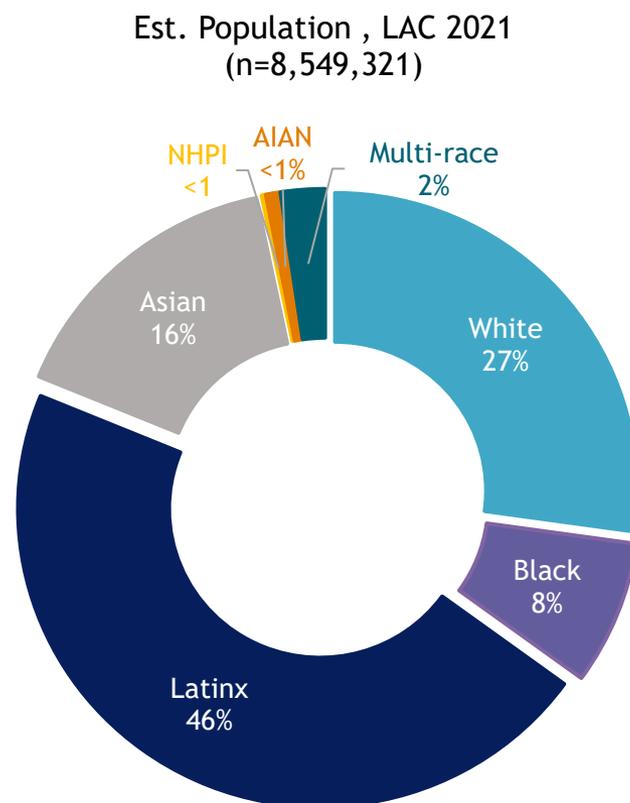
² Data are provisional due to reporting delay.

Source:
LAC DPH OHAE, Vital Records and Demography Unit
HIV Surveillance data as of December 2022



LAC Population¹ Vs. New HIV by Race/Ethnicity, LAC 2021 (13+y)

Diagnoses²



Abbreviations: AIAN = non-Hispanic American Indian/Alaskan Native alone or in combination with one or more other races

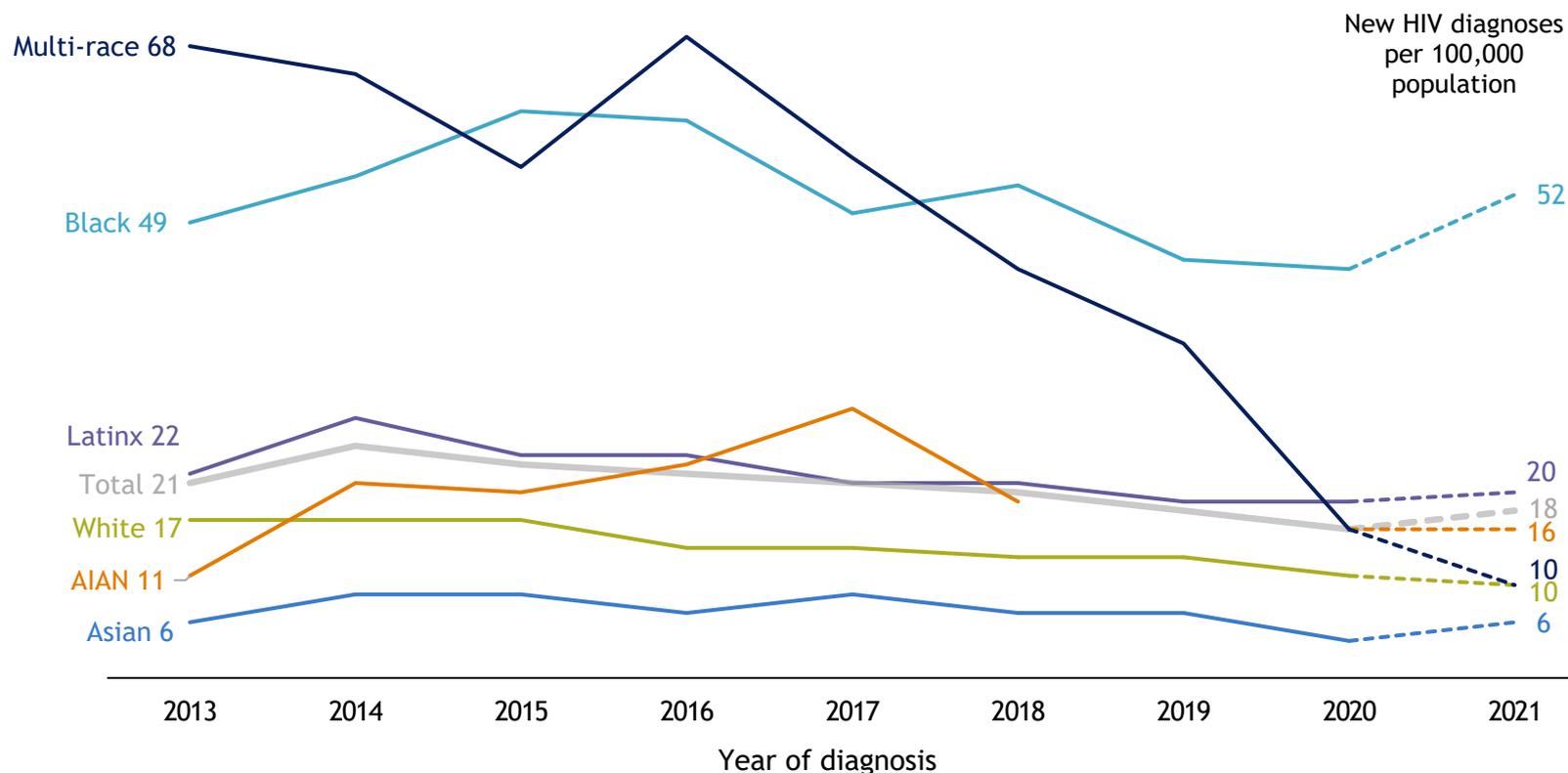
¹ Based on the 2021 adjusted population estimates produced by LAC DPH OHAE, Vital Records and Demography Unit.to account for non-Hispanic AIAN alone or in combination with one or more races, versus non-Hispanic AIAN alone.

² Data are provisional due to reporting delay.

