



LOS ANGELES COUNTY
COMMISSION ON HIV



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JOINT EXECUTIVE COMMITTEE AND AGING TASK FORCE

Virtual Meeting

Thursday, April 28, 2022

1:00PM - 3:30PM (PST)

Please note extended meeting time.

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

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Password: JOINT

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PUBLIC COMMENTS

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

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

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LOS ANGELES COUNTY
COMMISSION ON HIV



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**AGENDA FOR THE VIRTUAL JOINT MEETING OF THE
EXECUTIVE COMMITTEE AND AGING TASK
FORCE**

Thursday, April 28, 2022 @ 1:00 P.M.– 3:30 P.M.

To Join by Computer, please Register at: <https://tinyurl.com/222dety2>

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

To Join by Phone: +1-415-655-0001

Access code: 2595 661 3334

Password: JOINT

Executive Committee Members:			
<i>Danielle Campbell, MPH, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Erika Davies	Kevin Donnelly
Luckie Fuller	Lee Kochems, MA	Katja Nelson, MPP	Mario J. Pérez, MPH
Kevin Stalter	Justin Valero, MPA	Gerald Garth, Executive at Large	Damone Thomas, Exec at Large
QUORUM:	7		
Aging Task Force Co-Chairs:	Al Ballesteros, Joseph Green		

AGENDA POSTED: April 25, 2022

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

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

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

SUPPORTING DOCUMENTATION can be obtained via the Commission's website at <http://hiv.lacounty.gov> or at the Commission office located at 510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020. Complimentary parking available at 523 Shatto Place, Los Angeles CA 90020.

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

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT

1:15 P.M. – 1:20 P.M.

3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission.

III. COMMITTEE NEW BUSINESS ITEMS

1:20 P.M. – 1:25 P.M.

4. Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to take action arose subsequent to the posting of the agenda.

IV. REPORTS

- | | | |
|----|--|-----------------------|
| 5. | Executive Director's/Staff Report | 1:25 P.M. – 1:35 P.M. |
| | A. Commission/County Operational Updates | |
| | B. March 24 Executive Committee Follow-up Items: | |
| | (1) Stipends and Reimbursement for Unaffiliated Consumers | |
| | (2) Colloquia and Guest Speakers Partnerships to Inform the Planning Process | |
| 6. | Co-Chair's Report | 1:35 P.M. – 1:55 P.M. |
| | A. April 14, 2022 COH Meeting FOLLOW-UP + FEEDBACK | |
| | B. May 12, 2022 COH Meeting Key Presentations | |
| | (1) Human Relations Training Session 10 | |
| | (2) Act Now Against Meth (ANAM): Platform Report | |
| | (3) DHSP Report STD Data Dashboard | |
| 7. | Division of HIV and STD Programs (DHSP) Report | 1:55 P.M. – 2:10 P.M. |
| | A. Fiscal, Programmatic and Procurement Updates | |
| | (1) Ryan White Program (RWP) Parts A & MAI UPDATES | |
| | (2) Fiscal UPDATES | |

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8. Healthy Young Men's Cohort Study | Eric Layland, Ph.D. 2:10 P.M. - 2:25 P.M.
9. **Standing Committee Reports** 2:25 P.M. – 2:45 P.M.
- A. Operations Committee
- (1) New Member Applications
- a. Dr. Michael Cao | Board Office 5 **MOTION #4**
- (2) 2022 Assessment of the Administrative Mechanism (AAM) Planning & Development
- (3) Membership Application Process/Interview Questions Workgroup
- (4) PLANNING CHATT Learning Collaborative Participation
- B. Planning, Priorities and Allocations (PP&A) Committee
- (1) DHSP Program Directives | UPDATES
- (2) 2022-2026 Comprehensive HIV Plan (CHP) Development
- C. Standards and Best Practices (SBP) Committee
- (1) Benefit Specialty Service Standards | UPDATES
- (2) Transitional Case Management-Incarcerated/Post-Release | Updates
- (3) Oral Health Service Standard: Dental Implants Inclusion | UPDATES
- D. Public Policy Committee (PPC)
- (1) County, State and Federal Policy, Legislation, and Budget
- (2) 2022 Legislative Docket | UPDATES
- (3) COH Response to the STD Crisis | UPDATES
9. **Caucus, Task Force, and Work Group Reports:** 2:45 P.M. – 3:10 P.M.
- A. Aging Task Force | May 3 @ 1-2:30pm
- (1) Primary Population Focus and Continue Aging Task Force as a Caucus **MOTION #5**
- B. Black/African American Workgroup | May 19 @ 4-5pm
- C. Consumer Caucus | May 12 @ 3-5:00pm
- D. Prevention Planning Workgroup | May 25 @ 5:30-7pm
- E. Transgender Caucus | May 24 @ 10am-12noon
- F. Women's Caucus | May 16 @ 2-4pm
- VII. NEXT STEPS**
10. A. Task/Assignments Recap 3:10 P.M. – 3:15 P.M.
- B. Agenda development for the next meeting 3:15 P.M. – 3:20 P.M.
- VIII. ANNOUNCEMENTS** 3:20 P.M. – 3:25 P.M.
11. A. Opportunity for members of the public and the committee to make announcements
- IX. ADJOURNMENT** 3:00 P.M.
12. A. Adjournment of the April 28, 2022 Joint Executive Committee and Aging Task Force meeting

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve motion to accept membership for Dr. Michael Cao, as presented or revised, and move to the full Commission for approval.
MOTION #4:	Approve the formation of the Aging Caucus to continue the work of the Aging Task Force, as presented or revised, and move full Commission for approval.



LOS ANGELES COUNTY COMMISSION ON HIV



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

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

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/15/22

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	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
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
GARTH	Gerald	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
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
ROBINSON	Mallery	We Can Stop STDs LA	No Ryan White or prevention contracts
RODRIGUEZ	Isabella	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)

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



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COMMISSION ON HIV



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

**EXECUTIVE COMMITTEE
MEETING MINUTES**

March 24, 2022

COMMITTEE MEMBERS			
P = Present A = Absent			
Bridget Gordon, Co-Chair	P	Luckie Alexander Fuller	EA
Danielle M. Campbell, MPH, Co-Chair	P	Katja Nelson, MPP	P
Erika Davies	P	Mario J. Pérez, MPH	EA
Kevin Donnelly	P	Kevin Stalter	EA
Lee Kochems, MA	P	Justin Valero, MA	P
Damone Thomas	P	Gerald Garth	EA
COMMISSION STAFF AND CONSULTANTS			
Jose Rangel-Garibay, MPH; and Sonja D. Wright, BA, MSOM, LAc,Dipl, PES			
DHSP STAFF			
Michael Green, PhD			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.

*Meeting minutes may be corrected up to one year from the date of Commission approval.

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

https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/a1cdd229-2a72-48ae-b959-dab5a7a5c852/Pkt-ExecCom_032422.pdf

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Bridget Gordon called the meeting to order at approximately 1:05 PM, led introductions, and stated conflicts of interest, if any.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

Executive Committee Meeting Minutes

March 24, 2022

Page 2 of 7

2. APPROVAL OF MEETING MINUTES

MOTION #2: *Approve the February, 24, 2022 Executive Committee Meeting Minutes, as presented (✓ Passed by Consensus)*

II. PUBLIC COMMENT

3. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION. There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDA, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED ACTION AROSE AFTER POSTING AGENDA. There were no committee new business items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission/County Operational Updates

- Jose Rangel-Garibay stated that Cheryl Barrit, Executive Director, will be back to work full-time starting March 28th.

6. CO-CHAIR'S REPORT

A. March 10, 2022 COH Meeting | FOLLOW UP + FEEDBACK

- Kevin Donnelly commended the Women's Caucus (WC) on their coordination and delivery of the "Reality Check" panel discussion. Justin Valero recommended hosting more panel discussions to encourage consumer participation. B. Gordon concurred.
- Danielle Campbell had the following questions regarding the Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) presentation: 1) Is the Commission on HIV (COH) contracted with CHIPTS to conduct presentations? 2) How are the presentations vetted? 3) How are the presentations reviewed?

B. April 14, 2022 COH Meeting National Youth HIV/AIDS Awareness Day Suggestions for Presentations

(1) Healthy Young Men's Cohort Study

- Dr. Harold Glenn San Agustin proposed a presentation titled "Health Differences Across Subgroups of Black and Latino Young Sexual Minority Men Experiencing Diverse Patterns of Racism and Heterosexism" by Dr. Eric Layland. The Healthy Young Men's Cohort Study focuses on converging chronic health diseases and reduced access to resources which predict disparities in substance use and mental health. The study addresses Black and Latino experiences of racism that

impact health outcomes in HIV, cardiovascular disease, diabetes, and obesity. Dr. Layland will also discuss sexual minority experiences of homonegativism impacting HIV, substance use, depression, and homelessness. The study found that young men experiencing the most severe and frequent pattern of stigma need the most intervention and environmental support. The study is done in collaboration with Children's Hospital Los Angeles (CHLA).

- B. Gordon expressed support for this presentation and suggested a "Reality Check" discussion with consumers and individual with lived experience to be held after. She encouraged hearing from new individuals and for members of the Executive Committee to send names of new speakers to staff.

(2) AMAAD Ending the HIV Epidemic Youth Engagement Highlights or Speakers

- There was no representative from AMAAD present to discuss the proposed presentation.

(3) MOTION #3: Continuance of All Commission on HIV Teleconference Meetings Under Assembly Bill 361 (Passed by roll call vote; Yes = 8; No = 0; Abstain = 0)

- This motion would allow for the continuation of virtual Commission on HIV (COH) meetings for the next 30 days.
- K. Donnelly discussed issues with social distancing due to the large number of attendees of COH meetings.
- Damone Thomas stated feeling more comfortable attending in-person meetings once COVID-19 rates are at zero.
- Lee Kochems echoed the concerns of K. Donnelly and D. Thomas and supported the continuation of virtual meetings.
- J. Valero discussed the need for an operational plan on returning to in-person meetings.
- Katja Nelson suggested considering additional factors such as case rates and event spaces.
- D. Campbell suggested implementing the recommendations from public health agencies and actors who provide recommendations specifically to people living with HIV.
- J. Valero suggested having a representative from the LA County Department of Public Health attend a future meeting. B. Gordon and D. Campbell suggested having an HIV specialist attend a full body COH meeting to discuss the relationship between COVID-19 and HIV.
- B. Gordon and L. Kochems suggested that the COH provide guidance to the County on how people living with compromised immune systems as a result of HIV can help protect themselves from COVID-19.

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

A. Fiscal, Programmatic, and Procurement Updates

(1) Ryan White Program (RWP) Parts A & MAI | UPDATES

- Dr. Michael Green reported that DHSP is awaiting final notice of the Ryan White budget award. Final notices on the RWP and Minority AIDS Initiative (MAI) should be given by the end of April.

(2) Fiscal | UPDATES

- DHSP will fully expend Part A and Part B funds and will likely a carryover of approximately \$200,000 for MAI.

8. STANDING COMMITTEE REPORTS

A. Operations Committee

(1) New Member Applications

- MOTION #4:** Approve motion to accept membership for Jose Magana, as presented or revised, and move to the full Commission for approval. (Passed by roll call vote; Yes = 8)
- MOTION #5:** Approve motion to accept membership for Lamisha Crawford, as presented or revised, and move to the full Commission for approval. (Passed by roll call vote; Yes = 8)
- MOTION #6:** Approve motion to accept membership for Jayshawnda Arrington, as presented or revised, and move to the full Commission for approval. (Passed by roll call vote; Yes = 8)

(2) 2022 Assessment of the Administrative Mechanism (AAM) Planning and Development

- J. Valero noted that the AAM is being developed and the survey has been completed. More information will be given at a later time.

(3) Recruitment and Retention Strategies

a. Membership Application Process/Interview Questions Workgroup

- The Operations Committee has completed the revisions of unaffiliated consumer interview questions and is working on rewriting questions for returning commissioners.

b. PLANNING CHATT Learning Collaborative Participation

- PLANNING CHATT provides guidance on improving outreach, member recruitment and retention.
- Members of PLANNING CHATT discussed the possibility of increasing the compensations given to unaffiliated consumers. J. Valero requested adding this conversation to the April Executive Committee agenda. K. Donnelly inquired about gas reimbursement.
- J. Valero inquired about the possibility of providing compensations for Commissioner referrals.

- B. Gordon explained that compensation for unaffiliated consumers is limited under Ryan White guidelines.
- J. Valero suggested providing a transportation stipend.

c. Social Media Initiatives

- An update on social media engagement will be given at the April Operations Committee meeting.

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

(1) DHSP Program Directives | UPDATES

- K. Donnelly stated that PP&A finished the status updates on the program directives from years 30, 31, and 32. PP&A is working on developing the next set of program directives.

(2) 2022-2026 Comprehensive HIV Plan (CHP) Development

- There were no updates on the CHP.

C. Standards and Best Practices (SBP) Committee

(1) Benefit Specialty Service Standards | UPDATES

- J. Rangel-Garibay stated Commission staff had attended a webinar to learn more about benefits for aging adults living with HIV. The webinar provided information on resources such as benefitscheckup.org.

(2) Transitional Case Management-Incarcerated/Post-Release | UPDATES

- SBP identified key individuals to reach out to provide expert review on transitional case management-incarcerated/post-release service standards.

(3) Oral Health Service Standard: Dental Implants Inclusion | UPDATES

- The subject matter expert panel for dental implants was convened on February 24 and SBP is now in the process of creating the addendum on dental implants on oral health service standards. More information will be available after the April SBP meeting.

D. Public Policy Committee (PPC)

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

- K. Nelson stated that the PPC will discuss state-level legislation at their April meeting. Commissioners are welcome to send legislative items to the PPC for consideration.

(2) First Annual PP Priorities Stakeholder Community Consultation | UPDATES

- The PPC held their First Annual Policy Priorities Stakeholder Community Consultation at their March meeting. Speakers from the Black AIDS Institute, Justice LA, and USC Street Medicine Program highlighted key issues for the PPC

to focus on. Policy priorities included mental health, substance use, transgender health, racism, health equity, housing, and homelessness.

(3) 2022 Legislative Docket | Updates

- The PPC will discuss the legislative docket at their April meeting.

(4) COH Response to STD Crisis | UPDATES

- The PPC is awaiting a report from the Board of Supervisors (BOS) regarding the September STD crisis motion. Once the item is agendaized and discussed by the BOS, the PPC will outline next steps for further community mobilization and response.
- K. Nelson attended the health deputy meeting and requested follow up on the STD Board motion report.

9. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

A. Aging Task Force | April 5 1-2:30pm

(1) Continue Aging Task Force as a Caucus

- B. Gordon announced the Aging Task force will continue to operate as a task force until they decide how they will address and define “aging.”
- K. Donnelly announced that the National AIDS Treatment Advocacy Project (NATAP) hosts webinars on HIV and aging every other Friday. K. Donnelly attended a recent webinar. A major takeaway from the webinar is that there is a need for strong advocacy for research on women aging with HIV.

B. Black/African American Caucus | April 21 @ 4-5pm

- The Black/African American Workgroup is now operating as a caucus.
- D. Campbell reported that DHSP was able to meet with the Black/African American Caucus to discuss a plan of action.

C. Consumer Caucus | April 14 @ 3-5pm

- J. Rangel-Garibay reported that the Consumer Caucus met with Mario Perez, DHSP Director, to discuss changes to the grievance process. Changes include a more user-friendly website, a change in language from “grievances” to “customer support line,” and the introduction of three main units – resources and referrals, consumer liaison, and complaint resolution.
- DHSP will provide contracted agencies with updated guidance on the new customer support line.

D. Prevention Planning Workgroup | April 27 @ 5:30-7pm

- Greg Wilson, Miguel Martinez, and Dr. William King were elected as co-chairs for the Prevention Planning Workgroup (PPW).
- The PPW met with AJ King to discuss prevention issues and strategies for the Comprehensive HIV Plan (CHP). Items discussed include the importance of

acknowledging the syndemics of HIV, STDs, HCV, systemic racism, poverty, and housing instability.

E. Transgender Caucus | April 26 @ 10am-12noon

- The Transgender Caucus held a presentation titled “The Power of Our Lives: Trans-Intersectional Visibility” by Dr. Thalia Mae Bettcher followed by a panel presentation from community leaders, Jazzmun Crayton and Jaden Fields. The discussion was centered on the intersectionality of the transgender community.
- B. Gordon requested a recording of the presentation, along with the presentation slides be shared with Commissioners.

F. Women’s Caucus | April 18 @ 2-4pm

- J. Rangel-Garibay reported that the Women’s Caucus had a presentation on perinatal syphilis and HIV transmission by Dr. Mikhaela Cielo at their March meeting.
- The Women’s Caucus will provide feedback on program directives by April 1st.

V. NEXT STEPS

10. RECAP

A. Tasks/Assignment Recap

- Virtual meetings will continue for the next 30 days.
- Commission applicants will move forward for a vote at the full body COH April meeting.
- Invite Dr. Eric Layland to preview the results of the Healthy Young Men’s Cohort Study at the April Executive Committee meeting.

B. Agenda Development for the Next Meeting

- Discuss the possibility of increasing incentives for unaffiliated consumers.
- Contact a subject matter expert who can provide guidelines on COVID-19 prevention for people living with HIV.
- Contact the LA County Department of Public Health or Department of Health Services to provide an update on COVID-19 to the Commission.

VI. ANNOUNCEMENTS

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

VII. ADJOURNMENT

12. ADJOURNMENT OF THE MARCH 24, 2022 EXECUTIVE COMMITTEE MEETING. The meeting adjourned at approximately 3:00 PM.

Los Angeles County, California, Code of Ordinances >> [Title 3 - ADVISORY COMMISSIONS AND COMMITTEES](#) >> [Chapter 3.29 COMMISSION ON HIV](#) >>

Chapter 3.29 COMMISSION ON HIV ^[3]

Sections:

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3.29.010 Definitions.

- A. "Administrative agency" indicates the Division of HIV and STD Programs (DHSP), Department of Public Health (DPH) and the County of Los Angeles.
- B. "Administrative mechanism" refers collectively to the partnership of the Board of Supervisors, the Commission, grantee and administrative agency, and other participants in the Ryan White-funded service delivery system.
- C. "AIDS" means Acquired Immune Deficiency Syndrome, and is a diagnosis of late-stage HIV disease.
- D. "Allocations" are the funds to be expended for HIV services and related purposes to be determined by the Commission.
- E. "Candidate" refers to a person who has submitted a completed membership application and is seeking appointment to the Commission.
- F. "Centers for Disease Control and Prevention (CDC)" is the federal agency that manages HIV and STD prevention programs, surveillance and related communicable disease and co-morbidity activities.
- G. "Community Health Center (CHC)" or "Federally Qualified Health Center (FQHC)" is a public or community-based medical clinic that provides primary care services to low-income populations through Section 330 of the Public Health Service Act.
- H. "Consumer" is an HIV-positive and/or AIDS-diagnosed individual who uses Ryan White-funded services or is the caretaker of a minor with HIV/AIDS who receives those services, or an HIV-negative prevention services client.
- I.