Source:
LAC DPH OHAE, Vital Records and Demography Unit
HIV Surveillance data as of December 2022



HIV diagnoses rates by race/ethnicity among persons aged ≥ 13 years, LAC 2013-2021¹



AIAN = non-Hispanic American Indian/Alaskan Native alone or in combination with one or more other races

¹Based on the 2021 adjusted population estimates produced by LAC DPH OHAE, Vital Records and Demography Unit. Data for 2021 are provisional due to reporting delay., AIAN rare for 2019 is not shown due to small numbers (n<5)

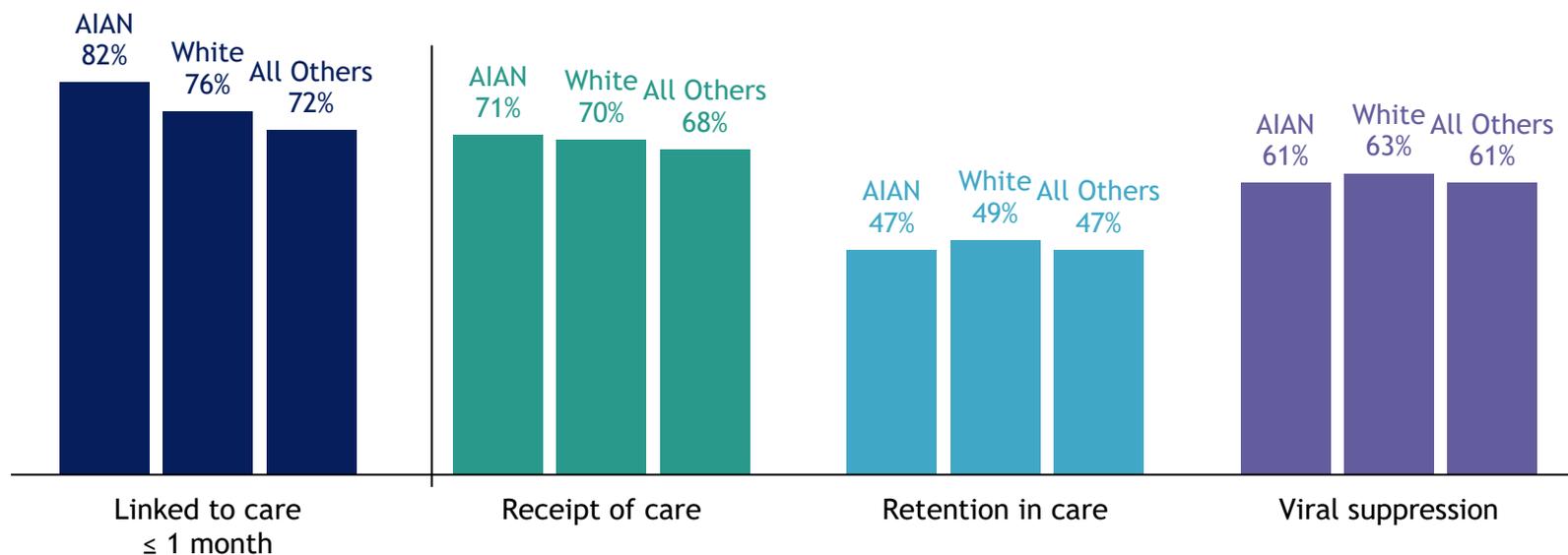
Source:
LAC DPH OHAE, Vital Records and Demography Unit
HIV Surveillance data as of December 2022



Comparison of HIV care continuum¹ among persons aged ≥ 13 years, LAC 2017-2021 and 2022²

Diagnosis, 2017-2021

Steps in the care cascade, 2022



¹ The HIV care continuum includes the following steps in the care cascade: 1) the percentage of persons receiving a diagnosis of HIV in given calendar years who were linked to HIV care within 1 month of diagnosis (defined as ≥ 1 CD4/VL/Genotype test reported within 1 month of HIV diagnosis) ; and the percentage of all persons living with diagnosed HIV who (1) received HIV care (defined as ≥ 1 CD4/VL/Genotype test per year, (2) were retained in HIV care (defined as ≥ 2 CD4/VL/Genotype tests at least three months apart, per year), and (3) were virally suppressed (defined using most recent viral load, per year). PLWDH without a VL test in the measurement year were categorized as having unsuppressed viral load.

² The HIV care continuum denominator includes persons diagnosed in 2017-2021 to calculate linkage to care ≤ 1 month of diagnosis, and all PLWDH diagnosed through 2021 and living in LAC at year-end 2022 to calculate receipt of care, retention in care, and viral suppression. AIAN = non-Hispanic American Indian/Alaska Native alone or in combination with one or more other races.



Alternative Approaches to Classifying AIAN Race

- A 2007 comparison between the HIV and AIDS Reporting System (HARS) and the National Patient Information and Reporting System (NPIRS) of the National Indian Health Service, estimated that American Indian/Alaska Natives (AIAN) living with HIV were undercounted by >50%.
- Since 2010, for HIV surveillance summary reports in LAC, DHSP has classified any non-Hispanic/non-Latinx person who mentions AIAN in response to the question “What is your race/ethnicity” as AIAN.
- By contrast, CDC’s current approach is to classify persons who mention AIAN only in response to the question “What is your race/ethnicity” into the AIAN category. Those who mention more than one racial/ethnic group, including AIAN, are classified as ‘Multi-racial’.



Alternative Approaches to Classifying AI/AN Race

- **Only-mention of AI/AN:** In CDC's report, AI/AN is defined for persons with AI/AN race alone. AI/AN persons reported with other race(s) are grouped into the "Multi-racial" category.
- **Any-mention of AI/AN with the exception of Hispanic/Latinx:** Persons with any mention of AI/AN tribe or race are classified as AI/AN. All persons with Hispanic/Latinx ethnicity are grouped into a separate group (Latinx), regardless of the racial information. Current approach for LAC HIV surveillance summary reports and presentations.
- **Any-mention of AI/AN including Hispanic/Latinx:** Persons with any mention of AI/AN tribe or race are classified as AI/AN



HIV Among AIAN in LAC

Comparing Rates for American Indian/Alaska Natives in LAC, ≥ 13 years of age

Preliminary

	AIAN alone, NH (CDC)		AIAN any Mention, NH (excluding Latinx, see LAC reports)		AIAN all inclusive including Latinx	
	N	Rate	N	Rate	N	Rate
Population Size	16,976	n/a	61,129	n/a	230,013	n/a
2021 New Diagnoses	6	34/100,000	10	16/100,000	15	7/100,000
2022 PLWDH*	69	396/100,000	316	517/100,000	643	280/100,000



Conclusion

- Although AIAN account for less than 1% of LAC HIV cases, with diagnosis rates* second only to Black and Latinx, AIAN represent an important population for targeted HIV interventions.
- A more inclusive approach to categorizing persons as AIAN may result in an increase in number of LAC HIV cases who are classified as AIAN HIV, but any such increase may be accompanied by a much larger increase in the number of LAC residents who are classified as AIAN.
- Consequently, a more inclusive approach to categorizing persons as AIAN is likely to result in decreases in the rates



Questions and Discussion



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Division of HIV and STD Programs
HIV Case Surveillance
(HCS)





**POLICY/PROCEDURE
#08.2301**

**(Revised) Voting
Procedures**

Page 1 of 3

FINAL: APPROVED BY COH: 9/12/2019

SUBJECT: The process for formally supporting or opposing Commission, committee or subcommittee actions.

PURPOSE: To describe the procedures for formally determining specific actions proposed at formal Commission or committee meetings.

BACKGROUND:

- Article V (*Meetings*), Section 8 (*Robert's Rules of Order*) of Policy/Procedure #06.1000 (*Bylaws of the Los Angeles County Commission on HIV*) states the following: "All meetings of the Commission shall be conducted according to the current edition of 'Robert's Rules of Order, Newly Revised', except where superseded by the Commission's Bylaws, policies/procedures, and/or applicable laws."
- All Commission member voting is subject to the conditions and provisions of state and federal conflict of interest requirements as detailed in Article VII (*Policies and Procedures*), Section 5 (*Conflict of Interest Procedures*) of Policy/Procedure #06.1000 (*Bylaws of the Los Angeles County Commission on HIV*) and Policies/Procedures #08.3108 (*Adherence to State Conflict of/Interest Rules and Requirements*).

POLICY:

- 1) Specific actions by the Commission or a committee can be taken as a result of co-chair instruction or following a successful motion by a quorum of a voting body in attendance.
 - a. In accordance with Commission Bylaws, and/or Robert's Rules of Order, certain votes are required of the body in spite of broad agreement.
 - b. All allocation decisions require motions and roll call votes.

- 2) All Commissioners (or their alternates in their absence) who are appointed by the Board of Supervisors may vote on matters before the Commission, unless they have recused themselves. All members assigned to or appointed to committees (or their alternates in their absence) may vote on motions before those committees, unless they have recused themselves.
 - a. "Recusal" is dictated by Policies/Procedures#08.3108 (*Adherence to State Conflict of Interest Rules and Requirements*).
- 3) The Commission or its committee may vote on a motion in one of two ways:
 - a. Unanimous voice vote (with abstentions as noted), commonly called "consensus," or
 - b. Roll call vote
 - c. While they do not count as votes, nor count in the vote tally, abstentions will be recorded and noted in meeting and motion summaries and minutes.

PROCEDURES:

1. **Co-Chairs' Prerogative:** If all in attendance are in agreement, and there is no motion on the floor, it is the co-chairs' prerogative to direct that an action be taken without a specific vote.
2. **Content of Motions:** Motions are made by members of the body and must be acted on for one of three reasons:
 - a. They are "procedural" in nature: required by law or rule, such as the Ralph M. Brown Act or Robert's Rules of Order (e.g., approving the agenda, minutes);
 - b. They are "Action" in nature: either to lend credibility and/or formality to an action already agreed upon by the body; or to determine an action in a way about which there may be varied opinion/disagreement among the members and/or those in attendance.
3. **Submission of Motions:** In accordance with Policy/Procedure #08.1102 (*Subordinate Commission Working Units*), motions are made and acted on in several ways, subject to Robert's Rules of Order:
 - a. They can be included on the agenda in advance of the meeting by a formal subunit of the body (e.g., committee, subcommittee or task force). Motions on the agenda are deemed "moved" by adoption of the agenda, and do not require a second, for a vote.
 - b. They can be made at the meeting in response to a specific agendized item of discussion. These motions require an individual to "move" the action, and a "second" from a person who agrees that the motion should be placed "before the body".
 - c. They can be moved to the agenda by action at a previous meeting and treated appropriately as agendized.
4. **Voting Privileges:** Motions can only be voted when there is a quorum of the members of the body with voting privileges present:
 - a. All Commissioners (or their Alternates when they are not present) appointed by the Board of Supervisors have voting privileges at Commission meetings;
 - b. All Commission members assigned or appointed to a committee, or their Alternates when they are not present, have voting privileges at the respective committee meetings;
 - c. All members with voting privileges at the Commission or committee meetings who have not recused themselves may vote on any motion "before the body";
 - d. In accordance with Policies/Procedures #08.3108 (*Adherence to State Conflict of Interest Rules and Requirements*), members must recuse themselves when they have an appropriate conflict of interest.

5. **Action Following a Motion:** Once a motion is made, any discussion may follow, unless prohibited by Robert’s Rules of Order. The motion can be amended, postponed or referred, etc., by vote, in accordance with Robert’s Rules of Order.
6. **Consensus on a Motion:** When the body is ready to vote on a motion, it is the Co-Chairs’ responsibility to poll the body by voice, and ask if there is any objection. If there is objection from at least one member of the body, a roll call must be taken (*see Procedure #7*).
 - a. After the co-chair determines if there are no objections, the co-chair will call for abstentions.
 - b. Abstentions are not considered objections, do not count in the final vote, and, thus, do not affect the decision of whether or not the vote is considered unanimous or if a roll call vote must be taken. Abstentions will be noted in the public record.
 - c. If there are no objections, the motion is considered “passed by consensus”.
7. **Roll Call Votes:** A roll call vote is taken by a staff member of non-voting member reading the members’ names aloud who are present and entitled to vote, and recording the members’ votes for the public record.
 - a. The roll call can be taken in alphabetical or reverse alphabetical order.
 - b. Co-Chairs’ votes are taken at the end of the roll call vote; Co-Chairs are not required to vote unless there is a tie in voting (“Co-Chair Prerogative”).
8. **Motion Pass or Fail:** At the end of the roll call, the Parliamentarian or reader tallies the supporting and opposing votes cast and gives the number to the Co-Chair to announce whether the motion has passed or failed according to which vote has the greater number.
 - a. A motion passes if there are a greater number of supporting votes than opposing votes.
 - b. A motion fails if there are a greater number of opposing votes than supporting votes, or if there is a tie between opposing and supporting votes.
9. **Final Decision:** All votes and abstention notes are final when a Co-Chair announces the decision.

**NOTED AND
APPROVED:**



EFFECTIVE

DATE: 9/12/2019

Original Approval: 7/13/2006	Revision(s): 3/14/2012; Updated: 01/20/17; 9/12/2019
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LOS ANGELES COUNTY
COMMISSION ON HIV



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

Sandra Cuevas

Application on file at Commission office



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Russell Ybarra

Application on file at Commission office

Interview Panel: Everardo Alvizo, Jose Magana, and Kevin Donnelly
SEAT # 20 | MOTION #9



Karla Castro

Application on file at Commission office



Lambert Talley

Application on file at Commission office



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David Hardy

Application on file at Commission office

Interview Panel: Everardo Alvizo, Jose Magana, and Kevin Donnelly
ALTERNATE | MOTION #10



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Ronnie Osorio

Application on file at Commission office

Interview Panel: Everardo Alvizo and Kevin Donnelly
ALTERNATE SEAT | MOTION #7



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Ishmael Herrera

Application on file at Commission office

Interview Panel: Everardo Alvizo and Jayda Arrington
SEAT # 21 | MOTION #8



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Erica Robinson

Application on file at Commission office

Interview Panel: Everardo Alvizo, Jose Magana, and Jayda Arrington
ALTERNATE | MOTION #11



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Lauren Gersh

SBP Committee-Only Membership

Application on file at Commission office



2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our [website](#) for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

Topic	Date
<u>General Orientation and Commission on HIV Overview</u> *	March 29 3:00 - 4:30 PM
<u>Priority Setting and Resource Allocation Process & Service Standards Development</u> *	April 12 3:00 - 4:30 PM
<u>Tips for Making Effective Written and Oral Public Comments</u>	May 24 3:00 - 4:00 PM
<u>Ryan White Care Act Legislative Overview</u> <u>Membership Structure and Responsibilities</u> *	July 19 3:00 - 4:30 PM
<u>Public Health 101</u>	August 16 3:00 - 4:30 PM
<u>Sexual Health and Wellness</u>	September 20 3:00 - 5:00 PM
<u>Health Literacy and Self-Advocacy</u>	October 18 3:00 - 4:30 PM
<u>Policy Priorities and Legislative Docket Development Process</u> *	November 15 3:00 - 4:30 PM
<u>Co-Chair Roles and Responsibilities</u>	December 6 4:00 - 5:00 PM

**Mandatory core trainings for all commissioners.*



POLICY/ PROCEDURES:	NO. #08.3204	Commission and Committee Meeting Absences
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SUBJECT: Commission and Committee Meeting Absences

PURPOSE: To clarify how absences from a Commission or Committee meeting must be claimed, how it must be communicated, why it is important, and what purpose it serves.