- "Continuum of HIV Services" is the local operational strategy for providing high-quality HIV prevention, counseling and testing, linkage, and care and treatment services in response to the needs of those living with HIV and/or at risk of exposure to HIV.
- J. "Division of HIV and STD Programs (DHSP)" is the administrative agency within DPH to whom DPH delegates authority for the administration of HIV and STD programs and surveillance.
- K. "Eligible Metropolitan Area (EMA)" is a jurisdiction eligible to receive Ryan White Part A funds; the County of Los Angeles is the local EMA.
- L. "Executive director" is the executive staff member of the Commission.
- M. "Grantee" indicates the Department of Public Health (DPH), County of Los Angeles, which receives federal, state and county funding for HIV services.
- N. "Health Resources and Services Administration (HRSA)" is the federal agency that manages and administers the Ryan White program nationally, including the use of Ryan White funds.
- O. "HIV" means Human Immunodeficiency Virus.
- P. "HIV disease" is the disease caused by HIV infection.
- Q. "HIV Health Services Planning Council (Planning Council)" is the term used in Ryan White legislation that refers to the local community planning body for HIV care and treatment services.
- R. "HIV Planning Group (HPG)" is the term used in CDC HIV Planning Guidance that refers to the local community planning body for HIV prevention services.
- S. "HIV Planning Guidance" details CDC's planning and prevention service delivery requirements and expectations for HPGs and local health departments.
- T. "Nominating body" refers to the Commission in its role of designating candidates as nominees for appointment to the Commission by the Board of Supervisors.
- U. "Open nominations" refers to the process, requirements and guidelines developed by HRSA, and consistent with the CDC's HIV Planning Guidance, governing how Part A planning councils identify, select and nominate their members.
- V. "Organization" refers to service agencies and/or groups or coalitions of people affected by HIV.
- W. "Parity, Inclusion and Representation (PIR)" is the CDC principle to ensure that all HPG members can participate equally (parity), that the planning process actively includes a diversity of views, perspectives and stakeholders (inclusion), and that HPG members should represent the range of ethnicities, gender, backgrounds and other characteristics of people affected by HIV (representation).
- X. "Part A" refers to the Ryan White grant funds awarded to EMAs from which the County of Los Angeles directly receives its largest share of Ryan White resources.
- Y. "Part B" refers to the Ryan White grant funds awarded to states, most of which support the statewide AIDS Drug Assistance Program (ADAP), and a portion of which the State of California disburses to the County of Los Angeles.
- Z. "Priorities" are service categories, ranked in order of consumer need and importance that guide the Commission in the allocation of financial resources.
- AA. "Provider" is an agency/organization that provides HIV care, treatment and/or prevention services in the EMA, and may or may not be supported by Ryan White, CDC, state, county or other funding.
- BB. "Recommending entity" is an organization, agency, institution, entity or person entitled to propose candidates for consideration as nominees for appointment to the Commission pursuant to [3.29.030](#)

- CC. "Representation and Reflectiveness" are Ryan White legislative requirements for a planning council's membership to include members who represent specific interests identified in the legislation (representation), and that the planning council membership and its subset of unaffiliated consumer members reflect the ethnic, racial and gender proportions of local HIV prevalence (reflectiveness).
- DD. "Ryan White" is the program providing the largest non-entitlement source of federal funding for HIV care and treatment services, as authorized by the Ryan White Treatment Extension Act of 2009.
- EE. "Service Planning Area (SPA)" is one (1) of eight (8) subdivided areas of the County intended to facilitate and improve local service and healthcare planning.
- FF. "Sexually Transmitted Disease(s) (STDs)" are an assortment of communicable infections and diseases that are primarily transmitted through sexual relations or contact.
- GG. "Stakeholder" is any party receiving or providing HIV services or affected by HIV.
- HH. "Unaffiliated consumer" means an HIV-positive user of Ryan White-funded HIV services who does not serve in a decision-making capacity (including but not limited to an employee, consultant and/or board of directors member) at any Part A funded organization or agency.

(Ord. 2013-0017 § 1, 2013: Ord. 2011-0065 § 1, 2011: Ord. 2006-0076 § 2, 2006: Ord. 2005-0044 § 1, 2005: Ord. 98-0002 § 1, 1998: Ord. 95-0010 § 2, 1995: Ord. 91-0152 § 1, 1991.)

3.29.020 Commission on HIV.

The Commission on HIV is referred to in this chapter as the "Commission."

(Ord. 2011-0065 § 2, 2011: Ord. 2005-0044 § 2, 2005: Ord. 95-0010 § 3, 1995: Ord. 91-0152 § 2, 1991.)

3.29.030 Membership.

All members of the Commission shall serve at the pleasure of the Board of Supervisors. The Commission shall consist of fifty-one (51) voting members nominated by the Commission and appointed by the Board of Supervisors. Consistent with the open nominations process, the following recommending entities shall forward candidates to the Commission for membership consideration:

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

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

In all the above membership categories where not specifically required, recommending entities and the nominating body are strongly encouraged to nominate candidates living with HIV disease or members of populations disproportionately affected by the epidemic. Members are

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

In accordance with Ryan White and CDC requirements, the Commission shall ensure that its full membership and its subset of unaffiliated consumer members shall proportionately reflect the ethnic, racial and gender proportions of HIV disease prevalence in the EMA. In accordance with Ryan White requirements, at least one (1) unaffiliated consumer must be co-infected with Hepatitis B or C, and at least one (1) unaffiliated consumer must be recently incarcerated or an advocate for the recently incarcerated.

In forwarding nominations for appointment by the Board of Supervisors, the Commission shall ensure that its membership fully conforms to Ryan White Part A planning council requirements on representation, reflectiveness and consumer membership, and CDC HPG requirements on Parity, Inclusion and Representation.

(Ord. 2013-0017 § 2, 2013: Ord. 2011-0065 § 3, 2011: Ord. 2006-0076 § 3, 2006: Ord. 2005-0044 § 3, 2005: Ord. 2003-0010 § 1, 2003: Ord. 98-0002 § 2, 1998: Ord. 95-0010 § 4, 1995: Ord. 91-0152 § 3, 1991.)

3.29.040 Alternate members.

One (1) alternate may be nominated by the Commission for appointment by the Board of Supervisors for each member who has disclosed that he/she is living with HIV disease. An alternate shall attend meetings of the Commission and vote in the absence of the person for whom he/she is designated as an alternate. Nominations of the alternates shall be made from the pool of candidates recommended for membership. The Commission shall ensure that the composition of alternate members conforms to any Part A planning council requirements which apply to alternates.

(Ord. 2013-0017 § 3, 2013: Ord. 2011-0065 § 4, 2011: Ord. 2005-0044 § 4, 2005: Ord. 95-0010 § 5, 1995: Ord. 91-0152 § 4, 1991.)

3.29.045 Nominations.

Nominations for membership shall be conducted through an open process and candidates selected based on delineated and publicized criteria which include a conflict of interest standard as set out in [Section 3.29.046](#). The Commission shall maintain a standing operations committee which shall review the composition of the Commission, and conduct broad-based recruitment and initial screening of applicants on an ongoing basis. The operations committee is responsible for the following: processing membership applications; selecting the candidates based on their qualifications to meet general membership and specific seat requirements and in order to help the Commission meet other membership mandates and requirements; and forwarding its membership recommendations to the Commission for nomination. Upon approval by the Commission, candidate nominations are sent to the Board of Supervisors for its consideration for appointment to the Commission. This process will be conducted prior to expiration of membership terms and during the year in the event of mid-term vacancies.

(Ord. 2013-0017 § 4, 2013: Ord. 2011-0065 § 5, 2011: Ord. 2005-0044 § 5, 2005: Ord. 98-0002 § 3, 1998.)

3.29.046 Conflict of interest.

- A. Ryan White legislation requires certain constituencies and entities to be represented on the Commission. Ryan White legislation also requires the Commission to establish priorities and allocate funds within the EMA. Therefore, Commission members, regardless of their private affiliations, may participate in the process to determine funding priorities and to allocate Ryan White Part A and B and HIV prevention funds in percentage and/or dollar amounts to various

service categories or other types of activities, with the following limitations: as specified in Section 2602(b)(5) (42 U.S.C. § 300ff-12) of Ryan White legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of Ryan White, CDC or other funds and shall not designate or otherwise be involved in the selection of particular entities as recipients of those grant funds.

- B. All members and alternates of the Commission and participants in the Commission's community planning process shall act in accordance with the Commission's adopted code of conduct, which includes adherence to conflict of interest rules and requirements.

(Ord. 2013-0017 § 5, 2013: Ord. 2011-0065 § 6, 2011: Ord. 2005-0044 § 6, 2005: Ord. 98-0002 § 4, 1998.)

3.29.050 Term of service.

- A. 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.
- B. At the first meeting of the HIV Commission in 2013, after this ordinance is effective, the terms of the current members of the Commission on HIV and the Prevention Planning Committee (PPC) shall expire. When the ordinance unifying the Commission on HIV and the Prevention Planning Committee becomes effective, the new members appointed by the Board of Supervisors will be seated. The Commission shall classify its members by lot so that twenty-five (25) members' terms will expire after one (1) year and twenty-six (26) will expire after two (2) years. Thereafter, each membership term shall be two (2) years.
- C. 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.
- D. All members shall complete and submit renewal applications prior to the expiration of their respective terms. However, a member may continue serving in the seat, beyond term expiration, until such time as the member has resigned, is replaced, or the seat is vacated by the executive director in consultation with the co-chairs and the operations committee.
- E. In addition to their Commission service, members are required to serve on at least one (1) of the Commission's standing committees.
- F. During the course of a year, absence from any combination of six (6) regularly scheduled Commission meetings and/or regularly scheduled meetings of the committee to which the member has been assigned may result in the Board of Supervisors removing the member from the Commission. Reinstatement or replacement may occur with subsequent nomination from the Commission and appointment by the Board of Supervisors. An alternate's attendance in a member's place is considered attendance by the member at the meeting.

(Ord. 2013-0017 § 6, 2013: Ord. 2011-0065 § 7, 2011: Ord. 2005-0044 § 7, 2005: Ord. 95-0010 § 6, 1995: Ord. 91-0152 § 5, 1991.)

3.29.060 Meetings and committees.

- A. The Commission shall meet at least ten (10) times a year.
- B. The Commission shall establish an executive committee to set agendas for meetings, and conduct business between Commission meetings. The executive committee shall include the Director of DHSP or his/her permanent designee, the co-chairs of the Commission and three (3) at-large members elected by the Commission. For purposes of this subsection, the authority of the executive committee to conduct business shall include acting on behalf of the

Commission in time-sensitive circumstances, which action(s) shall be ratified by the Commission at its next regularly scheduled meeting.

- C. In addition to the executive and operations committees, the Commission may establish other standing committees in its bylaws in order to carry out its mission and responsibilities. The Commission may also create other working groups, as allowed by its policies and procedures.
- D. On a semi-annual basis, the Board of Supervisors shall be notified of member attendance at Commission meetings and meetings of standing committees.
- E. As needed by committees and appropriate for added professional expertise, as a means of further engaging community participation in the planning process, and/or as necessary to meet the requirements of the CDC HIV Planning Guidance, the Commission is empowered to nominate candidates who are not commission members for appointment by the Board of Supervisors as members of the Commission's established standing committees. The term of each such member shall be two (2) years.
- F. Commission meetings shall be chaired by the Commission's two (2) co-chairs, with the support of the executive director and staff. The co-chairs shall be elected by the Commission and have staggered two (2) year terms.

(Ord. 2013-0017 § 7, 2013: Ord. 2011-0065 § 8, 2011: Ord. 2005-0044 § 8, 2005: Ord. 95-0010 § 7, 1995: Ord. 91-0152 § 6, 1991.)

3.29.070 Procedures.

The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation. A majority of the members who have been appointed shall constitute a quorum of the Commission.

(Ord. 2011-0065 § 9, 2011: Ord. 2005-0044 § 9, 2005: Ord. 95-0010 § 8, 1995: Ord. 91-0152 § 7, 1991.)

3.29.080 Compensation.

When required to travel outside the county in performance of commission duties, members may be reimbursed from Ryan White or other funds for necessary travel expenses, including transportation, meals and lodging. To be reimbursable, such travel must receive prior written approval from the executive director or his/her designee.

Corresponding with Ryan White legislation and HRSA and CDC guidelines, members of the Commission may also be reimbursed for local travel and mileage, meals associated with Commission business, child care during Commission activities, and computer-related expenses if those costs were incurred in the performance of commission-related duties. The Commission may, in addition to reimbursing those expenses, also provide these services directly to members and/or pay monthly stipends to unaffiliated consumer members of Ryan White Part A services or HIV-negative individuals from identified high-risk or special populations who, if positive, would be eligible for Ryan White services, provided that the stipends are not paid with Ryan White funds. Eligible members must maintain a required level of participation and other performance requirements, as defined in Commission policy.

The Commission will establish and the executive director will implement procedures for eligibility and utilization of the foregoing described reimbursements, member services and/or stipends, including stipend amounts of at least \$25 and no more than \$150 per month as determined by Commission policy and reported to the board.

(Ord. 2013-0017 § 8, 2013: Ord. 2011-0065 § 10, 2011: Ord. 2005-0044 § 10, 2005: Ord. 95-0010 § 9, 1995: Ord. 91-0152 § 8, 1991.)

3.29.090 Duties.

Consistent with Section 2602(b)(4) (42 U.S.C. § 300ff-12) of Ryan White legislation, HRSA guidance, and requirements of the CDC HIV Planning Guidance, the Commission is authorized to:

- A. Develop a comprehensive HIV plan, that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with DHSP to update the plan on a regular basis;
- B. Develop standards of care for the organization and delivery of HIV care, treatment and prevention services;
- C. Establish priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the Board of Supervisors and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;
- D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local EMA's delivery of HIV services;
- E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; deploy those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;
- F. Study, advise and recommend to the Board of Supervisors, the grantee and other departments' policies and other actions/decisions on matters related to HIV;
- G. Inform, educate, and disseminate information to consumers, specified target populations, providers, the general public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment; and actively engage individuals and entities concerned about HIV;
- H. Provide a report to the Board of Supervisors annually, no later than June 30th, describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents, with indicators determined by the Commission in collaboration with DHSP; make other reports as necessary to the Board of Supervisors, the grantee and other departments on HIV-related matters referred for review by the Board of Supervisors, the grantee or other departments;
- I. Act as the planning body for all HIV programs in the Department of Public Health or funded by the County; and
- J. Make recommendations to the Board of Supervisors, the grantee and other departments concerning the allocation and expenditure of funding other than Ryan White Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.

(Ord. 2013-0017 § 9, 2013: Ord. 2011-0065 § 11, 2011: Ord. 2006-0076 § 4, 2006: Ord. 2005-0044 § 11, 2005: Ord. 95-0010 § 10, 1995: Ord. 91-0152 § 9, 1991.)

3.29.095 Grievance procedure.

The Commission shall have procedures approved by the Board of Supervisors and contained in its by-laws to address grievances with respect to Ryan White and CDC funding. The grievance procedure shall be limited as follows:

- A. Providers eligible to receive Ryan White or CDC funding, consumers, consumer groups and people living with HIV coalitions, and other stakeholders and caucuses may grieve.
- B. Grievances shall be limited to the Commission's, administrative agency's or grantee's failure to follow the Commission's established, written and published procedures for priority-setting, resource allocation or subsequent changes to priorities or allocations, or compliance with comprehensive care plan provisions or implementation strategies. Grievances may not involve funding allocations to individual service providers, procurement of specific services, individual patient interactions with service providers and agencies, or disagreement with the outcome of the priority- and allocation-setting process.
- C. All settlements and rulings resulting from grievances shall not retroactively change priorities or allocations and shall be limited to future actions of the Commission.
- D. The grievance process shall include a procedure to submit grievances that cannot be resolved through mediation to binding arbitration.

(Ord. 2013-0017 § 10, 2013: Ord. 2011-0065 § 12, 2011: Ord. 2005-0044 § 12, 2005: Ord. 98-0002 § 5, 1998.)

3.29.100 Reserved.

3.29.110 Sunset review date.

The sunset review date for the Commission is indefinite. The Commission shall continue as long as it is federally funded or upon other order of the Board of Supervisors.

(Ord. 2011-0065 § 14, 2011: Ord. 2006-0071 § 1, 2006: Ord. 2004-0070 § 1, 2004: Ord. 2001-0039 § 1, 2001: Ord. 98-0002 § 6, 1998: Ord. 95-0010 § 12, 1995.)

FOOTNOTE(S):

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Note— Name of chapter changed by Ords. 95-0010 and Ord. 2002-004. ([Back](#))



LOS ANGELES COUNTY
COMMISSION ON HIV

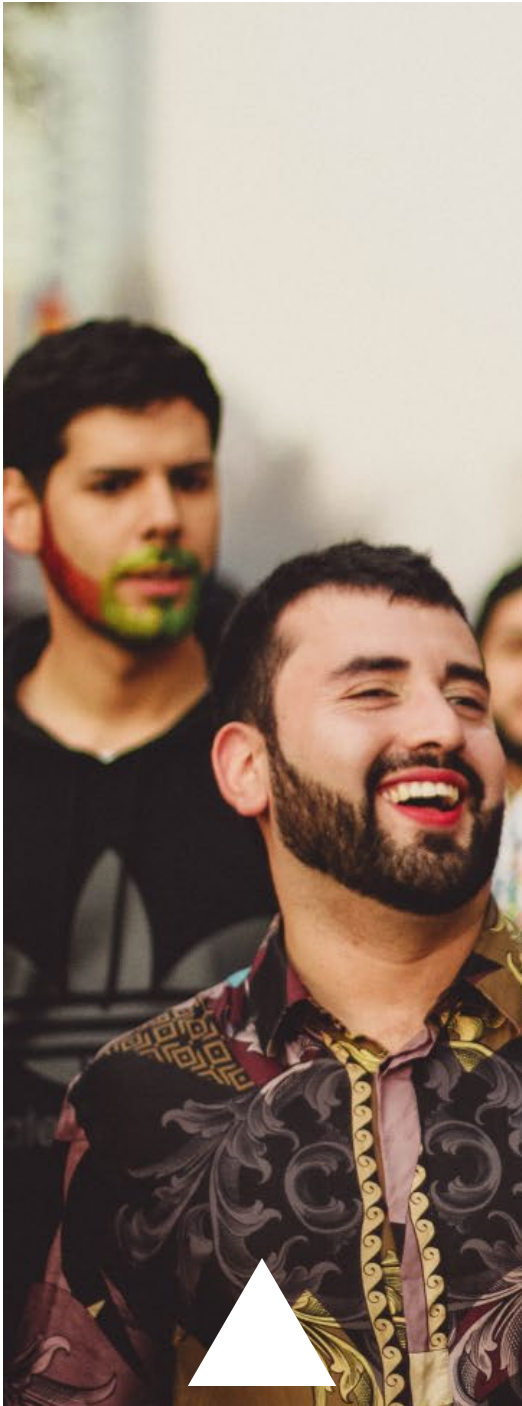


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HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov> ORG • *VIRTUAL WEBEX MEETING*

Dr. Michael Cao

Application on file at Commission office

Interview panel: Luckie Alexander, Justin Valero, and Carlos Moreno



INSIGHTS FROM THE HEALTHY YOUNG MEN'S COHORT STUDY:

Racism, homophobia, and basic needs
access negatively impact health

Eric K. LAYLAND, PhD

Post-Doctoral Fellow

Department of Social and Behavioral Sciences

Yale School of Public Health

April 28, 2022

Los Angeles County

Commission on HIV



Yale
SCHOOL
OF PUBLIC
HEALTH

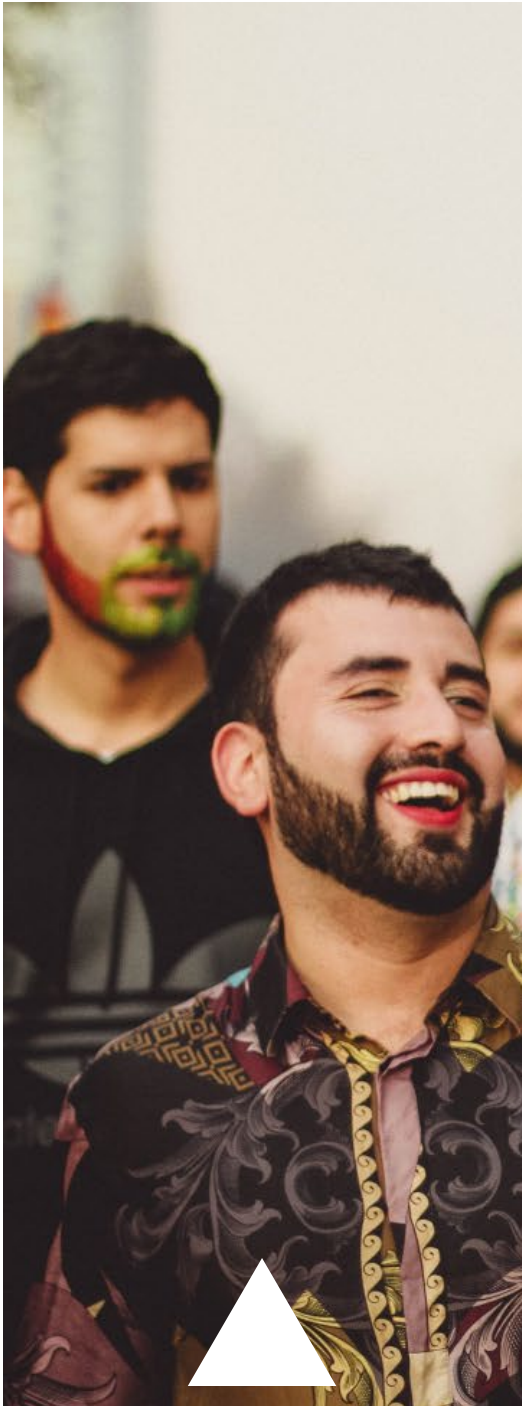


Racism & Heterosexism impact Black & Latino men who have sex with men:



Racism & Heterosexism impact Black & Latino men who have sex with men:

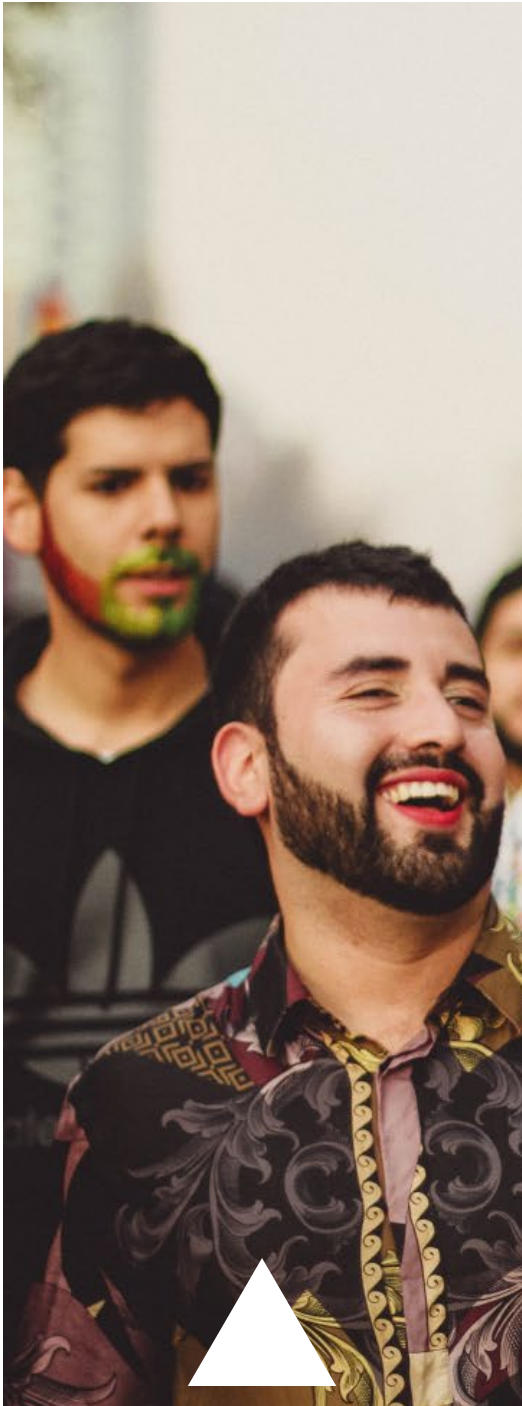
→ More racism, more medical mistrust



Racism & Heterosexism impact Black & Latino men who have sex with men:

→ More racism, more medical mistrust

→ Subgroups experience racism and heterosexism differently



Racism & Heterosexism impact Black & Latino men who have sex with men:

→ More racism, more medical mistrust

→ Subgroups experience racism and heterosexism differently

→ Subgroups reveal risk of physical, mental, & behavioral health problems



Healthy Young Men's Cohort

Study Purpose

Follow a cohort of Black and Latino young men who have sex with men to:



Healthy Young Men's Cohort

Study Purpose

Follow a cohort of Black and Latino young men who have sex with men to:

- Investigate what contributes to their healthcare engagement
- Look at overlap between substance use, HIV, and other health outcomes
- Contribute to solutions to ending the HIV epidemic, especially among Black and Latino MSM

SAMPLE Summary



Recruitment: LGBT Venues, social media, referrals
Data every 6 months

Baseline
 $n = 435$

6-month
 $n = 386$

12-month
 $n = 389$

18-month
 $n = 389$

24-month
 $n = 404$

30-month
 $n = 385$

36-month
 $n = 352$

SAMPLE Summary



Recruitment: LGBT Venues, social media, referrals
Data every 6 months



435 participants
2740 records
16 to 25 years old at baseline

Baseline
 $n = 435$

6-month
 $n = 386$

12-month
 $n = 389$

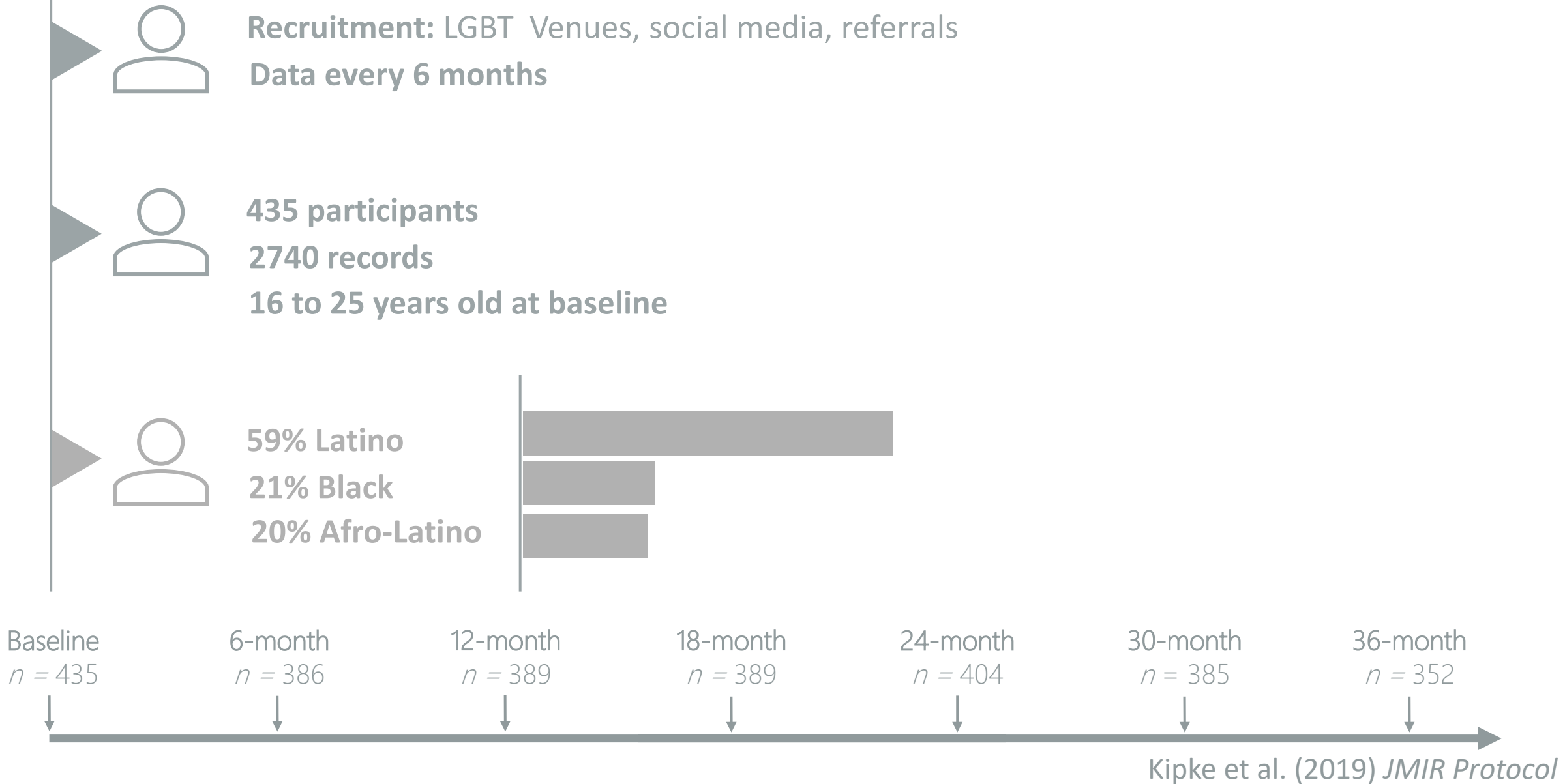
18-month
 $n = 389$

24-month
 $n = 404$

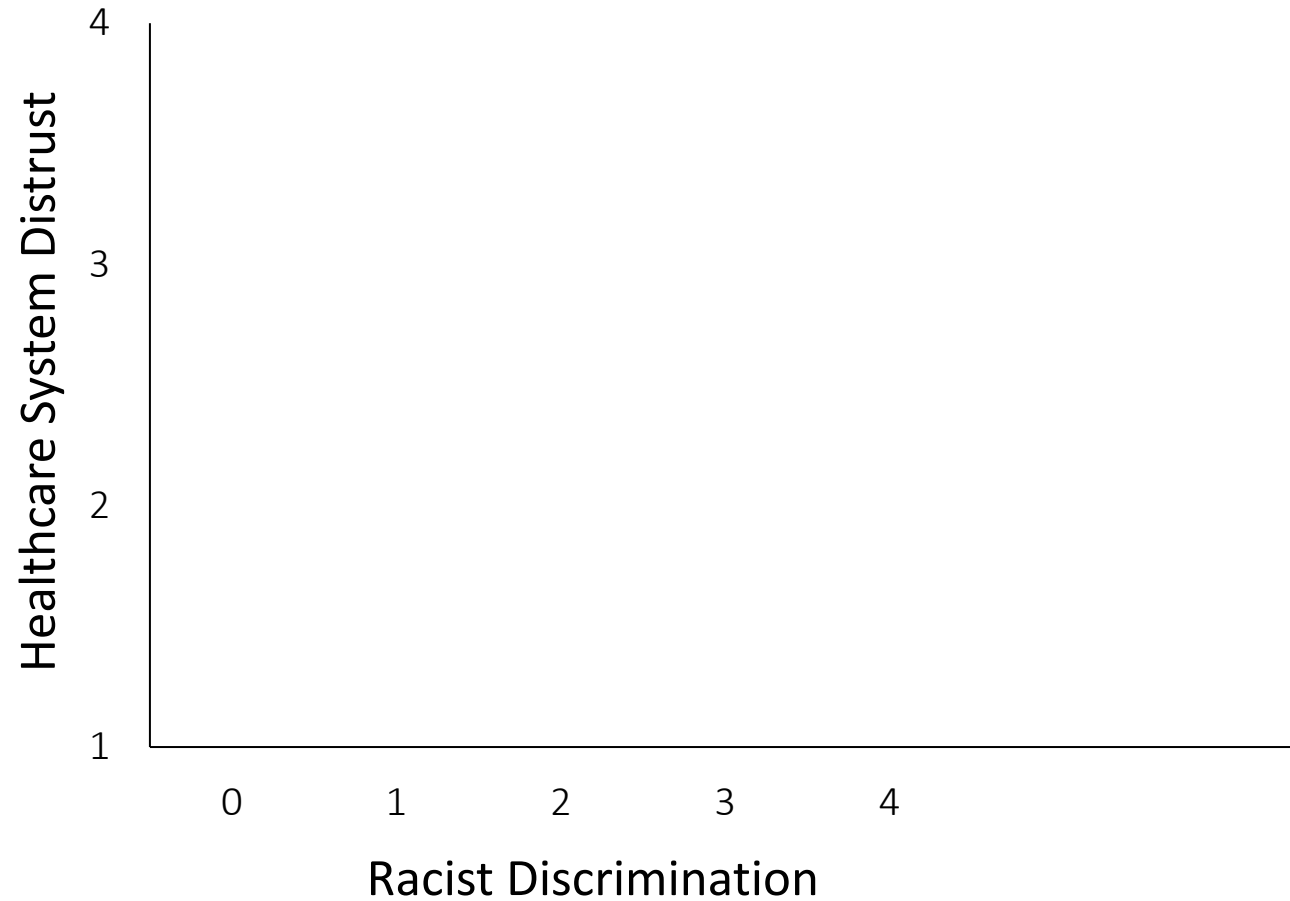
30-month
 $n = 385$

36-month
 $n = 352$

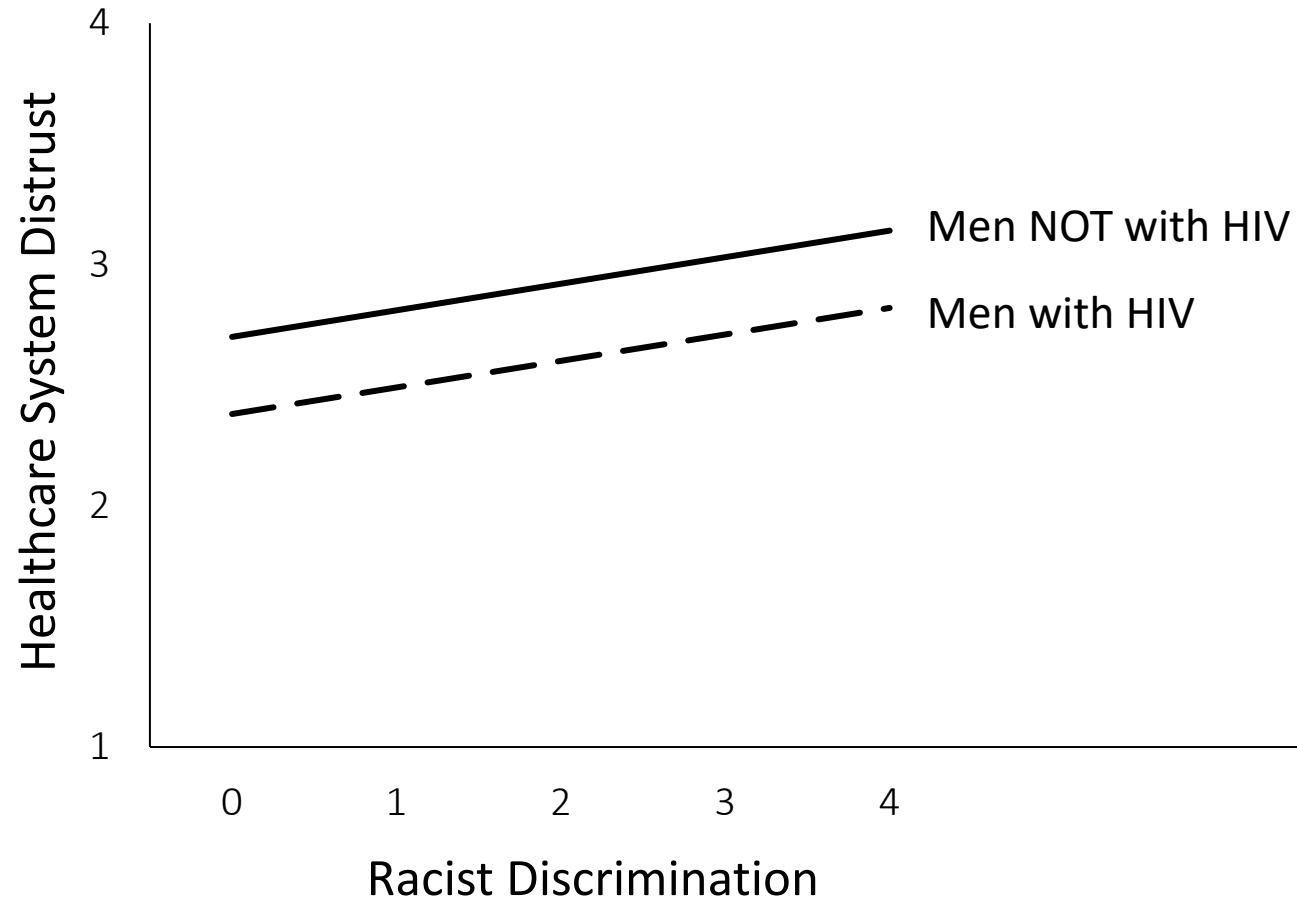
SAMPLE Summary



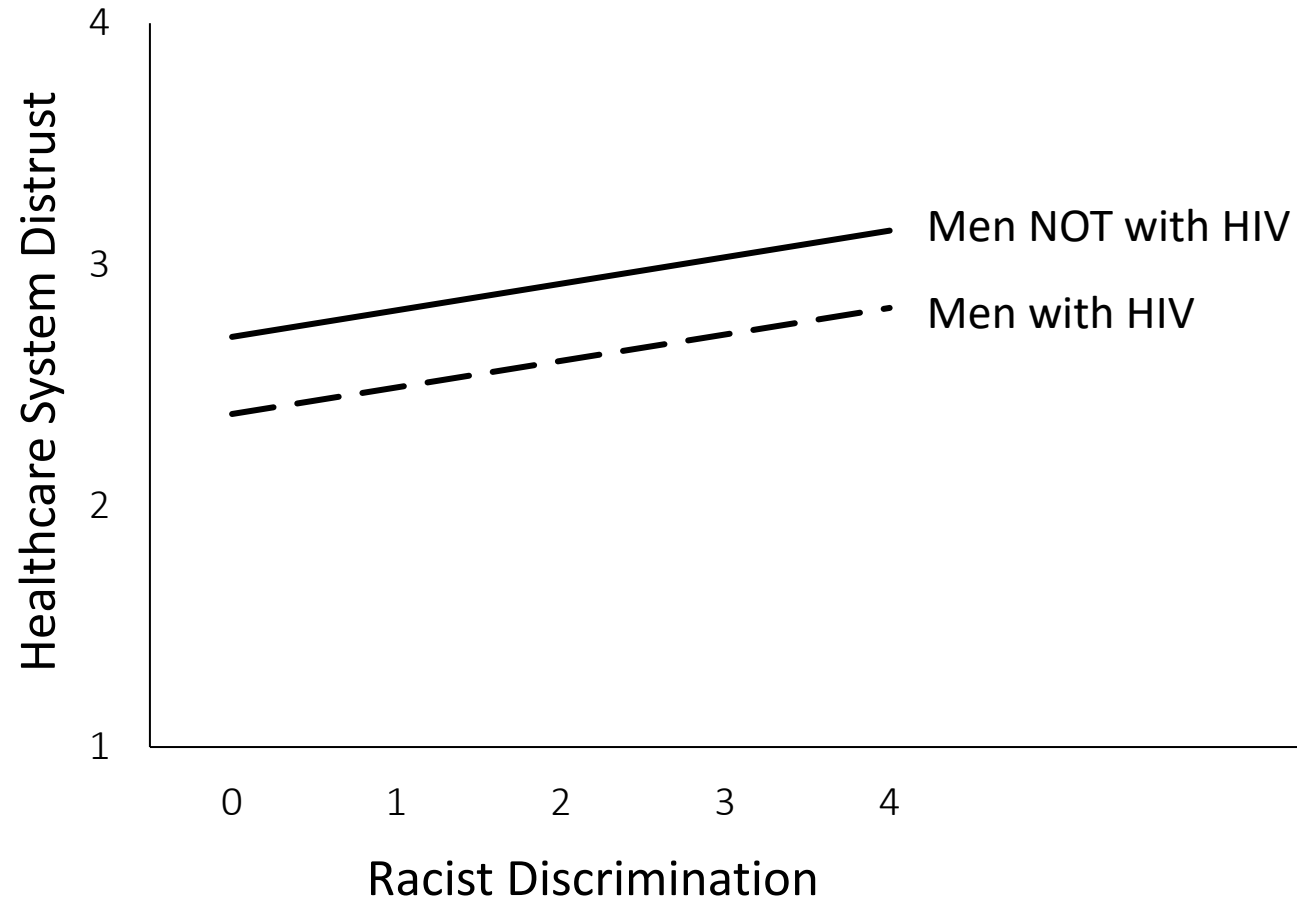
Results Healthcare System Distrust



Results Healthcare System Distrust



Results Healthcare System Distrust



More racism → greater healthcare system distrust

Living with HIV → lower healthcare system distrust

Layland, Maggs et al. (2022) *Soc Sci & Med*

How do sexual minority subgroups differ in their mental health & substance use?

WHAT DO WE KNOW?

Intersecting Stigma

Black & Latino

Higher incarceration

Diabetes

Cardiovascular Disease

Premature death

Obesity

HIV

Sexual Minority

Substance Use

Suicide

Depression

Homelessness

HIV

Eating Disorders

Western & Wildeman (2009); HHS (2015); CDC (2014); Lara et al. (2005); NCHS (2016); Levine et al. (2007); Dermody et al. (2014); Fish et al. (2019); Marshal et al. (2011); Millet et al. (2007); Blashill et al. (2020)

WHAT DO WE KNOW?

Intersecting Stigma

Black & Latino

RACISM

Higher incarceration

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Cardiovascular Disease

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Sexual Minority

HETEROSEXISM

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WHAT DO WE KNOW?

Intersecting Stigma

Black & Latino Sexual Minorities

RACISM

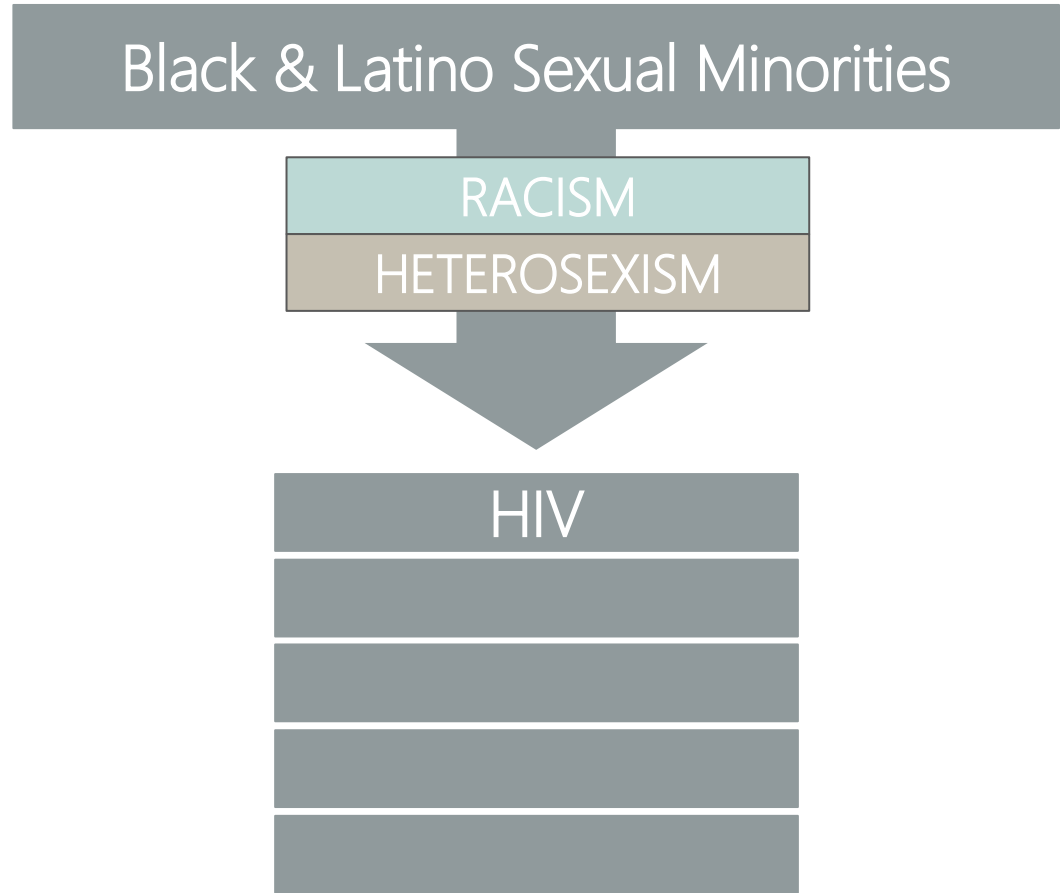
HETEROSEXISM

Western & Wildeman (2009); HHS (2015); CDC (2014); Lara et al. (2005); NCHS (2016); Levine et al. (2007); Dermody et al. (2014); Fish et al. (2019); Marshal et al. (2011); Millet et al. (2007); Blashill et al. (2020)



WHAT DO WE KNOW?

Intersecting Stigma



Western & Wildeman (2009); HHS (2015); CDC (2014); Lara et al. (2005); NCHS (2016); Levine et al. (2007); Dermody et al. (2014); Fish et al. (2019); Marshal et al. (2011); Millet et al. (2007); Blashill et al. (2020)

SUBGROUP ANALYSIS

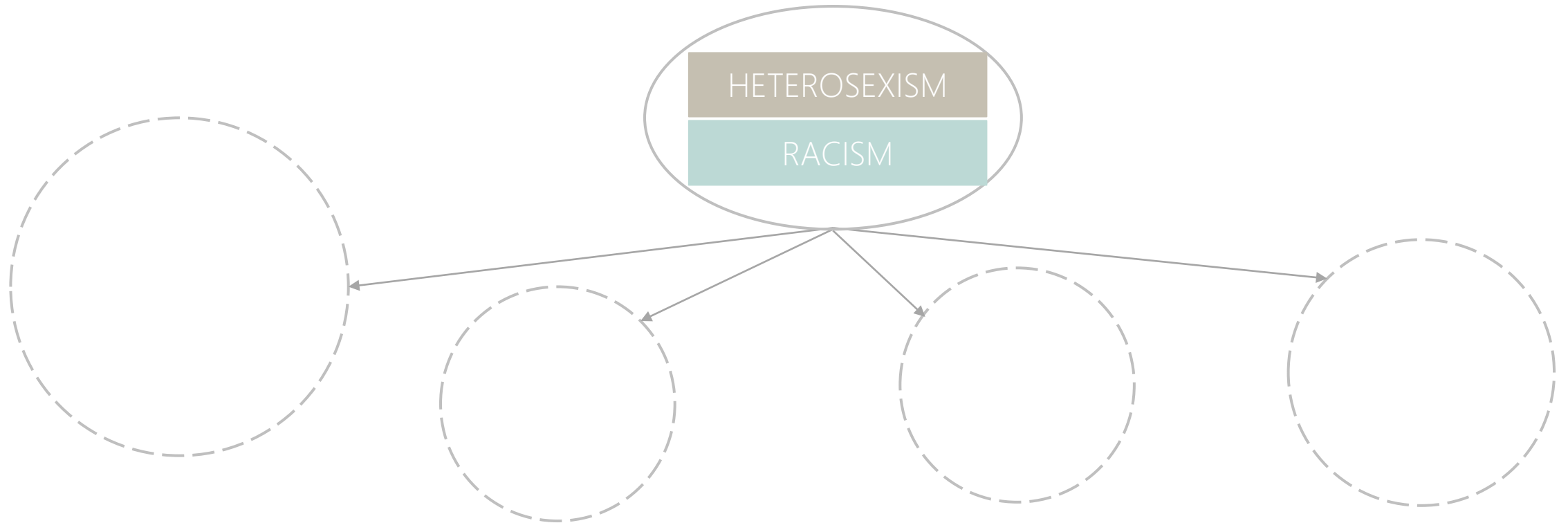
Unpacking heterogeneity in stigma experiences

HETEROSEXISM

RACISM

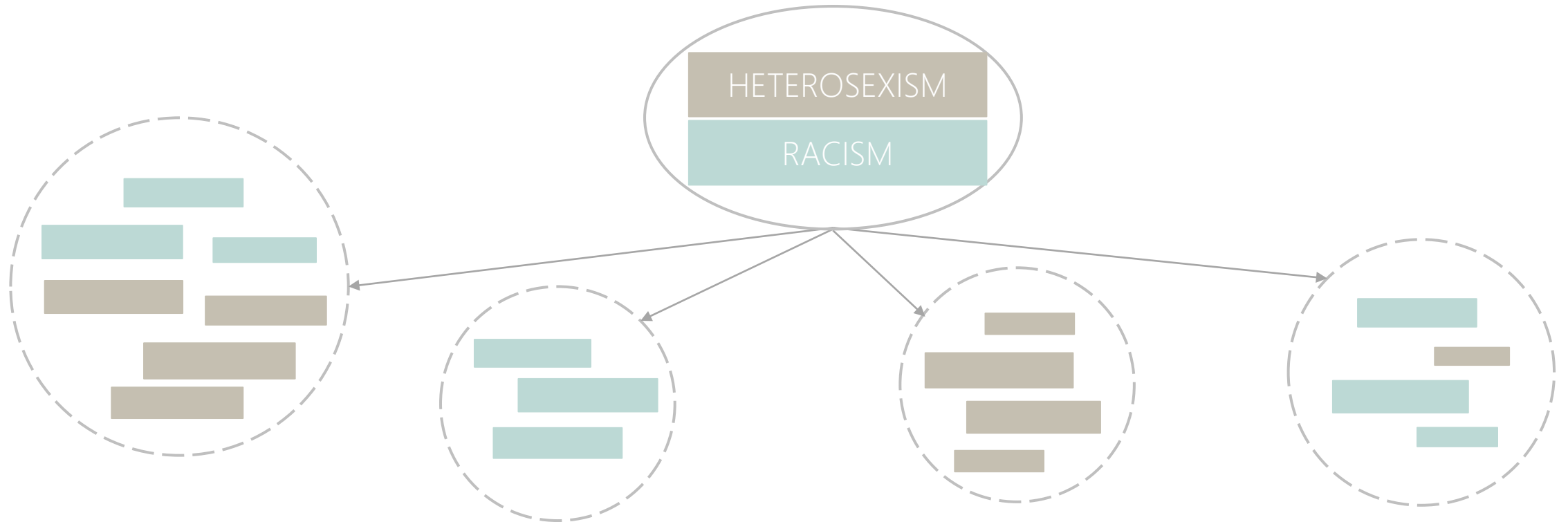
SUBGROUP ANALYSIS

Unpacking heterogeneity in stigma experiences



SUBGROUP ANALYSIS

Unpacking heterogeneity in stigma experiences





Intersectional Stigma Subgroups Study Purpose

01

Identify subgroups characterized by patterns of racist and heterosexist stigma experiences



Intersectional Stigma Subgroups

Study Purpose

- 01 Identify subgroups characterized by patterns of racist and heterosexist stigma experiences
- 02 Investigate subgroup differences in sociostructural burdens



Intersectional Stigma Subgroups

Study Purpose

- 01 Identify subgroups characterized by patterns of racist and heterosexist stigma experiences
- 02 Investigate subgroup differences in sociostructural burdens
- 03 Examine subgroup differences in mental, physical, and behavioral health

LATENT CLASS INDICATORS Stigma



Racist Stigma

Violence	Gay Bars	Relationships
Mistreatment	Preoccupation	Rejection
Police	Sexualization	Objectification
Workplace	Diaz et al. 2001	



LATENT CLASS INDICATORS Stigma



Racist Stigma

Violence	Gay Bars	Relationships
Mistreatment	Preoccupation	Rejection
Police	Sexualization	Objectification
Workplace	Diaz et al. 2001	

Heterosexist Stigma

Violence	Embarrassment	Concealment
Police	Avoidance	Internalized
Workplace	Diaz et al. 2001; Ross & Rosser 1996	



DEPENDENT VARIABLES Health Outcomes



Sociostructural Burdens

- Unemployment
- Sex Exchange
- Unmet financial needs
- Food insecurity
- Unstable Housing



DEPENDENT VARIABLES Health Outcomes



Sociostructural Burdens

- Unemployment
- Sex Exchange
- Unmet financial needs
- Food insecurity
- Unstable Housing



Physical Health

- Asthma
- Sleep Disorders
- Sexually Transmitted Infections
- Gastro Disorders



DEPENDENT VARIABLES Health Outcomes



Sociostructural Burdens

- Unemployment
- Sex Exchange
- Unmet financial needs
- Food insecurity
- Unstable Housing



Physical Health

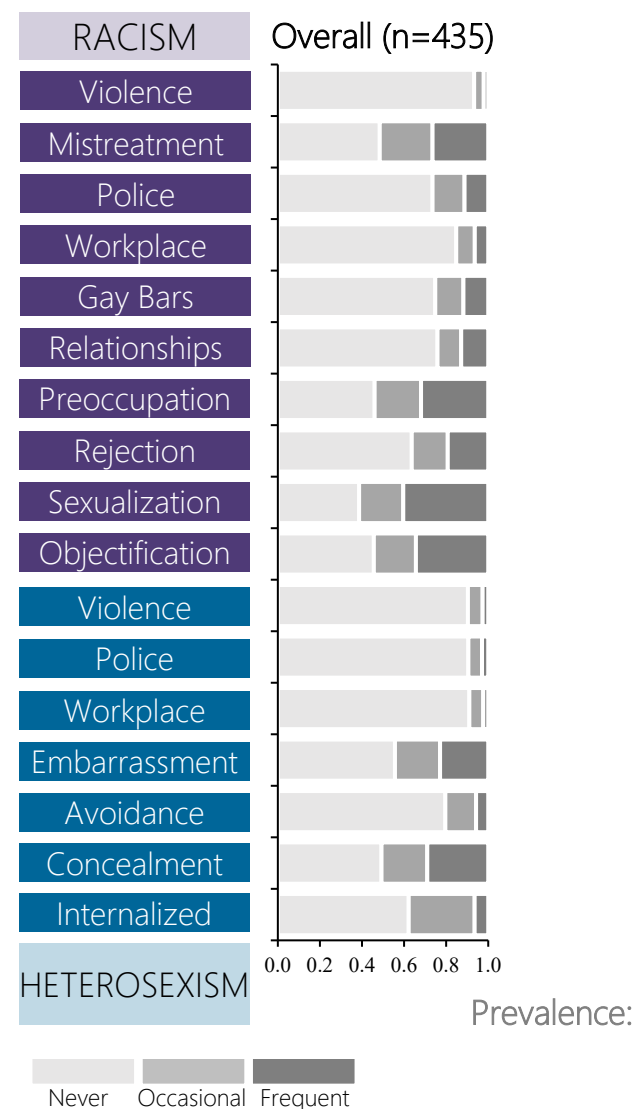
- Asthma
- Sleep Disorders
- Sexually Transmitted Infections
- Gastro Disorders



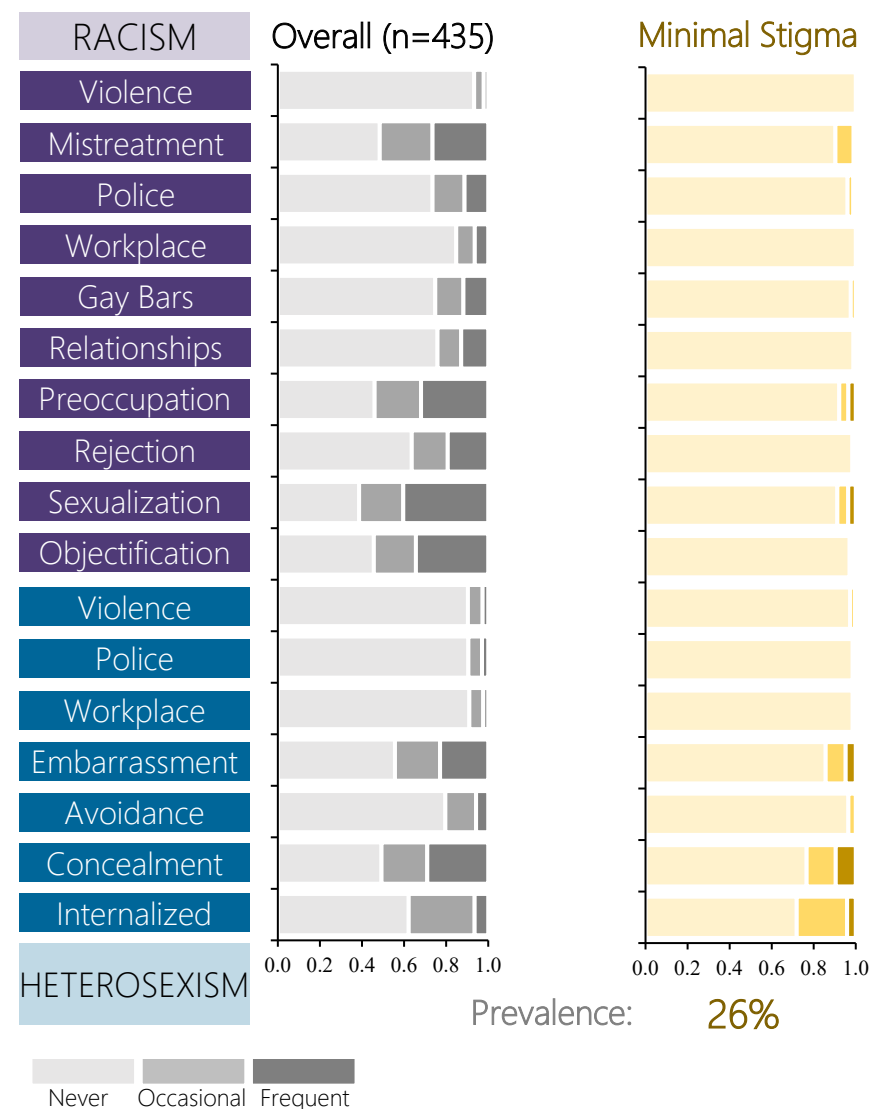
Substance Use & Mental Health

- Mental Healthcare needs
- Hazardous Drinking
- Marijuana Use Disorder Symptoms
- Depression
- Anxiety