POLICY: It is recommended that all Commissioners and Committee members regularly and faithfully inform staff of their intentions to be absent from either Commission and/or Committee meetings. Knowledge of member attendance/absences prior to meetings helps Commission Co-Chairs and staff ascertain quorums in advance.

Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused. Members will be given a 14-day grace period after they have been absent to inform Commission staff of the reasons for their absence. If a member provides this notification within the 14-day grace period, their absence will be considered "excused." However, if they fail to provide notification within the specified time period, their absence will be recorded as "unexcused."

Commented [MD1]: Proposed language inserted per the February OPS Committee meeting discussion to offer a 14-day grace period post-absence.

Unaffiliated Consumer members experiencing hardship will be assessed on a case-by-case basis of their overall level of participation and record of attendance to determine appropriate next steps.

COH bylaws dictate that excused absences can be claimed for the following reasons:

- personal sickness, personal emergency and/or family emergency
- vacation; a
- out-of-town travel; and/or
- unforeseen work schedule conflict(s)

In cases of an extended absence from the COH due to personal sickness, personal emergency and/or family emergency, members can take a leave of absence for up to three months. Should a member's leave of absence extend beyond three months, the Operations' Committee Co-Chairs and Executive Director will confer with the member and determine appropriate next steps, to include a voluntary resignation from the Commission with the understanding that they can reapply at a later time.

PROCEDURE:

To claim an excused absence for reasons ~~provided above, members must notify the Commission Secretary or respective Committee support staff person~~ Commission staff prior to the meeting or up to 14 days following the meeting. ~~two weeks prior to the meeting. For purposes of personal/family emergency or sickness, members have until two days after a meeting to notify the staff that they are claiming an excused absence.~~

Commented [MD2]: Updated language to align with 14 day grace period.

For leaves of absence, members must notify the Executive Director immediately upon knowledge of the extended absence. It is the responsibility of the member to keep the Executive Director updated on their status and estimated return to the COH. If the member does not notify the Executive Director appropriately, the member's absence is therefore, deemed unexcused and the member is subject to suspension of voting privileges or removal from the Commission.

Notification must occur in writing by e-mail ~~or fax or via text~~ to Commission staff for documentation purposes (e-mail preferred). ~~Receipt of the excused absence notification will be acknowledged within 48 hours through the same medium; an absence is not considered excused until receipt has been acknowledged.~~ Notification must detail the member's name, meeting for which an excused absence is being claimed, and reason for the excused absence.

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Commented [MD3]: Updated language to align with current practices.

NOTED AND APPROVED:	<i>Cheryl A. Barrett</i>	EFFECTIVE DATE:	07/11/2019
Original Approval: 11/24/2008	Revision(s): 05/23/16; 7/24/17; 7/11/2019; 7/8/21; Proposed 4/27/23		

DRAFT FOR COH REVIEW

SERVICE STANDARDS FOR NUTRITION SUPPORT: HOME-DELIVERED MEALS AND FOOD BANK/PANTRY SERVICES



LOS ANGELES COUNTY
COMMISSION ON HIV



***Approved by SBP Committee on 07/20/23. Approved
by Executive Committee on 07/27/23.***

DRAFT FOR COH REVIEW

DRAFT FOR COH REVIEW
SERVICE STANDARDS FOR NUTRITION SUPPORT:
HOME-DELIVERED MEALS AND FOOD BANK/PANTRY SERVICES

IMPORTANT: The service standards for Nutrition Support: Home-delivered Meals and Food bank/pantry Services adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

[Human Resource Services Administration \(HRSA\) HIV/AIDS Bureau \(HAB\) Policy Clarification Notice \(PCN\) # 16-02 \(Revised 10/22/18\): Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds](#)

[HRSA HAB, Division of Metropolitan HIV/AIDS Programs: National Monitoring Standards for Ryan White Part A Grantees: Program – Part A](#)

[Service Standards: Ryan White HIV/AIDS Programs](#)

INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program (RWHAP) outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White-funded agencies offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV (COH) developed Nutrition Support: Home-delivered meals and Food bank/pantry Services service standards (Nutrition Support) to establish the minimum services necessary to provide Nutrition Support services to people living with HIV. The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health Division of HIV and STD Programs (DHSP), members of the Los Angeles County COH Standards and Best Practices Committee (SBP), caucuses, and the public-at-large.

SERVICE DESCRIPTION

Nutrition Support services for people living with HIV attempt to improve and sustain a client's health, nutrition and food security and quality of life. Good nutrition has been shown to be a critical component of overall measures of health, especially among people living with HIV. Nutrition Support services include Home-delivered meals and Food banks/pantry services.

Recurring themes in this standard include:

- Adequate nutrition is vital to good health in people living with HIV.
- Nutrition Support services should be coordinated with client's primary medical care providers and case managers.
- The assessment and evaluation of nutrition need is an essential part of Nutrition Support services.
- Registered Dietitians (RDs) should be used in Nutrition Support services.

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**SERVICE STANDARDS FOR NUTRITION SUPPORT:
HOME-DELIVERED MEALS AND FOOD BANK/PANTRY SERVICES**

- Food and water safety regulations must be strictly enforced.
- Staff and volunteers need adequate training in food handling and safety.
- Continuous quality improvement efforts are vital.

All Nutrition Support services will be provided in accordance with current United States Department of Agriculture (USDA) Dietary Guidelines for Americans, Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and Los Angeles County guidelines and procedures, as well as with federal, State, and local laws and regulations. All programs will comply with City, County and/or State grocery and/or restaurant health code regulations. Additionally, programs will follow accepted standards and guidelines set forth by the Association of Nutrition Services Agencies, Dietitians in AIDS Care, and the American Dietetic Association.

All programs providing food distribution services will operate in collaboration with a Registered Dietitian (RD) consistent with California state law. Such RD will have current knowledge of nutrition issues for people living with HIV.

HOME DELIVERED MEALS

Home delivered meals are provided for clients experiencing physical or emotional difficulties related to HIV/AIDS that render them incapable of preparing nutritional meals for themselves. These services are offered to medically indigent (uninsured, underinsured, and/or ineligible for health care coverage) persons with HIV/AIDS and their eligible family¹ members residing within Los Angeles County. Meals may be delivered in a dwelling place, identified by the client as their home.

FOOD BANK/PANTRY SERVICES

Food bank/pantry services are distribution centers that warehouse food and related grocery items including nutritional supplements and other miscellaneous items. These services are offered primarily medically indigent (uninsured, underinsured, and/or ineligible for health care coverage) persons living with HIV/ AIDS and their eligible family members residing within Los Angeles County.