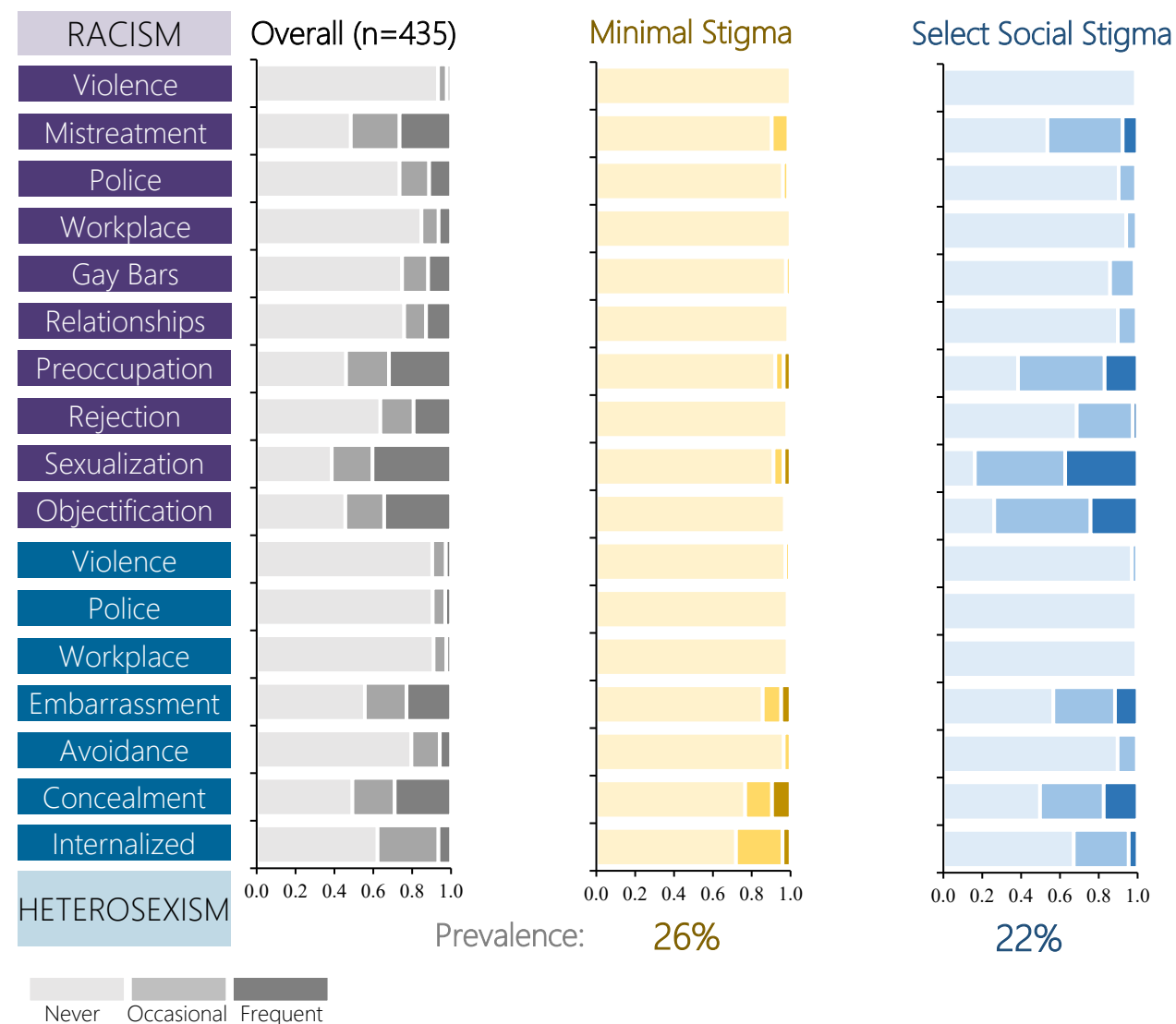
Results identifying subgroups



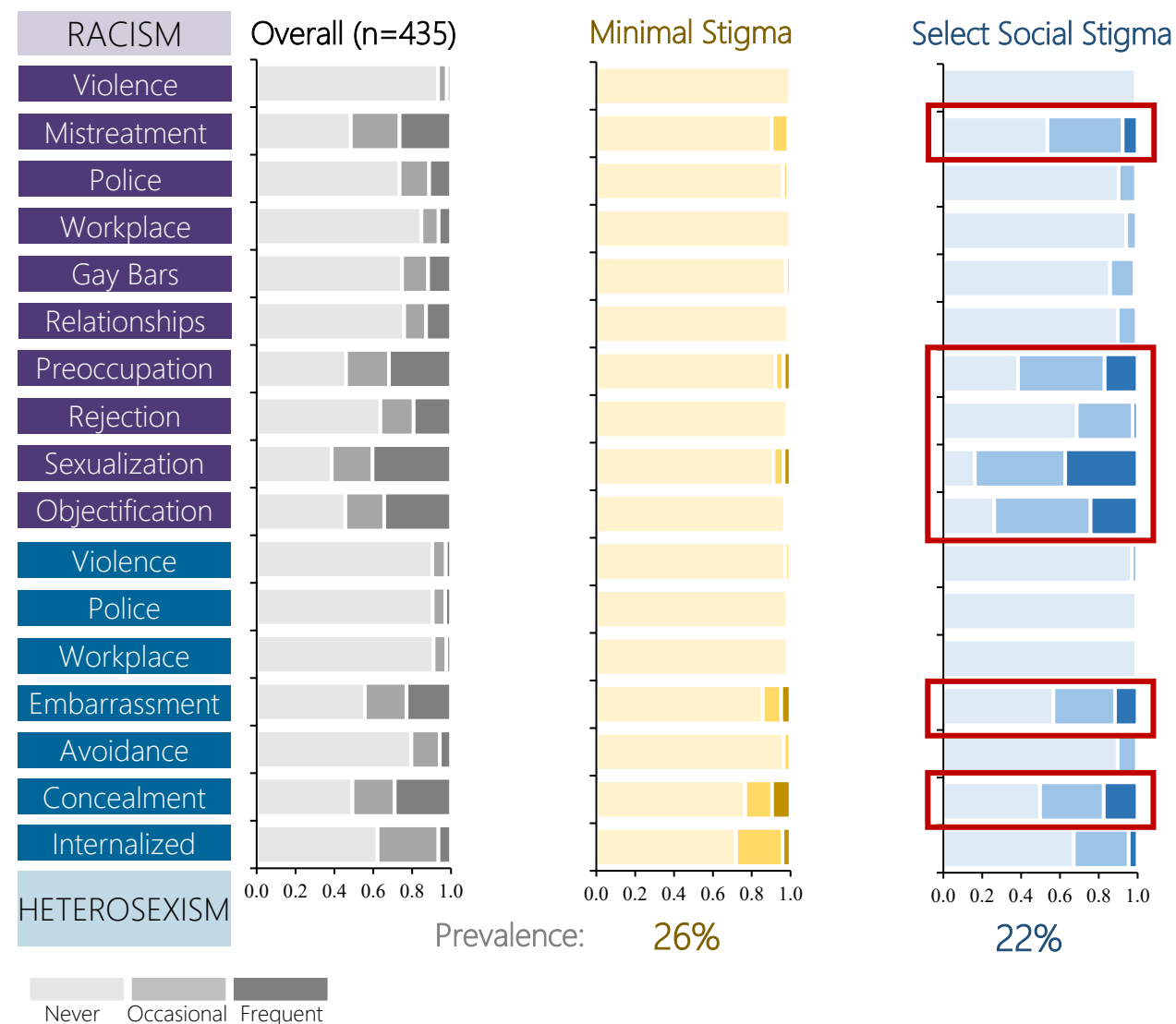
Results identifying subgroups



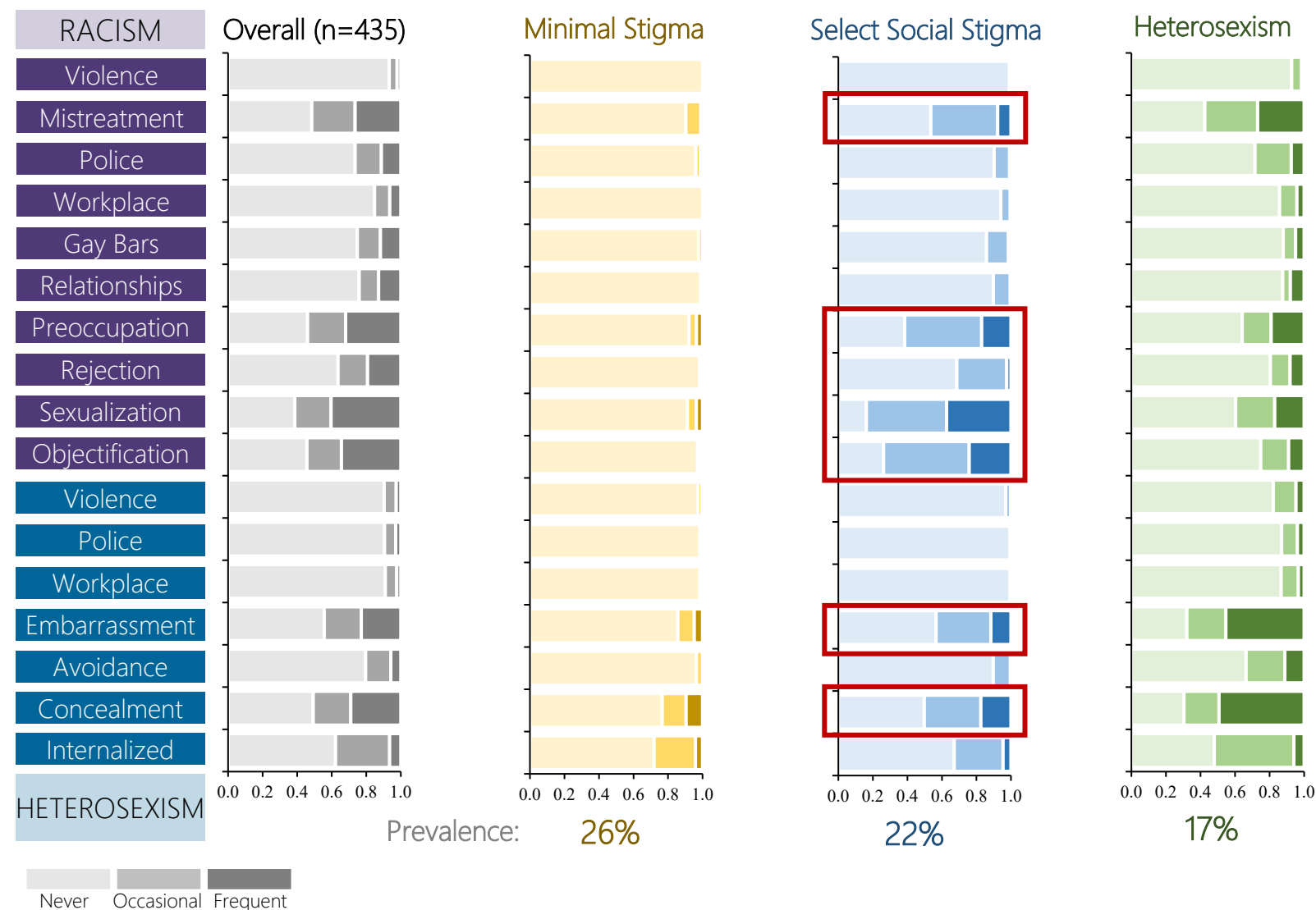
Results identifying subgroups



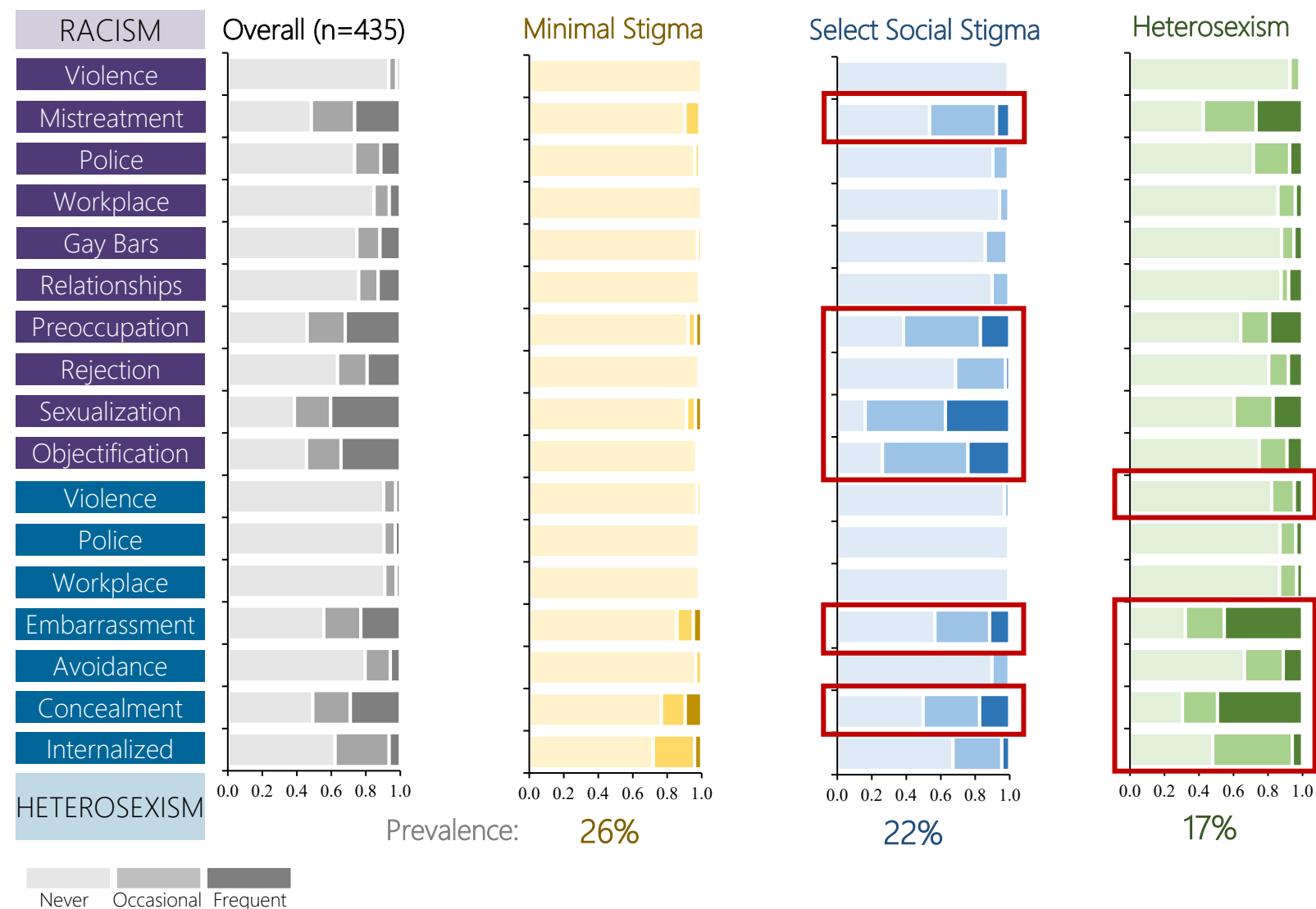
Results identifying subgroups



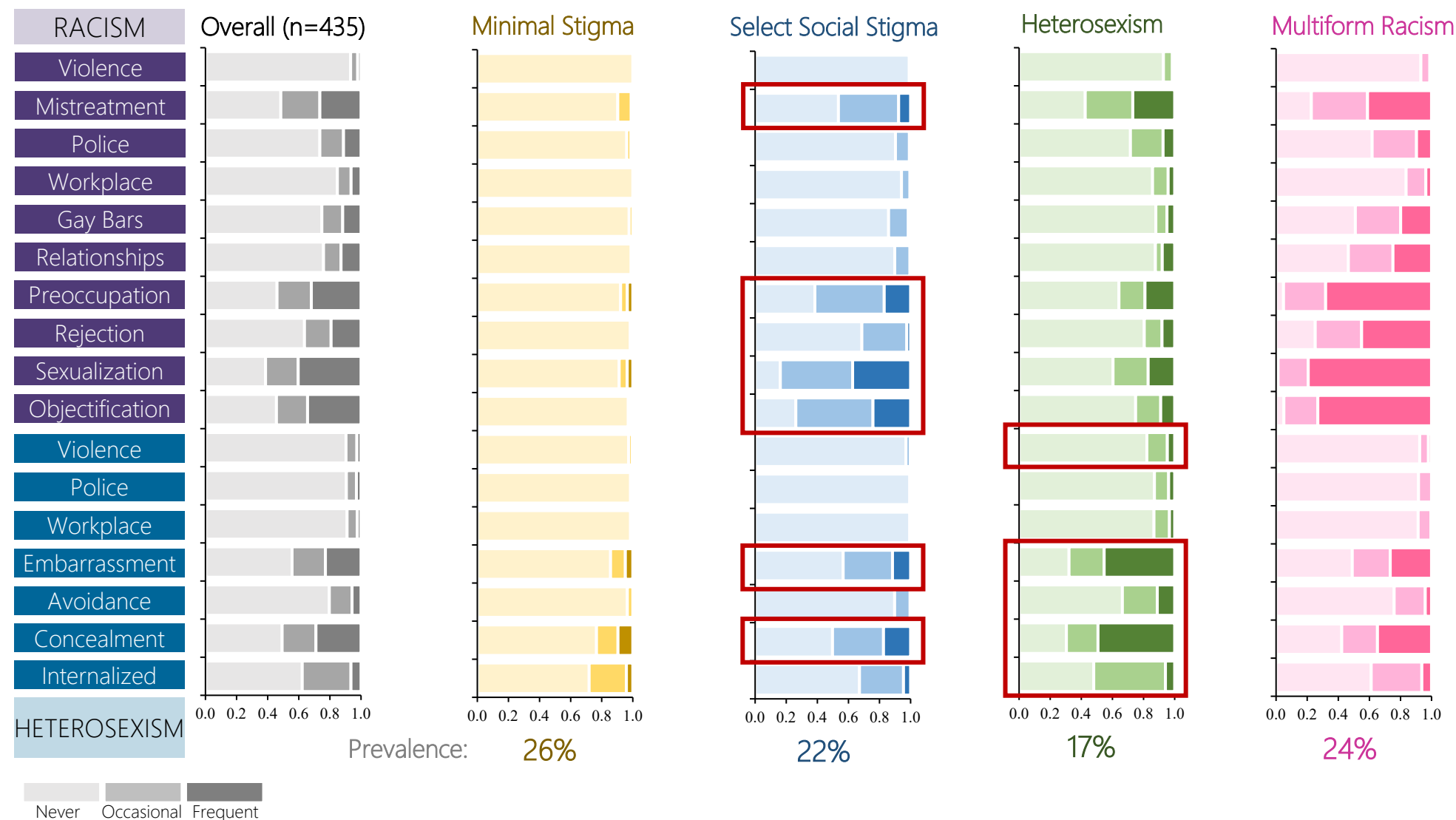
Results identifying subgroups



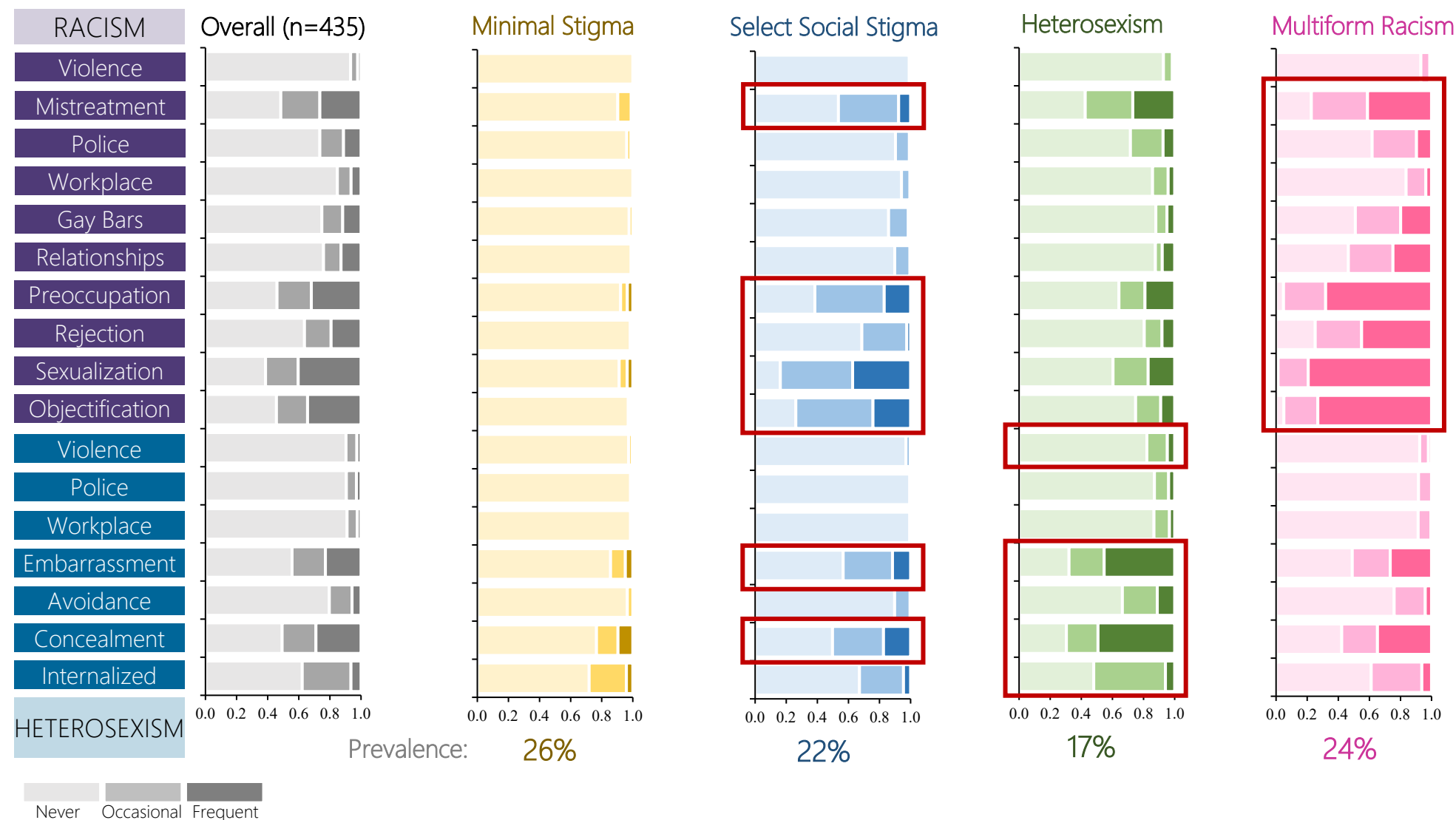
Results identifying subgroups



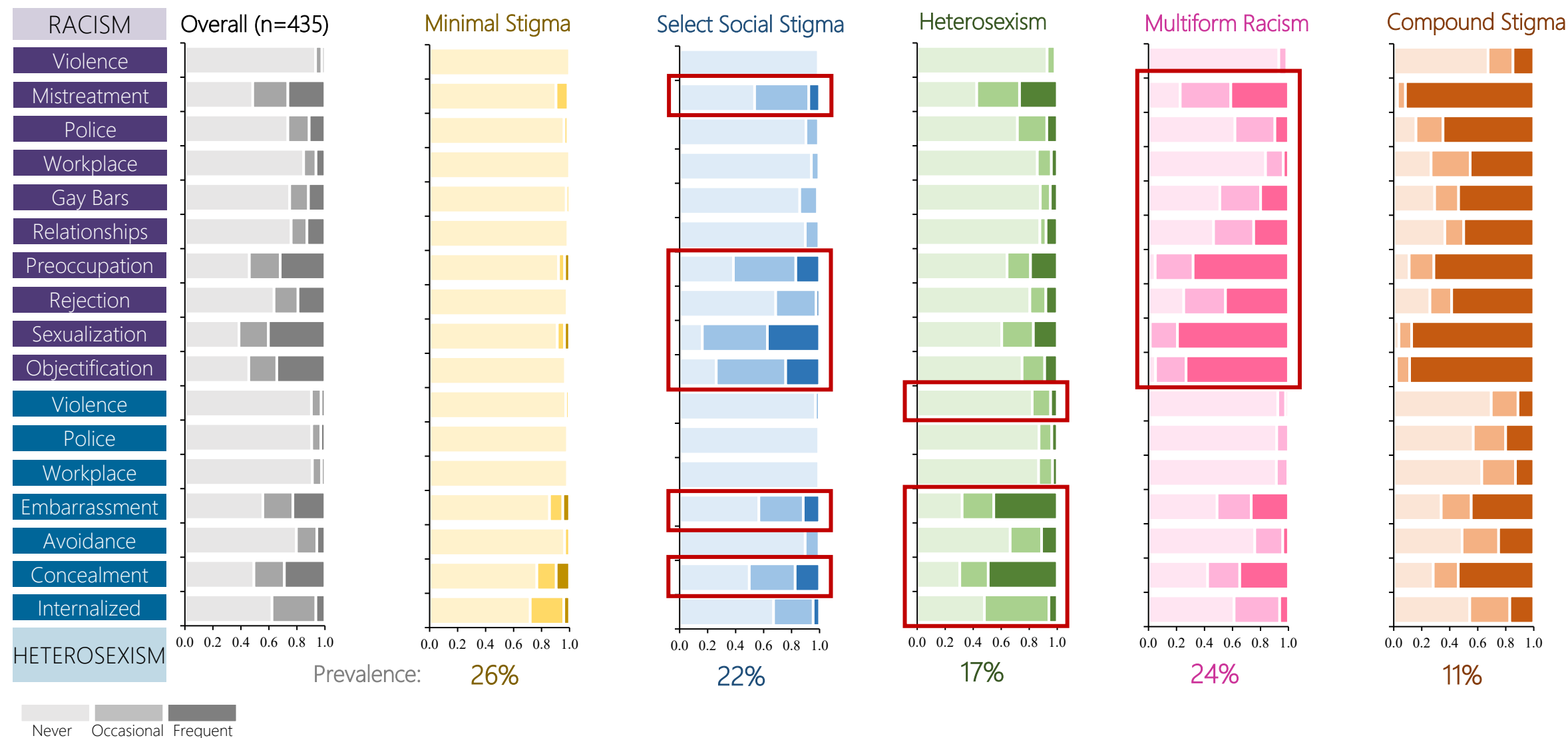
Results identifying subgroups



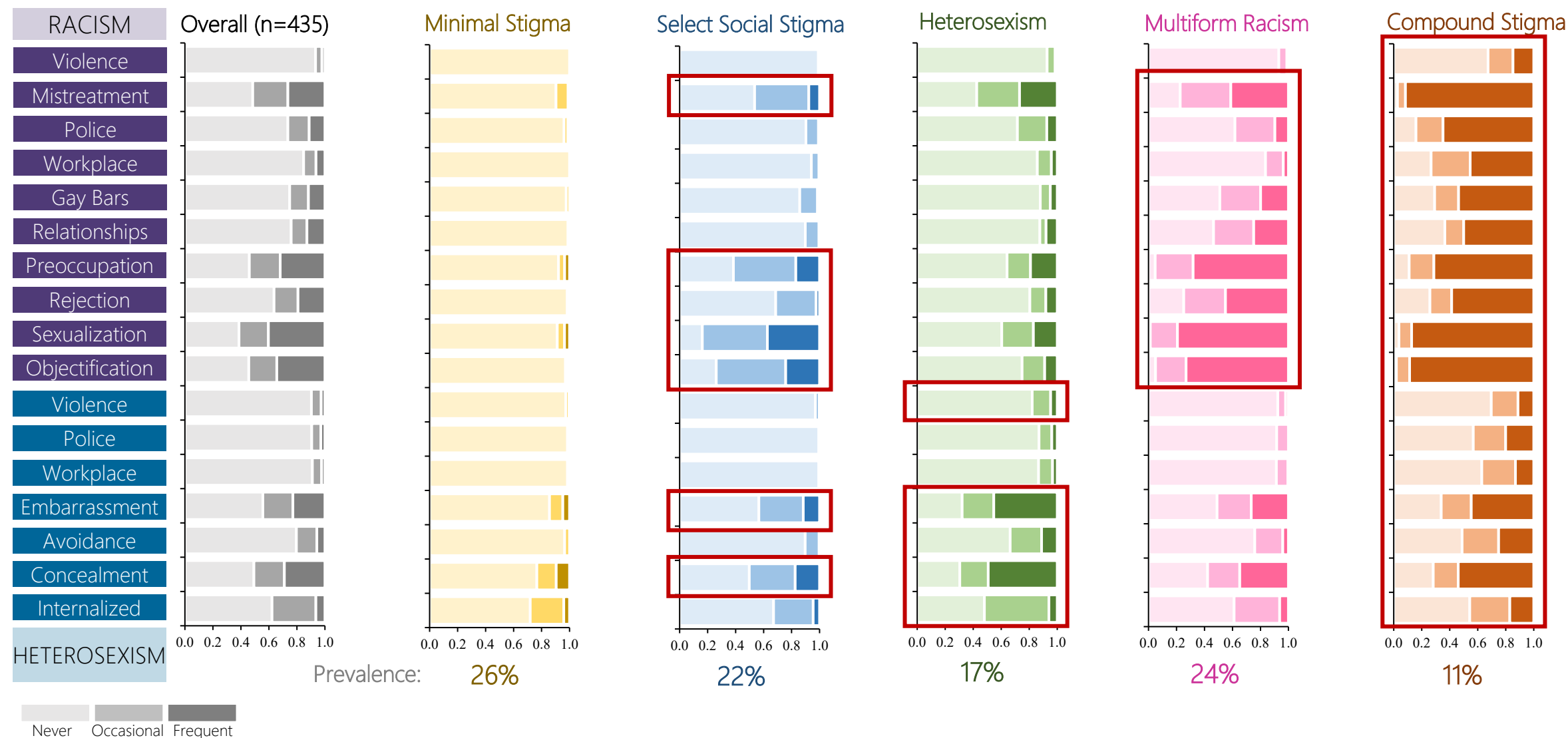
Results identifying subgroups



Results identifying subgroups

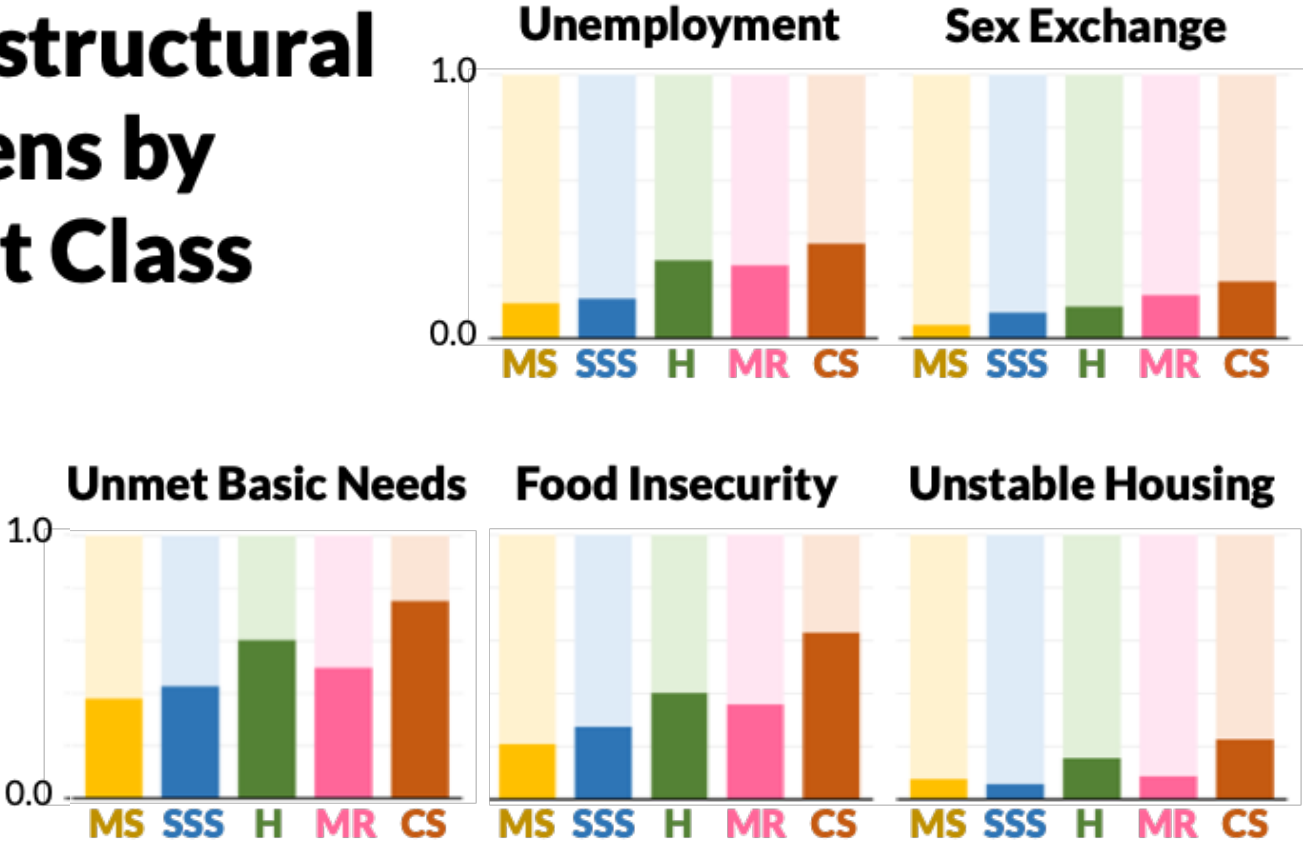


Results identifying subgroups



Results subgroup & sociostructural burdens

Sociostructural Burdens by Latent Class



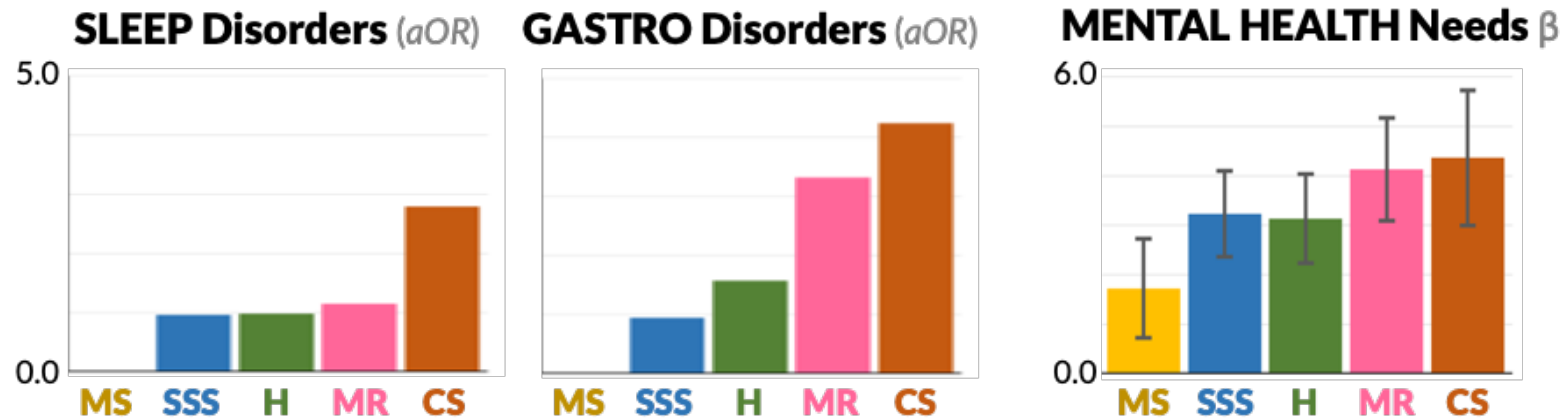
Classes

- Minimal Stigma
- Select Social Stigma
- Heterosexism
- Multiform Racism
- Compound Stigma

Results subgroup & physical health

Health Outcome by Latent Class

Asthma prevalence did not differ
between classes.