PERSONNEL QUALIFICATIONS

Each agency is responsible for establishing comprehensive job descriptions that outline the duties and responsibilities for each of the positions proposed in their program. All staff must be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance.

- **Chefs:** involved in food production and menu design. Must have at least a high school diploma or GED and be professionally trained/certified with a current food protection and handling license/certification in accordance with applicable State, Federal and local laws, and

¹ Family will be broadly defined to include any individual affected by HIV disease through their relationship and shared household with a person living with HIV.

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regulations. Chefs must be familiar with the multi-cultural and dietetic needs of the population. Experience in food preparation and cooking for bulk-meal services preferred.

- **Dieticians/Nutritionists:** involved in meal planning and menu design. Must be registered and licensed, as required by State and Los Angeles County. A Registered Dietitian (RD) is an expert in food or nutrition who has completed the following:
 - A Bachelor’s, master’s, or doctorate degree in nutrition and related sciences; and
 - A supervised dietetic internship or equivalent; and
 - A national exam which credentials them as an RD by the Commission on Dietetic Registration.

Continuing education is required to maintain a registered dietitian certification.

- **Food Service Workers:** Any food service employee having direct contact in daily food preparation will hold a current food protection and handling license/certification. A Certified Food Handler (CFH) has basic knowledge in food/water safety and sanitation, have passed a food handling exam, and maintain a current certificate in food safety in Los Angeles County.
- **Food Delivery Drivers:** must have a valid driver’s license, familiarity with the geographic region being served and possess good interpersonal communication and writing skills.

SERVICE STANDARDS—NUTRITION SUPPORT

All contractors must meet the Universal Standards of Care approved by the COH in addition to the following Nutrition Support Services standards. The Universal Standards of Care can be accessed at: <https://hiv.lacounty.gov/service-standards>

SERVICE COMPONENT	STANDARD	MEASURE
CLIENT INTAKE	<p>Nutrition Support programs will conduct a client intake performed by an RD, Degreed Nutritionist, or nutrition student under supervision of an RD.</p> <p>Initial nutrition intake and annual screening may be conducted onsite, in-person, telephonically or videoconferencing set forth by the nutrition support provider agency and agreed to by both parties.</p> <p>Nutrition screenings will be shared with the client’s primary medical provider when possible.</p>	<p>Client intake in client file updated annually. Nutrition screen signed and dated by nutrition professional on file in client’s chart.</p> <p>Initial and additional intake screenings will include, at minimum:</p> <ul style="list-style-type: none"> • Medical considerations • Food allergies/intolerances • Interactions between medicines, foods, and complimentary therapies • Dietary restrictions including special diets and cultural and religious considerations • Assessment of nutrition intake vs. estimated need • Client’s nutritional concerns

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**SERVICE STANDARDS FOR NUTRITION SUPPORT:
HOME-DELIVERED MEALS AND FOOD BANK/PANTRY SERVICES**

SERVICE COMPONENT	STANDARD	MEASURE
		<ul style="list-style-type: none"> • Ability to complete Activities of Daily Living • Any HIV-related illnesses diagnose in the last six months • Any chronic illness with date of diagnosis • Family members and caregivers and if they need HDM service as well² • Current nutrition issues such as: lack of appetite, nausea/vomiting, involuntary weight loss, diarrhea, inability to prepare or procure food due to health issues, etc. • Medications and/or treatments/therapies
	Client confidentiality will be strictly maintained. As necessary, Release of Information will be signed to exchange information with other providers.	Signed, dated Release of Information in client chart.
	Nutrition Support programs will coordinate with client’s primary care providers and case managers to assess need for service and to ensure nutrition needs are being addressed.	Records of communication with medical providers and case managers in client chart.
	Nutrition education will be provided by an RD or Dietetic Technician, Registered (DTR) or nutrition student under the supervision of RD to appropriate clients identified through screening process. When needed, clients will be referred for medical nutrition therapy.	Documentation of education and referral on file in client chart.
MEAL PRODUCTION AND DELIVERY	Home-Delivered Meals programs providing home delivered meals will develop menus with the help of RD(s).	Menu cycle on file at provider agency that considers the nutrition needs of the client, special diet restrictions,

² Affected individuals (people not living with HIV) may be eligible for HRSA Ryan White HIV/AIDS Program services in limited situations, but these services for affected individuals must always benefit People Living with HIV. See [HRSA PCN-16-02](#)

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**SERVICE STANDARDS FOR NUTRITION SUPPORT:
HOME-DELIVERED MEALS AND FOOD BANK/PANTRY SERVICES**

SERVICE COMPONENT	STANDARD	MEASURE
		portion control and client, community, and cultural preference. Menu cycle will be changed as necessary.
	Home-Delivered Meals programs providing home delivered meals will prepare and ensure the delivery of meals to clients. Meals will be planned by a chef under the supervision of an RD. Food and water safety measures will be strictly enforced.	Plans on file at provider agency.
	Home-Delivered Meals programs providing home delivered meals will distribute meals to Community-Based Organizations (CBO)s for delivery to clients.	Memorandum of Understanding (MOU)s with CBOs on file at provider agency.
	Home-Delivered Meals programs will deliver meals directly to clients within an expected delivery time if CBOs are not able to distribute meals.	Delivery policy on file at provider agency. Daily delivery records on file at provider agency
	Home-Delivered Meals programs will train volunteers in proper food handling techniques and HIV sensitivity.	Volunteer training curriculum and records of volunteer trainings on file at provider agency.
PROGRAM OPERATIONS	<p>Food Bank/Pantry programs providing food bank/pantry services will develop menus and food choices with the help of RD(s).</p> <p>Grocery gift cards may be used to supplement the nutritional/dietary needs of the client if available choices are limited. Nutritional supplements such as Ensure may only be used in addition to food and not as the only offering to the client.</p> <p>Clients must also be made aware of non-allowable purchases using grocery gift cards such as alcohol and/or tobacco products. Grocery gift cards</p>	<p>Menu cycle on file at provider agency that considers the:</p> <ul style="list-style-type: none"> • Nutrition needs of the client • Special diet restrictions • Portion control • Client, community • Cultural preference <p>Grocery gift card inventory log on file.</p>

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**SERVICE STANDARDS FOR NUTRITION SUPPORT:
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SERVICE COMPONENT	STANDARD	MEASURE
	may not be redeemed for cash. Grocery gift cards should be bought only in amounts that are reasonable for use in the contract year.	
	Food Bank/Pantry programs providing food bank/pantry services will purchase and maintain a nutritional food supply. Food/ water safety and handling measures will be strictly enforced.	Plans on file at provider agency.
	Food Bank/Pantry programs will distribute food to provider agencies for delivery to clients.	MOUs with CBOs on file at provider agency.
	Food Bank/Pantry programs will distribute food directly to clients.	Distribution policy and daily distribution records on file at provider agency.
	Food Bank/Pantry programs will train volunteers in proper food handling techniques and HIV sensitivity.	Volunteer training curriculum and records of volunteer trainings on file at provider agency.
PROMOTION AND LINKAGES	Nutrition Support programs will promote the availability of their services.	Promotion plan on file at provider agency
	Nutrition Support programs will network with CBOs to identify appropriate clients.	Record of outreach and networking efforts on file at provider agency
	Home-Delivered Meals programs providing Home-delivered Meals will develop MOUs with provider agencies that provide food delivery services.	MOUs on file at provider agency that include: <ul style="list-style-type: none"> • Days and times food will be delivered and distributed to clients • Persons responsible for ensuring that food is delivered appropriately • Persons responsible for the actual delivery of food (e.g., staff, volunteers) • Geographic areas to be served
	Food Bank/Pantry programs providing food bank/pantry services will develop	MOUs on file at provider.