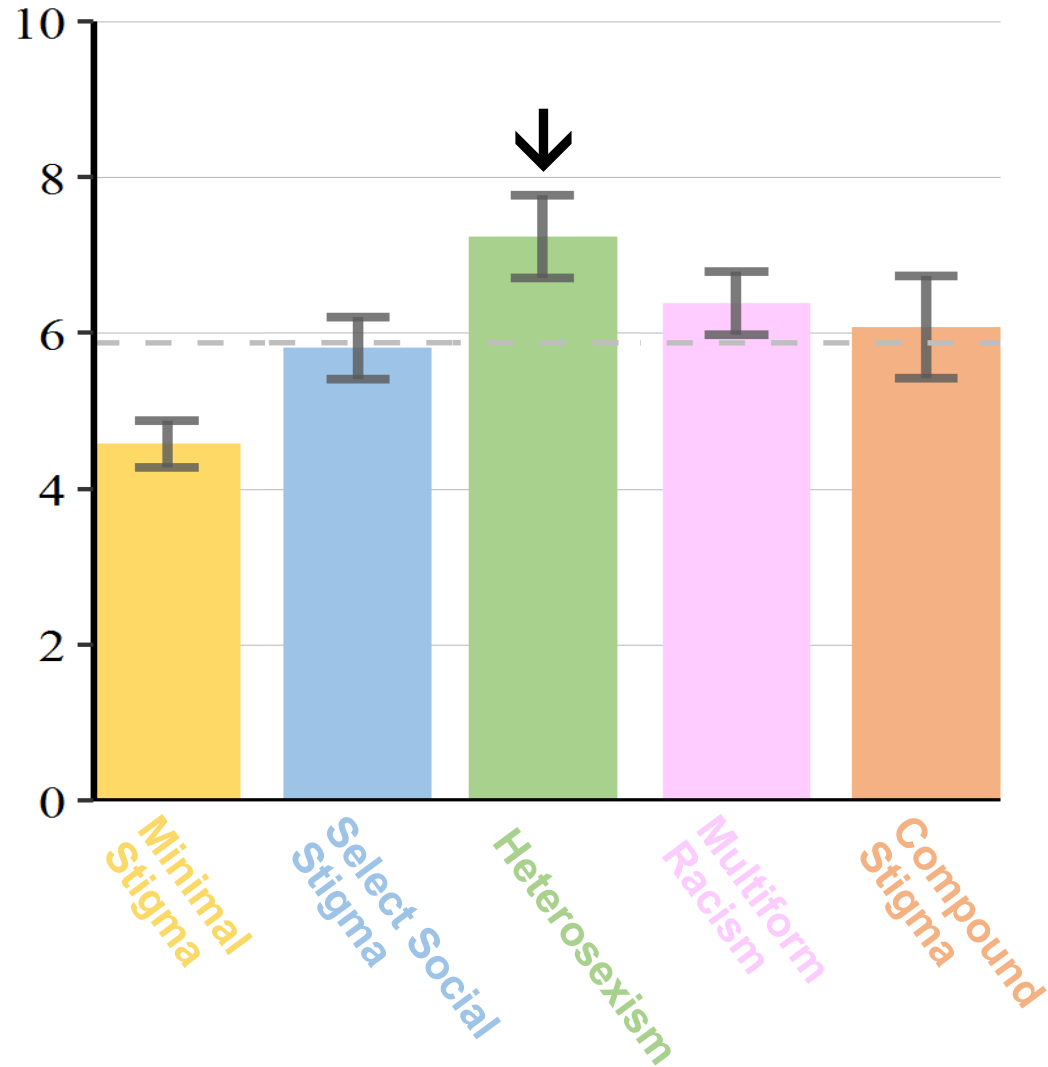


Classes

Minimal Stigma
Select Social Stigma
Heterosexism
Multiform Racism
Compound Stigma

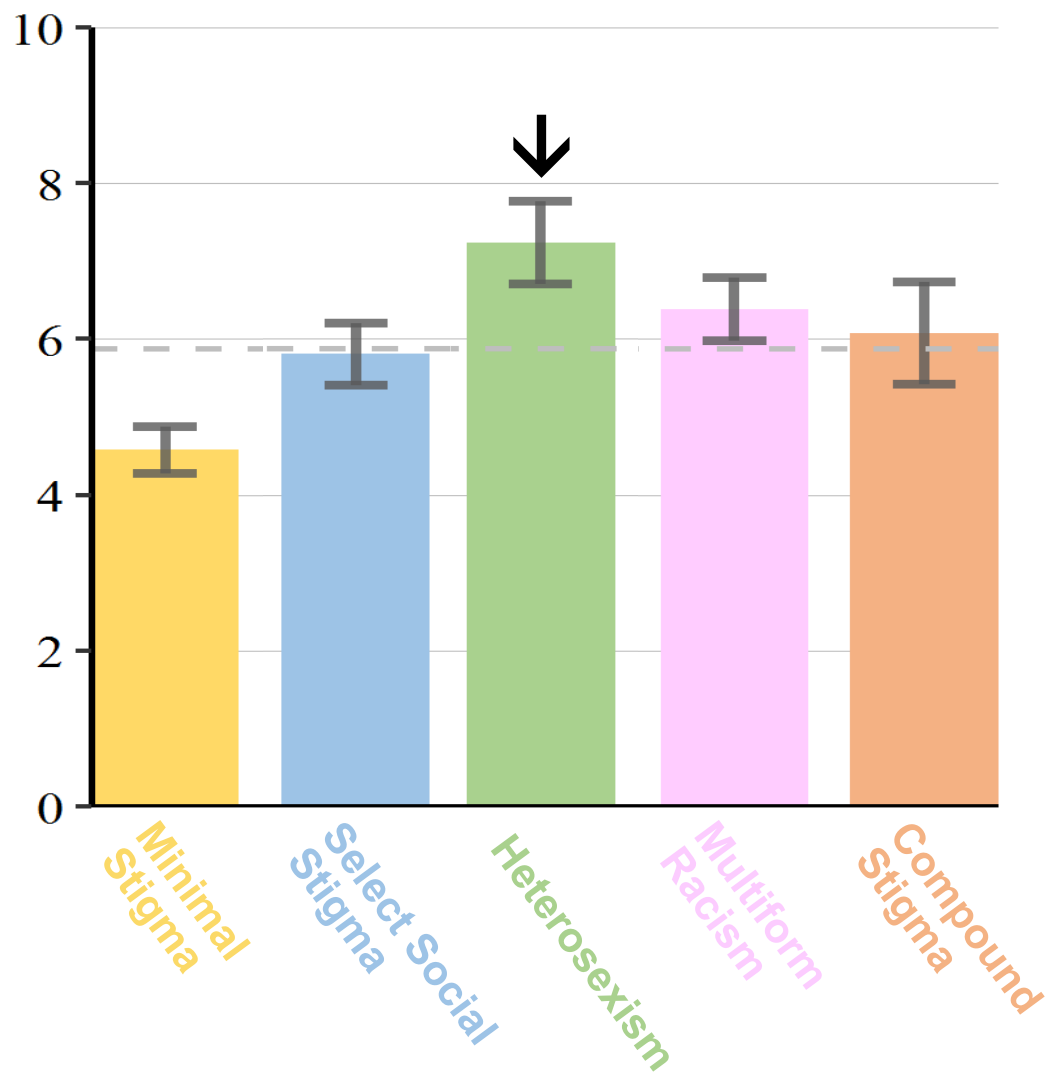
Results subgroup & substance use

Hazardous Drinking Level

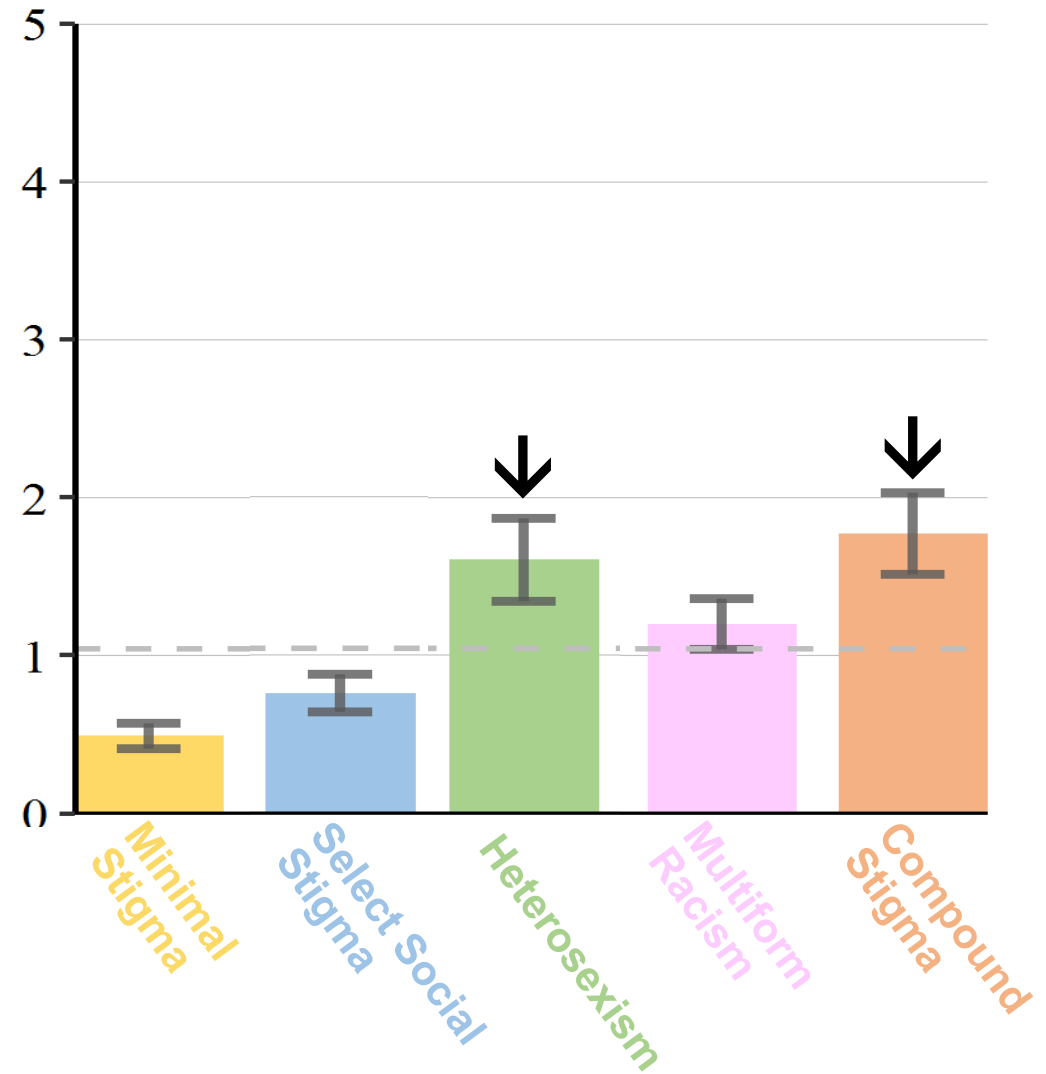


Results subgroup & substance use

Hazardous Drinking Level



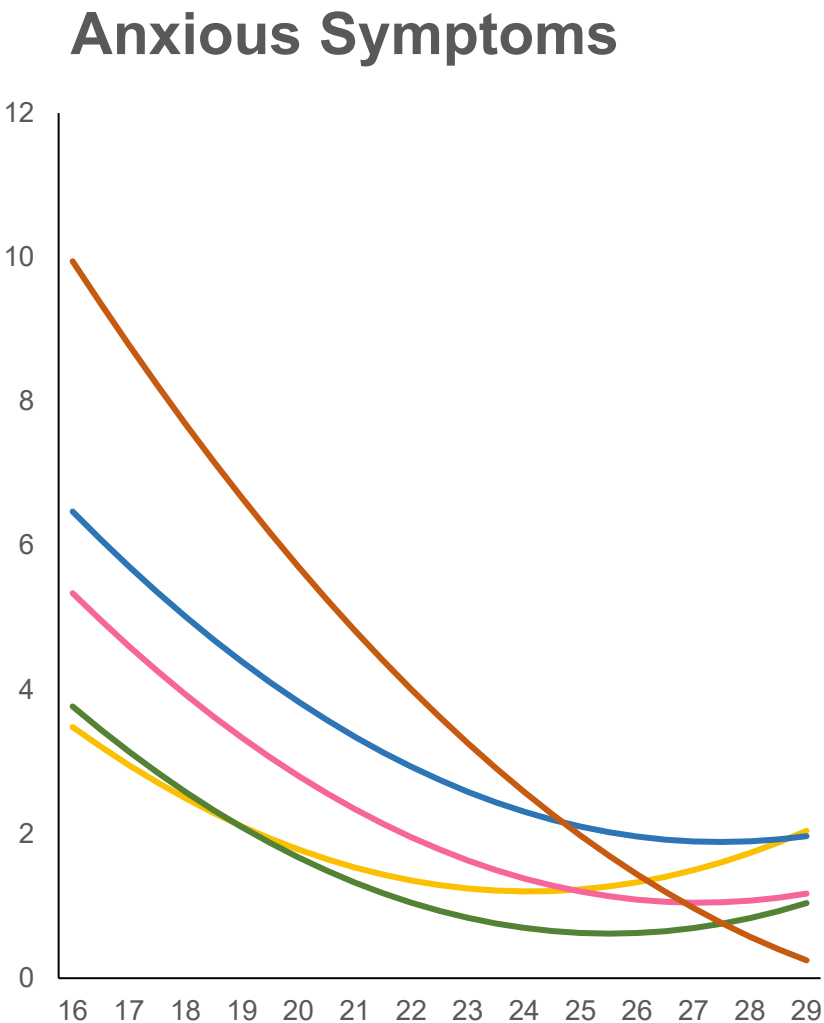
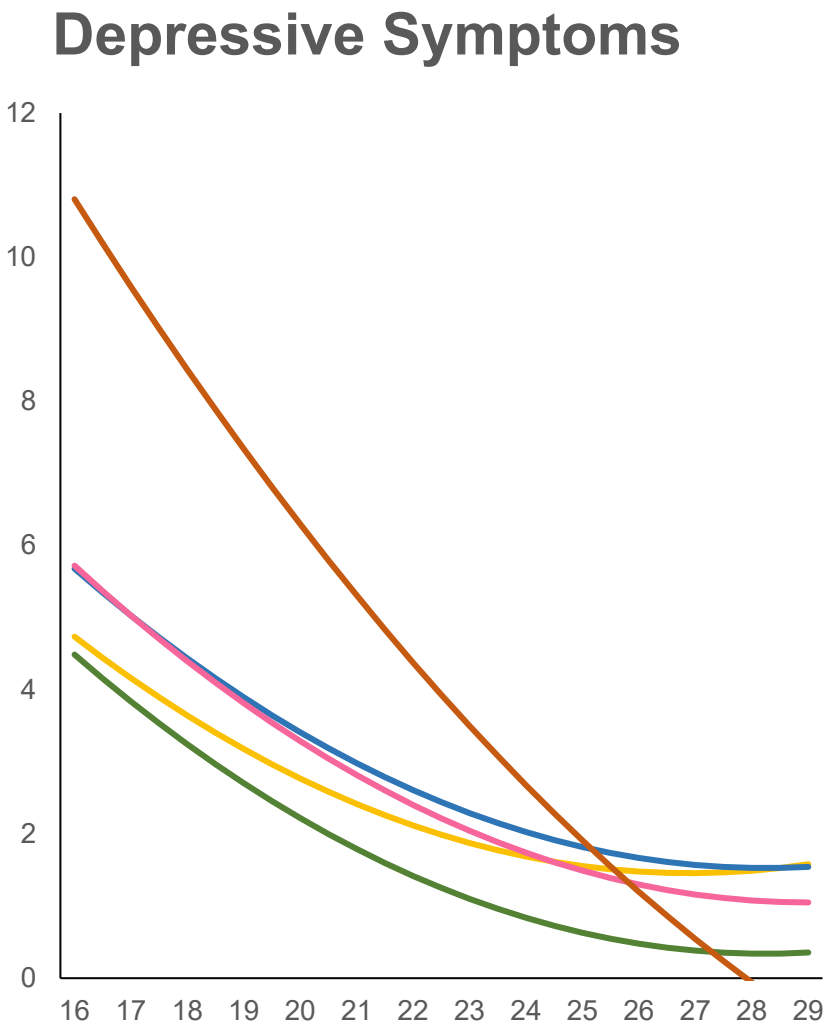
Marijuana Use Disorder Symptoms



Results subgroup & mental health trajectories

Classes

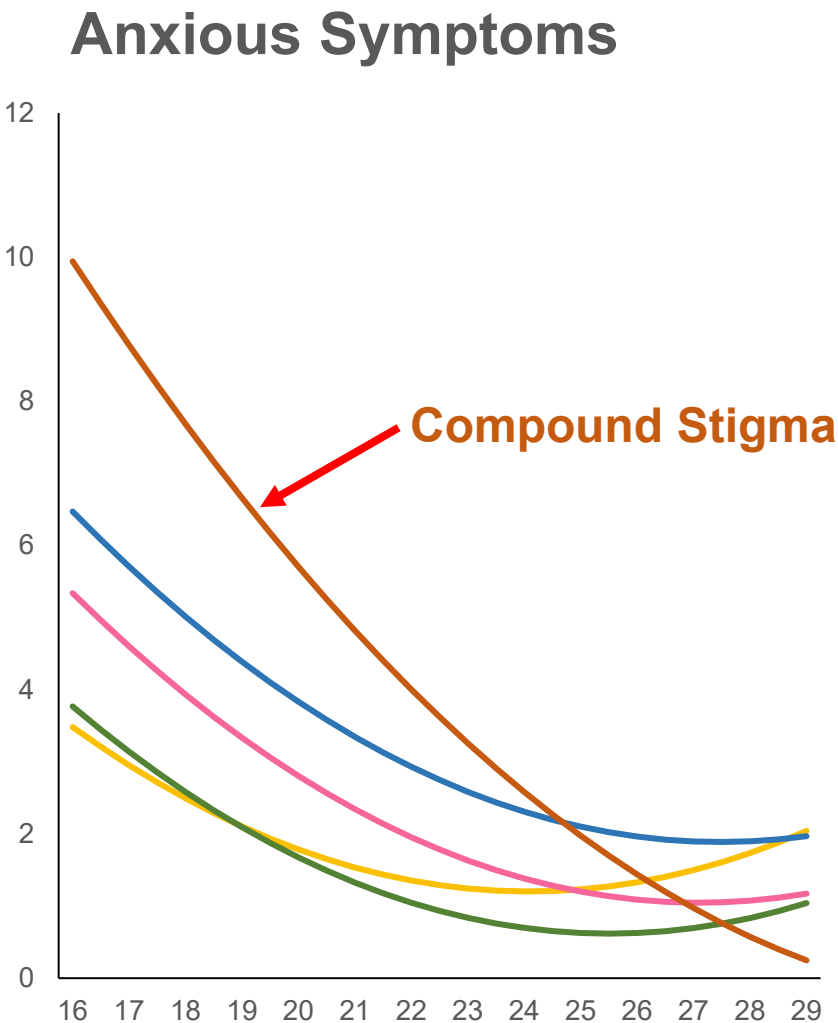
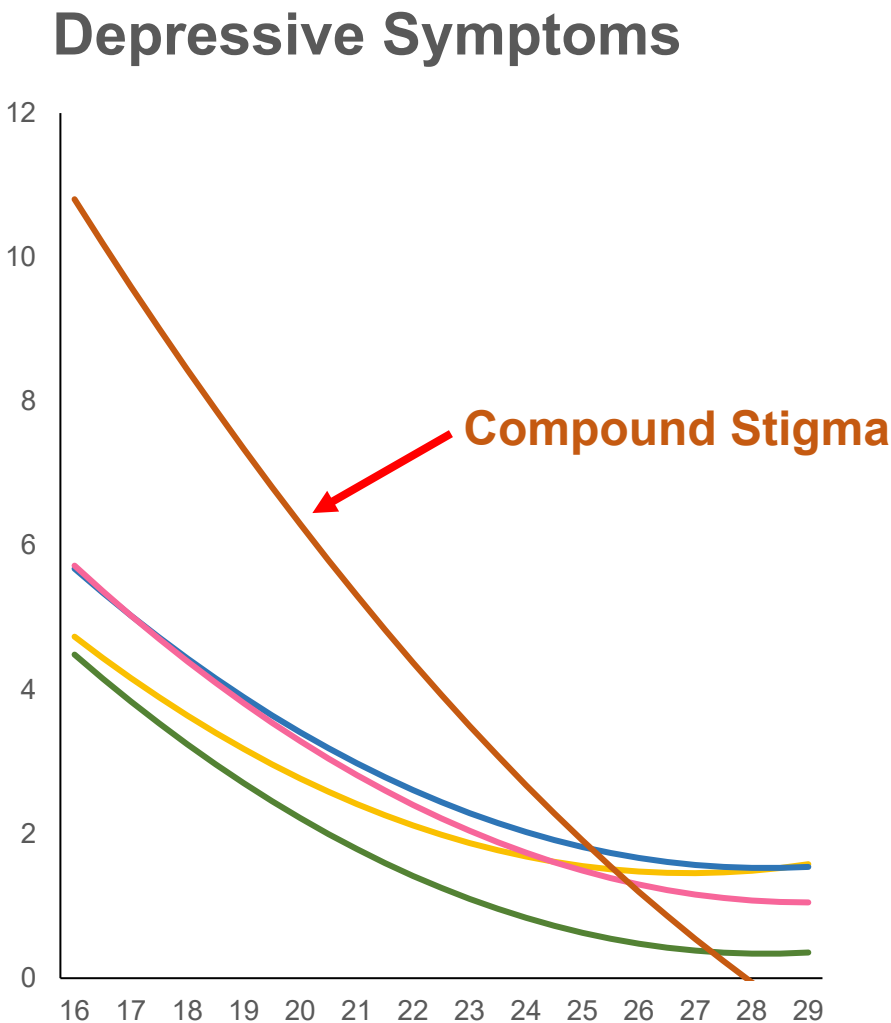
- Minimal Stigma
- Select Social Stigma
- Heterosexism
- Multiform Racism
- Compound Stigma



Results subgroup & mental health trajectories

Classes

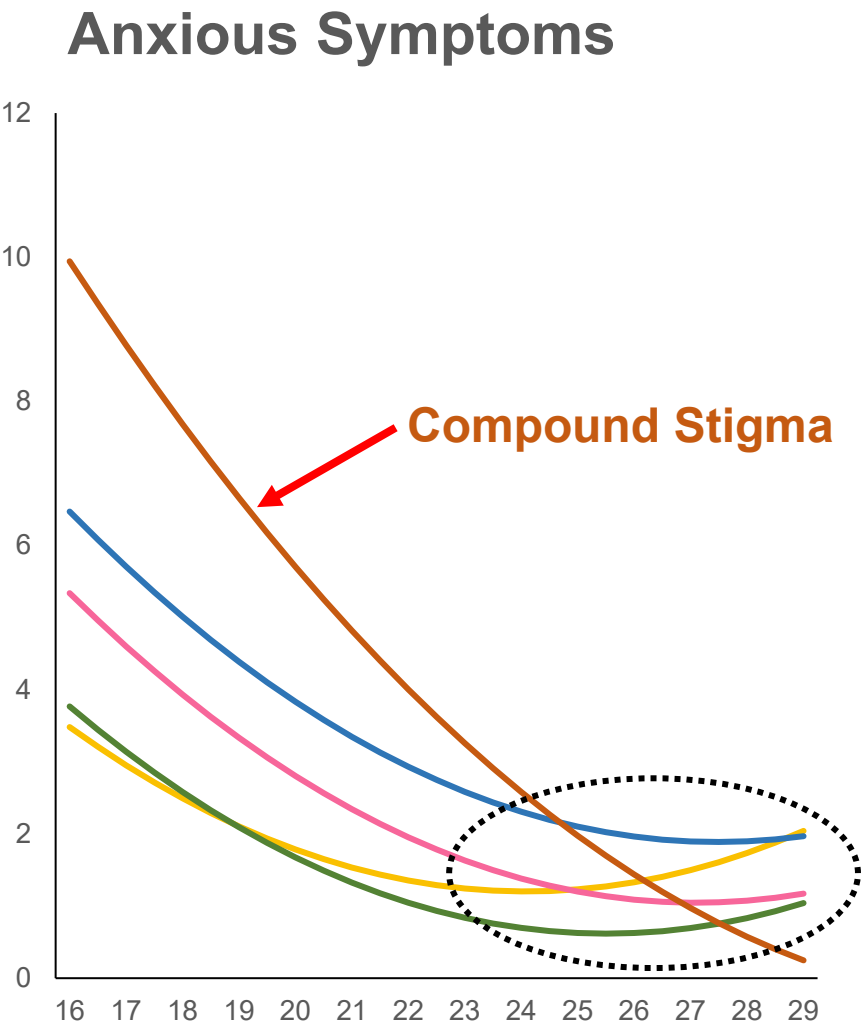
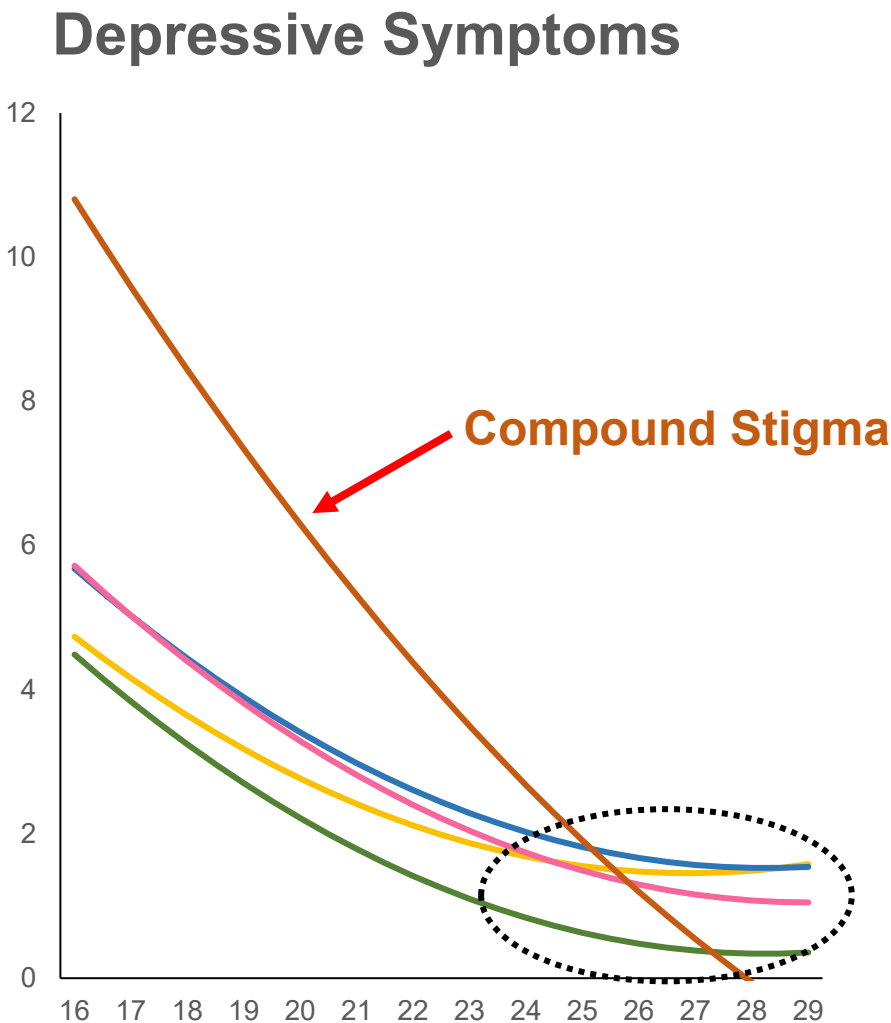
- Minimal Stigma
- Select Social Stigma
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Results subgroup & mental health trajectories

Classes

- Minimal Stigma
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- Compound Stigma



Stigma experiences are complex & common, but not the same for everyone

- Black and Latino sexual minority men are not monolithic



Image credit: The Guardian, 2019

Stigma experiences are complex & common, but not the same for everyone

- Black and Latino sexual minority men are not monolithic
- Racism & HIV status contribute to healthcare system distrust



Image credit: The Guardian, 2019

Stigma experiences are complex & common, but not the same for everyone

- Black and Latino sexual minority men are not monolithic
- Racism & HIV status contribute to healthcare system distrust
- Identifying subgroups reveals systemic precursors of disparities rather than pathologizing identities



Image credit: The Guardian, 2019

Intersecting stigma as shared driver of physical, mental, & behavioral health

- Young men experiencing the most severe and frequent pattern of stigma need intervention most urgently



Intersecting stigma as shared driver of physical, mental, & behavioral health

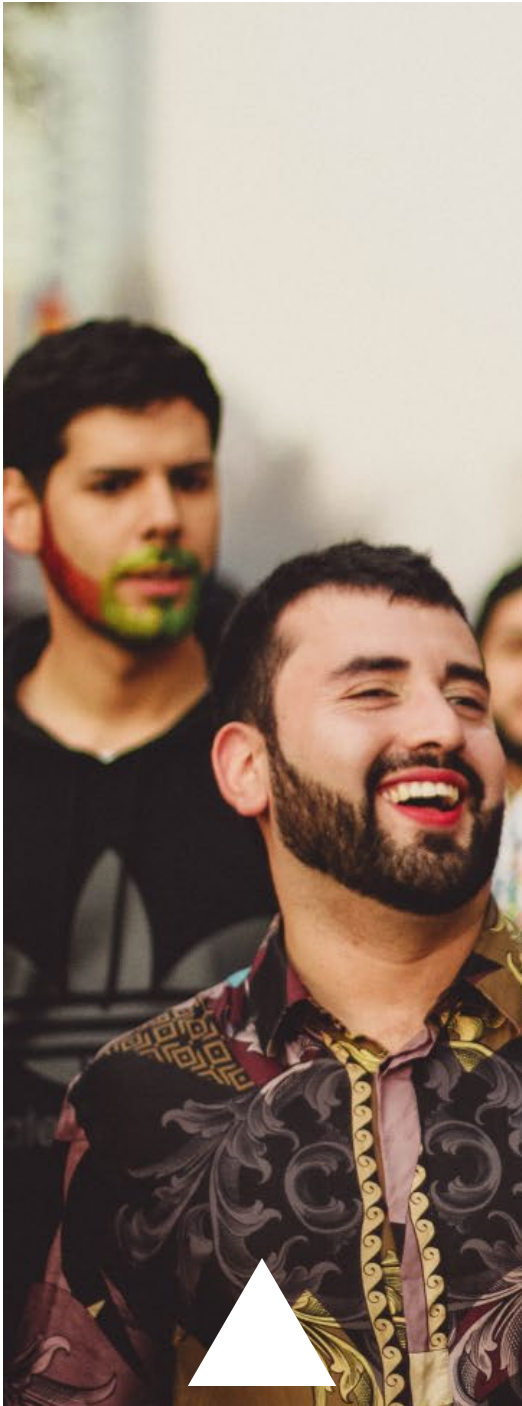
- Young men experiencing the most severe and frequent pattern of stigma need intervention most urgently
- Intersecting stigma paired with major deficits in material needs



Intersecting stigma as shared driver of physical, mental, & behavioral health

- Young men experiencing the most severe and frequent pattern of stigma need intervention most urgently
- Intersecting stigma paired with major deficits in material needs
- Physical, mental, and behavioral health driven by overlapping racism and homophobia





Racism & Heterosexism impact Black & Latino men who have sex with men:

→ More racism, more medical mistrust

→ Subgroups experience racism and heterosexism differently

→ Subgroups reveal risk of physical, mental, & behavioral health problems



2022 MEMBERSHIP ROSTER | UPDATED 3.15.22

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2021	June 30, 2023	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
3	City of Long Beach representative	1	OPS	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2021	June 30, 2023	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2020	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2021	June 30, 2023	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	EXC PP&A	Frankie Darling Palacios (LOA)	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2021	June 30, 2023	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2021	June 30, 2023	
12	Provider representative #2			Vacant		July 1, 2020	June 30, 2022	
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, 2020	June 30, 2022	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2021	June 30, 2023	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	EXC OPS	Alexander Luckie Fuller	Antioch University	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2021	June 30, 2023	Damone Thomas (EXC OPS)
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2020	June 30, 2022	
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2021	June 30, 2023	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6			Vacant		July 1, 2020	June 30, 2022	Reba Stevens (SBP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2021	June 30, 2023	Michele Daniels (OPS) (LOA)
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3			Vacant		July 1, 2021	June 30, 2023	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			Vacant		July 1, 2021	June 30, 2023	
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2020	June 30, 2022	
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2021	June 30, 2023	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	EXC OPS SBP	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
40	Representative, Board Office 5			Vacant		July 1, 2020	June 30, 2022	
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, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1			Vacant		July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	EXC OPS	Gerald Garth, MS	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
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, 2020	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS SBP	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
TOTAL:		34						

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: 42

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
RYAN WHITE PART A, MAI YR 31 AND PART B YR 31 EXPENDITURES BY RWP SERVICE CATEGORIES
Expenditures reported by April 11, 2022

1	2	3	4	5	6	7	8	9	10	11
SERVICE CATEGORY	YEAR TO DATE EXPENDITURES PART A	YEAR TO DATE EXPENDITURES MAI	TOTAL YEAR TO DATE EXPENDITURES PART A AND MAI (Total Columns 2+3)	FULL YEAR ESTIMATED EXPENDITURES PART A	FULL YEAR ESTIMATED EXPENDITURES MAI	FULL YEAR ESTIMATED EXPENDITURES PART A + MAI (Total Columns 5+6)	YEAR TO DATE EXPENDITURES PART B	FULL YEAR ESTIMATED EXPENDITURES PART B	TOTAL YEAR TO DATE EXPENDITURES FOR RWP SERVICES (Total Columns 4+8)	COH YR 31 ALLOCATIONS FOR HRSA PART A AND MAI
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	\$ 6,539,435	\$ -	\$ 6,539,435	\$ 7,421,457	\$ -	\$ 7,421,457	\$ -	\$ -	\$ 6,539,435	\$ 9,258,477
MEDICAL CASE MGMT (Medical Care Coordination)	\$ 9,198,809	\$ -	\$ 9,198,809	\$ 10,857,091	\$ -	\$ 10,857,091	\$ -	\$ -	\$ 9,198,809	\$ 12,174,533
ORAL HEALTH CARE	\$ 5,507,097	\$ -	\$ 5,507,097	\$ 7,027,006	\$ -	\$ 7,027,006	\$ -	\$ -	\$ 5,507,097	\$ 5,298,780
MENTAL HEALTH	\$ 338,005	\$ -	\$ 338,005	\$ 354,521	\$ -	\$ 354,521	\$ -	\$ -	\$ 338,005	\$ 264,747
HOME AND COMMUNITY BASED HEALTH SERVICES	\$ 2,188,892	\$ -	\$ 2,188,892	\$ 2,332,211	\$ -	\$ 2,332,211	\$ -	\$ -	\$ 2,188,892	\$ 2,693,515
NON-MEDICAL CASE MANAGEMENT-Benefits Specialty Services	\$ 1,357,247	\$ -	\$ 1,357,247	\$ 1,426,549	\$ -	\$ 1,426,549	\$ -	\$ -	\$ 1,357,247	\$ 1,339,084
NON-MEDICAL CASE MANAGEMENT-Transitional Case Management	\$ 483,127	\$ 239,270	\$ 722,397	\$ 528,821	\$ 239,270	\$ 768,091	\$ -	\$ -	\$ 722,397	\$ 302,422
HOUSING-RCFCI, TRCF	\$ 98,607	\$ -	\$ 98,607	\$ 194,971	\$ -	\$ 194,971	\$ 3,191,624	\$ 3,853,300	\$ 3,290,231	\$403,647 Part A portion only
HOUSING-Temporary and Permanent Supportive with Case Management	\$ 42,652	\$ 1,996,763	\$ 2,039,415	\$ 42,652	\$ 2,648,983	\$ 2,691,635	\$ -	\$ -	\$ 2,039,415	\$ 2,967,007
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 744,825	\$ 785,200	\$ 744,825	Part B
MEDICAL TRANSPORTATION	\$ 413,849	\$ -	\$ 413,849	\$ 428,653	\$ -	\$ 428,653	\$ -	\$ -	\$ 413,849	\$ 790,405
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	\$ 2,424,695	\$ -	\$ 2,424,695	\$ 2,616,709	\$ -	\$ 2,616,709	\$ -	\$ -	\$ 2,424,695	\$ 2,789,438
EMERGENCY FINANCIAL ASSISTANCE	\$ 1,001,034	\$ -	\$ 1,001,034	\$ 1,131,095	\$ -	\$ 1,131,095	\$ -	\$ -	\$ 1,001,034	\$ -
REFERRAL/OUTREACH (LINKAGE AND REENGAGEMENT PROGRAM)	\$ 459,418	\$ -	\$ 459,418	\$ 612,558	\$ -	\$ 612,558	\$ -	\$ -	\$ 459,418	\$ -
LEGAL	\$ 369,106	\$ -	\$ 369,106	\$ 369,106	\$ -	\$ 369,106	\$ -	\$ -	\$ 369,106	\$ 88,249
SUB-TOTAL DIRECT SERVICES	\$ 30,421,973	\$ 2,236,033	\$ 32,658,006	\$ 35,343,400	\$ 2,888,253	\$ 38,231,653	\$ 3,936,449	\$ 4,638,500	\$ 36,594,455	\$ 38,369,155
YR 31 ADMINISTRATION (INCLUDING PLANNING COUNCIL)	\$ 4,034,450	\$ 363,270	\$ 4,397,720	\$ 4,034,450	\$ 363,270	\$ 4,397,720	\$ 307,585	\$ 361,500	\$ 4,705,305	
YR 31 CLINICAL QUALITY MANAGEMENT (HRSA Part A Legislative Requirement)	\$ 793,249	\$ -	\$ 793,249	\$ 966,652	\$ -	\$ 966,652	\$ -	\$ -	\$ 793,249	
TOTAL EXPENDITURES	\$ 35,249,672	\$ 2,599,303	\$ 37,848,975	\$ 40,344,502	\$ 3,251,523	\$ 43,596,025	\$ 4,244,034	\$ 5,000,000	\$ 42,093,009	
TOTAL GRANT AWARD				\$ 40,344,502	\$ 3,632,709	\$ 43,977,211		\$ 5,000,000		
VARIANCE				0	(381,186)			0		
Estimated MAI Carryover from YR 21 to YR 22	\$		\$ 381,186							

Note: Amount in () means that the amount of estimated expenditures is less than the grant award

AGING TASK FORCE (ATF)

Follow-up on the Formation of Aging Caucus
Executive Committee
April 28, 2022



LOS ANGELES COUNTY
COMMISSION ON HIV



Background

- At the Feb. 25 Executive Committee meeting, ATF Chairs presented the accomplishments of the TF and recommended the continuation of the group as a Caucus to maintain Commission and community engagement and support for efforts to address the needs of PLWH over 50
- The motion was amended to include individuals who identify as long-term survivors and those individuals who acquired HIV perinatally
- The ATF discussed and processed the outcome of the Executive Committee meeting at their March 1 meeting

Recommendations

1. Support the formation of the Aging Caucus to focus address the needs of PLWH over 50 as the primary focus
2. In the spirit of collaboration, the ATF as a Caucus:
 - i. Would like time to engage with other stakeholders to define “long-term survivors (LTS)” including age parameters and length of diagnosis
 - ii. Seek participation of individuals who identify as LTS and those who acquired HIV perinatally to participate in the Aging Caucus meetings, share data, and help define LTS
 - iii. Will review its recommendations completed in December 2020 to address the needs of LTS based on data received and heard from community stakeholders and partners