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**SERVICE STANDARDS FOR NUTRITION SUPPORT:
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SERVICE COMPONENT	STANDARD	MEASURE
	MOUs with CBOs that collaborate on food distribution.	
PROGRAM RECORDS	Nutrition Support programs will maintain client files.	Client chart on file at provider agency that includes: <ul style="list-style-type: none"> • Client intake • Review and evaluation of updated determination of nutrition need and plan to meet nutrition needs • Client services agreement • Documentation of referrals • Documentation of annual reassessment of eligibility • Initial nutrition intake and annual screening All entries in client chart will be signed and dated.
FOOD SAFETY AND QUALITY	Nutrition support programs will follow Los Angeles County Environmental Health Food Safety Guidelines ³	Documentation on file.
	Nutrition Support programs will be responsible to develop an Infection Control Program.	Infection Control Program on file at provider agency that includes education, promotion and inspection of proper hand washing, personal hygiene and safe food handling practices by staff and volunteers.
	Nutrition Support programs will be responsible for developing a Food Quality Control Program.	Food Quality Control Program on file at provider agency that includes these requirements (at minimum): <ul style="list-style-type: none"> • Proper food temperature is maintained at all times • Food inventory is updated and rotated as appropriate on a first-in, first-out basis • Facilities and equipment have capacity for proper food storage and handling

³ [Environmental Health | Los Angeles County Department of Public Health \(lapublichealth.org\)](http://www.lapublichealth.org/eh/)
(<http://www.lapublichealth.org/eh/>)

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SERVICE COMPONENT	STANDARD	MEASURE
		<ul style="list-style-type: none"> • A procedure for discarding unsafe food is posted • Providers and vendors maintain proper licenses • Programs will maintain quality control logs
	Nutrition Support programs will develop a nutrition support manual.	Food Service Manual on file at provider agency which addresses food service and preparation standards; sanitation; safety; food storage; distribution; and volunteer training.
	Nutrition Support programs will conduct an annual client survey.	Client survey results on file at provider agency and agency plan of action to address concerns.
TRIAGE AND REFERRAL	Clients applying for nutrition support services who do not have a case manager will be referred to a case manager.	Record of referral on file in client chart.
	Clients will be referred to other medical and support services as needed.	Referrals to treatment advocacy, peer support, medical treatment, dental treatment, etc., recorded in client chart.
	Referrals will be made to other food sources as needed.	Record of referral on file in client chart.
CASE CLOSURE	Nutrition Support programs will develop case closure criteria and procedures.	Program cases may be closed when the client: <ul style="list-style-type: none"> • Relocates out of the service area • Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Uses the service improperly or has not complied with the client services agreement • Has died

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**SERVICE STANDARDS FOR NUTRITION SUPPORT:
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SERVICE COMPONENT	STANDARD	MEASURE
	Patients will be formally notified of pending case closure.	Contact attempts and notification about case closure on file in client record.
STAFFING REQUIREMENTS AND QUALIFICATIONS	At minimum, all nutrition support staff will be able to provide age and culturally appropriate care to clients living with HIV or affected by HIV.	Staff resume and qualifications on file at provider agency.
	All employees involved in the preparation of meals will undergo a health screening as a condition of employment which includes TB test and stool screening.	Copy of health clearance in employee file.
	All staff and volunteers will be given orientation prior to providing services.	Orientation curriculum on file at provider agency which includes: <ul style="list-style-type: none"> • Basic HIV/AIDS education • Client confidentiality and HIPAA regulations Basic overview of food and water safety • Food protection protocols including hand washing, cross contamination, cooling/heating/cooling, hot and cold reheating, temperature danger zones • Service provider personal hygiene • Work safety • Proper receiving and storing of food and supplies
	In-service trainings will be provided quarterly by an RD or other qualified professional.	Record of quarterly training (including date, time, topic, presenter, and attendees) on file at provider agency.
	Any nutrition support employee having direct contact with daily food preparation will hold a current certification in food handling.	Certifications on file at provider agency.
	Volunteers will be supervised by a staff person. All staff will be reviewed by their supervisor annually, at minimum.	Supervision plan and annual staff reviews on file at provider agency.

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**SERVICE STANDARDS FOR NUTRITION SUPPORT:
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SERVICE COMPONENT	STANDARD	MEASURE
	RDs working with HIV food distribution programs will have the following: <ul style="list-style-type: none">• Broad knowledge of principles and practices of nutrition and dietetics• Advanced knowledge in the nutrition assessment, counseling, evaluation, and care plans of people living with HIV• Advanced knowledge of current scientific information regarding nutrition assessment and therapy	Resume and training verification on file at provider agency.

REFERENCES

Association of Nutrition Services Agencies (2002). Nutrition Guidelines for Agencies Providing Food to People Living with HIV Disease (available online at <http://www.aidsnutrition.org>. ANSA, Washington, DC.

American Dietetic Association & Dietitians of Canada (2000). Nutrition intervention in the care of persons with human immunodeficiency virus infection – Position of the American Dietetic Association and Dietitians of Canada. *Journal of the American Dietetic Association*, 100, 708-717.

County of Los Angeles, HIV Epidemiology Program (2005). HIV/AIDS Semi-Annual Surveillance Survey (available online at http://lapublichealth.org/wwwfiles/ph/hae/hiv/Semiannual_Surveillance_Summary_January_2005.pdf). Department of Health Public Health, Los Angeles.

Dietitians in AIDS Care & AIDS Project Los Angeles (2002). Guidelines for Implementing HIV/AIDS Medical Nutrition Therapy Protocols. Los Angeles County Commission on HIV Health Services.

Edelman, D. & Mackrell, K. (2000). Statement on the Importance of Nutritional Support Services: The Ryan White Planning Council, HIV AIDS Dietetic Practice Group, Washington, DC.

God’s Love We Deliver (1995). Community-Based Nutrition Support for People Living with HIV and AIDS, A Technical Assistance Manual, New York, NY.

McCullum, C., Desjardins, E., Kraak, V.I., Lapidp, P., & Costello, H. (2005). Evidence-based strategies to build community food security. *Journal of the American Dietetic Association*, 105, 278-283.

DRAFT FOR COH REVIEW
SERVICE STANDARDS FOR NUTRITION SUPPORT:
HOME-DELIVERED MEALS AND FOOD BANK/PANTRY SERVICES

- Rivera, S., Briggs, W., Qian, D. & Sattler, F.R. (1998). Levels of HIV RNA are quantitatively related to prior weight loss in HIV-associated wasting. *Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology*, 17, 411-418.
- Wheeler D.A., Gilbert, C.L., Launer, C.A., et al. (1998). Weight loss as a predictor of survival and disease progression in HIV infection. *Journal of Acquired Immune Deficiency Syndrome*, 18, 80-85.
- World Health Organization (2004). *Nutrition Counseling, Care and Support for HIV-Infected Women*. Department of HIV/AIDS and Department of Nutrition for Health and Development, Washington, DC.



Proposed cuts to HIV programs would make ending HIV epidemic more difficult

- AIDS United
- July 14, 2023
- [Press Releases](#)

FOR IMMEDIATE RELEASE

Proposed cuts to HIV programs would make ending HIV epidemic more difficult
AIDS United VP: 'The HIV community will not tolerate these cuts'

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WASHINGTON — The Republican-led Labor, Health and Human Services, Education, and Related Agencies Subcommittee of the House Appropriations Committee [released Thursday](#) its proposed bill covering fiscal year 2024.

The proposal would cut nearly \$500 million to programs that are ending the HIV epidemic. These cuts are spread across multiple programs, including, \$238.5 million from the Ryan White HIV/AIDS Program, \$226 million from the National Center for HIV, Viral Hepatitis, STD and TB Prevention at the Centers for Disease Control and Prevention, and \$32 million from the Minority HIV/AIDS Fund.

The cuts are part of larger cuts to the CDC (an 18% cut), the Department of Health and Human Services (a 12% cut) and the National Institutes of Health (an 8% cut).

Carl Baloney Jr., AIDS United's vice president for policy and public affairs, criticized the proposal, saying:

In the last decade, under Presidents Obama, Trump and Biden, we have made great strides toward ending the HIV epidemic. Indeed, for the last 30 years, efforts to end the HIV epidemic have found support among Republicans and Democrats alike. The proposal released today is a significant departure from that.



Trump introduced the Ending the HIV Epidemic Initiative in 2019, and Biden has continued and strengthened the program. The initiative was a major step forward in coordinating the various federal efforts to end the epidemic and has enjoyed broad bipartisan support in the same way the Ryan White HIV/AIDS Program has. Republicans today propose to gut that program and severely hamper the Ryan White HIV/AIDS Program's ability to provide care for people living with HIV. Do Republicans in Congress really want to undo that part of Trump's legacy and over three decades of bipartisan cooperation?

But what's more important than the impact on Trump's legacy or the departure from bipartisanship, is how this proposal is an attack on people living with and vulnerable to HIV. These cuts would ruin lives. People living with HIV would lose health care. Without proper treatment and care, people living with HIV would not be able to reach and maintain an undetectable viral load — a important indicator of health, and also a critical tool to prevent the spread of HIV as someone with an undetectable viral load cannot pass the virus along to anyone.

This budget proposal would also completely zero out funding for Part F of the Ryan White HIV/AIDS Program, including the AIDS Education and Training Center program that is responsible for training health care professionals like doctors, nurses and pharmacists on HIV prevention and treatment strategies. I cannot overstate how badly the elimination of support for Part F of the Ryan White HIV/AIDS Program would be to the HIV workforce. These draconian and shortsighted cuts would be devastating and would set us back years in our fight to end the HIV epidemic.

And from the very earliest days of HIV, the virus has been a disease of inequality. Black and Brown communities have always been hardest hit by the epidemic. We must invest in projects led by and serving people of color. That's why the Republican-controlled Congress created the Minority AIDS Initiative in 1998. It is shocking that Republicans are now seeking to slash funding for the Minority HIV/AIDS Funds in half and completely remove funding for Minority AIDS Initiative programs within the Substance Abuse and Mental Health Services Administration.

These cuts are all part of a larger agenda of dismantling our public health system. This system is fragile and needs many more investments. These cuts would make people sicker and increase the number of HIV transmissions.

These cuts are egregious and unacceptable. The HIV community will not tolerate these cuts.



AIDS United's mission is to end the HIV epidemic in the U.S. through strategic grant-making, capacity building and policy. AIDS United works to ensure access to life-saving HIV care and prevention services and to advance sound HIV-related policy for populations and communities most impacted by the U.S. epidemic. As of January 2021, our strategic grant-making initiatives have directly funded more than \$118 million to local communities, and we have leveraged more than \$184 million in additional investments for programs that include, but are not limited to, syringe access, access to care, capacity-building, HIV prevention and advocacy.

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FISCAL YEAR 2024 LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL

The Labor, Health and Human Services, Education, and Related Agencies bill provides \$147 billion for programs under the jurisdiction of the Subcommittee, which is \$60.3 billion (29%) below the FY23 enacted level and \$73 billion below the President’s Budget Request. The bill protects life, promotes American values, prioritizes medical research, and combats the opioid epidemic – all while reining in wasteful bureaucracy and enhancing oversight and accountability.

TOP LINE MESSAGING

- Reins in wasteful bureaucracy and enhances oversight and accountability by:
 - Restoring fiscal responsibility and reducing the scope of social spending by \$60.3 billion (29%) from the FY23 enacted level;
 - Eliminating 61 programs and rejecting any new controversial programs in the President’s Budget Request; and
 - Strengthening congressional oversight of funds provided in the bill and restricting the Administration’s ability to ignore congressional directives to fund an extreme, partisan agenda.

- Protects life and reprioritizes funding to address the needs of the most vulnerable by:
 - Maintaining long-standing pro-life provisions that prevent federal funds from being used for abortion with limited exceptions and protect the rights of all individuals to not be forced to participate in an abortion.
 - Fully supporting basic biomedical research investigating cures for cancers, Alzheimer’s disease, other chronic diseases, and rare diseases;
 - Providing funds to combat opioid abuse and support substance-use prevention and treatment programs;
 - Targeting resources to rural communities, including vital telehealth and opioid response resources;
 - Prioritizing funding to help all school districts educate children with special needs;
 - Supporting Pell Grants to ensure an educated workforce in the next generation; and
 - Providing funds for charter school programs.



BILL HIGHLIGHTS

Cuts to Wasteful Spending

- Reduces social spending programs by \$60.3 billion, which is 29% below the FY23 enacted level.
- Eliminates 61 programs, including 49 that are not authorized, and reduces funding for 54 other programs.
- Prohibits funds for unnecessary regulations and controversial Executive Orders and programs.

Conservative Priorities

Promotes Freedom and American Values

- Prohibits the use of funds to promote or advance Critical Race Theory (CRT).
- Prohibits implementation of the Biden Administration's Executive Orders on Diversity, Equity, and Inclusion (DEI).
- Prohibits funds to enforce Environment, Social, and Governance (ESG) criteria for investing in retirement plans.
- Protects Americans against religious discrimination related to their views on marriage.
- Prohibits implementation of other controversial Biden Administration rules and Executive Orders, such as student loan repayment waivers and rules enforcing "gender identity" that require biological boys to be allowed to compete against girls in women's sports.
- Includes a new private right of action to ensure that individuals who believe their conscience rights under the Weldon Amendment have been violated can have their complaint heard and adjudicated by a court, rather than the biased Biden Administration Office for Civil Rights at HHS.
- Maintains the Dickey Amendment, which ensures that federal funds cannot be used to advocate or promote gun control.
- Protects religious freedom of students on college campuses with language that ensures religious student groups are treated equally and not discriminated against in access to campus facilities or recognition.
- Prohibits the use of funds to perform medical procedures that attempt to change an individual's biological gender.
- Prohibits implementation of Biden Executive Order on Gender Identity and Sexual Orientation Discrimination.

HOUSE

APPROPRIATIONS

REPUBLICANS

Protects Life

- Maintains the Hyde Amendment and ensures no federal funding can be used for abortion-on-demand.
- Maintains the Dickey-Wicker Amendment, a legacy rider that prohibits the creation or destruction of human embryos for research purposes.
- Prohibits the NIH from using human fetal tissue obtained from an elective abortion to be used in taxpayer-funded research.
- Prohibits Planned Parenthood-affiliated clinics from receiving funds.
- Prohibits funding for any “abortion hotline” or website run by the Department of Health and Human Services that is used to provide information on where to obtain an abortion.
- Disallows HHS from requiring any grantee to refer for abortions or to act in contravention of any state law restricting referral for or performance of abortions.
- Stops implementation of two Biden Executive Orders issued following the Dobbs Supreme Court decision, which are intended to increase access to abortions in states that have limited them by state law.
- Eliminates funding for Title X family planning, which are often granted to controversial organizations like Planned Parenthood.

Eliminates Waste and Abuse in the Government

- Prohibits any funding in the bill from going to Ecohealth Alliance (the entity that originally sub-granted taxpayer funding to the Wuhan Institute of Virology in China), the Wuhan Institute of Virology, or any lab located in the People’s Republic of China, Cuba, Iran, the People’s Republic of Korea, Russia, Venezuela, or any other nation that is determined to be a foreign adversary of the United States.
- Prohibits funding from being used for any “gain-of-function” research as was being done on bat coronaviruses prior to the COVID-19 pandemic.
- Prohibits enforcement of the Centers for Medicare and Medicaid Services (CMS) COVID-19 vaccine mandate on health care workers.
- Includes provisions preventing the Biden Administration from moving forward with business-killing regulations relating to independent contractors, joint employer status, and federally forced wage rates for agricultural workers.

Strengthens Oversight of Taxpayer Dollars

- Includes provisions requiring increased reporting to Congress on spending plans and unobligated balances.
- Requires all “Questions for the Record” submitted from any Congressional Committee to be answered within 45 business days or the agency will receive a financial penalty to its administrative accounts.

HOUSE

APPROPRIATIONS

REPUBLICANS

- Requires the Department of Health and Human Services to provide Congress an annual report on the number and cost of abortions performed under the Hyde Amendment exceptions within a certain time frame or face a penalty of \$1,000 per day from the Secretary's administrative account.
- Eliminates the Office of Communication at the Department of Education.

HOUSE
APPROPRIATIONS
REPUBLICANS

DETAILED FUNDING SUMMARY

Department of Education

Provides a discretionary total of \$67.4 billion to the Department of Education, which is \$12.1 billion (15%) below the FY23 enacted level and \$22.6 billion below the President’s Budget Request.

- Reduces funding by \$14.7 billion (80%) for Title I grants for states with schools in which children from low-income families make up at least 40 percent of enrollment. Approximately \$31 billion provided during the pandemic remains unspent and further investments will not be provided until these funds are used responsibly.
- Eliminates programs that do not fulfill the core mission, tasks, and functions of the Department, including teacher training programs that send teachers to expensive weekend workshops, programs that support organizations that seek to undermine the unity of our country, and programs that are duplicative, or narrowly tailored to a small set of recipients.
- Maintains funding for school safety programs, charter schools, and the Impact Aid Program, which supports school districts affected by a federal presence such as a military base.
- Maintains funding of \$14.2 billion to provide support for local school districts to meet their commitment to educating all children with disabilities in a free, appropriate, and public setting, reflecting the federal partnership in achieving this goal.
- Maintains funding to support people with disabilities at schools like Gallaudet University for the Deaf and the American Printing House for the Blind.
- Maintains funding for career and technical training grants that support local programs for students who are not seeking a college degree.
- Maintains funding for Pell Grants at the maximum amount of \$6,335. Unlike prior years under Democrat control, the bill does not raid Pell Grant surplus balances to pay for other non-education spending.
- Reduces funding for the Office for Civil Rights by 25% from the FY23 enacted level.

Department of Health and Human Services

Provides a discretionary total of \$103.3 billion to the Department of Health and Human Services (HHS), which is \$14 billion (12%) below the FY23 enacted level and \$25.9 billion below the President’s Budget Request.

- Eliminates Family Planning (Title X) grants, along with unauthorized teen pregnancy prevention programs that encourage teenagers as young as 13 to have “safe sex.”

HOUSE

APPROPRIATIONS

REPUBLICANS

- Reduces funding for the Centers for Disease Control and Prevention (CDC) by \$1.6 billion (18%).
 - Continues support for core public health programs.
 - Eliminates many controversial programs, such as climate change initiatives and research on firearms.
- Provides \$43 billion to the National Institutes of Health (NIH), which is \$3.8 billion below the FY23 enacted level, and reduces funding for the Office of the Director, the National Institute of Allergy and Infectious Diseases, and the new ARPA-H program, which already has \$1.5 billion available in unspent funding.
 - Fully supports basic biomedical research investigating cures for cancers, Alzheimer’s disease, other chronic diseases, and rare diseases.
- Maintains funding for substance abuse and mental health programs, including support for an effective opioid response, while eliminating ineffective and unproven programs.
- Eliminates the Agency for Healthcare Research and Quality since these research functions can be performed by other agencies at HHS.
- Reduces funding for programs that support unaccompanied alien children to disincentivize families and teens from paying to transport them or their children illegally across the southern border.
- Maintains funding at the FY23 enacted levels for programs for certain vulnerable populations, such as Americans with disabilities, older Americans, and foster children.
- Maintains funding at \$8 billion for Child Care and Development Block Grants (CCDBG), which provides vouchers for families to choose the child care setting of their choice.

Department of Labor

Provides a discretionary total of \$9.8 billion to the Department of Labor, which is \$4 billion (29%) below the FY23 enacted level and \$5.7 billion below the President’s Budget Request.

- Eliminates the Job Corps, Senior Community Service Employment Program, and Youth Training programs.
- Reduces labor enforcement agencies by 18%, including the Occupational Safety and Health Administration (OSHA), Wage and Hour Division, and Office of Federal Contract Compliance Programs.
- Eliminates the International Labor Affairs Bureau and Women’s Bureau.
- Maintains funding to support training programs for our nation’s veterans.



Corporation for National and Community Service

Reduces funding by nearly 50% for the Corporation for National and Community Service.

- Eliminates the National Service Trust.
- Reduces funding for Americorps programs by 25%.

Corporation for Public Broadcasting

Requires the Corporation for Public Broadcasting to compete with other programs in the bill for annual funding due to the end of the two-year advance funding status.

National Labor Relations Board

Reduces funding for the National Labor Relations Board by 33%.